

EARLY ACT REAUTHORIZATION OF 2019

SEPTEMBER 25, 2020.—Committed to the Committee of the Whole House on the State of the Union and ordered to be printed

Mr. PALLONE, from the Committee on Energy and Commerce, submitted the following

R E P O R T

[To accompany H.R. 4078]

The Committee on Energy and Commerce, to whom was referred the bill (H.R. 4078) to reauthorize the Young Women’s Breast Health Education and Awareness Requires Learning Young Act of 2009, having considered the same, reports favorably thereon without amendment and recommends that the bill do pass.

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I. PURPOSE AND SUMMARY

H.R. 4078, the “EARLY Act Reauthorization of 2019”, introduced by Representatives Debbie Wasserman Schultz (D-FL) and Susan Brooks (R-IN), on July 25, 2019, reauthorizes the “Young Women’s Breast Health Education and Awareness Requires Learning Young Act of 2009”. This program, which is aimed at educating young people and those at risk about breast cancer, was authorized and fund-

ed at \$4.9 million for each of fiscal years 2015 through 2019. The bill would increase the authorization to \$9 million for each of fiscal years 2020 through 2024.

II. BACKGROUND AND NEED FOR LEGISLATION

Tragically, one in eight women in the United States will be diagnosed with breast cancer over their lifetime.¹ Breast cancer is the most common form of cancer in women and the second leading cause of cancer death in women.² From 2013 to 2017, breast cancer death rates in older women declined 1.3 percent per year. Breast cancer death rates, however, have remained steady in younger women.³

Breast health education, awareness, and screening save lives.⁴ When breast cancer is detected early and quality treatment is received, the five-year relative survival rate is nearly 100 percent for all women. As breast cancer becomes more advanced, however, the chances of survival greatly decrease.⁵

Health inequalities underscore the importance of the Young Women’s Breast Health Education and Awareness Requires Learning Young Program. Black women develop breast cancer on average five to seven years younger than White women.⁶ Young Black women are also more likely than young White women to develop breast cancer.⁷ Further, Black women are 40 percent more likely than White women to die of breast cancer.⁸ These disparities exist in large part because Black women are more likely to be diagnosed with more aggressive forms of breast cancer and less likely to receive the most effective therapeutics for their cancer diagnosis.⁹

In 2009, Congress passed the “Young Women’s Breast Health Education and Awareness Requires Learning Young Act of 2009”.¹⁰ This law created an outreach and education campaign through the Centers for Disease Control and Prevention (CDC) highlighting breast cancer risks for young people and those at increased risk of developing the disease. The funds authorized through this law support CDC’s work in identifying breast cancer risk knowledge gaps among young women and education gaps among health care providers. It also supports young survivors through grants to organizations focused on helping those coping with breast cancer-related challenges.

The program’s statutory authorization expired in 2019. It has, however, continued to receive annual appropriations. H.R. 4078 would reauthorize the program at \$9 million for each of fiscal years 2020 through 2024.

¹ American Cancer Society. How Common Is Breast Cancer? Jan. 2020. Available at: <https://www.cancer.org/cancer/breast-cancer/about/how-common-is-breast-cancer.html>.

² *Id.*

³ *Id.*

⁴ <https://www.cancer.gov/types/breast/patient/breast-prevention-pdq>.

⁵ *Id.*

⁶ https://www.cdc.gov/cancer/dpcp/research/articles/breast_cancer_rates_women.htm.

⁷ *Id.*

⁸ *Id.*

⁹ https://www.cdc.gov/cancer/dpcp/research/articles/breast_cancer_rates_women.htm.

¹⁰ <https://www.govinfo.gov/content/pkg/PLAW-113publ265/html/PLAW-113publ265.htm>.

