

119TH CONGRESS
2D SESSION

S. 5052

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 SENATE OF THE UNITED STATES

JULY 21, 2026

Ms. KLOBUCHAR (for herself and Ms. ALSOBROOKS) introduced the following bill; which was read twice and referred to the Committee on Finance

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.

3 SECTION 1. SHORT TITLE; TABLE OF CONTENTS.

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

9 SEC. 2. FINDINGS.

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

(2) Today, there are approximately 18,000,000 Americans who are cancer survivors, and the number of survivors is projected to reach 26,000,000 by 2040. Therefore, there is a great need to be able to provide ways to sustain the care needed and to offer those living with, through, and beyond cancer a safe,

1 supportive, and accommodating environment where
2 such individuals can engage in physical and social
3 support activities to sustain optimal quality of life.

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

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

13 (5) Cancer survivors of racial and ethnic diver-
14 sity, as well as lower socioeconomic status, have dis-
15 proportionately lower health-related, quality-of-life
16 scores compared to non-Hispanic White cancer sur-
17 vivors.

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

21 (7) Children, adolescent, and young adult can-
22 cer survivors are particularly susceptible to long-
23 term consequences from treatment, and up to 80
24 percent have a severe, disabling, life-threatening, or
25 fatal health condition by the age of 50. Best prac-

1 tices in this area would improve treatment, quality
2 of life, and long-term health outcomes.

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

9 (9) Despite the National Cancer Institute and
10 other professional organizations' definition of a can-
11 cer survivor beginning on the day of a cancer diag-
12 nosis, there is little agreement among clinicians, re-
13 searchers, and insurance companies on what services
14 are included in "survivorship care" and the point at
15 which "survivorship care" begins.

16 (10) Cancer survivors, their families, their care-
17 givers, and their providers face many difficulties un-
18 derstanding and coordinating the transition from
19 specialty to primary care, and for this reason com-
20 munication and treatment are often fragmented and
21 inconsistent.

22 (11) To avoid additional health-related or finan-
23 cial hardships to cancer survivors and their families,
24 comprehensive and forward-thinking cancer survivor-
25 ship studies and programs across Federal agencies,

1 in collaboration with States, localities, and medical
2 and professional organizations, are required to en-
3 gage in a coordinated effort to improve health out-
4 comes and quality of life of survivors.

5 **SEC. 3. DEFINITIONS.**

6 In this Act:

7 (1) **CANCER SURVIVOR.**—The term “cancer sur-
8 vivor” means an individual from the time of cancer
9 diagnosis through the balance of his or her life.

10 (2) **CAREGIVER.**—The term “caregiver” means
11 a family member, friend, or other person who cares
12 for an individual with a chronic or disabling condi-
13 tion, including cancer.

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

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

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

21 (C) the patient’s experience with treat-
22 ments;

23 (D) input on which outcomes are impor-
24 tant to the patient;

1 (E) patient preferences for outcomes and
 2 treatments; and

3 (F) the relative importance of any issues
 4 as defined by patients.

5 (4) PSYCHOSOCIAL EFFECTS.—The term “psy-
 6 chosocial effects”—

7 (A) means the psychological, behavioral,
 8 emotional, and social effects of a disease, such
 9 as cancer, and its treatment; and

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

14 (5) PSYCHOSOCIAL CARE.—The term “psycho-
 15 social care” means psychological and social services
 16 and interventions that enable survivors, patients,
 17 their families, and health care providers to optimize
 18 health care and to manage the psychological, behav-
 19 ioral, physical, emotional, and social aspects of ill-
 20 ness and its consequences so as to promote better
 21 health and well-being.

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

1 (7) SURVIVORSHIP.—The term “survivorship”
 2 means the period from the time of cancer diagnosis
 3 until the end of life, including any portions of such
 4 period during which interventions are necessary to
 5 address—

6 (A) the physical, mental, emotional, social,
 7 and financial effects of cancer that begin at di-
 8 agnosis and continue through treatment and be-
 9 yond; and

10 (B) issues related to follow-up care (includ-
 11 ing regular health and wellness checkups), late
 12 and long-term effects of treatment, screening
 13 for cancer recurrence and new cancers, and
 14 quality of life.

