

108TH CONGRESS
1ST SESSION

S. 1899

To improve data collection and dissemination, treatment, and research relating to cancer, and for other purposes.

IN THE SENATE OF THE UNITED STATES

NOVEMBER 20, 2003

Mr. BROWNBACK (for himself and Mr. GREGG) introduced the following bill; which was read twice and referred to the Committee on Health, Education, Labor, and Pensions

A BILL

To improve data collection and dissemination, treatment, and research relating to 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 “National Cancer Act
5 of 2003”.

6 **SEC. 2. FINDINGS.**

7 Congress makes the following findings:

8 (1) In 2003, an estimated 1,334,100 Americans
9 will be diagnosed with some form of cancer.

1 (2) In 2003, an estimated 556,500 Americans
2 will die of cancer. In the United States, 1 in every
3 4 deaths results from cancer.

4 (3) In 2002, the National Institutes of Health
5 estimated the overall cost of cancer at
6 \$171,600,000,000.

7 (4) In 2003, an estimated 211,300 American
8 women and 1,300 men will be diagnosed with breast
9 cancer, and 40,200 will die of the disease. A mam-
10 mogram every 1–2 years can reduce the risk of
11 dying by about 16 percent for women 40 years of
12 age and older.

13 (5) In 2003, an estimated 40,100 women will
14 be newly diagnosed with cancer of the uterine corpus
15 and 6,800 women will die of the disease.

16 (6) In 2003, an estimated 147,500 Americans
17 will be diagnosed with colorectal cancer and 57,100
18 will die of the disease.

19 (7) Incidence rates of colorectal cancer sta-
20 bilized between 1995 and 1999. Research suggests
21 that declines may be in part due to increased screen-
22 ing and polyp removal.

23 (8) The Chronic Disease Prevention Depart-
24 ment found that screening for colorectal cancer can
25 reduce the number of deaths by at least 30 percent.

1 (9) Regular screening examinations by a health
2 care professional can result in early detection of can-
3 cers of the breast, colon, rectum, prostate, testis,
4 oral cavity, and skin. If all these cancers were diag-
5 nosed at a localized stage through regular examina-
6 tions, the 5-year survival rate would increase from
7 82 percent to 95 percent.

8 (10) Cancers of the lung, mouth, larynx, blad-
9 der, kidney, cervix, esophagus, and pancreas are re-
10 lated to tobacco use. The American Cancer Society
11 estimates that in 2003 more than 180,000 cancer
12 deaths will be caused by tobacco use. Smoking alone
13 causes $\frac{1}{3}$ of all cancer deaths.

14 (11) More than 1,000,000 skin cancers ex-
15 pected to be diagnosed in 2003 could have been pre-
16 vented by protection from the sun's rays.

17 (12) An estimated 9,000 new cases of childhood
18 cancer are expected to occur in 2003.

19 (13) Cancer is the chief cause of death by dis-
20 ease in children between the ages of 1 and 14.

21 (14) The American Cancer Society estimates
22 that approximately $\frac{1}{3}$ of the 556,500 cancer deaths
23 expected in 2003 will be related to nutrition, phys-
24 ical inactivity, obesity, and other lifestyle factors
25 that could be prevented.

1 (15) About 77 percent of all cancers are diag-
2 nosed at age 55 and older. In order to ensure high
3 quality cancer care for American seniors, medicare
4 reimbursements must reflect the true cost of treat-
5 ment in every treatment setting and medicare pay-
6 ments should accurately reflect the cost of drug and
7 biologics as well as the cost of administering drugs
8 and supportive care therapies.

9 (16) Despite an aging population, death rates
10 for the most common cancers, lung, colorectal,
11 breast, and prostate continue to drop at an average
12 of 1.7 percent per year.

13 (17) In May 2001, Gleevec, the first in what is
14 expected to be a number of cancer treatments, was
15 approved for use by the Food and Drug Administra-
16 tion as it appeared to be effective in stopping the
17 growth of deadly Chronic Myeloid Leukemia cells
18 within 3 months of use. In 2002, Gleevec showed
19 ability to stop growth of gastrointestinal stromal tu-
20 mors.

21 (18) In early 2003, researchers used gene chips
22 to accurately predict whether or not breast cancer
23 tumors would spread in the future. If the findings
24 are validated, doctors will be able to determine which
25 patients are likely to relapse and need chemo-

1 therapy, while sparing those with a favorable prog-
2 nosis from additional treatment.

3 (19) The Lance Armstrong Foundation, a lead-
4 ing national organization providing services and sup-
5 port for cancer survivors, defines cancer survivorship
6 as living with, through, and beyond cancer.

7 (20) In 2001, there were 9,600,000 cancer sur-
8 vivors in the United States.

