

119TH CONGRESS
2D SESSION

S. 5287

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.

IN THE SENATE OF THE UNITED STATES

AUGUST 6, 2026

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

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) GRANTS.—The Secretary of Health and Human
 14 Services, acting through the Director of the Centers for
 15 Disease Control and Prevention (in this section referred
 16 to as the “Secretary”), may make grants to States, on
 17 a competitive basis, for the purpose of increasing aware-
 18 ness and education for colorectal cancer and early detec-
 19 tion 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 provide education re-
4 garding incidence of colorectal cancer and risk fac-
5 tors, with 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 are American Indian,
9 Alaska Native, or African American, and indi-
10 viduals with type 2 diabetes, for the purposes
11 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 (25
25 U.S.C. 5304)), nonprofit organizations, institutions

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

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

10 (d) USE OF FUNDS.—A grant under this section shall
11 be used to support early detection and diagnostic testing
12 for colorectal cancer in young individuals determined to
13 be at increased risk or high risk of colorectal cancer as
14 part of a preventive health measure strategy and may ad-
15 ditionally be used for any of the following:

16 (1) 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 (2) 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 (3) 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 (4) 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 (5) To conduct surveillance to help determine
14 other risk factors for colorectal cancer.

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

18 (7) 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 (8) To design clinician decision support tools
23 based on clinical practice guidelines for early detec-
24 tion of colorectal cancer in young individuals.

1 (9) To monitor and evaluate activities con-
2 ducted under paragraphs (1) through (8) 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) REPORT.—Not later than 5 years after receiving
9 a grant under this section (including a renewal of a grant),
10 a State shall submit to the Secretary a report describing
11 how the State used such grant.

12 (g) AUTHORIZATION OF APPROPRIATIONS.—There
13 are authorized to be appropriated such sums as may be
14 necessary to carry out this section.

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