

114TH CONGRESS
2D SESSION

H. R. 6084

To amend title XVIII of the Social Security Act to provide comprehensive cancer patient treatment education under the Medicare program and to provide for research to improve cancer symptom management.

IN THE HOUSE OF REPRESENTATIVES

SEPTEMBER 20, 2016

Mr. ISRAEL 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

A BILL

To amend title XVIII of the Social Security Act to provide comprehensive cancer patient treatment education under the Medicare program and to provide for research to improve cancer symptom management.

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 “Improving Cancer Treatment Education Act of 2016”.

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

Sec. 1. Short title; table of contents.

Sec. 2. Findings.

TITLE I—COMPREHENSIVE CANCER PATIENT TREATMENT
EDUCATION UNDER THE MEDICARE PROGRAM

Sec. 101. Medicare coverage of comprehensive cancer patient treatment education services.

TITLE II—RESEARCH ON CANCER SYMPTOM MANAGEMENT
IMPROVEMENT

Sec. 201. Sense of Congress.

Sec. 202. NIH research on cancer symptom management improvement.

1 SEC. 2. FINDINGS.

2 The Congress makes the following findings:

3 (1) Many people with cancer experience side ef-
4 fects, symptoms, and late complications associated
5 with their disease and their treatment, which can
6 have a serious adverse impact on their health, well-
7 being, and quality of life.

8 (2) Many side effects and symptoms associated
9 with cancer and its treatment can be reduced or con-
10 trolled by the provision of timely symptom manage-
11 ment and services and also by educating people with
12 cancer and their caregivers about the potential ef-
13 fects before treatment begins.

14 (3) Studies have found that individualized edu-
15 cational intervention for cancer pain management
16 from a registered nurse was effective for patients
17 with cancer being treated in outpatient and home-
18 based settings. Similarly, the number of caregivers
19 who said they were well informed and confident

1 about caregiving after attending a family caregiver
2 cancer education program increased after program
3 attendance.

4 (4) People with cancer benefit from having an
5 educational session with oncology nurses in advance
6 of the initiation of treatment to learn how to reduce
7 the risk of and manage adverse effects and maximize
8 well-being. Helping patients to manage their side ef-
9 fects reduces adverse events and the need for urgent
10 or inpatient care.

11 (5) The Oncology Nursing Society has received
12 reports from its members that, because the Medicare
13 program and other payers do not cover the provision
14 of patient treatment education, patients and their
15 caregivers often do not receive adequate education
16 before the onset of such patients' treatment for can-
17 cer regarding the course of such treatment and the
18 possible side effects and symptoms such patients
19 may experience. The Oncology Nursing Society rec-
20 ommends that all patients being treated for cancer
21 have a one-on-one educational session with a nurse
22 in advance of the onset of such treatment so that
23 such patients and their caregivers receive the infor-
24 mation they need to help minimize adverse events re-

1 lated to such treatment and maximize the well-being
2 of such patients.

3 (6) Insufficient or nonexistent Medicare pay-
4 ments coupled with poor investment in symptom
5 management research contribute to the inadequate
6 education of patients, poor management and moni-
7 toring of cancer symptoms, and inadequate handling
8 of late effects of cancer and its treatment.

9 (7) People with cancer often do not have the
10 symptoms associated with their disease and the asso-
11 ciated treatment managed in a comprehensive or ap-
12 propriate manner.

13 (8) People with cancer deserve to have access to
14 comprehensive care that includes appropriate treat-
15 ment and symptom management.

16 (9) Patients who receive infused chemotherapy
17 likely obtain some treatment education during the
18 course of the administration of their treatment; yet,
19 many do not, and individuals who may receive a dif-
20 ferent type of cancer care, such as radiation or sur-
21 gical interventions or oral chemotherapy taken at
22 home, likely do not receive treatment education dur-
23 ing their treatment.

24 (10) Comprehensive cancer care must include
25 access to services and management associated with

1 nausea, vomiting, fatigue, depression, pain, and
2 other symptoms.

3 (11) The Institute of Medicine report, “Ensuring
4 Quality Cancer Care” asserts that “much can be
5 done to relieve the symptoms, ease distress, provide
6 comfort, and in other ways improve the quality of
7 life of someone with cancer. For a person with cancer,
8 maintenance of quality of life requires, at a minimum,
9 relief from pain and other distressing symptoms,
10 relief from anxiety and depressions, including
11 the fear of pain, and a sense of security that assistance
12 will be readily available if needed.”.

13 (12) The Institute of Medicine report, “Cancer
14 Care for the Whole Patient: Meeting Psychosocial
15 Health Needs” recognizes that cancer patients’ psychosocial
16 needs include information about their
17 therapies and the potential side effects.

18 (13) As more than half of all cancer diagnoses
19 occur among individuals age 65 and older, the challenges
20 of managing cancer symptoms are growing
21 for patients enrolled in the Medicare program.

22 (14) Provision of Medicare payment for comprehensive
23 cancer patient treatment education, coupled with expanded
24 cancer symptom management research, will help improve care
25 and quality of life for

1 people with cancer from the time of diagnosis
2 through survivorship or end of life.

