

107TH CONGRESS  
2D SESSION

# S. 2965

To amend the Public Health Service Act to improve the quality of care for cancer, and for other purposes.

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## IN THE SENATE OF THE UNITED STATES

SEPTEMBER 18, 2002

Mr. KENNEDY (for himself, Mr. FRIST, Mrs. FEINSTEIN, Mrs. HUTCHISON, Mr. HARKIN, Ms. COLLINS, Mr. BIDEN, Mr. BOND, Ms. LANDRIEU, Mr. REID, Mr. BINGAMAN, Mr. DODD, Mrs. CLINTON, Mr. HOLLINGS, and Mr. EDWARDS) introduced the following bill; which was read twice and referred to the Committee on Health, Education, Labor, and Pensions

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## A BILL

To amend the Public Health Service Act to improve the quality of care for cancer, 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.**

4 This Act may be cited as the “Quality of Care for  
5 Individuals With Cancer Act”.

### 6 **SEC. 2. TABLE OF CONTENTS.**

Sec. 1. Short title.

Sec. 2. Table of contents.

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## TITLE VIII—PROGRAMS FOR END-OF-LIFE CARE

- Sec. 801. Programs for end-of-life care.

## TITLE IX—DEVELOPING TRAINING CURRICULA

- Sec. 901. Curriculum development.  
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## TITLE X—CONDUCTING REPORTS

- Sec. 1001. Studies and reports by the Institute of Medicine.

1        **TITLE I—MEASURING THE**  
 2        **QUALITY OF CANCER CARE**

3        **SEC. 101. DEVELOPMENT OF CORE SETS OF QUALITY OF**  
 4        **CANCER CARE MEASURES.**

5        (a) DEVELOPMENT OF CORE SETS OF QUALITY OF  
 6        CANCER CARE MEASURES.—Subpart 1 of part C of title  
 7        IV of the Public Health Service Act (42 U.S.C. 285 et  
 8        seq.) is amended by adding at the end the following:

1 **“SEC. 417E. DEVELOPMENT OF CORE SETS OF QUALITY OF**  
 2 **CANCER CARE MEASURES.**

3 “(a) IN GENERAL.—The Secretary shall award a con-  
 4 tract to a national voluntary consensus organization to  
 5 identify core sets of quality of cancer care measures.

6 “(b) QUALITY OF CANCER CARE MEASURES.—An  
 7 entity that receives a contract under this section shall  
 8 identify core sets of quality of cancer care measures in  
 9 consultation with a panel or advisory group of interested  
 10 parties, including significant participation from consumer  
 11 representatives (which shall include survivors of cancer  
 12 and their families and members of organizations rep-  
 13 resenting such survivors and their families), health care  
 14 providers, cancer researchers, payers and purchasers of  
 15 cancer care services and insurance, and public and private  
 16 organizations that monitor, accredit, or seek to improve  
 17 the quality of cancer care.

18 “(c) REPORT BY ENTITY.—Not later than 24 months  
 19 after the date of enactment of this section, an eligible enti-  
 20 ty that receives a contract under this section shall submit  
 21 to the Secretary a report that—

22 “(1) lists existing measures used to assess and  
 23 improve the quality of cancer care;

24 “(2) identifies those measures that have been  
 25 scientifically validated, those measures that still re-  
 26 quire validation, and those aspects of cancer care for

1       which additional measures need to be developed or  
2       validated;

3           “(3) recommends a core set of validated quality  
4       of cancer care measures, reflecting a voluntary con-  
5       sensus of interested parties, for measuring and im-  
6       proving the quality of cancer care;

7           “(4) summarizes the process used to develop  
8       the consensus recommendations in paragraph (3),  
9       including a statement of any minority views; and

10          “(5) develops a process for updating the core  
11       sets of validated quality of cancer care measures as  
12       new scientific evidence becomes available.

13          “(d) RECOMMENDATIONS BY SECRETARY.—Not later  
14       than 6 months after the date the Secretary receives the  
15       report described in subsection (c), the Secretary shall issue  
16       recommendations on the areas described in paragraphs (1)  
17       through (5) of such subsection and shall transmit such  
18       recommendations to the President.

19          “(e) REPORT BY PRESIDENT.—Not later than 6  
20       months after receipt of the report described in subsection  
21       (d), the President shall, in consultation with the Quality  
22       Interagency Coordination Task Force (established by a  
23       Presidential Directive in 1998)—

24           “(1) provide to the appropriate committees of  
25       Congress a report that describes a plan to use the

1 core sets of quality of cancer care measures in pro-  
2 grams administered by the Federal Government, in-  
3 cluding outlining activities to support the widespread  
4 dissemination of the report, and provide any other  
5 recommendations the President determines to be ap-  
6 propriate; and

7 “(2) provide updated reports, in accordance  
8 with subsection (c)(5), if new quality measures or  
9 scientific evidence on quality of cancer care develops.

10 “(f) TECHNICAL SUPPORT.—The Secretary may pro-  
11 vide scientific and technical support to ensure that the sci-  
12 entific evaluation requirements in this section are met.

13 “(g) AHRQ.—

14 “(1) ANNUAL REPORT.—The Agency for  
15 Healthcare Research and Quality shall include in the  
16 annual report required under section 913(b)(2) the  
17 core set of quality of cancer care measures developed  
18 under this section that are suitable for quality moni-  
19 toring.

20 “(2) REQUIREMENT.—The Secretary shall en-  
21 sure that all agencies within the Department of  
22 Health and Human Services shall provide the infor-  
23 mation necessary for the report described in para-  
24 graph (1) regarding quality of cancer care measures.

1       “(h) SUPPORT.—The Director of the Agency for  
 2 Healthcare Research and Quality, acting in collaboration  
 3 with the Director of the National Cancer Institute and the  
 4 Director of the Centers for Disease Control and Preven-  
 5 tion, shall support the development and validation of  
 6 measures identified by the report in subsection (d).

7       “(i) DEFINITIONS OF HOSPICE CARE; PALLIATIVE  
 8 CARE; QUALITY OF CANCER CARE.—In this section the  
 9 terms ‘hospice care’, ‘palliative care’ and ‘quality of cancer  
 10 care’ have the meanings given such terms in section  
 11 399AA.

12       “(j) AUTHORIZATION OF APPROPRIATIONS.—There  
 13 is authorized to be appropriated to carry out this section,  
 14 \$3,000,000 for fiscal year 2003, and such sums as may  
 15 be necessary for each of fiscal years 2004 through 2007.”.

