

109TH CONGRESS
2^D SESSION

H. R. 5465

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 a Medicare hospice care demonstration program and grants programs for cancer palliative care and symptom management programs, provider education, and related research.

IN THE HOUSE OF REPRESENTATIVES

MAY 24, 2006

Mrs. CAPPS (for herself and Mr. TOM DAVIS of Virginia) 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 for coverage of comprehensive cancer care planning under the Medicare Program and to improve the care furnished to individuals diagnosed with cancer by establishing a Medicare hospice care demonstration program and grants programs for cancer palliative care and symptom management programs, 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,*

1 **SECTION 1. SHORT TITLE; TABLE OF CONTENTS.**

2 (a) SHORT TITLE.—This Act may be cited as the
3 “Comprehensive Cancer Care Improvement Act of 2006”.

4 (b) TABLE OF CONTENTS.—The table of contents of
5 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.

Sec. 102. Demonstration project to provide comprehensive cancer care symp-
tom management services under medicare.

TITLE II—COMPREHENSIVE PALLIATIVE CARE AND SYMPTOM
MANAGEMENT PROGRAMS

Sec. 201. Grants for comprehensive palliative care and symptom management
programs.

TITLE III—PROVIDER EDUCATION REGARDING PALLIATIVE CARE
AND SYMPTOM MANAGEMENT.

Sec. 301. Grants to improve medical education.

Sec. 302. Grants to Improve Continuing Professional Education.

TITLE IV—RESEARCH ON END-OF-LIFE TOPICS FOR CANCER
PATIENTS

Sec. 401. Research program.

6 **SEC. 2. FINDINGS.**

7 The Congress makes the following findings:

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

11 (2) The cancer care system has not traditionally
12 offered individuals with cancer a prospective and
13 comprehensive plan for treatment and symptom
14 management, strategies for updating and evaluating

1 such plan with the assistance of a health care pro-
2 fessional, and a follow-up plan for monitoring and
3 treating possible late effects of cancer and its treat-
4 ment.

5 (3) Cancer survivors often experience the
6 under-diagnosis and under-treatment of the symp-
7 toms of cancer, a problem that begins at the time
8 of diagnosis and often becomes more severe at the
9 end of life.

10 (4) Individuals with cancer are sometimes put
11 in the untenable position of choosing between poten-
12 tially curative therapies and palliative care instead of
13 being assured access to comprehensive care that in-
14 cludes appropriate treatment and symptom manage-
15 ment.

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

21 (6) Comprehensive cancer care should include a
22 means for providing cancer survivors with a com-
23 prehensive care summary and a plan for follow-up
24 care after primary treatment to ensure that cancer
25 survivors have access to follow-up monitoring and

1 treatment of possible late effects of cancer and can-
2 cer treatment.

3 (7) The Institute of Medicine report, “Ensuring
4 Quality Cancer Care”, described the elements of
5 quality care for an individual with cancer to in-
6 clude—

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

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

13 (C) access to the resources necessary to
14 implement the course of treatment;

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

16 (E) a mechanism to coordinate services for
17 the treatment of the individual; and

18 (F) psychosocial support services and com-
19 passionate care for the individual.

20 (8) In its report, “From Cancer Patient to
21 Cancer Survivor: Lost in Transition”, the Institute
22 of Medicine recommended that individuals with can-
23 cer completing primary treatment be provided a
24 comprehensive summary of their care along with a
25 follow-up survivorship plan of treatment.

1 (9) Since more than half of all cancer diagnoses
2 occur among elderly Medicare beneficiaries, the
3 problems of providing cancer care are problems of
4 the Medicare program.

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

12 (11) Changes in Medicare payment for com-
13 prehensive cancer care, enhanced public and profes-
14 sional education regarding symptom management,
15 and more research related to symptom management
16 and palliative care will enhance patient decision-
17 making about treatment options and will contribute
18 to improved care for individuals with cancer from
19 the time of diagnosis of the individual through the
20 end of the life of the individual.

