

110TH CONGRESS  
1ST SESSION

# H. R. 1738

To amend the Public Health Service Act to establish a national screening program at the Centers for Disease Control and Prevention and to amend title XIX of the Social Security Act to provide States the option to provide medical assistance for men and women screened and found to have colorectal cancer or colorectal polyps.

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## IN THE HOUSE OF REPRESENTATIVES

MARCH 28, 2007

Ms. GRANGER (for herself and Mr. WYNN) 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 establish a national screening program at the Centers for Disease Control and Prevention and to amend title XIX of the Social Security Act to provide States the option to provide medical assistance for men and women screened and found to have colorectal cancer or colorectal polyps.

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 “Colorectal Cancer Pre-  
5       vention, Early Detection, and Treatment Act of 2007”.

1 **SEC. 2. FINDINGS.**

2 Congress makes the following findings:

3 (1) Colorectal cancer is the second leading  
4 cause of cancer deaths in the United States for men  
5 and women combined.

6 (2) According to the American Cancer Society,  
7 in 2007, an estimated 153,760 new cases of  
8 colorectal cancer will be diagnosed in the United  
9 States and this cancer will kill an estimated 52,180  
10 individuals, constituting almost 10 percent of all  
11 cancer deaths.

12 (3) Screening and early detection saves lives.  
13 When colorectal cancer is diagnosed at an early  
14 stage, the 5-year survival rate is 90 percent.

15 (4) When colorectal cancer is not diagnosed  
16 until it has spread to distant organs, the 5-year sur-  
17 vival rate drops to 10 percent.

18 (5) Only 39 percent of colorectal cancer pa-  
19 tients have their cancers detected at an early stage.

20 (6) Despite the scientific evidence supporting  
21 the effectiveness of screening, there is only a 50 per-  
22 cent screening rate of people in the United States  
23 who are 50 years of age and older.

24 (7) Only 21 percent of those without health  
25 coverage in the United States have currently been  
26 screened for colorectal cancer.

1           (8) Far too many avoidable deaths are occur-  
2           ring from a disease that can be prevented through  
3           the early identification and removal of pre-cancerous  
4           polyps, detectable only through colorectal cancer  
5           screenings.

6           (9) The Centers for Disease Control and Pre-  
7           vention is in its ninth year of the Screen for Life:  
8           National Colorectal Cancer Action Campaign, which  
9           informs men and women aged 50 years or older  
10          about the importance of having regular colorectal  
11          cancer screening tests.

12          (10) If adults in the United States had received  
13          colorectal cancer screenings as recommended, at  
14          least 31,500 deaths would have been prevented and  
15          338,000 years of life would be gained this year.

16          (11) Colorectal cancer screening has been  
17          shown to be more cost effective than screening for  
18          breast cancer and screening for cervical cancer, with  
19          the potential to save between 30,000 and 44,000  
20          lives a year if all individuals who are 50 years of age  
21          or older got screened for colorectal cancer.

22          (12) Treatment costs for colorectal cancer are  
23          extremely high, and could be significantly reduced  
24          with widespread screening for colorectal cancer.

1 Costs associated with treatment for colorectal cancer  
2 are estimated at \$8,400,000,000 for 2004.

3 (13) Colorectal cancer screening is not only life  
4 saving, it is cost-effective. If recommended  
5 screenings were provided to an increased number of  
6 people in the United States who are between the  
7 ages of 50 years and 64 years of age, there would  
8 be a significant savings of billions of dollars to the  
9 Medicare program in screening and treatment costs.

10 (14) In 2005, the Centers for Disease Control  
11 and Prevention established a demonstration  
12 colorectal cancer screening program at five sites  
13 across the United States to learn about the feasi-  
14 bility of delivering screening and follow-up services  
15 to the population of low-income, uninsured, and  
16 underinsured individuals. The demonstration pro-  
17 gram has already produced many findings that can  
18 inform a national effort to screen this population for  
19 colorectal cancer.

20 **SEC. 2. PREVENTIVE HEALTH MEASURES WITH RESPECT**  
21 **TO COLORECTAL CANCER.**

22 Part B of title III of the Public Health Service Act  
23 (42 U.S.C. 243 et seq.) is amended by inserting after sec-  
24 tion 317S the following new section:

1 **“SEC. 317T. PREVENTIVE HEALTH MEASURES WITH RE-**  
2 **SPECT TO COLORECTAL CANCER.**

3 “(a) GRANT PROGRAM AUTHORIZATION.—

4 “(1) IN GENERAL.—The Secretary, acting  
5 through the Director of the Centers for Disease  
6 Control and Prevention, may make grants to eligible  
7 entities for the purpose of carrying out a program  
8 described in subsection (b). An eligible entity that is  
9 a recipient of a grant under this subsection may use  
10 such grant to carry out such programs directly or  
11 through grants to, or contracts with, public and not-  
12 for-profit private entities.

