

119TH CONGRESS
2D SESSION

S. 4717

To amend the Public Health Service Act to require the Director of the National Institutes of Health to develop a national strategy to address young adult cancers, and for other purposes.

IN THE SENATE OF THE UNITED STATES

JUNE 9, 2026

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

A BILL

To amend the Public Health Service Act to require the Director of the National Institutes of Health to develop a national strategy to address young adult cancers, 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 “Asal Sayas National
5 Strategy on Young Adult Cancers Act”.

6 **SEC. 2. FINDINGS.**

7 Congress finds that—

1 (1) cancer is the second most common cause of
2 death in the United States, with over 2,000,000 new
3 cases diagnosed annually and an expected 626,140
4 cancer deaths in 2026;

5 (2) the incidence of cancer in individuals ages
6 18 to 49 (referred to in this section as “young
7 adults”), has risen 79 percent globally between 1990
8 and 2019, and mortality from cancer in that age
9 group has risen by 28 percent;

10 (3) the incidence of young adult cancers is pre-
11 dicted to increase by 30 percent globally from 2019
12 to 2030;

13 (4) each year in the United States, approxi-
14 mately 200,000 young adults are diagnosed with
15 cancer and approximately 30,000 young adults die
16 from cancer;

17 (5) the incidence of cancers in young adult
18 women is now 82 percent higher than the incidence
19 of cancers in young adult men, and cancers in young
20 adult women has increased by 51 percent since
21 2002;

22 (6) the economic cost in the United States of
23 young adult cancers is estimated at
24 \$50,000,000,000 to \$80,000,000,000 annually, due
25 to costs relating to medical care, out-of-pocket ex-

1 penses, lost productivity, caregiver burden, and pre-
2 mature deaths;

3 (7) rates of young adult cancers are increasing
4 significantly for digestive cancers, including
5 colorectal and pancreatic cancers, lung cancers, gyn-
6 ecological cancers, including cervical, uterine, and
7 ovarian cancers, breast cancers, prostate cancers,
8 testicular cancers, thyroid cancers, melanoma, sar-
9 coma, lymphoma, leukemia, and head and neck can-
10 cers;

11 (8) colorectal cancers are the leading cause of
12 young adult cancer-related deaths in the United
13 States, and the second-leading cause of cancer over-
14 all;

15 (9) lung cancer is the leading cause of cancer
16 death in both men and women in the United States,
17 and rates are rising among young adults, including
18 for non-smokers, the majority of whom are women;

19 (10) some cancers, including colorectal cancers
20 and lung cancers, are more likely to be more ad-
21 vanced at diagnosis and have worse survival rates
22 for young adults than for individuals in other age
23 groups;

24 (11) current eligibility criteria for cancer
25 screening, including for colorectal and lung cancers,

1 fail to identify many young adults who develop these
2 diseases;

3 (12) young adult cancers have significant short-
4 and long-term social and economic impacts on indi-
5 viduals, their families, and society, and are linked to
6 higher risk of long-term health problems in sur-
7 vivors;

8 (13) the risk factors contributing to young
9 adult cancers remain complex and may include inter-
10 action of genetic and biological factors, as well as
11 lifestyle and environmental exposures, making identi-
12 fication of at-risk groups difficult;

13 (14) young adults with cancer face an average
14 delay of 7 months between symptom onset and treat-
15 ment, versus 1 month for individuals age 50 and
16 over; and

17 (15) barriers to diagnosis for young adult can-
18 cers include screening ineligibility linked to age,
19 delay in presentation to primary care after symptom
20 appearance, more frequent misattribution of symp-
21 toms to less severe conditions, and delay in referral
22 to a cancer specialist.

1 **SEC. 3. NATIONAL STRATEGY TO ADDRESS YOUNG ADULT**
2 **CANCERS.**

3 Section 402 of the Public Health Service Act (42
4 U.S.C. 282) is amended by adding the following:

5 “(p) ASAL SAYAS NATIONAL STRATEGY ON YOUNG
6 ADULT CANCERS.—

7 “(1) IN GENERAL.—Not later than 18 months
8 after the date of enactment of the Asal Sayas Na-
9 tional Strategy on Young Adult Cancers Act, the Di-
10 rector of NIH shall develop and submit to the rel-
11 evant committees of Congress, and post on the
12 websites of the National Institutes of Health and the
13 clearinghouse established pursuant to paragraph
14 (2)(G), a national strategy to address young adult
15 cancers, to be known as the ‘Asal Sayas National
16 Strategy on Young Adult Cancers’.

