

112TH CONGRESS  
2D SESSION

# S. 2097

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 grants programs for provider education, and related research.

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IN THE SENATE OF THE UNITED STATES

FEBRUARY 9, 2012

Ms. LANDRIEU introduced the following bill; which was read twice and referred to the Committee on Finance

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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 grants programs for provider education, and related research.

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; TABLE OF CONTENTS.**

4       (a) SHORT TITLE.—This Act may be cited as the  
5       “Comprehensive Cancer Care Improvement Act of 2012”.

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

Sec. 1. Short title; Table of contents.

Sec. 2. Findings.

TITLE I—COMPREHENSIVE CANCER CARE UNDER THE  
 MEDICARE PROGRAM

Sec. 101. Coverage of cancer care planning services.

TITLE II—PROVIDER EDUCATION REGARDING PALLIATIVE CARE  
 AND SYMPTOM MANAGEMENT

Sec. 201. Grants to improve health professional education.

Sec. 202. Grants to improve continuing professional education.

TITLE III—RESEARCH ON TOPICS RELATED TO COORDINATION  
 OF CARE, SYMPTOM MANAGEMENT, AND PALLIATIVE CARE  
 FOR CANCER PATIENTS

Sec. 301. Research program.

3 **SEC. 2. FINDINGS.**

4 Congress makes the following findings:

5 (1) Individuals with cancer often do not have  
 6 access to a cancer care system that provides com-  
 7 prehensive and coordinated care of high quality.

8 (2) The cancer care system has not traditionally  
 9 offered individuals with cancer a prospective and  
 10 comprehensive plan for treatment and symptom  
 11 management, strategies for updating and evaluating  
 12 such plan with the assistance of a health care pro-  
 13 fessional, and a follow-up plan for monitoring and  
 14 treating possible late effects of cancer and its treat-  
 15 ment.

16 (3) Cancer survivors often experience the  
 17 under-diagnosis and under-treatment of the symp-

1       toms of cancer, a problem that begins at the time  
2       of diagnosis and may become more severe with dis-  
3       ease progression and at the end of life. The failure  
4       to treat the symptoms, side effects, and late effects  
5       of cancer and cancer treatment may have a serious  
6       adverse impact on the health, survival, well-being,  
7       and quality of life of cancer survivors.

8               (4) Cancer survivors who are members of racial  
9       and ethnic minority groups may face severe obsta-  
10      cles in receiving coordinated cancer care that in-  
11      cludes appropriate management of cancer symptoms  
12      and treatment of side effects.

13              (5) Individuals with cancer are sometimes not  
14      provided information about their disease and treat-  
15      ment options that might result in their request for,  
16      and engagement in, coordinated care that includes  
17      appropriate treatment and symptom management.

18              (6) Comprehensive cancer care should incor-  
19      porate access to psychosocial services and manage-  
20      ment of the symptoms of cancer and the symptoms  
21      of cancer treatment, including pain, nausea, vom-  
22      iting, fatigue, and depression.

23              (7) Comprehensive cancer care should include a  
24      means for providing cancer survivors with a com-  
25      prehensive care summary and a plan for follow-up

1 care after primary treatment to ensure that cancer  
2 survivors have access to follow-up monitoring and  
3 treatment of possible late effects of cancer and can-  
4 cer treatment.

5 (8) The Institute of Medicine report entitled  
6 “Ensuring Quality Cancer Care” described the ele-  
7 ments of quality care for an individual with cancer,  
8 including—

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

12 (B) the development of a plan for the  
13 course of treatment of the individual and com-  
14 munication of the plan to the individual;

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

17 (D) access to high-quality clinical trials;

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

20 (F) psychosocial support services and com-  
21 passionate care for the individual.

22 (9) In its report “From Cancer Patient to Can-  
23 cer Survivor: Lost in Transition”, the Institute of  
24 Medicine recommended that individuals with cancer  
25 completing primary treatment be provided a com-

1       prehensive summary of their care along with a fol-  
2       low-up survivorship plan of treatment.

3           (10) Since more than half of all cancer diag-  
4       noses occur among elderly Medicare beneficiaries,  
5       the problems of providing cancer care are problems  
6       of the Medicare program.

7           (11) Shortcomings in providing cancer care, re-  
8       sulting in inadequate management of cancer symp-  
9       toms and insufficient monitoring and treatment of  
10      late effects of cancer and its treatment, are related  
11      to problems of Medicare payments for such care, in-  
12      adequate professional training, and insufficient in-  
13      vestment in research on symptom management.

14          (12) Changes in Medicare payment for com-  
15      prehensive cancer care, enhanced public and profes-  
16      sional education regarding symptom management,  
17      and more research related to coordination of care,  
18      symptom management and palliative care will en-  
19      hance patient decisionmaking about treatment op-  
20      tions and will contribute to improved care for indi-  
21      viduals with cancer from the time of diagnosis of the  
22      individual through the end of the life of the indi-  
23      vidual.

