

114TH CONGRESS
2D SESSION

H. R. 5263

To require a study on women and lung cancer, and for other purposes.

IN THE HOUSE OF REPRESENTATIVES

MAY 17, 2016

Mr. NOLAN (for himself, Mr. LoBiondo, Mrs. Capps, and Mr. DeFazio) introduced the following bill; which was referred to the Committee on Energy and Commerce

A BILL

To require a study on women and lung 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 “Women and Lung Can-
5 cer Research and Preventive Services Act of 2016”.

6 **SEC. 2. FINDINGS.**

7 Congress finds as follows:

8 (1) In the United States, an average of 198
9 women die each day of lung cancer, one every 7 min-
10 utes.

1 (2) Lung cancer is the leading cause of cancer
2 death among women.

3 (3) The National Cancer Institute estimates
4 that in 2016, 71,600 women will die of lung cancer,
5 more than the combined total of all estimated deaths
6 from breast cancer (40,450), ovarian cancer
7 (14,240), cervical cancer (4,120), uterine cancer
8 (10,470), and other gynecologic cancers (1,990).

9 (4) Two-thirds of never-smokers diagnosed with
10 lung cancer are women; lung cancer in never-smok-
11 ers is the sixth leading cause of all cancer deaths.

12 (5) According to a report of the Surgeon Gen-
13 eral in 2014 entitled, “The Health Consequences of
14 Smoking—50 Years of Progress”, the relative risk
15 of women smokers developing lung cancer compared
16 to women who never smoked increased tenfold be-
17 tween 1965 and 2010.

18 (6) Women are at greater risk than men of
19 being diagnosed with lung cancer at young ages.

20 (7) Women smokers with BRCA2 mutations,
21 more commonly associated with breast cancer, have
22 a 1 in 4 risk of developing lung cancer.

23 (8) A Government Accountability Office report
24 published on October 22, 2015, called for the Na-

1 tional Institutes of Health to do more in evaluating
2 gender differences in research.

3 (9) Additional research strategies and clinical
4 trials are necessary to explore the differences in lung
5 cancer risk factors, incidence, and treatment re-
6 sponse in women, and to address the disparate im-
7 pact of lung cancer on women who have never
8 smoked.

9 (10) Lung cancer screening, which can detect
10 lung cancer at its earliest, most curable stage, is a
11 covered service available without cost-sharing for
12 those at high risk.

13 (11) Published peer-reviewed actuarial studies
14 indicate that lung cancer screening individuals at
15 high risk is cost-effective.

16 (12) The National Framework of Excellence in
17 Lung Cancer Screening and Continuum of Care,
18 launched in 2012, demonstrated that lung cancer
19 screening can be safely and effectively carried out in
20 community hospital settings around the Nation.

21 (13) Lung cancer screening research indicates
22 that the same technology used to screen for lung
23 cancer could be used to simultaneously screen for
24 early breast, heart, and lung diseases, which to-

1 gether constitute more than 50 percent of deaths
2 among women in the United States.

3 (14) Information on the impact of lung cancer
4 on women and the importance of early detection
5 should be incorporated into all public health aware-
6 ness campaigns.

7 **SEC. 3. SENSE OF CONGRESS CONCERNING WOMEN AND**
8 **LUNG CANCER.**

9 It is the sense of Congress that—

10 (1) there is a disparate impact of lung cancer
11 on women and, in particular, on women who have
12 never smoked;

13 (2) additional research strategies to explore the
14 differences in women with respect to lung cancer
15 risk factors, incidence, histology, and response to
16 treatment are justified and necessary;

17 (3) the implementation of lung cancer preven-
18 tive services for women should be accelerated; and

19 (4) the public health agencies of the Federal
20 Government should coordinate public education and
21 awareness programs on the impact of lung cancer on
22 women and the importance of early detection.

1 **SEC. 4. STUDY TO EVALUATE AND MAKE RECOMMENDA-**
2 **TIONS FOR THE ACCELERATION OF RE-**
3 **SEARCH ON WOMEN AND LUNG CANCER,**
4 **GREATER ACCESS TO PREVENTIVE SERV-**
5 **ICES, AND STRATEGIC PUBLIC AWARENESS**
6 **AND EDUCATION CAMPAIGNS.**

7 (a) STUDY.—The Secretary of Health and Human
8 Services, in consultation with the Secretary of Defense
9 and Secretary of Veterans Affairs, shall conduct an inter-
10 agency study to evaluate the status of, and make rec-
11 ommendations for, increased—

- 12 (1) research on women and lung cancer;
13 (2) access to lung cancer preventive services;
14 and
15 (3) strategic public awareness and education
16 campaigns on lung cancer.

17 (b) CONTENT.—The study and recommendations
18 under subsection (a) shall include—

- 19 (1) a review and comprehensive report on the
20 outcomes of previous research, the status of existing
21 research activities, and knowledge gaps related to
22 women and lung cancer in all agencies of the Fed-
23 eral Government;
24 (2) specific recommendations for a collabo-
25 rative, interagency, multidisciplinary, and innovative
26 research program, that would—

1 (A) encourage innovative approaches to
2 eliminate knowledge gaps in research;

3 (B) evaluate environmental and genomic
4 factors that may be related to the etiology of
5 lung cancer in women; and

6 (C) foster advances in imaging technology
7 to improve risk assessment, diagnosis, treat-
8 ment, and the simultaneous application of other
9 preventive services;

10 (3) recommendations for the development of a
11 national lung cancer screening strategy with suffi-
12 cient infrastructure and personnel resources to ex-
13 pand access to such screening, particularly among
14 underserved populations; and

15 (4) recommendations for the development of a
16 national public education and awareness campaign
17 on women and lung cancer and the importance of
18 early detection of lung cancer.

19 (c) REPORT.—Not later than 180 days after the date
20 of the enactment of this Act, the Secretary of Health and
21 Human Services shall submit to Congress a report on the
22 study conducted under subsection (a).

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