H. R. 3705

To amend title XVIII of the Social Security Act to provide for coverage of comprehensive cancer care planning under the Medicare Program and to improve the care furnished to individuals diagnosed with cancer by establishing grants programs for provider education, and related research.

IN THE HOUSE OF REPRESENTATIVES

December 16, 2011

Mrs. Capps (for herself and Mr. Boustany) introduced the following bill; which was referred to the Committee on Energy and Commerce, and in addition to the Committee on Ways and Means, for a period to be subsequently determined by the Speaker, in each case for consideration of such provisions as fall within the jurisdiction of the committee concerned

A BILL

To amend title XVIII of the Social Security Act to provide for coverage of comprehensive cancer care planning under the Medicare Program and to improve the care furnished to individuals diagnosed with cancer by establishing grants programs for provider education, and related research.

- 1 Be it enacted by the Senate and House of Representa-
- 2 tives of the United States of America in Congress assembled,

1 SECTION 1. SHORT TITLE; TABLE OF CONTENTS.

- 2 This Act may be cited as the "Comprehensive Cancer
- 3 Care Improvement Act of 2011".
 - Sec. 1. Short title; Table of contents.
 - Sec. 2. Findings.

TITLE I—COMPREHENSIVE CANCER CARE UNDER THE MEDICARE PROGRAM

Sec. 101. Coverage of cancer care planning services.

TITLE II—PROVIDER EDUCATION REGARDING PALLIATIVE CARE AND SYMPTOM MANAGEMENT

Sec. 201. Grants to improve health professional education.

Sec. 202. Grants to improve continuing professional education.

TITLE III—RESEARCH ON TOPICS RELATED TO COORDINATION OF CARE, SYMPTOM MANAGEMENT, AND PALLIATIVE CARE FOR CANCER PATIENTS

Sec. 301. Research program.

4 SEC. 2. FINDINGS.

- 5 Congress makes the following findings:
- 6 (1) Individuals with cancer often do not have
- 7 access to a cancer care system that provides com-
- 8 prehensive and coordinated care of high quality.
- 9 (2) The cancer care system has not traditionally
- offered individuals with cancer a prospective and
- 11 comprehensive plan for treatment and symptom
- management, strategies for updating and evaluating
- such plan with the assistance of a health care pro-
- 14 fessional, and a follow-up plan for monitoring and
- treating possible late effects of cancer and its treat-
- ment.

- (3)Cancer survivors often experience the under-diagnosis and under-treatment of the symp-toms of cancer, a problem that begins at the time of diagnosis and may become more severe with dis-ease progression and at the end of life. The failure to treat the symptoms, side effects, and late effects of cancer and cancer treatment may have a serious adverse impact on the health, survival, well-being, and quality of life of cancer survivors.
 - (4) Cancer survivors who are members of racial and ethnic minority groups may face severe obstacles in receiving coordinated cancer care that includes appropriate management of cancer symptoms and treatment side effects.
 - (5) Individuals with cancer are sometimes not provided information about their disease and treatment options that might result in their request for and engagement in coordinated care that includes appropriate treatment and symptom management.
 - (6) Comprehensive cancer care should incorporate access to psychosocial services and management of the symptoms of cancer and the symptoms of cancer treatment, including pain, nausea, vomiting, fatigue, and depression.

1	(7) Comprehensive cancer care should include a
2	means for providing cancer survivors with a com-
3	prehensive care summary and a plan for follow-up
4	care after primary treatment to ensure that cancer
5	survivors have access to follow-up monitoring and
6	treatment of possible late effects of cancer and can-
7	cer treatment.
8	(8) The Institute of Medicine report entitled
9	"Ensuring Quality Cancer Care" described the ele-
10	ments of quality care for an individual with cancer,
11	including—
12	(A) the development of initial treatment
13	recommendations by an experienced health care
14	provider;
15	(B) the development of a plan for the
16	course of treatment of the individual and com-
17	munication of the plan to the individual;
18	(C) access to the resources necessary to
19	implement the course of treatment;
20	(D) access to high-quality clinical trials;
21	(E) a mechanism to coordinate services for
22	the treatment of the individual; and
23	(F) psychosocial support services and com-
24	passionate care for the individual.

