

.....  
(Original Signature of Member)

111TH CONGRESS  
1ST SESSION

# H. R.

---

To modernize cancer research, increase access to preventative cancer services, provide cancer treatment and survivorship initiatives, and for other purposes.

---

## IN THE HOUSE OF REPRESENTATIVES

Mrs. CAPPS introduced the following bill; which was referred to the Committee on \_\_\_\_\_

---

# A BILL

To modernize cancer research, increase access to preventative cancer services, provide cancer treatment and survivorship initiatives, 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; TABLE OF CONTENTS.**

4 (a) SHORT TITLE.—This Act may be cited as the  
5 “21st Century Cancer ALERT (Access to Life-Saving  
6 Early detection, Research and Treatment) Act”.

7 (b) TABLE OF CONTENTS.—The table of contents for  
8 this Act is as follows:

- Sec. 1. Short title; table of contents.
- Sec. 2. Findings and purpose.
- Sec. 3. Advancement of the National Cancer Program.
- Sec. 4. Comprehensive and Responsible Access to Research, Data, and Outcomes.
- Sec. 5. Enhanced focus and reporting on cancer research.
- Sec. 6. Continuing access to care for prevention and early detection.
- Sec. 7. Early recognition and treatment of cancer through use of biomarkers.
- Sec. 8. Extending coverage under Medicaid of counseling and pharmacotherapy for cessation of tobacco use.
- Sec. 9. Comprehensive cancer care and coverage under Medicare.
- Sec. 10. Targeted Cancers program.
- Sec. 11. Activities of the Food and Drug Administration.
- Sec. 12. CDC Cancer Control Programs.
- Sec. 13. NIH cancer survivorship programs.
- Sec. 14. Clinics for comprehensive long-term follow-up services for childhood cancer survivors.
- Sec. 15. Grants to improve access to care for childhood cancer survivors.

**1 SEC. 2. FINDINGS AND PURPOSE.**

2 (a) FINDINGS.—Congress makes the following find-  
3 ings:

4 (1) One in 2 men and one in 3 women are ex-  
5 pected to develop cancer in their lifetimes.

6 (2) Cancer is the leading cause of death for  
7 people under the age of 85 and is expected to claim  
8 more than 1,500 lives per day in 2008.

9 (3) At least 30 percent of all cancer deaths and  
10 87 percent of lung cancer deaths are attributed to  
11 smoking.

12 (4) The National Institutes of Health estimates  
13 that in 2007 alone, the overall cost of cancer to the  
14 United States was more than \$219,000,000,000.

15 (5) In recent decades, the biomedical research  
16 enterprise has made considerable advances in the  
17 knowledge required to understand, prevent, diag-

1 nose, and treat cancer; however, it still takes 17  
2 years, on average, to translate these discoveries into  
3 viable treatment options.

4 (6) While clinical trials are vital to the dis-  
5 covery and implementation of new preventative, di-  
6 agnostic, and treatment options, only 3 to 5 percent  
7 of the more than 10,000,000 adults with cancer in  
8 the United States participate in cancer clinical  
9 trials.

10 (7) Where people reside should not determine  
11 whether they live, yet women in rural areas are less  
12 likely to obtain preventative cancer screenings than  
13 those residing in urban areas.

14 (8) Two-thirds of childhood cancer survivors are  
15 likely to experience at least one late effect from  
16 treatment and one-fourth are expected to experience  
17 a late effect that is life threatening.

18 (9) In 1971, there were only 3,000,000 cancer  
19 survivors. Today, cancer survivors account for 3 per-  
20 cent of the United States population, approximately  
21 12,000,000.

22 (10) The National Cancer Act of 1971 (Public  
23 Law 92-218) advanced the ability of the United  
24 States to develop new scientific leads and help in-  
25 crease the rate of cancer survivorship.

1           (11) Yet in the 37 years since the national dec-  
2           laration of the War on Cancer, the age adjusted  
3           mortality rate for cancer is still extraordinarily high.  
4           Eight forms of cancer have a 5-year survival rate of  
5           less than 50 percent (pancreatic, liver, lung, esopha-  
6           geal, stomach, brain, multiple myeloma, and ovar-  
7           ian).

8           (12) While there have been substantial achieve-  
9           ments since the crusade began, we are far from win-  
10          ning the war on cancer.

11          (13) Many obstacles have hindered our progress  
12          in cancer prevention, research, and treatment.

13          (b) PURPOSES.—The purposes of this Act are as fol-  
14          lows:

15           (1) To reauthorize the National Cancer Pro-  
16           gram in order to benefit cancer patients by enhanc-  
17           ing and improving the cancer research conducted  
18           and supported by the National Cancer Institute and  
19           the National Cancer Program.

20           (2) To recognize that with an increased under-  
21           standing of cancer as more than 200 different dis-  
22           eases with genetic and molecular variations, there is  
23           a need for increased coordination and greater flexi-  
24           bility in how cancer research is conducted and co-  
25           ordinated in order to maximize the return the

1 United States receives on its investment in such re-  
2 search.

3 (3) To prepare for the looming impact of an  
4 aging population of the United States and the an-  
5 ticipated financial burden associated with medical  
6 treatment and lost productivity, along with the toll  
7 of human suffering that accompanies a cancer diag-  
8 nosis.

9 (4) To support the National Cancer Institute in  
10 establishing relationships and scientific consortia  
11 with an emphasis on public-private partnership de-  
12 velopment, which will further the development of ad-  
13 vanced technologies that will improve the prevention,  
14 diagnosis, and treatment of cancer.

15 **SEC. 3. ADVANCEMENT OF THE NATIONAL CANCER PRO-**  
16 **GRAM.**

17 Section 411 of the Public Health Service Act (42  
18 U.S.C. 285a) is amended to read as follows:

19 **“SEC. 411. NATIONAL CANCER PROGRAM.**

20 “(a) IN GENERAL.—There shall be established a Na-  
21 tional Cancer Program (referred to in this section as the  
22 ‘Program’) that shall consist of—

23 “(1) an expanded, intensified, and coordinated  
24 cancer research program encompassing the research  
25 programs conducted and supported by the Institute

1 and the related research programs of the other na-  
2 tional research institutes, including an expanded and  
3 intensified research program for the prevention of  
4 cancer caused by occupational or environmental ex-  
5 posure to carcinogens; and

6 “(2) the other programs and activities of the  
7 Institute.

8 “(b) COLLABORATION.—In carrying out the Pro-  
9 gram—

10 “(1) the Secretary and the Director of the In-  
11 stitute shall identify relevant Federal agencies that  
12 shall collaborate with respect to activities conducted  
13 under the Program (including the Institute, the  
14 other Institutes and Centers of the National Insti-  
15 tutes of Health, the Office of the Director of the Na-  
16 tional Institutes of Health, the Food and Drug Ad-  
17 ministration, the Centers for Medicare & Medicaid  
18 Services, the Centers for Disease Control and Pre-  
19 vention, the Department of Defense, the Department  
20 of Energy, the Agency for Healthcare Research and  
21 Quality, the Office for Human Research Protections,  
22 the Health Resources and Services Administration,  
23 and the Office for Human Research Protections);  
24 and

1           “(2) the Secretary shall ensure that the policies  
2 related to the promotion of cancer research of all  
3 agencies within the Department of Health and  
4 Human Services (including the Institute, the Food  
5 and Drug Administration, and the Centers for Medi-  
6 care & Medicaid Services) are harmonized, and shall  
7 ensure that such agencies collaborate with regard to  
8 cancer research and development.

9           “(c) TRANSPARENCY AND EFFICIENCY.—

10           “(1) BUDGETING.—In carrying out the Pro-  
11 gram, the Director of the Institute shall, in pre-  
12 paring and submitting to the President the annual  
13 budget estimate for the Program—

14           “(A) develop the budgetary needs of the  
15 entire Program and submit the budget estimate  
16 relating to such needs to the National Cancer  
17 Advisory Board for review prior to submitting  
18 such estimate to the President; and

19           “(B) submit such budget estimate to the  
20 Committee on the Budget and the Committee  
21 on Appropriations of the Senate and the Com-  
22 mittee on the Budget and Committee on Appro-  
23 priations of the House of Representatives at the  
24 same time that such estimate is submitted to  
25 the President.

1           “(2) NATIONAL CANCER ADVISORY BOARD.—In  
2           establishing the priorities of the Program, the Na-  
3           tional Cancer Advisory Board shall provide for in-  
4           creased coordination by increasing the participation  
5           of representatives (to the extent practicable, rep-  
6           resentatives who have appropriate decision making  
7           authority) of appropriate Federal agencies, includ-  
8           ing—

9                   “(A) the Centers for Medicare & Medicaid  
10           Services;

11                   “(B) the Health Resources and Services  
12           Administration;

13                   “(C) the Centers for Disease Control and  
14           Prevention; and

15                   “(D) the Agency for Healthcare Research  
16           and Quality.

17           “(d) PROGRAMS TO ENCOURAGE EARLY DETECTION  
18           RESEARCH.—The Director of the Institute shall develop  
19           a standard process through which Federal agencies, in-  
20           cluding the Department of Defense, and administrators of  
21           federally funded programs may engage in early cancer de-  
22           tection research.

23           “(e)           IDENTIFICATION           OF           PROMISING  
24           TRANSLATIONAL RESEARCH OPPORTUNITIES.—

1           “(1) IN GENERAL.—The Director of the Insti-  
2           tute, acting through the Program and in accordance  
3           with the NIH Reform Act of 2007, shall continue to  
4           identify promising translational research opportuni-  
5           ties across all disease sites, populations, and path-  
6           ways to clinical goals through a transparent, inclu-  
7           sive process by—

8                   “(A) continuing to support efforts to de-  
9                   velop a robust number of public or nonprofit  
10                  entities to carry out early translational research  
11                  activities;

12                  “(B) emphasizing the role of the young re-  
13                  searcher in the program under this section; and

14                  “(C) modifying guidelines for multiproject,  
15                  collaborative, early translational research  
16                  awards to focus research and reward collabo-  
17                  rative team science.

18           “(2) MATCHING FUNDS FOR RESEARCH.—

19                   “(A) IN GENERAL.—The Secretary may  
20                   provide assistance to eligible entities to match  
21                   the amount of non-Federal funds made avail-  
22                   able by such entity for translational research of  
23                   the type described in paragraph (1) relating to  
24                   cancer.

1           “(B) ELIGIBILITY.—To be eligible to re-  
2           ceive assistance under subparagraph (A), an en-  
3           tity shall submit to the Secretary an application  
4           at such time, in such manner, and containing  
5           such information as the Secretary may require.

6           “(C) RECOMMENDATIONS AND  
7           PRIORITIZATION.—In providing assistance  
8           under subparagraph (A), the Secretary shall—

9                   “(i) select entities based on the rec-  
10                  ommendations of—

11                           “(I) the Director of NIH; and

12                           “(II) a peer review process; and

13                           “(ii) give priority to those entities  
14                  submitting applications under subpara-  
15                  graph (B) that demonstrate that the re-  
16                  search involved is high risk or translational  
17                  research (as determined by the Secretary).

18           “(D) AMOUNT.—The amount of assistance  
19           to be provided to an entity under subparagraph  
20           (A) shall be at the discretion of the Secretary  
21           but shall not exceed an amount equal to 100  
22           percent of the amount of non-Federal funds (\$1  
23           for each \$2 of non-Federal funds) made avail-  
24           able for research described in subparagraph  
25           (A).

1           “(E) DETERMINATION OF AMOUNT OF  
2           NON-FEDERAL CONTRIBUTION.—Non-Federal  
3           funds to be matched under subparagraph (A)  
4           may be in cash or in kind, fairly evaluated, in-  
5           cluding plant, equipment, or services. Amounts  
6           provided by the Federal Government, and any  
7           portion of any service subsidized by the Federal  
8           Government, may not be included in deter-  
9           mining the amount of such non-Federal funds.

10          “(f) BIOLOGICAL RESOURCE COORDINATION AND  
11          ADVANCEMENT OF TECHNOLOGIES FOR CANCER RE-  
12          SEARCH.—

13                 “(1) ESTABLISHMENT.—The Director of the  
14                 Institute, acting through the Program, shall estab-  
15                 lish an entity within the Institute to augment ongo-  
16                 ing efforts to advance new technologies in cancer re-  
17                 search, support the national collection of tissues for  
18                 cancer research purposes, and ensure the quality of  
19                 tissue collection.

