

119TH CONGRESS  
1ST SESSION

# H. R. 5162

To authorize the Secretary of Health and Human Services, acting through the Director of the Centers for Disease Control and Prevention, to make grants to States to increase awareness and education for colorectal cancer and improve early detection of colorectal cancer in young individuals, and for other purposes.

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## IN THE HOUSE OF REPRESENTATIVES

SEPTEMBER 4, 2025

Ms. STEVENS (for herself and Mr. BURCHETT) introduced the following bill; which was referred to the Committee on Energy and Commerce

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## A BILL

To authorize the Secretary of Health and Human Services, acting through the Director of the Centers for Disease Control and Prevention, to make grants to States to increase awareness and education for colorectal cancer and improve early detection of colorectal cancer in young individuals, 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 “Colorectal Cancer  
5        Early Detection Act”.

1 **SEC. 2. FINDINGS.**

2 Congress finds the following:

3 (1) In the United States, colorectal cancer is  
4 the third leading cause of cancer-related deaths in  
5 men and the fourth leading cause in women.  
6 Colorectal cancer is the second most common cause  
7 of cancer deaths when numbers for men and women  
8 are combined.

9 (2) In the United States, there were over  
10 141,000 new colorectal cancer cases and 52,000 new  
11 colorectal cancer deaths reported in 2021. It is esti-  
12 mated that there will be over 154,270 new cases of  
13 colorectal cancer and 52,900 cases of colorectal can-  
14 cer deaths in 2025.

15 (3) Colorectal cancer rates have been increasing  
16 in young patients. About 1 in 5 cases of colorectal  
17 cancer were in individuals age 54 and younger.

18 (4) In early 2023, it was reported that about  
19 20 percent of diagnoses of colorectal cancer were  
20 among patients under the age of 55. Additionally,  
21 half of all early-onset colorectal cancer cases are di-  
22 agnosed in individuals under 45 years old.

23 (5) Colorectal cancer cases among individuals  
24 ages 20 to 39 are expected to increase by 90 percent  
25 by 2030. Additionally, colorectal cancer is projected

1 to be the leading cause of cancer-related deaths for  
2 individuals under 50 years of age by 2030.

3 **SEC. 3. CDC STATE GRANTS FOR COLORECTAL CANCER**  
4 **AWARENESS, EDUCATION, AND EARLY DE-**  
5 **TECTION AMONG YOUNG INDIVIDUALS.**

6 (a) DEFINITIONS.—In this section:

7 (1) STATE.—The term “State” means each of  
8 the several States, the District of Columbia, and any  
9 territory or possession of the United States.

10 (2) YOUNG INDIVIDUAL.—The term “young in-  
11 dividual” means an individual who has not attained  
12 the age of 45.

13 (b) IN GENERAL.—The Secretary of Health and  
14 Human Services, acting through the Director of the Cen-  
15 ters for Disease Control and Prevention, (in this section  
16 referred to as the “Secretary”) may make grants to  
17 States, on a competitive basis, for the purpose of increas-  
18 ing awareness and education for colorectal cancer and  
19 early detection of colorectal cancer in young individuals.

20 (c) APPLICATION.—To be eligible for a grant under  
21 this section, a State shall submit to the Secretary an appli-  
22 cation at such time, in such manner, and containing such  
23 information as the Secretary may require, including a de-  
24 tailed description of the State’s plan to implement the

1 grant. Such description shall include how the State will  
2 use the grant to—

3 (1) conduct outreach and education regarding  
4 incidence of colorectal cancer and risk factors, with  
5 an emphasis on—

6 (A) young individuals with an increased  
7 risk or high risk for colorectal cancer, includ-  
8 ing—

9 (i) young individuals with a family  
10 history of colorectal cancer or advanced ad-  
11 enomatous polyps;

12 (ii) young individuals with a personal  
13 history of inflammatory bowel disease  
14 (commonly known as “IBD”), including ul-  
15 cerative colitis and Crohn’s disease of the  
16 colon;

17 (iii) young individuals with an inher-  
18 ited syndrome, including Lynch syndrome,  
19 familial adenomatous polyposis, and other  
20 inherited syndromes linked to colorectal  
21 cancer;

