I

112TH CONGRESS
1ST SESSION

H. R. 1394

To establish a comprehensive interagency response to reduce lung cancer mortality in a timely manner.

IN THE HOUSE OF REPRESENTATIVES

APRIL 6, 2011

Mrs. CHRISTENSEN (for herself and Mr. LOBIONDO) introduced the following bill; which was referred to the Committee on Energy and Commerce, and in addition to the Committees on Armed Services and Veterans' Affairs, for a period to be subsequently determined by the Speaker, in each case for consideration of such provisions as fall within the jurisdiction of the committee concerned

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A BILL

To establish a comprehensive interagency response to reduce lung cancer mortality in a timely manner.

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled,

SECTION 1. SHORT TITLE.

This Act may be cited as the ''Lung Cancer Mortality Reduction Act of 2011''.

SEC. 2. FINDINGS.

Congress makes the following findings:

(1) Lung cancer is the leading cause of cancer death for both men and women, accounting for 28 percent of all cancer deaths.

(2) The National Cancer Institute estimates that in 2010, there were 222,520 new diagnoses of lung cancer and 157,300 deaths attributed to the disease.

(3) According to projections published in the Journal of Clinical Oncology in 2009, between 2010 and 2030, the incidence of lung cancer will increase by 46 percent for women and by 58 percent for men. The increase in the incidence of lung cancer among minority communities during that time period will range from 74 percent to 191 percent.

(4) Lung cancer causes more deaths annually than the next 4 leading causes of cancer deaths, colon cancer, breast cancer, prostate cancer, and pancreatic cancer, combined.

(5) The 5-year survival rate for lung cancer is only 15 percent, while the 5-year survival rate for breast cancer is 89 percent, for prostate cancer 99 percent, and for colon cancer 65 percent. Yet in research dollars per death, lung cancer is the least funded of the major cancers.

(6) In 2001, the Lung Cancer Progress Review Group of the National Cancer Institute stated that funding for lung cancer research was ''far below the levels characterized for other common malignancies and far out of proportion to its massive health impact'' and it gave the ''highest priority'' to the creation of an integrated multidisciplinary, multi-institutional research program. No comprehensive plan has been developed.

(7) While smoking is the leading risk factor for lung cancer, the President's National Cancer Advisory Board Report of 2010 identified radon as the second leading cause of lung cancer and listed 15 other environmental contaminants strongly association with lung cancer, and there is accumulating evidence that hormonal and genetic factors may influence the onset.

(8) Lung cancer is the most stigmatized of all the cancers and the only cancer blamed on patients, whether they smoked or not.

(9) Nearly 20 percent of lung cancer patients have never smoked. Sixty percent of individuals diagnosed with lung cancer are former smokers who quit, often decades ago.

(10) Lung cancer in men and women who never smoked is the sixth leading cause of cancer death. Of individuals diagnosed with lung cancer who have never smoked, ⅔ of are women.

(11) Lung cancer is the leading cause of cancer death in the overall population and in every major ethnic grouping, including White, African-American, Hispanic, Asian and Pacific Islander, American Indian, and Alaskan Native, with an even disproportionately higher impact on African-American males that has not been addressed.

(12) Military personnel, veterans, and munitions workers exposed to carcinogens such as Agent Orange, crystalline forms of silica, arsenic, uranium, beryllium, and battlefield fuel emissions have increased risk for lung cancer.

(13) Only 16 percent of lung cancer is being diagnosed at an early stage and there were no targets for the early detection or treatment of lung cancer included in the Department of Health and Human Services's ''Healthy People 2010'' or ''Healthy People 2020''.

(14) An actuarial analysis carried out by Milliman Inc. and published in Population Health Management Journal in 2009 indicated that early

detection of lung cancer could save more than 70,000 lives a year in the United States.

(15) A National Cancer Institute study in 2009 indicated that while the value of life lost to lung cancer will exceed $433,000,000,000 a year by 2020, a 4-percent annual decline in lung cancer mortality would reduce that amount by more than half.

(16) In 2010, the National Cancer Institute released initial results from the National Lung Screening Trial, a large-scale randomized national trial that compared the effect of low-dose helical computed tomography (''CT'') and a standard chest x-ray on lung cancer mortality. The study found 20 percent fewer lung cancer deaths among study participants screened with the CT scan.

SEC. 3. SENSE OF THE CONGRESS CONCERNING INVESTMENT IN LUNG CANCER RESEARCH.

