

108TH CONGRESS
2D SESSION

S. 2771

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

IN THE SENATE OF THE UNITED STATES

JULY 22, 2004

Mr. FRIST (for himself and Mr. KENNEDY) introduced the following bill; which was read twice and referred to the Committee on Health, Education, Labor, and Pensions

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.

TITLE I—MEASURING THE QUALITY OF CANCER CARE

Sec. 101. Development of core sets of quality of cancer care measures.

TITLE II—ENHANCING DATA COLLECTION

- Sec. 201. Expansion of national program of cancer registries.
- Sec. 202. Reauthorization of national program of cancer registries.
- Sec. 203. Relationship to certification.

TITLE III—MONITORING AND EVALUATING QUALITY OF CANCER CARE AND OUTCOMES

- Sec. 301. Partnerships to develop model systems for monitoring and evaluating quality of cancer care and outcomes.

TITLE IV—STRENGTHENING COMPREHENSIVE CANCER CONTROL

- Sec. 401. Comprehensive cancer control program.

TITLE V—IMPROVING NAVIGATION AND SYSTEM COORDINATION

- Sec. 501. Enhancing cancer care through improved navigation.
- Sec. 502. Cancer care coordination.

TITLE VI—ESTABLISHING PROGRAMS IN PALLIATIVE CARE

- Sec. 601. Programs to improve palliative care.

TITLE VII—ESTABLISHING SURVIVORSHIP PROGRAMS

- Sec. 701. Programs for survivorship.
- Sec. 702. Cancer control programs.

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.
- Sec. 902. Cancer care workforce and translational research.

TITLE X—BREAST AND CERVICAL CANCER

- Sec. 1001. Waivers relating to grants for preventive health measures with respect to breast and cervical cancers.

TITLE XI—COLORECTAL CANCER

- Sec. 1101. Programs to improve colorectal cancer screening.

TITLE XII—CONDUCTING REPORTS

- Sec. 1201. 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:

9 **“SEC. 417E. DEVELOPMENT OF CORE SETS OF QUALITY OF**
10 **CANCER CARE MEASURES.**

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

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

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

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

7 “(2) identifies those measures that have been
8 scientifically validated, those measures that still re-
9 quire validation, and those aspects of cancer care for
10 which additional measures need to be developed or
11 validated;

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

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

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

22 “(d) RECOMMENDATIONS BY SECRETARY.—Not later
23 than 6 months after the date the Secretary receives the
24 report described in subsection (c), the Secretary shall issue
25 recommendations on the areas described in paragraphs (1)

1 through (5) of such subsection and shall transmit such
2 recommendations to the President.

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

8 “(1) provide to the appropriate committees of
9 Congress a report that describes a plan to use the
10 core sets of quality of cancer care measures in pro-
11 grams administered by the Federal Government, in-
12 cluding outlining activities to support the widespread
13 dissemination of the report, and provide any other
14 recommendations the President determines to be ap-
15 propriate; and

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

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

22 “(g) AHRQ.—

23 “(1) ANNUAL REPORT.—The Agency for
24 Healthcare Research and Quality shall include in the
25 annual report required under section 913(b)(2) the

1 core set of quality of cancer care measures developed
2 under this section that are suitable for quality moni-
3 toring.

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

9 “(h) SUPPORT.—The Director of the Agency for
10 Healthcare Research and Quality, acting in collaboration
11 with the Director of the National Cancer Institute and the
12 Director of the Centers for Disease Control and Preven-
13 tion, shall support the development and validation of
14 measures identified by the report in subsection (d).

15 “(i) DEFINITIONS OF HOSPICE CARE; PALLIATIVE
16 CARE; QUALITY OF CANCER CARE; HEALTH DISPARITY
17 POPULATIONS; HEALTH DISPARITIES RESEARCH.—In
18 this section the terms ‘hospice care’, ‘palliative care’,
19 ‘quality of cancer care’, ‘health disparity populations’, and
20 ‘minority health disparities research’ have the meanings
21 given such terms in section 399AA.

22 “(j) AUTHORIZATION OF APPROPRIATIONS.—There
23 is authorized to be appropriated to carry out this section,
24 such sums as may be necessary for each of fiscal years
25 2006 through 2010.”.

(b) MONITORING.—Not later than 4 years after the date of the transmission of the report required under section 417E(e) of the Public Health Service Act, the Comptroller of the General Accounting Office shall submit to the appropriate committees of Congress a report that evaluates the extent to which Federal and private sector health care delivery programs, States, and State cancer plans are utilizing the core sets of quality of cancer care measures (developed under section 417E of the Public Health Service Act) and the extent to which its adoption is affecting the quality of cancer care.

TITLE II—ENHANCING DATA COLLECTION

SEC. 201. EXPANSION OF NATIONAL PROGRAM OF CANCER REGISTRIES.

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

“SEC. 399E-1. MONITORING AND EVALUATING THE QUALITY OF CANCER CARE.

“(a) DEMONSTRATION PROJECTS.—The Secretary, acting through the Director of the Centers for Disease Control and Prevention, and in coordination with the Director of the National Cancer Institute, shall award competitive grants to State cancer registries that receive funds

1 under this part to enable such registries to expand their
 2 ability to monitor and evaluate the quality of cancer care,
 3 to develop information concerning the quality of cancer
 4 care, and to monitor cancer survivorship.

