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(Original Signature of Member)

119TH CONGRESS
2D SESSION

H. R. _____

To expand Federal investment in pediatric cancer research, improve access to clinical trials, support holistic and innovative therapies, reduce the financial burden on families, and for other purposes.

IN THE HOUSE OF REPRESENTATIVES

Mr. BOYLE of Pennsylvania introduced the following bill; which was referred to the Committee on _____

A BILL

To expand Federal investment in pediatric cancer research, improve access to clinical trials, support holistic and innovative therapies, reduce the financial burden on families, and for other purposes.

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled,

SECTION 1. SHORT TITLE.

This Act may be cited as the ''Ahmad Butler Pediatric Cancer Hope for a Cure Act''.

SEC. 2. FINDINGS.

Congress finds the following:

(1) Pediatric cancer is the leading cause of disease-related death in children in the United States.

(2) Many children face outdated treatments, long waiting periods, and limited clinical trial access.

(3) Families often face extraordinary financial hardship related to clinical trial participation.

(4) Improved investment, coordinated Federal action, and expanded access are necessary to protect and save children battling life-threatening cancers.

(5) Children from minority, rural, and low-income communities face disproportionate barriers to accessing pediatric cancer care and clinical trials.

SEC. 3. PURPOSES.

The purposes of this Act are the following:

(1) To expand federally protected and sustained funding for pediatric cancer research.

(2) To accelerate scientific discovery with emphasis on the deadliest childhood cancers.

(3) To ensure nationwide access to pediatric clinical trials regardless of a family's income or location.

(4) To study and evaluate holistic, integrative, and non-traditional therapies.

(5) To provide families with financial support to participate in clinical trials.

(6) To establish annual public reporting and accountability of Federal pediatric cancer investments.

SEC. 4. RESEARCH AND PRIORITY AREAS.

The Secretary of Health and Human Services shall expand and intensify efforts to conduct pediatric cancer research, including in the following priority areas:

(1) High-risk and rare pediatric tumors.

(2) Childhood brain cancers.

(3) Relapsed and treatment-resistant cancers.

(4) Survivorship, long-term effects, and quality of life.

SEC. 5. HOLISTIC AND INNOVATIVE THERAPY RESEARCH.

(a) STUDY AND EVALUATION.—The Secretary of Health and Human Services, acting through the Director of the National Institutes of Health, shall establish a research initiative to study holistic, integrative, nutritional, and alternative therapies for pediatric cancer that emphasizes rigorous, evidence-based scientific evaluation consistent with the research mission of the National Institutes of Health.

(b) REQUIREMENTS.—Such research shall—

(1) be evidence-based;

(2) prioritize safety and efficacy;

(3) include culturally competent and family-centered approaches; and

(4) not stop at curing cancer, but also study how to protect survivors from long-term complications and improve their everyday lives after treatment.

SEC. 6. PEDIATRIC CLINICAL TRIAL ACCESS ASSISTANCE GRANTS.

(a) ESTABLISHMENT.—The Secretary of Health and Human Services (in this section referred to as the ''Secretary'') shall award grants to—

(1) individuals participating in pediatric cancer clinical trials (including the caretakers and family members of such individuals); and

(2) entities conducting or supporting pediatric cancer clinical trials.

(b) APPLICATIONS.—To be eligible to receive a grant under this section, an individual or entity described in subsection (a) shall submit to the Secretary an application at such time, in such manner, and containing such information as the Secretary determines appropriate.

(c) USE OF FUNDS.—

(1) INDIVIDUALS.—An individual who receives a grant under this section may use the grant to cover travel, lodging, meals, transportation, childcare, unpaid leave expenses, or other trial-re-

lated costs, as the Secretary determines appropriate, for participating in pediatric cancer clinical trials.

(2) ENTITIES.—An entity that receives a grant under this section may use the grant to expand sites for pediatric cancer clinical trials in medically underserved regions, as the Secretary determines appropriate.

SEC. 7. ANNUAL REPORTS TO CONGRESS.

(a) REQUIREMENT.—The Secretary of Health and Human Services shall submit to Congress a report on an annual basis regarding pediatric cancer research, including the research conducted pursuant to this Act.