16       (b) MONITORING.—Not later than 4 years after the  
 17 date of the transmission of the report required under sec-  
 18 tion 417E(e) of the Public Health Service Act, the Comp-  
 19 troller of the General Accounting Office shall submit to  
 20 the appropriate committees of Congress a report that eval-  
 21 uates the extent to which Federal and private sector  
 22 health care delivery programs, States, and State cancer  
 23 plans are utilizing the core sets of quality of cancer care  
 24 measures (developed under section 417E of the Public

1 Health Service Act) and the extent to which its adoption  
 2 is affecting the quality of cancer care.

## 3 **TITLE II—ENHANCING DATA** 4 **COLLECTION**

### 5 **SEC. 201. EXPANSION OF NATIONAL PROGRAM OF CANCER** 6 **REGISTRIES.**

7 Part M of title III of the Public Health Service Act  
 8 (42 U.S.C. 280e et seq.) is amended by inserting after  
 9 section 399E, the following:

#### 10 **“SEC. 399E-1. MONITORING AND EVALUATING THE QUALITY** 11 **OF CANCER CARE.**

12 “(a) DEMONSTRATION PROJECTS.—The Secretary,  
 13 acting through the Director of the Centers for Disease  
 14 Control and Prevention, and in coordination with the Di-  
 15 rector of the National Cancer Institute, shall award com-  
 16 petitive grants to State cancer registries that receive funds  
 17 under this part to enable such registries to expand their  
 18 ability to monitor and evaluate the quality of cancer care,  
 19 to develop information concerning the quality of cancer  
 20 care, and to monitor cancer survivorship.

21 “(b) ELIGIBILITY.—To be eligible to receive a grant  
 22 under subsection (a), a State cancer registry shall be cer-  
 23 tified by the North American Association of Central Can-  
 24 cer Registries or other similar certification organization.

1       “(c) APPLICATION.—A State cancer registry desiring  
 2 a grant under this section shall submit an application to  
 3 the Secretary at such time, in such manner, and con-  
 4 taining such information as the Secretary may require.

5       “(d) CONTRACTING AUTHORITY.—A State cancer  
 6 registry receiving a grant under this section may enter  
 7 into contracts with academic institutions, cancer centers,  
 8 and other entities determined to be appropriate by the  
 9 Secretary, to carry out the activities authorized under this  
 10 section.

11       “(e) USE OF FUNDS.—A State cancer registry receiv-  
 12 ing a grant under this section shall use amounts received  
 13 under such grant to—

14               “(1) collect information for public health sur-  
 15 veillance and quality improvement activities using  
 16 the quality of cancer care measures developed under  
 17 section 417E (where appropriate), including data  
 18 concerning traditionally underserved populations and  
 19 populations within the State that may have a dis-  
 20 parity in incidence or survival from cancer;

21               “(2) develop linkages between State cancer reg-  
 22 istry data and other databases, including those that  
 23 collect outpatient data, to gather information con-  
 24 cerning the quality of cancer care;



1           “(3) identify, develop, and disseminate evi-  
2           dence-based best practices relating to cancer care re-  
3           garding how States use registry data and how to  
4           better link and coordinate the sharing of such data;

5           “(4) identify geographic areas and populations  
6           within the State that have an increased need for  
7           awareness regarding cancer risk reduction, screen-  
8           ing, prevention, and treatment activities;

9           “(5) increase coordination between State cancer  
10          registries and other entities, including academic in-  
11          stitutions, hospitals, health centers, researchers,  
12          health care providers, cancer centers, or nonprofit  
13          organizations;

14          “(6) incorporate the collection of data on cancer  
15          survivors for the purpose of improving the quality of  
16          cancer care;

17          “(7) identify the impact of co-morbidity of  
18          other diseases on survival from cancer; or

19          “(8) develop methods of determining whether  
20          cancer survivors are at an increased risk for other  
21          chronic or disabling conditions.

22          “(f) PRIVACY.—A State cancer registry receiving a  
23          grant or an entity receiving a contract under this section  
24          shall comply with appropriate security and privacy proto-  
25          cols (including protocols required under the regulations

1 promulgated under section 264(c) of the Health Insurance  
 2 Portability and Accountability Act of 1996 (42 U.S.C.  
 3 1320d–2 note)), if applicable, with respect to information  
 4 collected under this title. Nothing in this section shall be  
 5 construed to supersede applicable Federal or State privacy  
 6 laws.

7 “(g) DATABASES.—

8 “(1) IN GENERAL.—In carrying out this sec-  
 9 tion, a State cancer registry may utilize appropriate  
 10 databases, including—

11 “(A) the National Death Index;

12 “(B) databases related to claims under the  
 13 medicare and medicaid programs under titles  
 14 XVIII and XIX of the Social Security Act; and

15 “(C) other databases maintained by the  
 16 Department of Health and Human Services (in-  
 17 cluding those maintained at the Agency for  
 18 Healthcare Research and Quality, the Centers  
 19 for Disease Control and Prevention, the Centers  
 20 for Medicare & Medicaid Services, and the Na-  
 21 tional Institutes of Health).

22 “(2) ADDITIONAL DATA.—A State cancer reg-  
 23 istry may utilize data in addition to the databases  
 24 described in paragraph (1), including data main-

1       tained by private insurance plans and health care  
2       delivery organizations.

3       “(h) RULE OF CONSTRUCTION.—Nothing in this sec-  
4       tion shall be construed to require an individual or entity  
5       to submit information to a State cancer registry under this  
6       section.

7       “(i) DEFINITIONS.—In this section:

8               “(1) HEALTH CENTER.—The term ‘health cen-  
9       ter’ has the meaning given the term ‘federally quali-  
10      fied health center’ in section 1861(aa)(4) of the So-  
11      cial Security Act (12 U.S.C. 1395x(aa)(4)).

12              “(2) QUALITY OF CANCER CARE.—The term  
13      ‘quality of cancer care’ has the meaning given such  
14      term in section 399AA.

15      “(j) AUTHORIZATION OF APPROPRIATIONS.—There  
16      is authorized to be appropriated to carry out this section,  
17      \$3,000,000 for fiscal year 2003 and such sums as may  
18      be necessary for each of fiscal years 2004 through 2007.

19      **“SEC. 399E-2. CANCER SURVEILLANCE SYSTEM.**

20      “(a) IN GENERAL.—The Secretary, acting through  
21      the Director of the Centers for Disease Control and Pre-  
22      vention, and in coordination with the Director of the Na-  
23      tional Cancer Institute, shall—

24              “(1) establish the Cancer Surveillance System  
25      (referred to in this section as the ‘System’) to mon-

1       itor State cancer registries funded under section  
2       399B; and

3           “(2) provide for the development, expansion,  
4       and evaluation of such registries.