15 (8) SURVIVORSHIP CARE PLAN.—The term
 16 “survivorship care plan”—

17 (A) means an individualized care plan for
 18 patients who have been diagnosed with cancer;
 19 and

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

22 (i) are for monitoring and maintain-
 23 ing the patient’s medical and psychosocial
 24 health and well-being; and

1 (ii) are meant to be a transition and
 2 communication tool for the survivor, their
 3 family, their caregiver, and all their health
 4 care providers.

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

7 (A) helps patients overcome health care
 8 system and other barriers; and

9 (B) provides patients with timely access to
 10 high-quality medical, physical, and psychosocial
 11 care from their cancer diagnosis through all
 12 phases of their cancer experience.

13 (10) TREATMENT SUMMARY.—The term “treat-
 14 ment summary” means a detailed summary of a pa-
 15 tient’s disease, the types of treatment the patient re-
 16 ceived, members of the patient’s care team, and any
 17 side effects or other problems, including psychosocial
 18 effects, caused by treatment.

19 **SEC. 4. COVERAGE OF CANCER CARE PLANNING AND CO-**
 20 **ORDINATION SERVICES.**

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

23 (1) in subsection (s)(2)—

24 (A) by striking “and” at the end of sub-
 25 paragraph (II);

1 (B) by adding “and” at the end of sub-
 2 paragraph (JJ); and

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

5 “(KK) cancer care planning and coordination
 6 services (as defined in subsection (nnn));”; and

7 (2) by adding at the end the following new sub-
 8 section:

9 “Cancer Care Planning and Coordination Services

10 “(nnn)(1) The term ‘cancer care planning and coordi-
 11 nation services’ means, with respect to an individual who
 12 is diagnosed with cancer, the development of a treatment
 13 plan by a physician, physician assistant, or nurse practi-
 14 tioner that—

15 “(A) includes each component of the Institute
 16 of Medicine Care Management Plan (as described in
 17 the article entitled ‘Delivering High-Quality Cancer
 18 Care: Charting a New Course for a System in Crisis’
 19 published by the Institute of Medicine);

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

24 “(C) is furnished, to the greatest extent prac-
 25 ticable, in a form that appropriately takes into ac-

1 count cultural and linguistic needs of the individual
 2 in order to make the plan accessible to such indi-
 3 vidual.

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

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

10 “(B) if there is a change in the condition of
 11 such individual or such individual’s treatment pref-
 12 erences;

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

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

16 (b) PAYMENT UNDER PHYSICIAN FEE SCHEDULE.—

17 (1) IN GENERAL.—Section 1848(j)(3) of the
 18 Social Security Act (42 U.S.C. 1395w-4(j)(3)) is
 19 amended by inserting “(2)(KK),” after “health risk
 20 assessment),”.

21 (2) INITIAL RATES.—Unless the Secretary oth-
 22 erwise provides, the payment rate specified under
 23 the physician fee schedule under the amendment
 24 made by paragraph (1) for cancer care planning and
 25 coordination services shall be the same payment rate

1 as provided for transitional care management serv-
2 ices (as defined in CPT code 99496).

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

7 **SEC. 5. STAKEHOLDER MEETING ON SURVIVORSHIP TRAN-**
8 **SITION TOOLS; PUBLICATION OF INFORMA-**
9 **TION RESOURCES.**

10 (a) IN GENERAL.—The Secretary shall convene a
11 stakeholder meeting (in this section referred to as the
12 “meeting”) to evaluate strategies, including the use of in-
13 formation technology, to improve transitions in care from
14 active treatment to long-term.

15 (b) PARTICIPANTS.—In conducting the meeting, the
16 Secretary shall ensure that the participants include rep-
17 resentatives of patient advocacy organizations, medical
18 professional societies, community-based organizations,
19 electronic health record vendors, information technology
20 experts, and other stakeholders of the meeting.