III. COMMITTEE HEARINGS

For the purposes of section 103(i) of H. Res. 6 of the 116th Congress, the following hearing was used to develop or consider H.R. 4078:

The Subcommittee on Health held a legislative hearing on July 29, 2020, entitled, “Improving Access to Care: Legislation to Reauthorize Key Public Health Programs,” to consider H.R. 4078, the “EARLY Act Reauthorization of 2019”. The Subcommittee received testimony from the following witnesses:

- Robert Boyd, M.C.R.P., M.Div., President, School-Based Health Alliance
- Linda Goler Blount, M.P.H., President and CEO, Black Women’s Health Imperative
- Nancy Goodman, M.P.P., J.D., Founder and Executive Director, Kids v. Cancer
- Aaron Seth Kesselheim, M.D., J.D., M.P.H., Professor of Medicine, Harvard Medical School
- Brian Lindberg, Chief Legal Officer and General Counsel, National Bone Marrow Donor Program
- Travis T. Tygart, Chief Executive Officer, U.S. Anti-Doping Agency

IV. COMMITTEE CONSIDERATION

Representatives Wasserman Schultz (D–FL) and Brooks (R–IN) introduced H.R. 4078, the “EARLY Act Reauthorization of 2019”, on July 25, 2019, and the bill was referred to the Committee on Energy and Commerce. H.R. 4078 was then referred to the Subcommittee on Health on July 26, 2019. A legislative hearing was held on the bill on July 29, 2020.

On September 9, 2020, H.R. 4078 was discharged from further consideration by the Subcommittee on Health as the bill was called up for consideration by the full Committee on Energy and Commerce. The full Committee met in virtual open markup session on September 9, 2020, pursuant to notice, to consider H.R. 4078. There were no amendments offered to H.R. 4078. Upon conclusion of consideration of the bill, the full Committee agreed to a motion on final passage by Mr. Pallone, Chairman of the committee, to order H.R. 4078 reported favorably to the House, without amendment, by a voice vote, a quorum being present.

V. COMMITTEE VOTES

Clause 3(b) of rule XIII of the Rules of the House of Representatives requires the Committee to list each record vote on the motion to report legislation and amendments thereto. The Committee advises that there were no record votes taken on H.R. 4078, including the motion for final passage of the bill.

VI. OVERSIGHT FINDINGS

Pursuant to clause 3(c)(1) of rule XIII and clause 2(b)(1) of rule X of the Rules of the House of Representatives, the oversight findings and recommendations of the Committee are reflected in the descriptive portion of the report.

VII. NEW BUDGET AUTHORITY, ENTITLEMENT AUTHORITY, AND TAX EXPENDITURES

Pursuant to 3(c)(2) of rule XIII of the Rules of the House of Representatives, the Committee adopts as its own the estimate of new budget authority, entitlement authority, or tax expenditures or revenues contained in the cost estimate prepared by the Director of the Congressional Budget Office pursuant to section 402 of the Congressional Budget Act of 1974.

The Committee has requested but not received from the Director of the Congressional Budget Office a statement as to whether this bill contains any new budget authority, spending authority, credit authority, or an increase or decrease in revenues or tax expenditures.

VIII. FEDERAL MANDATES STATEMENT

The Committee adopts as its own the estimate of Federal mandates prepared by the Director of the Congressional Budget Office pursuant to section 423 of the Unfunded Mandates Reform Act.

IX. STATEMENT OF GENERAL PERFORMANCE GOALS AND OBJECTIVES

Pursuant to clause 3(c)(4) of rule XIII, the general performance goal or objective of this legislation is to reauthorize the Young Women's Breast Health Education and Awareness Requires Learning Young Act of 2009.

X. DUPLICATION OF FEDERAL PROGRAMS

Pursuant to clause 3(c)(5) of rule XIII, no provision of H.R. 4078 is known to be duplicative of another Federal program, including any program that was included in a report to Congress pursuant to section 21 of Public Law 111-139 or the most recent Catalog of Federal Domestic Assistance.

XI. COMMITTEE COST ESTIMATE

Pursuant to clause 3(d)(1) of rule XIII, the Committee adopts as its own the cost estimate prepared by the Director of the Congressional Budget Office pursuant to section 402 of the Congressional Budget Act of 1974.

