H. R.  

To address the health of cancer survivors and unmet needs that survivors face through the entire continuum of care from diagnosis through active treatment and posttreatment, in order to improve survivorship, treatment, transition to recovery and beyond, quality of life and palliative care, and long-term health outcomes, including by developing a minimum standard of care for cancer survivorship, irrespective of the type of cancer, a survivor’s background, or forthcoming survivorship needs, and for other purposes.

IN THE HOUSE OF REPRESENTATIVES

Ms. WASSERMAN SCHULTZ introduced the following bill; which was referred to the Committee on ________________

A BILL

To address the health of cancer survivors and unmet needs that survivors face through the entire continuum of care from diagnosis through active treatment and posttreatment, in order to improve survivorship, treatment, transition to recovery and beyond, quality of life and palliative care, and long-term health outcomes, including by developing a minimum standard of care for cancer survivorship, irrespective of the type of cancer, a survivor’s background, or forthcoming survivorship needs, and for other purposes.
Be it enacted by the Senate and House of Representa-
tives of the United States of America in Congress assembled,

SECTION 1. SHORT TITLE; TABLE OF CONTENTS.

(a) Short Title.—This Act may be cited as the “Comprehensive Cancer Survivorship Act”.

(b) Table of Contents.—The table of contents of this Act is as follows:

Sec. 1. Short title; table of contents.
Sec. 2. Findings.
Sec. 3. Definitions.
Sec. 4. Coverage of cancer care planning and coordination services.
Sec. 5. Survivorship transition tools.
Sec. 6. Alternative payment model.
Sec. 7. Survivorship navigation.
Sec. 8. Survivorship care demonstration program.
Sec. 9. Cancer survivor employment assistance program.
Sec. 10. Comprehensive cancer survivorship program.
Sec. 11. Adult cancer survivorship study.
Sec. 12. Survivorship progress report.
Sec. 13. Promoting State innovations to ease transitions to the primary care setting for children with cancer.
Sec. 15. Medicaid coverage of cancer fertility services for cancer survivors.

SEC. 2. FINDINGS.

Congress finds the following:

(1) A cancer survivor is any individual with a history of cancer, from the time of diagnosis through the rest of their life, across the continuum of care.

(2) Today, there are approximately 18,000,000 Americans who are cancer survivors, and the number of survivors is projected to reach 26,000,000 by 2040. Therefore, there is a great need to be able to provide ways to sustain the care needed and to offer those living with, through, and beyond cancer a safe,
supportive, and accommodating environment where such individuals can engage in physical and social support activities to sustain optimal quality of life.

(3) Cancer survivors face difficult emotional, psychological, neurological, financial, legal, and other physical challenges that persist beyond diagnosis and treatment, often arising months and years after active cancer treatment ends.

(4) Cancer survivors have unique needs and must manage short- and long-term effects of their treatment, as well as regular screenings for cancer recurrence or new cancers.

(5) Cancer survivors of racial and ethnic diversity, as well as lower socioeconomic status, have disproportionately lower health-related, quality-of-life scores compared to non-Hispanic White cancer survivors.

(6) Cancer survivors living in rural areas have less access to services and have poorer outcomes than survivors in metropolitan areas.

(7) Children, adolescent, and young adult cancer survivors are particularly susceptible to long-term consequences from treatment, and up to 80 percent have a severe, disabling, life-threatening, or fatal health condition by the age of 50. Best prac-
Activities in this area would improve treatment, quality of life, and long-term health outcomes.

(8) Clinical trials have shown that cancer survivorship programs help cancer survivors meet or exceed the recommended amount of physical activity, significantly increasing their cardiovascular health and overall quality of life and decreasing their cancer-related fatigue.

(9) Despite the National Cancer Institute and other professional organizations’ definition of a cancer survivor beginning on the day of a cancer diagnosis, there is little agreement among clinicians, researchers, and insurance companies on what services are included in “survivorship care” and the point at which “survivorship care” begins.

(10) Cancer survivors, their families, their caregivers, and their providers face many difficulties understanding and coordinating the transition from specialty to primary care, and for this reason communication and treatment are often fragmented and inconsistent.

(11) To avoid additional health-related or financial hardships to cancer survivors and their families, comprehensive and forward-thinking cancer survivorship studies and programs across Federal agencies,
in collaboration with States, localities, and medical
and professional organizations, are required to en-
gage in a coordinated effort to improve health out-
comes and quality of life of survivors.

