

117TH CONGRESS
2D SESSION

H. R. 9565

To address the health of cancer survivors and unmet needs that survivors face through the entire continuum of care from diagnosis through active treatment and posttreatment, in order to improve survivorship, treatment, transition to recovery and beyond, quality of life and palliative care, and long-term health outcomes, including by developing a minimum standard of care for cancer survivorship, irrespective of the type of cancer, a survivor's background, or forthcoming survivorship needs, and for other purposes.

IN THE HOUSE OF REPRESENTATIVES

DECEMBER 14, 2022

Ms. WASSERMAN SCHULTZ (for herself, Mr. FITZPATRICK, and Mr. DESAULNIER) introduced the following bill; which was referred to the Committee on Energy and Commerce, and in addition to the Committees on Ways and Means, and Education and Labor, 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 address the health of cancer survivors and unmet needs that survivors face through the entire continuum of care from diagnosis through active treatment and posttreatment, in order to improve survivorship, treatment, transition to recovery and beyond, quality of life and palliative care, and long-term health outcomes, including by developing a minimum standard of care for cancer survivorship, irrespective of the type of cancer,

a survivor’s background, or forthcoming survivorship needs, 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; TABLE OF CONTENTS.**

4 (a) **SHORT TITLE.**—This Act may be cited as the
 5 “Comprehensive Cancer Survivorship Act”.

6 (b) **TABLE OF CONTENTS.**—The table of contents of
 7 this Act is as follows:

- Sec. 1. Short title; table of contents.
- Sec. 2. Findings.
- Sec. 3. Definitions.
- Sec. 4. Coverage of cancer care planning and coordination services.
- Sec. 5. Survivorship transition tools.
- Sec. 6. Alternative payment model.
- Sec. 7. Survivorship navigation.
- Sec. 8. Survivorship care demonstration program.
- Sec. 9. Cancer survivor workforce assistance grants.
- Sec. 10. Comprehensive cancer survivorship program.
- Sec. 11. Adult cancer survivorship study.
- Sec. 12. Survivorship progress report.
- Sec. 13. Promoting State innovations to ease transitions to the primary care setting for children with cancer.
- Sec. 14. Childhood cancer demonstration model and standard of care.
- Sec. 15. Medicaid coverage of fertility preservation services for cancer patients.

8 **SEC. 2. FINDINGS.**

9 Congress finds the following:

10 (1) A cancer survivor is any individual with a
 11 history of cancer, from the time of diagnosis through
 12 the rest of their life, across the continuum of care.

13 (2) Today, there are approximately 18,000,000
 14 Americans who are cancer survivors, and the num-
 15 ber of survivors is projected to reach 26,000,000 by
 16 2040. Therefore, there is a great need to be able to

1 provide ways to sustain the care needed and to offer
2 those living with, through, and beyond cancer a safe,
3 supportive, and accommodating environment where
4 such individuals can engage in physical and social
5 support activities to sustain optimal quality of life.

6 (3) Cancer survivors face difficult emotional,
7 psychological, neurological, financial, and other
8 physical challenges that persist beyond diagnosis and
9 treatment, often arising months and years after ac-
10 tive cancer treatment ends.

11 (4) Cancer survivors have unique needs and
12 must manage short- and long-term effects of their
13 treatment, as well as regular screenings for cancer
14 recurrence or new cancers.

15 (5) Cancer survivors of racial and ethnic diver-
16 sity have disproportionately lower health-related,
17 quality-of-life scores compared to non-Hispanic
18 White cancer survivors.

19 (6) Cancer survivors living in rural areas have
20 less access to services and have poorer outcomes
21 than survivors in metropolitan areas.

22 (7) Children, adolescent, and young adult can-
23 cer survivors are particularly susceptible to long-
24 term consequences from treatment, and up to 80
25 percent have a severe, disabling, life-threatening, or

1 fatal health condition by the age of 50. Best prac-
2 tices in this area would improve treatment, quality
3 of life, and long-term health outcomes.

4 (8) Clinical trials have shown that cancer survi-
5 vorship programs help cancer survivors meet or ex-
6 ceed the recommended amount of physical activity,
7 significantly increasing their cardiovascular health
8 and overall quality of life and decreasing their can-
9 cer-related fatigue.

10 (9) Survivorship care refers to the medical or
11 psychosocial care of an individual who has completed
12 their primary treatment for cancer, or of an indi-
13 vidual who is undergoing maintenance or intermit-
14 tent medical treatment or maintenance psychosocial
15 care for cancer, or of an individual living with meta-
16 static disease under continuous medical or psycho-
17 social treatment.

18 (10) Despite the National Cancer Institute and
19 other professional organizations' definition of a can-
20 cer survivor beginning on the day of a cancer diag-
21 nosis, there is little agreement among clinicians, re-
22 searchers, and insurance companies on what services
23 are included in "survivorship care" and the point at
24 which "survivorship care" begins.

1 (11) Cancer survivors, their families, their care-
2 givers, and their providers face many difficulties un-
3 derstanding and coordinating the transition from
4 specialty to primary care, and for this reason com-
5 munication and treatment are often fragmented and
6 inconsistent.

7 (12) To avoid additional health-related or finan-
8 cial hardships to cancer survivors and their families,
9 comprehensive and forward-thinking cancer survivor-
10 ship studies and programs across Federal agencies
11 are required to engage in a coordinated effort to im-
12 prove health outcomes and quality of life of sur-
13 vivors.

14 **SEC. 3. DEFINITIONS.**

15 In this Act:

16 (1) **CANCER SURVIVOR.**—The term “cancer sur-
17 vivor” means anyone who remains alive from the
18 time of a cancer diagnosis.

19 (2) **CAREGIVER.**—The term “caregiver” means
20 a family member, friend, or other person who cares
21 for an older person or adult with a chronic or dis-
22 abling condition, including cancer.

23 (3) **PATIENT EXPERIENCE DATA.**—The term
24 “patient experience data” means patient experiences,
25 perspectives, needs, and priorities related to—

1 (A) the symptoms of the patient’s condi-
2 tions and the natural history of such conditions;

3 (B) the impact of the conditions on the pa-
4 tient’s functioning and quality of life;

5 (C) the patient’s experience with treat-
6 ments;

7 (D) input on which outcomes are impor-
8 tant to the patient;

9 (E) patient preferences for outcomes and
10 treatments; and

11 (F) the relative importance of any issues
12 as defined by patients.

