

114TH CONGRESS  
1ST SESSION

# H. R. 45

To provide for research and education with respect to triple-negative breast cancer, and for other purposes.

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IN THE HOUSE OF REPRESENTATIVES

JANUARY 6, 2015

Ms. JACKSON LEE introduced the following bill; which was referred to the Committee on Energy and Commerce

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## A BILL

To provide for research and education with respect to triple-negative breast cancer, 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 “Triple-Negative Breast  
5 Cancer Research and Education Act of 2015”.

6 **SEC. 2. FINDINGS.**

7 Congress finds as follows:

8 (1) Breast cancer accounts for 1 in 4 cancer di-  
9 agnoses among women in this country.

1           (2) The survival rate for breast cancer has in-  
2           creased to 90 percent for White women and 78 per-  
3           cent for African-American women.

4           (3) African-American women are more likely to  
5           be diagnosed with larger tumors and more advanced  
6           stages of breast cancer despite a lower incidence  
7           rate.

8           (4) Early detection for breast cancer increases  
9           survival rates for breast cancer, as evidenced by a 5-  
10          year relative survival rate of 98 percent for breast  
11          cancers that are discovered before the cancer  
12          spreads beyond the breast, compared to 23 percent  
13          for stage IV breast cancers.

14          (5) Triple-negative breast cancer is a term used  
15          to describe breast cancers whose cells do not have  
16          estrogen receptors and progesterone receptors, and  
17          do not have an excess of the HER2 protein on their  
18          sources.

19          (6) It is estimated that between 10 and 20 per-  
20          cent of female breast cancer patients are diagnosed  
21          with triple-negative breast cancer, and studies indi-  
22          cate the prevalence of triple-negative breast cancer is  
23          much higher.

1           (7) Triple-negative breast cancer most com-  
2           monly affects African-American women, followed by  
3           Hispanic women.

4           (8) Triple-negative breast cancer is a very ag-  
5           gressive form of cancer which affects women under  
6           the age of 50 across all racial and socioeconomic  
7           backgrounds.

8           (9) African-American women are 3 times more  
9           likely to develop triple-negative breast cancer than  
10          White women.

11          (10) Triple-negative breast cancer tends to  
12          grow and spread more quickly than most other types  
13          of breast cancer.

14          (11) Like other forms of breast cancer, triple-  
15          negative breast cancer is treated with surgery, radi-  
16          ation therapy, or chemotherapy.

17          (12) Early-stage detection of triple-negative  
18          breast cancer is the key to survival because the  
19          tumor cells lack certain receptors, and neither hor-  
20          mone therapy nor drugs that target these receptors  
21          are effective against these cancers; therefore, early  
22          detection and education is vital.

23          (13) Current research and available data do not  
24          provide adequate information on—

1 (A) the rates of prevalence and incidence  
2 of triple-negative breast cancer in African-  
3 American, Hispanic, and other minority women;

4 (B) the costs associated with treating tri-  
5 ple-negative breast cancer; and

6 (C) the methods by which triple-negative  
7 breast cancer may be prevented or cured in  
8 these women.

9 **SEC. 3. RESEARCH WITH RESPECT TO TRIPLE-NEGATIVE**  
10 **BREAST CANCER.**

11 (a) RESEARCH.—The Director of the National Insti-  
12 tutes of Health (in this section referred to as the “Direc-  
13 tor of NIH”) shall expand, intensify, and coordinate pro-  
14 grams for the conduct and support of research with re-  
15 spect to triple-negative breast cancer.

16 (b) ADMINISTRATION.—The Director of NIH shall  
17 carry out this section through the appropriate institutes,  
18 offices, and centers of the National Institutes of Health,  
19 including the Eunice Kennedy Shriver National Institute  
20 of Child Health and Human Development, the National  
21 Institute of Environmental Health Sciences, the Office of  
22 Research on Women’s Health, and the National Institute  
23 on Minority Health and Health Disparities.

24 (c) COORDINATION OF ACTIVITIES.—The Director of  
25 the Office of Research on Women’s Health shall coordi-

1 nate activities under this section among the institutes, of-  
2 fices, and centers of the National Institutes of Health.

3 (d) AUTHORIZATION OF APPROPRIATIONS.—For the  
4 purpose of carrying out this section, there are authorized  
5 to be appropriated \$500,000 for each of the fiscal years  
6 2016 through 2018.

7 **SEC. 4. EDUCATION AND DISSEMINATION OF INFORMATION**  
8 **WITH RESPECT TO TRIPLE-NEGATIVE**  
9 **BREAST CANCER.**

10 (a) TRIPLE-NEGATIVE BREAST CANCER PUBLIC  
11 EDUCATION PROGRAM.—The Secretary of Health and  
12 Human Services, acting through the Director of the Cen-  
13 ters for Disease Control and Prevention, shall develop and  
14 disseminate to the public information regarding triple-neg-  
15 ative breast cancer, including information on—

16 (1) the incidence and prevalence of triple-nega-  
17 tive breast cancer among women;

18 (2) the elevated risk for minority women to de-  
19 velop triple-negative breast cancer; and

20 (3) the availability, as medically appropriate, of  
21 a range of treatment options for symptomatic triple-  
22 negative breast cancer.

23 (b) DISSEMINATION OF INFORMATION.—The Sec-  
24 retary may disseminate information under subsection (a)  
25 directly or through arrangements with nonprofit organiza-

1 tions, consumer groups, institutions of higher education,  
2 Federal, State, or local agencies, or the media.

3 (c) AUTHORIZATION OF APPROPRIATIONS.—For the  
4 purpose of carrying out this section, there are authorized  
5 to be appropriated such sums as may be necessary for  
6 each of the fiscal years 2016 through 2018.

7 **SEC. 5. INFORMATION TO HEALTH CARE PROVIDERS WITH**  
8 **RESPECT TO TRIPLE-NEGATIVE BREAST CAN-**  
9 **CER.**

10 (a) DISSEMINATION OF INFORMATION.—The Sec-  
11 retary of Health and Human Services, acting through the  
12 Administrator of the Health Resources and Services Ad-  
13 ministration, shall develop and disseminate to health care  
14 providers information on triple-negative breast cancer for  
15 the purpose of ensuring that health care providers remain  
16 informed about current information on triple-negative  
17 breast cancer. Such information shall include the elevated  
18 risk for minority women to develop triple-negative breast  
19 cancer and the range of available options for the treatment  
20 of symptomatic triple-negative breast cancer.

21 (b) AUTHORIZATION OF APPROPRIATIONS.—For the  
22 purpose of carrying out this section, there are authorized  
23 to be appropriated such sums as may be necessary for  
24 each of the fiscal years 2016 through 2020.

1 **SEC. 6. DEFINITION.**

2       In this Act, the term “minority women” means  
3 women who are members of a racial and ethnic minority  
4 group, as defined in section 1707(g) of the Public Health  
5 Service Act (42 U.S.C. 300u–6(g)).

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