17 “(2) REQUIREMENTS.—The national strategy
18 under paragraph (1) shall—

19 “(A) conduct and provide an inventory of
20 current young adult cancer research programs,
21 initiatives, and services across the National In-
22 stitutes of Health and other Federal agencies;

23 “(B) develop a national education cam-
24 paign for the public and health care profes-
25 sionals on the symptoms of, and risk factors
26 for, young adult cancers, which shall—

1 “(i) identify culturally relevant stra-
 2 tegic priorities and objectives for such na-
 3 tional education campaign;

4 “(ii) provide education to, and raise
 5 public awareness among, the general public
 6 about symptoms and risk factors for young
 7 adult cancers; and

8 “(iii) provide education to primary
 9 care, emergency, obstetrics and gynecology,
 10 pulmonary, and gastrointestinal health
 11 care professionals and other health care
 12 professionals regarding the signs, symp-
 13 toms, and risk factors for the leading types
 14 of young adult cancers in the United
 15 States;

16 “(C) identify strategic research priorities
 17 and objectives across biomedical, behavioral,
 18 and environmental research areas, including
 19 by—

20 “(i) conducting an assessment of
 21 young adult cancer research, including
 22 areas of opportunity with respect to basic,
 23 clinical, epidemiologic, and translational re-
 24 search;

1 “(ii) determining priorities and objec-
2 tives to advance the diagnosis, treatment,
3 cure, and prevention of young adult can-
4 cers;

5 “(iii) evaluating issues relating to im-
6 proving access to care for young adults
7 with cancer;

8 “(iv) identifying emerging scientific
9 opportunities, rising public health chal-
10 lenges, and scientific knowledge gaps; and

11 “(v) evaluating opportunities for new
12 technologies to identify risk factors, bio-
13 markers, and targeted therapies for young
14 adult cancers;

15 “(D) review, in carrying out subparagraph
16 (B)—

17 “(i) disease burden in the United
18 States of young adult cancers in total and
19 by cancer type, including the potential for
20 an economic return on investment to the
21 United States, due to lives saved, increased
22 productivity, and decreased medical costs,
23 from funding research, prevention, screen-
24 ing, diagnostics, treatment, and cures;

1 “(ii) differences among young adult
2 cancers in total and by cancer type among
3 sociodemographic groups, including by—

4 “(I) sex;

5 “(II) race and ethnicity;

6 “(III) status as a veteran, mem-
7 ber of the Armed Forces, or family
8 member of a veteran or member of
9 the Armed Forces;

10 “(IV) disability status;

11 “(V) professions that may in-
12 crease cancer risk; and

13 “(VI) Tribal populations, rural
14 populations, and medically under-
15 served populations (as defined in sec-
16 tion 330(b)(3));

17 “(iii) multi-institute and multi-agency
18 priorities, including coordination of re-
19 search among the national research insti-
20 tutes, the national centers, and Federal
21 agencies;

22 “(iv) barriers to participation in clin-
23 ical trials for young adults;

24 “(v) special needs associated with
25 treatment among the non-pediatric young

1 adult population, such as concerns associ-
2 ated with preserving fertility, mental
3 health issues, and employment;

4 “(vi) existing Federal resources, such
5 as reports, databases, and guidance; and

6 “(vii) other factors the Director of
7 NIH determines appropriate, in consulta-
8 tion with the Director of the National Can-
9 cer Institute, the heads of other national
10 research institutes, and the heads of Fed-
11 eral agencies;

12 “(E) provide recommendations with re-
13 spect to—

14 “(i) advancing biomedical, lifestyle,
15 and environmental research into the causes
16 of young adult cancers, by type of cancer;

17 “(ii) improving methods for early de-
18 tection and screening of young adult can-
19 cers, by type of cancer, including education
20 campaigns for the public and health care
21 professionals and resources to increase
22 awareness of symptoms;

23 “(iii) improving screening guidance
24 and the development of new diagnostics

1 with respect to various types of young
2 adult cancers;

3 “(iv) reducing barriers to insurance
4 coverage of screening for young adult can-
5 cers;

6 “(v) ensuring timely reviews of cancer
7 screening recommendations by the United
8 States Preventive Services Task Force that
9 assess research findings for cancers that
10 are rising in young adults;

11 “(vi) applying technologies, including
12 innovative electronic health record tools, to
13 identify biomarkers and other risk factors
14 and to target treatment options for young
15 adult cancers;

16 “(vii) applying technologies, including
17 innovative electronic health record tools, to
18 increase the use by health care providers of
19 recommendations for identification of
20 symptoms, family history, hereditary syn-
21 dromes, or other risk factors that could
22 contribute to the young adult cancer diag-
23 nosis;

24 “(viii) evaluating current therapies
25 and developing new treatments, including

1 biomarker identification and precision
2 medicine, for young adult cancers;

3 “(ix) addressing and disseminating
4 prevention strategies;

5 “(x) addressing barriers to conducting
6 research regarding young adult cancers;

7 “(xi) addressing barriers to participa-
8 tion in clinical trials for young adults with
9 cancer;

10 “(xii) increasing efforts to improve
11 medical education and knowledge among
12 health care professionals of young adult
13 cancers, including risk factors, symptoms,
14 screening and early detection techniques,
15 prevention, and treatment options;

