



(Original Signature of Member)

119TH CONGRESS
1ST SESSION

H. R. _____

To require the Government Accountability Office to produce a report on
esophageal cancer, and for other purposes.

IN THE HOUSE OF REPRESENTATIVES

Mr. CONNOLLY introduced the following bill; which was referred to the
Committee on _____

A BILL

To require the Government Accountability Office to produce
a report on esophageal cancer, 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 “Esophageal Cancer
5 Awareness Act”.

6 **SEC. 2. FINDINGS.**

7 Congress finds that—

8 (1) esophageal cancer is the fastest increasing
9 cancer among American men;

1 (2) esophageal cancer is one of the fastest
2 growing cancer diagnoses among all Americans, in-
3 creasing more than 700 percent in recent decades;

4 (3) esophageal cancer kills 1 American every 36
5 minutes every day;

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

9 (5) esophageal cancer has tripled in incidence
10 among younger Americans in recent decades;

11 (6) esophageal cancer has low survival rates be-
12 cause it is usually discovered at advanced stages
13 when treatment outcomes are poor;

14 (7) raising awareness about esophageal cancer
15 empowers individuals to seek preventive care, recog-
16 nize symptoms, and pursue early detection strate-
17 gies;

18 (8) survivors, caregivers, medical professionals,
19 and researchers have made tremendous strides in
20 advancing treatment options and improving the
21 quality of life for those affected by the disease;

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

1 (10) research indicates that patients diagnosed
2 with early-stage esophageal cancer have a signifi-
3 cantly higher 5-year survival rate (as high as 49 per-
4 cent) compared to those diagnosed at later stages,
5 underscoring the critical need for enhanced screen-
6 ing and awareness; and

7 (11) as of December 2022, the American Gas-
8 troenterological Association recommends screening
9 with a standard upper endoscopy in individuals with
10 3 or more established risk factors for Barrett’s
11 Esophagus and esophageal adenocarcinoma, includ-
12 ing—

13 (A) male sex;

14 (B) non-Hispanic white ethnicity;

15 (C) age of 50 years or older;

16 (D) a history of smoking, chronic gastro-
17 intestinal reflux disease, or obesity; and

18 (E) a family history of Barrett’s Esoph-
19 agus or esophageal adenocarcinoma.

20 **SEC. 3. GAO REPORT.**

21 Not later than 1 year after the date of the enactment
22 of this Act, the Comptroller General of the United States
23 shall submit a report to Congress that includes an evalua-
24 tion of—

- 1 (1) the total impact of esophageal cancer-re-
- 2 lated health care spending under the Federal Em-
- 3 ployee Health Benefits Program for Federal employ-
- 4 ees and retirees diagnosed with esophageal cancer;
- 5 and
- 6 (2) how often individuals covered under the
- 7 Federal Employees Health Benefits Program with
- 8 medical records indicating such individuals are high-
- 9 risk for esophageal cancer undergo screening accord-
- 10 ing to the established guidelines.