

111TH CONGRESS
1ST SESSION

H. R. 2279

To amend title XVIII of the Social Security Act to eliminate contributing factors to disparities in breast cancer treatment through the development of a uniform set of consensus-based breast cancer treatment performance measures for a 6-year quality reporting system and value-based purchasing system under the Medicare Program.

IN THE HOUSE OF REPRESENTATIVES

MAY 6, 2009

Ms. CASTOR of Florida (for herself, Mr. GRIJALVA, Mr. HINCHEY, Mr. RUSH, Ms. BORDALLO, Ms. NORTON, Mr. KUCINICH, Ms. BALDWIN, Ms. LEE of California, and Ms. SUTTON) introduced the following bill; which was referred to the Committee on Ways and Means, and in addition to the Committee on Energy and Commerce, 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

A BILL

To amend title XVIII of the Social Security Act to eliminate contributing factors to disparities in breast cancer treatment through the development of a uniform set of consensus-based breast cancer treatment performance measures for a 6-year quality reporting system and value-based purchasing system under the Medicare Program.

1 *Be it enacted by the Senate and House of Representa-*
2 *tives of the United States of America in Congress assembled,*

1 **SECTION 1. SHORT TITLE.**

2 This Act may be cited as the “Eliminating Dispari-
3 ties in Breast Cancer Treatment Act of 2009”.

4 **SEC. 2. FINDINGS.**

5 Congress finds the following:

6 (1) Delays in receiving care after breast cancer
7 diagnosis are reported to be greater for African-
8 American women than White women.

9 (2) Recent studies indicate that African-Amer-
10 ican women with breast cancer are less likely to re-
11 ceive standard therapy than White women.

12 (3) African-American and Hispanic patients are
13 significantly more likely than White patients to be
14 diagnosed at a more advanced stage of breast can-
15 cer.

16 (4) Investigators found that regardless of insur-
17 ance status, African-American women are 1.9 times
18 more likely to be diagnosed with an advanced stage
19 of breast cancer than White women and Hispanic
20 women are 1.4 times more likely to be diagnosed
21 with an advanced stage of breast cancer than White
22 women.

23 (5) African-American women are ten percent
24 more likely not to receive tests to determine if breast
25 cancer has spread to axillary (underarm) lymph
26 nodes. Studies show that health insurance status,

1 race, income, and educational background are di-
 2 rectly linked to irregularity in administering this
 3 vital screening.

4 (6) According to American Cancer Society re-
 5 searchers, substantial disparities remain or persist
 6 regarding cancer diagnosis and treatment.

7 **SEC. 3. PURPOSE.**

8 The purpose of this Act is to promote the implemen-
 9 tation of standardized health care practices for breast can-
 10 cer treatment under the Medicare program to eliminate
 11 disparities in the provision of care to such patients based
 12 on race, level of education, income, and health insurance
 13 status of such patients.

14 **SEC. 4. CONSENSUS-BASED BREAST CANCER TREATMENT**
 15 **PERFORMANCE MEASURES SYSTEM UNDER**
 16 **MEDICARE.**

17 Title XVIII of the Social Security Act is amended by
 18 adding at the end the following new section:

19 **“SEC. 1899. BREAST CANCER TREATMENT PERFORMANCE**
 20 **MEASURES SYSTEM.**

21 “(a) IN GENERAL.—Not later than October 1, 2010,
 22 the Secretary shall establish, in accordance with the provi-
 23 sions of this section, a 6-year breast cancer treatment
 24 quality performance system (in this section referred to as
 25 the ‘system’) to—

1 “(1) assess and publicly disclose, through the
2 use of quality measures, the quality of care provided
3 for the treatment of breast cancer by specified
4 health care providers; and

5 “(2) beginning October 1, 2013, base payment
6 under this title to such providers for such treatment
7 on the performance of such providers based on such
8 measures.

9 “(b) SPECIFIED HEALTH CARE PROVIDERS.—

10 “(1) IN GENERAL.—The Secretary shall specify
11 classes of providers of services and suppliers, includ-
12 ing hospitals, cancer centers, physicians, primary
13 care providers, and specialty providers, to which the
14 provisions of this section shall apply.

15 “(2) DEFINITION.—For purposes of this sec-
16 tion, the term ‘specified health care provider’ means
17 a provider of services or supplier specified under
18 paragraph (1).

19 “(c) IDENTIFICATION AND ENDORSEMENT OF
20 BREAST CANCER TREATMENT PERFORMANCE MEAS-
21 URES.—

22 “(1) IN GENERAL.—Under the system, the Sec-
23 retary, shall enter into agreements with the National
24 Quality Forum, an organization that operates as a
25 voluntary consensus standards body as defined for

1 purposes of section 12(d) of the National Tech-
2 nology Transfer and Advancement Act of 1995
3 (Public Law 104–113) and Office of Management
4 and Budget Revised Circular A–119 (published in
5 the Federal Register on February 10, 1998), under
6 which the National Quality Forum shall identify a
7 uniform set of consensus-based performance meas-
8 ures to evaluate the quality of care provided by spec-
9 ified health care providers for the treatment of
10 breast cancer, endorse such set of measures through
11 its multistakeholder consensus development process,
12 and annually update such set of measures.

13 “(2) MEASURES DESCRIBED.—The set of meas-
14 ures described in paragraph (1) shall include, with
15 respect to the treatment of breast cancer, measures
16 of patient outcomes, the process for delivering med-
17 ical care related to such treatment, patient coun-
18 seling and engagement in decisionmaking, patient
19 experience of care, resource use, and practice capa-
20 bilities, such as care coordination.