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

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

13 “(d) CONTRACTING AUTHORITY.—A State cancer
 14 registry receiving a grant under this section may enter
 15 into contracts with academic institutions, cancer centers,
 16 and other entities determined to be appropriate by the
 17 Secretary, to carry out the activities authorized under this
 18 section.

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

22 “(1) collect information for public health sur-
 23 veillance and quality improvement activities using
 24 the quality of cancer care measures developed under
 25 section 417E (where appropriate), including data

1 concerning racial, ethnic, and other health disparity
2 populations within the State that may have a dis-
3 parity in incidence or survival from cancer;

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

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

12 “(4) identify geographic areas and populations
13 within the State that have an increased need for
14 awareness regarding cancer risk reduction, screen-
15 ing, prevention, and treatment activities;

16 “(5) increase coordination between State cancer
17 registries and other entities, including academic in-
18 stitutions, hospitals, health centers, researchers,
19 health care providers, cancer centers, or nonprofit
20 organizations;

21 “(6) incorporate the collection of data on cancer
22 survivors for the purpose of improving the quality of
23 cancer care;

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

1 “(8) develop methods of determining whether
2 cancer survivors are at an increased risk for other
3 chronic or disabling conditions.

4 “(f) PRIVACY.—A State cancer registry receiving a
5 grant or an entity receiving a contract under this section
6 shall comply with appropriate security and privacy proto-
7 cols (including protocols required under the regulations
8 promulgated under section 264(c) of the Health Insurance
9 Portability and Accountability Act of 1996 (42 U.S.C.
10 1320d–2 note)), if applicable, with respect to information
11 collected under this title. Nothing in this section shall be
12 construed to supersede applicable Federal or State privacy
13 laws.

14 “(g) DATABASES.—

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

18 “(A) the National Death Index;

19 “(B) databases related to claims under the
20 medicare and medicaid programs under titles
21 XVIII and XIX of the Social Security Act; and

22 “(C) other databases maintained by the
23 Department of Health and Human Services (in-
24 cluding those maintained at the Agency for
25 Healthcare Research and Quality, the Centers

1 for Disease Control and Prevention, the Centers
2 for Medicare & Medicaid Services, and the Na-
3 tional Institutes of Health).

4 “(2) ADDITIONAL DATA.—A State cancer reg-
5 istry may utilize data in addition to the databases
6 described in paragraph (1), including data main-
7 tained by private insurance plans and health care
8 delivery organizations.

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

13 “(i) DEFINITIONS.—In this section:

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

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

21 “(j) AUTHORIZATION OF APPROPRIATIONS.—There
22 is authorized to be appropriated to carry out this section,
23 such sums as may be necessary for each of fiscal years
24 2006 through 2010.

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

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

6 “(1) establish the Cancer Surveillance System
7 (referred to in this section as the ‘System’) to mon-
8 itor State cancer registries funded under section
9 399B; and

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

12 “(b) DUTIES.—The System shall—

13 “(1) facilitate timely access to and exchange of
14 accurate quality of cancer care information among
15 State cancer registries including the use of the qual-
16 ity of cancer care measures developed under section
17 417E, where appropriate;

18 “(2) develop guidelines permitting State cancer
19 registries to access the national registry clearing-
20 house established under paragraph (3);

21 “(3) establish and maintain a registry informa-
22 tion clearinghouse to collect, synthesize, and dissemi-
23 nate information concerning evidence-based best
24 practices for the creative use of State cancer reg-
25 istries, including maintaining an Internet website
26 where such information may be accessed;

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

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

6 “(6) update information collected or made
7 available under this section as determined to be nec-
8 essary by the Secretary; and

9 “(7)(A) review pediatric cancer data collected
10 by State cancer registries and evaluate—

11 “(i) such data for adequacy, completeness,
12 timeliness, and quality; and

13 “(ii) current efforts to aggregate and dis-
14 seminate such data; and

15 “(B) not later than January 1, 2006, submit to
16 Congress a report on the findings made under sub-
17 paragraph (A).

18 “(c) PRIVACY.—The System shall comply with appro-
19 priate security and privacy protocols (including protocols
20 required under the regulations promulgated under section
21 264(c) of the Health Insurance Portability and Account-
22 ability Act of 1996 (42 U.S.C. 1320d–2 note)), if applica-
23 ble, with respect to information collected by the System.
24 Nothing in this section shall be construed to supersede ap-
25 plicable Federal or State privacy laws.

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

4 “(e) AUTHORIZATION OF APPROPRIATIONS.—There
 5 is authorized to be appropriated to carry out this section,
 6 such sums as may be necessary for each of fiscal years
 7 2006 through 2010.”.

8 **SEC. 202. REAUTHORIZATION OF NATIONAL PROGRAM OF**
 9 **CANCER REGISTRIES.**

10 Section 399F(a) of the Public Health Service Act (42
 11 U.S.C. 280e–4(a)) is amended—

12 (1) by striking “this part,” and inserting “this
 13 part, other than sections 399E–1 and 399E–2),”;
 14 and

15 (2) by striking “2003” and inserting “2010”.

