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(Original Signature of Member)

119TH CONGRESS  
2D SESSION

# H. R. —

To establish the National Blood Cancer Program, and for other purposes.

## IN THE HOUSE OF REPRESENTATIVES

Ms. BARRAGÁN introduced the following bill; which was referred to the Committee on

# A BILL

To establish the National Blood Cancer 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 “Coordinating Access, Research, and Education for Blood Cancer Act of 2026” or the “CARE for Blood Cancer Act of 2026”.

### **SEC. 2. NATIONAL BLOOD CANCER PROGRAM.**

(a) ESTABLISHMENT.—The Secretary of Health and Human Services (in this Act referred to as the “Secretary”) shall carry out a

program, to be known as the National Blood Cancer Program (in this Act referred to as the “Program”), to achieve the following goals:

(1) Development and dissemination of public information and education programs for the detection and control of blood cancer.

(2) Improvement of the education, training, and skills of health professionals (including allied health professionals) in the detection and control of blood cancer.

(3) Supporting individuals diagnosed with blood cancer and their caregivers, including through treatments and clinical trials.

(4) Evaluation of activities conducted under paragraphs (1) through (3) through appropriate surveillance or program-monitoring activities.

(b) ACTIVITIES.—To achieve the goals described in subsection (a), the Secretary shall coordinate, support, and align activities of the Program across Federal agencies, including the Centers for Disease Control and Prevention, the National Institutes of Health, and the Health Resources and Services Administration, including through carrying out the following activities:

(1) Awarding grants under section 3 to State, local, territorial, and Tribal health agencies and organizations, and to other eligible entities, to improve awareness and education among the public and health professionals.

(2) Awarding grants under section 4 to institutes of higher education and academic medical centers to improve availability of, and access to, diagnostics and treatments.

(3) Establishing educational materials and programming to improve the education, training, and skills of health professionals (including allied health professionals) in the detection and control of blood cancer.

### **SEC. 3. GRANTS TO IMPROVE AWARENESS AND EDUCATION.**

(a) IN GENERAL.—The Secretary shall award grants to eligible entities to conduct research on best practices for awareness and education with respect to blood cancer, including—

(1) behavioral studies, survivorship studies, and other research on the impact of blood cancer diagnosis;

(2) formative research to assist with the development of educational messages and information for the public, targeted populations, and their families about the social, environmental, and occupational risk factors for developing blood cancer;

(3) testing and evaluating existing and new social marketing strategies to raise awareness of blood cancer, including common warning signs and diagnostic tests;

(4) reducing disparities in blood cancer incidence, diagnostic delays, access to treatment, morbidity, and mortality, including in populations with higher than average rates; and

(5) surveys of health care providers and the public regarding knowledge, attitudes, and practices related to blood cancer prevention and control in high-risk populations.

(b) ELIGIBILITY.—To be eligible for a grant under this section, an entity shall be—

(1) a State, local, territorial, or Tribal health agency or organization;

(2) a qualified nongovernmental entity, as determined by the Secretary; or

(3) a consortium of entities that includes an entity described in paragraph (1).

(c) PRIORITY FOR HIGH-RISK COMMUNITIES AND AREAS.—In awarding grants under this section, the Secretary shall give priority to any eligible entity whose application—

(1) is made with respect to a community with a high risk of blood cancers; or

(2) is made with respect to a geographic area in which there is—

(A) a substantial rate of mortality from blood cancer; or

(B) a substantial incidence of blood cancer.

#### **SEC. 4. GRANTS TO IMPROVE ACCESS TO DIAGNOSTICS AND TREATMENTS.**

(a) **IN GENERAL.**—The Secretary shall award grants to eligible entities to conduct research to improve availability of, and access to, diagnostics and treatments with respect to blood cancer, including—

(1) developing and validating new screening methods for early detection of blood cancer;

(2) developing novel treatment methods and investigating the underlying drivers of variable effectiveness in currently available treatment methods;

(3) identifying risk factors that increase the incidence and mortality rates of blood cancer disproportionately in populations with higher than average rates; and

(4) developing approaches to capture and assess family history and genetic predispositions to blood cancer and provide appropriate guidance regarding genetic counseling and regular medical checkups for high-risk individuals.

(b) **ELIGIBILITY.**—To be eligible for a grant under this section, an entity shall be—

(1) an institution of higher education (as defined in section 101(a) of the Higher Education Act of 1965 (20 U.S.C. 1001(a))) or a consortium of such institutions; or

(2) an academic medical center (as defined in section 411.355(e)(2) of title 42, Code of Federal Regulations (or successor regulations)).

#### **SEC. 5. ANNUAL REPORTS TO CONGRESS.**

Not later than 1 year after the date of enactment of this Act, and annually thereafter, the Secretary shall submit to the Committee on Energy and Commerce of the House of Representatives and the Committee on Health, Education, Labor, and Pensions of the Senate a report on the outcomes of the Program, which shall include—

(1) a summary of the grants awarded and the specific purpose and amounts of each grant under the Program;

(2) an estimate of the number of individuals eligible for services provided under the Program;

(3) the number and demographics of individuals served through the Program, including race and ethnicity, age, and geographic area of residence; and

(4) an assessment of any factors that may be driving demographic trends identified under paragraph (3), including any barriers to accessing resources provided by the Program.

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