

115TH CONGRESS
1ST SESSION

H. R. 1834

To amend title XVIII of the Social Security Act to establish a national Oncology Medical Home Demonstration Project under the Medicare program for the purpose of changing the Medicare payment for cancer care in order to enhance the quality of care and to improve cost efficiency, and for other purposes.

IN THE HOUSE OF REPRESENTATIVES

MARCH 30, 2017

Mrs. MCMORRIS RODGERS (for herself and Ms. SEWELL of Alabama) 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 establish a national Oncology Medical Home Demonstration Project under the Medicare program for the purpose of changing the Medicare payment for cancer care in order to enhance the quality of care and to improve cost efficiency, 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,*

1 **SECTION 1. SHORT TITLE.**

2 This Act may be cited as the “Cancer Care Payment
3 Reform Act of 2017”.

4 **SEC. 2. ESTABLISHING AN ONCOLOGY MEDICAL HOME**
5 **DEMONSTRATION PROJECT UNDER THE**
6 **MEDICARE PROGRAM TO IMPROVE QUALITY**
7 **OF CARE AND COST EFFICIENCY.**

8 Title XVIII of the Social Security Act is amended by
9 inserting after section 1866E (42 U.S.C. 1395cc–5) the
10 following new section:

11 **“SEC. 1866F. ONCOLOGY MEDICAL HOME DEMONSTRATION**
12 **PROJECT.**

13 “(a) ESTABLISHMENT OF DEMONSTRATION
14 PROJECT.—Not later than 12 months after the date of
15 the enactment of this section, the Secretary shall establish
16 an Oncology Medical Home Demonstration Project (in
17 this section referred to as the ‘demonstration project’) to
18 make payments in the amounts specified in subsection (f)
19 to each participating oncology practice (as defined in sub-
20 section (b)).

21 “(b) DEFINITION OF PARTICIPATING ONCOLOGY
22 PRACTICE.—For purposes of this section, the term ‘par-
23 ticipating oncology practice’ means an oncology practice
24 that—

1 “(1) submits to the Secretary an application to
2 participate in the demonstration project in accord-
3 ance with subsection (c);

4 “(2) is selected by the Secretary, in accordance
5 with subsection (d), to participate in the demonstra-
6 tion project; and

7 “(3) is owned by a physician, or is owned by or
8 affiliated with a hospital, that submitted a claim for
9 payment in the prior year for an item or service for
10 which payment may be made under part B.

11 “(c) APPLICATION TO PARTICIPATE.—An application
12 by an oncology practice to participate in the demonstra-
13 tion project shall include an attestation to the Secretary
14 that the practice—

15 “(1) furnishes physicians’ services for which
16 payment may be made under part B;

17 “(2) coordinates oncology services furnished to
18 an individual by the practice with services that are
19 related to such oncology services and that are fur-
20 nished to such individual by practitioners (including
21 oncology nurses) inside or outside the practice in
22 order to ensure that each such individual receives co-
23 ordinated care;

24 “(3) meaningfully uses electronic health
25 records;

1 “(4) will, not later than one year after the date
2 on which the practice commences its participation in
3 the demonstration project, be accredited as an On-
4 cology Medical Home by the Commission on Cancer,
5 the National Committee for Quality Assurance, or
6 such other entity as the Secretary determines appro-
7 priate;

8 “(5) will repay all amounts paid by the Sec-
9 retary to the practice under subsection (f)(1)(A) in
10 the case that the practice does not, on a date that
11 is not later than 60 days after the date on which the
12 practice’s agreement period for the demonstration
13 project begins, as determined by the Secretary, sub-
14 mit an application to an entity described in para-
15 graph (4) for accreditation as an Oncology Medical
16 Home in accordance with such paragraph;

17 “(6) will, for each year in which the demonstra-
18 tion project is conducted, report to the Secretary, in
19 such form and manner as is specified by the Sec-
20 retary, on—

21 “(A) the performance of the practice with
22 respect to measures described in subsection (e)
23 as determined by the Secretary, subject to sub-
24 section (e)(1)(B); and

1 “(B) the experience of care of individuals
2 who are furnished oncology services by the
3 practice for which payment may be made under
4 part B, as measured by a patient experience of
5 care survey based on the Consumer Assessment
6 of Healthcare Providers and Systems survey or
7 by such similar survey as the Secretary deter-
8 mines appropriate;

9 “(7) agrees not to receive the payments de-
10 scribed in subclauses (I) and (II) of subsection
11 (f)(1)(B)(iii) in the case that the practice does not
12 report to the Secretary in accordance with para-
13 graph (6) with respect to performance of the prac-
14 tice during the 12-month period beginning on the
15 date on which the practice’s agreement period for
16 the demonstration project begins, as determined by
17 the Secretary;

