

111TH CONGRESS
1ST SESSION

H. R. 1927

To amend title XVIII of the Social Security Act to provide comprehensive cancer patient treatment education under the Medicare Program and to provide for research to improve cancer symptom management.

IN THE HOUSE OF REPRESENTATIVES

APRIL 2, 2009

Mr. ISRAEL (for himself and Mr. TIBERI) 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 comprehensive cancer patient treatment education under the Medicare Program and to provide for research to improve cancer symptom management.

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; TABLE OF CONTENTS.**

4 (a) SHORT TITLE.—This Act may be cited as the
5 “Assuring and Improving Cancer Treatment Education
6 and Cancer Symptom Management Act of 2009”.

1 (b) TABLE OF CONTENTS.—The table of contents of
 2 this Act is as follows:

Sec. 1. Short title; table of contents.
 Sec. 2. Findings.

TITLE I—COMPREHENSIVE CANCER PATIENT TREATMENT
 EDUCATION UNDER THE MEDICARE PROGRAM

Sec. 101. Medicare coverage of comprehensive cancer patient treatment edu-
 cation services.

TITLE II—RESEARCH ON CANCER SYMPTOM MANAGEMENT
 IMPROVEMENT

Sec. 201. Expansion of research.
 Sec. 202. Nursing intervention research grants.
 Sec. 203. Institute of Medicine study on the provision of symptom management
 and supportive care in people with cancer.

3 **SEC. 2. FINDINGS.**

4 The Congress makes the following findings:

5 (1) Many people with cancer experience side ef-
 6 fects, symptoms, and late complications associated
 7 with their disease and their treatment, which can
 8 have a serious adverse impact on their health, well-
 9 being, and quality of life.

10 (2) Many side effects and symptoms associated
 11 with cancer and its treatment can be reduced or con-
 12 trolled by the provision of timely symptom manage-
 13 ment and services and also by educating people with
 14 cancer and their caregivers about the potential ef-
 15 fects before treatment begins.

16 (3) Studies have found that individualized edu-
 17 cational intervention for cancer pain management
 18 from a registered nurse was effective for patients

1 with cancer being treated in outpatient and home-
2 based settings. Similarly, the number of caregivers
3 who said they were well informed and confident
4 about caregiving after attending a family caregiver
5 cancer education program which increased after pro-
6 gram attendance.

7 (4) People with cancer benefit from having an
8 educational session with oncology nurses in advance
9 of the initiation of treatment to learn how to reduce
10 the risk of and manage adverse effects and maximize
11 well-being. Helping patients to manage their side ef-
12 fects reduces adverse events and the need for urgent
13 or inpatient care.

14 (5) The Oncology Nursing Society has received
15 reports from its members that, because the Medicare
16 program and other payers do not cover the provision
17 of patient treatment education, patients and their
18 caregivers often do not receive adequate education
19 before the onset of such patients' treatment for can-
20 cer regarding the course of such treatment and the
21 possible side effects and symptoms such patients
22 may experience. The Oncology Nursing Society rec-
23 ommends that all patients being treated for cancer
24 have a one-on-one educational session with a nurse
25 in advance of the onset of such treatment so that

1 such patients and their caregivers receive the infor-
2 mation they need to help minimize adverse events re-
3 lated to such treatment and maximize the well-being
4 of such patients.

5 (6) Insufficient or non-existent Medicare pay-
6 ments coupled with poor investment in symptom
7 management research contribute to the inadequate
8 education of patients, poor management and moni-
9 toring of cancer symptoms, and inadequate handling
10 of late effects of cancer and its treatment.

11 (7) People with cancer often do not have the
12 symptoms associated with their disease and the asso-
13 ciated treatment managed in a comprehensive or ap-
14 propriate manner.

15 (8) People with cancer deserve to have access to
16 comprehensive care that includes appropriate treat-
17 ment and symptom management.

18 (9) Patients who receive infused chemotherapy
19 likely obtain some treatment education during the
20 course of the administration of their treatment; yet,
21 many do not, and individuals who may receive a dif-
22 ferent type of cancer care, such as radiation or sur-
23 gical interventions or oral chemotherapy taken at
24 home, likely do not receive treatment education dur-
25 ing their treatment.

1 (10) Comprehensive cancer care must include
2 access to services and management associated with
3 nausea, vomiting, fatigue, depression, pain, and
4 other symptoms.