21 (c) CONSIDERATION OF EXISTING TOOLS.—In con-
22 ducting the meeting, the Secretary shall ensure that the
23 participants consider existing tools for improving transi-
24 tions to survivorship care, such as—

1 (1) the survivorship guidelines of the National
2 Comprehensive Cancer Network and the American
3 Society of Clinical Oncology;

4 (2) the Passport for Care survivor website;

5 (3) survivorship care software applications that
6 have been developed by patient advocacy organiza-
7 tions, research foundations, and for-profit entities;
8 and

9 (4) other information and tools that may im-
10 prove transitions in care and improve overall quality
11 of survivorship care.

12 (d) CONSIDERATION OF PRIVACY AND SECURITY IM-
13 PLICATIONS.—In conducting the meeting, the Secretary
14 shall feature collaboration with the Office for Civil Rights
15 of the Department of Health and Human Services to
16 evaluate the privacy and security implications of—

17 (1) consolidating treatment history and survi-
18 vorship guidelines into a personalized survivorship
19 care plan that outlines future health care needs after
20 completion of active treatment;

21 (2) patient use of computer or mobile phone-
22 based application programs described in subsection
23 (c)(3); and

24 (3) taking into consideration the results of
25 meeting under subsection (a).

1 (e) PUBLICATION OF INFORMATION RESOURCES.—

2 (1) IN GENERAL.—Not later than 36 months
 3 after the date of enactment of this Act, the Sec-
 4 retary shall, taking into consideration the results of
 5 the meeting, publish information resources for can-
 6 cer patients and providers on strategies for consoli-
 7 dating treatment history and survivorship guidelines
 8 into a personalized survivorship care plan to guide
 9 survivorship monitoring and follow-up care.

10 (2) INCLUSION OF RECOMMENDATIONS ON PA-
 11 TIENT USE OF SOFTWARE APPLICATION PRO-
 12 GRAMS.—The information resources referred to in
 13 paragraph (1) shall include recommendations on pa-
 14 tient use of software application programs to develop
 15 personalized survivorship care plans.

16 (f) ELECTRONIC HEALTH RECORD DEFINED.—In
 17 this section, the term “electronic health record” means an
 18 electronic record of health-related information on an indi-
 19 vidual that is created, gathered, managed, and consulted
 20 by authorized health care clinicians and staff.

21 **SEC. 6. ALTERNATIVE PAYMENT MODEL FOR QUALITY CAN-**
 22 **CER SURVIVORSHIP CARE.**

23 (a) IN GENERAL.—Not later than one year after the
 24 date of enactment of this Act, the Secretary of Health and
 25 Human Services shall develop an alternative payment

1 model for payments made under titles XVIII and XIX of
2 the Social Security Act (42 U.S.C. 1395 et seq., 1396 et
3 seq.) for items and services relating to cancer survivorship
4 care (as defined by the Secretary).

5 (b) REPORT TO CONGRESS.—Following development
6 of the alternative payment model under subsection (a), the
7 Secretary shall submit to Congress a report containing a
8 description of such model that includes the following infor-
9 mation:

10 (1) A description of what event would trigger
11 an individual's entry into such a model (such as the
12 end of the individual's active cancer treatment, the
13 beginning of the individual's need for supportive
14 care during active treatment, or another event).

15 (2) The length of the individual's participation
16 under such model, including a description of any
17 ability to extend such participation, or a definition
18 of survivorship care as extending until death.

19 (3) In the case that such model is based on an
20 episode of care, the appropriate length of the survi-
21 vorship episode of care, whether additional episodes
22 may be triggered, if necessary, and whether the epi-
23 sode should end at the beneficiary's death but not
24 before.

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

7 (5) A description of the navigation services that
8 will be provided as part of such model.

9 (6) A description of any bundled payment pack-
10 ages that will be used under such model.

