

107TH CONGRESS
2D SESSION

H. R. 4963

To provide for the expansion and coordination of activities of the National Institutes of Health and the Centers for Disease Control and Prevention with respect to research and programs on cancer survivorship, and for other purposes.

IN THE HOUSE OF REPRESENTATIVES

JUNE 19, 2002

Mr. HOYER (for himself, Mr. WICKER, Mr. SERRANO, Mr. DINGELL, Mr. HINCHEY, Ms. DELAUR, Mr. HALL of Ohio, Mr. KENNEDY of Rhode Island, Mr. OXLEY, Mr. CUNNINGHAM, Mr. McNULTY, Mr. PICKERING, Mr. HORN, Mr. DOGGETT, and Mr. BARTON of Texas) introduced the following bill; which was referred to the Committee on Energy and Commerce

A BILL

To provide for the expansion and coordination of activities of the National Institutes of Health and the Centers for Disease Control and Prevention with respect to research and programs on cancer survivorship, 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 “Cancer Survivorship
5 Research and Quality of Life Act of 2002”.

1 **SEC. 2. FINDINGS.**

2 The Congress finds as follows:

3 (1) There are more than 9,000,000 individuals
4 in the United States today who are cancer survivors
5 (living with, through, and beyond cancer).6 (2) 60 percent of cancer survivors are 65 years
7 of age and older.8 (3) 62 percent of adults diagnosed with cancer
9 today will be alive 5 years from now.10 (4) In 1960, 4 percent of children with cancer
11 survived more than 5 years.12 (5) 77 percent of children (age 0 through 14)
13 diagnosed with cancer today will be living five years
14 from now.15 (6) Three out of every four American families
16 will have at least one family member diagnosed with
17 cancer.18 (7) 24 percent of adults with cancer are parents
19 who have a child 18 years or younger living in the
20 home.21 (8) One of every four deaths in the United
22 States is from cancer. In 2002, 555,500 Americans
23 will die of cancer—more than 1,500 people a day.24 (9) The annual cost of cancer in the United
25 States is \$180,000,000,000 in direct and indirect
26 costs.

1 (10) In fiscal year 2001 the National Institutes
2 of Health invested \$38,000,000 in survivorship—less
3 than \$4.25 per survivor.

4 SEC. 3. CANCER CONTROL PROGRAMS.

5 Section 412 of the Public Health Service Act (42
6 U.S.C. 285a-1) is amended—

7 (1) in the first sentence, by inserting “, for sur-
8 vivorship,” after “treatment of cancer”;

16 SEC. 4. EXPANSION AND COORDINATION OF ACTIVITIES OF
17 NATIONAL INSTITUTES OF HEALTH WITH RE-
18 SPECT TO CANCER SURVIVORSHIP RE-
19 SEARCH.

20 (a) IN GENERAL.—Subpart 1 of part C of title IV
21 of the Public Health Service Act (42 U.S.C. 285 et seq.)
22 is amended by adding at the end following section:

4 "(a) IN GENERAL.—

5 “(1) EXPANSION OF ACTIVITIES.—The Director
6 of NIH shall expand and coordinate the activities of
7 the National Institutes of Health with respect to
8 cancer survivorship research.

9 “(2) ADMINISTRATION OF PROGRAM; COLLABO-
10 RATION AMONG AGENCIES.—The Director of NIH
11 shall carry out this section acting through the Direc-
12 tor of the Institute and in collaboration with any
13 other agencies that the Director determines appro-
14 priate.

15 "(b) OFFICE ON SURVIVORSHIP.—

16 “(1) IN GENERAL.—The Director of NIH shall
17 establish an Office on Survivorship within the Insti-
18 tute through which the activities under subsection
19 (a)(1) shall be implemented and directed.

20 “(2) ASSOCIATE DIRECTOR FOR SURVIVORSHIP;
21 APPOINTMENT; FUNCTION.—

22 “(A) There shall be in the Institute an As-
23 sociate Director for Survivorship to coordinate
24 and promote the programs in the Institute con-
25 cerning cancer survivorship research. The Asso-
26 ciate Director shall be appointed by the Direc-

1 tor of the Institute from among individuals
2 who, because of their professional training or
3 experience, are equipped to address the breadth
4 of needs associated with cancer survivorship.

5 “(B) Not later than February 1, 2003, the
6 Associate Director for Survivorship shall pre-
7 pare and submit to the Congress report pro-
8 viding a description of the survivorship activi-
9 ties of the Office and strategies for future ac-
10 tivities.”.

11 (b) FUNDING.—Section 417B(d)(2) of the Public
12 Health Service Act (42 U.S.C. 285a-8(d)(2)) is
13 amended—

14 (1) in subparagraph (B), by striking “and”
15 after the semicolon;

16 (2) in subparagraph (C), by striking “each”
17 and all that follows and inserting “each fiscal year
18 through 2002; and”; and

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

20 “(D) 13 percent, in the case of fiscal year
21 2003 and each subsequent fiscal year, of which
22 not less than 3 percent shall be for the Office
23 on Survivorship under section 417D.”.

