

119TH CONGRESS  
2D SESSION

# H. R. 7417

To amend the Public Health Service Act to reauthorize the WISEWOMAN program.

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## IN THE HOUSE OF REPRESENTATIVES

FEBRUARY 9, 2026

Mrs. BEATTY (for herself, Mr. SMITH of New Jersey, Ms. DELAURO, Mr. CISCOMANI, Mr. FITZPATRICK, Mr. BISHOP, Mr. LAWLER, Ms. LOIS FRANKEL of Florida, Ms. MOORE of Wisconsin, Mrs. DINGELL, Mrs. CHERFILUS-McCORMICK, and Ms. BROWN) 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 reauthorize the WISEWOMAN program.

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 “Women’s Heart Health  
5 Expansion Act of 2026”.

6 **SEC. 2. REAUTHORIZATION OF WISEWOMAN PROGRAM.**

7 Section 1509 of the Public Health Service Act (42  
8 U.S.C. 300n–4a) is amended to read as follows:

1 **“SEC. 1509. SUPPLEMENTAL GRANTS FOR ADDITIONAL**  
2 **PREVENTIVE HEALTH SERVICES.**

3 “(a) SCREENING AND REFERRAL PROJECTS.—The  
4 Secretary, acting through the Director of the Centers for  
5 Disease Control and Prevention, may award supplemental  
6 grants to recipients of grants under section 1501 to carry  
7 out projects for the purposes of—

8 “(1) providing preventive health services in ad-  
9 dition to the services authorized in such section, in-  
10 cluding—

11 “(A) screenings regarding blood pressure  
12 and cholesterol; and

13 “(B) health education;

14 “(2) providing appropriate referrals for medical  
15 treatment of women receiving services pursuant to  
16 paragraph (1) and ensuring, to the extent prac-  
17 ticable, the provision of appropriate follow-up serv-  
18 ices; and

19 “(3) evaluating activities conducted under para-  
20 graphs (1) and (2) through appropriate surveillance  
21 or program-monitoring activities.

22 “(b) ELIGIBILITY FOR SERVICES.—Women eligible  
23 for services pursuant to a grant under subsection (a) shall  
24 include—

25 “(1) women receiving services pursuant to a  
26 grant made under section 1501; and

1           “(2) other women who are low-income and meet  
2           such eligibility criteria as the Secretary may specify.

3           “(c) AUTHORIZED PROVIDERS.—Services provided  
4 pursuant to a grant under subsection (a) shall be provided  
5 by—

6           “(1) an entity screening women for breast and  
7           cervical cancer pursuant to a grant under section  
8           1501; or

9           “(2) other entities that the grant recipient may  
10          designate, subject to the approval of such designa-  
11          tion by the Secretary.

12          “(d) FUNDING.—To carry out this section, there is  
13 authorized to be appropriated \$250,000,000 for the period  
14 of fiscal years 2027 through 2031.”.

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119TH CONGRESS  
2D SESSION

# S. 3944

To amend the Public Health Service Act to reauthorize the WISEWOMAN program.

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IN THE SENATE OF THE UNITED STATES

FEBRUARY 26, 2026

Ms. ALSOBROOKS (for herself and Mrs. BRITT) introduced the following bill; which was read twice and referred to the Committee on Health, Education, Labor, and Pensions

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## A BILL

To amend the Public Health Service Act to reauthorize the WISEWOMAN program.

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 “Women’s Heart Health  
5 Expansion Act of 2026”.

6 **SEC. 2. REAUTHORIZATION OF WISEWOMAN PROGRAM.**

7 Section 1509 of the Public Health Service Act (42  
8 U.S.C. 300n–4a) is amended to read as follows:

1 **“SEC. 1509. SUPPLEMENTAL GRANTS FOR ADDITIONAL**  
2 **PREVENTIVE HEALTH SERVICES.**

3 “(a) SCREENING AND REFERRAL PROJECTS.—The  
4 Secretary, acting through the Director of the Centers for  
5 Disease Control and Prevention, may award supplemental  
6 grants to recipients of grants under section 1501 to carry  
7 out projects for the purposes of—

8 “(1) providing preventive health services in ad-  
9 dition to the services authorized in such section, in-  
10 cluding—

11 “(A) screenings regarding blood pressure,  
12 cholesterol, obesity, and other relevant risk fac-  
13 tors; and

14 “(B) evidence-based health education of-  
15 fered by a qualified provider to improve a meas-  
16 urable health outcome, such as blood pressure,  
17 cholesterol, diabetes, or obesity;

18 “(2) providing appropriate referrals for medical  
19 treatment of women receiving services pursuant to  
20 paragraph (1) and ensuring, to the extent prac-  
21 ticable, the provision of appropriate follow-up serv-  
22 ices; and

23 “(3) evaluating activities conducted under para-  
24 graphs (1) and (2) through appropriate surveillance  
25 or program-monitoring activities and reporting to  
26 the Secretary on such activities.

1 “(b) ELIGIBILITY FOR SERVICES.—Women eligible  
 2 for services pursuant to a grant under subsection (a) shall  
 3 include—

4 “(1) women eligible for services pursuant to a  
 5 grant made under section 1501; and

6 “(2) other women who are high-risk and meet  
 7 such eligibility criteria as the Secretary may specify.

8 “(c) AUTHORIZED PROVIDERS.—Health services pro-  
 9 vided pursuant to a grant under subsection (a) shall be  
 10 provided by—

11 “(1) an entity screening women for breast and  
 12 cervical cancer pursuant to a grant under section  
 13 1501; or

14 “(2) other health care entities, as the Secretary  
 15 determines.

16 “(d) FUNDING.—To carry out this section, there is  
 17 authorized to be appropriated \$250,000,000 for the period  
 18 of fiscal years 2027 through 2031.”.

19 **SEC. 3. GAO STUDY.**

20 Not later than September 30, 2027, the Comptroller  
 21 General of the United States shall report to the Committee  
 22 on Health, Education, Labor, and Pensions of the Senate  
 23 and the Committee on Energy and Commerce of the  
 24 House of Representatives on the work of the Well-Inte-

1 grated Screening and Evaluation for Women Across the  
2 Nation Program, including—

3 (1) an estimate of the number of individuals eli-  
4 gible for services provided under such program;

5 (2) a summary of trends in the number of indi-  
6 viduals served through such program;

7 (3) an assessment of any factors that may be  
8 driving the trends identified under paragraph (2),  
9 including any barriers to accessing cardiovascular  
10 health screenings provided by such program; and

11 (4) an analysis of the cost-effectiveness of such  
12 program with respect to patient outcomes, such as  
13 blood pressure, cholesterol, diabetes, or obesity.

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