13 (4) PSYCHOSOCIAL EFFECTS.—The term “psy-
14 chosocial effects”—

15 (A) means the psychological, behavioral,
16 emotional, and social effects of a disease, such
17 as cancer, and its treatment; and

18 (B) in the case of such effects of cancer,
19 includes changes in how a patient thinks, their
20 feelings, moods, beliefs, ways of coping, and re-
21 lationships with family, friends, and coworkers.

22 (5) PSYCHOSOCIAL CARE.—The term “psycho-
23 social care” means psychological and social services
24 and interventions that enable survivors, patients,
25 their families, and health care providers to optimize

1 health care and to manage the psychological, behav-
2 ioral, physical, emotional, and social aspects of ill-
3 ness and its consequences so as to promote better
4 health and well-being.

5 (6) SECRETARY.—Except as otherwise speci-
6 fied, the term “Secretary” means the Secretary of
7 Health and Human Services.

8 (7) SURVIVORSHIP.—The term “survivorship”
9 means the period from the time of cancer diagnosis
10 until the end of life, including any portions of such
11 period during which interventions are necessary to
12 address—

13 (A) the physical, mental, emotional, social,
14 and financial effects of cancer that begin at di-
15 agnosis and continue through treatment and be-
16 yond; and

17 (B) issues related to follow-up care (includ-
18 ing regular health and wellness checkups), late
19 and long-term effects of treatment, screening
20 for cancer recurrence and new cancers, and
21 quality of life.

22 (8) SURVIVORSHIP CARE PLAN.—The term
23 “survivorship care plan”—

24 (A) means an individualized care plan for
25 patients who have been treated for cancer; and

1 (B) includes a treatment summary and any
2 follow-up care guidelines in such plan that—

3 (i) are for monitoring and maintain-
4 ing the patient’s medical and psychosocial
5 health and well-being; and

6 (ii) are meant to be a transition and
7 communication tool for the survivor, their
8 family, their caregiver, and all their health
9 care providers.

10 (9) SURVIVORSHIP NAVIGATION.—The term
11 “survivorship navigation” means a service that—

12 (A) helps patients overcome health care
13 system and social determinants of health bar-
14 riers; and

15 (B) provides patients with timely access to
16 high-quality medical, physical, and psychosocial
17 care from their cancer diagnosis through all
18 phases of their cancer experience.

19 (10) TREATMENT SUMMARY.—The term “treat-
20 ment summary” means a detailed summary of a pa-
21 tient’s disease, the types of treatment the patient re-
22 ceived, members of the patient’s care team, and any
23 side effects or other problems, including psychosocial
24 effects, caused by treatment.

1 **SEC. 4. COVERAGE OF CANCER CARE PLANNING AND CO-**
2 **ORDINATION SERVICES.**

3 (a) IN GENERAL.—Section 1861 of the Social Secu-
4 rity Act (42 U.S.C. 1395x) is amended—

5 (1) in subsection (s)(2)—

6 (A) by striking “and” at the end of sub-
7 paragraph (GG);

8 (B) by adding “and” at the end of sub-
9 paragraph (HH); and

10 (C) by adding at the end the following new
11 subparagraph:

12 “(II) cancer care planning and coordination
13 services (as defined in subsection (III))”; and

14 (2) by adding at the end the following new sub-
15 section:

16 “Cancer Care Planning and Coordination Services

17 “(III)(1) The term ‘cancer care planning and coordi-
18 nation services’ means, with respect to an individual who
19 is diagnosed with cancer, the development of a treatment
20 plan by a physician, physician assistant, or nurse practi-
21 tioner that—

22 “(A) includes each component of the Institute
23 of Medicine Care Management Plan (as described in
24 the article entitled ‘Delivering High-Quality Cancer
25 Care: Charting a New Course for a System in Crisis’
26 published by the Institute of Medicine);

1 “(B) is furnished in written form or electroni-
2 cally, at the visit of such individual with such physi-
3 cian, physician assistant, or nurse practitioner, or as
4 soon after the date of the visit as practicable; and

5 “(C) is furnished, to the greatest extent prac-
6 ticable, in a form that appropriate takes into ac-
7 count cultural and linguistic needs of the individual
8 in order to make the plan accessible to the indi-
9 vidual.

10 “(2) The Secretary shall establish frequencies at
11 which services described in paragraph (1) may be fur-
12 nished, provided that such services may be furnished with
13 respect to an individual—

14 “(A) at the time such individual is diagnosed
15 with cancer for purposes of planning treatment;

16 “(B) if there is a change in the condition of
17 such individual or such individual’s treatment pref-
18 erences;

19 “(C) at the end of active treatment and begin-
20 ning of survivorship care; and

21 “(D) if there is a recurrence of such cancer.”.

22 (b) PAYMENT UNDER PHYSICIAN FEE SCHEDULE.—

23 (1) IN GENERAL.—Section 1848(j)(3) of the
24 Social Security Act (42 U.S.C. 1395w-4(j)(3)) is

1 amended by inserting “(2)(II),” after “health risk
2 assessment),”.

3 (2) INITIAL RATES.—Unless the Secretary oth-
4 erwise provides, the payment rate specified under
5 the physician fee schedule under the amendment
6 made by paragraph (1) for cancer care planning and
7 coordination services shall be the same payment rate
8 as provided for transitional care management serv-
9 ices (as defined in CPT code 99496).

10 (c) 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 **SEC. 5. SURVIVORSHIP TRANSITION TOOLS.**

15 (a) IN GENERAL.—The head of the Office of the Na-
16 tional Coordinator for Health Information Technology, in
17 collaboration with Director of the Agency for Healthcare
18 Research and Quality, shall—

19 (1) evaluate existing models for survivorship
20 care plans, as they relate to both adults and chil-
21 dren, through engagement with professional soci-
22 eties, payors, patient advocacy organizations, com-
23 munity-based organizations, electronic health record
24 vendors, and other stakeholders;

1 (2) evaluate other existing tools for developing
2 survivorship care plans, such as—

3 (A) survivorship guidelines of the National
4 Comprehensive Cancer Network and the Amer-
5 ican Society of Clinical Oncology; or

6 (B) tools such as Passport for Care;

7 (3) collaborate with the Office for Civil Rights
8 of the Department of Health and Human Services to
9 evaluate the privacy and security implications of—

10 (A) consolidating treatment history and
11 survivorship guidelines into a personalized sur-
12 vivorship care plan, as described in paragraph
13 (4); and

14 (B) patient use of computer or mobile
15 phone-based application programs described in
16 paragraph (4)(B); and

17 (4) taking into consideration the results of eval-
18 uation under paragraphs (1) and (2)—

19 (A) not later than 12 months after the
20 date of enactment of this Act, publish informa-
21 tion resources for cancer patients and providers
22 on strategies for consolidating treatment history
23 and survivorship guidelines into a personalized
24 survivorship care plan to guide survivorship
25 monitoring and follow-up care; and

1 (B) include in such information resources
2 recommendations about possible patient use of
3 application programs (“apps”) to develop per-
4 sonalized survivorship care plans.