5       “(b) DUTIES.—The System shall—

6           “(1) facilitate timely access to and exchange of  
7       accurate quality of cancer care information among  
8       State cancer registries including the use of the qual-  
9       ity of cancer care measures developed under section  
10      417E, where appropriate;

11          “(2) develop guidelines permitting State cancer  
12      registries to access the national registry clearing-  
13      house established under paragraph (3);

14          “(3) establish and maintain a registry informa-  
15      tion clearinghouse to collect, synthesize, and dissemi-  
16      nate information concerning evidence-based best  
17      practices for the creative use of State cancer reg-  
18      istries, including maintaining an Internet website  
19      where such information may be accessed;

20          “(4) determine the feasibility of monitoring the  
21      quality of palliative care by State cancer registries;

22          “(5) identify and develop evidence-based best  
23      practices for coordination between cancer registries  
24      and other entities; and

12 “(d) DEFINITIONS.—In this section, the terms ‘pal-  
13 liative care’ and ‘quality of cancer care’ have the meanings  
14 given such terms in section 399AA.

19 SEC. 202. REAUTHORIZATION OF NATIONAL PROGRAM OF  
20 CANCER REGISTRIES.

(1) by striking “this part,” and inserting “this  
part, other than sections 399E-1 and 399E-2),”;  
and

1 (2) by striking “2003” and inserting “2008”.

2 **SEC. 203. MATCHING FUNDS; RELATIONSHIP TO CERTIFI-**  
 3 **CATION.**

4 (a) MATCHING FUNDS.—Section 399B(b)(1) of the  
 5 Public Health Service Act (42 U.S.C. 280e(B)(1)) is  
 6 amended by striking “\$3” and inserting “\$5”.

7 (b) RELATIONSHIP TO CERTIFICATION.—Section  
 8 399E of the Public Health Service Act (42 U.S.C. 280e–  
 9 3) is amended—

10 (1) by redesignating subsections (d) and (e) as  
 11 subsections (e) and (f), respectively; and

12 (2) by inserting after subsection (c) the fol-  
 13 lowing:

14 “(d) RELATIONSHIP TO CERTIFICATION.—The Cen-  
 15 ters for Disease Control and Prevention is encouraged to  
 16 work with eligible entities through the provision of tech-  
 17 nical assistance and funding authority under the National  
 18 Program of Cancer Registries to assist such entities in  
 19 complying with the certification process of the North  
 20 American Association of Central Cancer Registries or  
 21 similar certification organization.”.

1 **TITLE III—MONITORING AND**  
 2 **EVALUATING QUALITY OF**  
 3 **CANCER CARE AND OUT-**  
 4 **COMES**

5 **SEC. 301. PARTNERSHIPS TO DEVELOP MODEL SYSTEMS**  
 6 **FOR MONITORING AND EVALUATING QUAL-**  
 7 **ITY OF CANCER CARE AND OUTCOMES.**

8 (a) QUALITY OF CANCER CARE.—Part A of title IX  
 9 of the Public Health Service Act (42 U.S.C. 299 et seq.)  
 10 is amended by adding at the end the following:

11 **“SEC. 904. AREAS OF SPECIAL EMPHASIS.**

12 “(a) QUALITY OF CANCER CARE.—The Secretary,  
 13 acting through the Director and in collaboration with the  
 14 Director of the Centers for Disease Control and Preven-  
 15 tion and the Director of the National Cancer Institute,  
 16 shall conduct and support research pertaining to the meas-  
 17 urement, evaluation, and improvement of the quality of  
 18 cancer care, take steps to enhance the usefulness of such  
 19 research to improve patient care, and appropriately dis-  
 20 seminate such information by—

21 “(1) expanding the evidence base concerning ef-  
 22 fective interventions for improving the quality of  
 23 cancer care;

24 “(2) ensuring effective analysis of data collected  
 25 by State cancer registries funded under section

1       399B by developing evidence-based best practices  
2       for—

3               “(A) the real-time recording of and auto-  
4               mated transfer of cancer care data to State  
5               cancer care registries; and

6               “(B) the linkage of registry data with pri-  
7               vate sector claims data and other existing data  
8               systems for purposes of analytic academic re-  
9               search;

10              “(3) developing and validating quality of cancer  
11              care indicators and evaluate their use and useful-  
12              ness; and

13              “(4) developing volume-based quality indicators,  
14              as appropriate, and evaluate ongoing efforts to inte-  
15              grate volume-based measures into cancer quality im-  
16              provement programs and their impact on patient de-  
17              cisionmaking.

18       “(b) PARTNERSHIPS TO SPEED THE PACE OF IM-  
19       PROVEMENTS IN THE QUALITY OF CANCER CARE.—

20              “(1) IN GENERAL.—The Secretary, acting  
21              through the Director and in collaboration with the  
22              Director of the Centers for Disease Control and Pre-  
23              vention and the Director of the National Cancer In-  
24              stitute, shall award competitive grants, contracts, or



1 enter into cooperative agreements with eligible enti-  
2 ties to—

3 “(A) foster the development or adoption of  
4 model systems of cancer care;

5 “(B) speed the pace of improvement in the  
6 quality of cancer care; or

7 “(C) when appropriate, carry out the other  
8 requirements of this section.

9 “(2) ELIGIBILITY.—In accordance with the lim-  
10 itations of section 926(c), an applicant eligible to re-  
11 ceive a grant, contract, or cooperative agreement  
12 under this subsection shall be a consortium con-  
13 sisting of public- and private-sector entities. Each  
14 consortium shall include an institution of higher  
15 learning or other research entity and 1 or more of  
16 the following:

17 “(A) An entity that delivers or purchases  
18 cancer care.

19 “(B) A professional society or societies  
20 that represent health care providers and other  
21 cancer caregivers, including hospice programs.

22 “(C) A consumer or patient organization.

23 “(D) An entity involved in the monitoring  
24 of quality of cancer care or efforts to improve

1 cancer care (including a State or local health  
2 department).

3 “(d) COLLABORATION.—In carrying out this section,  
4 the Secretary, acting through the Director, shall ensure  
5 coordination with appropriate Federal and State agencies,  
6 private quality improvement entities, and accreditation or  
7 licensure organizations with an interest in improving the  
8 quality of cancer care.

9 “(e) DEFINITIONS.—In this section, the term ‘quality  
10 of cancer care’ has the meaning given such term in section  
11 399AA.”.

12 (b) AUTHORIZATION OF APPROPRIATIONS.—Section  
13 927 of the Public Health Service Act (42 U.S.C. 299c–  
14 6) is amended by adding at the end the following:

15 “(e) QUALITY OF CANCER CARE.—For the purpose  
16 of carrying out the activities under section 904, there is  
17 authorized to be appropriated \$5,000,000 for fiscal year  
18 2003, and such sums as may be necessary for each of fis-  
19 cal years 2004 through 2007.”.