9 (21) Sixty percent of adults diagnosed with can-
10 cer survive at least 5 years.

11 (22) While nearly every childhood cancer diag-
12 nosis 20 years ago was fatal, today more than 80
13 percent of children diagnosed with cancer survive at
14 least 5 years.

15 **SEC. 3. SENSE OF THE SENATE.**

16 It is the sense of the Senate that the United States
17 is at a point in history in which we must take the proper
18 steps to reach the goal of making cancer survivorship the
19 rule and cancer deaths rare by the year 2015.

20 **TITLE I—PUBLIC HEALTH**
21 **PROVISIONS**

22 **SEC. 101. NATIONAL PROGRAM OF CANCER REGISTRIES.**

23 Part M of title III of the Public Health Service Act
24 (42 U.S.C. 280e et seq.) is amended by inserting after
25 section 399B the following:

1 **“SEC. 399B-1. ENHANCING CANCER REGISTRIES AND PRE-**
2 **PARING FOR THE FUTURE.**

3 “(a) STRATEGIC PLAN.—Not later than 1 year after
4 the date of enactment of the National Cancer Act of 2003
5 the Secretary shall develop a plan and submit a report
6 to Congress that outlines strategies by which the State
7 cancer registries funded with grants under section 399B
8 and the Surveillance, Epidemiology, and End Results pro-
9 gram of the National Cancer Institute (in this section re-
10 ferred to as the ‘SEER program’) can share information
11 to ensure more comprehensive cancer data. The report
12 shall include ways in which the Secretary will—

13 “(1) standardize data between State cancer reg-
14 istries and the SEER program;

15 “(2) increase the portability and usability of
16 data files from each registry for researchers and
17 public health planners;

18 “(3) ensure data collection from the greatest
19 number of health care facilities possible;

20 “(4) maximize the use of State registry data
21 and data from the SEER program in State and re-
22 gional public health planning processes; and

23 “(5) promote the use of data to—

24 “(A) improve the health status of cancer
25 survivors; and

1 “(B) research quality of cancer care and
2 access to that care.”.

3 **SEC. 102. ENHANCING EXISTING SCREENING EFFORTS.**

4 (a) GRANT AND CONTRACT AUTHORITY OF
5 STATES.—Section 1501(b)(2) of the Public Health Service
6 Act (42 U.S.C. 300k(b)(2)) is amended to read as follows:

7 “(2) CERTAIN APPLICATIONS.—

8 “(A) STRATEGIES FOR COLORECTAL CAN-
9 CER SCREENING.—If any entity submits an ap-
10 plication to a State to receive an award of a
11 grant or contract pursuant to paragraph (1)
12 that includes strategies for colorectal cancer
13 screening and outreach, the State may give pri-
14 ority to the application submitted by that entity
15 in any case in which the State determines that
16 the quality of such application is equivalent to
17 the quality of the application submitted by the
18 other entities.

19 “(B) WOMEN DIAGNOSED WITH CANCER.—
20 If any entity submits an application to a State
21 to receive an award of a grant or contract pur-
22 suant to paragraph (1) that includes strategies
23 for the provision of treatment for uninsured
24 women diagnosed with cancer discovered in the
25 course of the screening, the State may give pri-

1 ority to the application submitted by that entity
2 in any case in which the State determines that
3 the quality of such application is equivalent to
4 the quality of the application submitted by the
5 other entities.”.

6 (b) REQUIREMENTS WITH RESPECT TO TYPE AND
7 QUALITY OF SERVICES.—Section 1503 of the Public
8 Health Service Act (42 U.S.C. 300m) is amended by add-
9 ing at the end the following:

10 “(d) WAIVER OF DIRECT SERVICES REQUIRE-
11 MENT.—The Secretary may waive the requirement under
12 subsection (a)(1) if—

13 “(1) the State involved will use the grant under
14 this section for a demonstration project that will le-
15 verage private funds to supplement program efforts;
16 or

17 “(2) such requirement would cause a barrier to
18 the enrollment of qualifying women.”.

19 (c) AUTHORIZATION OF APPROPRIATIONS.—Section
20 1510(a) of the Public Health Service Act (42 U.S.C.
21 300n–5(a)) is amended by striking “\$50,000,000” and all
22 that follows and inserting “such sums as may be necessary
23 for each of fiscal years 2004 through 2008.”.

24 (d) REPORT ON THE COMPREHENSIVE COLORECTAL
25 CANCER INITIATIVE.—Not later than 6 months after the

1 date of enactment of this Act, the Director of the Centers
2 for Disease Control and Prevention shall submit to the
3 appropriate committees of Congress a report containing
4 an assessment of the success of the Comprehensive
5 Colorectal Cancer Initiative (within the Centers for Dis-
6 ease Control and Prevention) in—

7 (1) increasing public awareness of colorectal
8 cancer;

9 (2) increasing awareness of screening guidelines
10 among health care providers;

11 (3) monitoring national colorectal cancer
12 screening rates;

13 (4) promoting increased patient-provider com-
14 munication about colorectal cancer screening;

15 (5) supporting quantitative and qualitative re-
16 search efforts; and

17 (6) providing funding to State programs to im-
18 plement colorectal cancer priorities.