16 “(xiii) establishing within the Na-
17 tional Cancer Institute a National Centers
18 of Excellence for Young Adult Cancers
19 program (or a comparable alternative) that
20 would create and support hubs across the
21 United States for research, clinical care,
22 and public and professional education;

23 “(xiv) supporting the psychosocial
24 needs of individuals undergoing treatment
25 for young adult cancers, including family,

1 fertility preservation, and work-related
2 issues;

3 “(xv) addressing the needs of care-
4 givers of young adult cancer patients; and

5 “(xvi) other topics, as determined by
6 the Director of NIH, in consultation with
7 the Federal Coordinating Committee on
8 Young Adult Cancers established under
9 paragraph (3)(A);

10 “(F) describe opportunities for collabora-
11 tion with Federal departments and agencies
12 and the private sector, as appropriate; and

13 “(G) establish an online Federal clearing-
14 house to provide to the general public, patients,
15 caregivers, health care professionals, and re-
16 searchers information on young adult cancers,
17 with resources, including—

18 “(i) information on risk factors, symp-
19 toms, and screening eligibility;

20 “(ii) information regarding research
21 findings, clinical trials, and research fund-
22 ing opportunities; and

23 “(iii) clinical practice guidelines for
24 health care professionals.

1 “(3) FEDERAL COORDINATING COMMITTEE ON
2 YOUNG ADULT CANCERS.—

3 “(A) IN GENERAL.—In carrying out this
4 subsection, the Director of NIH shall establish
5 a committee, to be known as the ‘Federal Co-
6 ordinating Committee on Young Adult Can-
7 cers’—

8 “(i) to consult and provide input on
9 the development of the national strategy
10 under paragraph (1); and

11 “(ii) not less frequently than once
12 every 2 years, to submit to the relevant
13 committees of Congress a progress report
14 regarding the implementation of such na-
15 tional strategy.

16 “(B) MEMBERSHIP.—The coordinating
17 committee established under subparagraph (A)
18 shall be composed of—

19 “(i) the Director of the National Can-
20 cer Institute;

21 “(ii) the heads of other national re-
22 search institutes, national centers, and of-
23 fices within the National Institutes of
24 Health, as determined appropriate by the
25 Director of NIH, including the National

1 Heart, Lung, and Blood Institute, the Na-
2 tional Institute of Diabetes and Digestive
3 and Kidney Diseases, the Eunice Kennedy
4 Shriver National Institute of Child Health
5 and Human Development, the National
6 Human Genome Research Institute, the
7 National Institute of Mental Health, the
8 Office of Research on Women's Health,
9 and the National Institute on Minority
10 Health and Health Disparities;

11 “(iii) the Director of the Office of
12 Science and Technology Policy;

13 “(iv) the Secretary of Health and
14 Human Services;

15 “(v) the Director of the Centers for
16 Disease Control and Prevention;

17 “(vi) the Administrator of the Centers
18 for Medicare & Medicaid Services;

19 “(vii) the Commissioner of Food and
20 Drugs;

21 “(viii) the Assistant Secretary for
22 Mental Health and Substance Use;

23 “(ix) the Director of the Indian
24 Health Service;

1 “(x) the Director of the Office of Mi-
2 nority Health of the Department of Health
3 and Human Services;

4 “(xi) the Director of the Office on
5 Women’s Health of the Department of
6 Health and Human Services;

7 “(xii) the Director of the Agency for
8 Healthcare Research and Quality;

9 “(xiii) the Director of the Advanced
10 Research Projects Agency-Health;

11 “(xiv) the Assistant Secretary of De-
12 fense for Health Affairs;

13 “(xv) the Under Secretary for Health
14 for the Department of Veterans Affairs;

15 “(xvi) the Director of the Office of
16 Science of the Department of Energy;

17 “(xvii) the Director of the National
18 Science Foundation;

19 “(xviii) the Administrator of the Envi-
20 ronmental Protection Agency;

21 “(xix) representatives of patient advo-
22 cacy groups;

23 “(xx) representatives of academic re-
24 search institutions;

1 “(xxi) representatives of the bio-
2 medical industry;

3 “(xxii) representatives and leaders of
4 community health institutions; and

5 “(xxiii) others, as determined by the
6 Director.

7 “(4) DEFINITIONS.—In this subsection:

8 “(A) RELEVANT COMMITTEES OF CON-
9 GRESS.—The term ‘relevant committees of Con-
10 gress’ means—

11 “(i) the Committee on Health, Edu-
12 cation, Labor, and Pensions of the Senate;

13 “(ii) the Committee on Finance of the
14 Senate;

15 “(iii) the Committee on Appropria-
16 tions of the Senate;

17 “(iv) the Committee on Energy and
18 Commerce of the House of Representa-
19 tives;

20 “(v) the Committee on Ways and
21 Means of the House of Representatives;
22 and

23 “(vi) the Committee on Appropria-
24 tions of the House of Representatives.

1 “(B) YOUNG ADULT.—The term ‘young
2 adult’ means an individual between the ages of
3 18 and 49.”.

