

119TH CONGRESS
2D SESSION

S. _____

To provide women with increased access to preventive and life-saving cancer screening.

IN THE SENATE OF THE UNITED STATES

Mrs. MURRAY introduced the following bill; which was read twice and referred to the Committee on _____

A BILL

To provide women with increased access to preventive and life-saving cancer screening.

1 *Be it enacted by the Senate and House of Representa-*
2 *tives of the United States of America in Congress assembled,*

3 **SECTION 1. SHORT TITLE.**

4 This Act may be cited as the “Jeanette Acosta Invest
5 in Women’s Health Act of 2026”.

6 **SEC. 2. PURPOSE.**

7 It is the purpose of this Act to provide women with
8 increased access to preventive and life-saving cancer
9 screening (including clinical breast exams and breast, cer-
10 vical, ovarian, uterine, vaginal, and vulvar cancer screen-

ing), as well as access to appropriate care and early detection (including via diagnostic testing and treatment and provider education and awareness of best clinical practices), provided by leading women's health care providers who—

(1) serve populations most at risk of lacking access to preventive care; and

(2) play an outsized role in the prevention and detection of cancer in order to serve the goal of increasing access to quality health screenings, care, and services, reducing health care disparities and mortality rates among low-income women and women of color, decreasing health care spending, and expanding health literacy, access, and education about the benefits of regular preventive cancer screening for women.

SEC. 3. FINDINGS.

Congress finds as follows:

(1) Breast cancer is the most common cancer in women in the United States and is the leading cause of cancer death in women aged 20 to 49 in the United States.

(2) Ovarian cancer causes more deaths than any other cancer of the female reproductive system,

1 but it accounts for only about 1.1 percent of all can-
2 cers in women.

3 (3) There will be an estimated 439,570 new
4 cases of breast and gynecological cancers in the
5 United States in 2026.

6 (4) Rates of incidence and death for gynecologic
7 cancers by race and ethnicity show that, while for
8 some cancers, like ovarian cancer, the rates of inci-
9 dence and death are similar among all races, for
10 other cancers, like cervical cancer, women of color
11 have disproportionate incidence and mortality rates.
12 While the incidence of uterine cancer is similar for
13 White women and women of color, rates of death for
14 uterine cancer are 2 times higher for Black women
15 than for White women. Native Hawaiian and Pacific
16 Islander women experience death rates up to 3.3
17 times higher than White women from cervical, stom-
18 ach, and uterine cancers.

19 (5) Breast cancer rates are rising faster in
20 Asian American and Pacific Islander women than in
21 any other racial or ethnic group in the United
22 States.

23 (6) Cervical cancer incidence and mortality
24 rates are higher for women living in rural and un-
25 derserved regions in the United States. Women liv-

1 ing in such areas face unique barriers in accessing
2 reproductive health care services to prevent and
3 treat cervical cancer, including a lack of practicing
4 gynecologists in rural areas and challenges around
5 transportation to preventive and follow-up appoint-
6 ments.

7 (7) Prevention and cancer screening are the
8 best approaches to protecting women from cancer
9 and ensuring early detection and life-saving treat-
10 ment. Many deaths from breast and cervical cancers
11 could be avoided if cancer screening rates and diag-
12 nostic care and services increased among women at
13 risk. Deaths from such cancers occur disproportion-
14 ately among women who are uninsured or under-
15 insured.

16 (8) Due to enhanced screening, cervical cancer
17 is now a much more preventable and treatable can-
18 cer. It is also highly curable when found and treated
19 early.

20 (9) Increased access to education; information,
21 including information on the human papillomavirus
22 vaccine; and preventive cancer screenings, resulting
23 in timely and adequate treatment, increase women's
24 ability to survive cancer.

1 (10) While more than 20 percent of cases of
2 cervical cancer are found in women over the age of
3 65, it becomes less likely that women are tested for
4 cervical cancer ever or within the previous 5 years
5 as their age increases.

6 (11) Women's health care providers that are
7 primarily engaged in family planning services, such
8 as Planned Parenthood health centers, provide nec-
9 essary screening tests, education, and information to
10 women, especially women of color who face the high-
11 est risks of breast cancer and other gynecologic can-
12 cers.

13 (12) Access to preventive gynecological screen-
14 ing is also critical for transgender men who have
15 comparable rates of susceptibility to cervical cancer
16 as cisgender women, but often have less access to
17 preventive screenings.

18 (13) Discrimination and racism in health care
19 continues to contribute to disparate rates of gyneco-
20 logical cancer in non-White women. Black, Indige-
21 nous, and other women of color die at higher rates
22 from cervical cancer than White women, even though
23 fewer women overall die from cervical cancer.

24 (14) Black women with endometrial cancer
25 often receive surgery less often than White women

1 and are more likely to be diagnosed at an advanced
2 stage of the disease, contributing to disparities in
3 mortality in Black women.

