

117TH CONGRESS
2D SESSION

H. R. 7750

To amend the Public Health Service Act to establish a Prostate Cancer Coordinating Committee, and for other purposes.

IN THE HOUSE OF REPRESENTATIVES

MAY 12, 2022

Mr. MURPHY of North Carolina (for himself and Mr. RUSH) introduced the following bill; which was referred to the Committee on Energy and Commerce

A BILL

To amend the Public Health Service Act to establish a Prostate Cancer Coordinating Committee, and for other purposes.

1 *Be it enacted by the Senate and House of Representa-*
2 *tives of the United States of America in Congress assembled,*

3 **SECTION 1. SHORT TITLE.**

4 This Act may be cited as the “Prostate Cancer Com-
5 munity Assistance, Research and Education Act of 2022”
6 or the “PC-CARE Act”.

7 **SEC. 2. FINDINGS.**

8 Congress finds the following:

9 (1) Prostate cancer is the most commonly diag-
10 nosed non-skin cancer and the second leading cause

1 of cancer-related deaths among men in the United
2 States.

3 (2) Over 3,100,000 men in the United States
4 live with a prostate cancer diagnosis and it is esti-
5 mated that in 2021, 248,530 men will be diagnosed
6 with, and more than 34,130 men will die of, prostate
7 cancer.

8 (3) Men with at least one close relative who has
9 been diagnosed with prostate cancer have twice the
10 risk of having prostate cancer compared to the gen-
11 eral population.

12 (4) At least 12 percent of men with metastatic
13 prostate cancer have inherited predispositions to the
14 disease and potentially actionable genomic alter-
15 ations have been identified in over 90 percent of
16 men with metastatic castration-resistant prostate
17 cancer.

18 (5) Advances in science to identify, test, and
19 treat these men at increased genetic risk of disease
20 are needed.

21 (6) African-American men suffer from a pros-
22 tate cancer incidence rate that is significantly higher
23 than that of White men and have more than double
24 the prostate cancer mortality rate than that of
25 White men.

1 (7) Research has shown that veterans exposed
2 to herbicides, such as Agent Orange, are at higher
3 risk for and more likely to be diagnosed with aggres-
4 sive forms of prostate cancer.

5 (8) Screening by a digital rectal examination
6 and a prostate-specific antigen blood test can detect
7 the disease at the earlier, more treatable stages.

8 (9) Men diagnosed with early stage disease have
9 a nearly 100 percent 5-year survival rate but only
10 30 percent of men survive more than 5 years if diag-
11 nosed with prostate cancer after the cancer has me-
12 tastasized.

13 (10) Early-staged prostate cancer has no symp-
14 toms, raising the importance of early detection and
15 screening.

16 (11) The Department of Health and Human
17 Services, the Department of Defense, and the De-
18 partment of Veterans Affairs all have a role in pro-
19 viding care for and conducting research on prostate
20 cancer.

21 (12) Multiple institutes at the National Insti-
22 tutes of Health are engaged in prostate cancer care
23 and research, including the National Cancer Insti-
24 tute, National Institute of Biomedical Imaging and
25 Bioengineering, the National Institute on Minority

1 Health and Health Disparities, and the Clinical Cen-
2 ter.

3 (13) Additional agencies and offices within the
4 Department of Health and Human Services conduct
5 activities related to prostate cancer, including the
6 Centers for Medicare and Medicaid Services, the
7 Centers for Disease Control and Prevention, the
8 Food and Drug Administration, the Health Re-
9 sources and Services Administration, the Office of
10 Minority Health, and the Agency for Healthcare Re-
11 search and Quality.

12 (14) The Department of Defense created the
13 Prostate Cancer Research Program in 1997 and has
14 funded more than \$2,000,000,000 in prostate cancer
15 research since that time.

16 (15) Private foundations have provided substan-
17 tial funding to the prostate cancer research commu-
18 nity for almost three decades, including support for
19 over 200 cancer centers and universities.