20                 “(2) GOALS.—The entity established under  
21                 paragraph (1) shall—

22                         “(A) be designed to expand the access of  
23                         researchers to biospecimens for cancer research  
24                         purposes;

1           “(B) establish uniform standards for the  
2 handling and preservation of patient tissue  
3 specimens by entities participating in the net-  
4 work established under paragraph (3);

5           “(C) require adequate annotation of all rel-  
6 evant clinical data while assuring patient pri-  
7 vacy;

8           “(D) facilitate the linkage of public and  
9 private entities into the national network under  
10 paragraph (3);

11           “(E) provide for the linkage of cancer reg-  
12 istries to other administrative Federal Govern-  
13 ment data sources, including the Centers for  
14 Medicare & Medicaid Services, the Social Secu-  
15 rity Administration, and the Centers for Dis-  
16 ease Control and Prevention, with the goal of  
17 understanding the determinants of cancer treat-  
18 ment, care, and outcomes by allowing economic,  
19 social, genetic, and other factors to be analyzed  
20 in an independent manner; and

21           “(F) develop strategies to ensure patient  
22 rights and privacy, including an assessment of  
23 the regulations promulgated pursuant to  
24 HIPAA privacy and security law (as defined in

1 section 3009(a)(2)), while facilitating advances  
2 in medical research.

3 “(3) ADVANCEMENT OF NEW TECHNOLOGIES  
4 FOR CANCER RESEARCH AND EXPANSION OF CANCER  
5 BIOREPOSITORY NETWORKS.—

6 “(A) IN GENERAL.—As part of the entity  
7 established under paragraph (1), the Director  
8 of the Institute shall build upon existing initia-  
9 tives to establish an interconnected network of  
10 biorepositories (referred to in this subsection as  
11 the ‘Network’) with consistent, interoperable  
12 systems for the collection and storage of tissues  
13 and information, the annotation of such infor-  
14 mation, and the sharing of such information  
15 through an interoperable information system.

16 “(B) GUIDELINES.—A biorepository in the  
17 Network that receives Federal funds shall adopt  
18 the Institute’s Best Practices for Biospecimen  
19 Resources for Institute-supported biospecimen  
20 resources (as published by the Institute and in-  
21 cluding any successor guidelines) for the collec-  
22 tion of biospecimens and any accompanying  
23 data.

24 “(C) REPRESENTATION.—The composition  
25 of any leadership entity of the Network shall be

1 determined by the Director of the Institute and  
2 shall, at a minimum, include a representative  
3 of—

4 “(i) private sector entities and individ-  
5 uals, including cancer researchers and  
6 health care providers;

7 “(ii) the Centers for Disease Control  
8 and Prevention;

9 “(iii) the Agency for Healthcare Re-  
10 search and Quality;

11 “(iv) the Office of National Coordina-  
12 tion of Health Information Technology;

13 “(v) the National Library of Medicine;

14 “(vi) the Office for the Protection of  
15 Research Subjects; and

16 “(vii) the National Science Founda-  
17 tion.

18 “(D) PARTNERSHIPS WITH TISSUE SOURCE  
19 SITES.—The Director of the Institute may  
20 enter into contracts with tissue source sites to  
21 acquire data from such sites. Any such data  
22 shall be acquired through the use of protocols  
23 and closely monitored, transparent procedures  
24 within appropriate ethical and legal frame-  
25 works.

1 “(4) COLLECTION OF DATA.—

2 “(A) HOSPITALS.—A hospital or ambula-  
3 tory cancer center that receives Federal funds  
4 shall offer patients the opportunity to con-  
5 tribute their biospecimens and clinical data to  
6 the entity established under paragraph (1).

7 “(B) CLINICAL TRIAL DATA.—Clinical trial  
8 data relating to cancer care and treatment shall  
9 be provided to the entity established under  
10 paragraph (1).”.

11 **SEC. 4. COMPREHENSIVE AND RESPONSIBLE ACCESS TO**  
12 **RESEARCH, DATA, AND OUTCOMES.**

13 (a) IN GENERAL.—Not later than 180 days after the  
14 date of the enactment of this Act, the Director of the Of-  
15 fice for Human Research Protections shall issue guidance  
16 to National Institutes of Health grantees concerning use  
17 of the facilitated review process in conjunction with the  
18 central institutional review board of the National Cancer  
19 Institute as the preferred mechanism to satisfy regulatory  
20 requirements to review ethical or scientific issues for all  
21 National Cancer Institute-supported translational and  
22 clinical research.

23 (b) IMPROVED PRIVACY STANDARDS IN CLINICAL  
24 RESEARCH.—

1           (1) PERMITTED DISCLOSURE UNDER THE PRI-  
2           VACY RULE.—For purposes of HIPAA privacy and  
3           security law (as referred to in section 411(f)(2)(F)  
4           of the Public Health Service Act, as amended by  
5           section 3), a covered entity (as defined for purposes  
6           of such law) shall be in compliance with such law re-  
7           lating to the disclosure of de-identified patient infor-  
8           mation if such disclosure is—

9                   (A) pursuant to a waiver that had been  
10                   granted by an institutional review board or pri-  
11                   vacy board relating to such disclosure; and

12                   (B) in the case that such entity is a re-  
13                   search institution, the entity informs patients  
14                   when they make first patient contact with the  
15                   entity that the entity is a research institution  
16                   that may conduct research using their de-identi-  
17                   fied medical records.

18           (2) SYNCHRONIZATION OF STANDARDS.—

19                   (A) IN GENERAL.—The Secretary of  
20                   Health and Human Services shall study the ad-  
21                   vantages and disadvantages of the synchroni-  
22                   zation of the standards for research under the  
23                   Common Rule (under part 46 of title 45, Code  
24                   of Federal Regulations) and the HIPAA privacy  
25                   and security law (as described in section

1 411(f)(2)(F) of the Public Health Service Act,  
2 as amended by section 3) in order to determine  
3 the appropriate data elements that should be  
4 omitted under the strict de-identification stand-  
5 ards relating to personal information.

6 (B) REVIEW OF RECOMMENDATIONS.—In  
7 carrying out subparagraph (A), the Secretary of  
8 Health and Human Services shall conduct a re-  
9 view of recommendations made by the Advisory  
10 Committee on Human Research Protections as  
11 well as recommendations from the appropriate  
12 leadership of the National Committee on Vital  
13 and Health Statistics.

14 (C) ADDITIONAL AREAS.—In carrying out  
15 subparagraph (A), the Secretary of Health and  
16 Human Services shall—

17 (i) make recommendations concerning  
18 the conduct of international research to de-  
19 termine the boundaries and applications of  
20 extraterritoriality under such HIPAA pri-  
21 vacy and security law; and

22 (ii) include biorepository storage infor-  
23 mation when obtaining patient consent.

24 (D) REPORT.—Not later than 180 days  
25 after the date of the enactment of this Act, the

1 Secretary of Health and Human Services shall  
2 submit to the appropriate committee of Con-  
3 gress, a report concerning the recommendations  
4 made under this paragraph.

5 (3) APPLICATION OF HIPAA PRIVACY AND SECUR-  
6 RITY LAW TO EXTERNAL RESEARCHERS.—

7 (A) IN GENERAL.—Notwithstanding any  
8 other provision of law, the HIPAA privacy and  
9 security law (as described in section  
10 411(f)(2)(F) of the Public Health Service Act,  
11 as amended by section 3) shall apply to external  
12 researchers.

13 (B) DEFINITION.—

14 (i) IN GENERAL.—In this paragraph,  
15 the term “external researcher” means a re-  
16 searcher who is on the staff of a covered  
17 entity (as defined for purposes of the  
18 HIPAA privacy and security law) but who  
19 is not actually employed by such covered  
20 entity.

21 (ii) INTERNAL AND EXTERNAL RE-  
22 SEARCHERS.—With respect to determining  
23 the distinction of whether or not a re-  
24 searcher has the ability to use protected  
25 health information under the provisions of



1 **“SEC. 417B. ENHANCED FOCUS AND REPORTING ON CAN-**  
2 **CER RESEARCH.**

3 “(a) ANNUAL INDEPENDENT REPORT.—

4 “(1) IN GENERAL.—The Director of the Insti-  
5 tute shall complete an annual independent report  
6 that shall be submitted to Congress on the same  
7 date that the annual budget estimate described in  
8 section 413(b)(9) is submitted to the President.

9 “(2) CONTENTS OF REPORT.—

10 “(A) CANCER CATEGORIES.—The report  
11 required under paragraph (1) shall address the  
12 following categories of cancer:

13 “(i) Cancers that result in a 5-year  
14 survival rate of less than 50 percent.

15 “(ii) Cancers in which the incidence  
16 rate is fewer than 15 cases per 100,000  
17 people, or fewer than 40,000 new cases per  
18 year.

19 “(B) INFORMATION.—With regard to each  
20 of the categories of cancer described in sub-  
21 paragraph (A), the report shall contain infor-  
22 mation regarding—

23 “(i) a strategic plan for reducing the  
24 mortality rate for the annual year, includ-  
25 ing specific research areas of interest and  
26 budget amounts;

1           “(ii) identification of any barriers to  
2           implementing the strategic plan described  
3           in clause (i) for the annual year;

4           “(iii) if the report for the prior year  
5           contained a strategic plan described in  
6           clause (i), an assessment of the success of  
7           such plan;

8           “(iv) the total amount of grant fund-  
9           ing, including the total dollar amount  
10          awarded per grant and per funding year,  
11          under—

12                   “(I) the National Cancer Insti-  
13                   tute; and

14                   “(II) the National Institutes of  
15                   Health;

16           “(v) the percentage of grant applica-  
17           tions favorably reviewed by the Institute  
18           that the Institute funded in the previous  
19           annual year;

20           “(vi) the total number of grant appli-  
21           cations, with greater than 50 percent rel-  
22           evance to each of the categories of cancer  
23           described in subparagraph (A), received by  
24           the Institute for awards in the previous an-  
25           nual year;

1           “(vii) the total number of grants  
2           awarded, with greater than 50 percent rel-  
3           evance to each of the categories of cancer  
4           described in subparagraph (A), for the pre-  
5           vious annual year and the number of  
6           awards per grant type, including the Com-  
7           mon Scientific Outline designation specific  
8           to each such grant; and

9           “(viii) the total number of primary in-  
10          vestigators that received grants from the  
11          Institute for projects with greater than 50  
12          percent relevance to each of the categories  
13          of cancer described in paragraph (1), in-  
14          cluding the total number of awards grant-  
15          ed to experienced investigators and the  
16          total number of awards granted to inves-  
17          tigators receiving their first grant from the  
18          National Institutes of Health.

19          “(3) DEFINITION.—In this section, the term  
20          ‘annual year’ means the year for which the strategic  
21          plan described in paragraph (2)(B)(i) applies, which  
22          shall be the same fiscal year for which the Director  
23          of the Institute submits the annual budget estimate  
24          described in section 413(b)(9) for that year.

25          “(b) GRANT PROGRAM.—

1           “(1) IN GENERAL.—The Director of the Insti-  
2           tute, in cooperation with the Director of the Fogarty  
3           International Center for Advanced Study in the  
4           Health Sciences and the Directors of other Insti-  
5           tutes, as appropriate, shall award grants to re-  
6           searchers to conduct research regarding cancers for  
7           which—

8                   “(A) the incidence is fewer than 40,000  
9                   new cases per year; and

10                   “(B) the 5-year survival rate is less than  
11                   50 percent.

12           “(2) PRIORITIZATION.—In awarding grants for  
13           research regarding cancers described in paragraph  
14           (1)(A), the Director of the Institute shall give pri-  
15           ority to collaborative research projects between adult  
16           and pediatric cancer research, with preference for  
17           projects building upon existing multi-institutional re-  
18           search infrastructures.

19           “(3) TISSUE SAMPLES.—

20                   “(A) IN GENERAL.—Except as provided in  
21                   subparagraph (B), the Director of the Institute  
22                   shall require each recipient receiving a grant  
23                   under this subsection to submit tissue samples  
24                   to designated tumor banks.

1           “(B) WAIVER.—The Director of the Insti-  
2           tute may grant a waiver of the requirement de-  
3           scribed in subparagraph (A) to a recipient who  
4           receives a grant for research described in para-  
5           graph (1)(B) and who submits an application  
6           for such waiver to the Director of the Institute,  
7           in the manner in which such Director may re-  
8           quire.”.

