

Bill no.:	Committee Print
Amendment no.:	6
Date offered:	9/20/06
Disposition:	Not Agreed to by 20 yeas and 23 nays

AMENDMENT TO COMMITTEE PRINT

OFFERED BY ~~MR. WAXMAN~~ Ms. Capps

(National Institutes of Health Reform Act of 2006)

Page 1, line 4, strike "This Act" and insert "This title".

Page 2, before line 3, insert the following:

1 **TITLE I—GENERAL AMEND-**
2 **MENTS REGARDING NA-**
3 **TIONAL INSTITUTES OF**
4 **HEALTH**

Redesignate sections 2 through 8 as sections 101 through 107, respectively (and conform section references accordingly).

Add at the end the following:

5 **TITLE II—BREAST CANCER AND**
6 **ENVIRONMENTAL RESEARCH**

7 **SEC. 201. SHORT TITLE.**

8 This title may be cited as the "Breast Cancer and
9 Environmental Research Act of 2006".

10 **SEC. 202. FINDINGS.**

11 The Congress finds as follows:

1 (1) Breast cancer is the second leading cause of
2 cancer deaths among American women.

3 (2) More women in the United States are living
4 with breast cancer than any other cancer (excluding
5 skin cancer). Approximately 3,000,000 women in the
6 United States are living with breast cancer, about
7 2,000,000 of which have been diagnosed and an esti-
8 mated 1,000,000 who do not yet know that they
9 have the disease.

10 (3) Breast cancer is the most commonly diag-
11 nosed cancer among women in the United States
12 and worldwide (excluding skin cancer). In 2005, it
13 is estimated that 269,730 new cases of breast cancer
14 will be diagnosed among women in the United
15 States, 211,240 invasive breast cancers and 58,490
16 cases of ductal carcinoma in situ (DCIS).

17 (4) Approximately 40,410 women in the United
18 States will die from the disease in 2005. Breast can-
19 cer is the leading cause of cancer death for women
20 in the United States between the ages of 20 and 59,
21 and the leading cause of cancer death for women
22 worldwide.

23 (5) A woman who lives into her 80s in the
24 United States has a 1 in 7 chance of developing
25 invasive breast cancer in her lifetime. This risk was

1 1 in 11 in 1975. In 2005, a new case of breast can-
2 cer will be diagnosed every 2 minutes and a woman
3 will die from breast cancer every 13 minutes.

4 (6) All women are at risk for breast cancer.
5 About 90 percent of women who develop breast can-
6 cer do not have a family history of the disease.

7 (7) The National Action Plan on Breast Can-
8 cer, a public private partnership, has recognized the
9 importance of expanding the scope and breadth of
10 biomedical, epidemiological, and behavioral research
11 activities related to the etiology of breast cancer and
12 the role of the environment.

13 (8) To date, there has been only a limited re-
14 search investment to expand the scope or coordinate
15 efforts across disciplines or work with the commu-
16 nity to study the role of the environment in the de-
17 velopment of breast cancer.

18 (9) In 2003, the National Institute of Environ-
19 mental Health Sciences awarded grants to four re-
20 search centers to begin to study the prenatal-to-
21 adult environmental exposures that may predispose
22 a woman to breast cancer. The currently funded re-
23 search is examining the mammary tissue in animals
24 and young girls and study the subjects' life expo-
25 sures to environmental, nutritional, and social fac-

1 tors that impact menarche. Early menarche, begin-
2 ning menstruation before the age of 12, has been
3 shown to increase breast cancer risk later in life.

4 (10) The National Cancer Institute and the Na-
5 tional Institute of Environmental Health Sciences
6 have paired together to make those four centers pos-
7 sible. The two institutes work well together, com-
8 bining their respective areas of expertise to the best
9 advantage of the research.

10 (11) In order to take full advantage of the tre-
11 mendous potential for avenues of prevention, the
12 Federal investment in the role of the environment
13 and the development of breast cancer should be ex-
14 panded. The research conducted at the four centers,
15 while critically important, is one small facet of the
16 many issues that must be addressed in order to
17 gauge the link between environmental factors and
18 breast cancer.

19 (12) In order to understand the effect of chemi-
20 cals and radiation on the development of cancer,
21 multi-generational, prospective studies are probably
22 required.