18 “(8) will, for each year of the demonstration
19 project, meet the performance standards developed
20 under subsection (e)(4)(B) with respect to each of
21 the measures on which the practice has agreed to re-
22 port under paragraph (6)(A) and the patient experi-
23 ence of care on which the practice has agreed to re-
24 port under paragraph (6)(B); and

1 “(9) has the capacity to utilize shared decision-
2 making tools that facilitate the incorporation of the
3 patient needs, preferences, and circumstances of an
4 individual into the medical plan of the individual and
5 that maintain provider flexibility to tailor care of the
6 individual based on the full range of test and treat-
7 ment options available to the individual.

8 “(d) SELECTION OF PARTICIPATING PRACTICES.—

9 “(1) IN GENERAL.—The Secretary shall, not
10 later than 15 months after the date of the enact-
11 ment of this section, select oncology practices that
12 submit an application to the Secretary in accordance
13 with subsection (c) to participate in the demonstra-
14 tion project.

15 “(2) MAXIMUM NUMBER OF PRACTICES.—In se-
16 lecting an oncology practice to participate in the
17 demonstration project under this section, the Sec-
18 retary shall ensure that the participation of such
19 practice in the demonstration project does not, on
20 the date on which the practice commences its par-
21 ticipation in the demonstration project—

22 “(A) increase the total number of practices
23 participating in the demonstration project to a
24 number that is greater than 200 practices (or

1 such number as the Secretary determines ap-
2 propriate); or

3 “(B) increase the total number of
4 oncologists who participate in the demonstra-
5 tion project to a number that is greater than
6 1,500 oncologists (or such number as the Sec-
7 retary determines appropriate).

8 “(3) DIVERSITY OF PRACTICES.—

9 “(A) IN GENERAL.—Subject to subpara-
10 graph (B), in selecting oncology practices to
11 participate in the demonstration project under
12 this section, the Secretary shall, to the extent
13 practicable, include in such selection—

14 “(i) small-, medium-, and large-sized
15 practices; and

16 “(ii) practices located in different geo-
17 graphic areas.

18 “(B) INCLUSION OF SMALL ONCOLOGY
19 PRACTICES.—In selecting oncology practices to
20 participate in the demonstration project under
21 this section, the Secretary shall, to the extent
22 practicable, ensure that at least 20 percent of
23 the participating practices are small oncology
24 practices (as determined by the Secretary).

1 “(4) NO PENALTY FOR CERTAIN OPT-OUTS BY
2 PRACTICES.—In the case that the Secretary selects
3 an oncology practice to participate in the demonstra-
4 tion project under this section that has agreed to
5 participate in a model established under section
6 1115A for oncology services, such practice may not
7 be assessed a penalty for electing not to participate
8 in such model if the practice makes such election—

9 “(A) prior to the receipt by the practice of
10 any payment for such model that would not
11 otherwise be paid in the absence of such model;
12 and

13 “(B) in order to participate in the dem-
14 onstration project under this section.

15 “(e) MEASURES.—

16 “(1) DEVELOPMENT.—

17 “(A) IN GENERAL.—The Secretary shall
18 use measures described in paragraph (2), and
19 may use measures developed under paragraph
20 (3), to assess the performance of each partici-
21 pating oncology practice, as compared to other
22 participating oncology practices as described in
23 paragraph (4)(A)(i).

24 “(B) DETERMINATION OF MEASURES RE-
25 PORTED.—In determining measures to be re-

1 ported under subsection (c)(6)(A), the Sec-
2 retary, in consultation with stakeholders, shall
3 ensure that reporting under such subsection is
4 not overly burdensome and that those measures
5 required to be reported are aligned with appli-
6 cable requirements from other payors.

7 “(2) MEASURES DESCRIBED.—The measures
8 described in this paragraph, with respect to individ-
9 uals who are attributed to a participating oncology
10 practice, as determined by the Secretary, are the fol-
11 lowing:

12 “(A) PATIENT CARE MEASURES.—

13 “(i) The percentage of such individ-
14 uals who receive documented clinical or
15 pathologic staging prior to initiation of a
16 first course of cancer treatment.

17 “(ii) The percentage of such individ-
18 uals who undergo advanced imaging and
19 have been diagnosed with stage I or II
20 breast cancer.

21 “(iii) The percentage of such individ-
22 uals who undergo advanced imaging and
23 have been diagnosed with stage I or II
24 prostate cancer.

