

110TH CONGRESS  
2D SESSION

# S. 3187

To establish a comprehensive interagency response to reduce lung cancer mortality in a timely manner.

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IN THE SENATE OF THE UNITED STATES

JUNE 25, 2008

Mr. HAGEL (for himself and Mrs. FEINSTEIN) 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 establish a comprehensive interagency response to reduce lung cancer mortality in a timely manner.

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 “Lung Cancer Mortality  
5       Reduction Act of 2008”.

6       **SEC. 2. FINDINGS.**

7       Congress makes the following findings:

8               (1) Lung cancer is the leading cause of cancer  
9       death for both men and women, accounting for 28  
10      percent of all cancer deaths.

1           (2) Lung cancer kills more people annually  
2           than breast cancer, prostate cancer, colon cancer,  
3           liver cancer, melanoma, and kidney cancer combined.

4           (3) Since the National Cancer Act of 1971  
5           (Public Law 92–218; 85 Stat. 778), coordinated and  
6           comprehensive research has raised the 5-year sur-  
7           vival rates for breast cancer to 88 percent, for pros-  
8           tate cancer to 99 percent, and for colon cancer to  
9           64 percent.

10          (4) However, the 5-year survival rate for lung  
11          cancer is still only 15 percent and a similar coordi-  
12          nated and comprehensive research effort is required  
13          to achieve increases in lung cancer survivability  
14          rates.

15          (5) Sixty percent of lung cancer cases are now  
16          diagnosed as nonsmokers or former smokers.

17          (6) Two-thirds of nonsmokers diagnosed with  
18          lung cancer are women.

19          (7) Certain minority populations, such as Afri-  
20          can-American males, have disproportionately high  
21          rates of lung cancer incidence and mortality, not-  
22          withstanding their similar smoking rate.

23          (8) Members of the baby boomer generation are  
24          entering their sixties, the most common age at which  
25          people develop lung cancer.

1           (9) Tobacco addiction and exposure to other  
2           lung cancer carcinogens such as Agent Orange and  
3           other herbicides and battlefield emissions are serious  
4           problems among military personnel and war vet-  
5           erans.

6           (10) Significant and rapid improvements in  
7           lung cancer mortality can be expected through great-  
8           er use and access to lung cancer screening tests for  
9           at-risk individuals.

10          (11) Additional strategies are necessary to fur-  
11          ther enhance the existing tests and therapies avail-  
12          able to diagnose and treat lung cancer in the future.

13          (12) The August 2001 Report of the Lung  
14          Cancer Progress Review Group of the National Can-  
15          cer Institute stated that funding for lung cancer re-  
16          search was “far below the levels characterized for  
17          other common malignancies and far out of propor-  
18          tion to its massive health impact”.

19          (13) The Report of the Lung Cancer Progress  
20          Review Group identified as its “highest priority” the  
21          creation of integrated, multidisciplinary, multi-insti-  
22          tutional research consortia organized around the  
23          problem of lung cancer rather than around specific  
24          research disciplines.

1           (14) The United States must enhance its re-  
 2       sponse to the issues raised in the Report of the  
 3       Lung Cancer Progress Review Group, and this can  
 4       be accomplished through the establishment of a co-  
 5       ordinated effort designed to reduce the lung cancer  
 6       mortality rate by 50 percent by 2015 and targeted  
 7       funding to support this coordinated effort.

8   **SEC. 3. SENSE OF THE SENATE CONCERNING INVESTMENT**  
 9                           **IN LUNG CANCER RESEARCH.**

10       It is the sense of the Senate that—

11           (1) lung cancer mortality reduction should be  
 12       made a national public health priority; and

13           (2) a comprehensive mortality reduction pro-  
 14       gram coordinated by the Secretary of Health and  
 15       Human Service is justified and necessary to ade-  
 16       quately address and reduce lung cancer mortality.

17   **SEC. 4. LUNG CANCER MORTALITY REDUCTION PROGRAM.**

18       (a) IN GENERAL.—Subpart 1 of part C of title IV  
 19       of the Public Health Service Act (42 U.S.C. 285 et seq.)  
 20       is amended by adding at the end the following:

21   **“SEC. 417E. LUNG CANCER MORTALITY REDUCTION PRO-**  
 22                           **GRAM.**

23       “(a) IN GENERAL.—Not later than 6 months after  
 24       the date of enactment of the Lung Cancer Mortality Re-  
 25       duction Act of 2008, the Secretary, in consultation with

1 the Secretary of Defense, the Secretary of Veterans Af-  
2 fairs, the Director of the National Institutes of Health,  
3 the Director of the Centers for Disease Control and Pre-  
4 vention, the Administrator of the Food and Drug Adminis-  
5 tration, the Director of the Centers for Medicare & Med-  
6 icaid Services, the Director of the National Center on Mi-  
7 nority Health and Health Disparities, and other members  
8 of the Lung Cancer Advisory Board established under sec-  
9 tion 6 of the Lung Cancer Mortality Reduction Act of  
10 2008, shall implement a comprehensive program to  
11 achieve a 50 percent reduction in the mortality rate of  
12 lung cancer by 2015.