9   **SEC. 6. CONTINUING ACCESS TO CARE FOR PREVENTION**  
10                           **AND EARLY DETECTION.**

11           (a) PREVENTIVE HEALTH MEASURES WITH RE-  
12           SPECT TO COLORECTAL CANCER.—Part B of title III of  
13           the Public Health Service Act (42 U.S.C. 243 et seq.) is  
14           amended by inserting after section 317T the following new  
15           section:

16   **“SEC. 317U. PREVENTIVE HEALTH MEASURES WITH RE-**  
17                           **SPECT TO COLORECTAL CANCER.**

18           “(a) GRANT PROGRAM AUTHORIZATION.—

19                   “(1) IN GENERAL.—The Secretary, acting  
20           through the Director of the Centers for Disease  
21           Control and Prevention, may make grants to eligible  
22           entities for the purpose of carrying out a program  
23           described in subsection (b). An eligible entity that is  
24           a recipient of a grant under this subsection may use  
25           such grant to carry out such programs directly or

1 through grants to, or contracts with, public and not-  
2 for-profit private entities.

3 “(2) ELIGIBLE ENTITY DEFINED.—For pur-  
4 poses of this section, the term ‘eligible entity’ in-  
5 cludes the following:

6 “(A) A State, including, in addition to the  
7 several States, the District of Columbia, Guam,  
8 the Commonwealth of Puerto Rico, the North-  
9 ern Mariana Islands, the Virgin Islands, Amer-  
10 ican Samoa, and the Trust Territory of the Pa-  
11 cific Islands.

12 “(B) An Indian tribe or tribal organiza-  
13 tion, as such terms are defined in section 4 of  
14 the Indian Self-Determination and Education  
15 Assistance Act.

16 “(b) PROGRAMS DESCRIBED.—

17 “(1) IN GENERAL.—Subject to paragraph (2), a  
18 program described in this subsection is a program  
19 for planning or implementing each of the following:

20 “(A) Providing screenings for colorectal  
21 cancer to individuals who—

22 “(i) are 50 years of age or older; or

23 “(ii)(I) are under 50 years of age; and

1                   “(II) are at high risk for such cancer,  
2                   as determined in accordance with sub-  
3                   section (e)(2).

4                   “(B) Providing appropriate case manage-  
5                   ment and referrals for medical treatment of in-  
6                   dividuals screened pursuant to subparagraph  
7                   (A).

8                   “(C) Ensuring (directly or through coordi-  
9                   nation or an arrangement with health care pro-  
10                  viders or programs) the full continuum of fol-  
11                  low-up and cancer care for individuals so  
12                  screened, including appropriate follow-up for  
13                  abnormal tests, diagnostic services, therapeutic  
14                  services, and treatment of detected cancers and  
15                  management of unanticipated medical complica-  
16                  tions.

17                  “(D) Carrying out activities to improve the  
18                  education, training, and skills of health profes-  
19                  sionals (including allied health professionals) in  
20                  the detection and control of colorectal cancer,  
21                  which activities are carried out pursuant to the  
22                  participation of the health professionals in the  
23                  program.

24                  “(E) Establishing mechanisms through  
25                  which the eligible entity involved can monitor

1 the quality of screening and diagnostic follow-  
2 up procedures for colorectal cancer, including  
3 the interpretation of such procedures.

4 “(F) Evaluating the activities described in  
5 this subsection through appropriate surveillance  
6 and program monitoring activities.

7 “(G) Developing and disseminating find-  
8 ings derived through such evaluations and the  
9 collection of data on outcomes.

10 “(H) Developing and disseminating public  
11 information and education programs for the de-  
12 tection and control of colorectal cancer and pro-  
13 moting the benefits of receiving screenings  
14 through this program.

15 “(2) SUPPLEMENT NOT SUPPLANT.—In the  
16 case of an eligible entity that implements a universal  
17 colorectal screening program under which the eligi-  
18 ble entity makes available funds for activities de-  
19 scribed in subparagraph (A), (B), or (C) of para-  
20 graph (1), such entity shall be able to receive grant  
21 funds under subsection (a) only for purposes of—

22 “(A) carrying out those activities under  
23 this subsection that are not so funded; or

1                   “(B) supplementing (and not supplanting)  
2                   funds made available by the entity for such  
3                   funded program.

4                   “(c) PRIORITY FOR LOW-INCOME, UNINSURED, AND  
5 UNDERINSURED INDIVIDUALS.—A grant may be made  
6 under subsection (a) to an eligible entity only if the eligible  
7 entity agrees that, in providing screenings under sub-  
8 section (b)(1)(A), the eligible entity will give priority to  
9 low-income individuals who lack adequate coverage, as de-  
10 termined by the Secretary, under health insurance and  
11 health plans with respect to screenings for colorectal can-  
12 cer.

13                   “(d) SPECIAL CONSIDERATION FOR CERTAIN APPLI-  
14 CANTS.—In making grants under subsection (a) for a fis-  
15 cal year, the Secretary shall give special consideration to  
16 the following eligible entities:

17                   “(1) In the case of services under such sub-  
18 section for women, to such entities that, for such  
19 year, are grantees under title XV.

20                   “(2) In the case of services under such sub-  
21 section for men, to such entities that, for such year,  
22 are grantees under section 317D.

23                   “(3) To such entities that coordinate with other  
24 Federal, State, and local colorectal cancer programs.

1           “(4) To such entities with an existing program  
2           to provide cancer screening to individuals.

3           “(e) USE OF CERTAIN STANDARDS UNDER MEDI-  
4 CARE PROGRAM.—A grant may be made under subsection  
5 (a) to an eligible entity only if the eligible entity provides,  
6 as applicable, assurances as follows:

7           “(1) Screenings under subsection (b)(1)(A) will  
8           be carried out as preventive health measures in ac-  
9           cordance with evidence-based screening guidelines  
10          and procedures and in accordance with the standard  
11          of care required for purposes of title XVIII of the  
12          Social Security Act to carry out colorectal screening  
13          tests defined in section 1861(pp)(1) of such Act.

14          “(2) An individual will be considered high risk  
15          for purposes of subsection (b)(1)(A)(ii) only if the  
16          individual is high risk within the meaning of section  
17          1861(pp)(2) of such Act.

18          “(3) The payment made from the grant for a  
19          screening procedure under subsection (b)(1)(A) will  
20          not exceed the amount that would be paid under  
21          part B of title XVIII of such Act if payment were  
22          made under such part for furnishing the procedure  
23          to an individual enrolled under such part.

24          “(f) RELATIONSHIP TO ITEMS AND SERVICES UNDER  
25 OTHER PROGRAMS.—A grant under subsection (a) may

1 be made to an eligible entity only if the eligible entity,  
2 as applicable, provides assurances that the grant will not  
3 be expended to make payment for any item or service to  
4 the extent that payment has been made, or can reasonably  
5 be expected to be made, with respect to such item or serv-  
6 ice—

7           “(1) under any State compensation program,  
8           under an insurance policy, or under any Federal or  
9           State health benefits program; or

10           “(2) by an entity that provides health services  
11           on a prepaid basis.

12           “(g) RECORDS AND AUDITS.—A grant under sub-  
13 section (a) may be made to an eligible entity only if the  
14 eligible entity provides assurances that the eligible entity  
15 will—

16           “(1) establish such fiscal control and fund ac-  
17           counting procedures as may be necessary to ensure  
18           proper disbursement of, and accounting for, amounts re-  
19           ceived under subsection (a); and

20           “(2) upon request, provide records maintained  
21           pursuant to paragraph (1) to the Secretary or the  
22           Comptroller General of the United States for pur-  
23           poses of auditing the expenditures of the grant by  
24           the eligible entity.

25           “(h) REQUIREMENT OF MATCHING FUNDS.—

1           “(1) IN GENERAL.—The Secretary may not  
2           make a grant under subsection (a) to an eligible en-  
3           tity for a fiscal year unless the eligible entity agrees,  
4           with respect to the costs to be incurred by the eligi-  
5           ble entity for such fiscal year in carrying out the ac-  
6           tivities described in subsection (b), to make available  
7           non-Federal contributions (in cash or in kind under  
8           paragraph (2)) toward such costs in an amount  
9           equal to not less than \$1 for each \$3 of Federal  
10          funds provided in the grant for such fiscal year.  
11          Such contributions may be made directly or through  
12          donations from public or private entities.

13           “(2) DETERMINATION OF AMOUNT OF NON-  
14          FEDERAL CONTRIBUTION.—

15           “(A) IN GENERAL.—Non-Federal contribu-  
16          tions required in paragraph (1) may be in cash  
17          or in kind, fairly evaluated, including equipment  
18          or services (and excluding indirect or overhead  
19          costs). Amounts provided by the Federal Gov-  
20          ernment, or services assisted or subsidized to  
21          any significant extent by the Federal Govern-  
22          ment, may not be included in determining the  
23          amount of such non-Federal contributions.

24           “(B) MAINTENANCE OF EFFORT.—In  
25          making a determination of the amount of non-

1 Federal contributions for purposes of paragraph  
2 (1), the Secretary may include only non-Federal  
3 contributions in excess of the average amount  
4 of non-Federal contributions made by the eligi-  
5 ble entity involved toward the activities de-  
6 scribed in subsection (b) for the 2-year period  
7 preceding the first fiscal year for which the eli-  
8 gible entity is applying to receive a grant under  
9 subsection (a).

10 “(C) INCLUSION OF RELEVANT NON-FED-  
11 ERAL CONTRIBUTIONS FOR MEDICAID.—In  
12 making a determination of the amount of non-  
13 Federal contributions for purposes of paragraph  
14 (1), the Secretary shall, subject to subpara-  
15 graphs (A) and (B) of this paragraph, include  
16 any non-Federal amounts expended pursuant to  
17 title XIX of the Social Security Act by the eligi-  
18 ble entity involved toward the activities de-  
19 scribed in subparagraphs (A) and (B) of sub-  
20 section (b)(1).

21 “(i) ADDITIONAL REQUIREMENTS.—

22 “(1) LIMITATION ON ADMINISTRATIVE EX-  
23 PENSES.—The Secretary may not make a grant to  
24 an eligible entity under subsection (a) unless the eli-  
25 gible entity provides assurances that not more than

1 10 percent of the grant will be expended for admin-  
2 istrative expenses with respect to the activities fund-  
3 ed by the grant.

4 “(2) STATEWIDE PROVISION OF SERVICES.—

5 “(A) IN GENERAL.—Subject to subpara-  
6 graph (B), the Secretary may not make a grant  
7 under subsection (a) to an eligible entity unless  
8 the eligible entity provides assurances that any  
9 program funded by such grant will be made  
10 available throughout the State, including avail-  
11 ability to members of an Indian tribe or tribal  
12 organization (as such terms are defined in sec-  
13 tion 4 of the Indian Self-Determination and  
14 Education Assistance Act).

15 “(B) WAIVER.—The Secretary may waive  
16 the requirement under subparagraph (A) for an  
17 eligible entity if the Secretary determines that  
18 compliance by the eligible entity with the re-  
19 quirement would result in an inefficient alloca-  
20 tion of resources with respect to carrying out  
21 the purposes described in subsection (a).

22 “(j) TECHNICAL ASSISTANCE AND PROVISION OF  
23 SUPPLIES AND SERVICES IN LIEU OF GRANT FUNDS.—

24 “(1) TECHNICAL ASSISTANCE.—The Secretary  
25 may provide training and technical assistance with

1       respect to the planning, development, and operation  
2       of any program funded by a grant under subsection  
3       (a). The Secretary may provide such technical as-  
4       sistance directly to eligible entities or through grants  
5       to, or contracts with, public and private entities.

6               “(2) PROVISION OF SUPPLIES AND SERVICES IN  
7       LIEU OF GRANT FUNDS.—

8               “(A) IN GENERAL.—Subject to subpara-  
9       graph (B), upon the request of an eligible entity  
10       receiving a grant under subsection (a), the Sec-  
11       retary for the purpose of aiding the eligible en-  
12       tity to carry out a program under subsection  
13       (b)—

14               “(i) may provide supplies, equipment,  
15       and services to the eligible entity; and

16               “(ii) may detail to the eligible entity  
17       any officer or employee of the Department  
18       of Health and Human Services.

19               “(B) CORRESPONDING REDUCTION IN PAY-  
20       MENTS.—With respect to a request made by an  
21       eligible entity under subparagraph (A), the Sec-  
22       retary shall reduce the amount of payments  
23       made under the grant under subsection (a) to  
24       the eligible entity by an amount equal to the  
25       fair market value of any supplies, equipment, or

1 services provided by the Secretary and the costs  
2 of detailing personnel (including pay, allow-  
3 ances, and travel expenses) under subparagraph  
4 (A). The Secretary shall, for the payment of ex-  
5 penses incurred in complying with such request,  
6 expend the amounts withheld.

7 “(k) REPORTS.—A grant under subsection (a) may  
8 be made only if the applicant involved agrees to submit  
9 to the Secretary such reports as the Secretary may require  
10 with respect to the grant.

