

111TH CONGRESS  
1ST SESSION

# S. 994

To amend the Public Health Service Act to increase awareness of the risks of breast cancer in young women and provide support for young women diagnosed with breast cancer.

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## IN THE SENATE OF THE UNITED STATES

MAY 7, 2009

Ms. KLOBUCHAR (for herself, Ms. SNOWE, Mrs. GILLIBRAND, Mr. SANDERS, Mr. BAYH, Mr. NELSON of Florida, Mr. MARTINEZ, Mrs. HAGAN, Mrs. FEINSTEIN, Ms. STABENOW, Ms. LANDRIEU, Mrs. MURRAY, Ms. MIKULSKI, and Mr. VITTER) introduced the following bill; which was read twice and referred to the Committee on Health, Education, Labor, and Pensions

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## A BILL

To amend the Public Health Service Act to increase awareness of the risks of breast cancer in young women and provide support for young women diagnosed with breast cancer.

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 “Breast Cancer Edu-  
5 cation and Awareness Requires Learning Young Act of  
6 2009” or “EARLY Act”.

1 **SEC. 2. YOUNG WOMEN'S BREAST CANCER AWARENESS**  
 2 **AND SUPPORT.**

3 Title III of the Public Health Service Act (42 U.S.C.  
 4 241 et seq.) is amended by adding at the end the fol-  
 5 lowing:

6 **“PART S—PROGRAMS RELATING TO BREAST**  
 7 **CANCER**

8 **“SEC. 399HH. YOUNG WOMEN'S BREAST CANCER AWARE-**  
 9 **NESS AND SUPPORT.**

10 “(a) PUBLIC EDUCATION CAMPAIGN.—

11 “(1) IN GENERAL.—The Secretary, acting  
 12 through the Director of the Centers for Disease  
 13 Control and Prevention, shall conduct a national evi-  
 14 dence-based education campaign—

15 “(A) to increase public awareness regard-  
 16 ing the threats posed by breast cancer to young  
 17 women of all racial, ethnic, and cultural back-  
 18 grounds, including the particular risks faced by  
 19 certain racial, ethnic, and cultural groups; and

20 “(B) focusing on awareness of risk factors  
 21 of breast cancer among young women and  
 22 achieving early detection of breast cancer  
 23 among young women through community-cen-  
 24 tered informational forums, public service ad-  
 25 vertisements, and media campaigns.

1           “(2) AUTHORIZED ACTIVITIES.—In conducting  
2 the education campaign under paragraph (1), the  
3 Secretary may—

4           “(A) make public announcements targeted  
5 towards young women with the goal of edu-  
6 cating them that breast cancer occurs in young  
7 women and the steps they can take to recognize  
8 their individual risk factors and ensure early  
9 detection of breast cancer, ensuring that such  
10 messaging is age-appropriate;

11           “(B) provide education, through written  
12 materials, identifying evidence-based methods to  
13 lower the risk of breast cancer in young women  
14 through changes in lifestyle including diet, exer-  
15 cise, and environmental factors;

16           “(C) conduct other activities determined by  
17 the Secretary to promote educational aware-  
18 ness, early detection, and risk-reducing prac-  
19 tices among young women and increase the  
20 number of young women with breast cancer  
21 warning signs who seek immediate care;

22           “(D) award grants, contracts, or coopera-  
23 tive agreements to appropriate State agencies  
24 to carry out secondary school and university

1 education campaigns, focusing on breast cancer  
2 awareness among young women;

3 “(E) develop and distribute to young  
4 women, physicians, and other appropriate  
5 health care professionals, educational mate-  
6 rials—

7 “(i) designed for young women;

8 “(ii) relating to particular risk factors  
9 for breast cancer in women under the age  
10 of 45;

11 “(iii) identifying methods for increas-  
12 ing early detection, including clinical  
13 breast exams;

14 “(iv) encouraging genetic counseling  
15 and testing for appropriate individuals, in  
16 order to facilitate early diagnosis or pre-  
17 vention;

18 “(v) supporting imaging-based screen-  
19 ing for individuals with a genetic mutation  
20 or who have a high risk of early onset  
21 breast cancer based on family history or  
22 other pertinent factors;

23 “(vi) consistent with the most recent  
24 version of the National Comprehensive  
25 Cancer Network (NCCN) guidelines, iden-

1           tifying methods, such as breast self exams  
2           and knowing the signs of breast malignancies,  
3           for increasing breast self awareness;  
4           ness;