1 **TITLE IV—STRENGTHENING**  
 2 **COMPREHENSIVE CANCER**  
 3 **CONTROL**

4 **SEC. 401. COMPREHENSIVE CANCER CONTROL PROGRAM.**

5 Part B of title III of the Public Health Service Act  
 6 (42 U.S.C. 243 et seq.) is amended by adding at the end  
 7 the following:

8 **“SEC. 320B. COMPREHENSIVE CANCER CONTROL PRO-**  
 9 **GRAM.**

10 “(a) ESTABLISHMENT.—The Secretary, acting  
 11 through the Director of the Centers for Disease Control  
 12 and Prevention and in consultation with the Director of  
 13 the Agency for Healthcare Research and Quality and the  
 14 Director of the National Cancer Institute, shall establish  
 15 a National Comprehensive Cancer Control Program (re-  
 16 ferred to in this section as the ‘Program’) to improve the  
 17 quality of cancer care.

18 “(b) PROGRAM.—In carrying out the Program the  
 19 Secretary shall—

20 “(1) establish guidelines regarding the design  
 21 and implementation of comprehensive cancer control  
 22 plans; and

23 “(2) award competitive grants to eligible enti-  
 24 ties to develop, update, implement, and evaluate  
 25 comprehensive cancer control plans.

1       “(c) ELIGIBILITY.—An entity is eligible to receive as-  
2       sistance under the Program if such entity is a State health  
3       department, territory, Indian tribe, or tribal organization  
4       or its designee.

5       “(d) APPLICATION.—An eligible entity desiring a  
6       grant under this section shall submit an application to the  
7       Secretary at such time, in such manner, and containing  
8       such information as the Secretary may require,  
9       including—

10           “(1) a description of how assistance under such  
11           grant will be used to develop and implement com-  
12           prehensive cancer control programs, including pro-  
13           grams to monitor the quality of cancer care (which  
14           may include the use of quality of cancer care meas-  
15           ures developed under section 417E);

16           “(2) a description of how the applicant will in-  
17           tegrate its activities with academic institutions, non-  
18           profit organizations, or other appropriate entities in  
19           planning and implementing comprehensive cancer  
20           control plans; and

21           “(3) a description of how activities carried out  
22           by the applicant will be evaluated.

23       “(e) USE OF FUNDS.—An entity shall use assistance  
24       received under this section to—

1           “(1) convene stakeholders, including stake-  
 2           holders from the public, private, and nonprofit sec-  
 3           tors, to determine priorities for the State, territory,  
 4           or tribe involved;

5           “(2) develop, update, implement, or evaluate  
 6           comprehensive cancer control plans;

7           “(3) assess disparities in cancer risk reduction,  
 8           prevention, diagnosis, or quality of cancer care; and

9           “(4) develop and disseminate best practices,  
 10          where appropriate, and evaluate the application of  
 11          such practices as necessary.

12          “(f) DEFINITIONS.—In this section:

13           “(1) COMPREHENSIVE CANCER CONTROL  
 14           PLAN.—The term ‘comprehensive cancer control  
 15           plan’ means a plan developed with assistance pro-  
 16           vided under this section that provides for an inte-  
 17           grated and coordinated approach to reducing the in-  
 18           cidence, morbidity, and mortality of cancer, with a  
 19           particular emphasis on preventing and controlling  
 20           cancer among populations most at risk and reducing  
 21           cancer disparities among underserved populations.

22           “(2) COMPREHENSIVE CANCER CONTROL PRO-  
 23           GRAM.—The term ‘comprehensive cancer control  
 24           program’ means a program to fulfill the comprehen-  
 25           sive control plan.

1           “(3) QUALITY OF CANCER CARE.—The term  
2           ‘quality of cancer care’ has the meaning given such  
3           term in section 399AA.

4           “(4) INDIAN TRIBE; TRIBAL ORGANIZATION.—  
5           The terms ‘Indian tribe’ and ‘tribal organization’  
6           have the meanings given such terms in subsections  
7           (b) and (c) of section 4 of the Indian Self-Deter-  
8           mination and Education Assistance Act (25 U.S.C.  
9           450b).

10          “(g) AUTHORIZATION OF APPROPRIATIONS.—There  
11          is authorized to be appropriated to carry out this section,  
12          \$15,000,000 for fiscal year 2003 and such sums as may  
13          be necessary for each of fiscal years 2004 through 2007.”.

14       **TITLE V—IMPROVING NAVIGA-**  
15       **TION AND SYSTEM COORDI-**  
16       **NATION**

17       **SEC. 501. ENHANCING CANCER CARE THROUGH IMPROVED**  
18                       **NAVIGATION AND CANCER CARE COORDINA-**  
19                       **TION.**

20          Title III of the Public Health Service Act (42 U.S.C.  
21          241 et seq.) is amended by adding at the end the fol-  
22          lowing:

1 “PART R—CANCER PREVENTION AND TREATMENT

2 “SEC. 399AA. DEFINITIONS; AUTHORIZATION OF APPRO-  
3 PRIATIONS.

4 (a) DEFINITIONS.—In this part:

5 “(1) HEALTH CENTER.—The term ‘health cen-  
6 ter’ has the meaning given such term in section  
7 399E–1.

8 “(2) HOSPICE CARE.—The term ‘hospice care’  
9 has the meaning given such term in section  
10 1861(dd)(1) of the Social Security Act (42 U.S.C.  
11 1395x(dd)(1)).

12 “(3) HOSPICE PROGRAM.—The term ‘hospice  
13 program’ has the meaning given such term in sec-  
14 tion 1861(dd)(2) of the Social Security Act (42  
15 U.S.C. 1395x(dd)(2)).

16 “(4) PALLIATIVE CARE.—The term ‘palliative  
17 care’ means comprehensive, interdisciplinary, coordi-  
18 nated, and appropriate care and services provided  
19 throughout all stages of disease, from the time of di-  
20 agnosis to the end of life, relating to pain and other  
21 symptom management, including psychosocial needs,  
22 that seeks to improve quality of life and prevent and  
23 alleviate suffering for an individual and, if appro-  
24 priate, that individual’s family or caregivers.

1           “(5) QUALITY OF CANCER CARE.—The term  
 2           ‘quality of cancer care’ means the provision of can-  
 3           cer-related, timely, evidence-based (whenever there is  
 4           scientific evidence on the effectiveness of interven-  
 5           tions), patient-centered care and services of individ-  
 6           uals in a technically and culturally competent and  
 7           appropriate manner, using effective communication  
 8           and shared decisionmaking to improve clinical out-  
 9           comes, survival, or quality of life which  
 10          encompasses—

11                 “(A) the various stages of care, including  
 12                 care and services provided to individuals with a  
 13                 family history of cancer, with an abnormal can-  
 14                 cer screening test, or who are clinically diag-  
 15                 nosed with cancer, beginning with risk reduc-  
 16                 tion, prevention, and early detection through  
 17                 survivorship, remission, and end-of-life care,  
 18                 and including risk counseling, screening, diag-  
 19                 nosis, treatment, followup care, monitoring, re-  
 20                 habilitation, and hospice care; and

21                 “(B) appropriate care and services which  
 22                 should be provided throughout the continuum of  
 23                 care including palliative care and information  
 24                 on treatment options including information re-  
 25                 garding clinical trials.