5 (b) DEFINITION.—In this section, the term “elec-
6 tronic health record” means an electronic record of health-
7 related information on an individual that is created, gath-
8 ered, managed, and consulted by authorized health care
9 clinicians and staff.

10 **SEC. 6. ALTERNATIVE PAYMENT MODEL.**

11 Not later than 18 months after the date of the enact-
12 ment of this Act, the Secretary shall submit to Congress
13 a report containing a description of an alternative pay-
14 ment model for payment under title XVIII and title XIX
15 of the Social Security Act (42 U.S.C. 1395 et seq., 1396
16 et seq.) for items and services relating to cancer survivor-
17 ship care. The report shall include the following:

18 (1) A description of what event would trigger
19 an individual’s entry into such a model (such as the
20 end of the individual’s active cancer treatment, the
21 beginning of the individual’s need for supportive
22 care during active treatment, or another event).

23 (2) The length of the individual’s participation
24 under such model, including a description of any
25 ability to extend such participation.

1 (3) In the case that such model is based on an
2 episode of care, the appropriate length of the survi-
3 vorship episode of care and whether additional epi-
4 sodes may be triggered, if necessary.

5 (4) Strategies to ensure that any episode of
6 care under such a model begins with the develop-
7 ment and dissemination of a survivorship care plan
8 for the transition from active cancer treatment to
9 follow-up care to the individual and all relevant
10 health care providers.

11 (5) A description of any bundled payment pack-
12 ages that will be used under such model.

13 (6) A specification of any follow up or new
14 screening under such model for unmet needs of indi-
15 viduals participating in such model.

16 (7) How consistent, shared decision making will
17 be promoted under such model so that individuals
18 are given the knowledge needed for self-management
19 between episodes of care.

20 (8) A specification of which types of health care
21 providers may furnish items and services under such
22 model, including genetic counselors and mental
23 health professionals.

24 (9) Strategies for applying evidence-based risk
25 stratification principles to direct survivors to person-

1 alized care pathways that match the level of care
2 needed to the relative risks and needs of the sur-
3 vivor.

4 (10) Strategies for coordination of care between
5 such providers, such as between specialists and pri-
6 mary care providers, and how principal responsibility
7 will be assigned for an episode of care.

8 (11) Strategies for addressing social deter-
9 minants of health through such model.

10 (12) A description of how such model will pro-
11 mote—

12 (A) prevention, early detection surveillance,
13 and treatment for individuals continuing to re-
14 ceive systemic therapy after the end of active
15 cancer treatment;

16 (B) such individuals' understanding of,
17 and access to, treatment;

18 (C) survivorship research; and

19 (D) the continuing health of cancer sur-
20 vivors.

21 (13) An analysis of how different forms and
22 stages of cancer may require the development of dif-
23 ferent survivorship plans and alternative payment
24 models based on varying episodes of care.

1 (14) A plan for testing any alternative payment
2 model described in the report, including the timing
3 of such testing, an analysis of the impact of such
4 testing, any barriers to implementing such testing,
5 and any other recommendations determined appro-
6 priate by the Secretary.

7 **SEC. 7. SURVIVORSHIP NAVIGATION.**

8 (a) REVIEW OF PROGRAMS AND NAVIGATION
9 STUDY.—

10 (1) IN GENERAL.—Not later than 18 months
11 after the date of enactment of this Act, the Sec-
12 retary shall—

13 (A) complete a review of previous and cur-
14 rent cancer survivorship navigation programs,
15 including any applicable standards of care such
16 as those of the Professional Oncology Naviga-
17 tion Task Force, and the Academy of Oncology
18 Nurse & Patient Navigators, the Oncology
19 Nursing Society; and

20 (B) submit a report to the Congress on the
21 results of such review.

22 (2) CONSIDERATIONS.—In carrying out sub-
23 section (a), the Secretary shall take into consider-
24 ation each of the following:

1 (A) How cancer survivorship navigation
2 program services might be provided from diag-
3 nosis across the continuum of care through sur-
4 vivorship, taking into consideration—

5 (i) the type of navigation services that
6 are most effective for survivors at the time
7 of diagnosis; and

8 (ii) the type of navigation services
9 that are most useful for survivors who are
10 managing the late and long-term effects of
11 cancer and cancer treatment.

12 (B) How navigation services might evolve
13 over the continuum of care and how to encour-
14 age a dynamic navigation system.

15 (C) Training needs for navigators.

16 (D) Comparison and delineation of naviga-
17 tion services provided by lay and professional
18 navigators.

19 (E) Evaluation of optimal strategies for of-
20 fering survivors navigation services and encour-
21 aging their utilization of such services.

22 (F) Defining—

23 (i) the continuum of care during
24 which services are provided; and

1 (ii) the nature of services for a long-
2 term survivor.

3 (G) The location of navigation services
4 (such as whether such services should be pro-
5 vided as part of oncology practices or outside of
6 oncology practices).

7 (H) Federal financing for navigation serv-
8 ices (such as whether to finance such services
9 through a grant program funded through an-
10 nual discretionary appropriations).

11 (I) Alternative delivery and payment mod-
12 els for cancer survivorship navigation services,
13 including consideration of—

14 (i) an episode-of-care model for pro-
15 viding cancer survivorship navigation serv-
16 ices, or a patient-focused navigation benefit
17 that survivors could utilize in different set-
18 tings, with the navigation services meeting
19 standards set by the Secretary; and

20 (ii) services funded through the Medi-
21 care and Medicaid programs.

22 (J) Resources and the role of patient adv-
23 eacy organizations and peer support networks
24 in cancer survivorship navigation services.

1 (b) DEMONSTRATION PROGRAM FOR NAVIGATION
2 SERVICES FOR CANCER SURVIVORS.—

3 (1) IN GENERAL.—The Secretary shall carry
4 out a demonstration program consisting of awarding
5 grants to eligible entities to provide navigation serv-
6 ices to cancer survivors.

7 (2) TIMING.—The Secretary shall initiate the
8 demonstration program under this subsection not
9 later than 12 months after completing the review as
10 required under subsection (a)(1)(A).

