

Policy At A Glance:

SCREENS for Cancer Act of 2025 (S.1866)

This brief provides an overview of S.1866, which focuses on sustaining and enhancing the National Breast and Cervical Cancer Early Detection Program (NBCCEDP), and the provisions that address the efforts to eliminate disparities in access to breast and cervical cancer screening.

Introduction

Breast and cervical cancer remain significant public health challenges in the United States, causing thousands of preventable deaths each year. For more than three decades, the National Breast and Cervical Cancer Early Detection Program (NBCCEDP) has served as a vital safety-net program, providing breast and cervical cancer screening and diagnostic services to low-income, uninsured, underinsured, and medically underserved populations.¹

Earlier versions of the SCREENS for Cancer Act, S.4440 (2021–2022) and S.1840 (2023–2024), were introduced in the U.S. Senate but not enacted before the close of the 117th and 118th Congresses, respectively.^{2,3} Reintroduction and passage of the SCREENS for Cancer Act of 2025 are essential to secure stable NBCCEDP funding, as the program depends on time-limited Congressional authorization and faces increased risk of funding disruptions when authorization lapses.^{4,5}

The SCREENS for Cancer Act of 2025 (S.1866) seeks to reauthorize and modernize NBCCEDP for fiscal years 2026–2030 by strengthening its focus on prevention, equitable access, and evidence-based care and supporting expanded early detection and reduced cancer disparities.^{6,7}

Key Endorsers for S.1866⁸

- American Cancer Society Cancer Action Network
- Susan G. Komen
- American College of Obstetricians and Gynecologists
- Oncology Nursing Society
- National Comprehensive Cancer Network
- National Association for the Advancement of Colored People (NAACP)
- Prevent Cancer Foundation

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NBCCEDP and Key Milestones

The National Breast and Cervical Cancer Early Detection Program (NBCCEDP) was established on August 10, 1990, following the enactment of the Breast and Cervical Cancer Mortality Prevention Act signed by President George H. W. Bush, directing the Centers for Disease Control and Prevention (CDC) to support cancer screening for underserved women.¹² In fiscal year 1991, the program began operations with approximately \$30 million in federal funding, serving more than 10,000 women nationwide.¹² Congress expanded NBCCEDP in 1993 to include American Indian and Alaska Native tribal organizations, and, by 1996, the program achieved nationwide coverage across all states, the District of Columbia, U.S. territories, and tribal entities.¹² A major milestone occurred in 2000, when treatment access was added through Medicaid under legislation signed by President Clinton.¹³ Finally, the NBCCEDP Reauthorization Act of 2007, signed by President George W. Bush, renewed program authorization and ensured continued service delivery.¹⁴

The National Breast and Cervical Cancer Early Detection Program (NBCCEDP) plays a critical role in addressing disparities in cancer prevention and early detection by providing free or low-cost breast and cervical cancer screening, diagnostic follow-up, outreach, and patient navigation services to underserved populations across the United States. The program primarily serves individuals who are low-income, uninsured, underinsured, and medically underserved, helping to reduce structural and financial barriers to timely cancer care. Since its inception, NBCCEDP has served more than 6.4 million individuals and delivered over 16.5 million breast and cervical cancer screening examinations nationwide. Through these comprehensive services, the program has facilitated the diagnosis of approximately 80,000 invasive breast cancers and more than 5,300 invasive cervical cancers, enabling earlier treatment when therapies are most effective.^{15,16,17} By systematically promoting early detection and ensuring continuity from screening to diagnosis, NBCCEDP has substantially contributed to reducing cancer-related morbidity, improving survival outcomes, and advancing health equity among populations at highest risk.^{15,16,17}

Benefits of Breast and Cervical Cancer Screening

Regular breast and cervical cancer screening improves early detection, identifies precancerous changes, and significantly reduces cancer-related mortality. Mammography lowers breast cancer deaths by enabling treatment at earlier, more curable stages, while cervical screening through Pap and HPV testing can prevent cancer by detecting and treating precancerous lesions, reducing incidence and mortality by up to 80%.^{9,10,11}



Provisions of S.1866

Expanded Program Goals

The SCREENS for Cancer Act of 2025 modernizes the statutory goals of NBCCEDP by explicitly incorporating prevention alongside detection and control. The bill strengthens requirements for appropriate follow-up after abnormal screening results and emphasizes continuity of care. It also establishes new goals to increase screening through patient navigation and evidence-based strategies, reduce breast and cervical cancer disparities, and improve equitable access by addressing structural barriers to screening.^{5,7}

Updated Program Operations

The SCREENS for Cancer Act of 2025 strengthens NBCCEDP operations by requiring all screening and diagnostic services to align with evidence-based clinical recommendations, ensuring consistency with current standards for breast and cervical cancer care. The bill also modernizes program administration by removing outdated statutory language and streamlining requirements, reducing administrative burden and allowing state, territorial, and tribal programs greater flexibility to deliver high-quality, accountable services tailored to local needs.^{5,7}

Revised Reporting Requirements

The SCREENS for Cancer Act revises federal reporting requirements to better balance accountability with administrative feasibility. It shifts Government Accountability Office (GAO) reporting from an annual schedule to once every five years, following an initial report after two years. This change allows for more meaningful

longitudinal evaluation of program outcomes while reducing repetitive reporting demands. Under the revised framework, GAO evaluations must assess the estimated number of individuals eligible for NBCCEDP services, trends in screening and diagnostic service utilization, and ongoing barriers that affect access to care. These evaluations are designed to inform future policy decisions and identify opportunities to improve program reach and effectiveness.^{5,7}

Funding Authorization

The bill authorizes \$235 million annually for fiscal years 2026 through 2030, providing stable and predictable funding to support NBCCEDP operations. This sustained authorization is intended to enable program expansion, modernization, and long-term planning across jurisdictions. Reliable funding is particularly important for maintaining screening capacity, supporting patient navigation services, and addressing health equity initiatives aimed at populations that experience persistent screening disparities.^{5,7}

GAO Study Requirement

In addition to periodic reporting, the legislation requires the GAO to conduct a comprehensive study by September 30, 2027. This study must evaluate the estimated number of individuals eligible for NBCCEDP, trends in program participation, and factors influencing access to screening and follow-up care. The findings from this study are intended to provide Congress with an evidence base to guide future reauthorization efforts, funding decisions, and policy refinements aimed at strengthening NBCCEDP's impact.^{5,7}

Conclusion

Although the SCREENS for Cancer Act has not yet been enacted, its reintroduction, driven by bipartisan leadership and widespread endorsement from national medical and advocacy organizations, highlights broad recognition of the NBCCEDP's public health importance. It also helps sustain bipartisan momentum, incorporate updated evidence on cancer burden and disparities, and keep the program visible during federal budget negotiations.

The passage of the SCREENS for Cancer Act of 2025 would modernize NBCCEDP by strengthening its focus on prevention, equitable access, and evidence-based care. If enacted, the legislation would authorize sustained funding and program improvements to support expanded screening capacity, enhanced patient navigation, and improved coordination with treatment programs.

Ultimately, enactment would reaffirm the nation's commitment to reducing preventable breast and cervical cancer morbidity and mortality among underserved populations.

References

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Did you know?

In 2025, an estimated 316,950 breast cancer cases and 13,360 cervical cancer cases were diagnosed in the U.S., resulting in 42,170 and 4,320 deaths, respectively.^{18,19}



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