SEC. 3. DEFINITIONS.

In this Act:

(1) CANCER SURVIVOR.—The term “cancer sur-
vivor” means an individual from the time of cancer
diagnosis through the balance of his or her life.

(2) CAREGIVER.—The term “caregiver” means
a family member, friend, or other person who cares
for an individual with a chronic or disabling condi-
tion, including cancer.

(3) PATIENT EXPERIENCE DATA.—The term
“patient experience data” means patient experiences,
perspectives, needs, and priorities related to—

(A) the symptoms of the patient’s condi-
tions and the natural history of such conditions;

(B) the impact of the conditions on the pa-
tient’s functioning and quality of life;

(C) the patient’s experience with treat-
ments;

(D) input on which outcomes are impor-
tant to the patient;
(E) patient preferences for outcomes and treatments; and

(F) the relative importance of any issues as defined by patients.

(4) PSYCHOSOCIAL EFFECTS.—The term “psychosocial effects”—

(A) means the psychological, behavioral, emotional, and social effects of a disease, such as cancer, and its treatment; and

(B) in the case of such effects of cancer, includes changes in how a patient thinks, their feelings, moods, beliefs, ways of coping, and relationships with family, friends, and coworkers.

(5) PSYCHOSOCIAL CARE.—The term “psychosocial care” means psychological and social services and interventions that enable survivors, patients, their families, and health care providers to optimize health care and to manage the psychological, behavioral, physical, emotional, and social aspects of illness and its consequences so as to promote better health and well-being.

(6) SECRETARY.—Except as otherwise specified, the term “Secretary” means the Secretary of Health and Human Services.
(7) Survivorship.—The term “survivorship” means the period from the time of cancer diagnosis until the end of life, including any portions of such period during which interventions are necessary to address—

(A) the physical, mental, emotional, social, and financial effects of cancer that begin at diagnosis and continue through treatment and beyond; and

(B) issues related to follow-up care (including regular health and wellness checkups), late and long-term effects of treatment, screening for cancer recurrence and new cancers, and quality of life.

(8) Survivorship Care Plan.—The term “survivorship care plan”—

(A) means an individualized care plan for patients who have been diagnosed with cancer; and

(B) includes a treatment summary and any follow-up care guidelines in such plan that—

(i) are for monitoring and maintaining the patient’s medical and psychosocial health and well-being; and
(ii) are meant to be a transition and communication tool for the survivor, their family, their caregiver, and all their health care providers.

(9) **SURVIVORSHIP NAVIGATION.**—The term “survivorship navigation” means a service that—

(A) helps patients overcome health care system and other barriers; and

(B) provides patients with timely access to high-quality medical, physical, and psychosocial care from their cancer diagnosis through all phases of their cancer experience.

(10) **TREATMENT SUMMARY.**—The term “treatment summary” means a detailed summary of a patient’s disease, the types of treatment the patient received, members of the patient’s care team, and any side effects or other problems, including psychosocial effects, caused by treatment.

**SEC. 4. COVERAGE OF CANCER CARE PLANNING AND COORDINATION SERVICES.**

(a) **IN GENERAL.**—Section 1861 of the Social Security Act (42 U.S.C. 1395x) is amended—

(1) in subsection (s)(2)—

(A) by striking “and” at the end of sub
paragraph (II);
(B) by adding “and” at the end of subparagraph (JJ); and

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

“(KK) cancer care planning and coordination services (as defined in subsection (nnn));”; and

(2) by adding at the end the following new subsection:

“Cancer Care Planning and Coordination Services

“(nnn)(1) The term ‘cancer care planning and coordination services’ means, with respect to an individual who is diagnosed with cancer, the development of a treatment plan by a physician, physician assistant, or nurse practitioner that—

“(A) includes each component of the Institute of Medicine Care Management Plan (as described in the article entitled ‘Delivering High-Quality Cancer Care: Charting a New Course for a System in Crisis’ published by the Institute of Medicine);

“(B) is furnished in written form or electronically, at the visit of such individual with such physician, physician assistant, or nurse practitioner, or as soon after the date of the visit as practicable; and

“(C) is furnished, to the greatest extent practicable, in a form that appropriately takes into ac-
count cultural and linguistic needs of the individual in order to make the plan accessible to such individual.