- 1 (9) In its report "From Cancer Patient to Can2 cer Survivor: Lost in Transition", the Institute of
 3 Medicine recommended that individuals with cancer
 4 completing primary treatment be provided a com5 prehensive summary of their care along with a fol6 low-up survivorship plan of treatment.
 - (10) Since more than half of all cancer diagnoses occur among elderly Medicare beneficiaries, the problems of providing cancer care are problems of the Medicare program.
 - (11) Shortcomings in providing cancer care, resulting in inadequate management of cancer symptoms and insufficient monitoring and treatment of late effects of cancer and its treatment, are related to problems of Medicare payments for such care, inadequate professional training, and insufficient investment in research on symptom management.
 - (12) Changes in Medicare payment for comprehensive cancer care, enhanced public and professional education regarding symptom management, and more research related to coordination of care, symptom management and palliative care will enhance patient decisionmaking about treatment options and will contribute to improved care for individuals with cancer from the time of diagnosis of the

1	individual through the end of the life of the indi-
2	vidual.
3	TITLE I—COMPREHENSIVE CAN-
4	CER CARE UNDER THE MEDI-
5	CARE PROGRAM
6	SEC. 101. COVERAGE OF CANCER CARE PLANNING SERV-
7	ICES.
8	(a) In General.—Section 1861 of the Social Secu-
9	rity Act is amended—
10	(1) in subsection $(s)(2)$ —
11	(A) by striking "and" at the end of sub-
12	paragraph (EE);
13	(B) by adding "and" at the end of sub-
14	paragraph (FF); and
15	(C) by adding at the end the following new
16	subparagraph:
17	"(GG) comprehensive cancer care planning
18	services (as defined in subsection (iii));"; and
19	(2) by adding at the end the following new sub-
20	section:
21	"Comprehensive Cancer Care Planning Serv-
22	ICES
23	"(iii)(1) The term 'comprehensive cancer care plan-
24	ning services' means—

1	"(A) with respect to an individual who is
2	diagnosed with cancer, the development of a
3	plan of care that—
4	"(i) details, to the greatest extent
5	practicable, all aspects of the care to be
6	provided to the individual, with respect to
7	the treatment of such cancer, including
8	any curative treatment, comprehensive
9	symptom management, and palliative care;
10	"(ii) is furnished, in person, in written
11	form, to the individual within a period
12	specified by the Secretary that is as soon
13	as practicable after the date on which the
14	individual is so diagnosed;
15	"(iii) is furnished, to the greatest ex-
16	tent practicable, in a form that appro-
17	priately takes into account cultural and
18	linguistic needs of the individual in order
19	to make the plan accessible to the indi-
20	vidual; and
21	"(iv) is in accordance with standards
22	determined by the Secretary to be appro-
23	priate;
24	"(B) with respect to an individual for
25	whom a plan of care has been developed under

1	subparagraph (A), the revision of such plan of
2	care as necessary to account for any substantial
3	change in the condition of the individual, recur-
4	rence of disease, or significant revision of the
5	elements of curative or palliative care for the
6	individual, if such revision—
7	"(i) is in accordance with clauses (i),
8	(iii), and (iv) of such subparagraph; and
9	"(ii) is furnished in written form to
10	the individual within a period specified by
11	the Secretary that is as soon as practicable
12	after the date of such revision;
13	"(C) with respect to an individual who has
14	completed the primary treatment for cancer, as
15	defined by the Secretary (such as the comple-
16	tion of chemotherapy or radiation treatment),
17	the development of a follow-up cancer care plan
18	that—
19	"(i) describes the elements of the pri-
20	mary treatment, including symptom man-
21	agement and palliative care, furnished to
22	such individual;
23	"(ii) provides recommendations for
24	the subsequent care of the individual with
25	respect to the cancer involved;

