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(Original Signature of Member)

118TH CONGRESS
1ST SESSION

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

1 **SEC. 2. FINDINGS.**

2 Congress finds the following:

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

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

10 (3) About 90 percent of cervical and anal can-
11 cers are thought to be caused by HPV.

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

16 (5) New cases of cervical cancer decreased
17 among women in young age groups, likely due to
18 HPV vaccination, but in recent years, new cases of
19 cervical cancer rates among women in older age
20 groups have plateaued or, in the case of women ages
21 30–34, increased.

22 (6) Cervical cancer screening has declined and
23 there has been an increase in cervical cancer diag-
24 nosed at distant stages, which are more difficult to
25 treat and more likely to recur, leading to greater
26 morbidity and mortality.

1 (7) Approximately 60 to 70 percent of
2 oropharynx cancer is tied to HPV.

3 (8) Most HPV infections that can lead to can-
4 cer can be prevented by vaccines.

5 (9) HPV vaccines can also help prevent recur-
6 rent respiratory papillomatosis, anal and genital
7 warts.

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

10 (11) The vaccines are most effective if adminis-
11 tered when an individual is between the ages of 9
12 and 17.

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

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

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

20 **SEC. 3. HPV VACCINE PUBLIC AWARENESS CAMPAIGN.**

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

24 “(o) HPV VACCINE PUBLIC AWARENESS CAM-
25 PAIGN.—

1 “(1) IN GENERAL.—The Secretary, acting
2 through the Director of the Centers for Disease
3 Control and Prevention, shall carry out a national
4 campaign to—

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

7 “(B) combat misinformation about HPV
8 vaccination; and

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

12 “(2) CONSULTATION.—In carrying out the na-
13 tional campaign required by paragraph (1), the Sec-
14 retary shall consult with the National Academy of
15 Medicine, including health care providers and public
16 health associations, nonprofit organizations (includ-
17 ing those that represent communities most impacted
18 by HPV-associated cancers and communities with
19 low vaccination rates), State and local public health
20 departments, elementary and secondary education
21 organizations (including student and parent organi-
22 zations), and institutions of higher education, to so-
23 licit advice on evidence-based information for policy
24 development and program development, implementa-
25 tion, and evaluation.

1 “(3) REQUIREMENTS.—The national campaign
2 required by paragraph (1) shall—

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

5 “(B) be carried out through competitive
6 grants or cooperative agreements awarded to 1
7 or more private, nonprofit entities with a his-
8 tory developing and implementing similar cam-
9 paigns;

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

13 “(i) communities with high rates of—

14 “(I) unvaccinated individuals, in-
15 cluding males;

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

20 “(III) individuals with high rates
21 of cervical cancer and other HPV-as-
22 sociated cancers (such as Black and
23 Hispanic women); and

24 “(IV) populations impacted by
25 the increase in oropharynx cancers;

1 “(ii) rural communities; and

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

4 “(D) include the dissemination of HPV
5 vaccination information and communication re-
6 sources to health care providers and health care
7 facilities (including primary care providers,
8 community health centers, dentists, obstetri-
9 cians, and gynecologists), and such providers
10 and such facilities for pediatric care, State and
11 local public health departments, elementary and
12 secondary schools, and colleges and universities;

13 “(E) be complementary to, and coordi-
14 nated with, any other Federal efforts with re-
15 spect to HPV vaccination;

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

19 “(G) include the award of grants or coop-
20 erative agreements to State, local, and Tribal
21 public health departments—

22 “(i) to engage with communities speci-
23 fied in subparagraph (C), local education
24 agencies, health care providers, community
25 organizations, or other groups the Sec-

1 retary determines are appropriate to de-
2 velop and deliver effective strategies to in-
3 crease HPV vaccination rates; and

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

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

12 “(A) include the use of—

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

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

17 “(iii) recognized, trusted figures;

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

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

22 “(i) Recommended age range to get
23 the HPV vaccine.

1 “(ii) The benefits of getting vac-
2 cinated against HPV, including the poten-
3 tial to not acquire HPV-associated cancers.

4 “(iii) HPV vaccine safety and the sys-
5 tems in place to monitor such safety.

6 “(5) AUTHORIZATION OF APPROPRIATIONS.—

7 There is authorized to be appropriated to carry out
8 this subsection \$5,000,000 for each of fiscal years
9 2024 through 2028.”.

10 (b) REPORT TO CONGRESS.—Not later than 2025,
11 the Secretary of Health and Human Services shall submit
12 to the Committee on Energy and Commerce of the House
13 of Representatives and the Committee on Health, Edu-
14 cation, Labor and Pensions of the Senate a report—

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

20 (2) on, with respect to the impact on cancer as-
21 sociated with human papillomavirus, the activities
22 conducted under such subsection (o).

1 **SEC. 4. BREAST AND CERVICAL CANCER EARLY DETECTION**
2 **PROGRAM.**

3 (a) IN GENERAL.—Section 1510(a) of the Public
4 Health Service Act (42 U.S.C. 300n–5(a)) is amended by
5 striking “and \$275,000,000 for fiscal year 2012” and in-
6 serting “\$275,000,000 for fiscal year 2012, and
7 \$300,000,000 for each fiscal years 2024 through 2028”.

8 (b) COORDINATING COMMITTEE.—Section 1501(d) of
9 the Public Health Service Act (42 U.S.C. 300k(d)) is
10 amended—

11 (1) in the subsection heading, by striking
12 “2020” and inserting “2030”; and

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