“(2) The Secretary shall establish frequencies at which services described in paragraph (1) may be furnished, provided that such services may be furnished with respect to an individual—

“(A) at the time such individual is diagnosed with cancer for purposes of planning treatment;

“(B) if there is a change in the condition of such individual or such individual’s treatment preferences;

“(C) at the end of active treatment and beginning of survivorship care; and

“(D) if there is a recurrence of such cancer.”.

(b) PAYMENT UNDER PHYSICIAN FEE SCHEDULE.—

(1) IN GENERAL.—Section 1848(j)(3) of the Social Security Act (42 U.S.C. 1395w–4(j)(3)) is amended by inserting “(2)(KK),” after “health risk assessment),”.

(2) INITIAL RATES.—Unless the Secretary otherwise provides, the payment rate specified under the physician fee schedule under the amendment made by paragraph (1) for cancer care planning and coordination services shall be the same payment rate
as provided for transitional care management services (as defined in CPT code 99496).

(c) **Effective Date.**—The amendments made by this section shall apply to services furnished on or after the first day of the first calendar year that begins after the date of the enactment of this Act.

**SEC. 5. SURVIVORSHIP TRANSITION TOOLS.**

(a) **In General.**—The head of the Office of the National Coordinator for Health Information Technology, in collaboration with Director of the Agency for Healthcare Research and Quality, shall—

(1) evaluate existing models for survivorship care plans, as they relate to both adults and children, through engagement with professional societies, payors, patient advocacy organizations, community-based organizations, electronic health record vendors, and other stakeholders;

(2) evaluate other existing tools for developing survivorship care plans, such as—

(A) survivorship guidelines of the National Comprehensive Cancer Network and the American Society of Clinical Oncology; or

(B) tools such as Passport for Care;
(3) collaborate with the Office for Civil Rights of the Department of Health and Human Services to evaluate the privacy and security implications of—

(A) consolidating treatment history and survivorship guidelines into a personalized survivorship care plan, as described in paragraph (4); and

(B) patient use of computer or mobile phone-based application programs described in paragraph (4)(B); and

(4) taking into consideration the results of evaluation under paragraphs (1) and (2)—

(A) not later than 36 months after the date of enactment of this Act, publish information resources for cancer patients and providers on strategies for consolidating treatment history and survivorship guidelines into a personalized survivorship care plan to guide survivorship monitoring and follow-up care; and

(B) include in such information resources recommendations about possible patient use of application programs ("apps") to develop personalized survivorship care plans.

(b) DEFINITION.—In this section, the term "electronic health record" means an electronic record of health-
related information on an individual that is created, gathered, managed, and consulted by authorized health care clinicians and staff.

SEC. 6. ALTERNATIVE PAYMENT MODEL.

Not later than 18 months after the date of enactment of this Act, the Secretary of Health and Human Services shall develop an alternative payment model for payment under title XVIII and XIX of the Social Security Act (42 U.S.C. 1395 et seq., 1396 et seq.) for items and services relating to cancer survivorship care (as defined by the Secretary). Following such testing, the Secretary shall submit to Congress a report containing a description of such model that includes the following information:

(1) A description of what event would trigger an individual’s entry into such a model (such as the end of the individual’s active cancer treatment, the beginning of the individual’s need for supportive care during active treatment, or another event).

(2) The length of the individual’s participation under such model, including a description of any ability to extend such participation.

(3) In the case that such model is based on an episode of care, the appropriate length of the survivorship episode of care and whether additional episodes may be triggered, if necessary.
(4) Strategies to ensure that any episode of care under such a model begins with the development and dissemination of a survivorship care plan for the transition from active cancer treatment to follow-up care to the individual and all relevant health care providers.

(5) A description of any bundled payment packages that will be used under such model.

(6) A specification of any follow up or new screening under such model for unmet needs of individuals participating in such model.

(7) How consistent, shared decision making will be promoted under such model so that individuals are given the knowledge needed for self-management between episodes of care.

(8) A specification of which types of health care providers may furnish items and services under such model, including genetic counselors and mental health professionals.

(9) Strategies for applying evidence-based risk stratification principles to direct survivors to personalized care pathways that match the level of care needed to the relative risks and needs of the survivor.
(10) Strategies for coordination of care between such providers, such as between specialists and primary care providers, and how principal responsibility will be assigned for an episode of care.

(11) Strategies for addressing social determinants of health through such model.