1 **TITLE I—COMPREHENSIVE CAN-**  
 2 **CER CARE UNDER THE MEDI-**  
 3 **CARE PROGRAM**

4 **SEC. 101. COVERAGE OF CANCER CARE PLANNING SERV-**  
 5 **ICES.**

6 (a) IN GENERAL.—Section 1861 of the Social Secu-  
 7 rity Act is amended—

8 (1) in subsection (s)(2)—

9 (A) by striking “and” at the end of sub-  
 10 paragraph (EE);

11 (B) by adding “and” at the end of sub-  
 12 paragraph (FF); and

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

15 “(GG) comprehensive cancer care planning  
 16 services (as defined in subsection (iii));”; and

17 (2) by adding at the end the following new sub-  
 18 section:

19 “Comprehensive Cancer Care Planning Services

20 “(iii)(1) The term ‘comprehensive cancer care plan-  
 21 ning services’ means—

22 “(A) with respect to an individual who is diag-  
 23 nosed with cancer, the development of a plan of care  
 24 that—

1 “(i) details, to the greatest extent prac-  
2 ticable, all aspects of the care to be provided to  
3 the individual, with respect to the treatment of  
4 such cancer, including any curative treatment,  
5 comprehensive symptom management, and pal-  
6 liative care;

7 “(ii) is furnished, in person, in written  
8 form to the individual within a period specified  
9 by the Secretary that is as soon as practicable  
10 after the date on which the individual is so di-  
11 agnosed;

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

17 “(iv) is in accordance with standards de-  
18 termined by the Secretary to be appropriate;

19 “(B) with respect to an individual for whom a  
20 plan of care has been developed under subparagraph  
21 (A), the revision of such plan of care as necessary  
22 to account for any substantial change in the condi-  
23 tion of the individual, recurrence of disease, or sig-  
24 nificant revision of the elements of curative or pallia-  
25 tive care for the individual, if such revision—

1           “(i) is in accordance with clauses (i), (iii),  
2           and (iv) of such subparagraph; and

3           “(ii) is furnished in written form to the in-  
4           dividual within a period specified by the Sec-  
5           retary that is as soon as practicable after the  
6           date of such revision;

7           “(C) with respect to an individual who has com-  
8           pleted the primary treatment for cancer, as defined  
9           by the Secretary (such as completion of chemo-  
10          therapy or radiation treatment), the development of  
11          a follow-up cancer care plan that—

12           “(i) describes the elements of the primary  
13           treatment, including symptom management and  
14           palliative care, furnished to such individual;

15           “(ii) provides recommendations for the  
16           subsequent care of the individual with respect  
17           to the cancer involved;

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

22           “(iv) is furnished, to the greatest extent  
23           practicable, in a form that appropriately takes  
24           into account cultural and linguistic needs of the



1 individual in order to make the plan accessible  
 2 to the individual; and

3 “(v) is in accordance with standards deter-  
 4 mined by the Secretary to be appropriate; and

5 “(D) with respect to an individual for whom a  
 6 follow-up cancer care plan has been developed under  
 7 subparagraph (C), the revision of such plan as nec-  
 8 essary to account for any substantial change in the  
 9 condition of the individual, diagnosis of a second  
 10 cancer, or significant revision of the plan for follow-  
 11 up care, if such revision—

12 “(i) is in accordance with clauses (i), (ii),  
 13 (iv), and (v) of such subparagraph; and

14 “(ii) is furnished in written form to the in-  
 15 dividual within a period specified by the Sec-  
 16 retary that is as soon as practicable after the  
 17 date of such revision.

18 “(2) The Secretary shall establish standards to carry  
 19 out paragraph (1) in consultation with appropriate organi-  
 20 zations representing providers of services related to cancer  
 21 treatment and organizations representing survivors of can-  
 22 cer. Such standards shall include standards for deter-  
 23 mining the need and frequency for revisions of the plans  
 24 of care and follow-up plans based on changes in the condi-  
 25 tion of the individual or elements and intent of treatment

1 and standards for the communication of the plan to the  
2 patient.”.

3 (b) PAYMENT.—Section 1833(a)(1) of the Social Se-  
4 curity Act (42 U.S.C. 1395l(a)(1)) is amended by striking  
5 “and” before “(Z)” and inserting before the semicolon at  
6 the end the following: “, and (AA) with respect to com-  
7 prehensive cancer care planning services described in any  
8 of subparagraphs (A) through (D) of section 1861(iii)(1),  
9 the amount paid shall be an amount equal to the sum of  
10 (i) the national average amount under the physician fee  
11 schedule established under section 1848 for a new patient  
12 office consultation of the highest level of service in the  
13 non-facility setting, and (ii) the national average amount  
14 under such fee schedule for a physician certification de-  
15 scribed in section 1814(a)(2) for home health services fur-  
16 nished to an individual by a home health agency under  
17 a home health plan of care”.

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

1 **TITLE II—PROVIDER EDU-**  
2 **CATION REGARDING PALLIA-**  
3 **TIVE CARE AND SYMPTOM**  
4 **MANAGEMENT**

5 **SEC. 201. GRANTS TO IMPROVE HEALTH PROFESSIONAL**  
6 **EDUCATION.**

7 (a) IN GENERAL.—The Secretary of Health and  
8 Human Services shall make grants to eligible entities to  
9 enable the entities to improve the quality of graduate and  
10 postgraduate training of physicians, nurses, and other  
11 health care providers in developing cancer care plans for  
12 cancer patients and communicating such plans to the indi-  
13 vidual patients.