1 **SEC. 5. EXPANSION OF CDC COMPREHENSIVE CANCER**
2 **PROGRAMS; PROGRAMS TO IMPROVE CAN-**
3 **CER SURVIVORSHIP.**

4 (a) **IN GENERAL.**—The Secretary of Health and
5 Human Services (referred to in this Act as the “Sec-
6 retary”), acting through the Director of the Centers for
7 Disease Control and Prevention, shall study the unique
8 health challenges associated with cancer survivorship and
9 carry out projects and interventions to improve the long-
10 term health status of cancer survivors. Such projects shall
11 be carried out directly and through the awards of grants
12 or contracts.

13 (b) **CERTAIN ACTIVITIES.**—Activities under sub-
14 section (a) include—

15 (1) the expansion of current cancer surveillance
16 systems to track the health status of cancer sur-
17 vivors and determine whether cancer survivors are
18 at-risk for other chronic and disabling conditions;

19 (2) assess the unique challenges associated with
20 cancer survivorship;

21 (3) the development of a national cancer survi-
22 vorship action plan, in partnership with health orga-
23 nizations focused on cancer survivorship, to be car-
24 ried out in coordination with the state-based com-
25 prehensive cancer control program of the Centers for
26 Disease Control and Prevention to—

(A) develop unique and innovative post-treatment programs, services and demonstrations designed to support and advance cancer survivorship through

(i) promotion of physical activity and healthy lifestyles;

(ii) educational outreach programs for health care providers;

(iii) support for innovative programs to improve the quality of life among cancer survivors;

(iv) home and community-based interventions;

(v) peer support and mentor programs;

(vi) public awareness and outreach campaigns; and

(vii) information dissemination to inform health care providers and cancer survivors of their health care options and available survivorship programs; and

(B) develop unique cancer survivorship demonstration programs designed to address the needs of underserved populations, including

1 minorities, children, and persons residing in
2 rural areas.

3 (c) COORDINATION OF ACTIVITIES.—The Secretary
4 shall assure that activities under this section are coordi-
5 nated as appropriate with other agencies of the Public
6 Health Service.

7 (d) REPORT TO CONGRESS.—Not later than October
8 1, 2003, the Secretary shall submit to the Congress a re-
9 port describing the results of the evaluation under sub-
10 section (a), and as applicable, the strategies developed
11 under such subsection.

12 (e) AUTHORIZATION OF APPROPRIATIONS.—For the
13 purpose of carrying out this section, there are authorized
14 to be appropriated \$75,000,000 for fiscal year 2003, and
15 such sums as may be necessary for each of the fiscal years
16 2004 through 2006.

17 SEC. 6. MONITORING AND EVALUATING QUALITY CANCER 18 CARE AND CANCER SURVIVORSHIP.

19 (a) IN GENERAL.—Part M of title III of the Public
20 Health Service Act (42 U.S.C. 280e et seq.) is amended
21 by inserting after section 399E the following section:

22 "SEC. 399E-1. MONITORING AND EVALUATING QUALITY
23 CANCER CARE AND CANCER SURVIVORSHIP.

24 "(a) IN GENERAL.—The Secretary, acting through
25 the Director of the Centers for Disease Control and Pre-

1 vention, and in consultation with the National Cancer In-
2 stitute, shall make grants to eligible entities for the pur-
3 pose of enabling such entities to monitor and evaluate
4 quality cancer care, develop information concerning qual-
5 ity cancer care, and monitor cancer survivorship.

6 “(b) ELIGIBLE ENTITIES.—For purposes of this sec-
7 tion, an entity is an eligible entity for a fiscal year if the
8 entity—

9 “(1) operates a statewide cancer registry with
10 funds from a grant made under section 399B for
11 such fiscal year; and

12 “(2) is certified by the North American Asso-
13 ciation of Central Cancer Registries or another simi-
14 lar certification organization.

15 “(c) CONTRACTING AUTHORITY.—In carrying out the
16 purpose described in subsection (a), an eligible entity may
17 expend a grant under such subsection to enter into con-
18 tracts with academic institutions, cancer centers, and
19 other entities, when determined appropriate by the Sec-
20 retary.

21 “(d) APPLICATION FOR GRANT.—A grant may be
22 made under subsection (a) only if an application for the
23 grant is submitted to the Secretary and the application
24 is in such form, is made in such manner, and contains

1 such agreements, assurances, and information as the Sec-
2 retary determines to be necessary to carry out this section.

3 “(e) AUTHORITY OF SECRETARY REGARDING USE OF
4 GRANT.—The Secretary shall determine the appropriate
5 uses of grants under subsection (a) to achieve the purpose
6 described in such subsection.

7 “(f) AUTHORIZATION OF APPROPRIATIONS.—For the
8 purpose of carrying out this section, there are authorized
9 to be appropriated such sums as may be necessary for
10 each of the fiscal years 2003 through 2007.”.

11 (b) CONFORMING AMENDMENT REGARDING AU-
12 THORIZATION OF APPROPRIATIONS.—Section 399F(a) of
13 the Public Health Service Act (42 U.S.C. 280e-4(a)) is
14 amended in the first sentence by striking “this part,” and
15 inserting “this part (other than section 399E-1),”.

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