13 “(2) ELIGIBLE ENTITY DEFINED.—For pur-  
14 poses of this section, the term ‘eligible entity’ in-  
15 cludes the following:

16 “(A) A State, including, in addition to the  
17 several States, the District of Columbia, Guam,  
18 the Commonwealth of Puerto Rico, the North-  
19 ern Mariana Islands, the Virgin Islands, Amer-  
20 ican Samoa, and the Trust Territory of the Pa-  
21 cific Islands.

22 “(B) An Indian tribe or tribal organiza-  
23 tion, as such terms are defined in section 4 of  
24 the Indian Self-Determination and Education  
25 Assistance Act.

26 “(b) PROGRAMS DESCRIBED.—

1           “(1) IN GENERAL.—Subject to paragraph (2), a  
2           program described in this subsection is a program  
3           for planning or implementing the following:

4                   “(A) Providing screenings for colorectal  
5           cancer to individuals who—

6                           “(i) are 50 years of age or older; or

7                           “(ii)(I) are under 50 years of age; and

8                           “(II) are at high risk for such cancer.

9                   “(B) Providing appropriate case manage-  
10           ment and referrals for medical treatment of in-  
11           dividuals screened pursuant to subparagraph  
12           (A).

13                   “(C) Ensuring (directly or through coordi-  
14           nation or an arrangement with health care pro-  
15           viders or programs) the full continuum of fol-  
16           lowup and cancer care for individuals so  
17           screened, including appropriate follow-up for  
18           abnormal tests, diagnostic services, therapeutic  
19           services, and treatment of detected cancers and  
20           management of unanticipated medical complica-  
21           tions.

22                   “(D) Carrying out activities to improve the  
23           education, training, and skills of health profes-  
24           sionals (including allied health professionals) in  
25           the detection and control of colorectal cancer,

1           which activities are carried out pursuant to the  
2           participation of the health professionals in the  
3           program.

4           “(E) Establishing mechanisms through  
5           which the eligible entity involved can monitor  
6           the quality of screening and diagnostic follow-  
7           up procedures for colorectal cancer, including  
8           the interpretation of such procedures.

9           “(F) Evaluating the activities described in  
10          this subsection through appropriate surveillance  
11          and program monitoring activities.

12          “(G) Developing and disseminating find-  
13          ings derived through such evaluations and the  
14          collection of data on outcomes.

15          “(H) Developing and disseminating public  
16          information and education programs for the de-  
17          tection and control of colorectal cancer and pro-  
18          moting the benefits of receiving screenings  
19          through this program.

20          “(2) SUPPLEMENT NOT SUPPLANT.—In the  
21          case of an eligible entity that implements a universal  
22          colorectal screening program that funds activities de-  
23          scribed in subparagraph (A), (B), or (C) of para-  
24          graph (1), such entity shall be able to receive grant  
25          funds under subsection (a) only for purposes of—

1                   “(A) carrying out those activities under  
2                   this subsection that are not so funded; or

3                   “(B) supplementing (and not supplanting)  
4                   funds made available by the entity for such  
5                   funded program.

6           “(c) PRIORITY FOR LOW-INCOME, UNINSURED AND  
7 UNDERINSURED INDIVIDUALS.—A grant may be made  
8 under subsection (a) to an eligible entity only if the eligible  
9 entity agrees that, in providing screenings under sub-  
10 section (b)(1)(A), the eligible entity will give priority to  
11 low-income individuals who lack adequate coverage under  
12 health insurance and health plans with respect to  
13 screenings for colorectal cancer.

14           “(d) SPECIAL CONSIDERATION FOR CERTAIN APPLI-  
15 CANTS.—In making grants under subsection (a) for a fis-  
16 cal year, the Secretary shall give special consideration to  
17 the following eligible entities:

18                   “(1) In the case of services under such sub-  
19                   section for women, to such entities that, for such  
20                   year, are grantees under title XV.

21                   “(2) In the case of services under such sub-  
22                   section for men, to such entities that, for such year,  
23                   are grantees under section 317D.

24                   “(3) To such entities that coordinate with other  
25                   Federal, State, and local colorectal cancer programs.



1           “(4) To such entities with an existing program  
2           to provide cancer screening to individuals.