11 “(l) AUTHORIZATION OF APPROPRIATIONS.—

12 “(1) IN GENERAL.—For the purpose of car-  
13 rying out this section, there are authorized to be ap-  
14 propriated—

15 “(A) for fiscal year 2012, \$50,000,000;

16 “(B) for fiscal year 2013, \$75,000,000;

17 “(C) for fiscal year 2014, \$150,000,000;

18 “(D) for fiscal year 2015, \$200,000,000;

19 and

20 “(E) for fiscal year 2016, \$250,000,000.

21 “(2) SET-ASIDE FOR TECHNICAL ASSISTANCE  
22 AND PROVISION OF SUPPLIES AND SERVICES.—Of  
23 the amount appropriated under paragraph (1) for a  
24 fiscal year, the Secretary shall reserve not to exceed  
25 20 percent for carrying out subsection (j).”.

1 (b) OPTIONAL MEDICAID COVERAGE OF CERTAIN  
2 PERSONS SCREENED AND FOUND TO HAVE COLORECTAL  
3 CANCER.—

4 (1) COVERAGE AS OPTIONAL CATEGORICALLY  
5 NEEDY GROUP.—

6 (A) IN GENERAL.—Section  
7 1902(a)(10)(A)(ii) of the Social Security Act  
8 (42 U.S.C. 1396a(a)(10)(A)(ii)), as amended by  
9 section 2402(d)(1) of the Patient Protection  
10 and Affordable Care Act (Public Law 111–  
11 148)) is further amended—

12 (i) in subclause (XXI), by striking  
13 “or” at the end;

14 (ii) in subclause (XXII), by adding  
15 “or” at the end; and

16 (iii) by adding at the end the fol-  
17 lowing:

18 “(XXIII) who are described in  
19 subsection (kk) (relating to certain  
20 persons screened and found to need  
21 treatment from complications from  
22 screening or have colorectal cancer);”.

23 (B) GROUP DESCRIBED.—Section 1902 of  
24 the Social Security Act (42 U.S.C. 1396a), as  
25 amended by section 211(a)(1)(A)(ii) of Public

1 Law 111–3, section 5006(b)(1) of division B of  
2 Public Law 111–5, and section 1202 of the Pa-  
3 tient Protection and Affordable Care Act (Pub-  
4 lic Law 111–148), is further amended by add-  
5 ing at the end the following:

6 “(kk) Individuals described in this subsection are in-  
7 dividuals who—

8 “(1) are not described in subsection  
9 (a)(10)(A)(i);

10 “(2) have not attained age 65;

11 “(3) have been screened for colorectal cancer  
12 and need treatment for complications due to screen-  
13 ing or colorectal cancer; and

14 “(4) are not otherwise covered under creditable  
15 coverage, as defined in section 2704(c) of the Public  
16 Health Service Act.”.

17 (C) LIMITATION ON BENEFITS.—Section  
18 1902(a)(10) of the Social Security Act (42  
19 U.S.C. 1396a(a)(10)) is amended in the matter  
20 following subparagraph (G)—

21 (i) by striking “(XV)” and inserting  
22 “, (XV)”;

23 (ii) by striking “and (XVI) the med-  
24 ical assistance” and inserting “, (XVI) the  
25 medical assistance”;

1 (iii) by striking “and (XVI) if an indi-  
2 vidual” and inserting “, (XVII) if an indi-  
3 vidual”; and

4 (iv) by inserting “, and (XVIII) the  
5 medical assistance made available to an in-  
6 dividual described in subsection (kk) who  
7 is eligible for medical assistance only be-  
8 cause of subparagraph (A)(10)(ii)(XXIII)  
9 shall be limited to medical assistance pro-  
10 vided during the period in which such an  
11 individual requires treatment for complica-  
12 tions due to screening or colorectal cancer”  
13 before the semicolon.

14 (D) CONFORMING AMENDMENTS.—Section  
15 1905(a) of the Social Security Act (42 U.S.C.  
16 1396d(a)), as amended by section  
17 2402(d)(2)(B) of the Patient Protection and  
18 Affordable Care Act (Public Law 111–148)) is  
19 further amended in the matter preceding para-  
20 graph (1)—

21 (i) in clause (xvi), by striking “or” at  
22 the end;

23 (ii) in clause (xvii), by adding “or” at  
24 the end; and

1 (iii) by inserting after clause (xvii) the  
2 following:

3 “(xviii) individuals described in sec-  
4 tion 1902(kk),”.

5 (2) PRESUMPTIVE ELIGIBILITY.—

6 (A) IN GENERAL.—Title XIX of the Social  
7 Security Act (42 U.S.C. 1396 et seq.) is  
8 amended by inserting after section 1920C, as  
9 inserted by section 2303(b) of the Patient Pro-  
10 tection and Affordable Care Act (Public Law  
11 111–148), the following:

12 “OPTIONAL APPLICATION OF PRESUMPTIVE ELIGIBILITY  
13 PROVISIONS FOR CERTAIN PERSONS WITH  
14 COLORECTAL CANCER

15 “SEC. 1920D. A State may elect to apply the provi-  
16 sions of section 1920B to individuals described in section  
17 1902(kk) (relating to certain colorectal cancer patients)  
18 in the same manner as such section applies to individuals  
19 described in section 1902(aa) (relating to certain breast  
20 or cervical cancer patients).”.

21 (B) CONFORMING AMENDMENTS.—

22 (i) Section 1902(a)(47) of the Social  
23 Security Act (42 U.S.C. 1396a(a)(47)), as  
24 amended by section 2303(b)(2) of the Pa-  
25 tient Protection and Affordable Care Act  
26 (Public Law 111–148), is amended—

- 1 (I) in subparagraph (A)—
- 2 (aa) by striking “and” after
- 3 “section 1920” and inserting a
- 4 comma;
- 5 (bb) by striking “and” after
- 6 “with such section” each place it
- 7 occurs and inserting a comma
- 8 each such place; and
- 9 (cc) by inserting before the
- 10 semicolon at the end the fol-
- 11 lowing: “, and provide for making
- 12 medical assistance available to in-
- 13 dividuals described in section
- 14 1920D during a presumptive eli-
- 15 gibility period in accordance with
- 16 such section”; and
- 17 (II) in subparagraph (B), by
- 18 striking “or 1920C” and inserting
- 19 “1920C, or 1920D”.
- 20 (ii) Section 1903(u)(1)(d)(v) of such
- 21 Act (42 U.S.C. 1396b(u)(1)(d)(v)), as
- 22 amended by section 2202(b) of the Patient
- 23 Protection and Affordable Care Act (Public
- 24 Law 111–148), is further amended—

1 (I) by striking “or for” and in-  
2 serting “, for”; and

3 (II) by inserting before the pe-  
4 riod the following: “, or for medical  
5 assistance provided to an individual  
6 described in section 1920D during a  
7 presumptive eligibility period under  
8 such section”.

9 (3) ENHANCED MATCH.—The first sentence of  
10 section 1905(b) of the Social Security Act (42  
11 U.S.C. 1396d(b)) is amended—

12 (A) by striking “and” before “(4)”; and

13 (B) by inserting before the period at the  
14 end the following: “, and (5) the Federal med-  
15 ical assistance percentage shall be equal to the  
16 enhanced FMAP described in section 2105(b)  
17 with respect to medical assistance provided to  
18 individuals who are eligible for such assistance  
19 only on the basis of section  
20 1902(a)(10)(A)(ii)(XXIII)”.

21 (4) EFFECTIVE DATE.—The amendments made  
22 by this section apply to medical assistance for items  
23 and services furnished on or after October 1, 2011,  
24 without regard to whether final regulations to carry

1 out such amendments have been promulgated by  
2 such date.

3 (c) MOBILE MEDICAL VAN GRANT PROGRAM.—

4 (1) IN GENERAL.—The Secretary of Health and  
5 Human Services (referred to in this subsection as  
6 the “Secretary”), acting through the Administrator  
7 of the Health Resources and Services Administra-  
8 tion, shall award grants to eligible entities for the  
9 development and implementation of a mobile medical  
10 van program that shall provide cancer screening  
11 services that are recommended with a grade of A or  
12 B by the United States Preventative Services Task  
13 Force of the Agency for Healthcare Research and  
14 Quality to communities that are underserved and  
15 suffer from barriers to access to high quality cancer  
16 prevention care.

17 (2) ELIGIBLE ENTITIES.—To be eligible to re-  
18 ceive a grant under paragraph (1), and entity  
19 shall—

20 (A) be a consortium of public and private  
21 entities (such as academic medical centers, uni-  
22 versities, hospitals, and non profit organiza-  
23 tions);

24 (B) submit to the Secretary an application  
25 at such time, in such manner, and containing

1           such information as the Secretary shall require,  
2           including—

3                   (i) a description of the manner in  
4                   which the applicant intends to use funds  
5                   received under the grant;

6                   (ii) a description of the manner in  
7                   which the applicant will evaluate the im-  
8                   pact and effectiveness of the health care  
9                   services provided under the program car-  
10                  ried out under the grant;

11                  (iii) a plan for sustaining activities  
12                  and services funded under the grant after  
13                  Federal support for the program has  
14                  ended;

15                  (iv) a plan for the referral of patients  
16                  to other health care facilities if additional  
17                  services are needed;

18                  (v) a protocol for the transfer of pa-  
19                  tients in the event of a medical emergency;

20                  (vi) a plan for advertising the services  
21                  of the mobile medical van to the commu-  
22                  nities targeted for health care services; and

23                  (vii) a plan to educate patients about  
24                  the availability of federally funded medical

1 insurance programs for which such pa-  
2 tients, or their children, may qualify; and

3 (C) agree that amounts under the grant  
4 will be used to supplement, and not supplant,  
5 other funds (including in-kind contributions)  
6 used by the entity to carry out activities for  
7 which the grant is awarded.

8 (3) USE OF FUNDS.—An entity shall use  
9 amounts received under a grant under this sub-  
10 section to do any of the following:

11 (A) Purchase or lease a mobile medical  
12 van.

13 (B) Make repairs and provide maintenance  
14 for a mobile medical van.

15 (C) Purchase or lease telemedicine equip-  
16 ment that is reasonable and necessary to oper-  
17 ate the mobile medical van.

18 (D) Purchase medical supplies and medica-  
19 tion that are necessary to provide health care  
20 services on the mobile medical van.

21 (E) Retain medical professionals with ex-  
22 pertise and experience in providing cancer  
23 screening services to underserved communities  
24 to provide health care services on the mobile  
25 medical van.

1 (4) MATCHING REQUIREMENTS.—

2 (A) IN GENERAL.—With respect to the  
3 costs of a mobile medical van program to be  
4 carried out under a grant under this subsection,  
5 the grantee shall make available (directly or  
6 through donations from public or private enti-  
7 ties) non-Federal contributions toward such  
8 costs in an amount that is not less than the  
9 amount of the Federal funds provided under  
10 this grant.

11 (B) DETERMINATION OF AMOUNT CON-  
12 TRIBUTED.—Non-Federal contributions re-  
13 quired under subparagraph (A) may be in cash  
14 or in-kind, fairly evaluated, including plant,  
15 equipment, or services. Amounts provided by  
16 the Federal Government, or services assisted or  
17 subsidized to any significant extent by the Fed-  
18 eral Government, may not be included in deter-  
19 mining the amount of such non-Federal con-  
20 tributions.

21 (C) WAIVER.—The Secretary may waive  
22 the requirement established in subparagraph  
23 (A) if—

24 (i) the Secretary determines that such  
25 waiver is justified; and

1 (ii) the Secretary publishes the ration-  
2 ale for such waiver in the Federal Register.

3 (D) RETURN OF FUNDS.—An entity that  
4 receives a grant under this section that fails to  
5 comply with subparagraph (A) shall return to  
6 the Secretary an amount equal to the difference  
7 between—

8 (i) the amount provided under the  
9 grant; and

10 (ii) the amount of matching funds ac-  
11 tually provided by the grantee.

12 (5) CONSIDERATIONS IN MAKING GRANTS.—In  
13 awarding grants under this subsection, the Secretary  
14 shall give preference to eligible entities—

15 (A) that will provide cancer screening serv-  
16 ices in underserved areas; and

17 (B) that on the date on which the grant is  
18 awarded, have a mobile medical van that is non-  
19 functioning due to the need for necessary me-  
20 chanical repairs.

21 (6) LIMITATION ON DURATION AND AMOUNT OF  
22 GRANT.—A grant under this subsection shall be for  
23 a 2-year period, except that the Secretary may waive  
24 such limitation and extend the grant period by an  
25 additional year. The amount awarded to an entity

1 under such grant for a fiscal year shall not exceed  
2 \$200,000.