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

19 (1) the ability to train health professionals in—

20 (A) the provision of cancer care that fully  
21 coordinates active treatment, symptom manage-  
22 ment, and palliative care; and

23 (B) the communication of a written plan  
24 for coordinated cancer care to the patient; and

1           (2) the ability to collect and analyze data re-  
2       lated to the effectiveness of such training programs.

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

6       (d) DEFINITIONS.—In this section:

7           (1) The term “eligible entity” means an entity  
8       that is—

9           (A) a cancer center (including an NCI-des-  
10       ignated cancer center);

11           (B) an academic health center;

12           (C) a physician practice;

13           (D) a school of nursing;

14           (E) a visiting nurse association;

15           (F) a home care agency; or

16           (G) a private nonprofit organization with  
17       expertise and experience in health provider  
18       training.

19       (2) The term “NCI-designated cancer center”  
20       means a cancer center receiving funds through a  
21       P30 Cancer Center Support Grant of the National  
22       Cancer Institute.

23       (3) The term “Secretary” means the Secretary  
24       of Health and Human Services.

1 (e) AUTHORIZATION OF APPROPRIATIONS.—To carry  
 2 out this section, there are authorized to be appropriated  
 3 \$5,000,000 for each of the fiscal years 2013 through  
 4 2017.

5 **SEC. 202. GRANTS TO IMPROVE CONTINUING PROFES-**  
 6 **SIONAL EDUCATION.**

7 (a) IN GENERAL.—The Secretary of Health and  
 8 Human Services shall make grants to eligible entities to  
 9 improve the quality of continuing professional education  
 10 provided to qualified individuals regarding the develop-  
 11 ment and communication of written cancer care plans that  
 12 outline a system of care that coordinates active treatment  
 13 and palliative care.

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

19 (1) experience in sponsoring continuing profes-  
 20 sional education programs;

21 (2) the ability to reach health care providers  
 22 and other professionals who are engaged in cancer  
 23 care with such continuing professional education  
 24 programs;

1           (3) the capacity to develop innovative training  
 2           programs aimed at enhancing the delivery of coordi-  
 3           nated cancer care that includes appropriate symp-  
 4           tom management and palliative care; and

5           (4) the ability to evaluate the effectiveness of  
 6           such professional education and training programs.

7           (c) EVALUATION.—The Secretary shall develop and  
 8           implement a plan for evaluating the effects of the con-  
 9           tinuing professional education and training programs  
 10          funded under this section.

11          (d) DEFINITIONS.—In this section:

12           (1) The term “eligible entity” means an entity  
 13          that is—

14                   (A) a cancer center (including an NCI-des-  
 15                   ignated cancer center);

16                   (B) an academic health center;

17                   (C) a school of nursing;

18                   (D) a professional society that supports  
 19                   continuing professional education programs; or

20                   (E) a private nonprofit organization with  
 21                   expertise and experience in health provider  
 22                   training.

23           (2) The term “NCI-designated cancer center”  
 24          means a cancer center receiving funds through a

1 P30 Cancer Center Support Grant of the National  
2 Cancer Institute.

3 (3) The term “qualified individual” means a  
4 physician, nurse, social worker, chaplain, psycholo-  
5 gist, or other individual who is involved in providing  
6 comprehensive cancer care, including active treat-  
7 ment, symptom management, and palliative care, to  
8 cancer patients.

9 (4) The term “Secretary” means the Secretary  
10 of Health and Human Services.

11 (e) AUTHORIZATION OF APPROPRIATIONS.—To carry  
12 out this section, there are authorized to be appropriated  
13 \$5,000,000 for each of the fiscal years 2013 through  
14 2017.

15 **TITLE III—RESEARCH ON TOP-**  
16 **ICS RELATED TO COORDINA-**  
17 **TION OF CARE, SYMPTOM**  
18 **MANAGEMENT, AND PALLIA-**  
19 **TIVE CARE FOR CANCER PA-**  
20 **TIENTS**

21 **SEC. 301. RESEARCH PROGRAM.**

22 (a) IN GENERAL.—The Secretary of Health and  
23 Human Services shall provide investment, through exist-  
24 ing research programs, for research on topics related to  
25 cancer care planning, cancer care coordination, symptom

1 management, palliative care, and comprehensive survivor-  
2 ship care.

3 (b) PARTICIPATION.—In carrying out the research  
4 authorized under this section, the Secretary should pro-  
5 vide for the participation of institutes and centers of the  
6 National Institutes of Health, the Centers for Medicare  
7 & Medicaid Services, and any other national research in-  
8 stitute that has been engaged in research described in sub-  
9 section (a).

10 (c) AUTHORIZATION OF APPROPRIATIONS.—To carry  
11 out this section, there are authorized to be appropriated  
12 \$5,000,000 for each of the fiscal years 2013 through  
13 2017.

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