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, as amended by section 5112 of the Deficit Reduc-
8 tion Act of 2005 (Public Law 109–171), is amended—

9 (1) in subsection (s)(2)—

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

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

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

16 “(BB) comprehensive cancer care planning
17 services (as defined in subsection (ccc));” and

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

20 “Comprehensive Cancer Care Planning Services

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

23 “(A) with respect to an individual who is
24 diagnosed with cancer, the development of a
25 plan of care that—

1 “(i) details, to the greatest extent
2 practicable, all aspects of the care to be
3 provided to the individual, with respect to
4 the treatment of such cancer, including
5 any curative treatment and comprehensive
6 symptom management (such as palliative
7 care) involved;

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

13 “(iii) is in accordance with standards
14 determined by the Secretary to be appro-
15 priate;

16 “(B) with respect to an individual for
17 whom a plan of care has been developed under
18 subparagraph (A), the revision of such plan of
19 care as necessary to account for any substantial
20 change in the condition of the individual, if
21 such revision—

22 “(i) is in accordance with clauses (i)
23 and (iii) of such subparagraph; and

24 “(ii) is furnished in written form to
25 the individual within a period specified by

1 the Secretary that is as soon as practicable
2 after the date of such revision;

3 “(C) with respect to an individual who has
4 completed the primary treatment for cancer, as
5 defined by the Secretary (such as completion of
6 chemotherapy or radiation treatment), the de-
7 velopment of a follow-up cancer care plan
8 that—

9 “(i) describes the elements of the pri-
10 mary treatment, including symptom man-
11 agement, furnished to such individual;

12 “(ii) provides recommendations for
13 the subsequent care of the individual with
14 respect to the cancer involved;

15 “(iii) is furnished in written form to
16 the individual in person within the seven-
17 day period after the completion of such
18 primary treatment; and

19 “(iv) is in accordance with standards
20 determined by the Secretary to be appro-
21 priate; and

22 “(D) with respect to an individual for
23 whom a follow-up cancer care plan has been de-
24 veloped under subparagraph (C), the revision of
25 such plan as necessary to account for any sub-

1 stantial change in the condition of the indi-
2 vidual, if such revision—

3 “(i) is in accordance with clauses (i),
4 (ii), and (iv) of such subparagraph; and

5 “(ii) is furnished in written form to
6 the individual within a period specified by
7 the Secretary that is as soon as practicable
8 after the date of such revision.

9 “(2) The Secretary shall establish standards to carry
10 out paragraph (1) in consultation with appropriate organi-
11 zations representing providers of services related to cancer
12 treatment and organizations representing survivors of can-
13 cer. Such standards shall include standards for deter-
14 mining the need and frequency for revisions of the plans
15 of care and follow-up plans based on changes in the condi-
16 tion of the individual.”.

17 (b) PAYMENT.—Section 1833(a)(1) of the Social Se-
18 curity Act (42 U.S.C. 1395l(a)(1)) is amended by striking
19 “and” before “(V)” and inserting before the semicolon at
20 the end the following: “, and (W) with respect to com-
21 prehensive cancer care planning services described in any
22 of subparagraphs (A) through (D) of section 1861(ccc)(1),
23 the amount paid shall be an amount equal to the sum of
24 (i) national average amount under the physician fee sched-
25 ule established under section 1848 for a new patient office

1 consultation of the highest level of service in the non-facil-
2 ity setting, and (ii) the national average amount under
3 such fee schedule for a physician certification described
4 in section 1814(a)(2) for home health services furnished
5 to an individual by a home health agency under a home
6 health plan of care”.

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

11 **SEC. 102. DEMONSTRATION PROJECT TO PROVIDE COM-**
12 **PREHENSIVE CANCER CARE SYMPTOM MAN-**
13 **AGEMENT SERVICES UNDER MEDICARE.**

14 (a) IN GENERAL.—Beginning not later than 180
15 days after the date of the enactment of this Act, the Sec-
16 retary of Health and Human Services (in this section re-
17 ferred to as the “Secretary”) shall conduct a two-year
18 demonstration project (in this section referred to as the
19 “demonstration project”) under title XVIII of the Social
20 Security Act under which payment shall be made under
21 such title for comprehensive cancer care symptom man-
22 agement services, including items and services described
23 in subparagraphs (A) through (I) of section 1861(dd)(1)
24 of the Social Security Act, furnished by an eligible entity,
25 in accordance with a plan developed under subparagraph

1 (A) or (C) of section 1861(ccc)(1) of such Act, as added
2 by section 101(a). Sections 1812(d) and 1814(a)(7) of
3 such Act (42 U.S.C. 1395d(d), 1395f(a)(7)) are not appli-
4 cable to items and services furnished under the dem-
5 onstration project. Participation of medicare beneficiaries
6 in the demonstration project shall be voluntary.