3 (7) EVALUATION.—Not later than 1 year after  
4 the date on which a grant awarded to an entity  
5 under this subsection expires, the entity shall submit  
6 to the Secretary the results of an evaluation to be  
7 conducted by the entity concerning the effectiveness  
8 of the program carried out under the grant.

9 (8) REPORT.—Not later than 18 months after  
10 grants are first awarded under this subsection, the  
11 Secretary shall submit to the Committee on Appro-  
12 priations of the Senate and the Committee on Ap-  
13 propriations of the House of Representatives a re-  
14 port on the results of activities carried out with  
15 amounts received under such grants.

16 (9) DEFINITIONS.—In this section:

17 (A) MOBILE MEDICAL VAN.—The term  
18 “mobile medical van” means a mobile vehicle  
19 that is equipped to provide non-urgent medical  
20 services and health care counseling to patients  
21 in underserved areas.

22 (B) UNDERSERVED AREA.—The term “un-  
23 derserved area”, with respect to the location of  
24 patients receiving medical treatment, means a  
25 “medically underserved community” as defined

1 in section 799B(6) of the Public Health Service  
2 Act (42 U.S.C. 295p(6)).

3 **SEC. 7. EARLY RECOGNITION AND TREATMENT OF CANCER**  
4 **THROUGH USE OF BIOMARKERS.**

5 (a) PROMOTION OF THE DISCOVERY AND DEVELOP-  
6 MENT OF BIOMARKERS.—

7 (1) IN GENERAL.—The Secretary of Health and  
8 Human Services (referred to in this section as the  
9 “Secretary”), in consultation with appropriate Fed-  
10 eral agencies including the National Institutes of  
11 Health, the National Cancer Institute, the Food and  
12 Drug Administration, and the National Institute of  
13 Standards and Technology, and extramural experts  
14 as appropriate, shall establish and coordinate a pro-  
15 gram to award contracts to eligible entities to sup-  
16 port the development of innovative biomarker dis-  
17 covery technologies. All activities under this section  
18 shall be consistent with and complement the ongoing  
19 efforts of the Oncology Biomarker Qualification Ini-  
20 tiative and the Reagan-Udall Foundation of the  
21 Food and Drug Administration.

22 (2) LEAD AGENCY.—Not later than 2 years  
23 after the date of enactment of this Act, the Sec-  
24 retary shall designate a lead Federal agency to ad-

1 minister and coordinate the program established  
2 under paragraph (1).

3 (3) ELIGIBILITY.—To be eligible to enter into a  
4 contract under paragraph (1), an entity shall submit  
5 to the Secretary an application at such time, in such  
6 manner, and containing such information as the Sec-  
7 retary may require. Such information shall be suffi-  
8 cient to enable the Secretary to—

9 (A) promote the scientific review of such  
10 contracts in a timely fashion; and

11 (B) contain the capacity to perform the  
12 necessary analysis of contract applications, in-  
13 cluding determinations as to the intellectual ex-  
14 pertise of applicants.

15 (4) REQUIREMENT.—In awarding contracts  
16 under this subsection, the lead agency shall consider  
17 whether the research involved will result in the de-  
18 velopment of quantifiable biomarkers of cell sig-  
19 naling pathways that will have the broadest applica-  
20 bility across different tumor types or different dis-  
21 eases.

22 (5) INTERNATIONAL CONSORTIA.—The Sec-  
23 retary shall designate one of the Federal entities de-  
24 scribed in paragraph (1) to establish an inter-  
25 national private-public consortia to develop and

1 share methods and precompetitive data on the vali-  
2 dation and qualification of cancer biomarkers for  
3 specific uses.

4 (b) CLINICAL STUDY GUIDELINES.—Not later than  
5 1 year after the date of enactment of this Act, the Com-  
6 missioner of Food and Drugs, the Administrator of the  
7 Centers for Medicare & Medicaid Services, and the Direc-  
8 tor of the National Cancer Institute shall jointly develop  
9 guidelines for the conduct of clinical studies designed to  
10 generate clinical data relating to cancer care and treat-  
11 ment biomarkers that is adequate for review by each such  
12 Federal entity. Such guidelines shall be designed to assist  
13 in optimizing clinical study design and to strengthen the  
14 evidence base for evaluations of studies related to cancer  
15 biomarkers.

16 (c) DEMONSTRATION PROJECT.—

17 (1) IN GENERAL.—The Secretary, in consulta-  
18 tion with the Commissioner of Food and Drugs and  
19 the Administrator of the Agency for Healthcare Re-  
20 search and Quality, shall carry out a demonstration  
21 project that provides for a limited regional assess-  
22 ment of biomarker tests to facilitate the controlled  
23 and limited use of a risk assessment measure with  
24 an intervention that may consist of a biomarker test.

1           (2) PROCEDURES.—As a component of the  
2 demonstration project under paragraph (1), the  
3 Commissioner of Food and Drugs, in consultation  
4 with other relevant agencies, shall establish proce-  
5 dures that independent research entities shall follow  
6 in conducting high quality assessments of efficacy of  
7 biomarker tests.

8           (d) POSTMARKET SURVEILLANCE.—The Food and  
9 Drug Administration and the Centers for Medicare &  
10 Medicaid Services shall assess quality and accuracy of bio-  
11 marker tests through appropriate postmarket surveillance  
12 and other means, as necessary and appropriate to the mis-  
13 sion of each such agency.

14           (e) ESTABLISHMENT AND OPERATION OF RESEARCH  
15 CENTERS FOR THE STUDY OF BIOMARKERS FOR RISK  
16 STRATIFICATION AND EARLY DETECTION OF CANCERS  
17 WITH SURVIVAL RATES OF LESS THAN 50 PERCENT.—

18           (1) IN GENERAL.—The Director of the National  
19 Cancer Institute, in consultation with the directors  
20 of other relevant institutes and centers of the Na-  
21 tional Institutes of Health and the Department of  
22 Defense, shall enter into cooperative agreements  
23 with, or make grants to, public or nonprofit entities  
24 to establish and operate centers to conduct research  
25 on biomarkers for use in risk stratification for, and

1 the early detection and screening of, cancer with a  
2 five year survival rate of less than 50 percent. Each  
3 center shall be known as an Early Detection Bio-  
4 marker Center of Excellence.

5 (2) RESEARCH FUNDED.—Federal payments  
6 made under a cooperative agreement or grant under  
7 paragraph (1) may be used for research on any of  
8 the following:

9 (A) The development and characterization  
10 of new biomarkers, and the refinement of exist-  
11 ing biomarkers, for cancers with a five-year sur-  
12 vival rate of less than 50 percent.

13 (B) The clinical and laboratory validation  
14 of such biomarkers, including technical develop-  
15 ment, standardization of assay methods, sample  
16 preparation, reagents, reproducibility, port-  
17 ability, and other refinements.

18 (C) The development and implementation  
19 of clinical and epidemiological research on the  
20 utilization of biomarkers for the early detection  
21 and screening of cancers with a five-year sur-  
22 vival rate of less than 50 percent.

23 (D) The development and implementation  
24 of new repositories for additional tissue, urine,

1           serum, and other biological specimens (such as  
2           ascites and pleural fluids).

3                   (E) Other areas identified by the Director,  
4           in consultation with the research community.

5           (3) COLLABORATION.—Any center funded  
6           under paragraph (1) shall demonstrate their intent  
7           to collaborate with current National Cancer Institute  
8           funded, sponsored, or funded and sponsored initia-  
9           tives regarding risk stratification, early detection,  
10          and screening of cancer, including but not limited to  
11          the early detection research networks, the Cancer  
12          Genomic Atlas, and therapeutic biomarker initia-  
13          tives, where applicable.

14           (4) AVAILABILITY OF BANKED SPECIMENS.—  
15          The Director of the Institute shall make available  
16          for research conducted under this section banked  
17          serum and tissue specimens from clinical research  
18          regarding these cancers that was funded by the De-  
19          partment of Health and Human Services.

20           (5) REPORT.—Not later than the end of fiscal  
21          year 2011, and annually thereafter, the Director of  
22          the Institute shall submit a report to the Congress  
23          on the cooperative agreements entered into and the  
24          grants made under this subsection, the progress of

1       these grants, and recommendations for any program  
2       improvements that would speed discovery.

3               (6) BIOMARKER CLINICAL TRIAL COMMITTEE.—

4       The Director of the Institute shall establish an Bio-  
5       marker Clinical Trial Committee (in this section re-  
6       ferred to as the 'Committee'), for each cancer with  
7       biomarker centers of excellence, to assist the Direc-  
8       tor to design and implement one or more national  
9       clinical trial, in accordance with this subsection, to  
10      determine the utility of using biomarkers validated  
11      pursuant to the research conducted under this sub-  
12      section for risk stratification for, and early detection  
13      and screening of, cancers with a five-year survival  
14      rate of less than 50 percent.

15              (7) AUTHORIZATION OF APPROPRIATIONS.—For  
16      the purpose of carrying out this subsection, there  
17      are authorized to be appropriated \$25,000,000 for  
18      each of the fiscal years 2011 through 2013, and  
19      such sums as may be necessary for each of the fiscal  
20      years 2014 through 2020. If for two consecutive  
21      years funds are not appropriated to carry out this  
22      subsection, this subsection will automatically sunset.  
23      Such authorization of appropriations is in addition  
24      to any other authorization of appropriations that is  
25      available for such purpose.

1 (f) SENSE OF THE HOUSE OF REPRESENTATIVES.—

2 It is the sense of the House of Representatives that the  
3 Commissioner of Food and Drugs and the Director of the  
4 National Cancer Institute should continue to place high  
5 priority upon the identification and use of biomarkers to—

6 (1) determine the role of genetic polymorphisms  
7 on drug activity and toxicity;

8 (2) establish effective strategies for selecting  
9 patients for treatment with specific drugs; and

10 (3) identify early biomarkers of clinical benefit.

11 (g) DEFINITION.—In this section, the term “bio-  
12 marker” means any characteristic that can be objectively  
13 measured and evaluated as an indicator of normal biologic  
14 processes, pathogenic processes, or pharmacological re-  
15 sponses to therapeutic interventions.

16 **SEC. 8. EXTENDING COVERAGE UNDER MEDICAID OF**  
17 **COUNSELING AND PHARMACOTHERAPY FOR**  
18 **CESSATION OF TOBACCO USE.**

19 (a) SERVICES DESCRIBED.—Section 1905 of the So-  
20 cial Security Act (42 U.S.C. 1396d) is amended—

21 (1) in subsection (a)(4)(D), as inserted by sec-  
22 tion 4107(a)(1)(B) of the Patient Protection and Af-  
23 fordable Care Act (Public Law 111–148), by strik-  
24 ing “by pregnant women”; and

1           (2) in subsection (bb), as added by section  
2           4107(a)(2) of the Patient Protection and Affordable  
3           Care Act (Public Law 111–148)—

4           (A) in paragraph (1)—

5                   (i) by striking “the term ‘counseling  
6                   and pharmacotherapy for cessation of to-  
7                   bacco use by pregnant women’” and in-  
8                   serting “the term ‘counseling and  
9                   pharmacotherapy for cessation of tobacco  
10                  use’”; and

11                   (ii) by striking “by pregnant women  
12                   who use tobacco products” and inserting  
13                   “by individuals who use tobacco products”;  
14                  and

15           (B) in paragraph (2)—

16                   (i) in subparagraph (A), by striking  
17                   “with respect to pregnant women”; and

18                   (ii) in subparagraph (B), by striking  
19                   “by pregnant women”.

20           (b) DROPPING EXCEPTION FROM MEDICAID PRE-  
21           SCRIPTION DRUG COVERAGE FOR TOBACCO CESSATION  
22           MEDICATIONS.—Section 1927(d)(2)(F) of the Social Se-  
23           curity Act (42 U.S.C. 1396r–8(d)(2)(F)), as amended by  
24           section 4107(b) of the Patient Protection and Affordable

1 Care Act (Public Law 111–148), is further amended by  
2 striking “in the case of pregnant women”.

3 (c) EFFECTIVE DATE.—The amendments made by  
4 this section shall take effect 1 year after the date of enact-  
5 ment of this Act and apply to medical assistance provided  
6 under a State Medicaid program on or after such date.