1 “(iv) The percentage of such individ-
2 uals who, prior to receiving cancer treat-
3 ment, had their performance status as-
4 sessed by the practice.

5 “(v) The percentage of such individ-
6 uals who—

7 “(I) undergo treatment with a
8 chemotherapy regimen provided by the
9 practice;

10 “(II) have at least a 20-percent
11 risk of developing febrile neutropenia
12 due to a combination of regimen risk
13 and patient risk factors; and

14 “(III) have received from the
15 practice either GCSF or white cell
16 growth factor.

17 “(vi) With respect to such individuals
18 who receive an oncology drug therapy from
19 the practice, the percentage of such indi-
20 viduals who underwent a diagnostic test to
21 identify specific biomarkers, genetic
22 mutations, or characteristics prior to re-
23 ceiving an oncology drug therapy, where
24 such a diagnostic test exists for a given
25 cancer type.

1 “(vii) With respect to such individuals
2 who receive chemotherapy treatment from
3 the practice, the percentage of such indi-
4 viduals so treated who receive a treatment
5 plan prior to the administration of such
6 chemotherapy.

7 “(viii) With respect to chemotherapy
8 treatments administered to such individ-
9 uals by the practice, the percentage of such
10 treatments that adhere to guidelines pub-
11 lished by the National Comprehensive Can-
12 cer Network or such other entity as the
13 Secretary determines appropriate.

14 “(ix) With respect to antiemetic drugs
15 dispensed by the practice to individuals as
16 part of moderately or highly emetogenic
17 chemotherapy regimens for such individ-
18 uals, the extent to which such drugs are
19 administered in accordance with evidence-
20 based guidelines or pathways that are com-
21 pliant with guidelines published by the Na-
22 tional Comprehensive Cancer Network or
23 such other entity as the Secretary deter-
24 mines appropriate.

1 “(B) RESOURCE UTILIZATION MEAS-
2 URES.—

3 “(i) With respect to emergency room
4 visits in a year by such individuals who are
5 receiving active chemotherapy treatment
6 administered by the practice as of the date
7 of such visits, the percentage of such visits
8 that are associated with qualified cancer
9 diagnoses of the individuals.

10 “(ii) With respect to hospital admis-
11 sions in a year by such individuals who are
12 receiving active chemotherapy treatment
13 administered by the practice as of the date
14 of such visits, the percentage of such ad-
15 missions that are associated with qualified
16 cancer diagnoses of the individuals.

17 “(C) SURVIVORSHIP MEASURES.—

18 “(i) Survival rates for such individuals
19 who have been diagnosed with stage I
20 through IV breast cancer.

21 “(ii) Survival rates for such individ-
22 uals who have been diagnosed with stage I
23 through IV colorectal cancer.

1 “(iii) Survival rates for such individ-
2 uals who have been diagnosed with stage I
3 through IV lung cancer.

4 “(iv) With respect to such individuals
5 who receive chemotherapy treatment from
6 the practice, the percentage of such indi-
7 viduals so treated who receive a survivor-
8 ship plan not later than 45 days after the
9 completion of the administration of such
10 chemotherapy.

11 “(v) With respect to such individuals
12 who receive chemotherapy treatment from
13 the practice, the percentage of such indi-
14 viduals who receive psychological screening.

15 “(D) END-OF-LIFE CARE MEASURES.—

16 “(i) The number of times that such
17 an individual receives chemotherapy treat-
18 ment from the practice within an amount
19 of time specified by the Secretary, in con-
20 sultation with stakeholders, prior to the
21 death of the individual.

22 “(ii) With respect to such individuals
23 who have a stage IV disease and have re-
24 ceived treatment for such disease from the
25 practice, the percentage of such individuals

1 so treated who have had a documented
2 end-of-life care conversation with a physi-
3 cian in the practice or another health care
4 provider who is a member of the cancer
5 care team of the practice.

6 “(iii) With respect to such an indi-
7 vidual who is referred to hospice care by a
8 physician in the practice or a health care
9 provider who is a member of the cancer
10 care team of the practice, regardless of the
11 setting in which such care is furnished, the
12 average number of days that the individual
13 receives hospice care prior to the death of
14 the individual.

15 “(iv) With respect to such individuals
16 who die while receiving care from the prac-
17 tice, the percentage of such deceased indi-
18 viduals whose death occurred in an acute
19 care setting.

20 “(3) MODIFICATION OR ADDITION OF MEAS-
21 URES.—

22 “(A) IN GENERAL.—The Secretary may, in
23 consultation with appropriate stakeholders in a
24 manner determined by the Secretary, modify,

1 replace, remove, or add to the measures de-
2 scribed in paragraph (2).