3           “(e) USE OF CERTAIN STANDARDS UNDER MEDI-  
4 CARE PROGRAM.—A grant may be made under subsection  
5 (a) to an eligible entity only if the eligible entity provides,  
6 as applicable, assurances as follows:

7           “(1) Screenings under subsection (b)(1)(A) will  
8           be carried out as preventive health measures in ac-  
9           cordance with evidence-based screening guidelines  
10          and procedures as specified in section 1861(pp)(1)  
11          of the Social Security Act.

12          “(2) An individual will be considered high risk  
13          for purposes of subsection (b)(1)(A)(ii) only if the  
14          individual is high risk within the meaning of section  
15          1861(pp)(2) of such Act.

16          “(3) The payment made from the grant for a  
17          screening procedure under subsection (b)(1)(A) will  
18          not exceed the amount that would be paid under  
19          part B of title XVIII of such Act if payment were  
20          made under such part for furnishing the procedure  
21          to an individual enrolled under such part.

22          “(f) RELATIONSHIP TO ITEMS AND SERVICES UNDER  
23 OTHER PROGRAMS.—A grant under subsection (a) may  
24 be made to an eligible entity only if the eligible entity,  
25 as applicable, provides assurances that the grant will not

1 be expended to make payment for any item or service to  
2 the extent that payment has been made, or can reasonably  
3 be expected to be made, with respect to such item or serv-  
4 ice—

5 “(1) under any State compensation program,  
6 under an insurance policy, or under any Federal or  
7 State health benefits program; or

8 “(2) by an entity that provides health services  
9 on a prepaid basis.

10 “(g) RECORDS AND AUDITS.—A grant under sub-  
11 section (a) may be made to an eligible entity only if the  
12 eligible entity provides assurances that the eligible entity  
13 will—

14 “(1) establish such fiscal control and fund ac-  
15 counting procedures as may be necessary to ensure  
16 proper disbursement of, and accounting for, amounts re-  
17 ceived under subsection (a); and

18 “(2) upon request, provide records maintained  
19 pursuant to paragraph (1) to the Secretary or the  
20 Comptroller General of the United States for pur-  
21 poses of auditing the expenditures of the grant by  
22 the eligible entity.

23 “(h) REQUIREMENT OF MATCHING FUNDS.—

24 “(1) IN GENERAL.—The Secretary may not  
25 make a grant under subsection (a) to an eligible en-

1       tity for a fiscal year unless the eligible entity agrees,  
2       with respect to the costs to be incurred by the eligi-  
3       ble entity for such fiscal year in carrying out the ac-  
4       tivities described in subsection (b), to make available  
5       non-Federal contributions (in cash or in kind under  
6       paragraph (2)) toward such costs in an amount  
7       equal to not less than \$1 for each \$3 of Federal  
8       funds provided in the grant for such fiscal year.  
9       Such contributions may be made directly or through  
10      donations from public or private entities.

11           “(2) DETERMINATION OF AMOUNT OF NON-  
12      FEDERAL CONTRIBUTION.—

13           “(A) IN GENERAL.—Non-Federal contribu-  
14      tions required in paragraph (1) may be in cash  
15      or in kind, fairly evaluated, including equipment  
16      or services (and excluding indirect or overhead  
17      costs). Amounts provided by the Federal Gov-  
18      ernment, or services assisted or subsidized to  
19      any significant extent by the Federal Govern-  
20      ment, may not be included in determining the  
21      amount of such non-Federal contributions.

22           “(B) MAINTENANCE OF EFFORT.—In  
23      making a determination of the amount of non-  
24      Federal contributions for purposes of paragraph  
25      (1), the Secretary may include only non-Federal

1 contributions in excess of the average amount  
2 of non-Federal contributions made by the eligi-  
3 ble entity involved toward the activities de-  
4 scribed in subsection (b) for the 2-year period  
5 preceding the first fiscal year for which the eli-  
6 gible entity is applying to receive a grant under  
7 subsection (a).

8 “(C) INCLUSION OF RELEVANT NON-FED-  
9 ERAL CONTRIBUTIONS FOR MEDICAID.—In  
10 making a determination of the amount of non-  
11 Federal contributions for purposes of paragraph  
12 (1), the Secretary shall, subject to subpara-  
13 graphs (A) and (B) of this paragraph, include  
14 any non-Federal amounts expended pursuant to  
15 title XIX of the Social Security Act by the eligi-  
16 ble entity involved toward the activities de-  
17 scribed in subparagraphs (A) and (B) of sub-  
18 section (b)(1).