7 **SEC. 9. COMPREHENSIVE CANCER CARE AND COVERAGE**  
8 **UNDER MEDICARE.**

9 (a) COVERAGE OF ROUTINE COSTS ASSOCIATED  
10 WITH CLINICAL TRIALS UNDER MEDICARE.—

11 (1) COVERAGE UNDER PART A.—Section 1814  
12 of the Social Security Act (42 U.S.C. 1395f) is  
13 amended by adding at the end the following new  
14 subsection:

15 “(m) COVERAGE OF ROUTINE COSTS ASSOCIATED  
16 WITH CLINICAL TRIALS.—The Secretary shall not exclude  
17 from payment for items and services provided under a  
18 clinical trial payment for coverage of routine costs of care  
19 (as defined by the Secretary) furnished to an individual  
20 entitled to benefits under this part who participates in  
21 such a trial to the extent the Secretary provides payment  
22 for such costs as of the date of enactment of this sub-  
23 section.”.

24 (2) COVERAGE UNDER PART B.—Section  
25 1833(w) of the Social Security Act (42 U.S.C.

1 1395l(w)), as added by section 184 of the Medicare  
2 Improvements for Patients and Providers Act of  
3 2008 (Public Law 110–275), is amended—

4 (A) by striking “PAYMENT.—The Sec-  
5 retary” and inserting “PAYMENT AND COV-  
6 ERAGE OF ROUTINE COSTS ASSOCIATED WITH  
7 CLINICAL TRIALS.—

8 “(1) METHODS OF PAYMENT.—Subject to para-  
9 graph (2), the Secretary”; and

10 (B) by adding at the end the following new  
11 paragraph:

12 “(2) COVERAGE OF ROUTINE COSTS ASSOCI-  
13 ATED WITH CLINICAL TRIALS.—The Secretary shall  
14 not exclude from payment for items and services  
15 provided under a clinical trial payment for coverage  
16 of routine costs of care (as defined by the Secretary)  
17 furnished to an individual enrolled under this part  
18 who participates in such a trial to the extent the  
19 Secretary provides payment for such costs as of the  
20 date of enactment of this subsection.”.

21 (3) PROVIDER OUTREACH.—The Secretary of  
22 Health and Human Services, acting through the Ad-  
23 ministrators of the Centers for Medicare & Medicaid  
24 Services, shall conduct an outreach campaign to pro-  
25 viders of services and suppliers under the Medicare

1 program under title XVIII of the Social Security Act  
2 regarding coverage of routine costs of care furnished  
3 to Medicare beneficiaries participating in clinical  
4 trials in accordance with sections 1814(m) and  
5 1833(w)(2) of the Social Security Act (as added by  
6 paragraphs (1) and (2), respectively).

7 (b) COVERAGE OF CANCER CARE PLANNING SERV-  
8 ICES.—

9 (1) IN GENERAL.—Section 1861 of the Social  
10 Security Act, as amended by section 4103 of the Pa-  
11 tient Protection and Affordable Care Act (Public  
12 Law 111–148), is amended—

13 (A) in subsection (s)(2)—

14 (i) by striking “and” at the end of  
15 subparagraph (EE);

16 (ii) by adding “and” at the end of  
17 subparagraph (FF); and

18 (iii) by adding at the end the fol-  
19 lowing new subparagraph:

20 “(GG) comprehensive cancer care planning  
21 services (as defined in subsection (iii));” and

22 (B) by adding at the end the following new  
23 subsection:

1 “Comprehensive Cancer Care Planning Services

2 “(iii)(1) The term ‘comprehensive cancer care plan-  
3 ning services’ means—

4 “(A) with respect to an individual who is  
5 diagnosed with cancer, the development of a  
6 plan of care that—

7 “(i) details, to the greatest extent  
8 practicable, all aspects of the care to be  
9 provided to the individual, with respect to  
10 the treatment of such cancer, including  
11 any curative treatment and comprehensive  
12 symptom management (such as palliative  
13 care) involved;

14 “(ii) is furnished in written form to  
15 the individual in person within a period  
16 specified by the Secretary that is as soon  
17 as practicable after the date on which the  
18 individual is so diagnosed;

19 “(iii) is furnished, to the greatest ex-  
20 tent practicable, in a form that appro-  
21 priately takes into account cultural and  
22 linguistic needs of the individual in order  
23 to make the plan accessible to the indi-  
24 vidual; and

1                   “(iv) is in accordance with standards  
2                   determined by the Secretary to be appro-  
3                   priate;

4                   “(B) with respect to an individual for  
5                   whom a plan of care has been developed under  
6                   subparagraph (A), the revision of such plan of  
7                   care as necessary to account for any substantial  
8                   change in the condition of the individual, if  
9                   such revision—

10                   “(i) is in accordance with clauses (i)  
11                   and (iii) of such subparagraph; and

12                   “(ii) is furnished in written form to  
13                   the individual within a period specified by  
14                   the Secretary that is as soon as practicable  
15                   after the date of such revision;

16                   “(C) with respect to an individual who has  
17                   completed the primary treatment for cancer, as  
18                   defined by the Secretary (such as completion of  
19                   chemotherapy or radiation treatment), the de-  
20                   velopment of a follow-up cancer care plan  
21                   that—

22                   “(i) describes the elements of the pri-  
23                   mary treatment, including symptom man-  
24                   agement, furnished to such individual;

1           “(ii) provides recommendations for  
2           the subsequent care of the individual with  
3           respect to the cancer involved;

4           “(iii) is furnished in written form to  
5           the individual in person within a period  
6           specified by the Secretary that is as soon  
7           as practicable after the completion of such  
8           primary treatment;

9           “(iv) is furnished, to the greatest ex-  
10          tent practicable, in a form that appro-  
11          priately takes into account cultural and  
12          linguistic needs of the individual in order  
13          to make the plan accessible to the indi-  
14          vidual; and

15          “(v) is in accordance with standards  
16          determined by the Secretary to be appro-  
17          priate; and

18          “(D) with respect to an individual for  
19          whom a follow-up cancer care plan has been de-  
20          veloped under subparagraph (C), the revision of  
21          such plan as necessary to account for any sub-  
22          stantial change in the condition of the indi-  
23          vidual, if such revision—

24                  “(i) is in accordance with clauses (i),  
25                  (ii), and (iv) of such subparagraph; and

1                   “(ii) is furnished in written form to  
2                   the individual within a period specified by  
3                   the Secretary that is as soon as practicable  
4                   after the date of such revision.

5           “(2) The Secretary shall establish standards to carry  
6 out paragraph (1) in consultation with appropriate organi-  
7 zations representing providers of services related to cancer  
8 treatment and organizations representing survivors of can-  
9 cer. Such standards shall include standards for deter-  
10 mining the need and frequency for revisions of the plans  
11 of care and follow-up plans based on changes in the condi-  
12 tion of the individual and standards for the communica-  
13 tion of the plan to the patient.”.

14           (2) PAYMENT.—Section 1833(a)(1) of the So-  
15 cial Security Act (42 U.S.C. 1395l(a)(1)), as amend-  
16 ed by section 10501(g)(3)(B) of the Patient Protec-  
17 tion and Affordable Care Act (Public Law 111–148),  
18 is amended by striking “and” before “(Z)” and in-  
19 sserting before the semicolon at the end the following:  
20 “, and (AA) with respect to comprehensive cancer  
21 care planning services described in any of subpara-  
22 graphs (A) through (D) of section 1861(iii)(1), the  
23 amount paid shall be an amount equal to the sum  
24 of (i) the national average amount under the physi-  
25 cian fee schedule established under section 1848 for

1 a new patient office consultation of the highest level  
2 of service in the non-facility setting, and (ii) the na-  
3 tional average amount under such fee schedule for a  
4 physician certification described in section  
5 1814(a)(2) for home health services furnished to an  
6 individual by a home health agency under a home  
7 health plan of care”.

8 (3) EFFECTIVE DATE.—The amendments made  
9 by this section shall apply to services furnished on  
10 or after the first day of the first calendar year that  
11 begins after the date of the enactment of this Act.

12 (c) MEDICARE COVERAGE OF COMPREHENSIVE CAN-  
13 CER PATIENT TREATMENT EDUCATION SERVICES.—

14 (1) IN GENERAL.—Section 1861 of the Social  
15 Security Act (42 U.S.C. 1395x), as amended by sub-  
16 section (b)(1), is further amended—

17 (A) in subsection (s)(2)—

18 (i) by striking “and” at the end of  
19 subparagraph (FF);

20 (ii) by adding “and” at the end of  
21 subparagraph (GG); and

22 (iii) by adding at the end the fol-  
23 lowing new subparagraph:

1           “(HH) comprehensive cancer patient treatment  
2           education services (as defined in subsection  
3           (jjj)(1));” and

4                       (B) by adding at the end the following new  
5           subsection:

6           “Comprehensive Cancer Patient Treatment Education  
7                               Services

8           “(jjj)(1) The term ‘comprehensive cancer patient  
9           treatment education services’ means—

10                       “(A) in the case of an individual who is diag-  
11           nosed with cancer, the provision of a one-hour pa-  
12           tient treatment education session delivered by a reg-  
13           istered nurse that—

14                               “(i) is furnished to the individual and the  
15           caregiver (or caregivers) of the individual in ad-  
16           vance of the onset of treatment and to the ex-  
17           tent practicable, is not furnished on the day of  
18           diagnosis or on the first day of treatment;

19                               “(ii) educates the individual and such care-  
20           giver (or caregivers) to the greatest extent prac-  
21           ticable, about all aspects of the care to be fur-  
22           nished to the individual, informs the individual  
23           regarding any potential symptoms, side-effects,  
24           or adverse events, and explains ways in which  
25           side effects and adverse events can be mini-

1 mized and health and well-being maximized,  
2 and provides guidance regarding those side ef-  
3 fects to be reported and to which health care  
4 provider the side effects should be reported;

5 “(iii) includes the provision, in written  
6 form, of information about the course of treat-  
7 ment, any responsibilities of the individual with  
8 respect to self-dosing, and ways in which to ad-  
9 dress symptoms and side-effects; and

10 “(iv) is furnished, to the greatest extent  
11 practicable, in an oral, written, or electronic  
12 form that appropriately takes into account cul-  
13 tural and linguistic needs of the individual in  
14 order to make the information comprehensible  
15 to the individual and such caregiver (or care-  
16 givers); and

17 “(B) with respect to an individual for whom a  
18 course of cancer treatment or therapy is materially  
19 modified, a one-hour patient treatment education  
20 session described in subparagraph (A), including up-  
21 dated information on the matters described in such  
22 subparagraph should the individual’s oncologic  
23 health care professional deem it appropriate and  
24 necessary.

1       “(2) In establishing standards to carry out paragraph  
2 (1), the Secretary shall consult with appropriate organiza-  
3 tions representing providers of oncology patient treatment  
4 education services and organizations representing people  
5 with cancer.”.

6           (2) PAYMENT.—Section 1833(a)(1) of such Act  
7 (42 U.S.C. 1395l(a)(1)), as amended by subsection  
8 (b)(2), is further amended—

9           (A) by striking “and” before “(AA)”; and

10           (B) by inserting before the semicolon at  
11 the end the following: “, and (BB) with respect  
12 to comprehensive cancer patient treatment edu-  
13 cation service (as defined in section  
14 1861(jjj)(1)), 150 percent of the payment rate  
15 established under section 1848 for diabetes out-  
16 patient self-management training services (as  
17 defined in section 1861(qq)), determined and  
18 applied without regard to any coinsurance”.

19           (3) COVERAGE.—Section 1862(a)(1) of such  
20 Act (42 U.S.C. 1395y(a)(1)), as amended by section  
21 4103(d)(1) of the Patient Protection and Affordable  
22 Care Act (Public Law 111–148), is amended—

23           (A) in subparagraph (O), by striking  
24 “and” at the end;

1 (B) in subparagraph (P), by striking the  
2 semicolon at the end and inserting “, and”; and

3 (C) by adding at the end the following new  
4 subparagraph:

5 “(Q) in the case of comprehensive cancer pa-  
6 tient treatment education services (as defined in  
7 subsection (jjj)(1)) which are performed more fre-  
8 quently than is covered under such section;”.

9 (4) NO IMPACT ON PAYMENT FOR OTHER SERV-  
10 ICES.—Nothing in this section shall be construed to  
11 affect or otherwise authorize any reduction or modi-  
12 fication, in the Medicare payment amounts otherwise  
13 established for chemotherapy infusion or injection  
14 codes with respect to the calculation and payment of  
15 minutes for chemotherapy teaching or related serv-  
16 ices.

17 (5) EFFECTIVE DATE.—The amendments made  
18 by this section shall apply to services furnished on  
19 or after the first day of the first calendar year that  
20 begins after the date of the enactment of this Act.