16 **SEC. 203. MATCHING FUNDS; RELATIONSHIP TO CERTIFI-**
 17 **CATION.**

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

21 (b) RELATIONSHIP TO CERTIFICATION.—Section
 22 399E of the Public Health Service Act (42 U.S.C. 280e–
 23 3) is amended—

24 (1) by redesignating subsections (d) and (e) as
 25 subsections (e) and (f), respectively; and

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

3 “(d) RELATIONSHIP TO CERTIFICATION.—The Cen-
 4 ters for Disease Control and Prevention is encouraged to
 5 work with eligible entities through the provision of tech-
 6 nical assistance and funding authority under the National
 7 Program of Cancer Registries to assist such entities in
 8 complying with the certification process of the North
 9 American Association of Central Cancer Registries or
 10 similar certification organization.”.

11 **TITLE III—MONITORING AND**
 12 **EVALUATING QUALITY OF**
 13 **CANCER CARE AND OUT-**
 14 **COMES**

15 **SEC. 301. PARTNERSHIPS TO DEVELOP MODEL SYSTEMS**
 16 **FOR MONITORING AND EVALUATING QUAL-**
 17 **ITY OF CANCER CARE AND OUTCOMES.**

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

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

22 “(a) QUALITY OF CANCER CARE.—The Secretary,
 23 acting through the Director and in collaboration with the
 24 Director of the Centers for Disease Control and Preven-
 25 tion and the Director of the National Cancer Institute,

1 shall conduct and support research pertaining to the meas-
2 urement, evaluation, and improvement of the quality of
3 cancer care, take steps to enhance the usefulness of such
4 research to improve patient care, and appropriately dis-
5 seminate such information by—

6 “(1) expanding the evidence base concerning ef-
7 fective interventions for improving the quality of
8 cancer care;

9 “(2) ensuring effective analysis of data collected
10 by State cancer registries funded under section
11 399B by developing evidence-based best practices
12 for—

13 “(A) the real-time recording of and auto-
14 mated transfer of cancer care data to State
15 cancer care registries; and

16 “(B) the linkage of registry data with pri-
17 vate sector claims data and other existing data
18 systems for purposes of analytic academic re-
19 search;

20 “(3) developing and validating quality of cancer
21 care indicators and evaluate their use and useful-
22 ness; and

23 “(4) developing volume-based quality indicators,
24 as appropriate, and evaluate ongoing efforts to inte-
25 grate volume-based measures into cancer quality im-

1 provement programs and their impact on patient de-
2 cisionmaking.

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

5 “(1) IN GENERAL.—The Secretary, acting
6 through the Director and in collaboration with the
7 Director of the Centers for Disease Control and Pre-
8 vention and the Director of the National Cancer In-
9 stitute, shall award competitive grants, contracts, or
10 enter into cooperative agreements with eligible enti-
11 ties to—

12 “(A) foster the development or adoption of
13 model systems of cancer care;

14 “(B) speed the pace of improvement in the
15 quality of cancer care; or

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

18 “(2) ELIGIBILITY.—In accordance with the lim-
19 itations of section 926(c), an applicant eligible to re-
20 ceive a grant, contract, or cooperative agreement
21 under this subsection shall be a consortium con-
22 sisting of public- and private-sector entities. Each
23 consortium shall include an institution of higher
24 learning or other research entity and 1 or more of
25 the following:

1 “(A) An entity that delivers or purchases
2 cancer care.

3 “(B) A professional society or societies
4 that represent health care providers and other
5 cancer caregivers, including hospice programs.

6 “(C) A consumer or patient organization.

7 “(D) An entity involved in the monitoring
8 of quality of cancer care or efforts to improve
9 cancer care (including a State or local health
10 department).

11 “(c) COLLABORATION.—In carrying out this section,
12 the Secretary, acting through the Director, shall ensure
13 coordination with appropriate Federal and State agencies,
14 private quality improvement entities, and accreditation or
15 licensure organizations with an interest in improving the
16 quality of cancer care.

17 “(d) DEFINITIONS.—In this section, the term ‘quality
18 of cancer care’ has the meaning given such term in section
19 399AA.”.

20 (b) AUTHORIZATION OF APPROPRIATIONS.—Section
21 927 of the Public Health Service Act (42 U.S.C. 299c–
22 6) is amended by adding at the end the following:

23 “(e) QUALITY OF CANCER CARE.—For the purpose
24 of carrying out the activities under section 904, such sums

1 as may be necessary for each of fiscal years 2005 through
 2 2010.”.

3 **TITLE IV—STRENGTHENING**
 4 **COMPREHENSIVE CANCER**
 5 **CONTROL**

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

7 Part B of title III of the Public Health Service Act
 8 (42 U.S.C. 243 et seq.) is amended by adding at the end
 9 the following:

10 **“SEC. 320B. COMPREHENSIVE CANCER CONTROL PRO-**
 11 **GRAM.**

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

20 “(b) PROGRAM.—In carrying out the Program the
 21 Secretary shall—

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

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

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

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

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

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

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

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

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

7 “(2) develop, update, implement, or evaluate
8 comprehensive cancer control plans;

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

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

14 “(f) DEFINITIONS.—In this section:

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

24 “(2) COMPREHENSIVE CANCER CONTROL PRO-
25 GRAM.—The term ‘comprehensive cancer control

1 program’ means a program to fulfill the comprehen-
 2 sive control plan.

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

6 “(4) INDIAN TRIBE; TRIBAL ORGANIZATION.—
 7 The terms ‘Indian tribe’ and ‘tribal organization’
 8 have the meanings given such terms in subsections
 9 (b) and (c) of section 4 of the Indian Self-Deter-
 10 mination and Education Assistance Act (25 U.S.C.
 11 450b).