5 (11) The Institute of Medicine report, “Ensuring
6 Quality Cancer Care” asserts that “much can be
7 done to relieve the symptoms, ease distress, provide
8 comfort, and in other ways improve the quality of
9 life of someone with cancer. For a person with can-
10 cer, maintenance of quality of life requires, at a min-
11 imum, relief from pain and other distressing symp-
12 toms, relief from anxiety and depressions, including
13 the fear of pain, and a sense of security that assist-
14 ance will be readily available if needed.”.

15 (12) The Institute of Medicine report, “Cancer
16 Care for the Whole Patient: Meeting Psychosocial
17 Health Needs” recognizes that cancer patients’ psy-
18 chosocial needs include information about their
19 therapies and the potential side effects.

20 (13) As more than half of all cancer diagnoses
21 occur among individuals age 65 and older, the chal-
22 lenges of managing cancer symptoms are growing
23 for patients enrolled in the Medicare program.

24 (14) Provision of Medicare payment for com-
25 prehensive cancer patient treatment education, cou-

1 pled with expanded cancer symptom management re-
2 search, will help improve care and quality of life for
3 people with cancer from the time of diagnosis
4 through survivorship or end of life.

5 **TITLE I—COMPREHENSIVE CAN-**
6 **CER PATIENT TREATMENT**
7 **EDUCATION UNDER THE**
8 **MEDICARE PROGRAM**

9 **SEC. 101. MEDICARE COVERAGE OF COMPREHENSIVE CAN-**
10 **CER PATIENT TREATMENT EDUCATION SERV-**
11 **ICES.**

12 (a) IN GENERAL.—Section 1861 of the Social Secu-
13 rity Act (42 U.S.C. 1395x), as amended by section 152
14 of the Medicare Improvements for Patients and Providers
15 Act of 2008 (Public Law 110–275), is amended—

16 (1) in subsection (s)(2)—

17 (A) by striking “and” at the end of sub-
18 paragraph (DD);

19 (B) by adding “and” at the end of sub-
20 paragraph (EE); and

21 (C) by adding at the end the following new
22 subparagraph:

23 “(FF) comprehensive cancer patient treatment
24 education services (as defined in subsection
25 (hhh)(1));” and

1 fects to be reported and to which health care
2 provider the side effects should be reported;

3 “(iii) includes the provision, in written
4 form, of information about the course of treat-
5 ment, any responsibilities of the individual with
6 respect to self-dosing, and ways in which to ad-
7 dress symptoms and side-effects; and

8 “(iv) is furnished, to the greatest extent
9 practicable, in an oral, written, or electronic
10 form that appropriately takes into account cul-
11 tural and linguistic needs of the individual in
12 order to make the information comprehensible
13 to the individual and such caregiver (or care-
14 givers); and

15 “(B) with respect to an individual for whom a
16 course of cancer treatment or therapy is materially
17 modified, a one-hour patient treatment education
18 session described in subparagraph (A), including up-
19 dated information on the matters described in such
20 subparagraph should the individual’s oncologic
21 health care professional deem it appropriate and
22 necessary.

23 “(2) In establishing standards to carry out paragraph
24 (1), the Secretary shall consult with appropriate organiza-
25 tions representing providers of oncology patient treatment

1 education services and organizations representing people
2 with cancer.”.

3 (b) PAYMENT.—Section 1833(a)(1) of such Act (42
4 U.S.C. 1395l(a)(1)), as amended by section 101 of the
5 Medicare Improvements for Patients and Providers Act of
6 2008 (Public Law 110–275), is amended—

7 (1) by striking “and” before “(W)”;

8 (2) by inserting before the semicolon at the end
9 the following: “, and (X) with respect to comprehen-
10 sive cancer patient treatment education service (as
11 defined in section 1861(hhh)(1)), 150 percent of the
12 payment rate established under section 1848 for dia-
13 betes outpatient self-management training services
14 (as defined in section 1861(qq)), determined and ap-
15 plied without regard to any coinsurance”.

16 (c) COVERAGE.—Section 1862(a)(1) of such Act (42
17 U.S.C. 1395y(a)(1)) is amended—

18 (1) in subparagraph (M), by striking “or” at
19 the end;

20 (2) in subparagraph (N), by striking the semi-
21 colon at the end and inserting “, and”;

22 (3) by adding at the end the following new sub-
23 paragraph:

24 “(O) in the case of comprehensive cancer pa-
25 tient treatment education services (as defined in

1 subsection (hhh)(1)) which are performed more fre-
2 quently than is covered under such section;”.