XII. EARMARKS, LIMITED TAX BENEFITS, AND LIMITED TARIFF BENEFITS

Pursuant to clause 9(e), 9(f), and 9(g) of rule XXI, the Committee finds that H.R. 4078 contains no earmarks, limited tax benefits, or limited tariff benefits.

XIII. ADVISORY COMMITTEE STATEMENT

No advisory committee within the meaning of section 5(b) of the Federal Advisory Committee Act was created by this legislation.

XIV. APPLICABILITY TO LEGISLATIVE BRANCH

The Committee finds that the legislation does not relate to the terms and conditions of employment or access to public services or

accommodations within the meaning of section 102(b)(3) of the Congressional Accountability Act.

XV. SECTION-BY-SECTION ANALYSIS OF THE LEGISLATION

Section 1. Short title

Section 1 designates that the short title may be cited as the “EARLY Act Reauthorization of 2019”.

Sec. 2. Reauthorization of the Young Women’s Breast Health Education and Awareness Requires Learning Young Act of 2009

Section 2 amends section 399NN(h) of the Public Health Service Act by increasing the authorization level from \$4.9 million to \$9 million for each of fiscal years 2020 through 2024.

XVI. CHANGES IN EXISTING LAW MADE BY THE BILL, AS REPORTED

In compliance with clause 3(e) of rule XIII of the Rules of the House of Representatives, changes in existing law made by the bill, as reported, are shown as follows (existing law proposed to be omitted is enclosed in black brackets, new matter is printed in italics, and existing law in which no change is proposed is shown in roman):

PUBLIC HEALTH SERVICE ACT

* * * * *

TITLE III—GENERAL POWERS AND DUTIES OF PUBLIC HEALTH SERVICE

* * * * *

PART V—PROGRAMS RELATING TO BREAST HEALTH AND CANCER

SEC. 399NN. YOUNG WOMEN’S BREAST HEALTH AWARENESS AND SUPPORT OF YOUNG WOMEN DIAGNOSED WITH BREAST CANCER.

(a) PUBLIC EDUCATION CAMPAIGN.—

(1) **IN GENERAL.**—The Secretary, acting through the Director of the Centers for Disease Control and Prevention, shall conduct a national evidence-based education campaign to increase awareness of young women’s knowledge regarding—

(A) breast health in young women of all racial, ethnic, and cultural backgrounds;

(B) breast awareness and good breast health habits;

(C) the occurrence of breast cancer and the general and specific risk factors in women who may be at high risk for breast cancer based on familial, racial, ethnic, and cultural backgrounds such as Ashkenazi Jewish populations;

(D) evidence-based information that would encourage young women and their health care professional to increase early detection of breast cancers; and

(E) the availability of health information and other resources for young women diagnosed with breast cancer.

(2) EVIDENCE-BASED, AGE APPROPRIATE MESSAGES.—The campaign shall provide evidence-based, age-appropriate messages and materials as developed by the Centers for Disease Control and Prevention and the Advisory Committee established under paragraph (4).

(3) MEDIA CAMPAIGN.—In conducting the education campaign under paragraph (1), the Secretary shall award grants to entities to establish national multimedia campaigns oriented to young women that may include advertising through television, radio, print media, billboards, posters, all forms of existing and especially emerging social networking media, other Internet media, and any other medium determined appropriate by the Secretary.

(4) ADVISORY COMMITTEE.—

(A) ESTABLISHMENT.—Not later than 60 days after the date of the enactment of this section, the Secretary, acting through the Director of the Centers for Disease Control and Prevention, shall establish an advisory committee to assist in creating and conducting the education campaigns under paragraph (1) and subsection (b)(1).