11 (3) ELIGIBLE ENTITIES.—To be eligible to re-
12 ceive a grant under this subsection, an entity shall—

13 (A) have staff and expertise to provide
14 navigation services; and

15 (B) be—

16 (i) a community-based organization;

17 (ii) a patient-centered education and
18 service organization;

19 (iii) a nonprofit patient or cancer ad-
20 vocacy organization;

21 (iv) a community cancer provider;

22 (v) a cancer center;

23 (vi) a hospital;

24 (vii) a community health center; or

1 (viii) another type of entity as the
2 Secretary determines appropriate.

3 (4) USE OF FUNDS.—A recipient of a grant
4 under this section shall use the grant to provide
5 navigation services to cancer survivors, including
6 by—

7 (A) offering navigation services from diag-
8 nosis through the continuum of care, including
9 long-term survivorship, or offering navigation
10 services from the end of active treatment with
11 an emphasis on facilitating the transition from
12 active treatment to long-term survivorship care
13 and throughout survivorship;

14 (B) in a timely manner, assisting cancer
15 survivors to navigate cancer treatment and fol-
16 low-up services, such as screenings, risk assess-
17 ment, mitigation, health promotion activities,
18 providing health information and education,
19 coaching, and support;

20 (C) addressing cancer care disparities in
21 the design and delivery of services;

22 (D) ensuring coordination with the sur-
23 vivor's health care providers;

1 (E) following evidence-based survivorship
2 care guidelines in the design and delivery of
3 survivorship services;

4 (F) ensuring the delivery of culturally ap-
5 propriate services and materials; and

6 (G) assisting cancer survivors to meet and
7 overcome barriers to treatment and follow-up
8 services, such as any such barriers relating to
9 food insecurity, housing, transportation, labor,
10 access to broadband connectivity, the avail-
11 ability of telehealth, or child care, with empha-
12 sis placed on high-risk populations.

13 **SEC. 8. SURVIVORSHIP CARE DEMONSTRATION PROGRAM.**

14 (a) **IN GENERAL.**—The Secretary shall carry out a
15 demonstration program for a period of 5 years consisting
16 of awarding grants to improve the quality of cancer survi-
17 vorship care.

18 (b) **TIMING.**—The Secretary shall initiate the dem-
19 onstration program under this section not later than 1
20 year after the date of enactment of this Act.

21 (c) **DEMONSTRATION SITES.**—The Secretary shall
22 ensure that grants are awarded under this section to im-
23 prove the quality of cancer survivorship care at a wide di-
24 versity of sites, including—

1 (1) in urban, suburban, rural, and Tribal areas;
2 and

3 (2) cancer care sites including cancer centers,
4 academic health centers, Federally qualified health
5 centers, rural health clinics, physician offices, Tribal
6 organizations, community-based health care pro-
7 viders, and health care providers serving medically
8 underserved areas.

9 (d) AREAS OF FOCUS UNDER THE DEMONSTRATION
10 PROGRAM.—The demonstration program under this sec-
11 tion shall be designed to ensure the development of a vari-
12 ety of models for survivorship care that will permit evalua-
13 tion of a variety of care strategies, including—

14 (1) utilization of navigators to assist survivors
15 in obtaining survivorship care;

16 (2) employment of risk-stratification to better
17 determine the nature and intensity of services that
18 survivors require;

19 (3) transitions of care from cancer care pro-
20 viders to primary care providers, through transition-
21 of-care models that involve collaboration between
22 cancer care specialists and primary care providers;

23 (4) the training needs of primary care providers
24 to be better equipped to work with survivors in pri-
25 mary care settings;

1 (5) utilization of survivorship care plans to fa-
2 cilitate coordination of survivorship care;

3 (6) experimentation with providing cancer sur-
4 vivorship care at home;

5 (7) use of information technology to plan and
6 coordinate care to improve the consistent identifica-
7 tion, collection, and measurement of all forms of pa-
8 tient experience data, including patient-reported out-
9 comes of patient-reported symptoms and quality-of-
10 life measures; and

11 (8) expansion of existing successful models of
12 survivorship care.

13 (e) EVALUATION OF DEMONSTRATION PROGRAM.—
14 The Secretary shall—

15 (1) develop a plan for evaluating the projects
16 that are conducted as part of the demonstration pro-
17 gram under this section; and

18 (2) not later than 18 months after the end of
19 the 5-year demonstration program, complete such
20 evaluation and submit a report to the Congress on
21 the results of such evaluation.

22 **SEC. 9. CANCER SURVIVOR WORKFORCE ASSISTANCE**
23 **GRANTS.**

24 (a) IN GENERAL.—The Secretary of Labor, in con-
25 sultation with the Secretary of Health and Human Serv-

1 ices, shall carry out a program to award grants to non-
2 profit organizations and other entities to provide edu-
3 cation and targeted assistance—

4 (1) to eligible cancer survivors facing barriers
5 to employment, including those who remain in the
6 workforce during treatment, those who reduce work-
7 ing hours while in treatment, and those who reenter
8 the workforce after a treatment-related departure;
9 and

10 (2) to the families and caregivers of such eligi-
11 ble cancer survivors.

12 (b) PROGRAM COMPONENTS.—The program under
13 this section shall include the following:

14 (1) Assistance, career and training services, and
15 supportive services for eligible cancer survivors who
16 stay in the workforce during treatment, and for their
17 families and caregivers, including—

18 (A) transportation assistance;

19 (B) childcare assistance;

20 (C) nutritional assistance;

21 (D) physical activity assistance;

22 (E) psychosocial assistance;

23 (F) financial assistance during a period of
24 medical leave; and

25 (G) other similar assistance.

1 (2) Assistance and education for eligible cancer
2 survivors who leave the workforce during treatment,
3 and for their families and caregivers, including—

4 (A) financial assistance during a period of
5 medical leave;

6 (B) assistance with premiums for continu-
7 ation coverage provided pursuant to part 6 of
8 subtitle B of title I of the Employee Retirement
9 Income Security Act of 1974 (29 U.S.C. 1161
10 et seq.), title XXII of the Public Health Service
11 Act (42 U.S.C. 300bb–1 et seq.), or section
12 4980B of the Internal Revenue Code of 1986
13 (26 U.S.C. 4980B); and

14 (C) career and training services, including
15 upskilling and reskilling, for eligible cancer sur-
16 vivors who are not able to return to work after
17 treatment.