12 “(g) AUTHORIZATION OF APPROPRIATIONS.—There
 13 is authorized to be appropriated to carry out this section,
 14 such sums as may be necessary for each of fiscal years
 15 2006 through 2010.”.

16 **TITLE V—IMPROVING NAVIGA-** 17 **TION AND SYSTEM COORDI-** 18 **NATION**

19 **SEC. 501. ENHANCING CANCER CARE THROUGH IMPROVED** 20 **NAVIGATION AND CANCER CARE COORDINA-** 21 **TION.**

22 Title III of the Public Health Service Act (42 U.S.C.
 23 241 et seq.) is amended by adding at the end the fol-
 24 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) CULTURALLY COMPETENT.—The term
6 ‘culturally competent’, with respect to the manner in
7 which health-related services, education, and train-
8 ing are provided, means providing the services, edu-
9 cation, and training in the language and cultural
10 context that is most appropriate for the individuals
11 for whom the services, education, and training are
12 intended.

13 “(2) HEALTH CENTER.—The term ‘health cen-
14 ter’ has the meaning given such term in section
15 399E-1.

16 “(3) HEALTH DISPARITY POPULATION.—The
17 term ‘health disparity population’ has the meaning
18 given such term in section 903(d)(1).

19 “(4) HEALTH DISPARITIES RESEARCH.—The
20 term ‘health disparities research’ means basic, clin-
21 ical, and behavioral research on health conditions
22 disproportionately affecting individuals from health
23 disparity populations, including research to prevent,
24 diagnose, and treat such conditions. Such health
25 conditions shall include all diseases, disorders, and

1 conditions affecting individuals from health disparity
2 populations that are—

3 “(A) unique to, more serious, or more
4 prevalent in such individuals;

5 “(B) for which the factors of medical risk
6 or types of medical intervention may be dif-
7 ferent for such individuals, or for which it is
8 unknown whether such factors or types are dif-
9 ferent for such individuals; or

10 “(C) with respect to which there has been
11 insufficient research involving such individuals
12 as subjects or insufficient data on such individ-
13 uals.

14 “(5) HOSPICE CARE.—The term ‘hospice care’
15 has the meaning given such term in section
16 1861(dd)(1) of the Social Security Act (42 U.S.C.
17 1395x(dd)(1)).

18 “(6) HOSPICE PROGRAM.—The term ‘hospice
19 program’ has the meaning given such term in sec-
20 tion 1861(dd)(2) of the Social Security Act (42
21 U.S.C. 1395x(dd)(2)).

22 “(7) PALLIATIVE CARE.—The term ‘palliative
23 care’ means comprehensive, interdisciplinary, coordi-
24 nated, and appropriate care and services provided
25 throughout all stages of disease, from the time of di-

1 agnosis to the end of life, relating to pain and other
 2 symptom management, including psychosocial needs,
 3 that seeks to improve quality of life and prevent and
 4 alleviate suffering for an individual and, if appro-
 5 priate, that individual’s family or caregivers.

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

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

1 “(B) appropriate care and services which
 2 should be provided throughout the continuum of
 3 care including palliative care and information
 4 on treatment options including information re-
 5 garding clinical trials.

6 “(b) AUTHORIZATION OF APPROPRIATIONS.—There
 7 are authorized to be appropriated to carry out this part,
 8 other than section 399FF, such sums as may be necessary
 9 for each of fiscal years 2006 through 2010.

10 **“SEC. 399BB. ENHANCING CANCER CARE THROUGH IM-**
 11 **PROVED NAVIGATION.**

12 “(a) DEMONSTRATION PROJECTS.—The Secretary
 13 shall award competitive grants to eligible entities to de-
 14 velop, implement, and evaluate cancer case management
 15 programs to enhance the quality of cancer care through
 16 improved access and navigation.

17 “(b) ELIGIBILITY.—An entity is eligible to receive a
 18 grant under this section if such entity is a hospital; health
 19 center; an academic institution; a hospice program; a pal-
 20 liative care program, or a program offering a continuum
 21 of hospice care, palliative care, and other appropriate care
 22 to children and their families; a State health agency; an
 23 Indian Health Service hospital or clinic, Indian tribal
 24 health facility, or urban Indian facility; a nonprofit organi-
 25 zation; a health plan; a primary care practice-based re-

1 search network as defined by the Agency for Healthcare
2 Research and Quality; a cancer center; or any other entity
3 determined to be appropriate by the Secretary.

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

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

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

17 “(3) coordinate with relevant ombudsman pro-
18 grams and other existing coordination and naviga-
19 tion efforts and services, where possible; and

20 “(4) evaluate activities and disseminate findings
21 including findings related to repeated difficulties in
22 accessing navigation.

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

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

5 “(A) within the community; or

6 “(B) within the health care system,
7 to facilitate access to quality cancer care and cancer
8 preventive services;

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

17 “(3) activities are conducted to coordinate can-
18 cer care and preventive services and referrals, in-
19 cluding referrals to hospice programs, and palliative
20 care programs; or

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

24 “(e) MODELS.—Not later than 3 years after the date
25 of enactment of this section, the Secretary shall develop

1 or modify models to improve the navigation of cancer care
 2 for grantees under this section. The Secretary shall update
 3 such models as may be necessary to ensure that the best
 4 cancer case management practices are being utilized.