4 **SEC. 4. STRENGTHENING ACCESS TO CANCER SCREENING**
5 **FOR WOMEN.**

6 Part B of title III of the Public Health Service Act
7 (42 U.S.C. 243 et seq.) is amended by inserting after sec-
8 tion 317P the following:

9 **“SEC. 317P-1. GRANTS FOR WOMEN’S HEALTH CARE PRO-**
10 **VIDERS.**

11 “(a) IN GENERAL.—The Secretary is authorized to
12 make grants and to enter into contracts with public or
13 nonprofit private entities to expand preventive health serv-
14 ices, including the cancer screening services required to
15 be covered by group health plans and health insurance
16 coverage pursuant to section 2713(a)(4). In awarding
17 such grants, the Secretary shall seek to increase access
18 to critical, life-saving cancer screening, cervical cytology
19 (commonly referred to as ‘Pap tests’), human
20 papillomavirus tests, human papillomavirus and Pap
21 cotests, self-collection for human papillomavirus testing,
22 human papillomavirus vaccinations, and diagnostic tests
23 for women with cancer symptoms, particularly women of
24 color.

1 “(b) AUTHORIZATION OF APPROPRIATIONS.—There
2 is authorized to be appropriated to carry out this section,
3 \$20,000,000 for each of fiscal years 2027 through 2029.”.

4 **SEC. 5. EXPANDING CANCER SCREENING PROVIDER TRAIN-**
5 **ING.**

6 Part B of title III of the Public Health Service Act
7 (42 U.S.C. 243 et seq.), as amended by section 4, is fur-
8 ther amended by inserting after section 317P–1 the fol-
9 lowing:

10 **“SEC. 317P–2. WOMEN’S HEALTH CARE PROVIDERS DEM-**
11 **ONSTRATION TRAINING PROJECT.**

12 “(a) ESTABLISHMENT OF PROGRAM.—The Secretary
13 shall establish a demonstration program to award 3-year
14 grants to eligible entities for the training of physicians,
15 nurse practitioners, physician assistants, and other health
16 care providers related to life-saving breast and gynecologic
17 cancer screening for women, including appropriate follow-
18 up care and screening for abnormal results.

19 “(b) PURPOSE.—The purpose of the program under
20 this section is to enable each grant recipient to—

21 “(1) provide to licensed physicians, nurse prac-
22 titioners, physician assistants, and other health care
23 providers, through clinical training, education, and
24 practice, the most up-to-date clinical guidelines, re-
25 search, and recommendations adopted by the United

1 States Preventive Services Task Force in the area of
2 preventive cancer screening for breast and
3 gynecologic cancers, including for women with dense
4 breast tissue;

5 “(2) establish a model of training for physi-
6 cians, nurse practitioners, physician assistants, and
7 other health care providers that specialize in wom-
8 en’s health care, with a specific focus on breast and
9 gynecologic cancer screening and follow up care, that
10 may be replicated nationwide;

11 “(3) train physicians, nurse practitioners, phy-
12 sician assistants, and other health care providers to
13 serve rural and underserved communities, low-in-
14 come communities, and communities of color in
15 breast and gynecologic cancer screening and follow
16 up care; and

17 “(4) provide implicit bias, cultural competency,
18 and patient-centered communication training cov-
19 ering the ways in which structural racism and dis-
20 crimination manifest within the medical field and
21 perpetuate racial disparities in gynecologic cancer in-
22 cidence and mortality rates and how to communicate
23 with patients through a knowledgeable and culturally
24 empathetic lens.

1 “(c) ELIGIBLE ENTITIES.—To be eligible to receive
2 a grant under this section, an entity shall be—

3 “(1) an entity that receives funding under sec-
4 tion 1001 or section 1003;

5 “(2) an essential community provider, as de-
6 fined in section 156.235 of title 45, Code of Federal
7 Regulations (or any successor regulations), that is
8 primarily engaged in family planning;

9 “(3) an entity that furnishes items or services
10 to individuals enrolled in a State Medicaid program
11 or waiver of such a plan; or

12 “(4) an entity that, at the time of application,
13 provides cancer screening services under the Na-
14 tional Breast and Cervical Cancer Early Detection
15 Program under title XV.”.

16 **SEC. 6. STUDY AND REPORT TO CONGRESS ON INCREASED**
17 **CANCER SCREENING FOR WOMEN.**

18 (a) IN GENERAL.—The Secretary of Health and
19 Human Services (referred to in this section as the “Sec-
20 retary”) shall—

21 (1) conduct a study (and periodically update
22 such study) on increased access to women’s preven-
23 tive life-saving cancer screenings across the United
24 States; and

1 (2) not later than 2 years after the date of en-
2 actment of this Act, and every 5 years thereafter,
3 submit a report to Congress on such study.