5           “(vii) identifying evidence-based methods  
6           to lower the risk of breast cancer  
7           through changes in lifestyle, including diet,  
8           exercise, and environmental factors;

9           “(viii) identifying available treatment  
10          options for breast cancer; and

11          “(ix) for young women who have been  
12          diagnosed with breast cancer, health information  
13          from credible sources that provides  
14          information on—

15                 “(I) fertility preservation;

16                 “(II) support, including social,  
17                 emotional, psychosocial, financial, lifestyle,  
18                 and caregiver support;

19                 “(III) familial risk factors; and

20                 “(IV) risk reduction strategies to  
21                 reduce recurrence or metastasis; and

22                 “(F) carry out a health education program  
23          targeted to specific higher-risk populations of  
24          young women based on race, ethnicity, level of  
25          acculturation, and family history, including the

1 African-American and Ashkenazi Jewish popu-  
2 lations under 45 years of age.

3 “(3) MEDIA CAMPAIGN.—In conducting the  
4 education campaign under paragraph (1), the Sec-  
5 retary shall award grants to entities to establish na-  
6 tional multimedia campaigns oriented to young  
7 women that—

8 “(A) will encourage young women to be  
9 aware of—

10 “(i) their personal risk factors, includ-  
11 ing by talking to their medical practitioner  
12 about those risks;

13 “(ii) strategies for increasing early de-  
14 tection, including clinical breast exams;

15 “(iii) genetic counseling and testing  
16 for appropriate individuals, in order to fa-  
17 cilitate early diagnosis or prevention;

18 “(iv) imaging-based screening for in-  
19 dividuals with a genetic mutation or who  
20 have a high risk of early onset breast can-  
21 cer based on family history or other perti-  
22 nent factors;

23 “(v) consistent with the most recent  
24 version of the National Comprehensive  
25 Cancer Network (NCCN) guidelines, iden-

1           tifying methods, such as breast self exams  
2           and knowing the signs of breast malignancies,  
3           for increasing breast self awareness;  
4           ness;

5           “(vi) evidence-based preventative lifestyle changes,  
6           including eating healthily and maintaining a healthy weight; and  
7           and maintaining a healthy weight; and

8           “(vii) other breast cancer early detection and risk reduction strategies  
9           determined appropriate by the Secretary;  
10          determined appropriate by the Secretary;

11          “(B) will encourage young women of specific higher-risk populations based on race,  
12          ethnicity, level of acculturation, and family history, including the African-American and Ashkenazi  
13          Jewish populations under 45 years of age to talk to their medical practitioners about those  
14          risks and methods for appropriate screening and surveillance, including available genetic  
15          testing and counseling; and  
16          talk to their medical practitioners about those  
17          risks and methods for appropriate screening  
18          and surveillance, including available genetic  
19          testing and counseling; and

20          “(C) may include advertising through television, radio, print media, billboards, posters,  
21          all forms of existing and emerging social networking media, other Internet media, and any  
22          other media determined appropriate by the Secretary.  
23          other Internet media, and any  
24          other media determined appropriate by the Secretary.  
25          retary.

1           “(4) ADVISORY COMMITTEE.—

2                   “(A) ESTABLISHMENT.—Not later than 60  
3 days after the date of the enactment of this sec-  
4 tion, the Secretary, acting through the Director  
5 of the Centers for Disease Control and Preven-  
6 tion, shall establish an advisory committee to  
7 assist in creating and conducting the education  
8 campaign under paragraph (1).

9                   “(B) MEMBERSHIP.—The Secretary, act-  
10 ing through the Director of the Centers for Dis-  
11 ease Control and Prevention, shall appoint to  
12 the advisory committee under subparagraph (A)  
13 such members as deemed necessary to properly  
14 advise the Secretary, and shall include organi-  
15 zations and individuals with expertise in breast  
16 cancer prevention, diagnosis, genetic screening  
17 and counseling, treatment, and rehabilitation in  
18 young women.

19           “(b) HEALTH CARE PROFESSIONAL EDUCATION  
20 CAMPAIGN.—

21                   “(1) IN GENERAL.—The Secretary, acting  
22 through the Director of the Centers for Disease  
23 Control and Prevention, and in consultation with the  
24 Administrator of the Health Resources and Services  
25 Administration, shall conduct an education cam-



1       paign to increase awareness among physicians and  
2       other health care professionals—

3               “(A) relating to the risk factors, risk re-  
4               duction strategies, early diagnosis and treat-  
5               ment of breast cancer in young women;

6               “(B) on when to refer patients to a health  
7               care provider with genetics expertise; and

8               “(C) on how to provide counseling that ad-  
9               dresses long-term survivorship and health con-  
10              cerns of young women diagnosed with breast  
11              cancer.

