

119TH CONGRESS
2D SESSION

H. R. 10405

To amend the Public Health Service Act to ensure that pediatric cancer experts are represented in State comprehensive cancer control coalitions, to direct the Secretary of Health and Human Services to establish a pediatric cancer advisory committee, and for other purposes.

IN THE HOUSE OF REPRESENTATIVES

SEPTEMBER 16, 2026

Mr. GOTTHEIMER (for himself and Mr. LAWLER) introduced the following bill;
which was referred to the Committee on Energy and Commerce

A BILL

To amend the Public Health Service Act to ensure that pediatric cancer experts are represented in State comprehensive cancer control coalitions, to direct the Secretary of Health and Human Services to establish a pediatric cancer advisory committee, 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 “Kylie’s Voices for
5 Childhood Cancer Act”.

1 **SEC. 2. REPRESENTATION OF PEDIATRIC EXPERTS IN**
2 **STATE COMPREHENSIVE CANCER CONTROL**
3 **COALITIONS.**

4 Part B of title III of the Public Health Service Act
5 (42 U.S.C. 243 et seq.) is amended by inserting after sec-
6 tion 317V (42 U.S.C. 247b–24) the following:

7 **“SEC. 317W. REPRESENTATION OF PEDIATRIC EXPERTS IN**
8 **STATE COMPREHENSIVE CANCER CONTROL**
9 **COALITIONS.**

10 “With respect to funding made available under this
11 Act for the development and implementation of State com-
12 prehensive cancer control plans, the Secretary, acting
13 through the Director of the Centers for Disease Control
14 and Prevention, shall require that a State, as a condition
15 for the receipt of such assistance, provide assurances satis-
16 factory to the Secretary that the membership of the
17 State’s comprehensive cancer control coalition includes at
18 least two members who are pediatric cancer experts.”.

19 **SEC. 3. CANCER CONTROL PLAN PEDIATRIC CANCER ADVI-**
20 **SORY COMMITTEE.**

21 (a) ESTABLISHMENT.—The Secretary of Health and
22 Human Services shall establish an advisory committee, to
23 be known as the Cancer Control Plan Pediatric Cancer
24 Advisory Committee (in this section referred to as the “ad-
25 visory committee”), in accordance with the requirements
26 of this section.

1 (b) MEMBERSHIP.—The advisory committee shall be
2 composed of following members, to be appointed by the
3 Secretary:

4 (1) A representative of the National Cancer In-
5 stitute.

6 (2) A representative of the National Institutes
7 of Health.

8 (3) A representative of the National Com-
9 prehensive Cancer Control Program of the Centers
10 for Disease Control and Prevention.

11 (4) A representative of a State program that
12 receives assistance under title V of the Social Secu-
13 rity Act (42 U.S.C. 701 et seq.).

14 (5) A representative of a State program that
15 receives assistance from the Health Resources and
16 Services Administration.

17 (6) Two individuals from among individuals
18 who meet 1 or more of the following qualifications:

19 (A) A staff member of a nonprofit pedi-
20 atric-focused cancer organization.

21 (B) A pediatric cancer expert or cancer
22 care team member.

23 (C) A pediatric cancer survivor.

24 (D) A pediatric cancer caregiver.

25 (c) DUTIES.—The advisory committee shall—

1 (1) develop resources, best practices, and rec-
2 ommendations on addressing pediatric cancer within
3 State comprehensive cancer control plans;

4 (2) develop recommendations on the use of
5 funds to assist pediatric cancer patients, including—

6 (A) funds made available to States by the
7 Administrator of the Health Resources and
8 Services Administration; and

9 (B) funds made available to States under
10 title V of the Social Security Act (42 U.S.C.
11 701 et seq.); and

12 (3) develop best practices for patients impacted
13 by adolescent or young adult cancer.

14 (d) ANNUAL MEETING WITH STATE REPRESENTA-
15 TIVES.—The advisory committee shall meet annually with
16 representatives of State comprehensive cancer control coa-
17 litions to share case examples of successful pediatric can-
18 cer care implementation models.

19 (e) REPORT TO CONGRESS.—Not later than 2 years
20 after the date of the first meeting of the advisory com-
21 mittee, the Secretary shall transmit to Congress, and pub-
22 lish on a publicly accessible website of the Centers for Dis-
23 ease Control and Prevention, a report on the activities,
24 findings, and recommendations of the advisory committee.

1 (f) SUNSET.—The advisory committee shall sunset on
2 the date that is 2 years after the date of the first meeting
3 of the advisory committee.

4 **SEC. 4. MATERNAL AND CHILD HEALTH SERVICES BLOCK**
5 **GRANTS.**

6 Section 501(a)(1) of the Social Security Act (42
7 U.S.C. 701(a)(1)) is amended—

8 (1) in subparagraph (C), by striking “and” at
9 the end;

10 (2) in subparagraph (D), by striking the semi-
11 colon at the end and inserting “; and”; and

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

13 “(E) to meet pediatric-specific initiatives
14 and goals within Comprehensive Cancer Control
15 programs of the Centers for Disease Control
16 and Prevention and to implement recommenda-
17 tions of the Cancer Control Plan Pediatric Can-
18 cer Advisory Committee established under sec-
19 tion 3 of the Kylie’s Voices for Childhood Can-
20 cer Act.”.

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