3 “(B) APPROPRIATE STAKEHOLDERS DE-
4 SCRIBED.—For purposes of subparagraph (A),
5 the term ‘appropriate stakeholders’ includes on-
6 cology societies, oncologists who furnish oncol-
7 ogy services to one or more individuals for
8 which payment may be made under part B, al-
9 lied health professionals, health insurance
10 issuers that have implemented alternative pay-
11 ment models for oncologists, patients and orga-
12 nizations that represent patients, and bio-
13 pharmaceutical and other medical technology
14 manufacturers.

15 “(4) ASSESSMENT.—

16 “(A) IN GENERAL.—The Secretary shall,
17 for each year in which the demonstration
18 project is conducted, assess—

19 “(i) the performance of each partici-
20 pating oncology practice for such year with
21 respect to the measures on which the prac-
22 tice has agreed to report to the Secretary
23 under subsection (c)(6)(A), as compared to
24 the performance of other participating on-

1 ology practices with respect to such meas-
2 ures; and

3 “(ii) the extent to which each partici-
4 pating oncology practice has, during such
5 year, used breakthrough or other best-in-
6 class therapies.

7 “(B) PERFORMANCE STANDARDS.—The
8 Secretary shall, in consultation with the appro-
9 priate stakeholders described in paragraph
10 (3)(B) in a manner determined by the Sec-
11 retary, develop performance standards with re-
12 spect to—

13 “(i) each of the measures described in
14 paragraph (2), including those measures as
15 modified or added under paragraph (3);
16 and

17 “(ii) the patient experience of care on
18 which participating oncology practices
19 agree to report to the Secretary under sub-
20 section (c)(6)(B).

21 “(f) PAYMENTS FOR PARTICIPATING ONCOLOGY
22 PRACTICES AND ONCOLOGISTS.—

23 “(1) CARE COORDINATION MANAGEMENT FEE
24 DURING FIRST TWO YEARS OF DEMONSTRATION
25 PROJECT.—

1 “(A) IN GENERAL.—The Secretary shall,
2 in addition to any other payments made by the
3 Secretary under this title to a participating on-
4 cology practice, pay a care coordination man-
5 agement fee to each such practice at each of the
6 times specified in subparagraph (B).

7 “(B) TIMING OF PAYMENTS.—The care co-
8 ordination management fee described in sub-
9 paragraph (A) shall be paid to a participating
10 oncology practice at the end of each of the fol-
11 lowing periods:

12 “(i) The period that ends 6 months
13 after the date on which the practice’s
14 agreement period for the demonstration
15 project begins, as determined by the Sec-
16 retary.

17 “(ii) The period that ends 12 months
18 after the date on which the practice’s
19 agreement period for the demonstration
20 project begins, as determined by the Sec-
21 retary.

22 “(iii) Subject to subsection (c)(7)—

23 “(I) the period that ends 18
24 months after the date on which the
25 practice’s agreement period for the

1 demonstration project begins, as de-
2 termined by the Secretary; and

3 “(II) the period that ends 24
4 months after the date on which the
5 practice’s agreement period for the
6 demonstration project begins, as de-
7 termined by the Secretary.

8 “(C) AMOUNT OF PAYMENT.—The Sec-
9 retary shall, in consultation with oncologists
10 who furnish oncology services for which pay-
11 ment may be made under part B in a manner
12 determined by the Secretary, determine the
13 amount of the care coordination management
14 fee described in subparagraph (A).

15 “(2) PERFORMANCE INCENTIVE PAYMENTS.—

16 “(A) IN GENERAL.—Subject to subpara-
17 graphs (C) and (E), the Secretary shall, in ad-
18 dition to any other payments made by the Sec-
19 retary under this title to a participating oncol-
20 ogy practice, pay a performance incentive pay-
21 ment to each such practice for each year of the
22 demonstration project described in subpara-
23 graph (B).

24 “(B) TIMING OF PAYMENTS.—The per-
25 formance incentive payment described in sub-

1 paragraph (A) shall be paid to a participating
2 oncology practice as soon as practicable fol-
3 lowing the end of the third, fourth, and fifth
4 years of the demonstration project.

5 “(C) SOURCE OF PAYMENTS.—Perform-
6 ance incentive payments made to participating
7 oncology practices under subparagraph (A) for
8 each of the years of the demonstration project
9 described in subparagraph (B) shall be paid
10 from the aggregate pool available for making
11 payments for each such year determined under
12 subparagraph (D), as available for each such
13 year.

