

116TH CONGRESS
1ST SESSION

H. R. 2222

To require a review of women and lung cancer, and for other purposes.

IN THE HOUSE OF REPRESENTATIVES

APRIL 10, 2019

Mr. BRENDAN F. BOYLE of Pennsylvania (for himself, Mr. FITZPATRICK, Mr. RUTHERFORD, Ms. BONAMICI, and Mrs. DINGELL) introduced the following bill; which was referred to the Committee on Energy and Commerce

A BILL

To require a review of women and lung cancer, and for other purposes.

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

3 **SECTION 1. SHORT TITLE.**

4 This Act may be cited as the “Women and Lung Can-
5 cer Research and Preventive Services Act of 2019”.

6 **SEC. 2. FINDINGS.**

7 Congress finds as follows:

8 (1) According to the American Cancer Society,
9 in the United States, approximately 181 women die

1 each day of lung cancer, or about one woman every
2 8 minutes.

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

5 (3) The American Cancer Society estimates
6 that 66,020 women will die of lung cancer in 2019.

7 (4) Studies have shown a higher incidence rate
8 of lung cancer for women who were never smokers
9 compared to men who were never smokers.

10 (5) According to the American Cancer Society,
11 new cases of lung cancer dropped by 3 percent per
12 year in men from 2011 to 2015, while new cases in
13 women only dropped 1.5 percent per year in the
14 same time period.

15 (6) According to the 2014 report, “The Health
16 Consequences of Smoking—50 Years of Progress: A
17 Report of the Surgeon General, 2014”, the relative
18 risk of developing lung cancer increased tenfold
19 among female smokers between 1959 and 2010.

20 (7) According to the American Cancer Society,
21 approximately 40 percent of lung cancers are adeno-
22 carcinoma, a subtype of non-small cell lung cancer,
23 which is the most common type of cancer seen in
24 non-smokers and is more common in women than in
25 men.

1 (8) Exposure to radon accounts for approxi-
2 mately 21,000 deaths from lung cancer each year
3 and is the second leading cause of lung cancer in
4 non-smokers.

5 (9) A Government Accountability Office report
6 published on October 22, 2015, called for the Na-
7 tional Institutes of Health to do more in evaluating
8 gender differences in research.

9 (10) Additional research strategies, including
10 clinical trials, are necessary to explore the dif-
11 ferences in lung cancer risk factors, incidence, and
12 treatment response in women, and to address the
13 disparate impact of lung cancer on women who have
14 never smoked.

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

19 (12) Published peer-reviewed actuarial studies
20 indicate that lung cancer screening individuals at
21 high risk may be cost-effective.

22 (13) The National Framework of Excellence in
23 Lung Cancer Screening and Continuum of Care,
24 launched in 2012, demonstrated that lung cancer

1 screening can be safely and effectively carried out in
2 community hospital settings around the Nation.

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

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

9 It is the sense of Congress that—

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

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

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

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

1 **SEC. 4. INTERAGENCY REVIEW TO EVALUATE AND IDEN-**
2 **TIFY OPPORTUNITIES FOR THE ACCELERA-**
3 **TION OF RESEARCH ON WOMEN AND LUNG**
4 **CANCER, GREATER ACCESS TO PREVENTIVE**
5 **SERVICES, AND STRATEGIC PUBLIC AWARE-**
6 **NESS AND EDUCATION CAMPAIGNS.**

7 (a) REVIEW.—The Secretary of Health and Human
8 Services, in consultation with the Secretary of Defense
9 and Secretary of Veterans Affairs, shall conduct an inter-
10 agency review to evaluate the status of, and identify op-
11 portunities related to—

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

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

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

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

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

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

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

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

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

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