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

14 (8) A description of how consistent, shared de-
15 cision-making will be promoted under such model so
16 that individuals are given the knowledge needed for
17 self-management between episodes of care.

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

22 (10) Strategies for applying evidence-based risk
23 stratification principles to direct survivors to person-
24 alized care pathways that match the level of care

1 needed to the relative risks and needs of the sur-
 2 vivor.

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

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

9 (13) A description of how such model will pro-
 10 mote—

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

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

17 (C) survivorship research; and

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

20 (14) An analysis of how different forms and
 21 stages of cancer may require the development of dif-
 22 ferent survivorship plans and suggest variations in
 23 elements of the alternative payment model based on
 24 form and stage of cancer.

1 (15) 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. CANCER SURVIVOR EMPLOYMENT ASSISTANCE**
 8 **PROGRAM.**

9 (a) IN GENERAL.—The Secretary of Labor, in con-
 10 sultation with the Secretary of Health and Human Serv-
 11 ices, shall carry out a program to award grants to non-
 12 profit organizations and other entities to provide edu-
 13 cation and targeted assistance—

14 (1) to eligible cancer survivors facing barriers
 15 to employment, including those who remain in the
 16 workforce during treatment, those who reduce work-
 17 ing hours while in treatment, and those who reenter
 18 the workforce after a treatment-related departure;
 19 and

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

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

24 (1) Assistance, career and training services, and
 25 supportive services for eligible cancer survivors who

1 stay in the workforce during treatment, and for their
2 families and caregivers, including—

3 (A) transportation assistance;

4 (B) childcare assistance;

5 (C) nutritional assistance;

6 (D) physical activity assistance;

7 (E) psychosocial assistance;

8 (F) financial assistance during a period of
9 medical leave; and

10 (G) other similar assistance.

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

14 (A) financial assistance during a period of
15 medical leave;

16 (B) assistance with premiums for continu-
17 ation coverage provided pursuant to part 6 of
18 subtitle B of title I of the Employee Retirement
19 Income Security Act of 1974 (29 U.S.C. 1161
20 et seq.), title XXII of the Public Health Service
21 Act (42 U.S.C. 300bb–1 et seq.), or section
22 4980B of the Internal Revenue Code of 1986
23 (26 U.S.C. 4980B); and

24 (C) career and training services, including
25 upskilling and reskilling, for eligible cancer sur-

1 survivors who are not able to return to work after
2 treatment.

3 (3) Assistance, career and training services, and
4 supportive services for eligible cancer survivors who
5 are unable to work after a cancer diagnosis, and
6 their families and caregivers, including—

7 (A) assistance in applying for—

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

11 (ii) disability insurance benefits under
12 section 223 of the Social Security Act (42
13 U.S.C. 423);

14 (iii) benefits under a State plan, or
15 waiver of such plan, under title XIX of the
16 Social Security Act (42 U.S.C. 1396 et
17 seq.);

18 (iv) with respect to minimizing delays
19 in eligibility before a cancer survivor be-
20 comes eligible for Medicare coverage, bene-
21 fits under the Medicare program under
22 title XVIII of the Social Security Act (42
23 U.S.C. 1801 et seq.), including with re-
24 spect to enrolling in plans under part C or

1 D of such title and supplemental plans
 2 under section 1882 of such title;

3 (v) State and private sector assistance
 4 programs for such cancer survivors; and

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

9 (B) information on the eligibility of a can-
 10 cer survivor, and their families and caregivers,
 11 for benefits or services described in any of
 12 clauses (i) through (vi) of subparagraph (A).

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

17 (1) nationally recognized evidence-based guide-
 18 lines; and

19 (2) other resources as determined by the Sec-
 20 retary.

21 (d) DEFINITIONS.—In this section:

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

24 (A) remains in the workforce during cancer
 25 treatment;

1 (B) reduces working hours during cancer
2 treatment;

3 (C) reenters the workforce after a cancer
4 treatment-related departure; or

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

7 (2) The term “supportive services” has the
8 meaning given such term in section 3 of the Work-
9 force Innovation and Opportunity Act (29 U.S.C.
10 3102).