22 (iv) young individuals with signs and  
23 symptoms of colorectal cancer, particularly  
24 rectal bleeding and iron deficiency anemia;  
25 and

1 (v) other young individuals with risk  
2 factors (such as risk factors identified by  
3 nationally recognized guidelines) that put  
4 such individuals at increased risk for  
5 colorectal cancer, as determined by the  
6 Secretary; and

7 (B) individuals in underserved and rural  
8 areas, individuals who identify as American In-  
9 dian, Alaska Native, or African American, and  
10 individuals with type 2 diabetes, for the pur-  
11 poses of—

12 (i) identifying individuals who are at  
13 increased risk or high risk for colorectal  
14 cancer (including young individuals de-  
15 scribed in clauses (i) through (v) of sub-  
16 paragraph (A)) and would benefit from  
17 early detection before age 45; and

18 (ii) providing education to initiate  
19 early detection at age 45 for individuals  
20 who are not at increased risk or high risk  
21 for colorectal cancer;

22 (2) partner with hospitals, clinics, Tribal orga-  
23 nizations (as defined in section 4 of the Indian Self-  
24 Determination and Education Assistance Act), non-  
25 profit organizations, institutions of higher education,

1 colorectal cancer prevention and control programs,  
2 and other relevant entities and programs to enhance  
3 outreach, education, and early detection efforts with  
4 respect to colorectal cancer in young individuals; and

5 (3) conduct activities to increase awareness and  
6 education for colorectal cancer and improve early de-  
7 tection of colorectal cancer in young individuals, in-  
8 cluding navigation and program evaluation.

9 (d) USE OF FUNDS.—A grant under this section may  
10 be used for any of the following:

11 (1) To support early detection and diagnostic  
12 testing for colorectal cancer in young individuals  
13 deemed to be at increased risk or high risk of  
14 colorectal cancer as part of a preventive health  
15 measure strategy.

16 (2) To provide appropriate referrals for medical  
17 treatment, including genetic testing and counseling  
18 of such young individuals, and to ensure, to the ex-  
19 tent practicable, the provision of appropriate follow-  
20 up and surveillance services.

21 (3) To develop and implement a public aware-  
22 ness and education campaign for the early detection,  
23 signs and symptoms, risk factors, and control man-  
24 agement of colorectal cancer, specifically in young  
25 individuals.

1           (4) To conduct education and outreach to  
2 health professionals (including allied health profes-  
3 sionals) on conducting and interpreting colorectal  
4 cancer screening and diagnostic tests and the latest  
5 advancements in the early detection of colorectal  
6 cancer, with a focus on symptoms, genetic risk fac-  
7 tors, family history, and care for young individuals.

8           (5) To establish mechanisms through which the  
9 States can monitor the quality of screening and di-  
10 agnostic procedures for colorectal cancer among  
11 young individuals, including the interpretation of  
12 such procedures.

13          (6) To conduct surveillance to help determine  
14 other risk factors for colorectal cancer.

15          (7) To develop strategies to capture and assess  
16 family history and genetic predispositions to  
17 colorectal cancer in young individuals.

18          (8) To establish patient navigation support to  
19 assist individuals through the process of screening,  
20 particularly those at increased risk or high risk for  
21 colorectal cancer.

22          (9) To design clinician decision support tools  
23 based on clinical practice guidelines for early detec-  
24 tion of colorectal cancer in young individuals.

1           (10) To monitor and evaluate activities con-  
2           ducted under paragraphs (1) through (9) to deter-  
3           mine the effectiveness of such activities to inform  
4           continuous improvement of such activities.

5           (e) GRANT PERIOD.—A grant under this section shall  
6           be for a period of 5 years, and may be renewed at the  
7           discretion of the Secretary.

8           (f) RETURN OF UNSPENT GRANT FUNDS.—Each  
9           State that receives a grant under this section shall return,  
10          not later than 6 months after the date on which the period  
11          of such grant ends, any grant funds that were not ex-  
12          pended by such State during the grant period.

13          (g) REPORT.—Not later than 5 years after receiving  
14          a grant under this section (including a renewal of a grant),  
15          a State shall submit to the Secretary a report describing  
16          how the State used such grant.

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