4 (b) CONTENTS.—The study and reports under sub-
5 section (a) shall include—

6 (1) an analysis of breast and gynecologic cancer
7 rates among women across all 50 States, the Dis-
8 trict of Columbia, and the territories, including by
9 geographic area, income, employment status, race,
10 ethnicity, and status of insurance coverage;

11 (2) an analysis of cancer screenings provided by
12 women’s health care providers across all 50 States,
13 the District of Columbia, and the territories, includ-
14 ing clinical breast exams, other screening for breast
15 cancer, and screening for cervical cancer, ovarian
16 cancer, and other gynecologic cancers;

17 (3) with respect to women with disproportionate
18 rates of gynecological cancers, or who are less likely
19 to receive screenings and care, and broken down by
20 categories of such women that include Black women;
21 Hispanic and Latina women; Asian American, Na-
22 tive Hawaiian, and Pacific Islander women; older
23 women; uninsured and underinsured women; and
24 women living in rural and underserved areas—

1 (A) an analysis of the awareness, avail-
2 ability, and uptake of breast, cervical, ovarian,
3 and other gynecological cancer screening op-
4 tions;

5 (B) an analysis of how access to health
6 care providers trained under the program de-
7 scribed in section 317P-2 of the Public Health
8 Service Act, as added by section 5, in compari-
9 son to other health care providers, increased
10 early detection of cancer and quality of cancer
11 care for such women; and

12 (C) recommendations for increasing
13 screening rates for such women who are less
14 likely to be screened or treated for breast, cer-
15 vical, ovarian, and other gynecological cancers;

16 (4) an analysis of how structural racism im-
17 pacts access to cancer screening services, correlates
18 to the development of breast, cervical, ovarian, and
19 other gynecological cancers, and exacerbates health
20 care disparities for Black women; Hispanic and
21 Latina women; Asian American, Native Hawaiian,
22 and Pacific Islander women; and other women of
23 color;

24 (5) in consultation with the Comptroller Gen-
25 eral of the United States, estimated Federal savings

1 achieved through early detection of breast and
2 gynecologic cancers;

3 (6) recommendations by the Secretary with re-
4 spect to the need for continued increased access to
5 women's health care providers, such as the entities
6 described in section 317P-2(c) of the Public Health
7 Service Act, as added by section 5, who provide pre-
8 ventive care, including life-saving cancer screenings;
9 and

10 (7) an evaluation of the demonstration project
11 on co-testing for human papillomavirus and cervical
12 cancer under section 317P-3 of the Public Health
13 Service Act, as added by section 7, including the re-
14 sults of the demonstration project and a rec-
15 ommendation on whether expansion of the co-testing
16 model described in such section 317P-3 would be
17 advised in order to promote early intervention,
18 screening uptake, and reduce cervical cancer deaths
19 and racial and ethnic disparities.

20 **SEC. 7. DEMONSTRATION PROJECT ON CO-TESTING FOR**
21 **HUMAN PAPILLOMAVIRUS AND CERVICAL**
22 **CANCER.**

23 Part B of title III of the Public Health Service Act
24 (42 U.S.C. 243 et seq.), as amended by section 5, is fur-

1 ther amended by inserting after section 317P–2 the fol-
2 lowing:

3 **“SEC. 317P–3. DEMONSTRATION PROJECT ON CO-TESTING**
4 **FOR HUMAN PAPILLOMAVIRUS AND CER-**
5 **VICAL CANCER.**

6 “(a) IN GENERAL.—The Secretary, in consultation
7 with the Director of the Centers for Disease Control and
8 Prevention and the Administrator of the Health Resources
9 and Services Administration, as appropriate, shall estab-
10 lish a 2-year demonstration project on increasing the cer-
11 vical cancer screening co-testing of human papillomavirus
12 and cervical cytology (commonly referred to as ‘Pap tests’)
13 to develop models for increasing the rates of co-testing
14 among women with disproportionate rates of cervical can-
15 cer, including Black women; Hispanic and Latina women;
16 and Asian American, Native Hawaiian, and Pacific Is-
17 lander women.

18 “(b) USE OF FUNDS.—Entities receiving an award
19 under this section shall use such award to—

20 “(1) increase access to co-testing of human
21 papillomavirus testing and cervical cancer among pa-
22 tients with disproportionate rates of cervical cytol-
23 ogy, including Black women; Hispanic and Latina
24 women; and Asian American, Native Hawaiian, and
25 Pacific Islander women;

1 “(2) support culturally and linguistically appro-
2 pate delivery models to such patients, including
3 through the provision of interpretation services; or

4 “(3) provide other services to improve health
5 outcomes with respect to such patients.

6 “(c) PRIORITIZATION.—In making awards under this
7 section, the Secretary shall give priority to eligible entities
8 serving low-income, uninsured, or medically underserved
9 populations (as defined in section 330(b)(3)) or popu-
10 lations with historically low rates of such co-testing, such
11 as older women.

12 “(d) ELIGIBLE ENTITIES.—To be eligible to receive
13 a grant under this section, an entity shall be an entity
14 described in section 317P–2(c).”.