1       “(b) AUTHORIZATION OF APPROPRIATIONS.—There  
 2 are authorized to be appropriated to carry out this part,  
 3 other than section 399FF, such sums as may be necessary  
 4 for each of fiscal years 2003 through 2007.

5       **“SEC. 399BB. ENHANCING CANCER CARE THROUGH IM-**  
 6                   **PROVED NAVIGATION.**

7       “(a) DEMONSTRATION PROJECTS.—The Secretary  
 8 shall award competitive grants to eligible entities to de-  
 9 velop, implement, and evaluate cancer case management  
 10 programs to enhance the quality of cancer care through  
 11 improved access and navigation.

12       “(b) ELIGIBILITY.—An entity is eligible to receive a  
 13 grant under this section if such entity is a hospital; health  
 14 center; an academic institution; a hospice program; a pal-  
 15 liative care program, or a program offering a continuum  
 16 of hospice care, palliative care, and other appropriate care  
 17 to children and their families; a State health agency; an  
 18 Indian Health Service hospital or clinic, Indian tribal  
 19 health facility, or urban Indian facility; a nonprofit organi-  
 20 zation; a health plan; a primary care practice-based re-  
 21 search network as defined by the Agency for Healthcare  
 22 Research and Quality; a cancer center; or any other entity  
 23 determined to be appropriate by the Secretary.

24       “(c) APPLICATION.—An eligible entity seeking a  
 25 grant under this section shall submit an application to the

1 Secretary at such time, in such manner, and containing  
2 such information as the Secretary may require, including  
3 assurances that the eligible entity will—

4 “(1) target patient populations with an unequal  
5 burden of cancer through specific outreach activities;

6 “(2) coordinate culturally competent and appro-  
7 priate care specified in observance of existing, rel-  
8 evant departmental guidelines, including a special  
9 emphasis on underserved populations and how their  
10 values and priorities influence screening and treat-  
11 ment decisions;

12 “(3) coordinate with relevant ombudsman pro-  
13 grams and other existing coordination and naviga-  
14 tion efforts and services, where possible; and

15 “(4) evaluate activities and disseminate findings  
16 including findings related to repeated difficulties in  
17 accessing navigation.

18 “(d) USE OF FUNDS.—An eligible entity shall use  
19 amounts received under a grant under this section to carry  
20 out programs in which—

21 “(1) trained individuals (such as representatives  
22 from the community, nurses, social workers, cancer  
23 survivors, physicians, or patient advocates) are as-  
24 signed to act as contacts—

25 “(A) within the community; or

1                   “(B) within the health care system,  
2           to facilitate access to quality cancer care and cancer  
3           preventive services;

4                   “(2) partnerships are created with community  
5           organizations (which may include cancer centers,  
6           hospitals, health centers, hospice programs, pallia-  
7           tive care programs, health care providers, home care,  
8           nonprofit organizations, health plans, or other enti-  
9           ties determined appropriate by the Secretary) to  
10          help facilitate access or to improve the quality of  
11          cancer care;

12                   “(3) activities are conducted to coordinate can-  
13          cer care and preventive services and referrals, in-  
14          cluding referrals to hospice programs, and palliative  
15          care programs; or

16                   “(4) the grantee negotiates, mediates, or arbi-  
17          trates on behalf of the patient with relevant entities  
18          to resolve issues that impede access to care.

19                   “(e) MODELS.—Not later than 3 years after the date  
20          of enactment of this section, the Secretary shall develop  
21          or modify models to improve the navigation of cancer care  
22          for grantees under this section. The Secretary shall update  
23          such models as may be necessary to ensure that the best  
24          cancer case management practices are being utilized.

1 **“SEC. 399CC. CANCER CARE COORDINATION.**

2       “(a) DEMONSTRATION PROJECTS.—The Secretary  
3 shall award competitive grants to eligible entities to facili-  
4 tate the development of a coordinated system to improve  
5 the quality of cancer care.

6       “(b) ELIGIBILITY.—An entity is eligible to receive a  
7 grant under this section if such entity is a hospital; a  
8 health center; an academic institution; a hospice program;  
9 a palliative care program; a program offering a continuum  
10 of hospice care, palliative care, and other appropriate care  
11 to children and their families; a State health agency; a  
12 nonprofit organization; a health plan; a primary care prac-  
13 tice-based research network as defined by the Agency for  
14 Healthcare Research and Quality; a cancer center; or any  
15 other entity determined to be appropriate by the Sec-  
16 retary.

17       “(c) APPLICATION.—An eligible entity desiring a  
18 grant under this section shall prepare and submit to the  
19 Secretary an application at such time, in such manner,  
20 and containing such information as the Secretary may re-  
21 quire.

22       “(d) USE OF FUNDS.—An eligible entity shall use  
23 amounts received under a grant under this section to im-  
24 prove coordination of the quality of cancer care, by—

25               “(1) creating partnerships and enhancing col-  
26 laboration with health care providers (which may in-

1       clude cancer centers, hospitals, health centers, hos-  
 2       pice programs, health care providers, experts in pal-  
 3       liative care, preventive service providers) to improve  
 4       the provision of quality of cancer care;

5               “(2) developing best practices for the quality of  
 6       cancer care coordination (with special emphasis pro-  
 7       vided to those cancers that have low survival rates  
 8       or individuals with advanced disease), including the  
 9       development of model systems; and

10              “(3) evaluating overall activities to identify op-  
 11       timal designs and essential components for cancer  
 12       practices and models to improve the coordination of  
 13       cancer care services and activities.

14              “(e) DISSEMINATION.—The Secretary shall dissemi-  
 15       nate findings made as a result of activities conducted  
 16       under this section to the public in coordination with the  
 17       Agency for Healthcare Research and Quality, the Centers  
 18       for Medicare & Medicaid Services, or other appropriate  
 19       Federal agencies.”.