3 **TITLE I—COMPREHENSIVE CAN-**
4 **CER PATIENT TREATMENT**
5 **EDUCATION UNDER THE**
6 **MEDICARE PROGRAM**

7 **SEC. 101. MEDICARE COVERAGE OF COMPREHENSIVE CAN-**
8 **CER PATIENT TREATMENT EDUCATION SERV-**
9 **ICES.**

10 (a) IN GENERAL.—Section 1861 of the Social Secu-
11 rity Act (42 U.S.C. 1395x) is amended—

12 (1) in subsection (s)(2)—

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

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

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

19 “(GG) comprehensive cancer patient treatment
20 education services (as defined in subsection
21 (iii)(1));”; and

22 (2) by adding at the end the following new sub-
23 section:

1 “Comprehensive Cancer Patient Treatment Education
2 Services

3 “(iii)(1) The term ‘comprehensive cancer patient
4 treatment education services’ means—

5 “(A) in the case of an individual who is diag-
6 nosed with cancer, the provision of a one-hour pa-
7 tient treatment education session delivered by a reg-
8 istered nurse that—

9 “(i) is furnished to the individual and the
10 caregiver (or caregivers) of the individual in ad-
11 vance of the onset of treatment and to the ex-
12 tent practicable, is not furnished on the day of
13 diagnosis or on the first day of treatment;

14 “(ii) educates the individual and such care-
15 giver (or caregivers) to the greatest extent prac-
16 ticable, about all aspects of the care to be fur-
17 nished to the individual, informs the individual
18 regarding any potential symptoms, side-effects,
19 or adverse events, and explains ways in which
20 side effects and adverse events can be mini-
21 mized and health and well-being maximized,
22 and provides guidance regarding those side ef-
23 fects to be reported and to which health care
24 provider the side effects should be reported;

1 “(iii) includes the provision, in written
2 form, of information about the course of treat-
3 ment, any responsibilities of the individual with
4 respect to self-dosing, and ways in which to ad-
5 dress symptoms and side-effects; and

6 “(iv) is furnished, to the greatest extent
7 practicable, in an oral, written, or electronic
8 form that appropriately takes into account cul-
9 tural and linguistic needs of the individual in
10 order to make the information comprehensible
11 to the individual and such caregiver (or care-
12 givers); and

13 “(B) with respect to an individual for whom a
14 course of cancer treatment or therapy is materially
15 modified, a one-hour patient treatment education
16 session described in subparagraph (A), including up-
17 dated information on the matters described in such
18 subparagraph should the individual’s oncologic
19 health care professional deem it appropriate and
20 necessary.

21 “(2) In establishing standards to carry out paragraph
22 (1), the Secretary shall consult with appropriate organiza-
23 tions representing providers of oncology patient treatment
24 education services and organizations representing people
25 with cancer.”.

1 (b) PAYMENT.—Section 1833(a)(1) of such Act (42
2 U.S.C. 1395l(a)(1)) is amended—

3 (1) by striking “and” before “(AA)”;

4 (2) by inserting before the semicolon at the end
5 the following: “, and (BB) with respect to com-
6 prehensive cancer patient treatment education serv-
7 ices (as defined in section 1861(iii)(1)), 150 percent
8 of the payment rate established under section 1848
9 for diabetes outpatient self-management training
10 services (as defined in section 1861(qq)), determined
11 and applied without regard to any coinsurance”.

12 (c) COVERAGE.—Section 1862(a)(1) of such Act (42
13 U.S.C. 1395y(a)(1)) is amended—

14 (1) in subparagraph (O), by striking “and” at
15 the end;

16 (2) in subparagraph (P), by striking the semi-
17 colon at the end and inserting “, and”;

18 (3) by adding at the end the following new sub-
19 paragraph:

20 “(Q) in the case of comprehensive cancer pa-
21 tient treatment education services (as defined in
22 subsection (iii)(1)) which are performed more fre-
23 quently than is covered under such section;”.

24 (d) NO IMPACT ON PAYMENT FOR OTHER SERV-
25 ICES.—Nothing in this section shall be construed to affect

1 or otherwise authorize any reduction or modification, in
2 the Medicare payment amounts otherwise established for
3 chemotherapy infusion or injection codes with respect to
4 the calculation and payment of minutes for chemotherapy
5 teaching or related services.

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

10 **TITLE II—RESEARCH ON CAN-** 11 **CER SYMPTOM MANAGEMENT** 12 **IMPROVEMENT**

13 **SEC. 201. SENSE OF CONGRESS.**

14 It is the sense of Congress that—

15 (1) many people with cancer experience side ef-
16 fects, symptoms, and late side effects associated with
17 their disease and their treatment, and such effects
18 can have a serious adverse impact on the effective-
19 ness of their treatment, their health, well-being, and
20 quality of life;

21 (2) with the number of cancer survivors con-
22 tinuing to grow, addressing the effects of their
23 symptoms and side effects is becoming increasingly
24 critical in reducing the burden of cancer and its
25 treatments;

1 (3) although research is producing new insights
2 into the causes of and cures for cancer, efforts to
3 manage the symptoms and side effects of the disease
4 and its treatments have not kept pace; and

5 (4) the National Institutes of Health should
6 continue to support research in the area of symptom
7 management and the role that nurses play in pro-
8 viding those interventions.

9 **SEC. 202. NIH RESEARCH ON CANCER SYMPTOM MANAGE-**
10 **MENT IMPROVEMENT.**

11 (a) IN GENERAL.—The Director of the National In-
12 stitutes of Health shall expand, intensify, and coordinate
13 programs for the conduct and support of research with
14 respect to—

15 (1) improving the treatment and management
16 of symptoms and side effects associated with cancer
17 and cancer treatment; and

18 (2) evaluating the role of nursing interventions
19 in the amelioration of such symptoms and side ef-
20 fects.

21 (b) ADMINISTRATION.—The Director of the National
22 Institutes of Health is encouraged to carry out this section
23 through the Director of the National Cancer Institute, in
24 collaboration with at least the directors of the National
25 Institute of Nursing Research, the National Institute of

1 Neurological Disorders and Stroke, the National Institute
2 of Mental Health, the National Center on Minority Health
3 and Health Disparities, the National Center for Com-
4 plementary and Alternative Medicine, and the Agency for
5 Healthcare Research and Quality.

