I

111TH CONGRESS
1ST SESSION

H. R. 1844

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

IN THE HOUSE OF REPRESENTATIVES

APRIL 1, 2009

Mrs. CAPPS (for herself and Mr. BOUSTANY) introduced the following bill; which was referred to the Committee on Energy and Commerce, and in addition to the Committee on Ways and Means, for a period to be subsequently determined by the Speaker, in each case for consideration of such provisions as fall within the jurisdiction of the committee concerned

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A BILL

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

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

SECTION 1. SHORT TITLE; TABLE OF CONTENTS.

(a) SHORT TITLE.—This Act may be cited as the "Comprehensive Cancer Care Improvement Act of 2009".

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

SEC. 2. FINDINGS.

The Congress makes the following findings:

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

(2) The cancer care system has not traditionally offered individuals with cancer a prospective and comprehensive plan for treatment and symptom management, strategies for updating and evaluating

such plan with the assistance of a health care professional, and a follow-up plan for monitoring and treating possible late effects of cancer and its treatment.

(3) Cancer survivors often experience the under-diagnosis and under-treatment of the symptoms of cancer, a problem that begins at the time of diagnosis and often becomes more severe at the end of life. The failure to treat the symptoms, side effects, and late effects of cancer and its treatment may have a serious adverse impact on the health, well-being, and quality of life of cancer survivors.

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

(5) Individuals with cancer are sometimes put in the untenable position of choosing between potentially curative therapies and palliative care instead of being assured access to comprehensive care that includes appropriate treatment and symptom management.

(6) Comprehensive cancer care should incorporate access to psychosocial services and manage-

ment of the symptoms of cancer (and the symptoms of its treatment), including pain, nausea and vomiting, fatigue, and depression.

(7) Comprehensive cancer care should include a means for providing cancer survivors with a comprehensive care summary and a plan for follow-up care after primary treatment to ensure that cancer survivors have access to follow-up monitoring and treatment of possible late effects of cancer and cancer treatment.

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

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

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

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

(D) access to high-quality clinical trials;

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

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

(9) In its report, ''From Cancer Patient to Cancer Survivor: Lost in Transition'', the Institute of Medicine recommended that individuals with cancer completing primary treatment be provided a comprehensive summary of their care along with a follow-up survivorship plan of treatment.

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

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

(12) Changes in Medicare payment for comprehensive cancer care, enhanced public and professional education regarding symptom management, and more research related to symptom management and palliative care will enhance patient decision-making about treatment options and will contribute

to improved care for individuals with cancer from the time of diagnosis of the individual through the end of the life of the individual.

TITLE I—COMPREHENSIVE CANCER CARE UNDER THE MEDICARE PROGRAM

SEC. 101. COVERAGE OF CANCER CARE PLANNING SERVICES.

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

(1) in subsection (s)(2)—

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

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

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

''(FF) comprehensive cancer care planning services (as defined in subsection (hhh));''; and

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

''Comprehensive Cancer Care Planning Services

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

SEC. 102. DEMONSTRATION PROJECT TO PROVIDE COMPREHENSIVE CANCER CARE SYMPTOM MANAGEMENT SERVICES UNDER MEDICARE.

(a) IN GENERAL.—Beginning not later than 180 days after the date of the enactment of this Act, the Secretary of Health and Human Services (in this section referred to as the ''Secretary'') shall conduct a two-year demonstration project (in this section referred to as the ''demonstration project'') under title XVIII of the Social Security Act under which payment shall be made under such title for comprehensive cancer care symptom management services, including items and services described in subparagraphs (A) through (I) of section 1861(dd)(1) of the Social Security Act, furnished by an eligible entity, in accordance with a plan developed under subparagraph (A) or (C) of section 1861(hhh)(1) of such Act, as added by section 101(a). Sections 1812(d) and 1814(a)(7) of such Act (42 U.S.C. 1395d(d), 1395f(a)(7)) are not applicable to items and services furnished under the demonstration project. Participation of Medicare beneficiaries in the demonstration project shall be voluntary.

(b) QUALIFICATIONS AND SELECTION OF ELIGIBLE ENTITIES.—

(1) QUALIFICATIONS.—For purposes of subsection (a), the term "eligible entity" means an entity (such as a cancer center, hospital, academic health center, hospice program, physician practice, school of nursing, visiting nurse association, or other home health agency) that the Secretary determines is capable, directly or through an arrangement with a hospice program (as defined in section 1861(dd)(2) of the Social Security Act (42 U.S.C. 1395x(dd)(2))), of providing the items and services described in such subsection.

(2) SELECTION.—The Secretary shall select not more than 10 eligible entities to participate in the demonstration project. Such entities shall be selected in a manner so that the demonstration project is conducted in different regions across the United States and in urban and rural locations.

(c) EVALUATION AND REPORT.—

(1) EVALUATION.—The Secretary shall conduct a comprehensive evaluation of the demonstration project to determine—

(A) the effectiveness of the project in improving patient outcomes;

(B) the cost of providing comprehensive symptom management, including palliative care, from the time of diagnosis;

(C) the effect of comprehensive cancer care planning and the provision of comprehensive symptom management on patient outcomes, cancer care expenditures, and the utilization of hospitalization and emergent care services; and

(D) potential savings to the Medicare program demonstrated by the project.