21 **SEC. 10. TARGETED CANCERS PROGRAM.**

22 Subpart 1 of part C of title IV of the Public Health  
23 Service Act (42 U.S.C. 285 et seq.), as amended by section  
24 14, is further amended by adding at the end the following:

1 **“SEC. 417H. TARGETED CANCERS PROGRAM.**

2 “(a) ESTABLISHMENT.—The Director of the Insti-  
3 tute shall establish a targeted cancers program under  
4 which the Director may enter into agreements and make  
5 grants to conduct and coordinate research activities, with  
6 respect to cancers that result in a 5-year survival rate of  
7 less than 50 percent, for purposes of increasing such sur-  
8 vival rate for such cancers. Such program shall include  
9 each of the elements described in subsections (b) through  
10 (i).

11 “(b) STRATEGIC PLAN FOR PROGRESS.—

12 “(1) IN GENERAL.—Under the targeted cancers  
13 program, the Director of the Institute, in coordina-  
14 tion with relevant stakeholders and other appro-  
15 priate Federal agencies, shall develop a comprehen-  
16 sive plan, including budget amounts, for the imple-  
17 mentation of the research activities described in this  
18 subsection (a) as well as the identification of addi-  
19 tional research activities that will be necessary to in-  
20 crease the survival for patients diagnosed with a  
21 cancer described in such subsection.

22 “(2) REPORT.—Not later than 6 months after  
23 the date of the enactment of this section, the Direc-  
24 tor of the Institute shall submit to Congress and  
25 make publicly available the comprehensive plan de-  
26 scribed in paragraph (1).

1           “(c) DEDICATED FUNDING FOR BASIC RESEARCH.—  
2 Under the targeted cancers program, the Director of the  
3 Institute shall establish a separate funding mechanism  
4 that can be used to fund basic research grants for inves-  
5 tigators with a primary interest in one of the cancers de-  
6 scribed in subsection (a).

7           “(d) IMAGING RESEARCH.—Under the targeted can-  
8 cers program, the Director of the Institute shall provide  
9 for research to expand and advance the potential of imag-  
10 ing to assist in early detection, disease management, and  
11 drug development.

12           “(e) INCUBATOR GRANT PROGRAM.—Under the tar-  
13 geted cancers program, the Director of the Institute shall  
14 establish a high-risk, high-reward incubator grant pro-  
15 gram for each cancer described in subsection (a) to allow  
16 investigators with a primary interest in such cancer an  
17 opportunity to build data for future grants provided by  
18 the Institute or the National Institutes of Health.

19           “(f) GRANT REVIEW BY SCIENTIFIC EXPERTS.—  
20 Under the targeted cancers program, the Director of the  
21 Institute shall provide for a peer-review process of applica-  
22 tions submitted for a grant under this section. Such proc-  
23 ess shall be conducted by grant peer-review teams that in-  
24 clude scientific experts in the specific disease area in-  
25 volved, as well as patient advocates.

1       “(g) SPECIALIZED TRAINING PROGRAMS.—Under  
2 the targeted cancers program, the Director of the Institute  
3 shall provide for advanced specialized training and edu-  
4 cation programs for early career PhD and clinician sci-  
5 entists that ensure sufficient time of such scientists is re-  
6 served for research in order to attract and retain a broader  
7 pool of investigators for the cancers specified in subsection  
8 (a).

9       “(h) SURVEILLANCE AND SCREENING.—Under the  
10 targeted cancers program, the Director of the Institute  
11 shall, as prevention, early detection, and treatments are  
12 identified for cancers described in subsection (a), develop  
13 pilot programs for the surveillance and treatment of such  
14 conditions that are precursors to such cancers.

15       “(i) COOPERATIVE RESEARCH AGREEMENTS.—  
16 Under the targeted cancers program, the Director of the  
17 Institute may enter into cooperative research agreements  
18 with other Federal agencies on programs targeting cancers  
19 specified in subsection (a), including other Institutes at  
20 the National Institutes of Health, other agencies within  
21 the Department of Health and Human Services, the De-  
22 partment of Defense, and the Department of Veterans Af-  
23 fairs.

24       “(j) IOM REPORT.—

1           “(1) IN GENERAL.—The Secretary of Health  
2           and Human Services shall enter into an arrange-  
3           ment with the Institute of Medicine of the National  
4           Academies to provide an independent assessment,  
5           with respect to cancers described in subsection (a),  
6           of funding of the National Cancer Institute, progress  
7           of such Institute, and the additional improvements  
8           that should be implemented by the Department of  
9           Health and Human Services, by the National Insti-  
10          tutes of Health, and by the National Cancer Insti-  
11          tute to make sufficient progress on research related  
12          to such cancers.

13           “(2) REPORT.—The agreement entered into  
14          under paragraph (1) shall provide for the Institute  
15          of Medicine to submit to the Secretary and the Con-  
16          gress, not later than 1 year after the date of the en-  
17          actment of this section, a report containing a de-  
18          scription of the results of the study conducted under  
19          such paragraph and the conclusions and rec-  
20          ommendations of the Institute of Medicine regarding  
21          the issues described in such paragraph.”.

22 **SEC. 11. ACTIVITIES OF THE FOOD AND DRUG ADMINISTRA-**  
23 **TION.**

24           (a) REVIEW, IMPROVEMENT, AND COORDINATION.—  
25          The Commissioner of Food and Drugs shall—

1           (1) conduct a review of the policies, programs,  
2           and activities of the Food and Drug Administration  
3           relating to oncology products; and

4           (2) based on the results of such review, improve  
5           and coordinate such policies, programs, and activi-  
6           ties, including by—

7                   (A) integrating policies, programs, activi-  
8                   ties, and, if appropriate, organizational units of  
9                   the Administration to facilitate the concurrent  
10                  development of oncology products;

11                   (B) considering alternatives or surrogates  
12                   to traditional clinical trial endpoints (for exam-  
13                   ple, other than survival) that are acceptable for  
14                   regulatory approval as evidence of clinical ben-  
15                   efit to patients; and

16                   (C) modernizing the Office of Oncology  
17                   Drug Products by examining and addressing in-  
18                   ternal barriers that exist within the Office’s or-  
19                   ganizational structure.

20           (b) DEFINITIONS.—In this section:

21                   (1) The term “biological product” has the  
22                   meaning given to that term in section 351 of the  
23                   Public Health Service Act (42 U.S.C. 262).

24                   (2) The terms “device” and “drug” have the  
25                   meanings given to those terms in section 201 of the

1 Federal Food, Drug, and Cosmetic Act (21 U.S.C.  
2 321).

3 (3) The term “oncology product” means—

4 (A) any biological product, drug, or device  
5 for cancer diagnosis, prevention, or treatment;  
6 or

7 (B) any other product that is regulated by  
8 the Food and Drug Administration and is de-  
9 termined by the Commissioner of Food and  
10 Drugs to be relevant to cancer diagnosis, pre-  
11 vention, or treatment.

12 **SEC. 12. CDC CANCER CONTROL PROGRAMS.**

13 Part B of title III of the Public Health Service Act  
14 (42 U.S.C. 243 et seq.), as amended by section 6, is fur-  
15 ther amended by inserting after section 317U the fol-  
16 lowing:

17 **“SEC. 317V. CANCER CONTROL PROGRAMS.**

18 “(a) IN GENERAL.—The Secretary, acting through  
19 the Director of the Centers for Disease Control and Pre-  
20 vention, shall expand and intensify the cancer control pro-  
21 grams of the Centers, including programs for conducting  
22 surveillance activities or supporting State comprehensive  
23 cancer control plans.

24 “(b) CERTAIN ACTIVITIES.—In carrying out sub-  
25 section (a), the Secretary shall—

1           “(1) in collaboration with the Director of the  
2           National Cancer Institute, provide guidance to  
3           States on projects and interventions that may be in-  
4           corporated into State comprehensive cancer control  
5           programs to improve the long-term health status of  
6           childhood cancer survivors, including childhood can-  
7           cer survivors in minority and other medically under-  
8           served populations;

9           “(2) encourage States to incorporate strategies  
10          for improving systems of care for childhood cancer  
11          survivors and their families into State comprehensive  
12          cancer plans; and

13          “(3) collaborate with the Director of the Na-  
14          tional Cancer Institute to improve existing surveil-  
15          lance systems or develop appropriate new systems  
16          for tracking cancer survivors and assessing their  
17          health status and risk for other chronic and dis-  
18          abling conditions.

19          “(c) CHILDHOOD CANCER SURVIVORSHIP.—

20                 “(1) FOCUS ON CHILDHOOD CANCER SURVIVOR-  
21                 SHIP.—In conducting or supporting national, State,  
22                 and local comprehensive cancer control programs  
23                 through the Centers for Disease Control and Preven-  
24                 tion, the Secretary shall enhance such programs—

1           “(A) to include a focus on childhood cancer  
2 survivorship, including survivorship in minority  
3 and other medically underserved populations;  
4 and

5           “(B) to include childhood cancer survivor-  
6 ship initiatives for improving—

7                   “(i) the monitoring of survivors of all  
8 forms of cancer; and

9                   “(ii) follow-up treatment for childhood  
10 cancer survivors.

11           “(2) RELIANCE ON GUIDELINES.—In carrying  
12 out this subsection, the Secretary shall rely, where  
13 appropriate, on existing guidelines for care of child-  
14 hood cancer survivors.”.

15 **SEC. 13. NIH CANCER SURVIVORSHIP PROGRAMS.**

16 (a) TECHNICAL AMENDMENT.—

17           (1) IN GENERAL.—Section 3 of the  
18 Hematological Cancer Research Investment and  
19 Education Act of 2002 (Public Law 107–172; 116  
20 Stat. 541) is amended by striking “section 419C”  
21 and inserting “section 417C”.

22           (2) EFFECTIVE DATE.—The amendment made  
23 by paragraph (1) shall take effect as if included in  
24 section 3 of the Hematological Cancer Research In-

1 vestment and Education Act of 2002 (Public Law  
2 107–172; 116 Stat. 541).

3 (b) CANCER SURVIVORSHIP PROGRAMS.—Subpart 1  
4 of part C of title IV of the Public Health Service Act (42  
5 U.S.C. 285 et seq.), is amended by adding at the end the  
6 following:

7 **“SEC. 417G. EXPANSION OF CANCER SURVIVORSHIP ACTIVI-**  
8 **TIES.**

9 “(a) EXPANSION OF ACTIVITIES.—The Director of  
10 the Institute shall coordinate the activities of the National  
11 Institutes of Health with respect to cancer survivorship,  
12 including childhood cancer survivorship.

13 “(b) PRIORITY AREAS.—In carrying out subsection  
14 (a), the Director of the Institute shall give priority to the  
15 following:

16 “(1) Comprehensive assessment of the preva-  
17 lence and etiology of late effects of cancer and its  
18 treatment, including physical, neu-rocognitive, and  
19 psychosocial late effects. Such assessment shall in-  
20 clude—

21 “(A) development of a system for patient  
22 tracking and analysis;

23 “(B) establishment of a system of tissue  
24 collection, banking, and analysis for childhood

1 cancers, using guidelines from the Office of  
2 Biorepositories and Biospecimen Research; and

3 “(C) coordination of, and resources for, as-  
4 sessment and data collection.

5 “(2) Identification of risk and protective factors  
6 related to the development of late effects of cancer.

7 “(3) Identification of predictors of neu-  
8 rocognitive and psychosocial outcomes, including  
9 quality of life, in cancer survivors and identification  
10 of quality of life and other outcomes in family mem-  
11 bers.

12 “(4) Development and implementation of inter-  
13 vention studies for patients and families, including  
14 studies focusing on—

15 “(A) preventive interventions during treat-  
16 ment;

17 “(B) interventions to lessen the impact of  
18 late effects;

19 “(C) rehabilitative or remediative interven-  
20 tions;

21 “(D) interventions to promote health be-  
22 haviors in long-term survivors; and

23 “(E) interventions to improve health care  
24 utilization and access to linguistically and cul-  
25 turally competent long-term follow-up care for

1 childhood cancer survivors in minority and  
2 other medically underserved populations.

3 “(c) GRANTS FOR RESEARCH ON CAUSES OF  
4 HEALTH DISPARITIES IN CHILDHOOD CANCER SURVI-  
5 VORSHIP.—

6 “(1) GRANTS.—The Director of NIH, acting  
7 through the Director of the Institute, shall make  
8 grants to entities to conduct research relating to—

9 “(A) childhood cancer survivors within mi-  
10 nority populations; and

11 “(B) health disparities in cancer survivor-  
12 ship outcomes within minority or other medi-  
13 cally underserved populations.