## 20   **TITLE VI—ESTABLISHING PRO-** 21   **GRAMS IN PALLIATIVE CARE**

### 22   **SEC. 601. PROGRAMS TO IMPROVE PALLIATIVE CARE.**

23       Part R of title III of the Public Health Service Act  
 24       (as added by section 501), is further amended by adding  
 25       at the end the following:

1   **“SEC. 399DD. PROGRAMS TO IMPROVE PALLIATIVE CARE.**

2       “(a) DEMONSTRATION PROJECTS.—The Secretary  
3 shall award competitive grants to eligible entities to de-  
4 velop, implement, and evaluate model programs for the de-  
5 livery of palliative care throughout all stages of disease  
6 for individuals with cancer (with a special emphasis on  
7 children) and their families.

8       “(b) ELIGIBILITY.—An entity is eligible to receive a  
9 grant under this section if such entity is a hospital; an  
10 academic institution; a hospice program; a palliative care  
11 program; a program offering a continuum of hospice care,  
12 palliative care, and other appropriate care to children and  
13 their families; a nonprofit organization; a State health  
14 agency; a health center; a cancer center; or any other enti-  
15 ty determined to be appropriate by the Secretary.

16       “(c) APPLICATION.—An eligible entity desiring a  
17 grant under this section shall prepare and submit to the  
18 Secretary an application at such time, in such manner,  
19 and containing such information as the Secretary may re-  
20 quire.

21       “(d) USE OF FUNDS.—An entity shall use amounts  
22 received under a grant under this section to—

23               “(1) integrate palliative care with such entities  
24 as academic institutions, community organizations,  
25 hospice programs, hospitals, cancer patient and sur-  
26 vivorship organizations, health care providers, cancer

1 centers, or other entities determined appropriate by  
2 the Secretary;

3 “(2) conduct outreach and education activities  
4 to encourage the dissemination of evidence-based  
5 clinical best practices relating to palliative care;

6 “(3) increase public awareness, including out-  
7 reach campaigns, particularly to underserved popu-  
8 lations;

9 “(4) disseminate evidence-based information to  
10 health care providers and individuals with cancer  
11 and their families regarding available palliative care  
12 programs and services;

13 “(5) provide and evaluate education and train-  
14 ing programs in palliative care for health care pro-  
15 viders, including—

16 “(A) establishing pilot training programs  
17 (including faculty training programs) in medi-  
18 cine, including oncology (including pediatric on-  
19 cology), family medicine, psychiatry, psychology,  
20 pain, nursing, pharmacology, physical therapy,  
21 occupational therapy, social work, and other rel-  
22 evant disciplines; or

23 “(B) developing, implementing, and evalu-  
24 ating pilot training programs for the staff of  
25 hospices, nursing homes, hospitals, home health

1 agencies, outpatient care clinics, and other enti-  
2 ties determined appropriate by the Secretary;

3 “(6) design or implement model palliative care  
4 programs for individuals with cancer and their fami-  
5 lies including improving access to clinical trials,  
6 where appropriate;

7 “(7) develop and evaluate pilot programs to ad-  
8 dress the special needs of children or other under-  
9 served populations and their families in palliative  
10 care programs;

11 “(8) conduct demonstration projects to enhance  
12 or develop online support networks for individuals  
13 with cancer and their families, including those net-  
14 works for individuals who are homebound, and de-  
15 velop other methods to reach underserved cancer pa-  
16 tients; or

17 “(9) determine whether strategies developed for  
18 palliative care for individuals with cancer and their  
19 families would be applicable to individuals with other  
20 diseases.

21 “(e) DISSEMINATION.—The Secretary shall dissemi-  
22 nate findings made as a result of activities conducted  
23 under this section to the public in coordination with the  
24 Director of the Agency for Healthcare Research and Qual-  
25 ity, the Administrator of the Centers for Medicare & Med-



1 icaid Services, and the heads other appropriate Federal  
2 agencies.”.

## 3 **TITLE VII—ESTABLISHING** 4 **SURVIVORSHIP PROGRAMS**

### 5 **SEC. 701. PROGRAMS FOR SURVIVORSHIP.**

6 Subpart 1 of Part C of title IV of the Public Health  
7 Service Act (42 U.S.C. 285 et seq.) (as amended by sec-  
8 tion 101), is further amended by adding at the end the  
9 following:

#### 10 **“SEC. 417F. PROGRAMS FOR SURVIVORSHIP.**

11 “(a) DEMONSTRATION PROJECTS.—The Secretary  
12 shall conduct and support research regarding the unique  
13 health challenges associated with cancer survivorship and  
14 carry out demonstration projects to develop and imple-  
15 ment post-treatment public health programs and services  
16 including followup care and monitoring to support and im-  
17 prove the long-term quality of life for cancer survivors,  
18 including children.

19 “(b) ELIGIBILITY.—An entity is eligible to receive a  
20 competitive grant under this section if such entity is an  
21 academic institution, nonprofit organization, State health  
22 agency, cancer center, health center, or other entity deter-  
23 mined to be appropriate by the Secretary.

24 “(c) APPLICATION.—An entity desiring a grant under  
25 this section shall prepare and submit to the Secretary an

1 application at such time, in such manner, and containing  
2 such information as the Secretary may require.

3 “(d) USE OF FUNDS.—An entity shall use amounts  
4 received under a grant under this section to plan, imple-  
5 ment, and evaluate demonstration projects that—

6 “(1) design protocols for followup care, moni-  
7 toring, and other survivorship programs (including  
8 peer support and mentor programs);

9 “(2) increase public awareness about appro-  
10 priate followup care, monitoring and other survivor-  
11 ship programs (including peer support and mentor  
12 programs) by disseminating information to health  
13 care providers and survivors and their families; and

14 “(3) support programs to improve the quality of  
15 life among cancer survivors, referenced by the qual-  
16 ity of cancer care measures developed under section  
17 417E (where appropriate), with particular emphasis  
18 on underserved populations, including children.

19 “(e) AUTHORIZATION OF APPROPRIATIONS.—There  
20 are authorized to be appropriated to carry out this section,  
21 such sums as may be necessary for each of fiscal years  
22 2003 through 2007.”.

23 **SEC. 702. CANCER CONTROL PROGRAMS.**

24 Section 412 of the Public Health Service Act (42  
25 U.S.C. 285a–1) is amended—

1 (1) in the matter preceding paragraph (1), by  
 2 striking “cancer and for rehabilitation and coun-  
 3 seling respecting cancer.” and inserting “cancer and  
 4 for survivorship, rehabilitation, and counseling re-  
 5 specting cancer.”;

6 (2) in paragraph (1)(B), by striking “and the  
 7 families of cancer patients” and inserting “the fami-  
 8 lies of cancer patients, and cancer survivors”; and

9 (3) in paragraph (3), by striking “diagnosis,  
 10 and treatment and control of cancer” and inserting  
 11 “diagnosis, treatment, survivorship programs, and  
 12 control of cancer.”.