11 **SEC. 8. COMPREHENSIVE CANCER SURVIVORSHIP PRO-**
12 **GRAM.**

13 (a) IN GENERAL.—The Secretary shall carry out a
14 comprehensive cancer survivorship program that includes
15 a program of supportive care services in accordance with
16 subsection (b) to improve the quality of life and long-term
17 survivorship of cancer survivors.

18 (b) CANCER SURVIVORSHIP QUALITY-OF-LIFE PRO-
19 GRAM.—

20 (1) IN GENERAL.—The Secretary shall carry
21 out a program of awarding grants to eligible entities
22 to provide services to cancer survivors to enhance
23 their quality of life and improve their long-term sur-
24 vival rates. Not later than 18 months after the date

1 of enactment of this Act, the Secretary shall com-
2 mence operating such program.

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

6 (A) a State comprehensive cancer program;

7 (B) a National Cancer Institute-designated
8 cancer center or centers; or

9 (C) a community-based organization, in-
10 cluding a patient advocacy organization, that—

11 (i) has the capacity to reach cancer
12 survivors through local, State, or national
13 organizations; and

14 (ii) is focused on cancer survivors and
15 strategies for meeting their needs related
16 to their health and well-being.

17 (3) USE OF FUNDS.—A grant received under
18 this subsection shall be used to provide services to
19 cancer survivors to enhance their quality of life and
20 improve their long-term survival rates, such as by
21 assisting survivors to—

22 (A) engage in moderate physical activity
23 and other health-promoting activities, including
24 ceasing tobacco use and increasing consumption
25 of healthy foods;

1 (B) increase access to services to mitigate
2 anxiety, depression, and uncertainty;

3 (C) utilize community support services to
4 fully implement survivorship care plans;

5 (D) access nutrition education and coun-
6 seling; and

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

10 (4) STANDARDS FOR APPLICATION FROM ELIGI-
11 BLE ENTITIES.—To seek a grant under this sub-
12 section, an eligible entity shall submit an applica-
13 tion, at such time as may be required by the Sec-
14 retary, that includes—

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

16 (i) provide cancer survivors access to
17 cancer patient navigator services;

18 (ii) overcome barriers to care for com-
19 munities of color and multilingual commu-
20 nities;

21 (iii) provide culturally competent care;
22 and

23 (iv) work with and support caregivers
24 of cancer survivors;

1 (B) a description of how the entity receives
 2 referrals of cancer survivors from health care
 3 professionals, including health care profes-
 4 sionals serving historically disadvantaged and
 5 underserved communities;

6 (C) documentation of the curriculum that
 7 will be used for providers in the program, in-
 8 cluding mechanisms to update the staff on cur-
 9 riculum changes; and

10 (D) an agreement to provide the Secretary
 11 semiannual reports on—

12 (i) the number of participants served;

13 (ii) quality-of-life measures for partici-
 14 pants; and

15 (iii) plans for fostering communication
 16 between oncology and non-oncology pro-
 17 viders serving participants.

18 (5) RESPONSIBILITIES OF THE SECRETARY.—

19 The Secretary shall—

20 (A) conduct outreach to inform health care
 21 professionals of the availability of programs and
 22 activities funded under this subsection;

23 (B) analyze the data submitted by grantees
 24 under this subsection to determine the number
 25 of cancer survivors served and the impact of the

1 program under this subsection on their quality
2 of life;

3 (C) share best practices among all grantees
4 under this subsection; and

5 (D) consider strategies for the coordination
6 of the program carried out under this section
7 with the alternative payment model for quality
8 survivorship care developed under section 6 to
9 ensure that enrollees in the alternative payment
10 model have access to the services that will be
11 funded through the program.