(b) CONTENTS.—The reports described in subsection (a) shall include the following:

(1) Total funds allocated and expended for pediatric cancer research, including contributions made to the One Lunch 4 Cure National Pediatric Cancer Contribution Fund under section 8.

(2) Research accomplishments related to pediatric cancer research.

(3) Progress on high-risk pediatric cancer cures.

(4) Clinical trial enrollment data and equity gaps with respect to pediatric cancer research.

(5) Descriptions of the pediatric clinical trial access assistance grants awarded under section 6.

(6) Recommendations for legislative or administrative action with respect to pediatric cancer research.

SEC. 8. ONE LUNCH 4 CURE NATIONAL PEDIATRIC CANCER CONTRIBUTION FUND.

(a) ESTABLISHMENT.—The Secretary of the Treasury shall establish a fund, to be known as the One Lunch 4 Cure National Pediatric Cancer Contribution Fund (in this section referred to as the ''Fund''). Each contribution made under this section shall be appropriated to the Fund on the date such contribution is made and shall remain available until expended.

(b) METHODS OF CONTRIBUTIONS.—Contributions to the Fund may be made through—

(1) one-time voluntary donations representing the cost of one lunch;

(2) recurring voluntary donations representing the cost of one lunch per week or one lunch per month;

(3) voluntary payroll deductions for Federal civilian employees and members of the Armed Forces;

(4) designations on individual Federal income tax returns as provided in subsection (f);

(5) employer-matching programs; and

(6) any other method determined appropriate by the Secretary of the Treasury.

(c) SOURCES OF CONTRIBUTIONS.—Any individual or entity may make a contribution to the Fund, including—

(1) a pediatric cancer nonprofit organization;

(2) a charitable foundation;

(3) a children's hospital;

(4) a research institution; and

(5) a philanthropic partner organization.

(d) USE OF FUNDS.—The Secretary of Health and Human Services shall use amounts in the Fund for the following purposes:

(1) The pediatric cancer research described in sections 4 and 5.

(2) The pediatric clinical trial access assistance grants described in section 6.

(3) Equity initiatives to expand access for underserved communities with respect to pediatric cancer research and treatment.

(4) Support for military families affected by pediatric cancer.

(e) OVERSIGHT AND TRANSPARENCY.—

(1) ANNUAL GAO AUDIT.—The Comptroller General of the United States shall—

(A) conduct an annual audit of contributions received and distributed under this section; and

(B) submit to Congress a report describing the results of each such audit.

(2) PROHIBITION ON USE FOR ADMINISTRATIVE EXPENSES.—Amounts in the Fund may not be used for the administrative expenses of any Federal agency, including the Department of the Treasury, the National Institutes of Health, and the National Cancer Institute.

(f) CONTRIBUTIONS MADE IN CONNECTION WITH INDIVIDUAL FEDERAL INCOME TAX RETURNS.—The Secretary of the Treasury shall ensure that each individual Federal income tax return form includes a line that allows the taxpayer to designate any overpayment (including any overpayment attributable to any payment made with such return) as a contribution to the One Lunch 4 Cure National Pediatric Cancer Contribution Fund and shall ensure that any amount so designated is transferred to such Fund.

(g) BUDGETARY EFFECTS.—

(1) STATUTORY PAYGO SCORECARDS.—The budgetary effects of this section shall not be entered on either PAYGO scorecard maintained pursuant to

section 4(d) of the Statutory Pay-As-You-Go Act of 2010 (Public Law 111–139; 2 U.S.C. 933(d)).

(2) SENATE PAYGO SCORECARDS.—The budgetary effects of this section shall not be entered on any PAYGO scorecard maintained for purposes of section 4106 of H. Con. Res. 71 (115th Congress).

SEC. 9. RULE OF CONSTRUCTION.

Nothing in this Act shall reduce or replace existing pediatric cancer programs.

SEC. 10. FUNDING.

(a) APPROPRIATION.—There is appropriated to carry out this Act, not including section 8, $2,000,000,000 for the period of fiscal years 2027 through 2036.

(b) PROTECTED ALLOCATION.—The amount appropriated by subsection (a) shall not be reallocated from pediatric research to adult cancer programs.