

118TH CONGRESS
1ST SESSION

H. R. 4473

To amend title XVIII of the Social Security Act to provide for site neutral payment for cancer care services under part B of the Medicare program.

IN THE HOUSE OF REPRESENTATIVES

JULY 6, 2023

Mr. ARRINGTON (for himself, Mrs. LESKO, and Mr. BURGESS) 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 site neutral payment for cancer care services under part B of the Medicare program.

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 “Medicare Patient Ac-
5 cess to Cancer Treatment Act”.

6 **SEC. 2. FINDINGS; SENSE OF CONGRESS.**

7 (a) FINDINGS.—Congress finds the following:

1 (1) In January 2019, there were an estimated
2 16.9 million people in the United States with a his-
3 tory of cancer and that number is expected to in-
4 crease to 22.2 million in 2030.

5 (2) In 2018, national expenditures for cancer
6 care were an estimated \$150.8 billion.

7 (3) The United States is recognized as a leader
8 in developing new cancer treatments and providing
9 high-quality care for patients receiving cancer care.

10 (4) Cancer survival rates for all rare cancers is
11 17 percent higher in the United States than in Eu-
12 rope.

13 (5) More than half of the people in the United
14 States with cancer receive treatment in the commu-
15 nity cancer setting.

16 (6) Over the past 10 years, there has been a
17 shift in outpatient cancer care from the physician's
18 office to hospital outpatient departments.

19 (7) In June 2022, a MedPAC report found that
20 the hospital outpatient department (HOPD) share of
21 office visits provided to fee for service beneficiaries
22 grew from 9.6 percent in 2012 to 13.1 percent in
23 2019, and the HOPD share of chemotherapy admin-
24 istration services rose from 35.2 percent to 50.9 per-
25 cent.

1 (8) This shift in care was partially the result of
2 the increase in consolidation among healthcare pro-
3 viders.

4 (9) 48,400 additional physicians left inde-
5 pendent practice and became employees of hospitals
6 or other corporate entities, and 22,700 of that
7 growth occurred after the onset of COVID–19, re-
8 sulting in a 12 percent increase in employment.

9 (10) The consolidation of healthcare practices
10 and the resulting shift in care to hospital settings
11 has increased costs for Medicare beneficiaries by
12 \$150 million and the Medicare program by \$615
13 million between 2015 and 2019.

14 (11) This shift in care has increased costs for
15 patients but has not been accompanied by improved
16 quality of care.

17 (12) A 2019 study found that average price for
18 a level 5 drug administration visit increased 57 per-
19 cent in outpatient settings from 2009 to 2017 but
20 only 15 percent in office settings.

21 (13) If payment rates between settings were
22 aligned Medicare program spending in 2019 would
23 have declined by \$6.6 billion and beneficiary cost-
24 sharing obligations by \$1.7 billion.

1 (b) SENSE OF CONGRESS.—It is the sense of Con-
2 gress that, to ensure the future of community cancer care,
3 Medicare reimbursement should be equal for the same
4 service provided to a cancer patient regardless of whether
5 the service is delivered in the hospital outpatient depart-
6 ment or physician’s office.

7 **SEC. 3. SITE NEUTRAL PAYMENT FOR CANCER CARE SERV-**
8 **ICES UNDER MEDICARE PART B.**

9 Section 1833(t) of the Social Security Act (42 U.S.C.
10 1395l(t)) is amended—

11 (1) in paragraph (1)(B)—

12 (A) in clause (iv), by striking “; and” and
13 inserting a semicolon;

14 (B) in clause (v), by striking the period at
15 the end and inserting “; and”; and

16 (C) by adding at the end the following new
17 clause:

18 “(vi) does not include cancer care
19 services (as defined in paragraph (23)(A))
20 that are furnished during 2025 or a subse-
21 quent year.”; and

22 (2) by adding at the end the following new
23 paragraph:

24 “(23) SITE NEUTRAL PAYMENT FOR CANCER
25 CARE SERVICES.—

1 “(A) CANCER CARE SERVICES DEFINED.—
2 For purposes of paragraph (1)(B)(vi) and this
3 paragraph, the term ‘cancer care services’
4 means services specified by the Secretary—

5 “(i) that without application of this
6 paragraph or paragraph (1)(B)(vi), would
7 be payable under this subsection or pursu-
8 ant to paragraph (21);

9 “(ii) that are furnished in conjunction
10 with the diagnosis or treatment of cancer;
11 and

12 “(iii) for which payment may be made
13 under section 1848(b) if such services were
14 furnished in a physician office setting.

15 “(B) PAYMENT.—Payment for cancer care
16 services shall be made in the same manner and
17 to the same extent as payment is made pursu-
18 ant to paragraph (21)(C) under the applicable
19 payment system described in such paragraph
20 with respect to applicable items and services
21 furnished by an off-campus outpatient depart-
22 ment of a provider that are described in para-
23 graph (1)(B)(v).”.

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