## 13 **TITLE VIII—PROGRAMS FOR** 14 **END-OF-LIFE CARE**

### 15 **SEC. 801. PROGRAMS FOR END-OF-LIFE CARE.**

16 Part R of title III of the Public Health Service Act  
 17 (as amended by section 601), is further amended by add-  
 18 ing the following:

#### 19 **“SEC. 399EE. PROGRAMS FOR END-OF-LIFE CARE.**

20 “(a) **DEMONSTRATION PROJECTS.**—The Secretary  
 21 shall award competitive grants to eligible entities to de-  
 22 velop, implement, and evaluate evidence-based programs  
 23 for the delivery of quality of cancer care during the end-  
 24 of-life to individuals with cancer (with a special emphasis  
 25 on children) and their families.

1       “(b) ELIGIBILITY.—An entity is eligible to receive a  
2 grant under this section if such entity is a hospital; an  
3 academic institution; a hospice program; a palliative care  
4 program; a program offering a continuum of hospice care,  
5 palliative care, and other appropriate care to children and  
6 their families; a nonprofit organization; a State health  
7 agency; a health center; a cancer center; or any other enti-  
8 ty determined to be appropriate by the Secretary.

9       “(c) APPLICATION.—An entity desiring a grant under  
10 this section shall prepare and submit to the Secretary an  
11 application at such time, in such manner, and containing  
12 such information as the Secretary may require.

13       “(d) USE OF FUNDS.—An entity shall use amounts  
14 received under a grant under this section to—

15               “(1) integrate palliative care or end-of-life care  
16 programs with entities including academic institu-  
17 tions, community organizations, hospice programs,  
18 hospitals, cancer patient and survivorship organiza-  
19 tions, health care providers, cancer centers, or other  
20 entities determined appropriate by the Secretary;

21               “(2) conduct outreach and education activities  
22 to encourage the dissemination of evidence-based  
23 clinical best practices relating to end-of-life care;

1           “(3) increase public awareness, including out-  
2 reach campaigns, particularly to underserved popu-  
3 lations;

4           “(4) disseminate information to health care  
5 providers and individuals with cancer and their fami-  
6 lies regarding available end-of-life programs, includ-  
7 ing hospice programs;

8           “(5) provide and evaluate education and train-  
9 ing in end-of-life care for health care providers,  
10 including—

11           “(A) establishing pilot training programs  
12 (including faculty training programs) in medi-  
13 cine including oncology (including pediatric on-  
14 cology), family medicine, psychiatry, psychology,  
15 pain, nursing, pharmacology and social work,  
16 and other disciplines; or

17           “(B) developing, implementing, and evalu-  
18 ating pilot training programs for the staff of  
19 hospices, nursing homes, hospitals, home health  
20 agencies, outpatient care clinics, and other enti-  
21 ties determined appropriate by the Secretary;

22           “(6) design or implement model end-of-life care  
23 programs for individuals with cancer and their fami-  
24 lies including improving access to clinical trials  
25 where appropriate;

1 “(7) develop and evaluate pilot programs to ad-  
 2 dress the special needs of children or other under-  
 3 served populations and their families in end-of-life  
 4 programs;

5 “(8) integrate palliative care and hospice care  
 6 activities in the delivery of end-of-life care; or

7 “(9) determine whether strategies developed for  
 8 end-of-life care for individuals with cancer and their  
 9 families would be applicable to individuals with other  
 10 diseases.

11 “(e) DISSEMINATION.—The Secretary shall dissemi-  
 12 nate findings made as a result of activities conducted  
 13 under this section to the public in coordination with the  
 14 Director of the Agency for Healthcare Research and Qual-  
 15 ity, the Administrator of the Centers for Medicare & Med-  
 16 icaid Services, and the heads of other appropriate Federal  
 17 agencies.”.

## 18 **TITLE IX—DEVELOPING** 19 **TRAINING CURRICULA**

### 20 **SEC. 901. CURRICULUM DEVELOPMENT.**

21 Part R of title III of the Public Health Service Act  
 22 (as amended by section 801), is further amended by add-  
 23 ing at the end the following:

1 **“SEC. 399FF. CURRICULUM DEVELOPMENT.**

2 “(a) IN GENERAL.—The Secretary shall award com-  
3 petitive grants for the development of curricula for health  
4 care provider training regarding the assessment, moni-  
5 toring, improvement, and delivery of quality of cancer  
6 care.

7 “(b) ELIGIBILITY.—To be eligible to receive a grant  
8 under this section, an entity shall be an academic institu-  
9 tion, nonprofit organization, cancer center, health center,  
10 medical school, or other entity determined appropriate by  
11 the Secretary.

12 “(c) APPLICATION.—An entity desiring a grant under  
13 this section shall prepare and submit to the Secretary an  
14 application at such time, in such manner, and containing  
15 such information as the Secretary may require.

16 “(d) USE OF FUNDS.—An entity shall use amounts  
17 received under a grant under this subsection to—

18 “(1) evaluate methods of delivery of the quality  
19 of cancer care, including palliative care, hospice  
20 care, end-of-life care, or cancer survivorship by  
21 health care providers;

22 “(2) develop curricula concerning the delivery of  
23 quality of cancer care including palliative care, hos-  
24 pice care, end-of-life care, or cancer survivorship;  
25 and

1           “(3) provide recommendations for training pro-  
 2           tocols for medical and nursing education, fellow-  
 3           ships, and continuing education in quality of cancer  
 4           care including palliative care, hospice care, survivor-  
 5           ship, or end-of-life care for health care providers.

6           “(e) AUTHORIZATION OF APPROPRIATIONS.—There  
 7           is authorized to be appropriated to carry out this section,  
 8           \$3,000,000 for fiscal year 2003 and such sums as may  
 9           be necessary for each of fiscal years 2004 through 2007.”.

10 **SEC.     902.     CANCER     CARE     WORKFORCE     AND**  
 11 **TRANSLATIONAL RESEARCH.**

12           (a) CANCER CONTROL PROGRAMS.—Section 412 of  
 13           the Public Health Service Act (42 U.S.C. 285a–1) is  
 14           amended—

15                   (1) by striking “The Director of the Institute”  
 16                   and inserting the following:

17                   “(a) IN GENERAL.—The Director of the Institute”;

18                   (2) by striking paragraph (2) and inserting the  
 19                   following:

20                   “(2) annual and long-term training goals to as-  
 21                   sure an adequate and diverse cancer care workforce  
 22                   including—

23                           “(A) preparing and implementing a plan to  
 24                           provide assistance to health professionals in  
 25                           health professions experiencing the most severe



1 shortages including the provision of grants,  
 2 scholarships, fellowships, post-doctoral stipends,  
 3 or loans to eligible individuals to increase the  
 4 cancer care workforce; and

5 “(B) educating students of health profes-  
 6 sions and health professionals in—

7 “(i) effective methods for the preven-  
 8 tion and early detection of cancer;

9 “(ii) the identification of individuals  
 10 with a high risk of developing cancer;

11 “(iii) improved methods of patient re-  
 12 ferral to appropriate centers for early diag-  
 13 nosis and treatment of cancer;

14 “(iv) methods to deliver culturally  
 15 competent care; and

16 “(v) other appropriate methods for  
 17 providing quality of cancer care; and”; and

18 (3) by adding at the end the following:

19 “(b) COORDINATION WITH EXISTING PROGRAMS.—  
 20 In carrying out the activities under subsection (a)(2), the  
 21 Director of the Institute shall coordinate with existing pro-  
 22 grams, including programs at the Health Resources and  
 23 Services Administration, to prevent duplication.”.