18 (3) Assistance, career and training services, and
19 supportive services for eligible cancer survivors who
20 are unable to work after a cancer diagnosis, and
21 their families and caregivers, including—

22 (A) assistance in applying for—

23 (i) supplemental security income bene-
24 fits under title XVI of the Social Security
25 Act (42 U.S.C. 1381 et seq.);

1 (ii) disability insurance benefits under
2 section 223 of the Social Security Act (42
3 U.S.C. 423);

4 (iii) benefits under a State plan, or
5 waiver of such plan, under title XIX of the
6 Social Security Act (42 U.S.C. 1396 et
7 seq.);

8 (iv) with respect to minimizing delays
9 in eligibility before a cancer survivor be-
10 comes eligible for Medicare coverage, bene-
11 fits under the Medicare program under
12 title XVIII of the Social Security Act (42
13 U.S.C. 1801 et seq.), including with re-
14 spect to enrolling in plans under part C or
15 D of such title and supplemental plans
16 under section 1882 of such title;

17 (v) State and private sector assistance
18 programs for such cancer survivors; and

19 (vi) career and training services avail-
20 able under title I, II, or IV of the Work-
21 force Innovation and Opportunity Act (29
22 U.S.C. 3101 et seq.); and

23 (B) information on the eligibility of a can-
24 cer survivor, and their families and caregivers,

1 for benefits or services described in any of
2 clauses (i) through (vi) of subparagraph (A).

3 (c) EVIDENCE-BASED RESOURCES.—In carrying out
4 this section, the Secretary of Labor, in consultation with
5 the Secretary of Health and Human Services, shall use
6 evidence-based resources, including—

7 (1) nationally recognized evidence-based guide-
8 lines; and

9 (2) other resources as determined by the Sec-
10 retary.

11 (d) DEFINITIONS.—In this section:

12 (1) The term “eligible cancer survivor” means
13 a cancer survivor (as defined in section 3) who—

14 (A) remains in the workforce during cancer
15 treatment;

16 (B) reduces working hours during cancer
17 treatment;

18 (C) reenters the workforce after a cancer
19 treatment-related departure; or

20 (D) leaves the workforce as the result of a
21 cancer diagnosis or related complications.

22 (2) The term “supportive services” has the
23 meaning given such term in section 3 of the Work-
24 force Innovation and Opportunity Act (29 U.S.C.
25 3102).

1 **SEC. 10. COMPREHENSIVE CANCER SURVIVORSHIP PRO-**
2 **GRAM.**

3 (a) IN GENERAL.—The Secretary shall carry out a
4 comprehensive cancer survivorship program that in-
5 cludes—

6 (1) a cancer survivorship resource center in ac-
7 cordance with subsection (b) to provide evidence-
8 based resources to cancer survivors, their families,
9 and their caregivers;

10 (2) a health care professional resource center in
11 accordance with subsection (c) to assist and educate
12 health care professionals in the delivery of high-qual-
13 ity survivorship care;

14 (3) an educational campaign in accordance with
15 subsection (d) to provide health care professionals
16 with resources to improve cancer survivorship care;
17 and

18 (4) a program of supportive care services in ac-
19 cordance with subsection (e) to improve the quality
20 of life and long-term survivorship of cancer sur-
21 vivors.

22 (b) CANCER SURVIVORSHIP RESOURCE CENTER.—

23 (1) ESTABLISHMENT.—The Secretary shall es-
24 tablish and operate a survivorship resource center
25 (in this subsection referred to as the “Center”) that

1 serves as a comprehensive source of information and
2 resources related to survivorship.

3 (2) TIMING.—Not later than 2 years after the
4 date of enactment of this Act, the Secretary shall es-
5 tablish and begin operation of the Center.

6 (3) CONSULTATION.—In establishing and oper-
7 ating the Center, the Secretary shall consult with
8 cancer survivors, patient organizations, health pro-
9 fessionals, researchers, health education organiza-
10 tions, oncology professional societies and other med-
11 ical societies, community-based organizations, and
12 science education organizations regarding—

13 (A) the information and resources that
14 would assist cancer survivors in managing the
15 survivorship experience and obtaining high-
16 quality care across the continuum of care;

17 (B) gaps in such information and re-
18 sources that need to be addressed to respond to
19 the needs of cancer survivors; and

20 (C) optimal strategies for ensuring that
21 cancer survivors have access to the Center, in-
22 cluding strategies that provide virtual options,
23 online resources, and marketing.

24 (4) USE OF AVAILABLE EVIDENCE-BASED RE-
25 SOURCES.—In establishing and operating the Cen-

1 ter, the Secretary shall, with permission and attribu-
2 tion, rely on and utilize the evidence-based materials
3 and resources developed, collected, and distributed
4 by cancer organizations.

5 (c) HEALTH CARE PROFESSIONAL RESOURCE CEN-
6 TER.—

7 (1) IN GENERAL.—The Secretary shall establish
8 and operate a health care professional resource cen-
9 ter (in this subsection referred to as the “Center”)
10 that serves as a comprehensive source of information
11 and resources to assist health care professionals in
12 the delivery of high-quality survivorship care.

13 (2) REFERENCE CANCER SURVIVORSHIP GUIDE-
14 LINES.—In establishing and operating the Center,
15 the Secretary shall reference cancer survivorship
16 guidelines developed by cancer care professional soci-
17 eties, patient organizations, research foundations,
18 and other health care professional societies in the
19 development of materials related to survivorship
20 care.

21 (3) SUPPORT PARTNERSHIPS BETWEEN CANCER
22 SPECIALTY SOCIETIES AND PRIMARY CARE PRO-
23 VIDER ORGANIZATIONS.—In establishing and oper-
24 ating the Center, the Secretary shall facilitate col-
25 laboration between cancer care specialty societies

1 and primary care provider organizations in the de-
2 velopment of standards for survivorship care, includ-
3 ing standards for coordination of care and transi-
4 tions of care from active treatment to long-term sur-
5 vivorship care.

6 (d) CAMPAIGN TO EDUCATE SURVIVORS AND
7 HEALTH CARE PROFESSIONALS IN SURVIVORSHIP
8 CARE.—

9 (1) IN GENERAL.—The Secretary acting
10 through the Director of the Centers for Disease
11 Control and Prevention (in this subsection referred
12 to as the “Secretary”) shall—

13 (A) expand educational programs and serv-
14 ices to—

15 (i) health care professionals; and
16 (ii) cancer survivors, their families,
17 and caregivers; and

18 (B) enhance the continuing medical edu-
19 cation resources on cancer survivorship that are
20 available to health care professionals.