19 **SEC. 103. ENHANCED PATIENT EDUCATION.**

20 Part P of title III of the Public Health Service Act
21 (42 U.S.C. 280g et seq.) is amended by adding at the end
22 the following:

1 **“SEC. 3990. ENHANCED PATIENT EDUCATION.**

2 “(a) GRANTS AUTHORIZED.—The Secretary is au-
3 thorized to award grants to eligible entities to implement
4 programs to educate patients and their families about—

5 “(1) the availability and options of effective
6 medical techniques and pain management technology
7 therapies to reduce and prevent pain and suffering
8 for those with cancer upon diagnosis;

9 “(2) the unique health challenges associated
10 with cancer survivorship, including—

11 “(A) the role of followup care and moni-
12 toring to support and improve the long-term
13 quality of life for cancer survivors;

14 “(B) physical activity and healthy life-
15 styles; and

16 “(C) the availability of peer and mentor
17 support programs; and

18 “(3) community resources available to increase
19 access to quality cancer care.

20 “(b) APPLICATION.—An eligible entity desiring a
21 grant under this section shall submit to the Secretary an
22 application at such time, in such manner, and containing
23 such information as the Secretary may require.

24 “(c) AUTHORIZATION OF APPROPRIATIONS.—There
25 are authorized to be appropriated to carry out this section
26 such sums as may be necessary.”.

1 **SEC. 104. PRACTITIONER EDUCATION PROGRAM.**

2 Section 414 of the Public Health Service Act (42
3 U.S.C. 285a–3) is amended by adding at the end the fol-
4 lowing:

5 “(d) In order to receive funding under this section,
6 a center described under subsection (a) shall maintain a
7 program for disseminating to patients and research par-
8 ticipants, as well as their caregivers, the latest information
9 about—

10 “(1) pain and symptom management and pallia-
11 tive care; and

12 “(2) the unique clinical and research challenges
13 associated with cancer survivorship.

14 “(e) The Secretary may provide additional amounts
15 to fund centers under subsection (a) that develop innova-
16 tive relationships with community cancer centers, commu-
17 nity health centers, rural hospitals, and other community-
18 based health care providers who target medically under-
19 served populations for the purpose of increasing access to
20 quality cancer care.”.

1 **SEC. 105. ELEVATING THE IMPORTANCE OF PAIN MANAGE-**
2 **MENT AND CANCER SURVIVORSHIP**
3 **THROUGHOUT THE NATION'S CANCER PRO-**
4 **GRAMS.**

5 (a) NATIONAL CANCER PROGRAM.—Section 411 of
6 the Public Health Service Act (42 U.S.C. 285a) is amend-
7 ed to read as follows:

8 “SEC. 411. The National Cancer Program shall con-
9 sist of—

10 “(1) an expanded, intensified, and coordinated
11 cancer research program encompassing the research
12 programs conducted and supported by the Institute
13 and the related research programs of the other na-
14 tional research institutes, including research pro-
15 grams for—

16 “(A) pain and symptom management;

17 “(B) survivorship; and

18 “(C) the prevention of cancer caused by
19 occupational or environmental exposure to car-
20 cinogens; and

21 “(2) the other programs and activities of the
22 Institute, including research on populations with
23 both uniquely diverse genetic variation and geo-
24 graphic isolation.”.

1 (b) CANCER CONTROL PROGRAMS.—Section 412(2)
2 of the Public Health Service Act (42 U.S.C. 285a–1(2))
3 is amended—

4 (1) in subparagraph (A), by striking “, and”
5 and inserting a semicolon; and

6 (2) by adding at the end the following:

7 “(C) appropriate methods of pain and
8 symptom management for individuals with can-
9 cer, including end-of-life care and cancer survi-
10 vorship; and”.

11 (c) SPECIAL AUTHORITIES OF THE DIRECTOR.—Sec-
12 tion 413(a)(2) of the Public Health Service Act (42 U.S.C.
13 285a–2(a)(2)) is amended—

14 (1) in subparagraph (D), by striking “and” at
15 the end;

16 (2) in subparagraph (E), by striking the period
17 and inserting “; and”; and

18 (3) by adding at the end the following:

19 “(F) assess and improve pain and symptom
20 management of cancer throughout the course of
21 treatment and cancer survivorship.”.