13 “(b) REQUIREMENTS.—The program implemented  
14 under subsection (a) shall include at least the following:

15 “(1) With respect to the National Institutes of  
16 Health—

17 “(A) a strategic review and prioritization  
18 by the National Cancer Institute of research  
19 grants to achieve the goal of the program in re-  
20 ducing lung cancer mortality;

21 “(B) the provision of funds to enable the  
22 Airway Biology and Disease Branch of the Na-  
23 tional Heart, Lung and Blood Institute to ex-  
24 pand its research programs to include pre-  
25 dispositions to lung cancer, the interrelationship

1           between lung cancer and other pulmonary and  
2           cardiac disease, and the diagnosis and treat-  
3           ment of these interrelationships;

4           “(C) the provision of funds to enable the  
5           National Institute of Biomedical Imaging and  
6           Bioengineering to expand its Quantum Grant  
7           Program and Image-Guided Interventions pro-  
8           grams to expedite the development of computer  
9           assisted diagnostic, surgical, treatment and  
10          drug testing innovations to reduce lung cancer  
11          mortality; and

12          “(D) the provision of funds to enable the  
13          National Institute for Environmental Health  
14          Sciences to implement research programs rel-  
15          ative to lung cancer incidence.

16          “(2) With respect to the Food and Drug Ad-  
17          ministration—

18                 “(A) the establishment of a lung cancer  
19                 mortality reduction drug program under sub-  
20                 title G of chapter V of the Federal Food, Drug,  
21                 and Cosmetic Act; and

22                 “(B) compassionate access activities under  
23                 section 561 of the Federal Food, Drug, and  
24                 Cosmetic Act (21 U.S.C. 360bbb).

1           “(3) With respect to the Centers for Disease  
2           Control and Prevention, the establishment of a lung  
3           cancer mortality reduction program under section  
4           1511.

5           “(4) With respect to the Agency for Healthcare  
6           Research and Quality, the conduct of a biannual re-  
7           view of lung cancer screening, diagnostic and treat-  
8           ment protocols, and the issuance of updated guide-  
9           lines.

10          “(5) The cooperation and coordination of all  
11          minority and health disparity programs within the  
12          Department of Health and Human Services to en-  
13          sure that all aspects of the Lung Cancer Mortality  
14          Reduction Program adequately address the burden  
15          of lung cancer on minority and rural populations.

16          “(6) The cooperation and coordination of all to-  
17          bacco control and cessation programs within agen-  
18          cies of the Department of Health and Human Serv-  
19          ices to achieve the goals of the Lung Cancer Mor-  
20          tality Reduction Program with particular emphasis  
21          on the coordination of drug and other cessation  
22          treatments with early detection protocols.

23          “(c) AUTHORIZATION OF APPROPRIATIONS.—There  
24          is authorized to be appropriated to carry out this section—

1           “(1) \$25,000,000 for fiscal year 2009 for the  
2           activities described in subsection (b)(1)(B), and such  
3           sums as may be necessary for each of fiscal years  
4           2010 through 2013;

5           “(2) \$25,000,000 for fiscal year 2009 for the  
6           activities described in subsection (b)(1)(C), and such  
7           sums as may be necessary for each of fiscal years  
8           2010 through 2013;

9           “(3) \$10,000,000 for fiscal year 2009 for the  
10          activities described in subsection (b)(1)(D), and such  
11          sums as may be necessary for each of fiscal years  
12          2010 through 2013; and

13          “(4) \$15,000,000 for fiscal year 2009 for the  
14          activities described in subsection (b)(3), and such  
15          sums as may be necessary for each of fiscal years  
16          2010 through 2013.”.

