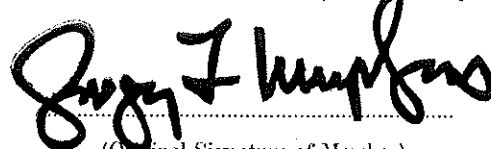


[~117H7750]



(Original Signature of Member)

118TH CONGRESS  
1ST SESSION

**H. R.** \_\_\_\_\_

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

IN THE HOUSE OF REPRESENTATIVES

Mr. MURPHY introduced the following bill; which was referred to the Committee on \_\_\_\_\_

**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 2023”  
6 or the “PC-CARE Act”.

7 **SEC. 2. FINDINGS.**

8 Congress finds the following:

1           (1) Prostate cancer is the most commonly diag-  
2 nosed non-skin cancer and the second leading cause  
3 of cancer-related deaths among men in the United  
4 States.

5           (2) Over 3,100,000 men in the United States  
6 live with a prostate cancer diagnosis and it is esti-  
7 mated that in 2023, 288,300 men will be diagnosed  
8 with, and more than 34,700 men will die of, prostate  
9 cancer.

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

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

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

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

1 the prostate cancer mortality rate than that of  
2 White men.

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

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

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

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

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

23 (12) Multiple institutes at the National Insti-  
24 tutes of Health are engaged in prostate cancer care  
25 and research, including the National Cancer Insti-

1 tute, National Institute of Biomedical Imaging and  
2 Bioengineering, the National Institute on Minority  
3 Health and Health Disparities, and the Clinical Cen-  
4 ter.

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

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

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

22 (16) The Director of the National Institutes of  
23 Health has partnered with private prostate cancer  
24 research groups to study to study biological and

1 nonbiological factors associated aggressive prostate  
2 cancer in African-American men.

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

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

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

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

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

19 Part A of title IV of the Public Health Service Act  
20 (42 U.S.C. 281 et seq.) is amended by adding at the end  
21 the following:

22 **“SEC. 404F. PROSTATE CANCER COORDINATING COM-**  
23 **MITTEE.**

24 **“(a) ESTABLISHMENT.—**The Secretary shall estab-  
25 lish a committee to be known as the Prostate Cancer Co-

1 ordinating Committee (referred to in this section as the  
2 ‘Coordinating Committee’).

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

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

7 “(2) develop and implement the plan under sub-  
8 section (g).

9 “(c) COMPOSITION.—

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

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

16 “(i) the Director of the National In-  
17 stitutes of Health (or designee);

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

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

- 1                   “(iv) the Administrator of the Health
- 2                   Resources and Services Administration (or
- 3                   designee);
- 4                   “(v) the Administrator of the Centers
- 5                   for Medicare & Medicaid Services (or des-
- 6                   ignee);
- 7                   “(vi) the Commissioner of Food and
- 8                   Drugs (or designee);
- 9                   “(vii) the Secretary of Defense (or
- 10                  designee); and
- 11                  “(viii) the Secretary of Veterans Af-
- 12                  fairs (or designee); and
- 13                  “(B) one-half shall be individuals who have
- 14                  experience with prostate cancer, including—
- 15                   “(i) not less than 3 individuals who
- 16                   are living with prostate cancer (or a care-
- 17                   giver of such individual);
- 18                   “(ii) not less than 3 researchers;
- 19                   “(iii) not less than 3 clinicians;
- 20                   “(iv) not less than 3 representatives
- 21                   from patient groups; and
- 22                   “(v) not less than 3 representatives
- 23                   from professional medical societies.

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

4           “(d) TERM; VACANCIES.—

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

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

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

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

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

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



1           “(A) the Department of Health and  
2           Human Services, including the National Insti-  
3           tutes of Health;

4           “(B) the Department of Defense; and

5           “(C) the Department of Veterans Affairs.

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

14          “(3) With respect to prostate cancer—

15                 “(A) an evaluation on the effectiveness of  
16                 current screening and diagnostic techniques;  
17                 and

18                 “(B) recommendations for improving such  
19                 techniques.

20          “(4) An evaluation on the effectiveness of treat-  
21          ments for prostate cancer and the development of  
22          recommendations for new treatments, including new  
23          biological agents.

24          “(5) With respect to prostate cancer, an evalua-  
25          tion on the effectiveness of clinical practice guide-

1 lines and the development of recommendations to  
2 improve such guidelines.

3 “(6) The development of recommendations to  
4 improve clinical pathways in private and govern-  
5 ment-operated medical systems, including screening  
6 and diagnosis and information on informed and  
7 shared decision making.

8 “(7) The development of recommendations for  
9 research investigation methods for improving the  
10 quality of life of individuals who have survived with  
11 prostate cancer.

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

16 “(9) With respect to screening and clinical trial  
17 enrollment for prostate cancer, recommendations to  
18 improve outreach and education, including best prac-  
19 tices for outreach to African-American men and  
20 other high-risk men.

21 “(h) MEETINGS.—The Coordinating Committee shall  
22 meet at the request of the Secretary not less 3 times each  
23 year.

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

4       “(j) REPORT.—

5           “(1) INITIAL REPORT.—Not later than 1 year  
6 after the date of the enactment of this section, the  
7 Coordinating Committee shall submit recommenda-  
8 tions using the plan under subsection (g) to the fol-  
9 lowing:

10           “(A) The Secretary of the Department of  
11 Health and Human Services.

12           “(B) The Secretary of Defense.

13           “(C) The Secretary of Veterans Affairs.

14           “(D) The Committees on Energy and  
15 Commerce and Appropriations of the House of  
16 Representatives.

17           “(E) The Committees on Health, Edu-  
18 cation, Labor, and Pensions and Appropriations  
19 of the Senate.

20           “(2) UPDATED REPORTS.—Not later than 3  
21 years after the date of the enactment of this section,  
22 and every 3 years thereafter, the Coordinating Com-  
23 mittee shall submit to the secretaries and commit-  
24 tees listed in paragraph (1)—

1           “(A) updated recommendations using the  
2           plan under subsection (g); and

3           “(B) a summary of progress made with re-  
4           spect to recommendations submitted pursuant  
5           to this section.

6           “(k) AUTHORIZATION OF APPROPRIATIONS.—There  
7           are authorized to be appropriated to carry out this section  
8           such sums as may be necessary for each of fiscal years  
9           2024 through 2030.”.