22 (d) BREAST AND GYNECOLOGICAL CANCERS.—Sec-
23 tion 417 of the Public Health Service Act (42 U.S.C.
24 285a–6) is amended—

25 (1) in subsection (c)(1)—

1 (A) in subparagraph (D), by striking
2 “and” at the end;

3 (B) in subparagraph (E), by striking the
4 period and inserting “; and”; and

5 (C) by inserting after subparagraph (E)
6 the following:

7 “(F) basic, clinical, and applied research
8 concerning pain and symptom management and
9 cancer survivorship.”; and

10 (2) in subsection (d)—

11 (A) in paragraph (4), by striking “and” at
12 the end;

13 (B) in paragraph (5), by striking the pe-
14 riod and inserting “; and”; and

15 (C) by adding at the end the following:

16 “(6) basic, clinical, and applied research con-
17 cerning pain and symptom management and cancer
18 survivorship.”.

19 (e) PROSTATE CANCER.—Section 417A(c)(1) of the
20 Public Health Service Act (42 U.S.C. 285a–7(c)(1)) is
21 amended—

22 (1) in subparagraph (F), by striking “and” at
23 the end;

24 (2) in subparagraph (G), by striking the period
25 and inserting “; and”; and

1 (3) by inserting after subparagraph (G) the fol-
2 lowing:

3 “(H) basic and clinical research concerning
4 pain and symptom management and cancer sur-
5 vivorship.”.

6 **SEC. 106. SURVIVORSHIP RESEARCH PROGRAM.**

7 Subpart 1 of part C of title IV of the Public Health
8 Service Act (42 U.S.C. 285 et seq.) is amended by adding
9 at the end the following:

10 **“SEC. 417D. SURVIVORSHIP RESEARCH PROGRAM.**

11 “(a) ESTABLISHMENT.—There is established, within
12 the Institute, an Office on Cancer Survivorship (in this
13 section referred to as the ‘Office’), which may be headed
14 by an Associate Director, to implement and direct the ex-
15 pansion and coordination of the activities of the Institute
16 with respect to cancer survivorship research.

17 “(b) COLLABORATION AMONG AGENCIES.—In car-
18 rying out the activities described in subsection (a), the Of-
19 fice shall collaborate with other institutes, centers, and of-
20 fices within the National Institutes of Health that are de-
21 termined appropriate by the Office.

22 “(c) REPORT.—Not later than 1 year after the date
23 of enactment of this section, the Secretary shall prepare
24 and submit to the appropriate committees of Congress a

1 report providing a description of the survivorship activities
2 of the Office and strategies for future activities.”.

3 **TITLE II—RESEARCH** 4 **PROVISIONS**

5 **SEC. 201. NATIONAL CANCER INSTITUTE.**

6 (a) OTHER TRANSACTIONS AUTHORITY.—Subpart 1
7 of part C of title IV of the Public Health Service Act (42
8 U.S.C. 285 et seq.), as amended by section 106, is further
9 amended by adding at the end the following:

10 **“SEC. 417E. OTHER TRANSACTIONS AUTHORITY.**

11 “Notwithstanding any other provision of this subpart,
12 the Director of the National Cancer Institute may cofund
13 grant projects with private entities for any purpose de-
14 scribed in this subpart.”.

15 (b) SENSE OF THE SENATE ON A CENTRAL INSTITU-
16 TIONAL REVIEW BOARD.—It is the sense of the Senate
17 that—

18 (1) the current procedure of sending 1 clinical
19 trial through multiple local institutional review
20 boards may not be the most efficient method for the
21 protection of patients enrolled in the trial and may
22 delay the process of bringing lifesaving treatment to
23 cancer patients;

1 (2) the National Cancer Institute should be
2 commended for its work in centralizing the institu-
3 tional review board process; and

4 (3) the research community should continue to
5 streamline the institutional review board process in
6 order to bring lifesaving treatments to patients as
7 quickly as possible.

8 (c) PATIENT AND PROVIDER OUTREACH OPPORTUNI-
9 TIES WITH EXPERIMENTAL THERAPIES.—For the pur-
10 pose of enhancing patient access to experimental thera-
11 pies, the National Cancer Institute shall conduct the fol-
12 lowing activities:

13 (1) Integrate, to the maximum extent prac-
14 ticable, trials being conducted by private manufac-
15 turers into the National Cancer Institute’s clinical
16 trials online database. Such integration may require
17 specific awareness-raising and outreach activities by
18 the National Cancer Institute to private industry.

19 (2) Establish an education program which pro-
20 vides patients and providers with—

21 (A) information about how to access and
22 use the National Cancer Institute clinical trials
23 database online; and

- 1 (B) information about the Food and Drug
- 2 Administration process for approving the use of
- 3 drugs and biologics for a single patient.

○