1	"(iii) is furnished, in person, in writ-
2	ten form, to the individual within a period
3	specified by the Secretary that is as soon
4	as practicable after the completion of such
5	primary treatment;
6	"(iv) is furnished, to the greatest ex-
7	tent practicable, in a form that appro-
8	priately takes into account cultural and
9	linguistic needs of the individual in order
10	to make the plan accessible to the indi-
11	vidual; and
12	"(v) is in accordance with standards
13	determined by the Secretary to be appro-
14	priate; and
15	"(D) with respect to an individual for
16	whom a follow-up cancer care plan has been de-
17	veloped under subparagraph (C), the revision of
18	such plan as necessary to account for any sub-
19	stantial change in the condition of the indi-
20	vidual, diagnosis of a second cancer, or signifi-
21	cant revision of the plan for follow-up care, if
22	such revision—
23	"(i) is in accordance with clauses (i),
24	(ii), (iv), and (v) of such subparagraph;
25	and

1 "(ii) is furnished in written form to 2 the individual within a period specified by 3 the Secretary that is as soon as practicable 4 after the date of such revision.

"(2) The Secretary shall establish standards to carry out paragraph (1) in consultation with appropriate organizations representing providers of services related to cancer treatment and organizations representing survivors of cancer. Such standards shall include standards for determining the need and frequency for revisions of the plans of care and follow-up plans based on changes in the condition of the individual or elements and intent of treatment and standards for the communication of the plan to the patient."

(b) Payment.—Section 1833(a)(1) of the Social Se-

curity Act (42 U.S.C. 1395l(a)(1)) is amended by striking "and" before "(Z)" and inserting before the semicolon at the end the following: ", and (AA) with respect to comprehensive cancer care planning services described in any of subparagraphs (A) through (D) of section 1861(iii)(1), the amount paid shall be an amount equal to the sum of (i) the national average amount under the physician fee schedule established under section 1848 for a new patient office consultation of the highest level of service in the

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- 1 non-facility setting, and (ii) the national average amount
- 2 under such fee schedule for a physician certification de-
- 3 scribed in section 1814(a)(2) for home health services fur-
- 4 nished to an individual by a home health agency under
- 5 a home health plan of care".
- 6 (c) Effective Date.—The amendments made by
- 7 this section shall apply to services furnished on or after
- 8 the first day of the first calendar year that begins after
- 9 the date of the enactment of this Act.

10 TITLE II—PROVIDER EDU-

- 11 CATION REGARDING PALLIA-
- 12 TIVE CARE AND SYMPTOM
- 13 **MANAGEMENT**
- 14 SEC. 201. GRANTS TO IMPROVE HEALTH PROFESSIONAL
- 15 EDUCATION.
- 16 (a) IN GENERAL.—The Secretary of Health and
- 17 Human Services shall make grants to eligible entities to
- 18 enable the entities to improve the quality of graduate and
- 19 postgraduate training of physicians, nurses, and other
- 20 health care providers in developing cancer care plans for
- 21 cancer patients and communicating such plans to the indi-
- 22 vidual patients.
- 23 (b) APPLICATION.—To seek a grant under this sec-
- 24 tion, an eligible entity shall submit an application at such
- 25 time, in such manner, and containing such information as

1	the Secretary may require. At a minimum, the Secretary
2	shall require that each such application demonstrate—
3	(1) the ability to train health professionals in—
4	(A) the provision of cancer care that fully
5	coordinates active treatment, symptom manage-
6	ment, and palliative care; and
7	(B) the communication of a written plan
8	for coordinated cancer care to the patient; and
9	(2) the ability to collect and analyze data re-
10	lated to the effectiveness of such training programs.
11	(c) EVALUATION.—The Secretary shall develop and
12	implement a plan for evaluating the effects of the training
13	programs funded under this section.
14	(d) Definitions.—In this section:
15	(1) The term "eligible entity" means an entity
16	that is a—
17	(A) cancer center (including an NCI-des-
18	ignated cancer center);
19	(B) academic health center;
20	(C) physician practice;
21	(D) school of nursing;
22	(E) visiting nurse association;
23	(F) home care agency; or

