119TH CONGRESS
1ST SESSION

S. 1928

To require the Comptroller General of the United States to submit to Congress a report on esophageal cancer with respect to the Federal Employees Health Benefits Program, and for other purposes.

IN THE SENATE OF THE UNITED STATES

JUNE 3, 2025

Mr. WARNER (for himself and Mr. KAINE) introduced the following bill; which was read twice and referred to the Committee on Homeland Security and Governmental Affairs

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A BILL

To require the Comptroller General of the United States to submit to Congress a report on esophageal cancer with respect to the Federal Employees Health Benefits Program, and for other purposes.

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled,

SECTION 1. SHORT TITLE.

This Act may be cited as the ''Gerald E. Connolly Esophageal Cancer Awareness Act of 2025''.

SEC. 2. FINDINGS.

Congress finds that—

(1) esophageal cancer is the fastest increasing cancer among men in the United States;

(2) esophageal cancer is one of the fastest growing cancer diagnoses among all people of the United States, with the incidence of esophageal cancer increasing by more than 700 percent in recent decades;

(3) esophageal cancer kills 1 individual in the United States every 36 minutes every day;

(4) esophageal cancer is among the deadliest of cancers, with only about 1 in 5 patients surviving 5 years;

(5) esophageal cancer has tripled in incidence among younger people of the United States in recent decades;

(6) esophageal cancer has low survival rates because it is usually discovered at advanced stages when treatment outcomes are poor;

(7) raising awareness about esophageal cancer empowers individuals to seek preventive care, recognize symptoms, and pursue early detection strategies;

(8) survivors, caregivers, medical professionals, and researchers have made tremendous strides in advancing treatment options and improving the

quality of life for those affected by esophageal cancer;

(9) esophageal cancer can be prevented through early detection of its precursor, Barrett's esophagus, which can be eliminated with curative outpatient techniques;

(10) research indicates that patients diagnosed with early-stage esophageal cancer have a significantly higher 5-year survival rate (as high as 49 percent) compared to those diagnosed at later stages, underscoring the critical need for enhanced screening and awareness; and

(11) as of December 2022, the American Gastroenterological Association recommends screening with a standard upper endoscopy in individuals with 3 or more established risk factors for Barrett's esophagus and esophageal adenocarcinoma, including—

(A) male sex;

(B) non-Hispanic White ethnicity;

(C) age of 50 years or older;

(D) a history of smoking, chronic gastrointestinal reflux disease, or obesity; and

(E) a family history of Barrett's esophagus or esophageal adenocarcinoma.

SEC. 3. REPORT BY COMPTROLLER GENERAL OF THE UNITED STATES.

(a) DEFINITION.—In this section, the term ''Program'' means the program carried out under chapter 89 of title 5, United States Code.

(b) REPORT.—Not later than 1 year after the date of enactment of this Act, the Comptroller General of the United States shall submit to Congress a report that includes an evaluation of—

(1) the total impact of esophageal cancer-related health care spending under the Program for individuals who are covered under the Program and who are diagnosed with esophageal cancer; and

(2) how often individuals who are covered under the Program, and who have medical records indicating that those individuals are high-risk for esophageal cancer, undergo screening for esophageal cancer according to established guidelines.

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