12 **SEC. 9. SURVIVORSHIP PROGRESS REPORT.**

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

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

- 23 (1) the nature and quality of survivorship care;
24 (2) transitions from active treatment to survi-
25 vorship care;

- 1 (3) the quality of life of cancer survivors;
- 2 (4) outcomes for cancer survivors;
- 3 (5) disparities in access to care and survivor-
- 4 ship outcomes;
- 5 (6) the health care systems for providing survi-
- 6 vorship care;
- 7 (7) the contribution of community-based serv-
- 8 ices to the survivorship care system; and
- 9 (8) payment for survivorship care by public and
- 10 private third-party payors.

11 (c) ROLE OF OFFICE OF CANCER SURVIVORSHIP.—

12 The study under subsection (a) shall—

- 13 (1) consider the contribution of the Office of
- 14 Cancer Survivorship to the evolution of cancer survi-
- 15 vorship care over the last 25 years; and
- 16 (2) assess the impact of the mission of the Of-
- 17 fice and the resources provided to the Office on its
- 18 leadership in cancer survivorship care.

19 (d) PUBLIC MEETING.—In conducting the study

20 under subsection (a), the Comptroller General of the

21 United States shall hold a public meeting with a broad

22 cross section of stakeholders to inform the study's findings

23 and conclusions. Such stakeholders shall include—

- 24 (1) cancer survivors and their caregivers and
- 25 families;

1 (2) patient organizations representing cancer
2 survivors;

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

5 (4) primary care providers involved in survivor-
6 ship care and the professional societies representing
7 them;

8 (5) other health professionals providing survi-
9 vorship care and the professional societies rep-
10 resenting them;

11 (6) community-based organizations involved in
12 survivorship care;

13 (7) representatives of the National Cancer In-
14 stitute;

15 (8) third-party payors;

16 (9) researchers engaged in survivorship re-
17 search;

18 (10) epidemiologists with knowledge of trends
19 in cancer survivorship; and

20 (11) such other stakeholders as the Comptroller
21 General deems important to participate in the public
22 meeting.

23 (e) REPORT.—The Comptroller General of the United
24 States shall—

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

3 (2) in addition to the public meeting convened
4 under subsection (d)—

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

7 (B) include in such meeting all categories
8 of stakeholders listed in subsection (d).

9 **SEC. 10. MEDICAID COVERAGE OF HEALTHCARE TRANSI-**
10 **TIONS FOR SURVIVORS OF CHILDHOOD AND**
11 **ADOLESCENT CANCER.**

12 (a) IN GENERAL.—Section 1902(a)(10) of the Social
13 Security Act (42 U.S.C. 1396a(a)(10)) is amended—

14 (1) in subparagraph (F), by striking “; and”
15 and inserting a semicolon;

16 (2) in subparagraph (G), by adding at the end
17 “and”; and

18 (3) by inserting after subparagraph (G) the fol-
19 lowing new subparagraph:

20 “(H) notwithstanding section
21 1902(a)(10)(B) (relating to comparability), for
22 making medical assistance available for
23 healthcare transitions for survivors of childhood
24 and adolescent cancer (as defined in section
25 1905(jj));”.

1 (b) DEFINITION.—Section 1905 of the Social Secu-
 2 rity Act (42 U.S.C. 1396d) is amended by adding at the
 3 end the following new subsection:

4 “(jj) HEALTHCARE TRANSITIONS FOR SURVIVORS OF
 5 CHILDHOOD AND ADOLESCENT CANCER.—

6 “(1) DEFINITION.—For purposes of section
 7 1902(a)(10)(H) and this subsection, the term
 8 ‘healthcare transitions for survivors of childhood and
 9 adolescent cancer’—

10 “(A) means transition services from active
 11 oncological care to primary care of a child or
 12 adolescent with cancer ensuring development
 13 and delivery of survivorship care plans to pa-
 14 tients, families and primary care providers and
 15 transition coverage; and

16 “(B) includes—

17 “(i) transition care based on the Chil-
 18 dren’s Oncology Group (in this section re-
 19 ferred to as the ‘COG’) Long-term Follow-
 20 Up Guidelines for Survivors of Childhood,
 21 Adolescent, and Young Adult Cancers; and

22 “(ii) coverage based on the COG expo-
 23 sure-based standard of care for risk assess-
 24 ment and surveillance recommendations;

“(iii) transition services that include evidence-based recommendations for screening and management of late effects that may arise as a result of treatment for childhood cancer, increase awareness of potential late effects, and follow-up care for childhood cancer and adolescent survivors; and

“(iv) at least 2 survivorship transition care visits per year.”.