21 “(d) REPORTING PROCESS.—

22 “(1) IN GENERAL.—Under the system, for peri-
23 ods (as specified by the Secretary) beginning on or
24 after October 1, 2010, the Secretary shall establish
25 a reporting process, with respect to treatment fur-

1 nished for breast cancer, that provides for a method
2 for specified health care providers to submit to the
3 Secretary data on the performance of such providers
4 during each period through use of the performance
5 measures developed pursuant to subsection (c)(1).
6 Such data shall be submitted in a form and manner
7 and at a time specified by the Secretary.

8 “(2) VOLUNTARY SUBMISSION DURING INITIAL
9 3 YEARS.—The reporting process under paragraph
10 (1) shall provide for the voluntary submission of
11 data (and incentives for such submission) under the
12 process for periods ending before October 1, 2013.

13 “(3) CHARACTERISTICS OF DATA SUBMITTED
14 UNDER REPORTING PROCESS.—Data submitted by a
15 specified health care provider under the reporting
16 process under paragraph (1) shall—

17 “(A) take into account the quality of
18 breast cancer treatment furnished to all pa-
19 tients of the provider, regardless of the type of
20 health insurance coverage of the patient or
21 whether or not the patient has such coverage;
22 and

23 “(B) be structured in a manner that allows
24 for comparison according to race, educational

1 level, income, insurance status, and any other
2 category specified by the Secretary.

3 “(e) PUBLIC DISCLOSURE.—Under the system, the
4 Secretary shall establish procedures to require that infor-
5 mation with respect to the quality demonstrated by a spec-
6 ified health care provider of treatment furnished for breast
7 cancer during a period (based on the performance meas-
8 ures data submitted pursuant to subsection (c)(1) by the
9 provider for such period) is made available on the official
10 public Internet site of the Department of Health and
11 Human Services in a clear and understandable form. Such
12 procedures shall ensure that a specified health care pro-
13 vider has the opportunity to review the information that
14 is to be made public with respect to the provider at least
15 30 days prior to such data being made public and shall
16 provide for an appeals process in the case a provider
17 claims such information to be incorrect or incomplete.

18 “(f) VALUE-BASED PURCHASING FOR PERIODS BE-
19 GINNING OCTOBER 1, 2013.—

20 “(1) IN GENERAL.—Under the system, for peri-
21 ods beginning on or after October 1, 2013, and end-
22 ing before October 1, 2016, the Secretary shall es-
23 tablish and implement, a value-based purchasing
24 program, with respect to specified health care pro-

1 viders that furnish treatment for breast cancer dur-
2 ing such a period, under which—

3 “(A) in the case of such a provider that
4 does not submit data in accordance with the re-
5 porting process under subsection (d)(1) for
6 such treatment furnished during such period,
7 the Secretary shall reduce payment under this
8 title for such treatment by an amount specified
9 by the Secretary; and

10 “(B) in the case of such a provider that
11 submits data in accordance with the reporting
12 process under subsection (d)(1) for such treat-
13 ment furnished during such period—

14 “(i) subject to clause (ii), if the Sec-
15 retary determines such provider furnished
16 low quality care (in accordance with a
17 method specified by the Secretary) for
18 such treatment, the Secretary shall reduce
19 the amount that would otherwise be paid
20 to such provider under this title for such
21 treatment by an amount specified by the
22 Secretary;

23 “(ii) if the Secretary determines such
24 provider furnished low quality care (in ac-
25 cordance with the method specified under

1 clause (i)) for such treatment, but the
2 quality of care has improved as compared
3 to the quality of care the provider fur-
4 nished during the previous period, the Sec-
5 retary shall reduce the amount that would
6 otherwise be paid to such provider under
7 this title for such treatment in accordance
8 with an incremental method established by
9 the Secretary that ensures that the amount
10 of such reduction—

11 “(I) is less than the amount
12 specified by the Secretary under
13 clause (i); and

14 “(II) is based on the extent of
15 improvement in the quality of care;
16 and

17 “(iii) if the Secretary determines such
18 provider did not furnish low quality care
19 (in accordance with the method specified
20 under clause (i)) for such treatment, the
21 Secretary shall provide to such provider
22 the amount to be paid to such provider
23 under this title for such treatment.

24 “(2) RESULTS-BASED PAYMENTS.—The amount
25 of a reduction under subparagraph (A) or (B)(i) of

1 paragraph (1) shall be determined in accordance
2 with a method established by the Secretary.

3 “(g) REPORTS.—Not later than October 1, 2011, and
4 for each 6-month period thereafter (before fiscal year
5 2017), the Secretary shall submit to Congress a report
6 that evaluates the development and implementation of the
7 system, including—

8 “(1) an evaluation of the number of specified
9 health care providers that submit data pursuant to
10 subsection (c)(1);

11 “(2) an analysis of the effect of such system on
12 reducing disparities in the provision of breast cancer
13 treatment to patients based on race, level of edu-
14 cation, income, and health insurance status of such
15 patients; and

16 “(3) recommendations on whether (and to what
17 extent) to extend the system under this section.

18 “(h) APPLICATION TO PART C.—The Secretary shall
19 provide for a method to apply the provisions of this section
20 to treatment furnished under a plan under part C.”.