3 (d) NO IMPACT ON PAYMENT FOR OTHER SERV-
4 ICES.—Nothing in this section shall be construed to affect
5 or otherwise authorize any reduction or modification, in
6 the Medicare payment amounts otherwise established for
7 chemotherapy infusion or injection codes with respect to
8 the calculation and payment of minutes for chemotherapy
9 teaching or related services.

10 (e) EFFECTIVE DATE.—The amendments made by
11 this section shall apply to services furnished on or after
12 the first day of the first calendar year that begins after
13 the date of the enactment of this Act.

14 **TITLE II—RESEARCH ON CAN-**
15 **CER SYMPTOM MANAGEMENT**
16 **IMPROVEMENT**

17 **SEC. 201. EXPANSION OF RESEARCH.**

18 Subpart 1 of part C of title IV of the Public Health
19 Service Act (42 U.S.C. 285 et seq.) is amended by adding
20 at the end the following:

21 **“SEC. 417G. RESEARCH ON CANCER SYMPTOM MANAGE-**
22 **MENT IMPROVEMENT.**

23 **“(a) IN GENERAL.—**The Director of NIH shall ex-
24 pand, intensify, and coordinate programs for the conduct
25 and support of research with respect to—

1 “(1) improving the treatment and management
2 of symptoms and side effects associated with cancer
3 and cancer treatment; and

4 “(2) evaluating the role of nursing interventions
5 in the amelioration of such symptoms and side ef-
6 fects.

7 “(b) ADMINISTRATION.—The Director of NIH shall
8 carry out this section—

9 “(1) through the Director of the Institute; and

10 “(2) in collaboration with the directors of the
11 National Institute of Nursing Research, the Na-
12 tional Institute of Mental Health, the National Cen-
13 ter on Minority Health and Health Disparities, the
14 National Center for Complementary and Alternative
15 Medicine, and the Agency for Healthcare Research
16 and Quality.”.

17 **SEC. 202. NURSING INTERVENTION RESEARCH GRANTS.**

18 Subpart 1 of part C of title IV of the Public Health
19 Service Act (42 U.S.C. 285 et seq.), as amended by section
20 201, is amended by adding at the end the following:

21 **“SEC. 417H. NURSING INTERVENTION RESEARCH GRANTS.**

22 “(a) IN GENERAL.—The Director of NIH shall make
23 grants for research to be conducted—

24 “(1) with a registered nurse as the principal in-
25 vestigator; and

1 current state of symptom management, patient
2 treatment education, and supportive care given to
3 people with cancer.

4 (2) SPECIFIC MATTERS EVALUATED.—In con-
5 ducting the study and evaluation under paragraph
6 (1), the Institute shall—

7 (A) analyze any barriers to access to, and
8 delivery of, symptom management, patient
9 treatment education, and supportive care to
10 people with cancer;

11 (B) catalogue and evaluate the incentives
12 and disincentives in the current reimbursement
13 system that influence whether individuals re-
14 ceive comprehensive symptom management, pa-
15 tient treatment education, and supportive care,
16 including adequate and ongoing patient treat-
17 ment education;

18 (C) evaluate the importance of nursing
19 interventions in the management of symptoms
20 and side effects of cancer and the associated
21 treatment;

22 (D) consider such other matters as the In-
23 stitute determines appropriate; and

1 (E) make recommendations to address any
2 barriers, challenges, or other issues identified
3 through the study and evaluation.

4 (3) SCOPE OF REVIEW.—In conducting such
5 study and evaluation, the Institute shall consider a
6 variety of perspectives, including the perspectives of
7 patients and their family caregivers, registered
8 nurses, including nurses certified in oncology, physi-
9 cians, social workers, psychologists, other health care
10 professionals, and other experts and stakeholders.

11 (b) REPORT.—Not later than 18 months after the
12 date of enactment of this Act, the arrangement under sub-
13 section (a) shall provide for the Institute to submit to the
14 Secretary and to Congress a report on the study evalua-
15 tion conducted under such subsection. Such report shall
16 contain a detailed description of the findings of such study
17 and evaluation and recommendations for improving the
18 provision of symptom management, patient treatment edu-
19 cation, and supportive care to people with cancer.

20 (c) AUTHORIZATION OF APPROPRIATIONS.—There
21 are authorized to be appropriated such sums as may be
22 necessary for the purposes of conducting the study and
23 evaluation, and preparing the report, required by this sec-
24 tion.

○