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111TH CONGRESS
1ST SESSION

H. R. 2939

To provide for a pilot program to improve the quality of oncology care under Medicare.

IN THE HOUSE OF REPRESENTATIVES

JUNE 18, 2009

Mr. CROWLEY (for himself, Mr. ROGERS of Michigan, Mrs. CAPPS, Mr. RYAN of Wisconsin, Ms. ESHOO, Mr. KIND, Mr. THOMPSON of California, Mr. GORDON of Tennessee, Mr. PASCRELL, Mr. TIBERI, Ms. BERKLEY, Mr. BLUMENAUER, Mr. DAVIS of Kentucky, Mr. MOORE of Kansas, Mr. GENE GREEN of Texas, Mr. ISRAEL, Ms. SCHWARTZ, and Mr. ALTMIRE) 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

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A BILL

To provide for a pilot program to improve the quality of oncology care under Medicare.

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

SECTION 1. SHORT TITLE.

This Act may be cited as the ''Oncology Care Quality Improvement Act of 2009''.

SEC. 2. ONCOLOGY CARE QUALITY IMPROVEMENT PROGRAM.

(a) IN GENERAL.—The Secretary of Health and Human Services (in this section referred to as the ''Secretary'') shall establish a pilot program (in this section referred to as the ''OCQI program'') under title XVIII of the Social Security Act to evaluate the impact of three provider-led approaches described in subsection (b) to improve care quality and outcomes for Medicare beneficiaries with cancer while addressing care cost drivers by creating greater efficiencies in the program.

(b) APPROACHES DESCRIBED.—The approaches described in this subsection are the following approaches to the delivery of oncology care:

(1) EVIDENCE-BASED GUIDELINE ADHERENCE.—Reducing variation in care through adherence to evidence-based guidelines that improves quality and reduces error.

(2) PATIENT EDUCATION AND CARE COORDINATION SERVICES.—Providing patients with—

(A) dedicated educational sessions about the likely effects of their cancers and treatments and how to manage those prior to initiation of treatment, preferably from an oncology nurse; and

(B) continuous support throughout their course of care.

(3) END-OF-LIFE PLANNING AND COUNSELING SERVICES.—Providing patients with poor prognoses with end-of-life planning and counseling services with their physicians and nurses in order to empower such patients and their families with the best information available about their options to assist such patients and families in making difficult choices between pursuing potentially ineffective aggressive medical treatments or pursuing hospice care or other palliative care to improve quality of life in their final months.

(c) DESCRIPTION.—

(1) IN GENERAL.—The OCQI program shall be designed in a manner similar to that for the physician group practice demonstration program under section 1866A of the Social Security Act (42 U.S.C. 1395cc–1) and shall provide performance payments to participating oncology groups that implement each of the approaches described in subsection (b) equal to one-half of the program savings generated by the participating group. The other half of program savings shall be retained by the Medicare program.

(2) EXPENDITURE TARGETS.—Under the OCQI program, the Secretary shall establish per capita expenditure targets for participating oncology groups, taking into account the risk characteristics of the patients involved. Those groups that meet the performance goals established by the Secretary and achieve program savings against the expenditure targets shall receive performance payments described in paragraph (1).

(3) LIMITATION ON NUMBER OF PARTICIPATING GROUPS.—The Secretary shall limit the number of groups that may participate in the OCQI program to no more than 75 groups at any time.

(4) LIMITATION ON DURATION.—The OCQI program shall be conducted over a 3-year period.

(5) LIMITATION ON PATIENT SELECTION.—The Secretary shall prohibit groups participating in the OCQI program from selecting the individual patients to be included in the program.

(6) PENALTIES TO PREVENT REDUCTIONS IN SERVICES.—The Secretary may impose penalties on those groups participating in the OCQI program that the Secretary determines have inappropriately reduced cancer therapies, including supportive care therapies (basing their determination on existing evi-

dence based, medically accurate guidelines). Any such penalties shall be in the form of reductions to performance payments payable to the groups under paragraph (1).

(d) ADVISORY COMMITTEE; EVALUATION.—

(1) IN GENERAL.—The Secretary shall appoint an advisory committee composed of representatives of the oncology community, including organizations representing physicians, nurses, and patients, and industry representatives, to collaborate with the Secretary on the creation and implementation of the OCQI program, including the development of appropriate expenditure targets, and to help analyze the data generated by the OCQI program. The advisory committee shall specifically advise the Secretary on the methods for selecting practices in different regions of the United States to particiapte in the OCQI program.

(2) EVALUATION.—In consultation with the advisory committee, Secretary shall evaluate the OCQI program to—

(A) assess patient outcomes for patients participating in the program as compared to such outcomes to other individuals for the same health conditions;

(B) analyze the cost effectiveness of the services for which performance payments are made under the program, including an evaluation of the cost savings to the Medicare program attributable to reductions in physicians' services, emergency room visits, hospital stays, drug costs, advanced imaging costs, and end-of-life care;

(C) determine the satisfaction of patients participating in the program; and

(D) refine the appropriate level and proportion of the specific performance payments among the three performance components of the program.

(e) IMPLEMENTATION.—If the Secretary determines that the OCQI program has been successful in improving care quality while lowering the rate of growth of Medicare program expenditures, the Secretary is authorized to include payments for the specific services paid under the OCQI program as performance payments as permanent, covered services under the Medicare program.

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