14 “(D) AGGREGATE POOL AVAILABLE FOR
15 MAKING PAYMENTS.—With respect to each of
16 the years of the demonstration project described
17 in subparagraph (B), the aggregate pool avail-
18 able for making performance incentive pay-
19 ments for each such year shall be determined
20 by—

21 “(i) estimating the amount by which
22 the aggregate expenditures that would
23 have been expended for the year under
24 parts A and B for items and services fur-
25 nished to individuals attributed to partici-

1 pating oncology practices if the demonstra-
2 tion project had not been implemented ex-
3 ceeds such aggregate expenditures for such
4 individuals for such year of the demonstra-
5 tion project;

6 “ (ii) calculating the amount that is
7 half of the amount estimated under clause
8 (i); and

9 “ (iii) subtracting from the amount
10 calculated under clause (ii) the total
11 amount of payments made under para-
12 graph (1) that have not, in a prior applica-
13 tion of this clause, previously been so sub-
14 tracted from a calculation made under
15 clause (ii).

16 “(E) AMOUNT OF PAYMENTS TO INDI-
17 VIDUAL PRACTICES THAT MEET PERFORMANCE
18 STANDARDS AND ACHIEVE SAVINGS.—

19 “(i) PAYMENTS ONLY TO PRACTICES
20 THAT MEET PERFORMANCE STANDARDS.—

21 The Secretary may not make performance
22 incentive payments to a participating on-
23 cology practice under subparagraph (A)
24 with respect to a year of the demonstration
25 project described in subparagraph (B) un-

1 less the practice meets or exceeds the per-
2 formance standards developed under sub-
3 section (e)(4)(B) for the year with respect
4 to—

5 “(I) the measures on which the
6 practice has agreed to report to the
7 Secretary under subsection (c)(6)(A);
8 and

9 “(II) the patient experience of
10 care on which the practice has agreed
11 to report to the Secretary under sub-
12 section (c)(6)(B).

13 “(ii) CONSIDERATION OF PERFORM-
14 ANCE ASSESSMENT.—The Secretary shall,
15 in consultation with the appropriate stake-
16 holders described in subsection (e)(3)(B) in
17 a manner determined by the Secretary, de-
18 termine the amount of a performance in-
19 centive payment to a participating oncol-
20 ogy practice under subparagraph (A) for a
21 year of the demonstration project described
22 in subparagraph (B). In making a deter-
23 mination under the preceding sentence, the
24 Secretary shall take into account the per-
25 formance assessment of the practice under

1 subsection (e)(4)(A) with respect to the
2 year and the aggregate pool available for
3 making payments for such year determined
4 under subparagraph (D), as available for
5 such year.

6 “(3) ISSUANCE OF GUIDANCE.—Not later than
7 the date that is 12 months after the date of the en-
8 actment of this section, the Secretary shall issue
9 guidance detailing the methodology that the Sec-
10 retary will use to implement subparagraphs (D) and
11 (E) of paragraph (2).

12 “(g) SECRETARY REPORTS TO PARTICIPATING ON-
13 COLOGY PRACTICES.—The Secretary shall inform each
14 participating oncology practice, on a periodic (such as
15 quarterly) basis, of—

16 “(1) the performance of the practice with re-
17 spect to the measures on which the practice has
18 agreed to report to the Secretary under subsection
19 (c)(6)(A); and

20 “(2) the estimated amount by which the ex-
21 penditures that would have been expended under
22 parts A and B for items and services furnished to
23 individuals attributed to the practice if the dem-
24 onstration project had not been implemented exceeds
25 the actual expenditures for such individuals.

1 “(h) APPLICATIONS FROM ENTITIES TO PROVIDE
2 ACCREDITATIONS.—Not later than the date that is 18
3 months after the date of the enactment of this section,
4 the Secretary shall establish a process for the acceptance
5 and consideration of applications from entities for pur-
6 poses of determining which entities may provide accredita-
7 tion to practices under subsection (c)(4) in addition to the
8 entities described in such subsection.

9 “(i) REVISIONS TO DEMONSTRATION PROJECT.—The
10 Secretary may make appropriate revisions to the dem-
11 onstration project under this section in order for partici-
12 pating oncology practices under such demonstration
13 project to meet the definition of an eligible alternative pay-
14 ment entity for purposes of section 1833(z).

15 “(j) WAIVER AUTHORITY.—The Secretary may waive
16 such provisions of this title and title XI as the Secretary
17 determines necessary in order to implement the dem-
18 onstration project under this section.

19 “(k) ADMINISTRATION.—Chapter 35 of title 44,
20 United States Code, shall not apply to this section.”.

○