It is the sense of the Congress that—

(1) lung cancer mortality reduction should be made a national public health priority; and

(2) a comprehensive mortality reduction program coordinated by the Secretary of Health and Human Services is justified and necessary to adequately address all aspects of lung cancer and re-

duce lung cancer mortality among current smokers, former smokers, and non-smokers.

SEC. 4. LUNG CANCER MORTALITY REDUCTION PROGRAM.

Part P of title III of the Public Health Service Act (42 U.S.C. 280g et seq.) is amended by adding at the end the following:

"SEC. 399V–6. LUNG CANCER MORTALITY REDUCTION PROGRAM.

''(a) IN GENERAL.—Not later than 180 days after the date of enactment of the Lung Cancer Mortality Reduction Act of 2011, the Secretary, in consultation with the Secretary of Defense, the Secretary of Veterans Affairs, the Director of the National Institutes of Health, the Director of the Centers for Disease Control and Prevention, the Commissioner of Food and Drugs, the Administrator of the Centers for Medicare & Medicaid Services, the Director of the National Center on Minority Health and Health Disparities, and other members of the Lung Cancer Advisory Board established under section 7 of the Lung Cancer Mortality Reduction Act of 2011, shall implement a comprehensive program to achieve a 50-percent reduction in the mortality rate of lung cancer by 2020.

''(b) REQUIREMENTS.—The program implemented under subsection (a) shall include at least the following:

''(1) With respect to the National Institutes of Health—

''(A) a strategic review and prioritization by the National Cancer Institute of research grants to achieve the goal of the lung cancer mortality reduction program in reducing lung cancer mortality;

''(B) the provision of funds to enable the Airway Biology and Disease Branch of the National Heart, Lung, and Blood Institute to expand its research programs to include predispositions to lung cancer, the interrelationship between lung cancer and other pulmonary and cardiac disease, and the diagnosis and treatment of these interrelationships;

''(C) the provision of funds to enable the National Institute of Biomedical Imaging and Bioengineering to expedite the development of screening, diagnostic, surgical, treatment, and drug testing innovations to facilitate the potential of imaging as a biomarker and reduce lung cancer mortality, such as through expansion of the Quantum Grant Program and Image-Guided Interventions programs of the National In-

stitute of Biomedical Imaging and Bioengineering;

''(D) the provision of funds to enable the National Institute of Environmental Health Sciences to implement research programs relative to lung cancer incidence; and

''(E) the provision of funds to enable the National Institute on Minority Health and Health Disparities to collaborate on prevention, early detection, and disease management research, and to conduct outreach programs in order to address the impact of lung cancer on minority populations.

''(2) With respect to the Food and Drug Administration, the provision of funds to enable the Center for Devices and Radiologic Health to—

''(A) establish quality standards and guidelines for hospitals, outpatient departments, clinics, radiology practices, mobile units, physician offices, or other facilities that conduct computed tomography screening for lung cancer;

''(B) provide for the expedited revision of standards and guidelines, as required to accommodate technological advances in imaging; and

"(C) conduct an annual random sample survey to review compliance and evaluate dose and accuracy performance.

"(3) With respect to the Centers for Disease Control and Prevention—

"(A) the provision of funds to establish a Lung Cancer Early Detection Program that provides low-income, uninsured, and underserved populations that are at high risk for lung cancer access to early detection services;

"(B) the provision of funds to enable the National Institute for Occupational Safety and Health to conduct research on environmental contaminants strongly associated with lung cancer in the workplace and implement measures to reduce lung cancer risk and provide for an early detection program; and

"(C) a requirement that State, tribal, and territorial plans developed under the National Comprehensive Cancer Control Program include lung cancer mortality reduction measures commensurate with the public health impact of lung cancer.

"(4) With respect to the Agency for Healthcare Research and Quality, the annual review of lung

cancer early detection methods, diagnostic and treatment protocols, and the issuance of updated guidelines.

''(5) The cooperation and coordination of all programs for women, minorities, and health disparities within the Department of Health and Human Services to ensure that all aspects of the Lung Cancer Mortality Reduction Program adequately address the burden of lung cancer on women and minority, rural, and underserved populations.

''(6) The cooperation and coordination of all tobacco control and cessation programs within agencies of the Department of Health and Human Services to achieve the goals of the Lung Cancer Mortality Reduction Program with particular emphasis on the coordination of drug and other cessation treatments with early detection protocols.''.

SEC. 5. DEPARTMENT OF DEFENSE AND THE DEPARTMENT OF VETERANS AFFAIRS.