(12) A description of how such model will promote—

(A) prevention, early detection surveillance, and treatment for individuals continuing to receive systemic therapy after the end of active cancer treatment;

(B) such individuals’ understanding of, and access to, treatment;

(C) survivorship research; and

(D) the continuing health of cancer survivors.

(13) An analysis of how different forms and stages of cancer may require the development of different survivorship plans and alternative payment models based on varying episodes of care.

(14) A plan for testing any alternative payment model described in the report, including the timing of such testing, an analysis of the impact of such testing, any barriers to implementing such testing,
and any other recommendations determined appropriate by the Secretary.

SEC. 7. SURVIVORSHIP NAVIGATION.

(a) Review of Programs and Navigation Study.—

(1) In general.—Not later than 18 months after the date of enactment of this Act, the Secretary shall—

(A) complete a review of previous and current cancer survivorship navigation programs, including any applicable standards of care such as those of the Professional Oncology Navigation Task Force, and the Academy of Oncology Nurse & Patient Navigators, the Oncology Nursing Society; and

(B) submit a report to the Congress on the results of such review.

(2) Considerations.—In carrying out subsection (a), the Secretary shall take into consideration each of the following:

(A) How cancer survivorship navigation program services might be provided from diagnosis across the continuum of care through survivorship, taking into consideration—
(i) the type of navigation services that are most effective for survivors at the time of diagnosis; and

(ii) the type of navigation services that are most useful for survivors who are managing the late and long-term effects of cancer and cancer treatment.

(B) How navigation services might evolve over the continuum of care and how to encourage a dynamic navigation system.

(C) Training needs for navigators.

(D) Comparison and delineation of navigation services provided by lay and professional navigators.

(E) Evaluation of optimal strategies for offering survivors navigation services and encouraging their utilization of such services.

(F) Defining—

(i) the continuum of care during which services are provided; and

(ii) the nature of services for a long-term survivor.

(G) The location of navigation services (such as whether such services should be pro-
vided as part of oncology practices or outside of oncology practices).

(H) Federal financing for navigation services (such as whether to finance such services through a grant program funded through annual discretionary appropriations).

(I) Alternative delivery and payment models for cancer survivorship navigation services, including consideration of—

(i) an episode-of-care model for providing cancer survivorship navigation services, or a patient-focused navigation benefit that survivors could utilize in different settings, with the navigation services meeting standards set by the Secretary; and

(ii) services funded through the Medicare and Medicaid programs.

(J) Resources and the role of patient advocacy organizations and peer support networks in cancer survivorship navigation services.

(b) DEMONSTRATION PROGRAM FOR NAVIGATION SERVICES FOR CANCER SURVIVORS.—

(1) IN GENERAL.—The Secretary shall carry out a demonstration program consisting of awarding
grants to eligible entities to provide navigation services to cancer survivors.

(2) TIMING.—The Secretary shall initiate the demonstration program under this subsection not later than 12 months after completing the review as required under subsection (a)(1)(A).

(3) ELIGIBLE ENTITIES.—To be eligible to receive a grant under this subsection, an entity shall—

(A) have staff and expertise to provide navigation services; and

(B) be—

(i) a community-based organization;

(ii) a patient-centered education and service organization;

(iii) a nonprofit patient or cancer advocacy organization;

(iv) a community cancer provider;

(v) a cancer center;

(vi) a hospital;

(vii) a community health center;

(viii) a rural health clinic; or

(ix) another type of entity as the Secretary determines appropriate.

(4) USE OF FUNDS.—A recipient of a grant under this section shall use the grant to provide
navigation services to cancer survivors, including
by—

(A) offering navigation services from diagnosis through the continuum of care, including long-term survivorship, or offering navigation services from the end of active treatment with an emphasis on facilitating the transition from active treatment to long-term survivorship care and throughout survivorship;

(B) in a timely manner, assisting cancer survivors to navigate cancer treatment and follow-up services, such as screenings, risk assessment, mitigation, health promotion activities, providing health information and education, coaching, and support;

(C) addressing cancer care disparities in the design and delivery of services;

(D) ensuring coordination with the survivor’s health care providers;

(E) following evidence-based survivorship care guidelines in the design and delivery of survivorship services;

(F) ensuring the delivery of culturally appropriate services and materials; and
(G) assisting cancer survivors to meet and
overcome barriers to treatment and follow-up
services, such as any such barriers relating to
food insecurity, housing, transportation, labor,
access to broadband connectivity, the avail-
ability of telehealth, or child care, with empha-
sis placed on high-risk populations.