24 (b) NATIONAL CANCER RESEARCH AND DEMONSTRA-  
 25 TION CENTERS.—Section 414(b) of the Public Health

1 Service Act (42 U.S.C. 285a–3(b)) is amended by striking  
 2 paragraph (3) and inserting the following:

3 “(3) clinical training (including training for al-  
 4 lied health professionals), loan forgiveness or post-  
 5 doctoral stipends for bench researchers, continuing  
 6 education for health professionals and allied health  
 7 professionals, and information programs for the pub-  
 8 lic regarding cancer; and”.

9 (c) TRANSLATIONAL CANCER RESEARCH.—Subpart  
 10 1 of part C of title IV of the Public Health Service Act  
 11 (42 U.S.C. 285 et seq.) is amended by inserting after sec-  
 12 tion 414 the following:

13 **“SEC. 414A. TRANSLATIONAL CANCER RESEARCH.**

14 “(a) IN GENERAL.—The Director of the Institute  
 15 shall enter into cooperative agreements with, and make  
 16 grants to, public or nonprofit entities to conduct multi-  
 17 disciplinary, translational cancer research.

18 “(b) USE OF FUNDS.—

19 “(1) IN GENERAL.—The Director of the Insti-  
 20 tute may use funds provided under this section to  
 21 establish networks and partnerships to link commu-  
 22 nity cancer providers to programs funded under this  
 23 section.

1           “(2) CONSTRUCTION OF NEW FACILITIES.—

2           Funds provided under this section shall not be used  
3           for the construction of new facilities.

4           “(c) STRATEGIC PLAN.—Not later than October 1,  
5           2004, the Director of the Institute shall develop and im-  
6           plement a strategic plan, in collaboration with entities per-  
7           forming translational research, for identifying, expanding,  
8           and disseminating the results of translational cancer re-  
9           search to health care providers.

10          “(d) DUTIES.—An entity receiving a grant under this  
11          section shall—

12               “(1) conduct research with the potential to im-  
13               prove the prevention, diagnosis, and treatment of  
14               cancer and to improve the quality of cancer care, in-  
15               cluding palliation;

16               “(2) conduct clinical research studies on prom-  
17               ising cancer treatments including clinical trials; and

18               “(3) evaluate tests, techniques, or technologies  
19               in individuals being evaluated for the presence of  
20               cancer.

21          “(e) DEFINITION OF TRANSLATIONAL CANCER RE-  
22          SEARCH.—As used in this section, the term ‘translational  
23          cancer research’ means scientific laboratory and clinical  
24          research and testing necessary to transform scientific or  
25          medical discoveries into new approaches, products, or

1 processes that can assist in preventing, diagnosing, or con-  
 2 trolling cancer.”

3 (d) AUTHORIZATION OF APPROPRIATIONS.—Section  
 4 417B(a) of the Public Health Service Act (42 U.S.C.  
 5 285a–8(a)) is amended by striking “1996” and inserting  
 6 “2007”.

## 7 **TITLE X—CONDUCTING** 8 **REPORTS**

### 9 **SEC. 1001. STUDIES AND REPORTS BY THE INSTITUTE OF** 10 **MEDICINE.**

11 (a) CONTRACT.—The Secretary shall enter into a  
 12 contract with the Institute of Medicine to—

13 (1) evaluate Federal and State activities relat-  
 14 ing to comprehensive cancer control programs and  
 15 activities;

16 (2) evaluate the quality of cancer care (includ-  
 17 ing palliative care, end-of-life care, and survivorship)  
 18 that medicare and medicaid beneficiaries receive and  
 19 the extent to which medicare and medicaid coverage  
 20 and reimbursement policies affect access to quality  
 21 cancer care;

22 (3) evaluate data from the Centers for Medicare  
 23 & Medicaid Services and other agencies on volume-  
 24 outcome relationships;

1           (4) evaluate access to clinical trials and the re-  
2           lationship of such access to the quality of cancer  
3           care, especially with respect to medically underserved  
4           populations; and

5           (5) assess existing gaps in and impediments to  
6           the quality of cancer care, including gaps in data,  
7           research and translation, seamless patient care and  
8           navigation, palliative care, and care provided to un-  
9           derserved populations.

10       (b) REPORTS.—

11           (1) IN GENERAL.—Not later than 4 years after  
12           the date of enactment of this Act, the Institute of  
13           Medicine shall submit to the Secretary of Health  
14           and Human Services a report containing information  
15           on the evaluation conducted under paragraphs (1)  
16           through (5) of subsection (a), including data col-  
17           lected at the State level through contracts with ap-  
18           propriate organizations as designated by the Insti-  
19           tute of Medicine.

20           (2) 8 YEARS.—Not later than 8 years after the  
21           date of enactment of this Act, the Institute of Medi-  
22           cine shall submit to the Secretary of Health and  
23           Human Services a report containing information and  
24           recommendations on the areas described in sub-

1 section (a), including data collected from relevant  
2 demonstration projects.

3 (3) REPORTS.—The Secretary of Health and  
4 Human Services shall submit the reports described  
5 in paragraphs (1) and (2) to the relevant committees  
6 of Congress.

7 (c) DEFINITIONS.—

8 (1) PALLIATIVE CARE; QUALITY OF CANCER  
9 CARE.—The terms ‘palliative care’ and ‘quality of  
10 cancer care’ have the meanings given such term in  
11 section 399AA of the Public Health Service Act.

12 (2) COMPREHENSIVE CANCER CONTROL PRO-  
13 GRAM.—The term ‘comprehensive cancer control  
14 program’ has the meaning given such term in sec-  
15 tion 320B of the Public Health Service Act.

16 (d) AUTHORIZATION OF APPROPRIATIONS.—There is  
17 authorized to be appropriated to carry out this section,  
18 \$2,500,000 for fiscal year 2003, and such sums as may  
19 be necessary for each of fiscal years 2004 through 2007.

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