The Secretary of Defense and the Secretary of Veterans Affairs shall coordinate with the Secretary of Health and Human Services—

(1) in developing the Lung Cancer Mortality Reduction Program under section 399V–6 of the Public Health Service Act, as added by section 4;

(2) in implementing the demonstration project under section 6 within the Department of Defense and the Department of Veterans Affairs with respect to military personnel and veterans whose smoking history and exposure to carcinogens during active duty service has increased their risk for lung cancer; and

(3) in implementing coordinated care programs for military personnel and veterans diagnosed with lung cancer.

SEC. 6. LUNG CANCER SCREENING DEMONSTRATION PROJECT.

(a) SENSE OF THE CONGRESS.—It is the sense of the Congress that a national computed tomography lung cancer screening demonstration project should be carried out expeditiously in order to assess the public health infrastructure needs and to develop the most effective, safe, equitable, and efficient process that will maximize the public health benefits of screening.

(b) DEMONSTRATION PROJECT IN GENERAL.—Not later than 1 year after the date of enactment of this Act, the Secretary of Health and Human Services (referred to in this Act as the ''Secretary''), in consultation with the Secretary of Defense, the Secretary of Veterans Affairs, the Director of the National Institutes of Health, the Di-

rector of the Centers for Disease Control and Prevention, the Commissioner of Food and Drugs, the Administrator of the Centers for Medicare & Medicaid Services, and the other members of the Lung Cancer Advisory Board established under section 7 of the Lung Cancer Mortality Reduction Act of 2011, shall establish a demonstration project, to be known as the Lung Cancer Computed Tomography Screening and Treatment Demonstration Project (referred to in this section as the ''demonstration project'').

(c) PROGRAM REQUIREMENTS.—The Secretary shall ensure that the demonstration project—

(1) identifies the optimal risk populations that would benefit from screening;

(2) develops the most effective, safe, equitable and cost-efficient process for screening and early disease management;

(3) allows for continuous improvements in quality controls for the process; and

(4) serves as a model for the integration of health information technology and the concept of a rapid learning into the health care system.

(d) PARTICIPATION.—The Secretary shall select not less than 5 National Cancer Institute Centers, 5 Department of Defense Medical Treatment Centers, 5 sites with-

in the Veterans Affairs Healthcare Network, 5 International Early Lung Cancer Action Program sites, 10 community health centers for minority and underserved populations, and additional sites as the Secretary determines appropriate, as sites to carry out the demonstration project described under this section.

(e) QUALITY STANDARDS AND GUIDELINES FOR LICENSING OF TOMOGRAPHY SCREENING FACILITIES.—The Secretary shall establish quality standards and guidelines for the licensing of hospitals, outpatient departments, clinics, radiology practices, mobile units, physician offices, or other facilities that conduct computed tomography screening for lung cancer through the demonstration project, that will require the establishment and maintenance of a quality assurance and quality control program at each such facility that is adequate and appropriate to ensure the reliability, clarity, and accuracy of the equipment and interpretation of the screening scan and set appropriate standards to control the levels of radiation dose.

(f) TIMEFRAME.—The Secretary shall conduct the demonstration project under this section for a 5-year period.

(g) REPORT.—Not later than 180 days after the date of enactment of this Act, the Secretary shall submit a report to Congress on the projected cost of the demonstra-

tion project, and shall submit annual reports to Congress thereafter on the progress of the demonstration project and preliminary findings.

SEC. 7. LUNG CANCER ADVISORY BOARD.

(a) IN GENERAL.—The Secretary of Health and Human Services shall establish a Lung Cancer Advisory Board (referred to in this section as the ''Board'') to monitor the programs established under this Act (and the amendments made by this Act), and provide annual reports to Congress concerning benchmarks, expenditures, lung cancer statistics, and the public health impact of such programs.

(b) COMPOSITION.—The Board shall be composed of—

(1) the Secretary of Health and Human Services;

(2) the Secretary of Defense;

(3) the Secretary of Veterans Affairs;

(4) the Director of the Occupational Safety and Health Administration;

(5) the Director of the National Institute of Standards and Technology; and

(6) one representative each from the fields of clinical medicine focused on lung cancer, lung cancer research, radiology, imaging research, drug develop-

ment, minority health advocacy, veterans service organizations, lung cancer advocacy, and occupational medicine to be appointed by the Secretary of Health and Human Services.

SEC. 8. AUTHORIZATION OF APPROPRIATIONS.

To carry out this Act (and the amendments made by this Act), there are authorized to be appropriated such sums as may be necessary for each of fiscal years 2012 through 2016.

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