

119TH CONGRESS
2^D SESSION

H. R. 9000

To amend the Public Health Service Act to provide for a public awareness campaign with respect to screening for type 1 diabetes, and for other purposes.

IN THE HOUSE OF REPRESENTATIVES

MAY 21, 2026

Ms. SCHRIER (for herself, Mr. JOYCE of Pennsylvania, Ms. DEGETTE, and Mr. BILIRAKIS) introduced the following bill; which was referred to the Committee on Energy and Commerce

A BILL

To amend the Public Health Service Act to provide for a public awareness campaign with respect to screening for type 1 diabetes, 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 “Strengthening Collec-
5 tive Resources for Encouraging Education Needed for
6 Type 1 Diabetes Act of 2026” or the “SCREEN for Type
7 1 Diabetes Act of 2026”.

1 **SEC. 2. TYPE 1 DIABETES SCREENING PUBLIC AWARENESS**
2 **CAMPAIGN.**

3 (a) IN GENERAL.—Section 317H of the Public
4 Health Service Act (42 U.S.C. 247b–9) is amended by
5 striking subsection (c) and inserting the following:

6 “(c) TYPE 1 DIABETES PUBLIC AWARENESS CAM-
7 PAIGN.—

8 “(1) IN GENERAL.—The Secretary, acting
9 through the Director of the Centers for Disease
10 Control and Prevention, shall carry out an evidence-
11 based national campaign to increase awareness and
12 knowledge of health care providers and the public
13 with respect to type 1 diabetes detection, screening,
14 and management.

15 “(2) WRITTEN MATERIALS.—In carrying out
16 the national campaign under paragraph (1), the Sec-
17 retary shall maintain a publicly accessible supply of
18 written materials that provide information to the
19 public relating to early detection and symptoms of
20 type 1 diabetes, type 1 diabetes screening, and medi-
21 cally appropriate resources for type 1 diabetes, in-
22 cluding information relating to—

23 “(A) early symptoms and warning signs of
24 type 1 diabetes;

25 “(B) the availability of screening for type
26 1 diabetes;

1 “(C) the benefits of getting screened for
2 type 1 diabetes;

3 “(D) training and education regarding
4 medically appropriate resources for those newly
5 diagnosed; and

6 “(E) such other information as the Sec-
7 retary determines appropriate.

8 “(3) PUBLIC SERVICE ANNOUNCEMENTS.—

9 “(A) IN GENERAL.—In carrying out the
10 national campaign under paragraph (1), the
11 Secretary shall develop and issue public service
12 announcements to provide education to the pub-
13 lic on early detection and symptoms of type 1
14 diabetes and the importance of screening for
15 type 1 diabetes.

16 “(B) MEDIA.—The Secretary shall issue
17 public service announcements under subpara-
18 graph (A) through—

19 “(i) media, including social media, tel-
20 evision, radio, print, the internet, and
21 other media;

22 “(ii) in-person or virtual public com-
23 munications; and

24 “(iii) recognized trusted figures.

1 “(4) CONSULTATION.—In carrying out the na-
2 tional campaign under paragraph (1), the Secretary
3 shall consult with the National Academy of Medi-
4 cine, health care provider associations, community
5 health worker associations, nonprofit organizations,
6 including nonprofit organizations that represent
7 communities most impacted by type 1 diabetes,
8 State, local, and Tribal public health departments,
9 elementary and secondary school organizations, in-
10 cluding student and parent organizations, and insti-
11 tutions of higher education, to solicit advice on evi-
12 dence-based information for policy development and
13 program development, implementation, and evalua-
14 tion.