SEC. 8. SURVIVORSHIP CARE DEMONSTRATION PROGRAM.

(a) In General.—The Secretary shall carry out a
demonstration program for a period of 5 years consisting
of awarding grants to improve the quality of cancer survi-
worship care.

(b) Timing.—The Secretary shall initiate the dem-
onstration program under this section not later than 1
year after the date of enactment of this Act.

(e) Demonstration Sites.—The Secretary shall
ensure that grants are awarded under this section to im-
prove the quality of cancer survivorship care at a wide di-
versity of sites, including—

(1) in urban, suburban, rural, and Tribal areas;

(2) in one or more territories of the United
States; and

(3) at cancer care sites including cancer cen-
ters, academic health centers, Federally qualified
health centers, rural health clinics, physician offices,
Tribal organizations, community-based health care providers, and health care providers serving medically underserved communities.

(d) **Areas of Focus Under the Demonstration Program.**—The demonstration program under this section shall be designed to ensure the development of a variety of models for survivorship care that will permit evaluation of a variety of care strategies, including—

1. utilization of navigators to assist survivors in obtaining survivorship care;
2. employment of risk-stratification to better determine the nature and intensity of services that survivors require;
3. transitions of care from cancer care providers to primary care providers, through transition-of-care models that involve collaboration between cancer care specialists and primary care providers;
4. the training needs of primary care providers to be better equipped to work with survivors in primary care settings;
5. utilization of survivorship care plans to facilitate coordination of survivorship care;
6. experimentation with providing cancer survivorship care at home;
(7) use of information technology to plan and coordinate care to improve the consistent identification, collection, and measurement of all forms of patient experience data, including patient-reported outcomes of patient-reported symptoms and quality-of-life measures; and

(8) expansion of existing successful models of survivorship care.

(e) Evaluation of Demonstration Program.—

The Secretary shall—

(1) develop a plan for evaluating the projects that are conducted as part of the demonstration program under this section; and

(2) not later than 18 months after the end of the 5-year demonstration program, complete such evaluation and submit a report to the Congress on the results of such evaluation.

(f) Authorization of Appropriations.—To carry out this section, there is authorized to be appropriated $20,000,000 for each of fiscal years 2024 through 2028.

SEC. 9. CANCER SURVIVOR EMPLOYMENT ASSISTANCE PROGRAM.

(a) In General.—The Secretary of Labor, in consultation with the Secretary of Health and Human Services, shall carry out a program to award grants to non-
profit organizations and other entities to provide edu-
cation and targeted assistance—

(1) to eligible cancer survivors facing barriers
to employment, including those who remain in the
workforce during treatment, those who reduce work-
ing hours while in treatment, and those who reenter
the workforce after a treatment-related departure;
and

(2) to the families and caregivers of such eligi-
ble cancer survivors.

(b) Program Components.—The program under
this section shall include the following:

(1) Assistance, career and training services, and
supportive services for eligible cancer survivors who
stay in the workforce during treatment, and for their
families and caregivers, including—

(A) transportation assistance;

(B) childcare assistance;

(C) nutritional assistance;

(D) physical activity assistance;

(E) psychosocial assistance;

(F) financial assistance during a period of
medical leave; and

(G) other similar assistance.
(2) Assistance and education for eligible cancer survivors who leave the workforce during treatment, and for their families and caregivers, including—

(A) financial assistance during a period of medical leave;

(B) assistance with premiums for continuation coverage provided pursuant to part 6 of subtitle B of title I of the Employee Retirement Income Security Act of 1974 (29 U.S.C. 1161 et seq.), title XXII of the Public Health Service Act (42 U.S.C. 300bb–1 et seq.), or section 4980B of the Internal Revenue Code of 1986 (26 U.S.C. 4980B); and

(C) career and training services, including upskilling and reskilling, for eligible cancer survivors who are not able to return to work after treatment.

