

119TH CONGRESS
1ST SESSION

H. R. 6561

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

DECEMBER 10, 2025

Ms. CASTOR of Florida (for herself, Mr. BACON, and Ms. SCHRIER) introduced the following bill; which was referred to the Committee on Energy and Commerce

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 2025” or the “PREVENT HPV
7 Cancers Act of 2025”.

8 **SEC. 2. FINDINGS.**

9 Congress finds the following:

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

5 (2) Approximately 39,300 cases of cancer are
6 caused by HPV each year impacting both women
7 and men.

8 (3) About 91 percent of cervical and anal can-
9 cers are thought to be caused by HPV.

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

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

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

1 (7) Approximately 70 percent of oropharyngeal
2 cancer is tied to HPV, and such cancers are more
3 than twice as common in men as in women.

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

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

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

11 (11) The vaccines are most effective if adminis-
12 tered when an individual is between the ages of 9
13 and 12, but the vaccines are licensed for men and
14 women through age 45.

15 (12) Approximately 63 percent of adolescents
16 have completed the HPV vaccine series, a lower rate
17 than other routine recommended vaccinations.

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

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

1 **SEC. 3. HPV CANCER PREVENTION PUBLIC AWARENESS**
2 **CAMPAIGN.**

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

6 “(o) HPV CANCER PREVENTION PUBLIC AWARE-
7 NESS CAMPAIGN.—

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

12 “(A) increase awareness of the importance
13 of HPV vaccination for preventing HPV-associ-
14 ated cancers;

15 “(B) combat misinformation about HPV
16 vaccination; and

17 “(C) increase HPV vaccination rates and
18 completion of the vaccine series.

19 “(2) CONSULTATION.—In carrying out the na-
20 tional campaign required by paragraph (1), the Sec-
21 retary shall consult with the National Academy of
22 Medicine, including health care providers and public
23 health associations, nonprofit organizations (includ-
24 ing those that represent communities most impacted
25 by HPV-associated cancers and communities with
26 low vaccination rates), State and local public health

1 departments, elementary and secondary education
2 organizations (including student and parent organi-
3 zations), and institutions of higher education, to so-
4 licit advice on evidence-based information for policy
5 development and program development, implementa-
6 tion, and evaluation.

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

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

11 “(B) be carried out through competitive
12 grants or cooperative agreements awarded to 1
13 or more nonprofit entities with a history devel-
14 oping and implementing similar campaigns;

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

18 “(i) communities with high rates of—

19 “(I) unvaccinated individuals, in-
20 cluding males;

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

1 “(III) populations impacted by
2 the increase in oropharynx cancers,
3 including active-duty service members
4 and veterans;

5 “(ii) rural communities; and

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

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

17 “(E) be complementary to, and coordi-
18 nated with, any other Federal efforts with re-
19 spect to—

20 “(i) HPV vaccination; and

21 “(ii) screening for HPV-associated
22 cancers, including self-collection methods;

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

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

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

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

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

19 “(A) include the use of—

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

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

24 “(iii) recognized, trusted figures;

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

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

5 “(i) Recommended age range to get
6 the HPV vaccine.

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

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

12 “(5) AUTHORIZATION OF APPROPRIATIONS.—
13 There is authorized to be appropriated to carry out
14 this subsection \$5,000,000 for each of fiscal years
15 2026 through 2030.”.

16 (b) REPORT TO CONGRESS.—Not later than Sep-
17 tember 30, 2027, the Secretary of Health and Human
18 Services shall submit to the Committee on Energy and
19 Commerce of the House of Representatives and the Com-
20 mittee on Health, Education, Labor and Pensions of the
21 Senate a report—

22 (1) that contains a qualitative assessment of
23 the campaign under subsection (o) of section 317 of
24 the Public Health Service Act (42 U.S.C. 247b), as

1 added by subsection (a), and the activities conducted
2 under such campaign; and

3 (2) on, with respect to the impact on cancer as-
4 sociated with human papillomavirus, the activities
5 conducted under such subsection (o).

6 **SEC. 4. BREAST AND CERVICAL CANCER EARLY DETECTION**
7 **PROGRAM.**

8 (a) IN GENERAL.—Section 1510(a) of the Public
9 Health Service Act (42 U.S.C. 300n–5(a)) is amended by
10 striking “and \$275,000,000 for fiscal year 2012” and in-
11 serting “\$275,000,000 for fiscal year 2012, and
12 \$300,000,000 for each fiscal years 2026 through 2030”.

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

16 (1) in the subsection heading, by striking
17 “2020” and inserting “2030”; and

18 (2) by striking “2020” and inserting “2030”.

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