15 “(5) REQUIREMENTS.—

16 “(A) IN GENERAL.—The national cam-
17 paign under paragraph (1) shall—

18 “(i) include the use of evidence-based
19 information, provided through media and
20 public engagement;

21 “(ii) include the development of cul-
22 turally and linguistically competent re-
23 sources that shall be tailored to—

24 “(I) communities with the largest
25 significant increases in incidence of

1 type 1 diabetes over the immediately
2 preceding 5-year period; and

3 “(II) such other communities as
4 the Secretary determines appropriate;

5 “(iii) include the dissemination of type
6 1 diabetes detection, screening, and man-
7 agement information and communication
8 resources, including the information speci-
9 fied in subparagraphs (A) through (E) of
10 paragraph (2), to—

11 “(I) health care providers and
12 health care facilities, including pri-
13 mary care providers, community
14 health centers, and pediatric health
15 care providers and facilities;

16 “(II) State, local, and Tribal
17 public health departments;

18 “(III) elementary and secondary
19 schools; and

20 “(IV) institutions of higher edu-
21 cation;

22 “(iv) be complementary to, and co-
23 ordinated with, any other Federal efforts
24 with respect to type 1 diabetes awareness
25 and management; and

1 “(v) include message testing to iden-
2 tify culturally and linguistically competent
3 and effective messages.

4 “(B) GRANTS TO CARRY OUT CAMPAIGN.—
5 The Secretary shall carry out the national cam-
6 paign under paragraph (1) through grants to,
7 or cooperative agreements with, 1 or more pri-
8 vate, nonprofit entities with a history of devel-
9 oping and implementing similar campaigns.

10 “(C) GRANTS TO INCREASE SCREENING.—
11 In carrying out the national campaign under
12 paragraph (1), the Secretary shall award grants
13 to, or enter into cooperative agreements with,
14 State, local, and Tribal public health depart-
15 ments—

16 “(i) to engage with communities de-
17 scribed in subclauses (I) and (II) of sub-
18 paragraph (A)(ii), local educational agen-
19 cies, health care providers, community or-
20 ganizations, or other groups the Secretary
21 determines are appropriate to develop and
22 deliver effective strategies to increase type
23 1 diabetes screening; and

24 “(ii) to disseminate culturally and lin-
25 guistically competent resources on where

1 an individual can access type 1 diabetes
2 screenings locally.

3 “(6) OPTIONS FOR DISSEMINATION OF INFOR-
4 MATION.—The national campaign under paragraph
5 (1) may—

6 “(A) include the use of—

7 “(i) media, including social media, tel-
8 evision, radio, print, the internet, and
9 other media;

10 “(ii) in-person or virtual public com-
11 munications; and

12 “(iii) recognized trusted figures; and

13 “(B) be targeted to the general public and
14 communities described in subclauses (I) and
15 (II) of paragraph (5)(A)(ii).

16 “(7) DEFINITIONS.—In this subsection—

17 “(A) the terms ‘elementary school’ and
18 ‘secondary school’ have the meanings given
19 such terms in section 8101 of the Elementary
20 and Secondary Education Act of 1965;

21 “(B) the term ‘evidence-based’ means
22 based on the best available evidence in scientific
23 literature; and

1 “(C) the term ‘institution of higher edu-
2 cation’ has the meaning given such term in sec-
3 tion 101 of the Higher Education Act of 1965.

4 “(8) AUTHORIZATION OF APPROPRIATIONS.—
5 There is authorized to be appropriated to carry out
6 this subsection for each of fiscal years 2027 through
7 2031, \$5,000,000, to remain available until ex-
8 pended.”.

9 (b) REPORT TO CONGRESS.—Not later than 1 year
10 after the date of enactment of this Act, the Secretary of
11 Health and Human Services shall submit to the Com-
12 mittee on Health, Education, Labor, and Pensions of the
13 Senate and the Committee on Energy and Commerce of
14 the House of Representatives a report—

15 (1) that contains a qualitative assessment of
16 the campaign under subsection (c) of section 317H
17 of the Public Health Service Act (42 U.S.C. 247b–
18 9) and the activities conducted under such cam-
19 paign; and

20 (2) on, with respect to the impact on type 1 di-
21 abetes detection, screening, and management, the
22 activities conducted under such subsection (c).

○