

106TH CONGRESS  
2D SESSION

# S. 3003

To preserve access to outpatient cancer therapy services under the medicare program by requiring the Health Care Financing Administration to follow appropriate procedures and utilize a formal nationwide analysis by the Comptroller General of the United States in making any changes to the rates of reimbursement for such services.

---

## IN THE SENATE OF THE UNITED STATES

SEPTEMBER 5, 2000

Mr. ASHCROFT (for himself, Mr. HAGEL, and Mr. ABRAHAM) introduced the following bill; which was read twice and referred to the Committee on Finance

---

## A BILL

To preserve access to outpatient cancer therapy services under the medicare program by requiring the Health Care Financing Administration to follow appropriate procedures and utilize a formal nationwide analysis by the Comptroller General of the United States in making any changes to the rates of reimbursement for such services.

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.**

4 This Act may be cited as the “Cancer Care Preserva-  
5 tion Act of 2000”.

1 **SEC. 2. FINDING.**

2 Congress finds that in light of the tremendous ad-  
3 vances achieved by this Nation in its war on cancer, in-  
4 cluding the development of breakthrough therapies, the ex-  
5 pansion of the cancer care delivery system to convenient  
6 and low-cost community settings, and the unprecedented  
7 annual reduction in American cancer deaths beginning in  
8 1998, legislation is needed to ensure that these advances  
9 are not undermined by inappropriate changes to rates of  
10 reimbursement for outpatient cancer therapy services  
11 under the medicare program under title XVIII of the So-  
12 cial Security Act (42 U.S.C. 1395 et seq.).

13 **SEC. 3. PRESERVATION OF REIMBURSEMENT RATES FOR**  
14 **OUTPATIENT CANCER THERAPY SERVICES.**

15 Notwithstanding any other provision of law, the Ad-  
16 ministrator of the Health Care Financing Administration  
17 may not implement any reduction to the rates of reim-  
18 bursement for outpatient cancer therapy services under  
19 the medicare program under title XVIII of the Social Se-  
20 curity Act (42 U.S.C. 1395 et seq.), unless such  
21 reductions—

22 (1) are developed in consultation with the  
23 Comptroller General of the United States, the Medi-  
24 care Payment Advisory Commission established  
25 under section 1805 of such Act (42 U.S.C. 1395b-  
26 6) (in this Act referred to as “MedPAC”), and rep-

1 representatives of the cancer care community, including  
2 patients, survivors, nurses, physicians, and research-  
3 ers;

4 (2) provide for appropriate payment rates for  
5 outpatient cancer therapy services, based upon the  
6 determinations made by the Comptroller General of  
7 the United States in the nationwide analysis re-  
8 quired under section 4 of this Act; and

9 (3) are authorized by an Act of Congress.

10 **SEC. 4. FORMAL NATIONWIDE ANALYSIS OF CLINICAL RE-**  
11 **SOURCES NECESSARY TO PROVIDE SAFE**  
12 **OUTPATIENT CANCER THERAPY SERVICES.**

13 (a) ANALYSIS.—

14 (1) IN GENERAL.—The Comptroller General of  
15 the United States shall conduct a nationwide anal-  
16 ysis to determine the physician and non-physician  
17 clinical resources necessary to provide safe out-  
18 patient cancer therapy services and the appropriate  
19 payment rates for such services under the medicare  
20 program under title XVIII of the Social Security Act  
21 (42 U.S.C. 1395 et seq.).

22 (2) ISSUES ANALYZED.—In conducting the  
23 analysis under paragraph (1), the Comptroller Gen-  
24 eral of the United States shall determine—

1 (A) the adequacy of practice expense rel-  
2 ative value units associated with the utilization  
3 of those clinical resources;

4 (B) the adequacy of work units in the  
5 practice expense formula; and

6 (C) the necessity for an additional reim-  
7 bursement methodology for outpatient cancer  
8 therapy services that falls outside the practice  
9 expense formula.

10 (3) CONSULTATION.—In conducting the anal-  
11 ysis under paragraph (1), the Comptroller General  
12 of the United States shall consult with Adminis-  
13 trator of the Health Care Financing Administration,  
14 MedPAC, and representatives of the cancer care  
15 community, including patients, survivors, nurses,  
16 physicians, and researchers.

17 (b) REPORT.—Not later than 1 year after the date  
18 of enactment of this Act, the Comptroller General of the  
19 United States shall submit a report to Congress on the  
20 analysis conducted under subsection (a) together with rec-  
21 ommendations for such legislative and administrative ac-  
22 tion as the Comptroller General of the United States de-  
23 termines appropriate.

○