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

6 “(a) DEMONSTRATION PROJECTS.—The Secretary
 7 shall award competitive grants to eligible entities to facili-
 8 tate the development of a coordinated system to improve
 9 the quality of cancer care.

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

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

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

4 “(1) creating partnerships and enhancing col-
5 laboration with health care providers (which may in-
6 clude cancer centers, hospitals, health centers, hos-
7 pice programs, health care providers, experts in pal-
8 liative care, preventive service providers) to improve
9 the provision of quality of cancer care;

10 “(2) developing best practices for the quality of
11 cancer care coordination (with special emphasis pro-
12 vided to those cancers that have low survival rates
13 or individuals with advanced disease), including the
14 development of model systems; and

15 “(3) evaluating overall activities to identify op-
16 timal designs and essential components for cancer
17 practices and models to improve the coordination of
18 cancer care services and activities.

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

1 **TITLE VI—ESTABLISHING PRO-**
 2 **GRAMS IN PALLIATIVE CARE**

3 **SEC. 601. PROGRAMS TO IMPROVE PALLIATIVE CARE.**

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

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

8 “(a) **DEMONSTRATION PROJECTS.**—The Secretary
 9 shall award competitive grants to eligible entities to de-
 10 velop, implement, and evaluate model programs for the de-
 11 livery of palliative care throughout all stages of disease
 12 for individuals with cancer (with a special emphasis on
 13 children) and their families.

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

22 “(c) **APPLICATION.**—An eligible entity desiring a
 23 grant under this section shall prepare and submit to the
 24 Secretary an application at such time, in such manner,

1 and containing such information as the Secretary may re-
2 quire.

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

5 “(1) integrate palliative care with such entities
6 as academic institutions, community organizations,
7 hospice programs, hospitals, cancer patient and sur-
8 vivorship organizations, health care providers, cancer
9 centers, or other entities determined appropriate by
10 the Secretary;

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

14 “(3) increase public awareness, including out-
15 reach campaigns, particularly to underserved popu-
16 lations;

17 “(4) disseminate evidence-based information to
18 health care providers and individuals with cancer
19 and their families regarding available palliative care
20 programs and services;

21 “(5) provide and evaluate education and train-
22 ing programs in palliative care for health care pro-
23 viders, including—

24 “(A) establishing pilot training programs
25 (including faculty training programs) in medi-

1 cine, including oncology (including pediatric on-
2 cology), family medicine, psychiatry, psychology,
3 pain, nursing, pharmacology, physical therapy,
4 occupational therapy, social work, and other rel-
5 evant disciplines; or

6 “(B) developing, implementing, and evalu-
7 ating pilot training programs for the staff of
8 hospices, nursing homes, hospitals, home health
9 agencies, outpatient care clinics, and other enti-
10 ties determined appropriate by the Secretary;

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

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

19 “(8) conduct demonstration projects to enhance
20 or develop online support networks for individuals
21 with cancer and their families, including those net-
22 works for individuals who are homebound, and de-
23 velop other methods to reach underserved cancer pa-
24 tients; or

1 “(9) determine whether strategies developed for
 2 palliative care for individuals with cancer and their
 3 families would be applicable to individuals with other
 4 diseases.

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

12 **TITLE VII—ESTABLISHING** 13 **SURVIVORSHIP PROGRAMS**

14 **SEC. 701. PROGRAMS FOR SURVIVORSHIP.**

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

19 **“SEC. 417F. PROGRAMS FOR SURVIVORSHIP.**

20 “(a) DEMONSTRATION PROJECTS.—The Secretary
 21 shall conduct and support research regarding the unique
 22 health challenges associated with cancer survivorship and
 23 carry out demonstration projects to develop and imple-
 24 ment post-treatment public health programs and services
 25 including followup care and monitoring to support and im-

1 prove the long-term quality of life for cancer survivors,
2 including children.

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

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

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

15 “(1) design protocols for followup care, moni-
16 toring, and other survivorship programs (including
17 peer support and mentor programs);

18 “(2) increase public awareness about appro-
19 priate followup care, monitoring and other survivor-
20 ship programs (including peer support and mentor
21 programs) by disseminating information to health
22 care providers and survivors and their families; and

23 “(3) support programs to improve the quality of
24 life among cancer survivors, referenced by the qual-
25 ity of cancer care measures developed under section

1 417E (where appropriate), with particular emphasis
2 on underserved populations, including children.

3 “(e) AUTHORIZATION OF APPROPRIATIONS.—There
4 are authorized to be appropriated to carry out this section,
5 such sums as may be necessary for each of fiscal years
6 2006 through 2010.”.

7 **SEC. 702. CANCER CONTROL PROGRAMS.**

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

10 (1) in the matter preceding paragraph (1), by
11 striking “cancer and for rehabilitation and coun-
12 seling respecting cancer.” and inserting “cancer and
13 for survivorship, rehabilitation, and counseling re-
14 specting cancer.”;

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

18 (3) in paragraph (3), by striking “diagnosis,
19 and treatment and control of cancer” and inserting
20 “diagnosis, treatment, survivorship programs, and
21 control of cancer.”.

