

119TH CONGRESS
1ST SESSION

H. R. 1806

To provide for research and education with respect to triple-negative breast cancer, and for other purposes.

IN THE HOUSE OF REPRESENTATIVES

MARCH 3, 2025

Mr. MORELLE (for himself and Mr. BACON) introduced the following bill;
which was referred to the Committee on Energy and Commerce

A BILL

To provide for research and education with respect to triple-negative breast cancer, 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 “Triple-Negative Breast
5 Cancer Research and Education Act of 2025”.

6 **SEC. 2. FINDINGS.**

7 Congress finds as follows:

8 (1) Breast cancer accounts for 1 in 4 cancer di-
9 agnoses among women in this country.

1 (2) The survival rate for breast cancer has in-
2 creased to 90 percent for White women and 78 per-
3 cent for African-American women.

4 (3) African-American women are more likely to
5 be diagnosed with larger tumors and more advanced
6 stages of breast cancer despite a lower incidence
7 rate.

8 (4) Early detection for breast cancer increases
9 survival rates for breast cancer, as evidenced by a 5-
10 year relative survival rate of 98 percent for breast
11 cancers that are discovered before the cancer
12 spreads beyond the breast, compared to 23 percent
13 for stage IV breast cancers.

14 (5) Triple-negative breast cancer is a term used
15 to describe breast cancers whose cells do not have
16 estrogen receptors and progesterone receptors, and
17 do not have an excess of the HER2 protein on their
18 sources.

19 (6) It is estimated that between 10 and 20 per-
20 cent of female breast cancer patients are diagnosed
21 with triple-negative breast cancer, and studies indi-
22 cate the prevalence of triple-negative breast cancer is
23 much higher.

1 (7) Triple-negative breast cancer most com-
2 monly affects African-American women, followed by
3 Hispanic women.

4 (8) Triple-negative breast cancer is a very ag-
5 gressive form of cancer which affects women under
6 the age of 50 across all racial and socioeconomic
7 backgrounds.

8 (9) African-American women are 3 times more
9 likely to develop triple-negative breast cancer than
10 White women.

11 (10) Triple-negative breast cancer tends to
12 grow and spread more quickly than most other types
13 of breast cancer.

14 (11) Like other forms of breast cancer, triple-
15 negative breast cancer is treated with surgery, radi-
16 ation therapy, or chemotherapy.

17 (12) Early-stage detection of triple-negative
18 breast cancer is the key to survival because the
19 tumor cells lack certain receptors, and neither hor-
20 mone therapy nor drugs that target these receptors
21 are effective against these cancers; therefore, early
22 detection and education is vital.

23 (13) Current research and available data do not
24 provide adequate information on—

1 (A) the rates of prevalence and incidence
 2 of triple-negative breast cancer in African-
 3 American, Hispanic, and other minority women;

4 (B) the costs associated with treating tri-
 5 ple-negative breast cancer; and

6 (C) the methods by which triple-negative
 7 breast cancer may be prevented or cured in
 8 these women.

9 **SEC. 3. TRIPLE-NEGATIVE BREAST CANCER.**

10 Subpart I of part C of title IV of the Public Health
 11 Service Act (42 U.S.C. 285 et seq.) is amended by insert-
 12 ing after section 417A (42 U.S.C. 285a–7) the following:

13 **“SEC. 417B. TRIPLE-NEGATIVE BREAST CANCER.**

14 “(a) RESEARCH.—

15 “(1) IN GENERAL.—The Director of the Na-
 16 tional Institutes of Health (in this section referred
 17 to as the ‘Director of NIH’) shall expand, intensify,
 18 and coordinate programs for the conduct and sup-
 19 port of research with respect to triple-negative
 20 breast cancer.

21 “(2) ADMINISTRATION.—The Director of NIH
 22 shall carry out this subsection through the appro-
 23 priate institutes, offices, and centers of the National
 24 Institutes of Health, including the Eunice Kennedy
 25 Shriver National Institute of Child Health and

1 Human Development, the National Institute of En-
2 vironmental Health Sciences, the Office of Research
3 on Women’s Health, and the National Institute on
4 Minority Health and Health Disparities.

5 “(3) COORDINATION OF ACTIVITIES.—The Di-
6 rector of the Office of Research on Women’s Health
7 shall coordinate activities under this subsection
8 among the institutes, offices, and centers of the Na-
9 tional Institutes of Health.

10 “(4) AUTHORIZATION OF APPROPRIATIONS.—
11 For the purposes of carrying out this subsection,
12 there are authorized to be appropriated such sums
13 as may be necessary for each of the fiscal years
14 2026 through 2031.

15 “(b) EDUCATION AND DISSEMINATION OF INFORMA-
16 TION WITH RESPECT TO TRIPLE-NEGATIVE BREAST
17 CANCER.—

18 “(1) TRIPLE-NEGATIVE BREAST CANCER PUB-
19 LIC EDUCATION PROGRAM.—The Secretary of
20 Health and Human Services, acting through the Di-
21 rector of the Centers for Disease Control and Pre-
22 vention, shall develop and disseminate to the public
23 information regarding triple-negative breast cancer,
24 including information on—

1 “(A) the incidence and prevalence of triple-
2 negative breast cancer among women;

3 “(B) the elevated risk for minority women
4 to develop triple-negative breast cancer; and

5 “(C) the availability, as medically appro-
6 priate, of a range of treatment options for
7 symptomatic triple-negative breast cancer.

8 “(2) DISSEMINATION OF INFORMATION.—The
9 Secretary may disseminate information under para-
10 graph (1) directly or through arrangements with
11 nonprofit organizations, consumer groups, institu-
12 tions of higher education, Federal, State, or local
13 agencies, or the media.

14 “(3) AUTHORIZATION OF APPROPRIATIONS.—
15 For the purpose of carrying out this subsection,
16 there are authorized to be appropriated such sums
17 as may be necessary for each of the fiscal years
18 2026 through 2031.

19 “(c) INFORMATION TO HEALTH CARE PROVIDERS
20 WITH RESPECT TO TRIPLE-NEGATIVE BREAST CAN-
21 CER.—

22 “(1) DISSEMINATION OF INFORMATION.—The
23 Secretary of Health and Human Services, acting
24 through the Administrator of the Health Resources
25 and Services Administration, shall develop and dis-

1 seminate to health care providers information on tri-
2 ple-negative breast cancer for the purpose of ensur-
3 ing that health care providers remain informed
4 about current information on triple-negative breast
5 cancer. Such information shall include the elevated
6 risk for minority women to develop triple-negative
7 breast cancer and the range of available options for
8 the treatment of symptomatic triple-negative breast
9 cancer.

10 “(2) AUTHORIZATION OF APPROPRIATIONS.—
11 For the purpose of carrying out this subsection,
12 there are authorized to be appropriated such sums
13 as may be necessary for each of the fiscal years
14 2026 through 2031.

15 “(d) DEFINITION.—In this section, the term ‘minor-
16 ity women’ means women who are members of a racial
17 and ethnic minority group, as defined in section
18 1707(g).”.

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