21 (2) EXPAND COLLABORATION WITH COM-
22 PREHENSIVE CANCER CONTROL NATIONAL PARTNER-
23 SHIP AND OTHER ORGANIZATIONS FOR SURVIVOR-
24 SHIP EDUCATION AND SUPPORT.—

1 (A) IN GENERAL.—The Secretary shall ex-
2 pand collaborations with organizations that are
3 part of the Comprehensive Cancer Control Na-
4 tional Partnership and other organizations to
5 focus on increasing education and awareness re-
6 lated to cancer survivorship through materials,
7 resources, and other methods as necessary.

8 (B) COLLABORATE WITH THE ORGANIZA-
9 TIONS IN THE NATIONAL PARTNERSHIP AND
10 OTHER ORGANIZATIONS.—The Secretary shall
11 collaborate with the organizations that are part
12 of the Comprehensive Cancer Control National
13 Partnership and other organizations to inform
14 cancer survivors of survivorship monitoring and
15 follow-up standards, availability of survivorship
16 care services, and how to access these services.

17 (C) REFERENCE THE SURVIVORSHIP
18 STANDARDS OF CARE DEVELOPED AND PUB-
19 LISHED BY CANCER ORGANIZATIONS.—In col-
20 laboration with the organizations that are part
21 of the Comprehensive Cancer Control National
22 Partnership, the Secretary shall—

23 (i) develop and implement a plan to
24 distribute survivorship educational mate-
25 rials to ensure that such materials are ac-

1 cessible to all cancer survivors, their fami-
2 lies and caregivers, and health care profes-
3 sionals; and

4 (ii) reference in such plan the survi-
5 vorship standards of care developed and
6 published by such organizations.

7 (3) CONTINUING MEDICAL EDUCATION.—

8 (A) IN GENERAL.—The Secretary shall
9 carry out a program to support the development
10 of continuing medical education programs for
11 survivorship care that utilize and rely on the
12 guidelines for survivorship care developed and
13 published by national organizations.

14 (B) TIMING.—Not later than 12 months
15 after the date of enactment of this Act, the Sec-
16 retary shall initiate the program required by
17 subparagraph (A).

18 (C) GRANTS FOR DEVELOPMENT OF CUR-
19 RICULUM FOR SURVIVORSHIP CONTINUING MED-
20 ICAL EDUCATION.—

21 (i) IN GENERAL.—The Secretary shall
22 award grants to eligible entities for devel-
23 opment of diverse, equitable, and culturally
24 appropriate curricula for survivorship care
25 curriculum for medical care.

1 (ii) ELIGIBLE ENTITIES.—In this sub-
2 paragraph, the term “eligible entity” in-
3 cludes a medical professional society, a pa-
4 tient organization, an academic institution,
5 a cancer center, and any other entity with
6 experience in continuing medical education
7 for cancer professionals.

8 (iii) SCOPE OF CURRICULUM.—To re-
9 ceive a grant under this section, an appli-
10 cant shall demonstrate its ability to de-
11 velop survivorship care curriculum for
12 medical care, taking into consideration
13 services from the legal, social work, public
14 health, behavioral sciences, genetic, epide-
15 miology, and nursing fields.

16 (4) PUBLIC AWARENESS CAMPAIGN.—The Sec-
17 retary, at an appropriate time after the availability
18 of patient survivorship materials, professional survi-
19 vorship materials, and continuing medical education
20 programs under this subsection, shall initiate a lin-
21 guistically and cultural appropriate public awareness
22 campaign that targets the organization’s catchment
23 area to ensure that cancer survivors, their families
24 and caregivers, health care professionals, and the
25 public are aware of the scope of survivorship edu-

1 cational and informational resources available from
2 the Centers for Disease Control and Prevention.

3 (e) CANCER SURVIVORSHIP QUALITY-OF-LIFE PRO-
4 GRAM.—

5 (1) IN GENERAL.—The Secretary acting
6 through the Director of the Centers for Disease
7 Control and Prevention (in this subsection referred
8 to as the “Secretary”) shall carry out a program of
9 awarding grants to eligible entities to provide serv-
10 ices to cancer survivors to enhance their quality of
11 life and improve their long-term survival rates. Not
12 later than 18 months after the date of enactment of
13 this Act, the Secretary shall commence operating
14 such program.

15 (2) ELIGIBLE ENTITY DEFINED.—In this sub-
16 section, the term “eligible entity” includes an entity
17 that is—

18 (A) a State comprehensive cancer program;

19 (B) a National Cancer Institute-designated
20 cancer center or centers; or

21 (C) a community-based organization, in-
22 cluding a patient advocacy organization, that—

23 (i) has the capacity to reach cancer
24 survivors through local, State, or national
25 organizations; and

1 (ii) is focused on cancer survivors and
2 strategies for meeting their needs related
3 to their health and well-being.

4 (3) USE OF FUNDS.—A grant received under
5 this subsection shall be used to provide services to
6 cancer survivors to enhance their quality of life and
7 improve their long-term survival rates, such as by
8 assisting survivors to—

9 (A) engage in moderate physical activity
10 and other health-promoting activities, including
11 ceasing tobacco use and increasing consumption
12 of healthy foods;

13 (B) increase access to support services to
14 mitigate anxiety, depression, and uncertainty;

15 (C) utilize community support services to
16 fully implement survivorship care plans;

17 (D) access nutrition education and coun-
18 seling; and

19 (E) adhere to a schedule for, and access,
20 screening for recurrence of cancer or the occur-
21 rence of other primary cancers.

22 (4) STANDARDS FOR APPLICATION FROM ELIGI-
23 BLE ENTITIES.—To seek a grant under this sub-
24 section, an eligible entity shall submit an applica-

1 tion, at such time as may be required by the Sec-
2 retary, that includes—

3 (A) an explanation of how the entity will—

4 (i) provide cancer survivors access to
5 cancer patient navigator services;

6 (ii) overcome barriers to care for com-
7 munities of color and multilingual commu-
8 nities;

9 (iii) provide culturally competent care;

10 and

11 (iv) work with and support caregivers
12 of cancer survivors;

13 (B) a description of how the entity receives
14 referrals of cancer survivors from health care
15 professionals, including health care profes-
16 sionals serving historically disadvantaged and
17 underserved communities;

18 (C) documentation of the curriculum that
19 will be used for providers in the program, in-
20 cluding mechanisms to update the staff on cur-
21 riculum changes; and

22 (D) an agreement to provide the Secretary
23 semiannual reports on—

24 (i) the number of participants served;

1 (ii) quality-of-life measures for partici-
2 pants; and

3 (iii) plans for fostering communication
4 between oncology and non-oncology pro-
5 viders serving participants.