17          (b) FOOD, DRUG, AND COSMETIC ACT.—Chapter V  
18          of the Federal Food, Drug, and Cosmetic Act (21 U.S.C.  
19          351 et seq.) is amended by adding at the end the fol-  
20          lowing:



1       **“Subchapter G—Lung Cancer Mortality**  
2                   **Reduction Programs**

3       **“SEC. 581. LUNG CANCER MORTALITY REDUCTION PRO-**  
4                   **GRAM.**

5           “(a) IN GENERAL.—The Secretary shall implement  
6 a program to provide incentives of the type provided for  
7 in subchapter B of this chapter for the development of  
8 chemoprevention drugs for precancerous conditions of the  
9 lung, drugs for targeted therapeutic treatments and vac-  
10 cines for lung cancer, and new agents to curtail or prevent  
11 nicotine addiction. The Secretary shall model the program  
12 implemented under this section on the program provided  
13 for under subchapter B of this chapter with respect cer-  
14 tain drugs.

15          “(b) APPLICATION OF PROVISIONS.—The Secretary  
16 shall apply the provisions of subchapter B of this chapter  
17 to drugs, biological products, and devices for the preven-  
18 tion or treatment of lung cancer, including drugs, biologi-  
19 cal products, and devices for chemoprevention of  
20 precancerous conditions of the lungs, vaccination against  
21 the development of lung cancer and therapeutic treatment  
22 for lung cancer.

23          “(c) BOARD.—The Board established under section  
24 6 of the Lung Cancer Mortality Reduction Act of 2008

1 shall monitor the program implemented under this sec-  
2 tion.”.

3 (c) ACCESS TO UNAPPROVED THERAPIES.—Section  
4 561(e) of the Federal Food, Drug, and Cosmetic Act (21  
5 U.S.C. 360bbb(e)) is amended by inserting before the pe-  
6 riod the following: “and shall include providing compas-  
7 sionate access to drugs, biological products, and devices  
8 under the program under section 581, with substantial  
9 consideration being given to whether the totality of infor-  
10 mation available to the Secretary regarding the safety and  
11 effectiveness of an investigational drug, as compared to  
12 the risk of morbidity and death from the disease, indicates  
13 that a patient may obtain more benefit than risk if treated  
14 with the drug, biological product, or device.”.

15 (d) CDC.—Title XV of the Public Health Service Act  
16 (42 U.S.C. 300k et seq.) is amended by adding at the end  
17 the following:

18 **“SEC. 1511. LUNG CANCER MORTALITY REDUCTION PRO-**  
19 **GRAM.**

20 “(a) IN GENERAL.—The Secretary shall establish  
21 and implement an early disease research and management  
22 program targeted at the high incidence and mortality rates  
23 among minority and low-income populations.

1       “(b) AUTHORIZATION OF APPROPRIATIONS.—There  
2 is authorized to be appropriated, such sums as may be  
3 necessary to carry out this section.”.

4       **SEC. 5. DEPARTMENT OF DEFENSE AND THE DEPARTMENT**  
5               **OF VETERANS AFFAIRS.**

6       The Secretary of Defense and the Secretary of Vet-  
7 erans Affairs shall coordinate with the Secretary of Health  
8 and Human Services—

9               (1) in the development of the Lung Cancer  
10 Mortality Reduction Program under section 417E;

11              (2) in the implementation within the Depart-  
12 ment of Defense and the Department of Veterans  
13 Affairs of an early detection and disease manage-  
14 ment research program for military personnel and  
15 veterans whose smoking history and exposure to car-  
16 cinogens during active duty service has increased  
17 their risk for lung cancer; and

18              (3) in the implementation of coordinated care  
19 programs for military personnel and veterans diag-  
20 nosed with lung cancer.

21       **SEC. 6. LUNG CANCER ADVISORY BOARD.**

22       (a) IN GENERAL.—The Secretary of Health and  
23 Human Services shall establish a Lung Cancer Advisory  
24 Board (referred to in this section as the “Board”) to mon-  
25 itor the programs established under this Act (and the

1 amendments made by this Act), provide annual reports to  
2 Congress concerning benchmarks, expenditures, lung can-  
3 cer statistics, and the public health impact of such pro-  
4 grams.

5 (b) COMPOSITION.—The Board shall be composed  
6 of—

7 (1) the Secretary of Health and Human Serv-  
8 ices;

9 (2) the Secretary of Defense;

10 (3) the Secretary of Veterans Affairs; and

11 (4) two representatives each from the fields of  
12 clinical medicine focused on lung cancer, lung cancer  
13 research, imaging, drug development, and lung can-  
14 cer advocacy, to be appointed by the Secretary of  
15 Health and Human Services.

16 **SEC. 7. AUTHORIZATION OF APPROPRIATIONS.**

17 For the purpose of carrying out the programs under  
18 this Act (and the amendments made by this Act), there  
19 is authorized to be appropriated such sums as may be nec-  
20 essary for each of fiscal years 2009 through 2013.

