

1 Cancer Act of 2025” or the “SCREENS for Cancer Act
2 of 2025”.

3 **SEC. 202. NATIONAL BREAST AND CERVICAL CANCER**
4 **EARLY DETECTION PROGRAM.**

5 (a) NATIONAL BREAST AND CERVICAL CANCER
6 EARLY DETECTION PROGRAM.—Title XV of the Public
7 Health Service Act (42 U.S.C. 300k et seq.) is amended—

8 (1) in section 1501 (42 U.S.C. 300k)—

9 (A) in subsection (a)—

10 (i) in paragraph (2), by striking “the
11 provision of appropriate follow-up services
12 and support services such as case manage-
13 ment” and inserting “that appropriate fol-
14 low-up services are provided”;

15 (ii) in paragraph (3), by striking
16 “programs for the detection and control”
17 and inserting “programs for the preven-
18 tion, detection, and control”;

19 (iii) in paragraph (4), by striking “the
20 detection and control” and inserting “the
21 prevention, detection, and control”;

22 (iv) in paragraph (5)—

23 (I) by striking “monitor” and in-
24 serting “ensure”; and

1 (II) by striking “; and” and in-
2 serting a semicolon;

3 (v) by redesignating paragraph (6) as
4 paragraph (9);

5 (vi) by inserting after paragraph (5)
6 the following:

7 “(6) to enhance appropriate support activities
8 to increase breast and cervical cancer screenings,
9 such as navigation of health care services, implemen-
10 tation of evidence-based or evidence-informed strate-
11 gies to increase breast and cervical cancer screening
12 in health care settings, and facilitation of access to
13 health care settings;

14 “(7) to reduce disparities in breast and cervical
15 cancer incidence, morbidity, and mortality, including
16 in populations with higher than average rates;

17 “(8) to improve access to breast and cervical
18 cancer screening and diagnostic services and reduce
19 related barriers, including factors that relate to neg-
20 ative health outcomes; and”;

21 (vii) in paragraph (9), as so redesign-
22 ated, by striking “through (5)” and in-
23 serting “through (8)”;

24 (B) by striking subsection (d);

25 (2) in section 1503 (42 U.S.C. 300m)—

- 1 (A) in subsection (a)—
- 2 (i) in paragraph (1), by striking
- 3 “that, initially” and all that follows
- 4 through the semicolon and inserting “that
- 5 appropriate breast and cervical cancer
- 6 screening and diagnostic services are pro-
- 7 vided consistent with relevant evidence-
- 8 based recommendations; and”;
- 9 (ii) by striking paragraphs (2) and
- 10 (4);
- 11 (iii) by redesignating paragraph (3) as
- 12 paragraph (2); and
- 13 (iv) in paragraph (2), as so redesign-
- 14 ated, by striking “; and” and inserting a
- 15 period; and
- 16 (B) by striking subsection (d);
- 17 (3) in section 1508(b) (42 U.S.C. 300n-4(b))—
- 18 (A) by striking “1 year after the date of
- 19 the enactment of the National Breast and Cer-
- 20 vical Cancer Early Detection Program Reau-
- 21 thorization of 2007, and annually thereafter,”
- 22 and inserting “2 years after the date of enact-
- 23 ment of the SCREENS for Cancer Act of 2025,
- 24 and every 5 years thereafter,”;

1 (B) by striking “Labor and Human Re-
2 sources” and inserting “Health, Education,
3 Labor, and Pensions”; and

4 (C) by striking “preceding fiscal year” and
5 inserting “preceding 2 fiscal years in the case
6 of the first report after the date of enactment
7 of the SCREENS for Cancer Act of 2025 and
8 preceding 5 fiscal years for each report there-
9 after”; and

10 (4) in section 1510(a) (42 U.S.C. 300n-5(a))—

11 (A) by striking “2011, and” and inserting
12 “2011,”; and

13 (B) by inserting “, and \$235,500,000 for
14 each of fiscal years 2026 through 2030” before
15 the period at the end.

16 (b) GAO STUDY.—Not later than September 30,
17 2027, the Comptroller General of the United States shall
18 report to the Committee on Health, Education, Labor, and
19 Pensions of the Senate and the Committee on Energy and
20 Commerce of the House of Representatives on the work
21 of the National Breast and Cervical Cancer Early Detec-
22 tion Program, including—

23 (1) an estimate of the number of individuals eli-
24 gible for services provided under such program;

- 1 (2) a summary of trends in the number of indi-
- 2 viduals served through such program; and
- 3 (3) an assessment of any factors that may be
- 4 driving the trends identified under paragraph (2),
- 5 including any barriers to accessing breast and cer-
- 6 vical cancer screenings provided by such program.