6 (5) RESPONSIBILITIES OF THE SECRETARY.—

7 The Secretary shall—

8 (A) conduct outreach to inform health care
9 professionals of the availability of programs and
10 activities funded under this subsection;

11 (B) analyze the data submitted by grantees
12 under this subsection to determine the number
13 of cancer survivors served and the impact of the
14 program under this subsection on their quality
15 of life; and

16 (C) share best practices among all grantees
17 under this subsection.

18 **SEC. 11. ADULT CANCER SURVIVORSHIP STUDY.**

19 (a) IN GENERAL.—Not later than 18 months after
20 the date of enactment of this Act, the Secretary shall com-
21 plete a landscape analysis that—

22 (1) assesses the potential benefits of an adult
23 version of the Childhood Cancer Survivor Study;

24 (2) assesses the financial costs and other bur-
25 dens associated with an adult cancer survivor study;

1 (3) identifies sources of data on adult cancer
2 survivors;

3 (4) identifies gaps in data on adult cancer sur-
4 vivors, compared to data collected in the Childhood
5 Cancer Survivor Study; and

6 (5) identifies strategies to publish data on adult
7 cancer survivors derived from research that is con-
8 ducted or supported by the National Cancer Insti-
9 tute, in a manner that is accessible to cancer sur-
10 vivors, health care professionals, researchers, and
11 the public.

12 (b) REPORT.—Not later than 6 months after the date
13 of completion of the feasibility analysis under subsection
14 (a), the Secretary shall submit to the Congress a report
15 on the results of such feasibility analysis.

16 **SEC. 12. SURVIVORSHIP PROGRESS REPORT.**

17 (a) IN GENERAL.—Not later than 6 months after the
18 date of enactment of this Act, the Secretary shall enter
19 into an agreement with the Government Accountability Of-
20 fice to conduct a study of the progress made in cancer
21 survivorship over the period beginning on the date of en-
22 actment of the National Cancer Act of 1971 (Public Law
23 92–216).

1 (b) SCOPE OF THE STUDY.—The study under sub-
2 section (a) shall investigate developments over the period
3 described in subsection (a) in—

4 (1) the nature and quality of survivorship care;

5 (2) transitions from active treatment to survi-
6 vorship care;

7 (3) the quality of life of cancer survivors;

8 (4) outcomes for cancer survivors;

9 (5) disparities in access to care and survivor-
10 ship outcomes;

11 (6) the health care systems for providing survi-
12 vorship care;

13 (7) the contribution of community-based serv-
14 ices to the survivorship care system; and

15 (8) payment for survivorship care by public and
16 private third-party payors.

17 (c) ROLE OF OFFICE OF CANCER SURVIVORSHIP.—
18 The study under subsection (a) shall—

19 (1) consider the contribution of the Office of
20 Cancer Survivorship to the evolution of cancer survi-
21 vorship care over the last 25 years; and

22 (2) assess the impact of the mission of the Of-
23 fice and the resources provided to the Office on its
24 leadership in cancer survivorship care.

1 (d) PUBLIC MEETING.—In conducting the study
2 under subsection (a), the Comptroller General of the
3 United States shall hold a public meeting with a broad
4 cross section of stakeholders to inform the study’s findings
5 and conclusions. Such stakeholders shall include—

6 (1) cancer survivors;

7 (2) patient organizations representing cancer
8 survivors;

9 (3) oncologists involved in survivorship care and
10 the professional societies representing them;

11 (4) primary care providers involved in survivor-
12 ship care and the professional societies representing
13 them;

14 (5) other health professionals providing survi-
15 vorship care and the professional societies rep-
16 resenting them;

17 (6) community-based organizations involved in
18 survivorship care;

19 (7) representatives of the National Cancer In-
20 stitute;

21 (8) third-party payors;

22 (9) researchers engaged in survivorship re-
23 search;

24 (10) epidemiologists with knowledge of trends
25 in cancer survivorship; and

1 (11) such other stakeholders as the Comptroller
2 General deems important to participate in the public
3 meeting.

4 (e) REPORT.—The Comptroller General of the United
5 States shall—

6 (1) release a report on the results of the study
7 under subsection (a); and

8 (2) in addition to the public meeting convened
9 under subsection (d)—

10 (A) convene another public meeting to be
11 held on the day of the release of the report; and

12 (B) include in such meeting all categories
13 of stakeholders listed in subsection (d).

14 **SEC. 13. PROMOTING STATE INNOVATIONS TO EASE TRAN-**
15 **SITIONS TO THE PRIMARY CARE SETTING**
16 **FOR CHILDREN WITH CANCER.**

17 (a) STAKEHOLDER GROUP DEVELOPMENT OF BEST
18 PRACTICES; STATE MEDICAID AND CHIP PROGRAM IN-
19 NOVATION.—

20 (1) STAKEHOLDER GROUP BEST PRACTICES.—

21 Not later than 12 months after the date of the en-
22 actment of this Act, the Secretary of Health and
23 Human Services (in this section referred to as the
24 “Secretary”) shall convene a stakeholder group of
25 representatives of childhood cancer advocacy organi-

1 zations, Medicaid and CHIP beneficiaries, providers
2 with childhood cancer expertise, the National Asso-
3 ciation of Medicaid Directors, and other relevant
4 representatives to develop best practices (and submit
5 to the Secretary and Congress a report on such best
6 practices) for States to ease the transition from ac-
7 tive oncological care to primary care of children or
8 adolescents with cancer, including best practices for
9 ensuring development of and delivery of survivorship
10 care plans to patients, families, and primary care
11 providers and best practices for such transitions oc-
12 ccurring under the State Medicaid plan under title
13 XIX of the Social Security Act (42 U.S.C. 1396 et
14 seq.) or State child health plan under title XXI of
15 such Act (42 U.S.C. 1397aa et seq.), as applicable.
16 Such best practices shall include practices to ensure
17 that—

18 (A) cancer care providers transfer diag-
19 nosis and treatment information to patient pri-
20 mary care providers;

21 (B) cancer care providers develop an indi-
22 vidualized survivorship care plan of potential
23 late effects;

1 (C) cancer care providers deliver the plan
2 to the patient and family members through an
3 in-person visit;

4 (D) cancer care providers deliver the plan
5 to the primary care provider through electronic
6 health records or other means; and

7 (E) relevant health entities develop sys-
8 tems that promote the coordination and effec-
9 tive transition of care between cancer care pro-
10 viders, primary care physicians, and other
11 health care professionals.