12             “(2) MATERIALS.—The education campaign  
13             under paragraph (1) may include the distribution of  
14             print, video, and Web-based materials on assisting  
15             physicians and other health care professionals in—

16               “(A) identifying generally the risk factors  
17               and early warning signs and symptoms of  
18               breast cancer specific to women under the age  
19               of 45 and the specific risk factors that would  
20               require increased monitoring;

21               “(B) counseling patients on the benefits of  
22               evidence-based healthy lifestyles which reduce  
23               the risks of breast cancer;

24               “(C) counseling patients on the importance  
25               of consistent breast self exams to facilitate

1 breast self awareness and teaching patients how  
2 to perform such exams;

3 “(D) understanding the importance of  
4 early diagnosis, including teaching young  
5 women the symptoms of breast cancer and early  
6 detection practices, including clinical breast  
7 exams, genetic counseling and testing where ap-  
8 propriate, and other strategies determined to be  
9 appropriate by the Secretary; and

10 “(E) the unique long-term effects faced by  
11 young women with breast cancer that will need  
12 to be addressed over their lifetimes, including—

13 “(i) re-entry into the workforce or  
14 school;

15 “(ii) infertility as a result of treat-  
16 ment;

17 “(iii) neuro-cognitive effects;

18 “(iv) important effects of cardiac, vas-  
19 cular, muscle, and skeletal complications;  
20 and

21 “(v) secondary malignancies.

22 “(c) PREVENTION RESEARCH ACTIVITIES.—The Sec-  
23 retary, acting through the Director of the Centers for Dis-  
24 ease Control and Prevention, shall conduct prevention re-

1 search on breast cancer in younger women, including the  
2 following:

3 “(1) Behavioral and other research on the im-  
4 pact of breast cancer diagnosis on young women.

5 “(2) Formative research to assist with the de-  
6 velopment of educational messages and information  
7 for the public, targeted populations, and their fami-  
8 lies about breast cancer.

9 “(3) Surveys of physician and public knowledge,  
10 attitudes, and practices about breast cancer preven-  
11 tion and control in high-risk populations.

12 “(d) SUPPORT FOR YOUNG WOMEN DIAGNOSED  
13 WITH BREAST CANCER.—

14 “(1) IN GENERAL.—The Secretary shall award  
15 grants to organizations and institutions to provide  
16 health information from credible sources and sub-  
17 stantive assistance directed to young women diag-  
18 nosed with breast cancer on—

19 “(A) education and counseling regarding  
20 fertility preservation;

21 “(B) support, including social, emotional,  
22 psychosocial, financial, lifestyle, and caregiver  
23 support;

24 “(C) familial risk factors; and

1           “(D) risk reduction strategies to reduce re-  
2           currence or metastasis.

3           “(2) PRIORITY.—In making grants under para-  
4           graph (1), the Secretary shall give priority to appli-  
5           cants that deal specifically with young women and  
6           breast cancer.

7           “(e) NO DUPLICATION OF EFFORT.—In conducting  
8           an education campaign or other program under sub-  
9           sections (a), (b), (c), or (d), the Secretary shall avoid du-  
10          plicating other existing Federal breast cancer education  
11          efforts.

12          “(f) MEASUREMENT; REPORTING.—The Secretary,  
13          acting through the Director of the Centers for Disease  
14          Control and Prevention, shall—

15                 “(1) measure young women’s awareness regard-  
16                 ing breast cancer, including knowledge of specific  
17                 risk factors and early warning signs, and young  
18                 women’s proactive efforts at early detection, includ-  
19                 ing seeking out information on risk-reducing lifestyle  
20                 choices, the number or percentage of young women  
21                 receiving regular clinical breast exams, the number  
22                 or percentage of young women who perform breast  
23                 self exams, and the frequency of such exams, before  
24                 the implementation of this section;

1           “(2) establish quantitative benchmarks to meas-  
2           ure the impact of activities under this section;

3           “(3) not less than every 3 years, measure the  
4           impact of such activities; and

5           “(4) submit reports to the Congress on the re-  
6           sults of such measurements.

7           “(g) DEFINITION.—In this section, the term ‘young  
8           women’ means women 15 to 44 years of age.

9           “(h) AUTHORIZATION OF APPROPRIATIONS.—To  
10          carry out this section, there are authorized to be appro-  
11          priated \$9,000,000 for each of the fiscal years 2010  
12          through 2014.”.

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