(B) MEMBERSHIP.—The Secretary, acting through the Director of the Centers for Disease Control and Prevention, shall appoint to the advisory committee under subparagraph (A) such members as deemed necessary to properly advise the Secretary, and shall include organizations and individuals with expertise in breast cancer, disease prevention, early detection, diagnosis, public health, social marketing, genetic screening and counseling, treatment, rehabilitation, palliative care, and survivorship in young women.

(b) HEALTH CARE PROFESSIONAL EDUCATION CAMPAIGN.—The Secretary, acting through the Director of the Centers for Disease Control and Prevention, and in consultation with the Administrator of the Health Resources and Services Administration, shall conduct an education campaign among physicians and other health care professionals to increase awareness—

(1) of breast health, symptoms, and early diagnosis and treatment of breast cancer in young women, including specific risk factors such as family history of cancer and women that may be at high risk for breast cancer, such as Ashkenazi Jewish population;

(2) on how to provide counseling to young women about their breast health, including knowledge of their family cancer history and importance of providing regular clinical breast examinations;

(3) concerning the importance of discussing healthy behaviors, and increasing awareness of services and programs available to address overall health and wellness, and making patient referrals to address tobacco cessation, good nutrition, and physical activity;

(4) on when to refer patients to a health care provider with genetics expertise;

(5) on how to provide counseling that addresses long-term survivorship and health concerns of young women diagnosed with breast cancer; and

(6) on when to provide referrals to organizations and institutions that provide credible health information and substantive assistance and support to young women diagnosed with breast cancer.

(c) PREVENTION RESEARCH ACTIVITIES.—The Secretary, acting through—

(1) the Director of the Centers for Disease Control and Prevention, shall conduct prevention research on breast cancer in younger women, including—

(A) behavioral, survivorship studies, and other research on the impact of breast cancer diagnosis on young women;

(B) formative research to assist with the development of educational messages and information for the public, targeted populations, and their families about breast health, breast cancer, and healthy lifestyles;

(C) testing and evaluating existing and new social marketing strategies targeted at young women; and

(D) surveys of health care providers and the public regarding knowledge, attitudes, and practices related to breast health and breast cancer prevention and control in high-risk populations; and

(2) the Director of the National Institutes of Health, shall conduct research to develop and validate new screening tests and methods for prevention and early detection of breast cancer in young women.

(d) SUPPORT FOR YOUNG WOMEN DIAGNOSED WITH BREAST CANCER.—

(1) IN GENERAL.—The Secretary shall award grants to organizations and institutions to provide health information from credible sources and substantive assistance directed to young women diagnosed with breast cancer and pre-neoplastic breast diseases.

(2) PRIORITY.—In making grants under paragraph (1), the Secretary shall give priority to applicants that deal specifically with young women diagnosed with breast cancer and pre-neoplastic breast disease.

(e) NO DUPLICATION OF EFFORT.—In conducting an education campaign or other program under subsections (a), (b), (c), or (d), the Secretary shall avoid duplicating other existing Federal breast cancer education efforts.

(f) MEASUREMENT; REPORTING.—The Secretary, acting through the Director of the Centers for Disease Control and Prevention, shall—

(1) measure—

(A) young women’s awareness regarding breast health, including knowledge of family cancer history, specific risk factors and early warning signs, and young women’s proactive efforts at early detection;

(B) the number or percentage of young women utilizing information regarding lifestyle interventions that foster healthy behaviors;

(C) the number or percentage of young women receiving regular clinical breast exams; and

(D) the number or percentage of young women who perform breast self exams, and the frequency of such exams, before the implementation of this section;

(2) not less than every 3 years, measure the impact of such activities; and

(3) submit reports to the Congress on the results of such measurements.

(g) DEFINITION.—In this section, the term “young women” means women 15 to 44 years of age.

(h) AUTHORIZATION OF APPROPRIATIONS.—To carry out subsections (a), (b), (c)(1), and (d), there are authorized to be appropriated **[\$4,900,000 for each of fiscal years 2015 through 2019]** *\$9,000,000 for each of fiscal years 2020 through 2024.*

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