1 **TITLE VIII—PROGRAMS FOR**
2 **END-OF-LIFE CARE**

3 **SEC. 801. PROGRAMS FOR END-OF-LIFE CARE.**

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

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

8 “(a) DEMONSTRATION PROJECTS.—The Secretary
9 shall award competitive grants to eligible entities to de-
10 velop, implement, and evaluate evidence-based programs
11 for the delivery of quality of cancer care during the end-
12 of-life to individuals with cancer (with a special emphasis
13 on children) and their families.

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

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

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

3 “(1) integrate palliative care or end-of-life care
4 programs with entities including academic institu-
5 tions, community organizations, hospice programs,
6 hospitals, cancer patient and survivorship organiza-
7 tions, health care providers, cancer centers, or other
8 entities determined appropriate by the Secretary;

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

12 “(3) increase public awareness, including out-
13 reach campaigns, particularly to underserved popu-
14 lations;

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

19 “(5) provide and evaluate education and train-
20 ing in end-of-life care for health care providers, in-
21 cluding—

22 “(A) establishing pilot training programs
23 (including faculty training programs) in medi-
24 cine including oncology (including pediatric on-
25 cology), family medicine, psychiatry, psychology,

1 pain, nursing, pharmacology and social work,
2 and other disciplines; or

3 “(B) developing, implementing, and evalu-
4 ating pilot training programs for the staff of
5 hospices, nursing homes, hospitals, home health
6 agencies, outpatient care clinics, and other enti-
7 ties determined appropriate by the Secretary;

8 “(6) design or implement model end-of-life care
9 programs for individuals with cancer and their fami-
10 lies including improving access to clinical trials
11 where appropriate;

12 “(7) develop and evaluate pilot programs to ad-
13 dress the special needs of children or other under-
14 served populations and their families in end-of-life
15 programs;

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

18 “(9) determine whether strategies developed for
19 end-of-life care for individuals with cancer and their
20 families would be applicable to individuals with other
21 diseases.

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

1 ity, the Administrator of the Centers for Medicare & Med-
 2 icaid Services, and the heads of other appropriate Federal
 3 agencies.”.

4 **TITLE IX—DEVELOPING** 5 **TRAINING CURRICULA**

6 **SEC. 901. CURRICULUM DEVELOPMENT.**

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

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

11 “(a) IN GENERAL.—The Secretary shall award com-
 12 petitive grants for the development of curricula for health
 13 care provider training regarding the assessment, moni-
 14 toring, improvement, and delivery of quality of cancer
 15 care.

16 “(b) ELIGIBILITY.—To be eligible to receive a grant
 17 under this section, an entity shall be an academic institu-
 18 tion, nonprofit organization, cancer center, health center,
 19 medical school, or other entity determined appropriate by
 20 the Secretary.

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

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

3 “(1) evaluate methods of delivery of the quality
4 of cancer care, including palliative care, hospice
5 care, end-of-life care, or cancer survivorship by
6 health care providers;

7 “(2) develop curricula concerning the delivery of
8 quality of cancer care including palliative care, hos-
9 pice care, end-of-life care, or cancer survivorship;
10 and

11 “(3) provide recommendations for training pro-
12 tocols for medical and nursing education, fellow-
13 ships, and continuing education in quality of cancer
14 care including palliative care, hospice care, survivor-
15 ship, or end-of-life care for health care providers.

16 “(e) AUTHORIZATION OF APPROPRIATIONS.—There
17 is authorized to be appropriated to carry out this section,
18 such sums as may be necessary for each of fiscal years
19 2006 through 2010.”.

20 **SEC. 902. CANCER CARE WORKFORCE AND**
21 **TRANSLATIONAL RESEARCH.**

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

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

3 “(a) IN GENERAL.—The Director of the Institute”;
4 (2) by striking paragraph (2) and inserting the
5 following:

6 “(2) annual and long-term training goals to as-
7 sure an adequate and diverse cancer care workforce
8 including—

9 “(A) preparing and implementing a plan to
10 provide assistance to health professionals in
11 health professions experiencing the most severe
12 shortages including the provision of grants,
13 scholarships, fellowships, post-doctoral stipends,
14 or loans to eligible individuals to increase the
15 cancer care workforce; and

16 “(B) educating students of health profes-
17 sions and health professionals in—

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

20 “(ii) the identification of individuals
21 with a high risk of developing cancer;

22 “(iii) improved methods of patient re-
23 ferral to appropriate centers for early diag-
24 nosis and treatment of cancer;

1 “(iv) methods to deliver culturally
2 competent care; and

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

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

6 “(b) COORDINATION WITH EXISTING PROGRAMS.—

7 In carrying out the activities under subsection (a)(2), the
8 Director of the Institute shall coordinate with existing pro-
9 grams, including programs at the Health Resources and
10 Services Administration, to prevent duplication.”.

11 (b) NATIONAL CANCER RESEARCH AND DEMONSTRATION
12 CENTERS.—Section 414(b) of the Public Health
13 Service Act (42 U.S.C. 285a–3(b)) is amended by striking
14 paragraph (3) and inserting the following:

15 “(3) clinical training (including training for al-
16 lied health professionals), loan forgiveness or post-
17 doctoral stipends for bench researchers, continuing
18 education for health professionals and allied health
19 professionals, and information programs for the pub-
20 lic regarding cancer; and”.