19 “(i) ADDITIONAL REQUIREMENTS.—

20 “(1) LIMITATION ON ADMINISTRATIVE EX-  
21 PENSES.—The Secretary may not make a grant to  
22 an eligible entity under subsection (a) unless the eli-  
23 gible entity provides assurances that not more than  
24 10 percent of the grant will be expended for admin-

1        istrative expenses with respect to the activities fund-  
2        ed by the grant.

3            “(2) STATEWIDE PROVISION OF SERVICES.—

4            “(A) IN GENERAL.—Subject to subpara-  
5        graph (B), the Secretary may not make a grant  
6        under subsection (a) to an eligible entity unless  
7        the eligible entity provides assurances that any  
8        program funded by such grant will be made  
9        available throughout the State, including avail-  
10       ability to members of an Indian tribe or tribal  
11       organization (as such terms are defined in sec-  
12       tion 4 of the Indian Self-Determination and  
13       Education Assistance Act).

14           “(B) WAIVER.—The Secretary may waive  
15        the requirement under subparagraph (A) for an  
16        eligible entity if the Secretary determines that  
17        compliance by the eligible entity with the re-  
18        quirement would result in an inefficient alloca-  
19        tion of resources with respect to carrying out  
20        the purposes described in subsection (a).

21           “(j) TECHNICAL ASSISTANCE AND PROVISION OF  
22        SUPPLIES AND SERVICES IN LIEU OF GRANT FUNDS.—

23           “(1) TECHNICAL ASSISTANCE.—The Secretary  
24        may provide training and technical assistance with  
25        respect to the planning, development, and operation

1 of any program funded by a grant under subsection  
2 (a). The Secretary may provide such technical as-  
3 sistance directly to eligible entities or through grants  
4 to, or contracts with, public and private entities.

5 “(2) PROVISION OF SUPPLIES AND SERVICES IN  
6 LIEU OF GRANT FUNDS.—

7 “(A) IN GENERAL.—Subject to subpara-  
8 graph (B), upon the request of an eligible entity  
9 receiving a grant under subsection (a), the Sec-  
10 retary for the purpose of aiding the eligible en-  
11 tity to carry out a program under subsection  
12 (b)—

13 “(i) may provide supplies, equipment,  
14 and services to the eligible entity; and

15 “(ii) may detail to the eligible entity  
16 any officer or employee of the Department  
17 of Health and Human Services.

18 “(B) CORRESPONDING REDUCTION IN PAY-  
19 MENTS.—With respect to a request made by an  
20 eligible entity under subparagraph (A), the Sec-  
21 retary shall reduce the amount of payments  
22 made under the grant under subsection (a) to  
23 the eligible entity by an amount equal to the  
24 fair market value of any supplies, equipment, or  
25 services provided by the Secretary and the costs

1 of detailing personnel (including pay, allow-  
 2 ances, and travel expenses) under subparagraph  
 3 (A). The Secretary shall, for the payment of ex-  
 4 penses incurred in complying with such request,  
 5 expend the amounts withheld.

6 “(k) REPORTS.—A grant under subsection (a) may  
 7 be made only if the applicant involved agrees to submit  
 8 to the Secretary such reports as the Secretary may require  
 9 with respect to the grant.

10 “(l) AUTHORIZATION OF APPROPRIATIONS.—

11 “(1) IN GENERAL.—For the purpose of car-  
 12 rying out this section, there are authorized to be ap-  
 13 propriated \$50,000,000 for fiscal year 2008, and  
 14 such sums as may be necessary for each of the fiscal  
 15 years 2009 through 2012.

16 “(2) SET-ASIDE FOR TECHNICAL ASSISTANCE  
 17 AND PROVISION OF SUPPLIES AND SERVICES.—Of  
 18 the amount appropriated under paragraph (1) for a  
 19 fiscal year, the Secretary shall reserve not to exceed  
 20 20 percent for carrying out subsection (j).”.

21 **SEC. 3. OPTIONAL MEDICAID COVERAGE OF CERTAIN PER-**  
 22 **SONS SCREENED AND FOUND TO HAVE**  
 23 **COLORECTAL CANCER.**

24 (a) COVERAGE AS OPTIONAL CATEGORICALLY  
 25 NEEDY GROUP.—

1           (1) IN GENERAL.—Section 1902(a)(10)(A)(ii)  
2       of the Social Security Act (42 U.S.C.  
3       1396a(a)(10)(A)(ii)) is amended—

4                   (A) in subclause (XVIII), by striking “or”  
5       at the end;

6                   (B) in subclause (XIX), by adding “or” at  
7       the end; and

8                   (C) by adding at the end the following:

9                               “(XX) who are described in sub-  
10                              section (dd) (relating to certain per-  
11                              sons screened and found to need  
12                              treatment from complications from  
13                              screening or have colorectal cancer);”.

