

S 2955

National Cancer Act of 2002

Congress: 107 (2001–2003, Ended)

Chamber: Senate

Policy Area: Health

Introduced: Sep 18, 2002

Current Status: Read twice and referred to the Committee on Health, Education, Labor, and Pensions.

Latest Action: Read twice and referred to the Committee on Health, Education, Labor, and Pensions. (Sep 18, 2002)

Official Text: <https://www.congress.gov/bill/107th-congress/senate-bill/2955>

Sponsor

Name: Sen. Brownback, Sam [R-KS]

Party: Republican • **State:** KS • **Chamber:** Senate

Cosponsors (1 total)

Cosponsor	Party / State	Role	Date Joined
Sen. Gregg, Judd [R-NH]	R · NH		Sep 18, 2002

Committee Activity

Committee	Chamber	Activity	Date
Health, Education, Labor, and Pensions Committee	Senate	Referred To	Sep 18, 2002

Subjects & Policy Tags

Policy Area:

Health

Related Bills

No related bills are listed.

National Cancer Act of 2002 - Amends the Public Health Service Act to direct the Secretary of Health and Human Services to develop a plan that outlines strategies by which State cancer registries can share information.

Modifies provisions concerning preventive health measures with respect to breast and cervical cancers to permit priority to be given to certain projects involving: (1) colorectal cancer screening and outreach; and (2) treating uninsured women diagnosed with cancer during such screening.

Extends the breast and cervical cancer program through FY 2007.

Permits the Secretary to award grants to educate cancer patients and their families about the availability of effective medical techniques to reduce and prevent pain and suffering for cancer patients.

Amends various provisions of the Act to emphasize the importance of pain and symptom management throughout the nation's cancer programs.

Establishes within the National Cancer Institute (the NCI) an Office on Cancer Survivorship.

Authorizes the Director of the National Cancer Institute to co-fund grant projects for various cancer programs.

Directs the NCI to undertake specific measures to enhance access by cancer patients to experimental therapies.

Expresses the sense of the Senate that: (1) the Administrator of the Centers for Medicare and Medicaid Services should address the consequences of proposed payments rates for certain drugs and biologicals in 2003; (2) a payment source is needed for patients requiring palliative care who are terminally ill but do not meet medicare hospice criteria or who still want aggressive treatment; and (3) the Senate should consider a targeted outpatient prescription medication benefit under medicare for cancer patients if a comprehensive outpatient prescription drug benefit is not enacted.

Actions Timeline

- **Sep 18, 2002:** Introduced in Senate
- **Sep 18, 2002:** Sponsor introductory remarks on measure. (CR S8757-8758)
- **Sep 18, 2002:** Read twice and referred to the Committee on Health, Education, Labor, and Pensions.