SEC. 11. MEDICAID COVERAGE OF CANCER FERTILITY SERVICES FOR CANCER SURVIVORS.

(a) MEDICAID.—

(1) MANDATORY COVERAGE.—Section 1902(a)(10) of the Social Security Act (42 U.S.C. 1396a) is amended—

(A) in subparagraph (F), by striking “; and” and inserting a semicolon;

(B) in subparagraph (G), by adding at the end “and”; and

(C) by inserting after subparagraph (G) the following new subparagraph:

“(H) notwithstanding section 1902(a)(10)(B) (relating to comparability), for making medical assistance available for cancer

1 fertility services (as defined in subsection
2 (kk));”.

3 (2) DEFINITION.—Section 1905 of the Social
4 Security Act (42 U.S.C. 1396d), as amended by sec-
5 tion 10(4) of this Act, is further amended by adding
6 at the end the following new subsection:

7 “(kk) CANCER FERTILITY SERVICES.—

8 “(1) DEFINITION.—For purposes of section
9 1902(a)(10)(H) and this subsection, the term ‘can-
10 cer fertility services’—

11 “(A) means fertility treatment and fertility
12 preservation services for individuals diagnosed
13 with cancer who—

14 “(i) are undergoing treatment for
15 such cancer where such treatment may
16 lead to iatrogenic infertility;

17 “(ii) previously underwent such treat-
18 ment and may be at risk of such infertility
19 due to such treatment; or

20 “(iii) are preparing to undergo such
21 treatment where such treatment may lead
22 to such infertility; and

23 “(B) includes—

24 “(i) other services, including experi-
25 mental and non-experimental services to

1 preserve fertility or treat infertility (as de-
 2 termined by the Secretary, consistent with
 3 established medical practices and profes-
 4 sional guidelines published by the Amer-
 5 ican Society for Reproductive Medicine, the
 6 American Society of Clinical Oncology, or
 7 other professional medical organizations
 8 specified by the Secretary); and

9 “(ii) long-term storage costs—

10 “(I) with respect to individuals
 11 under the age of 18, for a period of
 12 not less than 15 years; and

13 “(II) with respect to individuals
 14 age 18 or older, for a period of not
 15 less than 10 years.

16 “(2) EXCEPTION FOR TERRITORIES.—Notwith-
 17 standing any other provision of this title, in the case
 18 of a State (other than the 50 States and the District
 19 of Columbia), the requirement stated in section
 20 1902(a)(10)(H) shall be optional.”.

21 (3) PROHIBITION ON COST-SHARING.—

22 (A) IN GENERAL.—Section 1916 of the So-
 23 cial Security Act (42 U.S.C. 1396o) is amend-
 24 ed—

25 (i) in subsection (a)(2)—

1 (I) in subparagraph (I), by strik-
 2 ing at the end “, or” and inserting a
 3 semicolon;

4 (II) in subparagraph (J), by
 5 striking at the end “; and” and in-
 6 serting “; or”; and

7 (III) by adding at the end the
 8 following new subparagraph:

9 “(K) cancer fertility services (as defined in
 10 section 1905(kk)); and”; and

11 (ii) in subsection (b)(2)—

12 (I) in subparagraph (I), by strik-
 13 ing at the end “, or” and inserting a
 14 semicolon;

15 (II) in subparagraph (J), by
 16 striking at the end “; and” and in-
 17 serting “; or”; and

18 (III) by adding at the end the
 19 following new subparagraph:

20 “(K) cancer fertility services (as defined in
 21 section 1905(jj)); and”.

