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

IN THE SENATE OF THE UNITED STATES

FEBRUARY 9, 2012

Ms. LANDRIEU introduced the following bill; which was read twice and referred to the Committee on Finance

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A BILL

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

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled,

SECTION 1. SHORT TITLE; TABLE OF CONTENTS.

(a) SHORT TITLE.—This Act may be cited as the "Comprehensive Cancer Care Improvement Act of 2012".

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

SEC. 2. FINDINGS.

Congress makes the following findings:

(1) Individuals with cancer often do not have access to a cancer care system that provides comprehensive and coordinated care of high quality.

(2) The cancer care system has not traditionally offered individuals with cancer a prospective and comprehensive plan for treatment and symptom management, strategies for updating and evaluating such plan with the assistance of a health care professional, and a follow-up plan for monitoring and treating possible late effects of cancer and its treatment.

(3) Cancer survivors often experience the under-diagnosis and under-treatment of the symp-

toms of cancer, a problem that begins at the time of diagnosis and may become more severe with disease progression and at the end of life. The failure to treat the symptoms, side effects, and late effects of cancer and cancer treatment may have a serious adverse impact on the health, survival, well-being, and quality of life of cancer survivors.

(4) Cancer survivors who are members of racial and ethnic minority groups may face severe obstacles in receiving coordinated cancer care that includes appropriate management of cancer symptoms and treatment of side effects.

(5) Individuals with cancer are sometimes not provided information about their disease and treatment options that might result in their request for, and engagement in, coordinated care that includes appropriate treatment and symptom management.

(6) Comprehensive cancer care should incorporate access to psychosocial services and management of the symptoms of cancer and the symptoms of cancer treatment, including pain, nausea, vomiting, fatigue, and depression.

(7) Comprehensive cancer care should include a means for providing cancer survivors with a comprehensive care summary and a plan for follow-up

care after primary treatment to ensure that cancer survivors have access to follow-up monitoring and treatment of possible late effects of cancer and cancer treatment.

(8) The Institute of Medicine report entitled ''Ensuring Quality Cancer Care'' described the elements of quality care for an individual with cancer, including—

(A) the development of initial treatment recommendations by an experienced health care provider;

(B) the development of a plan for the course of treatment of the individual and communication of the plan to the individual;

(C) access to the resources necessary to implement the course of treatment;

(D) access to high-quality clinical trials;

(E) a mechanism to coordinate services for the treatment of the individual; and

(F) psychosocial support services and compassionate care for the individual.

(9) In its report ''From Cancer Patient to Cancer Survivor: Lost in Transition'', the Institute of Medicine recommended that individuals with cancer completing primary treatment be provided a com-

prehensive summary of their care along with a follow-up survivorship plan of treatment.

(10) Since more than half of all cancer diagnoses occur among elderly Medicare beneficiaries, the problems of providing cancer care are problems of the Medicare program.

(11) Shortcomings in providing cancer care, resulting in inadequate management of cancer symptoms and insufficient monitoring and treatment of late effects of cancer and its treatment, are related to problems of Medicare payments for such care, inadequate professional training, and insufficient investment in research on symptom management.

(12) Changes in Medicare payment for comprehensive cancer care, enhanced public and professional education regarding symptom management, and more research related to coordination of care, symptom management and palliative care will enhance patient decisionmaking about treatment options and will contribute to improved care for individuals with cancer from the time of diagnosis of the individual through the end of the life of the individual.

TITLE I—COMPREHENSIVE CANCER CARE UNDER THE MEDICARE PROGRAM

SEC. 101. COVERAGE OF CANCER CARE PLANNING SERVICES.

(a) IN GENERAL.—Section 1861 of the Social Security Act is amended—

(1) in subsection (s)(2)—

(A) by striking ''and'' at the end of subparagraph (EE);

(B) by adding ''and'' at the end of subparagraph (FF); and

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

''(GG) comprehensive cancer care planning services (as defined in subsection (iii));''; and

(2) by adding at the end the following new subsection:

''Comprehensive Cancer Care Planning Services

''(iii)(1) The term 'comprehensive cancer care planning services' means—

''(A) with respect to an individual who is diagnosed with cancer, the development of a plan of care that—

"(i) details, to the greatest extent practicable, all aspects of the care to be provided to the individual, with respect to the treatment of such cancer, including any curative treatment, comprehensive symptom management, and palliative care;

"(ii) is furnished, in person, in written form to the individual within a period specified by the Secretary that is as soon as practicable after the date on which the individual is so diagnosed;

"(iii) is furnished, to the greatest extent practicable, in a form that appropriately takes into account cultural and linguistic needs of the individual in order to make the plan accessible to the individual; and

"(iv) is in accordance with standards determined by the Secretary to be appropriate;

"(B) with respect to an individual for whom a plan of care has been developed under subparagraph (A), the revision of such plan of care as necessary to account for any substantial change in the condition of the individual, recurrence of disease, or significant revision of the elements of curative or palliative care for the individual, if such revision—

"(i) is in accordance with clauses (i), (iii), and (iv) of such subparagraph; and

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

"(C) with respect to an individual who has completed the primary treatment for cancer, as defined by the Secretary (such as completion of chemotherapy or radiation treatment), the development of a follow-up cancer care plan that—

"(i) describes the elements of the primary treatment, including symptom management and palliative care, furnished to such individual;

"(ii) provides recommendations for the subsequent care of the individual with respect to the cancer involved;

"(iii) is furnished, in person, in written form, to the individual within a period specified by the Secretary that is as soon as practicable after the completion of such primary treatment;

"(iv) is furnished, to the greatest extent practicable, in a form that appropriately takes into account cultural and linguistic needs of the

individual in order to make the plan accessible to the individual; and

''(v) is in accordance with standards determined by the Secretary to be appropriate; and

''(D) with respect to an individual for whom a follow-up cancer care plan has been developed under subparagraph (C), the revision of such plan as necessary to account for any substantial change in the condition of the individual, diagnosis of a second cancer, or significant revision of the plan for follow-up care, if such revision—

''(i) is in accordance with clauses (i), (ii), (iv), and (v) of such subparagraph; and

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

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

and standards for the communication of the plan to the patient.''.