14           (2) GROUP DESCRIBED.—Section 1902 of the  
15       Social Security Act (42 U.S.C. 1396a) is amended  
16       by adding at the end the following:

17       “(dd) Individuals described in this subsection are in-  
18       dividuals who—

19                   “(1) are not described in subsection  
20       (a)(10)(A)(i);

21                   “(2) have not attained age 65;

22                   “(3) have been screened for colorectal cancer  
23       and need treatment for complications due to screen-  
24       ing or colorectal cancer; and



1 “(4) are not otherwise covered under creditable  
2 coverage, as defined in section 2701(c) of the Public  
3 Health Service Act.”.

4 (3) LIMITATION ON BENEFITS.—Section  
5 1902(a)(10) of the Social Security Act (42 U.S.C.  
6 1396a(a)(10)) is amended in the matter following  
7 subparagraph (G)—

8 (A) by striking “and (XIV)” and inserting  
9 “(XIV)”; and

10 (B) by inserting “, and (XV) the medical  
11 assistance made available to an individual de-  
12 scribed in subsection (dd) who is eligible for  
13 medical assistance only because of subpara-  
14 graph (A)(10)(ii)(XX) shall be limited to med-  
15 ical assistance provided during the period in  
16 which such an individual requires treatment for  
17 complications due to screening or colorectal  
18 cancer” before the semicolon.

19 (4) CONFORMING AMENDMENTS.—Section  
20 1905(a) of the Social Security Act (42 U.S.C.  
21 1396d(a)) is amended in the matter preceding para-  
22 graph (1)—

23 (A) in clause (xii), by striking “or” at the  
24 end;

1 (B) in clause (xiii), by adding “or” at the  
2 end; and

3 (C) by inserting after clause (xiii) the fol-  
4 lowing:

5 “(xiv) individuals described in section  
6 1902(dd),”.

7 (b) PRESUMPTIVE ELIGIBILITY.—

8 (1) IN GENERAL.—Title XIX of the Social Se-  
9 curity Act (42 U.S.C. 1396 et seq.) is amended by  
10 inserting after section 1920B the following:

11 “OPTIONAL APPLICATION OF PRESUMPTIVE ELIGIBILITY  
12 PROVISIONS FOR CERTAIN PERSONS WITH  
13 COLORECTAL CANCER

14 “SEC. 1920C. A State may elect to apply the provi-  
15 sions of section 1920B to individuals described in section  
16 1902(dd) (relating to certain colorectal cancer patients)  
17 in the same manner as such section applies to individuals  
18 described in section 1902(aa) (relating to certain breast  
19 or cervical cancer patients).”.

20 (2) CONFORMING AMENDMENTS.—

21 (A) Section 1902(a)(47) of the Social Se-  
22 curity Act (42 U.S.C. 1396a(a)(47)) is amend-  
23 ed—

24 (i) by striking “and” after “section  
25 1920” and inserting a comma;

1 (ii) by striking “and” after “with such  
2 section” and inserting a comma; and

3 (iii) by inserting before the semicolon  
4 at the end the following: “, and provide for  
5 making medical assistance available to in-  
6 dividuals described in section 1920C dur-  
7 ing a presumptive eligibility period in ac-  
8 cordance with such section”.

9 (B) Section 1903(u)(1)(d)(v) of such Act  
10 (42 U.S.C. 1396b(u)(1)(d)(v)) is amended—

11 (i) by striking “or for” and inserting  
12 “, for”; and

13 (ii) by inserting before the period the  
14 following: “, or for medical assistance pro-  
15 vided to an individual described in section  
16 1920C during a presumptive eligibility pe-  
17 riod under such section”.

18 (e) ENHANCED MATCH.—The first sentence of sec-  
19 tion 1905(b) of the Social Security Act (42 U.S.C.  
20 1396d(b)) is amended—

21 (1) by striking “and” before “(4)”; and

22 (2) by inserting before the period at the end the  
23 following: “, and (5) the Federal medical assistance  
24 percentage shall be equal to the enhanced FMAP de-  
25 scribed in section 2105(b) with respect to medical

1        assistance provided to individuals who are eligible  
2        for such assistance only on the basis of section  
3        1902(a)(10)(A)(ii)(XX)’’.

4        (f) EFFECTIVE DATE.—The amendments made by  
5        this section apply to medical assistance for items and serv-  
6        ices furnished on or after October 1, 2007, without regard  
7        to whether final regulations to carry out such amendments  
8        have been promulgated by such date.

○