14 “(2) BALANCED APPROACH.—In making grants  
15 for research under paragraph (1)(A) on childhood  
16 cancer survivors within minority populations, the Di-  
17 rector of NIH shall ensure that such research ad-  
18 dresses both the physical and the psychosocial needs  
19 of such survivors.

20 “(3) HEALTH DISPARITIES.—In making grants  
21 for research under paragraph (1)(B) on health dis-  
22 parities in cancer survivorship outcomes within mi-  
23 nority populations, the Director of NIH shall ensure  
24 that such research examines each of the following:

1           “(A) Key adverse events after childhood  
2 cancer.

3           “(B) Assessment of health and quality of  
4 life in childhood cancer survivors.

5           “(C) Barriers to follow-up care to child-  
6 hood cancer survivors.

7           “(d) RESEARCH TO EVALUATE FOLLOW-UP CARE  
8 FOR CHILDHOOD CANCER SURVIVORS.—The Director of  
9 NIH shall conduct or support research to evaluate systems  
10 of follow-up care for childhood cancer survivors, with spe-  
11 cial emphasis given to—

12           “(1) transitions in care for childhood cancer  
13 survivors;

14           “(2) those professionals who should be part of  
15 care teams for childhood cancer survivors;

16           “(3) training of professionals to provide linguis-  
17 tically and culturally competent follow-up care to  
18 childhood cancer survivors; and

19           “(4) different models of follow-up care.

20 **“SEC. 417G-1. IMPROVING THE QUALITY OF FOLLOW-UP**  
21 **CARE FOR SURVIVORS OF CHILDHOOD CAN-**  
22 **CERS AND THEIR FAMILIES.**

23           “(a) IN GENERAL.—The Secretary, in consultation  
24 with the Director of NIH, shall make grants to eligible  
25 entities to establish or improve training programs for

1 health care professionals (including physicians, nurses,  
2 physician assistants, and mental health professionals)—

3 “(1) to improve the quality of immediate and  
4 long-term follow-up care for survivors of childhood  
5 cancers and their families; and

6 “(2) to ensure that such care is linguistically  
7 and culturally competent.

8 “(b) ELIGIBLE ENTITIES.—In this section, the term  
9 ‘eligible entity’ means—

10 “(1) a medical school;

11 “(2) a children’s hospital;

12 “(3) a cancer center;

13 “(4) a hospital with one or more residency pro-  
14 grams that serve a significant number of childhood  
15 cancer patients;

16 “(5) a graduate training program for health  
17 professionals described in subsection (a) who will  
18 treat survivors of childhood cancers; or

19 “(6) any other entity with significant experience  
20 and expertise in treating survivors of childhood can-  
21 cers.

22 “(c) DURATION.—Each grant under this section shall  
23 be for a period of 2 years.

24 “(d) AUTHORIZATION OF APPROPRIATIONS.—To  
25 carry out this section, there is authorized to be appro-

1 priated \$5,000,000 for each of fiscal years 2012 through  
2 2016.

3 **“SEC. 417G–2. STUDY OF PILOT PROGRAMS TO EXPLORE**  
4 **MODEL SYSTEMS OF CARE.**

5 “(a) IN GENERAL.—The Director of NIH, in con-  
6 sultation with the Administrator of the Health Resources  
7 and Services Administration, shall make grants to eligible  
8 entities to establish pilot programs to develop, study, or  
9 evaluate model systems for monitoring and caring for  
10 childhood cancer survivors.

11 “(b) ELIGIBLE ENTITIES.—In this section, the term  
12 ‘eligible entity’ means—

13 “(1) a medical school;

14 “(2) a children’s hospital;

15 “(3) a cancer center; or

16 “(4) any other entity with significant experience  
17 and expertise in treating survivors of childhood can-  
18 cers.

19 “(c) USE OF FUNDS.—The Director of NIH may  
20 make a grant under this section to an eligible entity only  
21 if the entity agrees—

22 “(1) to use the grant to establish a pilot pro-  
23 gram to develop, study, or evaluate one or more  
24 model systems for monitoring and caring for cancer  
25 survivors; and

1           “(2) in developing, studying, and evaluating  
2           such systems, to give special emphasis to the fol-  
3           lowing:

4                   “(A) Design of protocols for follow-up  
5                   care, monitoring, and other survivorship pro-  
6                   grams (including peer support and mentoring  
7                   programs).

8                   “(B) Dissemination of information to  
9                   health care providers about how to provide lin-  
10                  guistically and culturally competent follow-up  
11                  care and monitoring to cancer survivors and  
12                  their families.

13                  “(C) Dissemination of other information,  
14                  as appropriate, to health care providers and to  
15                  cancer survivors and their families.

16                  “(D) Development of support programs to  
17                  improve the quality of life of cancer survivors.

18                  “(E) Design of systems for the effective  
19                  transfer of treatment information from cancer  
20                  care providers to other health care providers  
21                  (including family practice physicians and inter-  
22                  nists) and to cancer survivors and their fami-  
23                  lies, where appropriate.

24                  “(F) Development of various models for  
25                  providing multidisciplinary care.

1       “(d) AUTHORIZATION OF APPROPRIATIONS.—To  
2 carry out this section, there is authorized to be appro-  
3 priated \$10,000,000 for each of fiscal years 2012 through  
4 2016.”.

5       (e) COMPLETE RECOVERY CARE.—

6           (1) DEFINITION.—In this subsection, the term  
7       “complete recovery care” means care intended to ad-  
8 dress the secondary effects of cancer and its treat-  
9 ment, including late, psychosocial, neurocognitive,  
10 psychiatric, psychological, physical, and other effects  
11 associated with cancer and cancer survivorship be-  
12 yond the impairment of bodily function directly  
13 caused by the disease, as described in the report by  
14 the Institute of Medicine of the National Academies  
15 entitled “Cancer Care for the Whole Patient”.

16           (2) EXPANSION OF ACTIVITIES.—The Secretary  
17 of Health and Human Services (referred to in this  
18 subsection as the “Secretary”) shall—

19           (A) coordinate the activities of Federal  
20 agencies, including the National Institutes of  
21 Health, the National Cancer Institute, the Na-  
22 tional Institute of Mental Health, the Centers  
23 for Medicare and Medicaid Services, the Vet-  
24 erans Health Administration, the Centers for  
25 Disease Control and Prevention, the Food and

1 Drug Administration, the Agency for  
2 Healthcare Research and Quality, the Office for  
3 Human Research Protections, and the Health  
4 Resources and Services Administration to im-  
5 prove the provision of complete recovery care in  
6 the treatment of cancer; and

7 (B) solicit input from professional and pa-  
8 tient organizations, payors, and other relevant  
9 institutions and organizations regarding the  
10 status of provision of complete recovery care in  
11 the treatment of cancer.

12 (3) IMPROVING THE COMPLETE RECOVERY  
13 CARE WORKFORCE.—

14 (A) CHRONIC DISEASE WORKFORCE DE-  
15 VELOPMENT COLLABORATIVE.—The Secretary  
16 shall, not later than 1 year after the date of en-  
17 actment of this Act, convene a Workforce De-  
18 velopment Collaborative on Psychosocial Care  
19 During Chronic Medical Illness (referred to in  
20 this paragraph as the “Collaborative”). The  
21 Collaborative shall be a cross-specialty, multi-  
22 disciplinary group composed of educators, con-  
23 sumer and family advocates, and providers of  
24 psychosocial and biomedical health services.

1 (B) GOALS AND REPORT.—The Collabo-  
2 rative shall submit to the Secretary a report es-  
3 tablishing a plan to meet the following objec-  
4 tives for psychosocial care workforce develop-  
5 ment:

6 (i) Identifying, refining, and broadly  
7 disseminating to healthcare educators in-  
8 formation about workforce competencies,  
9 models, and preservices curricula relevant  
10 to providing psychosocial services to per-  
11 sons with chronic medical illnesses and  
12 their families.

13 (ii) Adapting curricula for continuing  
14 education of the existing workforce using  
15 efficient workplace-based learning ap-  
16 proaches.

17 (iii) Developing the skills of faculty  
18 and other trainers in teaching psychosocial  
19 health care using evidence-based teaching  
20 strategies.

21 (iv) Strengthening the emphasis on  
22 psychosocial healthcare in educational ac-  
23 creditation standards and professional li-  
24 censing and certification exams by recom-

1 mending revisions to the relevant oversight  
2 organizations.

3 **SEC. 14. CLINICS FOR COMPREHENSIVE LONG-TERM FOL-**  
4 **LOW-UP SERVICES FOR CHILDHOOD CANCER**  
5 **SURVIVORS.**

6 Part B of title III of the Public Health Service Act  
7 (42 U.S.C. 243 et seq.), as amended by sections 6 and  
8 13, is further amended by inserting after section 317V the  
9 following:

10 **“SEC. 317W. CLINICS FOR COMPREHENSIVE LONG-TERM**  
11 **FOLLOW-UP SERVICES FOR CHILDHOOD CAN-**  
12 **CER SURVIVORS.**

13 “(a) IN GENERAL.—The Secretary shall make grants  
14 to eligible entities to pay all or a portion of the costs in-  
15 curred during the first 4 years of establishing and oper-  
16 ating a clinic for comprehensive long-term follow-up serv-  
17 ices for childhood cancer survivors.

18 “(b) ELIGIBLE ENTITIES.—In this section, the term  
19 ‘eligible entity’ means—

20 “(1) a school of medicine;

21 “(2) a children’s hospital;

22 “(3) a cancer center; or

23 “(4) any other entity with significant experience  
24 and expertise in treating survivors of childhood can-  
25 cers.

1       “(c) PRIORITY.—In making grants under this sec-  
2 tion, the Secretary shall give priority to any eligible entity  
3 that demonstrates an expertise in improving access to care  
4 for minority and other medically underserved populations.

5       “(d) USE OF FUNDS.—The Secretary may make a  
6 grant under this section to an eligible entity only if the  
7 entity agrees to use the grant to pay costs incurred during  
8 the first 4 years of establishing and operating a clinic for  
9 comprehensive long-term follow-up services for childhood  
10 cancer survivors. Such costs may include the costs of—

11               “(1) purchasing or leasing facilities;

12               “(2) providing medical and psychosocial follow-  
13 up services, including coordination with the patient’s  
14 primary care provider and oncologist in order to en-  
15 sure that the unique medical needs of survivors are  
16 addressed;

17               “(3) conducting research to improve care for  
18 childhood cancer survivors;

19               “(4) providing linguistically and culturally com-  
20 petent information to childhood cancer survivors and  
21 their families; and

22               “(5) improving access by minority or other  
23 medically underserved populations to the best prac-  
24 tices and care for childhood cancer survivors.

1       “(e) AUTHORIZATION OF APPROPRIATIONS.—To  
2 carry out this section, there is authorized to be appro-  
3 priated \$15,000,000 for each of fiscal years 2012 through  
4 2016.”.

5 **SEC. 15. GRANTS TO IMPROVE ACCESS TO CARE FOR**  
6 **CHILDHOOD CANCER SURVIVORS.**

7       Part B of title III of the Public Health Service Act  
8 (42 U.S.C. 243 et seq.), as amended by sections 6, 13,  
9 and 15, is further amended by inserting after section  
10 317W the following:

11 **“SEC. 317X. GRANTS TO IMPROVE ACCESS TO CARE FOR**  
12 **CHILDHOOD CANCER SURVIVORS.**

13       “(a) GRANTS.—The Secretary shall make grants to  
14 recognized childhood cancer professional and advocacy or-  
15 ganizations to improve physical and psychosocial care for  
16 childhood cancer survivors, especially childhood cancer  
17 survivors in minority or other medically underserved popu-  
18 lations.

19       “(b) USE OF FUNDS.—The Secretary may make a  
20 grant under this section to an organization only if the or-  
21 ganization agrees to use the grant to improve physical and  
22 psychosocial care for childhood cancer survivors, especially  
23 childhood cancer survivors in minority or other medically  
24 underserved populations. Such care may include—

25               “(1) patient navigator programs;

1           “(2) peer support programs;

2           “(3) education and outreach for survivors and  
3 their families, including developing bilingual mate-  
4 rials;

5           “(4) follow-up care for uninsured and under-  
6 insured survivors—

7                 “(A) to identify, prevent, or control side ef-  
8 fects associated with cancer and its treatment;  
9 and

10                “(B) to screen for cancer recurrence; and

11           “(5) assistance with transportation necessary to  
12 receive medical care for survivors and their families  
13 who lack adequate transportation resources.

14           “(c) AUTHORIZATION OF APPROPRIATIONS.—To  
15 carry out this section, there is authorized to be appro-  
16 priated \$10,000,000 for each of fiscal years 2012 through  
17 2016.”.