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(Original Signature of Member)

118TH CONGRESS
2D SESSION

H. RES.

Recognizing February 4, 2024, as “World Cancer Day”, and its theme “Close the Care Gap”, to raise awareness about and launch efforts to eliminate racial and ethnic inequities and disparities in cancer care both in the United States and globally.

IN THE HOUSE OF REPRESENTATIVES

Ms. SEWELL submitted the following resolution; which was referred to the Committee on _____

RESOLUTION

Recognizing February 4, 2024, as “World Cancer Day”, and its theme “Close the Care Gap”, to raise awareness about and launch efforts to eliminate racial and ethnic inequities and disparities in cancer care both in the United States and globally.

Whereas, globally, approximately 1 in 5 people develops cancer during their lifetime, and 1 in 8 men and 1 in 11 women die from the disease;

Whereas the estimated global economic cost of cancer over the next three decades will reach over \$25,000,000,000,000, with the United States facing the second-largest economic costs of cancer;

Whereas it is estimated that in 2023, more than 1,900,000 new cancer cases and more than 600,000 cancer deaths occurred in the United States;

Whereas, although cancer incidence and mortality rates decreased overall for all racial and ethnic groups, especially African Americans and American Indians/Alaska Natives, continue to have disproportionately higher rates of cancer than Whites (according to the American Cancer Society's "Cancer Facts and Figures" report);

Whereas targeted cancer screening programs can effectively identify high-risk populations;

Whereas research shows that the overall cancer screening rates are lower among African Americans, Latinos, Asian Americans, and American Indian/Alaska Natives than Whites;

Whereas prevention and early detection initiatives can help significantly reduce cancer care disparities and inequities, and improve patient outcomes;

Whereas recent findings suggest that people of color, when compared to Whites, receive later diagnoses for some types of cancer;

Whereas increased patient navigation services can play a crucial role in reducing barriers to timely and appropriate cancer screenings and care by guiding patients through the complex health care system;

Whereas expanding racial and ethnic diversity in clinical trials ensures the inclusivity of all populations and improves the generalizability of vitally important research findings;

Whereas the underrepresentation of people of color, from both urban and rural communities, in clinical trials per-

petuates and exacerbates racial and ethnic cancer inequities and disparities, and limits access to potentially life-saving treatments;

Whereas, in 2021, the Director of the Centers for Disease Control and Prevention declared racism a serious public health threat and announced efforts undertaken by the agency to accelerate its efforts to address racism as a fundamental driver of racial and ethnic health disparities and inequities;

Whereas research suggests that racial and ethnic disparities in cancer and in cancer care are driven by systemic inequities both in society and within and throughout the United States health system that are rooted in racism and discrimination;

Whereas significant racial and ethnic disparities exist in access to treatment according to nationally recognized cancer care guidelines;

Whereas these disparities have a profound impact on stage of cancer diagnoses, access to consistent and quality cancer care, optimal patient outcomes, quality of life, and overall health equity;

Whereas addressing and closing the cancer care gap is an urgent priority, and in recognition of this, the American Cancer Society Cancer Action Network, the National Minority Quality Forum, and the National Comprehensive Cancer Network formed the Alliance for Cancer Care Equity (ACCE);

Whereas ACCE is a group of health equity and patient advocates, community-based organizations, and professional societies working to support policies, promote practices, and create systems that prioritize the elimination of ra-

cial and ethnic disparities and inequities across all cancers; and

Whereas, in 2024, commemorations for “World Cancer Day” recognize the vital role of governments in advancing cancer care by eliminating racial and ethnic disparities and inequities in access to prevention, early screening and diagnostic services, and quality care and treatment: Now, therefore be it

1 *Resolved*, That the House of Representatives—

2 (1) supports “World Cancer Day”;

3 (2) acknowledges the urgent need to eliminate
4 barriers to consistent and reliable access to cancer
5 screening programs, early detection initiatives, and
6 quality cancer care for all racial and ethnic groups;

7 (3) acknowledges that structural and systemic
8 racism and discrimination are fundamental drivers
9 in the Nation’s pressing and persistent racial and
10 ethnic cancer care disparities and inequities;

11 (4) recognizes the need for greater public
12 awareness campaigns to educate those most affected
13 by racial and ethnic disparities and inequities in
14 cancer care about the importance of cancer screen-
15 ing and early detection across cancers with effective
16 screening options, and how those services can be
17 accessed;

18 (5) commends the Alliance for Cancer Care Eq-
19 uity (ACCE) for its commitment to support policies,

1 promote practices, and create systems that prioritize
2 the elimination of racial and ethnic disparities and
3 inequities across all cancers;

4 (6) encourages greater collaboration between
5 health care practices and community-based organiza-
6 tions serving and representing communities of color
7 to provide consistent and comprehensive cancer care
8 and support services;

9 (7) acknowledges the importance of patient
10 navigation services in reducing racial and ethnic can-
11 cer care disparities and inequities by removing bar-
12 riers to care by guiding patients through complex
13 health care systems;

14 (8) recognizes the importance of including
15 health equity and community-based organizations,
16 and patient advocacy groups in the design, pro-
17 motion, recruitment, implementation, and analysis of
18 clinical trials;

19 (9) supports strengthening existing and expand-
20 ing new efforts to reduce racial and ethnic cancer
21 care inequities and disparities to close the persistent
22 and pervasive care gap for cancer because everyone,
23 regardless of racial and ethnic background, should
24 have access to quality cancer care; and

1 (10) urges a greater commitment to disman-
2 tling structural and systemic racism and discrimina-
3 tion in both the United States health system and so-
4 ciety at large that create, sustain, and exacerbate
5 persistent and costly cancer care disparities and in-
6 equities in order to achieve racial and ethnic cancer
7 care equity.