20 (16) The Director of the National Institutes of
21 Health has partnered with private prostate cancer
22 research groups to study to study biological and
23 nonbiological factors associated aggressive prostate
24 cancer in African-American men.

1 (17) The Secretary of Veterans Affairs has
2 partnered with private foundations to establish pre-
3 cision oncology program hubs for prostate cancer.

4 (18) The Director of the Centers for Disease
5 Control and Prevention has partnered with multiple
6 private stakeholder groups to increase awareness
7 and education around prostate cancer in the general
8 population and among high-risk groups.

9 (19) Increased coordination of governmental
10 and nongovernmental activities can reduce costs and
11 increase effectiveness of ongoing work.

12 (20) Joint planning and goal setting across the
13 Government and private sector can create a pathway
14 toward eliminating prostate cancer deaths and im-
15 proving care for millions of men.

16 **SEC. 3. PROSTATE CANCER COORDINATING COMMITTEE.**

17 Part A of title IV of the Public Health Service Act
18 (42 U.S.C. 281 et seq.) is amended by adding at the end
19 the following:

20 **“SEC. 404F. PROSTATE CANCER COORDINATING COM-**
21 **MITTEE.**

22 “(a) ESTABLISHMENT.—The Secretary shall estab-
23 lish a committee to be known as the Prostate Cancer Co-
24 ordinating Committee (referred to in this section as the
25 ‘Coordinating Committee’).

1 “(b) DUTIES.—The Coordinating Committee shall—

2 “(1) monitor, coordinate, and evaluate activities
3 with respect to prostate cancer research programs
4 carried out by Federal agencies; and

5 “(2) develop and implement the plan under sub-
6 section (g).

7 “(c) COMPOSITION.—

8 “(1) IN GENERAL.—The Coordinating Com-
9 mittee shall be composed of not more than 24 mem-
10 bers, to be appointed by the Secretary, of whom—

11 “(A) one-half shall represent Federal agen-
12 cies that carry out research or treatment activi-
13 ties with respect to prostate cancer, including—

14 “(i) the Director of the National In-
15 stitutes of Health (or designee);

16 “(ii) the directors of the appropriate
17 agencies of the National Institutes of
18 Health (or designees), including the Na-
19 tional Cancer Institute;

20 “(iii) the Director of the Centers for
21 Disease Control and Prevention (or des-
22 ignee);

23 “(iv) the Administrator of the Health
24 Resources and Services Administration (or
25 designee);

1 “(v) the Administrator of the Centers
2 for Medicare & Medicaid Services (or des-
3 ignee);

4 “(vi) the Commissioner of Food and
5 Drugs (or designee);

6 “(vii) the Secretary of Defense (or
7 designee); and

8 “(viii) the Secretary of Veterans Af-
9 fairs (or designee); and

10 “(B) one-half shall be individuals who have
11 experience with prostate cancer, including—

12 “(i) not less than 3 individuals who
13 are living with prostate cancer (or a care-
14 giver of such individual);

15 “(ii) not less than 3 researchers;

16 “(iii) not less than 3 clinicians;

17 “(iv) not less than 3 representatives
18 from patient groups; and

19 “(v) not less than 3 representatives
20 from professional medical societies.

21 “(2) PHYSICIAN REQUIREMENT.—Of the mem-
22 bers appointed under paragraph (1), not less than
23 one-half shall be physicians.

24 “(d) TERM; VACANCIES.—

1 “(1) IN GENERAL.—A member shall be ap-
2 pointed for a term of 3 years.

3 “(2) VACANCIES.—A vacancy on the Coordi-
4 nating Committee shall be filled in the same manner
5 as the original appointment was made.

6 “(e) REAPPOINTMENT.—The Secretary may re-
7 appoint a member of the Coordinating Committee to an
8 unlimited number of terms.

