

119TH CONGRESS
1ST SESSION

H. R. 4417

To amend the Public Health Service Act to direct the Secretary of Health and Human Services, acting through the Administrator of the Health Resources and Services Administration, to award grants, contracts, or cooperative agreements for supporting new mobile cancer screening units to expand patient access to essential screening services in rural and underserved communities, and for other purposes.

IN THE HOUSE OF REPRESENTATIVES

JULY 15, 2025

Mr. RUIZ (for himself, Mr. EVANS of Colorado, and Ms. WASSERMAN SCHULTZ) introduced the following bill; which was referred to the Committee on Energy and Commerce

A BILL

To amend the Public Health Service Act to direct the Secretary of Health and Human Services, acting through the Administrator of the Health Resources and Services Administration, to award grants, contracts, or cooperative agreements for supporting new mobile cancer screening units to expand patient access to essential screening services in rural and underserved communities, 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,*

1 **SECTION 1. SHORT TITLE.**

2 This Act may be cited as the “Mobile Cancer Screen-
3 ing Act”.

4 **SEC. 2. FINDINGS.**

5 Congress finds the following:

6 (1) Each year, 2,000,000 people in the United
7 States are diagnosed with cancer.

8 (2) Lung cancer remains the leading cause of
9 cancer deaths in the United States, with 127,070
10 deaths in 2023 alone. Despite its prevalence, only
11 4.5 percent of eligible individuals were screened for
12 lung cancer in 2022.

13 (3) Mobile cancer screening units have proven
14 effective in increasing access to essential screenings,
15 including for breast cancer and more recently lung
16 cancer.

17 (4) Nationally, only 26.6 percent of lung cancer
18 cases are diagnosed at an early stage when the 5-
19 year survival rate is 63 percent.

20 **SEC. 3. MOBILE CANCER SCREENING GRANTS.**

21 Part D of title III of the Public Health Service Act
22 (42 U.S.C. 254b et seq.) is amended by adding at the end
23 the following:

1 “(3) purchasing digital tools needed to operate
2 a mobile cancer screening unit; and

3 “(4) covering other costs determined by the
4 Secretary to be essential startup or operational
5 costs.

6 “(d) FUNDING LIMIT.—The amount of an award
7 under subsection (a) may not exceed \$2,000,000.

8 “(e) PRIORITIZATION.—In making awards under sub-
9 section (a), the Secretary shall prioritize—

10 “(1) applicants with the highest potential im-
11 pact on patient mortality and screening gaps for
12 high-risk individuals;

13 “(2) applicants serving underserved popu-
14 lations, including—

15 “(A) rural areas; and

16 “(B) areas served by the Indian Health
17 Service; and

18 “(3) applicants able to provide comprehensive
19 follow-up care for abnormal findings within 90 min-
20 utes of the unit by ground transportation.

21 “(f) MATCHING FUNDS.—As a condition on receipt
22 of an award under this section, an eligible entity shall
23 agree that, with respect to costs to be incurred by the enti-
24 ty in carrying out activities for which the award is made,
25 the entity will contribute from non-Federal sources, in

1 cash or in kind, an amount equal to not less than one
2 dollar for every three dollars provided through the award.

3 “(g) REPORT TO CONGRESS.—

4 “(1) SUBMISSION.—Not later than 4 years
5 after the date of enactment of this section, the Sec-
6 retary shall submit a report to the Committee on
7 Energy and Commerce of the House of Representa-
8 tives and the Committee on Health, Education,
9 Labor, and Pensions of the Senate.

10 “(2) CONTENTS.—The report required by para-
11 graph (1) shall include—

12 “(A) the total number of patients screened
13 using mobile cancer screening units funded
14 through awards under this section, with data on
15 such total number of patients de-identified and
16 disaggregated by race, ethnicity, age, sex, geo-
17 graphic region, disability status, and other rel-
18 evant factors;

19 “(B) the impact of awards under sub-
20 section (a) on increasing screening rates, early
21 cancer detection, and improved patient out-
22 comes;

23 “(C) recommendations for improving the
24 program under this section; and

1 “(D) such other information and rec-
2 ommendations as the Secretary determines to
3 be relevant.

4 “(h) AUTHORIZATION OF APPROPRIATIONS.—To
5 carry out this section, there is authorized to be appro-
6 priated \$15,000,000 for each of fiscal years 2027 through
7 2031.”.

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