21 (c) TRANSLATIONAL CANCER RESEARCH.—Subpart
22 1 of part C of title IV of the Public Health Service Act
23 (42 U.S.C. 285 et seq.) is amended by inserting after sec-
24 tion 414 the following:

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

2 “(a) IN GENERAL.—The Director of the Institute, in
3 collaboration with the Director of the Agency for
4 Healthcare Research and Quality shall enter into coopera-
5 tive agreements with, and make grants to, public or non-
6 profit entities to conduct multidisciplinary, translational
7 cancer research.

8 “(b) USE OF FUNDS.—

9 “(1) IN GENERAL.—The Director of the Insti-
10 tute may use funds provided under this section to
11 establish networks and partnerships to link commu-
12 nity cancer providers to programs funded under this
13 section.

14 “(2) CONSTRUCTION OF NEW FACILITIES.—
15 Funds provided under this section shall not be used
16 for the construction of new facilities.

17 “(c) STRATEGIC PLAN.—Not later than October 1,
18 2006, the Director of the Institute shall develop and im-
19 plement a strategic plan, in collaboration with entities per-
20 forming translational research, for identifying, expanding,
21 and disseminating the results of translational cancer re-
22 search to health care providers.

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

25 “(1) conduct research with the potential to im-
26 prove the prevention, diagnosis, and treatment of

1 cancer and to improve the quality of cancer care, in-
2 cluding palliation;

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

5 “(3) evaluate tests, techniques, or technologies
6 in individuals being evaluated for the presence of
7 cancer.

8 “(e) DEFINITION OF TRANSLATIONAL CANCER RE-
9 SEARCH.—As used in this section, the term ‘translational
10 cancer research’ means scientific laboratory and clinical
11 research and testing necessary to transform scientific or
12 medical discoveries into new approaches, products, or
13 processes that can assist in preventing, diagnosing, or con-
14 trolling cancer.”

15 (d) AUTHORIZATION OF APPROPRIATIONS.—Section
16 417B(a) of the Public Health Service Act (42 U.S.C.
17 285a–8(a)) is amended by striking “1996” and inserting
18 “2010”.

TITLE X—BREAST AND CERVICAL CANCER

SEC. 1001. WAIVERS RELATING TO GRANTS FOR PREVENTIVE HEALTH MEASURES WITH RESPECT TO BREAST AND CERVICAL CANCERS.

(a) IN GENERAL.—Section 1503 of the Public Health Service Act (42 U.S.C. 300m) is amended by adding at the end the following:

“(d) WAIVER OF SERVICES REQUIREMENT ON DIVISION OF FUNDS.—

“(1) IN GENERAL.—The Secretary may waive the requirements under paragraphs (1) and (4) of subsection (a) if—

“(A)(i) the State involved will use the waiver to leverage private funds to supplement each of the services or activities described in paragraphs (1) and (2) of section 1501(a); or

“(ii) the application of such requirement would result in a barrier to the enrollment of qualifying women;

“(B) the Secretary finds that granting such a waiver to a State will not reduce the number of women in the State that receive each of the services or activities described in paragraphs (1) and (2) of section 1501(a), including

1 making available screening procedures for both
2 breast and cervical cancers; and

3 “(C) the Secretary finds that granting
4 such a waiver to a State will not adversely af-
5 fect the quality of each of the services or activi-
6 ties described in paragraphs (1) and (2) of sec-
7 tion 1501(a).

8 “(2) DURATION OF WAIVER.—

9 “(A) IN GENERAL.—In granting waivers
10 under paragraph (1), the Secretary—

11 “(i) shall grant such waivers for a pe-
12 riod of 2 years; and

13 “(ii) upon request of a State, may ex-
14 tend a waiver for additional 2-year periods
15 in accordance with subparagraph (B).

16 “(B) ADDITIONAL PERIODS.—The Sec-
17 retary, upon the request of a State that has re-
18 ceived a waiver under paragraph (1), shall, at
19 the end of each 2-year waiver period described
20 in subparagraph (A), review performance under
21 the waiver and may extend the waiver for an
22 additional 2-year period if the Secretary deter-
23 mines that—

1 “(i)(I) without an extension of the
 2 waiver, there will be a barrier to the enroll-
 3 ment of qualifying women; or

4 “(II) the State requesting such ex-
 5 tended waiver will use the waiver to lever-
 6 age private funds to supplement each of
 7 the services or activities described in para-
 8 graphs (1) and (2) of section 1501(a);

9 “(ii) the waiver has not, and will not,
 10 reduce the number of women in the State
 11 that receive each of the services or activi-
 12 ties described in paragraphs (1) and (2) of
 13 section 1501(a); and

14 “(iii) the waiver has not, and will not,
 15 result in lower quality in the State of each
 16 of the services or activities described in
 17 paragraphs (1) and (2) of section 1501(a).

18 “(3) REPORTING REQUIREMENT.—The Sec-
 19 retary shall include as part of the evaluations and
 20 reports required under section 1508, the following:

21 “(A) A description of the total amount of
 22 dollars leveraged annually from private entities
 23 in States receiving a waiver under paragraph
 24 (1) and how these amounts were used.

1 “(B) With respect to States receiving a
2 waiver under paragraph (1), a description of
3 the percentage of the grant that is expended on
4 providing each of the services or activities de-
5 scribed in paragraphs (1) and (2) and para-
6 graphs (3) through (6) of section 1501(a).

7 “(C) A description of the number of States
8 receiving waivers under paragraph (1) annually.