22 (B) APPLICATION TO ALTERNATIVE COST-
 23 SHARING.—Section 1916A(b)(3)(B) of the So-
 24 cial Security Act (42 U.S.C. 1396o–1(b)(3)(B))

1 is amended by adding at the end the following
 2 new clause:

3 “(xv) Cancer fertility services (as de-
 4 fined in section 1905(jj)).”.

5 (b) CHIP.—

6 (1) IN GENERAL.—Section 2103(c) of the So-
 7 cial Security Act (42 U.S.C. 1397cc(c)) is amend-
 8 ed—

9 (A) by redesignating the paragraph (12)
 10 added by section 11405(b)(1) of Public Law
 11 117–169 as paragraph (13); and

12 (B) by inserting after paragraph (11) the
 13 following new paragraph:

14 “(12) REQUIRED COVERAGE OF CANCER FER-
 15 TILITY SERVICES FOR CANCER SURVIVORS.—Regard-
 16 less of the type of coverage elected by a State under
 17 subsection (a), the child health assistance provided
 18 for a targeted low-income child, and, in the case of
 19 a State that elects to provide pregnancy-related as-
 20 sistance pursuant to section 2112, the pregnancy-re-
 21 lated assistance provided for a targeted low-income
 22 pregnant woman (as such terms are defined for pur-
 23 poses of such section), shall include coverage of can-
 24 cer fertility services (as described in section
 25 1905(jj)).”.

1 (2) PROHIBITION ON COST-SHARING.—Section
 2 2103(e)(2) of the Social Security Act (42 U.S.C.
 3 1397cc(e)(2)) is amended—

4 (A) in the heading, by inserting “CANCER
 5 FERTILITY SERVICES” after “COVID–19
 6 TREATMENT”; and

7 (B) by inserting “cancer fertility services
 8 (as described in section 1905(jj)),” after “test-
 9 ing or treatments described in section
 10 1916(a)(2)(I) furnished during the period de-
 11 scribed in such section”.

12 (3) EFFECTIVE DATE.—The amendment made
 13 by paragraph (1)(A) shall take effect on October 1,
 14 2026.

15 (c) EFFECTIVE DATE.—The amendments made by
 16 this section (other than the amendment made by sub-
 17 section (b)(1)(A)) shall apply with respect to medical as-
 18 sistance, child health assistance, and pregnancy-related
 19 assistance furnished on or after the date that is 18 months
 20 after the date of the enactment of this Act.

21 **SEC. 12. OFFICE OF CANCER SURVIVORSHIP.**

22 (a) IN GENERAL.—The Secretary shall establish
 23 within Office of the Director of the National Cancer Insti-
 24 tute (referred to in this section as “NCI”) the Office of

1 Cancer Survivorship (referred to in this section as the
2 “Office”).

3 (b) PURPOSE.—The Office shall function as the enti-
4 ty within NCI with primary responsibility for improving
5 cancer survivorship for individuals living with and through
6 cancer.

7 (c) RESPONSIBILITIES.—The Office shall undertake
8 the following responsibilities:

9 (1) Management of a portfolio of research
10 grants focused on survivorship topics, including—

11 (A) late and long-term effects of cancer
12 and cancer treatment;

13 (B) interventions to address late and long-
14 term effects of cancer;

15 (C) health delivery models that ensure ac-
16 cess to quality survivorship care for all sur-
17 vivors; and

18 (D) communication and education efforts
19 to enhance access to survivorship care for all
20 survivors.

21 (2) Professional education efforts to share best
22 practices in survivorship care and to improve survi-
23 vorship care delivery.

24 (3) Survivor education efforts related to—

1 (A) understanding the late and long-term
2 effects of cancer and cancer treatment;

3 (B) improving access to monitoring and
4 follow-up care after active treatment for all sur-
5 vivors; and

6 (C) enhancing survivor management of
7 long-term follow-up survivorship care.

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