- 1 (G) a private non-profit organization with 2 expertise and experience in health provider 3 training.
- 4 (2) The term "NCI-designated cancer center"
 5 means a cancer center receiving funds through a
 6 P30 Cancer Center Support Grant of the National
 7 Cancer Institute.
- 8 (3) The term "Secretary" means the Secretary
 9 of Health and Human Services.
- 10 (e) AUTHORIZATION OF APPROPRIATIONS.—To carry 11 out this section, there are authorized to be appropriated 12 \$5,000,000 for each of the fiscal years 2012 through 13 2016.
- 14 SEC. 202. GRANTS TO IMPROVE CONTINUING PROFES-15 SIONAL EDUCATION.
- 16 (a) IN GENERAL.—The Secretary of Health and
 17 Human Services shall make grants to eligible entities to
 18 improve the quality of continuing professional education
 19 provided to qualified individuals regarding the develop20 ment and communication of written cancer care plans that
 21 outline a system of care that coordinates active treatment
 22 and palliative care.
- 23 (b) APPLICATION.—To seek a grant under this sec-24 tion, an eligible entity shall submit an application at such 25 time, in such manner, and containing such information as

1	the Secretary may require. At a minimum, the Secretary
2	shall require that each such application demonstrate—
3	(1) experience in sponsoring continuing profes-
4	sional education programs;
5	(2) the ability to reach health care providers
6	and other professionals who are engaged in cancer
7	care with such continuing professional education
8	programs;
9	(3) the capacity to develop innovative training
10	programs aimed at enhancing the delivery of coordi-
11	nated cancer care that includes appropriate symp-
12	tom management and palliative care; and
13	(4) the ability to evaluate the effectiveness of
14	such professional education and training programs.
15	(c) EVALUATION.—The Secretary shall develop and
16	implement a plan for evaluating the effects of the con-
17	tinuing professional education and training programs
18	funded under this section.
19	(d) Definitions.—In this section:
20	(1) The term "eligible entity" means an entity
21	that is a—
22	(A) cancer center (including an NCI-des-
23	ignated cancer center);
24	(B) academic health center;
25	(C) school of nursing;

1	(D) professional society that supports con-
2	tinuing professional education programs; or
3	(E) private non-profit organization with
4	expertise and experience in health provider
5	training.
6	(2) The term "NCI-designated cancer center"
7	means a cancer center receiving funds through a
8	P30 Cancer Center Support Grant of the National
9	Cancer Institute.
10	(3) The term "qualified individual" means a
11	physician, nurse, social worker, chaplain, psycholo-
12	gist, or other individual who is involved in providing
13	comprehensive cancer care, including active treat-
14	ment, symptom management, and palliative care, to
15	cancer patients.
16	(4) The term "Secretary" means the Secretary
17	of Health and Human Services.
18	(e) Authorization of Appropriations.—To carry
19	out this section, there are authorized to be appropriated
20	\$5,000,000 for each of the fiscal years 2012 through

21 2016.

1 TITLE III—RESEARCH ON TOP-

- 2 ICS RELATED TO COORDINA-
- 3 TION OF CARE, SYMPTOM
- 4 MANAGEMENT, AND PALLIA-
- 5 TIVE CARE FOR CANCER PA-
- 6 TIENTS

7 SEC. 301. RESEARCH PROGRAM.

- 8 (a) In General.—The Secretary of Health and
- 9 Human Services shall provide investment, through exist-
- 10 ing research programs, for research on topics related to
- 11 cancer care planning, cancer care coordination, symptom
- 12 management, palliative care, and comprehensive survivor-
- 13 ship care
- 14 (b) In carrying out the research authorized under this
- 15 section, the Secretary should provide for the participation
- 16 of institutes and centers of the National Institutes of
- 17 Health, the Centers for Medicare & Medicaid Services, and
- 18 any other national research institute that has been en-
- 19 gaged in research described in subsection (a).
- 20 (c) Authorization of Appropriations.—To carry
- 21 out this section, there are authorized to be appropriated
- 22 \$5,000,000 for each of the fiscal years 2012 through
- 23 2016.

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