1 **SEC. 203. NATIONAL INSTITUTE OF ENVIRONMENTAL**
2 **HEALTH SCIENCES; AWARDS FOR DEVELOP-**
3 **MENT AND OPERATION OF RESEARCH CEN-**
4 **TERS REGARDING ENVIRONMENTAL FAC-**
5 **TORS RELATED TO BREAST CANCER.**

6 Subpart 12 of part C of title IV of the Public Health
7 Service Act (42 U.S.C. 285*l* et seq.) is amended by adding
8 at the end the following section:

9 **“SEC. 463C. RESEARCH CENTERS REGARDING ENVIRON-**
10 **MENTAL FACTORS RELATED TO BREAST CAN-**
11 **CER.**

12 “(a) IN GENERAL.—The Director of the Institute,
13 based on recommendations from the Breast Cancer and
14 Environmental Research Panel established under sub-
15 section (b) (referred to in this section as the ‘Panel’), shall
16 make grants, after a process of peer review and pro-
17 grammatic review, to public or nonprofit private entities
18 for the development and operation of not more than 8 cen-
19 ters for the purpose of conducting multidisciplinary and
20 multi-institutional research on environmental factors that
21 may be related to the etiology of breast cancer. Each such
22 center shall be known as a Breast Cancer and Environ-
23 mental Research Center of Excellence.

24 “(b) BREAST CANCER AND ENVIRONMENTAL RE-
25 SEARCH PANEL.—

1 “(1) ESTABLISHMENT.—The Secretary shall es-
2 tablish in the Institute of Environmental Health
3 Sciences a Breast Cancer and Environmental Re-
4 search Panel.

5 “(2) COMPOSITION.—The Panel shall be com-
6 posed of—

7 “(A) 9 members to be appointed by the
8 Secretary, of which—

9 “(i) six members shall be appointed
10 from among physicians, and other health
11 professionals, who—

12 “(I) are not officers or employees
13 of the United States;

14 “(II) represent multiple dis-
15 ciplines, including clinical, basic, and
16 public health sciences;

17 “(III) represent different geo-
18 graphical regions of the United
19 States;

20 “(IV) are from practice settings
21 or academia or other research set-
22 tings; and

23 “(V) are experienced in bio-
24 medical review; and

1 “(ii) three members shall be appointed
2 from the general public who are represent-
3 atives of individuals who have had breast
4 cancer and who represent a constituency;
5 and

6 “(B) such nonvoting, ex officio members as
7 the Secretary determines to be appropriate.

8 “(3) CHAIRPERSON.—The members of the
9 Panel appointed under paragraph (2)(A) shall select
10 a chairperson from among such members.

11 “(4) MEETINGS.—The Panel shall meet at the
12 call of the chairperson or upon the request of the
13 Director, but in no case less often than once each
14 year.

15 “(5) DUTIES.—The Panel shall—

16 “(A) oversee the peer review process for
17 the awarding of grants under subsection (a)
18 and conduct the programmatic review under
19 such subsection;

20 “(B) make recommendations with respect
21 to the funding criteria and mechanisms under
22 which amounts will be allocated under this sec-
23 tion; and

1 “(C) make final programmatic rec-
2 ommendations with respect to grants under this
3 section.

4 “(e) COLLABORATION WITH COMMUNITY.—Each
5 center under subsection (a) shall establish and maintain
6 ongoing collaborations with community organizations in
7 the geographic area served by the center, including those
8 that represent women with breast cancer.

9 “(d) COORDINATION OF CENTERS; REPORTS.—The
10 Director of the Institute shall, as appropriate, provide for
11 the coordination of information among centers under sub-
12 section (a) and ensure regular communication between
13 such centers, and may require the periodic preparation of
14 reports on the activities of the centers and the submission
15 of the reports to the Director.

16 “(e) REQUIRED CONSORTIUM.—Each center under
17 subsection (a) shall be formed from a consortium of co-
18 operating institutions, meeting such requirements as may
19 be prescribed by the Director of the Institute. Each center
20 shall require collaboration among highly accomplished sci-
21 entists, other health professionals and advocates of diverse
22 backgrounds from various areas of expertise.

23 “(f) DURATION OF SUPPORT.—Support of a center
24 under subsection (a) may be for a period not exceeding
25 5 years. Such period may be extended for one or more

1 additional periods not exceeding 5 years if the operations
2 of such center have been reviewed by an appropriate tech-
3 nical and scientific peer review group established by the
4 Director of the Institute and if such group has rec-
5 ommended to the Director that such period should be ex-
6 tended.

7 “(g) GEOGRAPHIC DISTRIBUTION OF CENTERS.—
8 The Director of the Institute shall, to the extent prac-
9 ticable, provide for an equitable geographical distribution
10 of centers under this section.

11 “(h) INNOVATIVE APPROACHES.—Each center under
12 subsection (a) shall use innovative approaches to study un-
13 explored or under-explored areas of the environment and
14 breast cancer.

15 “(i) AUTHORIZATION OF APPROPRIATIONS.—For the
16 purpose of carrying out this section, there is authorized
17 to be appropriated \$30,000,000 for each of the fiscal years
18 2007 through 2012. Such authorization is in addition to
19 any other authorization of appropriations that is available
20 for such purpose.”.