(b) PAYMENT.—Section 1833(a)(1) of the Social Security Act (42 U.S.C. 1395l(a)(1)) is amended by striking ''and'' before ''(Z)'' and inserting before the semicolon at the end the following: '', and (AA) with respect to comprehensive cancer care planning services described in any of subparagraphs (A) through (D) of section 1861(iii)(1), the amount paid shall be an amount equal to the sum of (i) the national average amount under the physician fee schedule established under section 1848 for a new patient office consultation of the highest level of service in the non-facility setting, and (ii) the national average amount under such fee schedule for a physician certification described in section 1814(a)(2) for home health services furnished to an individual by a home health agency under a home health plan of care''.

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

TITLE II—PROVIDER EDUCATION REGARDING PALLIATIVE CARE AND SYMPTOM MANAGEMENT

SEC. 201. GRANTS TO IMPROVE HEALTH PROFESSIONAL EDUCATION.

(a) IN GENERAL.—The Secretary of Health and Human Services shall make grants to eligible entities to enable the entities to improve the quality of graduate and postgraduate training of physicians, nurses, and other health care providers in developing cancer care plans for cancer patients and communicating such plans to the individual patients.

(b) APPLICATION.—To seek a grant under this section, an eligible entity shall submit an application at such time, in such manner, and containing such information as the Secretary may require. At a minimum, the Secretary shall require that each such application demonstrate—

(1) the ability to train health professionals in—

(A) the provision of cancer care that fully coordinates active treatment, symptom management, and palliative care; and

(B) the communication of a written plan for coordinated cancer care to the patient; and

(2) the ability to collect and analyze data related to the effectiveness of such training programs.

(c) EVALUATION.—The Secretary shall develop and implement a plan for evaluating the effects of the training programs funded under this section.

(d) DEFINITIONS.—In this section:

(1) The term ''eligible entity'' means an entity that is—

(A) a cancer center (including an NCI-designated cancer center);

(B) an academic health center;

(C) a physician practice;

(D) a school of nursing;

(E) a visiting nurse association;

(F) a home care agency; or

(G) a private nonprofit organization with expertise and experience in health provider training.

(2) The term ''NCI-designated cancer center'' means a cancer center receiving funds through a P30 Cancer Center Support Grant of the National Cancer Institute.

(3) The term ''Secretary'' means the Secretary of Health and Human Services.

(e) AUTHORIZATION OF APPROPRIATIONS.—To carry out this section, there are authorized to be appropriated $5,000,000 for each of the fiscal years 2013 through 2017.

SEC. 202. GRANTS TO IMPROVE CONTINUING PROFESSIONAL EDUCATION.

(a) IN GENERAL.—The Secretary of Health and Human Services shall make grants to eligible entities to improve the quality of continuing professional education provided to qualified individuals regarding the development and communication of written cancer care plans that outline a system of care that coordinates active treatment and palliative care.

(b) APPLICATION.—To seek a grant under this section, an eligible entity shall submit an application at such time, in such manner, and containing such information as the Secretary may require. At a minimum, the Secretary shall require that each such application demonstrate—

(1) experience in sponsoring continuing professional education programs;

(2) the ability to reach health care providers and other professionals who are engaged in cancer care with such continuing professional education programs;

(3) the capacity to develop innovative training programs aimed at enhancing the delivery of coordinated cancer care that includes appropriate symptom management and palliative care; and

(4) the ability to evaluate the effectiveness of such professional education and training programs.

(c) EVALUATION.—The Secretary shall develop and implement a plan for evaluating the effects of the continuing professional education and training programs funded under this section.

(d) DEFINITIONS.—In this section:

(1) The term ''eligible entity'' means an entity that is—

(A) a cancer center (including an NCI-designated cancer center);

(B) an academic health center;

(C) a school of nursing;

(D) a professional society that supports continuing professional education programs; or

(E) a private nonprofit organization with expertise and experience in health provider training.

(2) The term ''NCI-designated cancer center'' means a cancer center receiving funds through a

P30 Cancer Center Support Grant of the National Cancer Institute.

(3) The term ''qualified individual'' means a physician, nurse, social worker, chaplain, psychologist, or other individual who is involved in providing comprehensive cancer care, including active treatment, symptom management, and palliative care, to cancer patients.

(4) The term ''Secretary'' means the Secretary of Health and Human Services.

(e) AUTHORIZATION OF APPROPRIATIONS.—To carry out this section, there are authorized to be appropriated $5,000,000 for each of the fiscal years 2013 through 2017.

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

SEC. 301. RESEARCH PROGRAM.

(a) IN GENERAL.—The Secretary of Health and Human Services shall provide investment, through existing research programs, for research on topics related to cancer care planning, cancer care coordination, symptom

management, palliative care, and comprehensive survivorship care.

(b) PARTICIPATION.—In carrying out the research authorized under this section, the Secretary should provide for the participation of institutes and centers of the National Institutes of Health, the Centers for Medicare & Medicaid Services, and any other national research institute that has been engaged in research described in subsection (a).

(c) AUTHORIZATION OF APPROPRIATIONS.—To carry out this section, there are authorized to be appropriated $5,000,000 for each of the fiscal years 2013 through 2017.

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