(2) REPORT.—Not later than the date that is one year after the date on which the demonstration project concludes, the Secretary shall submit to Congress a report on the evaluation conducted under paragraph (1).

TITLE II—COMPREHENSIVE PALLIATIVE CARE AND SYMPTOM MANAGEMENT PROGRAMS

SEC. 201. GRANTS FOR COMPREHENSIVE PALLIATIVE CARE AND SYMPTOM MANAGEMENT PROGRAMS.

(a) IN GENERAL.—The Secretary of Health and Human Services shall make grants to eligible entities for the purpose of—

(1) establishing a new palliative care and symptom management program for cancer patients; or

(2) expanding an existing palliative care and symptom management program for cancer patients.

(b) AUTHORIZED ACTIVITIES.—Activities funded through a grant under this section may include—

(1) securing consultative services and advice from institutions with extensive experience in developing and managing comprehensive palliative care and symptom management programs;

(2) expanding an existing program to serve more patients or enhance the range or quality of services, including cancer treatment patient education services, that are provided;

(3) developing a program that would ensure the inclusion of cancer treatment patient education in the coordinated cancer care model; and

(4) establishing an outreach program to partner with an existing comprehensive care program and obtain expert consultative services and advice.

(c) DISTRIBUTION OF FUNDS.—In making grants and distributing the funds under this section, the Secretary shall ensure that—

(1) two-thirds of the funds appropriated to carry out this section for each fiscal year are used

for establishing new palliative care and symptom management programs, of which not less than half of such two-thirds shall be for programs in medically underserved communities to address issues of racial and ethnic disparities in access to cancer care; and

(2) one-third of the funds appropriated to carry out this section for each fiscal year are used for expanding existing palliative care and symptom management programs.

(d) DEFINITIONS.—In this section:

(1) The term ''eligible entity'' includes—

(A) an academic medical center, a cancer center, a hospital, a school of nursing, or a health system capable of administering a palliative care and symptom management program for cancer patients;

(B) a physician practice with care teams, including nurses and other professionals trained in palliative care and symptom management;

(C) a visiting nurse association or other home care agency with experience administering a palliative care and symptom management program;

(D) a hospice; and

(E) any other health care agency or entity, as the Secretary determines appropriate.

(2) The term "medically underserved community" has the meeting given to that term in section 799B(6) of the Public Health Service Act (42 U.S.C. 295p(6)).

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

(e) AUTHORIZATION OF APPROPRIATIONS.—To carry out this section, there are authorized to be appropriated such sums as may be necessary for each of the fiscal years 2010 through 2014.

TITLE III—PROVIDER EDUCATION REGARDING PALLIATIVE CARE AND SYMPTOM MANAGEMENT

SEC. 301. GRANTS TO IMPROVE HEALTH PROFESSIONAL EDUCATION.

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

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

(1) the ability to incorporate palliative care and symptom management into training programs; and

(2) the ability to collect and analyze data related to the effectiveness of educational efforts.

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

(d) DEFINITIONS.—In this section:

(1) The term ''eligible entity'' means a cancer center (including an NCI-designated cancer center), an academic health center, a physician practice, a school of nursing, or a visiting nurse association or other home care agency.

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

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

(e) AUTHORIZATION OF APPROPRIATIONS.—To carry out this section, there are authorized to be appropriated such sums as may be necessary for each of the fiscal years 2010 through 2014.

SEC. 302. GRANTS TO IMPROVE CONTINUING PROFESSIONAL EDUCATION.

(a) IN GENERAL.—The Secretary of Health and Human Services shall make grants to eligible entities to improve the quality of continuing professional education provided to qualified individuals regarding palliative care and symptom management.

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

(1) experience in sponsoring continuing professional education programs;

(2) the ability to reach health care providers and other professionals who are engaged in cancer care;

(3) the capacity to develop innovative training programs; and

(4) the ability to evaluate the effectiveness of educational efforts.

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

(d) DEFINITIONS.—In this section:

(1) The term ''eligible entity'' means a cancer center (including an NCI-designated cancer center), an academic health center, a school of nursing, or a professional society that supports continuing professional education programs.

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

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

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

(e) AUTHORIZATION OF APPROPRIATIONS.—To carry out this section, there are authorized to be appropriated such sums as may be necessary for each of the fiscal years 2010 through 2014.

TITLE IV—RESEARCH ON END-OF-LIFE TOPICS FOR CANCER PATIENTS

SEC. 401. RESEARCH PROGRAM.

(a) IN GENERAL.—The Director of the National Institutes of Health shall establish a program of grants for research on palliative care, symptom management, communication skills, and other end-of-life topics for cancer patients.

(b) INCLUSION OF NATIONAL RESEARCH INSTITUTES.—In carrying out the program established under this section, the Director should provide for the participation of the National Cancer Institute, the National Institute of Nursing Research, and any other national research institute that has been engaged in research described in subsection (a).

(c) DEFINITIONS.—In this section:

(1) The term ''Director'' means the Director of the National Institutes of Health.

(2) The term ''national research institute'' has the meaning given to that term in section 401(g) of the Public Health Service Act (42 U.S.C. 281(g)).

(d) AUTHORIZATION OF APPROPRIATIONS.—To carry out this section, there are authorized to be appropriated such sums as may be necessary for each of the fiscal years 2010 through 2014.

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