

119TH CONGRESS  
1ST SESSION

# H. R. 5239

To amend the Public Health Service Act to expand research and education with respect to endometrial cancer, and for other purposes.

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## IN THE HOUSE OF REPRESENTATIVES

SEPTEMBER 9, 2025

Mr. DAVID SCOTT of Georgia (for himself, Ms. CLARKE of New York, Ms. BROWN, Mr. JOHNSON of Louisiana, Ms. MOORE of Wisconsin, Ms. NORTON, Ms. SEWELL, and Mr. TONKO) introduced the following bill; which was referred to the Committee on Energy and Commerce

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## A BILL

To amend the Public Health Service Act to expand research and education with respect to endometrial cancer, 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 “Endometrial Cancer  
5 Research and Education Act of 2025”.

6 **SEC. 2. FINDINGS.**

7 Congress finds the following:

1           (1) Endometrial cancer is cancer of the lining  
2 of the uterus (or endometrium) and is the most com-  
3 mon form of uterine cancer.

4           (2) Endometrial cancer is the fourth most com-  
5 mon cancer diagnosed in women, after breast, lung,  
6 and colon cancer.

7           (3) Endometrial cancer mainly affects post-  
8 menopausal women, with most women diagnosed be-  
9 tween age 55 and 64.

10          (4) Women with polycystic ovary syndrome  
11 (PCOS) and uterine leiomyoma have an increased  
12 risk of developing endometrial cancer.

13          (5) Unlike most other types of cancer, the inci-  
14 dence of endometrial cancer, particularly aggressive  
15 subtypes of such cancer, has been increasing in the  
16 United States among all women, particularly among  
17 African-American and Asian women, with a 2.5 an-  
18 nual percent change for both groups.

19          (6) In comparison to non-Hispanic White  
20 women, African-American women have significantly  
21 higher incidence rates of aggressive endometrial can-  
22 cers.

23          (7) Such incidence rates for Hispanic and Asian  
24 women are equal to or lower than such incidence  
25 rates for non-Hispanic White women.

1           (8) Although non-Hispanic White women are  
2 more likely to be diagnosed with endometrial cancer  
3 in comparison to African-American women, the rate  
4 of mortality is higher for African-American women.

5           (9) Currently, the cause of such disparity is un-  
6 known. Researchers are proposing investigative stud-  
7 ies that link this disparity to the relationship be-  
8 tween delays in care, aggressive late-stage diagnosis,  
9 and the time between diagnosis and beginning treat-  
10 ment protocol for their cancer type. These factors  
11 are often exacerbated by socioeconomic conditions  
12 that affect access to innovative treatment, treatment  
13 completion, patient-reported outcomes, and overall  
14 quality of life.

15 **SEC. 3. EXPANDING RESEARCH AND EDUCATION WITH RE-**  
16 **SPECT TO ENDOMETRIAL CANCER.**

17           (a) NATIONAL INSTITUTES OF HEALTH.—Part B of  
18 title IV of the Public Health Service Act (42 U.S.C. 284  
19 et seq.) is amended by adding at the end the following:

20 **“SEC. 409K. ENDOMETRIAL CANCER.**

21           “(a) IN GENERAL.—The Director of NIH shall—

22                   “(1) expand, intensify, and coordinate programs  
23 to conduct and support research with respect to  
24 endometrial cancer;

1           “(2) communicate to medical professionals and  
2 researchers, including through the endometrial can-  
3 cer public education program established under sec-  
4 tion 399V–8, the disparity in the diagnosis of  
5 endometrial cancer between African-American  
6 women and non-Hispanic White women and any new  
7 research relating to endometrial cancer; and

8           “(3) ensure that African-American women are  
9 represented in clinical trials conducted or supported  
10 by the National Institutes of Health with respect to  
11 endometrial cancer in appropriate proportion to inci-  
12 dence rates of such cancer for African-American  
13 women.

14       “(b) COORDINATION WITH OTHER INSTITUTES.—  
15 The Director of NIH shall coordinate activities carried out  
16 by the Director pursuant to subsection (a) with similar  
17 activities carried out by—

18           “(1) the Director of the Eunice Kennedy Shriv-  
19 er National Institute of Child Health and Human  
20 Development;

21           “(2) the Director of the National Institute on  
22 Minority Health and Health Disparities; and

23           “(3) the Director of the Office of Research on  
24 Women’s Health.



1       “(c) CONSULTATION.—In developing and dissemi-  
2 nating informational materials under subsection (a), the  
3 Director of the Centers for Disease Control and Preven-  
4 tion shall consult with the Administrator of the Health  
5 Resources and Services Administration.

6       “(d) AUTHORIZATION OF APPROPRIATIONS.—For  
7 purposes of carrying out this section, there is authorized  
8 to be appropriated such sums as may be necessary for  
9 each of fiscal years 2026 through 2028.”.

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