9 “(f) CHAIR.—The Secretary shall appoint the chair
10 of the Coordinating Committee.

11 “(g) PLAN.—Not later than 1 year after the date of
12 the enactment of this section, the Coordinating Committee
13 shall develop and implement a plan (and update such plan
14 every 3 years thereafter), in consultation with a broad
15 range of scientists, patients, clinicians, and advocacy
16 groups, on prostate cancer research programs and activi-
17 ties carried out by Federal agencies. Such plan shall in-
18 clude the following:

19 “(1) The identification of existing prostate can-
20 cer programs and activities of the—

21 “(A) the Department of Health and
22 Human Services, including the National Insti-
23 tutes of Health;

24 “(B) the Department of Defense; and

25 “(C) the Department of Veterans Affairs.

1 “(2) An evaluation on research with respect to
2 the underlying causes, prevalence, treatment, and
3 mortality of prostate cancer, including any disparity
4 among African-American and other high-risk men
5 (defined as men who have a family history of pros-
6 tate cancer, a genetic predisposition for prostate
7 cancer, or developed cancer due to exposure to cer-
8 tain chemical and radiological agents).

9 “(3) With respect to prostate cancer—

10 “(A) an evaluation on the effectiveness of
11 current screening and diagnostic techniques;
12 and

13 “(B) recommendations for improving such
14 techniques.

15 “(4) An evaluation on the effectiveness of treat-
16 ments for prostate cancer and the development of
17 recommendations for new treatments, including new
18 biological agents.

19 “(5) With respect to prostate cancer, an evalua-
20 tion on the effectiveness of clinical practice guide-
21 lines and the development of recommendations to
22 improve such guidelines.

23 “(6) The development of recommendations to
24 improve clinical pathways in private and govern-
25 ment-operated medical systems, including screening

1 and diagnosis and information on informed and
2 shared decision making.

3 “(7) The development of recommendations for
4 research investigation methods for improving the
5 quality of life of individuals who have survived with
6 prostate cancer.

7 “(8) With respect to prostate cancer, an evalua-
8 tion on the effectiveness of information and edu-
9 cation programs for health care professionals and
10 the public.

11 “(9) With respect to screening and clinical trial
12 enrollment for prostate cancer, recommendations to
13 improve outreach and education, including best prac-
14 tices for outreach to African-American men and
15 other high-risk men.

16 “(h) MEETINGS.—The Coordinating Committee shall
17 meet at the request of the Secretary not less 3 times each
18 year.

19 “(i) FACA.—Except as provided in this section, the
20 Federal Advisory Committee Act (5 U.S.C. App.) shall not
21 apply to the Coordinating Committee.

22 “(j) REPORT.—

23 “(1) INITIAL REPORT.—Not later than 1 year
24 after the date of the enactment of this section, the
25 Coordinating Committee shall submit recommenda-

1 tions using the plan under subsection (g) to the fol-
2 lowing:

3 “(A) The Secretary of the Department of
4 Health and Human Services.

5 “(B) The Secretary of Defense.

6 “(C) The Secretary of Veterans Affairs.

7 “(D) The Committees on Energy and
8 Commerce and Appropriations of the House of
9 Representatives.

10 “(E) The Committees on Health, Edu-
11 cation, Labor, and Pensions and Appropriations
12 of the Senate.

13 “(2) UPDATED REPORTS.—Not later than 3
14 years after the date of the enactment of this section,
15 and every 3 years thereafter, the Coordinating Com-
16 mittee shall submit to the secretaries and commit-
17 tees listed in paragraph (1)—

18 “(A) updated recommendations using the
19 plan under subsection (g); and

20 “(B) a summary of progress made with re-
21 spect to recommendations submitted pursuant
22 to this section.

23 “(k) AUTHORIZATION OF APPROPRIATIONS.—There
24 are authorized to be appropriated to carry out this section

- 1 such sums as may be necessary for each of fiscal years
- 2 2023 through 2029.”.