12 (2) STATE MEDICAID AND CHIP PROGRAM INNO-
13 VATION.—The Secretary shall work with States on
14 innovative strategies, based on the best practices de-
15 veloped under on the best practices identified under
16 the process described in subsection (a)(1), to ease
17 the transition from active oncological care to pri-
18 mary care of child or adolescent with cancer ensur-
19 ing development of and delivery of survivorship care
20 plans to patients, families, and primary care pro-
21 viders and transition coverage under the State Med-
22 icaid plan under title XIX of the Social Security Act
23 (42 U.S.C. 1396 et seq.) or State child health plan
24 under title XXI of such Act (42 U.S.C. 1397aa et
25 seq.), as applicable.

1 (b) GUIDANCE ON INNOVATIVE SERVICE DELIVERY
2 SYSTEMS DEMONSTRATION PROJECT OPPORTUNITIES.—
3 Not later than 1 year after the date the stakeholder group
4 is convened under subsection (a), the Secretary, acting
5 through the Administrator of the Centers for Medicare &
6 Medicaid Services, shall issue guidance to State health of-
7 ficials, based on best practices developed under subsection
8 (a)(1), regarding opportunities to design demonstration
9 projects under the Social Security Act to improve care
10 transitions for children and adolescents with cancer who
11 transition from oncological care to primary care and who
12 are otherwise eligible to receive medical assistance under
13 title XIX of such Act (42 U.S.C. 1396 et seq.) or title
14 XXI of such Act (42 U.S.C. 1397aa et seq.).

15 (c) NONAPPLICATION OF FEDERAL ADVISORY COM-
16 MITTEE ACT.—The Federal Advisory Committee Act shall
17 not apply to the stakeholder group convened under para-
18 graph (1).

19 **SEC. 14. CHILDHOOD CANCER DEMONSTRATION MODEL**
20 **AND STANDARD OF CARE.**

21 Section 1115A(b)(2) of the Social Security Act (42
22 U.S.C. 1315a(b)(2)) is amended—

23 (1) in subparagraph (A), by striking the period
24 at the end and inserting “, and shall include the

1 model described in clause (xxviii) of such subpara-
2 graph.”; and

3 (2) in subparagraph (B), by adding at the end
4 the following new clause:

5 “(xxviii) A local service delivery and
6 State payment model for individuals up to
7 age 21 enrolled under a State plan (or
8 waiver of such plan) under title XIX or a
9 State child health plan (or waiver of such
10 plan) under title XXI of such Act (42
11 U.S.C. 1397aa et seq.) who have been di-
12 agnosed with cancer and who are in the
13 survivorship phase of their treatment. Such
14 model shall—

15 “(I) provide for the creation of a
16 survivorship plan, that can be inte-
17 grated into an electronic health
18 record, for such individuals and dis-
19 seminate the plan to such individuals,
20 families of such individuals, and the
21 health providers of such individuals;

22 “(II) offer States and local pro-
23 viders technical assistance to develop
24 and implement different survivorship
25 care planning services;

1 “(III) develop a standard of care
2 based on the Children’s Oncology
3 Group (COG) Long-Term Follow-Up
4 Guidelines for Survivors of Childhood,
5 Adolescent, and Young Adult Cancers
6 to manage the transition of such indi-
7 viduals from active treatment to gen-
8 eral care with the informed knowledge
9 of such individuals; and

10 “(IV) provide incentives to health
11 care providers for treating such indi-
12 viduals through such model that in-
13 cludes at least two survivorship care
14 planning visits.”.

15 **SEC. 15. MEDICAID COVERAGE OF FERTILITY PRESERVA-**
16 **TION SERVICES FOR CANCER PATIENTS.**

17 (a) MEDICAID.—

18 (1) IN GENERAL.—Section 1905(a) of the So-
19 cial Security Act (42 U.S.C. 1396d(a)) is amend-
20 ed—

21 (A) in paragraph (30), by striking “and”
22 at the end;

23 (B) by redesignating paragraph (31) as
24 paragraph (32); and

1 (C) by inserting after paragraph (30) the
2 following new paragraph:

3 “(31) standard fertility preservation services
4 (as specified by the Secretary consistent with estab-
5 lished medical practices and professional guidelines
6 published by the American Society for Reproductive
7 Medicine, the American Society of Clinical Oncology,
8 or other professional medical organizations specified
9 by the Secretary) for individuals diagnosed with can-
10 cer who—

11 “(A) are undergoing treatment for such
12 cancer where such treatment may lead to iatro-
13 genic infertility;

14 “(B) previously underwent such treatment
15 and may be at risk of such infertility due to
16 such treatment; or

17 “(C) are preparing to undergo such treat-
18 ment where such treatment may lead to such
19 infertility.”.

20 (2) MANDATORY BENEFIT.—Section
21 1902(a)(10)(A) of the Social Security Act (42
22 U.S.C. 1396a(a)(10)(A)) is amended by striking
23 “and (30)” and inserting “(30), and (31)”.

24 (b) CHIP.—

1 (1) IN GENERAL.—Section 2103(c) of the So-
2 cial Security Act (42 U.S.C. 1397cc(e)) is amended
3 by adding at the end the following new paragraph:

4 “(12) REQUIRED COVERAGE OF FERTILITY
5 PRESERVATION SERVICES FOR CANCER PATIENTS.—

6 Regardless of the type of coverage elected by a State
7 under subsection (a), the child health assistance pro-
8 vided for a targeted low-income child, and, in the
9 case of a State that elects to provide pregnancy-re-
10 lated assistance pursuant to section 2112, the preg-
11 nancy-related assistance provided for a targeted low-
12 income pregnant woman (as such terms are defined
13 for purposes of such section), shall include coverage
14 of standard fertility preservation services (as de-
15 scribed in section 1905(a)(31)) for individuals de-
16 scribed in such section.”.

17 (2) CONFORMING AMENDMENT.—

18 (A) IN GENERAL.—Section 2103(c) of the
19 Social Security Act (42 U.S.C. 1397cc(e)) is
20 amended by redesignating the paragraph (12)
21 added by section 11405(b)(1) of Public Law
22 117–169 as paragraph (13).

23 (B) EFFECTIVE DATE.—The amendment
24 made by subparagraph (A) shall take effect on
25 October 1, 2023.

1 (c) EFFECTIVE DATE.—The amendments made by
2 this section (other than the amendment made by sub-
3 section (b)(2)) shall apply with respect to medical assist-
4 ance, child health assistance, and pregnancy-related as-
5 sistance furnished on or after the date that is 18 months
6 after the date of the enactment of this Act.

○