7 (b) QUALIFICATIONS AND SELECTION OF ELIGIBLE
8 ENTITIES.—

9 (1) QUALIFICATIONS.—For purposes of sub-
10 section (a), the term “eligible entity” means an enti-
11 ty (such as a cancer center, hospital, academic
12 health center, hospice program, physician practice,
13 visiting nurse association, or other home health
14 agency) that the Secretary determines is capable, di-
15 rectly or through an arrangement with a hospice
16 program (as defined in section 1861(dd)(2) of the
17 Social Security Act (42 U.S.C. 1395x(dd)(2))), of
18 providing the items and services described in such
19 subsection.

20 (2) SELECTION.—The Secretary shall select not
21 more than 10 eligible entities to participate in the
22 demonstration project. Such entities shall be selected
23 in a manner so that the demonstration project is
24 conducted in different regions across the United
25 States and in urban and rural locations.

1 (c) EVALUATION AND REPORT.—

2 (1) EVALUATION.—The Secretary shall conduct
3 a comprehensive evaluation of the demonstration
4 project to determine—

5 (A) the effectiveness of the project in im-
6 proving patient outcomes;

7 (B) the cost of providing comprehensive
8 symptom management, including palliative care,
9 from the time of diagnosis;

10 (C) the effect of comprehensive cancer care
11 planning and the provision of comprehensive
12 symptom management on patient outcomes,
13 cancer care expenditures, and the utilization of
14 hospitalization and emergent care services; and

15 (D) potential savings to the Medicare pro-
16 gram demonstrated by the project.

17 (2) REPORT.—Not later than the date that is
18 one year after the date on which the demonstration
19 project concludes, the Secretary shall submit to Con-
20 gress a report on the evaluation conducted under
21 paragraph (1).

1 **TITLE II—COMPREHENSIVE PAL-**
2 **LIATIVE CARE AND SYMPTOM**
3 **MANAGEMENT PROGRAMS**

4 **SEC. 201. GRANTS FOR COMPREHENSIVE PALLIATIVE CARE**
5 **AND SYMPTOM MANAGEMENT PROGRAMS.**

6 (a) IN GENERAL.—The Secretary of Health and
7 Human Services shall make grants to eligible entities for
8 the purpose of—

9 (1) establishing a new palliative care and symp-
10 tom management program for cancer patients; or

11 (2) expanding an existing palliative care and
12 symptom management program for cancer patients.

13 (b) AUTHORIZED ACTIVITIES.—Activities funded
14 through a grant under this section may include—

15 (1) securing consultative services and advice
16 from institutions with extensive experience in devel-
17 oping and managing comprehensive palliative care
18 and symptom management programs;

19 (2) expanding an existing program to serve
20 more patients or enhance the range or quality of
21 services provided; and

22 (3) establishing an outreach program to partner
23 with an existing comprehensive care program and
24 obtain expert consultative services and advice.

1 (c) DISTRIBUTION OF FUNDS.—In making grants
2 and distributing the funds under this section, the Sec-
3 retary shall ensure that—

4 (1) two thirds of the funds appropriated to
5 carry out this section for each fiscal year are used
6 for establishing new palliative care and symptom
7 management programs, of which not less than half
8 of such two thirds shall be for programs in medically
9 underserved communities; and

10 (2) one third of the funds appropriated to carry
11 out this section for each fiscal year are used for ex-
12 panding existing palliative care and symptom man-
13 agement programs.