9 “(D) With respect to States receiving a
10 waiver under paragraph (1), a description of
11 the number of women receiving services under
12 paragraphs (1), (2), and (3) of section 1501(a)
13 in programs before and after the granting of
14 such waiver.”.

15 (b) AUTHORIZATION OF APPROPRIATIONS.—Section
16 1510(a) of the Public Health Service Act (42 U.S.C.
17 300n-5(a)) is amended by striking “\$50,000,000” and all
18 that follows through the period, and inserting “such sums
19 as may be necessary for each of fiscal years 2004 through
20 2009.”.

1 **TITLE XI—COLORECTAL CANCER**

2 **SEC. 1101. PROGRAMS TO IMPROVE COLORECTAL CANCER**

3 **SCREENING.**

4 Title XV of the Public Health Service Act (42 U.S.C.
5 300k et seq.) is amended by adding at the end the fol-
6 lowing:

7 **“SEC. 1511. COLORECTAL CANCER SCREENING DEM-** 8 **ONSTRATION PROJECT.**

9 “(a) IN GENERAL.—The Secretary, acting through
10 the Director of the Centers for Disease Control and Pre-
11 vention, shall award competitive grants to public and non-
12 profit private entities to enable such entities to establish
13 demonstration programs pursuant to the general authority
14 of title III to carry out colorectal screening activities in-
15 cluding—

16 “(1) screening asymptomatic individuals as de-
17 termined by the Secretary in accordance with cat-
18 egory A or B recommendation rating of the U.S.
19 Preventive Service Task Force or as otherwise deter-
20 mined by the Secretary;

21 “(2) providing appropriate case management
22 and referrals for medical treatment of individuals
23 screened pursuant to this section;

24 “(3) establishing activities to improve the edu-
25 cation, training, and skills of health professionals

1 (including allied health professionals) in the detec-
 2 tion and control of colorectal cancer, as a part of
 3 their participation in the screening program estab-
 4 lished under the grant;

5 “(4) evaluating the programs under this section
 6 through appropriate surveillance or program moni-
 7 toring activities;

8 “(5) developing and disseminating findings de-
 9 rived through such evaluations and outcomes data
 10 collection; and

11 “(6) promoting the benefits of and participation
 12 in the colorectal cancer screening program estab-
 13 lished under the grant.

14 “(b) REQUIREMENTS.—

15 “(1) PRIORITY.—To be eligible for a grant
 16 under subsection (a), an entity shall agree with re-
 17 spect to activities and services under the grant to
 18 target low-income—

19 “(A) individuals who are at least 50 years
 20 of age; or

21 “(B) individuals at high risk for colorectal
 22 cancer (as defined in section 1861(pp)(2) of the
 23 Social Security Act (42 U.S.C. 1395x(pp)(2))).

24 “(2) RELATIONSHIP TO ITEMS AND SERVICES
 25 UNDER OTHER PROGRAMS.—To be eligible for a

1 grant under subsection (a), an entity shall agree
 2 that grant funds will not be expended to make pay-
 3 ments for any item or service to the extent that pay-
 4 ment has been made, or can reasonably be expected
 5 to be made, with respect to such item or service—

6 “(A) under any State compensation pro-
 7 gram, under an insurance policy, or under any
 8 Federal or State health benefits program; or

9 “(B) by an entity that provides health
 10 service on a prepaid basis.

11 “(3) RECORDS AND AUDITS.—To be eligible for
 12 a grant under subsection (a), an entity shall agree
 13 that the entity will—

14 “(A) establish such fiscal control and fund
 15 accounting procedures as may be necessary to
 16 ensure proper disbursement of, and accounting for,
 17 amounts received under this section; and

18 “(B) provide agreed upon annual reports
 19 to the Secretary or the Comptroller of the
 20 United States for the purposes of auditing the
 21 expenditures by the entity.

22 “(4) REPORTS.—To be eligible for a grant
 23 under subsection (a), an entity shall agree to submit
 24 to the Secretary such reports as the Secretary deter-
 25 mines appropriate.

1 “(c) AUTHORIZATION OF APPROPRIATIONS.—There
 2 is authorized to be appropriated to carry out this section,
 3 such sums as may be necessary for each of fiscal years
 4 2005 through 2009.”.

5 **TITLE XII—CONDUCTING** 6 **REPORTS**

7 **SEC. 1201. STUDIES AND REPORTS BY THE INSTITUTE OF** 8 **MEDICINE.**

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

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

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

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

23 (4) evaluate access to clinical trials and the re-
 24 lationship of such access to the quality of cancer

1 care, especially with respect to health disparity pop-
2 ulations; and

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

8 (b) REPORTS.—

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

18 (2) 8 YEARS.—Not later than 8 years after the
19 date of enactment of this Act, the Institute of Medi-
20 cine shall submit to the Secretary of Health and
21 Human Services a report containing information and
22 recommendations on the areas described in sub-
23 section (a), including data collected from relevant
24 demonstration projects.

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

5 (c) DEFINITIONS.—

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

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

14 (3) HEALTH DISPARITY POPULATION AND
 15 HEALTH DISPARITIES RESEARCH.—The terms
 16 “health disparity population” and “health disparities
 17 research” have the meanings given such terms in
 18 section 399AA of the Public Health Service Act.

19 (d) AUTHORIZATION OF APPROPRIATIONS.—There is
 20 authorized to be appropriated to carry out this section,
 21 such sums as may be necessary for each of fiscal years
 22 2006 through 2010.

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