H. R.____

To amend the Public Health Service Act to provide for a public awareness campaign with respect to human papillomavirus, and for other purposes.

IN THE HOUSE OF REPRESENTATIVES

Ms. CASTOR of Florida introduced the following bill; which was referred to the Committee on ______________________

A BILL

To amend the Public Health Service Act to provide for a public awareness campaign with respect to human papillomavirus, and for other purposes.

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 “Promoting Resources to Expand Vaccination, Education and New Treatments for HPV Cancers Act of 2023” or the “PREVENT HPV Cancers Act of 2023”.

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SEC. 2. FINDINGS.

Congress finds the following:

1. The human papillomavirus (referred to in this Act as “HPV”) causes six different types of cancer (anal, cervical, oropharynx, penile, vaginal, and vulvar).

2. Approximately 37,300 cases of cancer are caused by HPV each year impacting both women and men.

3. About 90 percent of cervical and anal cancers are thought to be caused by HPV.

4. Black and Hispanic women are more likely to get HPV-associated cervical cancer than women of other races and ethnicities due to disparities in access to cancer screening and early detection.

5. New cases of cervical cancer decreased among women in young age groups, likely due to HPV vaccination, but in recent years, new cases of cervical cancer rates among women in older age groups have plateaued or, in the case of women ages 30–34, increased.

6. Cervical cancer screening has declined and there has been an increase in cervical cancer diagnosed at distant stages, which are more difficult to treat and more likely to recur, leading to greater morbidity and mortality.
(7) Approximately 60 to 70 percent of oropharynx cancer is tied to HPV.

(8) Most HPV infections that can lead to cancer can be prevented by vaccines.

(9) HPV vaccines can also help prevent recurrent respiratory papillomatosis, anal and genital warts.

(10) Vaccination for HPV is approved for men and women.

(11) The vaccines are most effective if administered when an individual is between the ages of 9 and 17.

(12) Approximately 60 percent of adolescents have completed the HPV vaccine series.

(13) Adolescents living in rural areas continue to be less likely to have initiated and completed the HPV vaccine series than those living in urban areas.

(14) Health providers’ recommendation of the vaccine is critical to getting adolescents vaccinated.

SEC. 3. HPV VACCINE PUBLIC AWARENESS CAMPAIGN.

(a) In General.—Section 317 of the Public Health Service Act (42 U.S.C. 247b) is amended by adding at the end the following new subsection:

“(o) HPV VACCINE PUBLIC AWARENESS CAMPAIGN.—
“(1) IN GENERAL.—The Secretary, acting through the Director of the Centers for Disease Control and Prevention, shall carry out a national campaign to—

“(A) increase awareness of the importance of HPV vaccination;

“(B) combat misinformation about HPV vaccination; and

“(C) increase HPV vaccination rates and completion of the vaccine series, especially among males.

“(2) CONSULTATION.—In carrying out the national campaign required by paragraph (1), the Secretary shall consult with the National Academy of Medicine, including health care providers and public health associations, nonprofit organizations (including those that represent communities most impacted by HPV-associated cancers and communities with low vaccination rates), State and local public health departments, elementary and secondary education organizations (including student and parent organizations), and institutions of higher education, to solicit advice on evidence-based information for policy development and program development, implementation, and evaluation.
“(3) REQUIREMENTS.—The national campaign required by paragraph (1) shall—

“(A) include the use of evidence-based media and public engagement;

“(B) be carried out through competitive grants or cooperative agreements awarded to 1 or more private, nonprofit entities with a history developing and implementing similar campaigns;

“(C) include the development of culturally and linguistically competent resources that shall be tailored for—

“(i) communities with high rates of—

“(I) unvaccinated individuals, including males;

“(II) individuals with unique health care needs (such as lesbian, gay, bisexual, transgender, and queer individuals);

“(III) individuals with high rates of cervical cancer and other HPV-associated cancers (such as Black and Hispanic women); and

“(IV) populations impacted by the increase in oropharynx cancers;
“(ii) rural communities; and

“(iii) such other communities as the Secretary determines appropriate;

“(D) include the dissemination of HPV vaccination information and communication resources to health care providers and health care facilities (including primary care providers, community health centers, dentists, obstetricians, and gynecologists), and such providers and such facilities for pediatric care, State and local public health departments, elementary and secondary schools, and colleges and universities;

“(E) be complementary to, and coordinated with, any other Federal efforts with respect to HPV vaccination;

“(F) include message testing to identify culturally competent and effective messages for behavioral change; and

“(G) include the award of grants or cooperative agreements to State, local, and Tribal public health departments—

“(i) to engage with communities specified in subparagraph (C), local education agencies, health care providers, community organizations, or other groups the Sec-
retary determines are appropriate to de-
velop and deliver effective strategies to in-
crease HPV vaccination rates; and

“(ii) to disseminate culturally and lin-
guistically competent resources on the Na-
tional Breast and Cervical Cancer Early
Detection Program and where an indi-
vidual can access the screenings locally.

“(4) OPTIONS FOR DISSEMINATION OF INFOR-
MATION.—The national campaign required by para-
graph (1) may—

“(A) include the use of—

“(i) social media, television, radio,
print, the internet, and other media;

“(ii) in person or virtual public com-
munications; and

“(iii) recognized, trusted figures;

“(B) be targeted to specific groups and
communities specified in paragraph (3)(C); and

“(C) include the dissemination of informa-
tion highlighting each of the following:

“(i) Recommended age range to get
the HPV vaccine.
“(ii) The benefits of getting vaccinated against HPV, including the potential to not acquire HPV-associated cancers.

“(iii) HPV vaccine safety and the systems in place to monitor such safety.

“(5) AUTHORIZATION OF APPROPRIATIONS.—

There is authorized to be appropriated to carry out this subsection $5,000,000 for each of fiscal years 2024 through 2028.”.

(b) REPORT TO CONGRESS.—Not later than 2025, the Secretary of Health and Human Services shall submit to the Committee on Energy and Commerce of the House of Representatives and the Committee on Health, Education, Labor and Pensions of the Senate a report—

(1) that contains a qualitative assessment of the campaign under subsection (o) of section 317 of the Public Health Service Act (42 U.S.C. 247b), as added by subsection (a), and the activities conducted under such campaign; and

(2) on, with respect to the impact on cancer associated with human papillomavirus, the activities conducted under such subsection (o).
SEC. 4. BREAST AND CERVICAL CANCER EARLY DETECTION PROGRAM.

(a) In General.—Section 1510(a) of the Public Health Service Act (42 U.S.C. 300n–5(a)) is amended by striking “and $275,000,000 for fiscal year 2012” and inserting “$275,000,000 for fiscal year 2012, and $300,000,000 for each fiscal years 2024 through 2028”.

(b) Coordinating Committee.—Section 1501(d) of the Public Health Service Act (42 U.S.C. 300k(d)) is amended—

(1) in the subsection heading, by striking “2020” and inserting “2030”; and

(2) by striking “2020” and inserting “2025”.