14 (d) DEFINITIONS.—In this section:

15 (1) The term “eligible entity” includes—

16 (A) an academic medical center, a cancer
17 center, a hospital, or a health system capable of
18 administering a palliative care and symptom
19 management program for cancer patients;

20 (B) a physician practice with care teams,
21 including nurses and other professionals trained
22 in palliative care and symptom management;

23 (C) a visiting nurse association or other
24 home care agency with experience administering

1 a palliative care and symptom management pro-
2 gram;

3 (D) a hospice; and

4 (E) any other health care agency or entity,
5 as the Secretary determines appropriate.

6 (2) The term “medically underserved commu-
7 nity” has the meaning given to that term in section
8 799B(6) of the Public Health Service Act (42
9 U.S.C. 295p(6)).

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

12 (e) AUTHORIZATION OF APPROPRIATIONS.—To carry
13 out this section, there are authorized to be appropriated
14 such sums as may be necessary for each of the fiscal years
15 2007 through 2011.

16 **TITLE III—PROVIDER EDU-**
17 **CATION REGARDING PALLIA-**
18 **TIVE CARE AND SYMPTOM**
19 **MANAGEMENT.**

20 **SEC. 301. GRANTS TO IMPROVE MEDICAL EDUCATION.**

21 (a) IN GENERAL.—The Secretary of Health and
22 Human Services shall make grants to eligible entities to
23 enable the entities to improve the quality of graduate and
24 postgraduate training of physicians, nurses, and other

1 health care providers in palliative care and symptom man-
2 agement for cancer patients.

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

8 (1) the ability to incorporate palliative care and
9 symptom management into training programs; and

10 (2) the ability to collect and analyze data re-
11 lated to the effectiveness of educational efforts.

12 (c) EVALUATION.—The Secretary shall develop and
13 implement a plan for evaluating the effects of professional
14 training programs funded through this section.

15 (d) DEFINITIONS.—In this section:

16 (1) The term “eligible entity” means a cancer
17 center (including an NCI-designated cancer center),
18 an academic health center, a physician practice, or
19 a visiting nurse association or other home care agen-
20 cy.

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

1 (4) the ability to evaluate the effectiveness of
2 educational efforts.

3 (c) EVALUATION.—The Secretary shall develop and
4 implement a plan for evaluating the effects of continuing
5 professional education programs funded through this sec-
6 tion.

7 (d) DEFINITIONS.—In this section:

8 (1) The term “eligible entity” means a cancer
9 center (including an NCI-designated cancer center),
10 an academic health center, or a professional society
11 that supports continuing medical education pro-
12 grams.

13 (2) The term “NCI-designated cancer center”
14 means a cancer center receiving funds through a
15 P30 Cancer Center Support Grant of the National
16 Cancer Institute.

17 (3) The term “qualified individual” means a
18 physician, nurse, social worker, chaplain, psycholo-
19 gist, or other individual who is involved in providing
20 palliative care and symptom management services to
21 cancer patients.

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

24 (e) AUTHORIZATION OF APPROPRIATIONS.—To carry
25 out this section, there are authorized to be appropriated

1 such sums as may be necessary for each of the fiscal years
2 2007 through 2011.

3 **TITLE IV—RESEARCH ON END-**
4 **OF-LIFE TOPICS FOR CANCER**
5 **PATIENTS**

6 **SEC. 401. RESEARCH PROGRAM.**

7 (a) IN GENERAL.—The Director of the National In-
8 stitutes of Health shall establish a program of grants for
9 research on palliative care, symptom management, com-
10 munication skills, and other end-of-life topics for cancer
11 patients.

12 (b) INCLUSION OF NATIONAL RESEARCH INSTI-
13 TUTES.—In carrying out the program established under
14 this section, the Director should provide for the partici-
15 pation of the National Cancer Institute, the National Insti-
16 tute of Nursing Research, and any other national research
17 institute that has been engaged in research described in
18 subsection (a).

19 (c) DEFINITIONS.—In this section:

20 (1) The term “Director” means the Director of
21 the National Institutes of Health.

22 (2) The term “national research institute” has
23 the meaning given to that term in section 401(d) of
24 the Public Health Service Act (42 U.S.C. 281(d)).

1 (d) AUTHORIZATION OF APPROPRIATIONS.—To carry
2 out this section, there are authorized to be appropriated
3 such sums as may be necessary for each of the fiscal years
4 2007 through 2011.

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