(3) Assistance, career and training services, and supportive services for eligible cancer survivors who are unable to work after a cancer diagnosis, and their families and caregivers, including—

(A) assistance in applying for—

(i) supplemental security income benefits under title XVI of the Social Security Act (42 U.S.C. 1381 et seq.);
(ii) disability insurance benefits under section 223 of the Social Security Act (42 U.S.C. 423);

(iii) benefits under a State plan, or waiver of such plan, under title XIX of the Social Security Act (42 U.S.C. 1396 et seq.);

(iv) with respect to minimizing delays in eligibility before a cancer survivor becomes eligible for Medicare coverage, benefits under the Medicare program under title XVIII of the Social Security Act (42 U.S.C. 1801 et seq.), including with respect to enrolling in plans under part C or D of such title and supplemental plans under section 1882 of such title;

(v) State and private sector assistance programs for such cancer survivors; and

(vi) career and training services available under title I, II, or IV of the Workforce Innovation and Opportunity Act (29 U.S.C. 3101 et seq.); and

(B) information on the eligibility of a cancer survivor, and their families and caregivers,
for benefits or services described in any of
clauses (i) through (vi) of subparagraph (A).

(c) Evidence-Based Resources.—In carrying out
this section, the Secretary of Labor, in consultation with
the Secretary of Health and Human Services, shall use
evidence-based resources, including—

(1) nationally recognized evidence-based guide-
lines; and

(2) other resources as determined by the Sec-
retary.

(d) Definitions.—In this section:

(1) The term “eligible cancer survivor” means
a cancer survivor (as defined in section 3) who—

(A) remains in the workforce during cancer
treatment;

(B) reduces working hours during cancer
treatment;

(C) reenters the workforce after a cancer
treatment-related departure; or

(D) leaves the workforce as the result of a
cancer diagnosis or related complications.

(2) The term “supportive services” has the
meaning given such term in section 3 of the Work-
force Innovation and Opportunity Act (29 U.S.C.
3102).
SEC. 10. COMPREHENSIVE CANCER SURVIVORSHIP PROGRAM.

(a) In General.—The Secretary shall carry out a comprehensive cancer survivorship program that includes—

(1) a cancer survivorship resource center in accordance with subsection (b) to provide evidence-based resources to cancer survivors, their families, and their caregivers;

(2) a health care professional resource center in accordance with subsection (c) to assist and educate health care professionals in the delivery of high-quality survivorship care;

(3) an educational campaign in accordance with subsection (d) to provide health care professionals with resources to improve cancer survivorship care; and

(4) a program of supportive care services in accordance with subsection (e) to improve the quality of life and long-term survivorship of cancer survivors.

(b) Cancer Survivorship Resource Center.—

(1) Establishment.—The Secretary shall establish and operate a survivorship resource center (in this subsection referred to as the “Center”) that
serves as a comprehensive source of information and resources related to survivorship.

(2) Timing.—Not later than 2 years after the date of enactment of this Act, the Secretary shall establish and begin operation of the Center.

(3) Consultation.—In establishing and operating the Center, the Secretary shall consult with cancer survivors, patient organizations, health professionals, researchers, health education organizations, oncology professional societies and other medical societies, community-based organizations, and science education organizations regarding—

(A) the information and resources that would assist cancer survivors in managing the survivorship experience and obtaining high-quality care across the continuum of care;

(B) gaps in such information and resources that need to be addressed to respond to the needs of cancer survivors; and

(C) optimal strategies for ensuring that cancer survivors have access to the Center, including strategies that provide virtual options, online resources, and marketing.

(4) Use of available evidence-based resources.—In establishing and operating the Cen-
ter, the Secretary shall, with permission and attribution, rely on and utilize the evidence-based materials and resources developed, collected, and distributed by cancer organizations.

(c) **Health Care Professional Resource Center.**—

(1) **In general.**—The Secretary shall establish and operate a health care professional resource center (in this subsection referred to as the “Center”) that serves as a comprehensive source of information and resources to assist health care professionals in the delivery of high-quality survivorship care.

(2) **Reference Cancer Survivorship Guidelines.**—In establishing and operating the Center, the Secretary shall reference cancer survivorship guidelines developed by cancer care professional societies, patient organizations, research foundations, and other health care professional societies in the development of materials related to survivorship care.

(3) **Support Partnerships between Cancer Specialty Societies and Primary Care Provider Organizations.**—In establishing and operating the Center, the Secretary shall facilitate collaboration between cancer care specialty societies
and primary care provider organizations in the development of standards for survivorship care, including standards for coordination of care and transitions of care from active treatment to long-term survivorship care.

(d) Campaign To Educate Survivors and Health Care Professionals in Survivorship Care.—

(1) In general.—The Secretary acting through the Director of the Centers for Disease Control and Prevention (in this subsection referred to as the “Secretary”) shall—

(A) expand educational programs and services to—

(i) health care professionals; and

(ii) cancer survivors, their families, and caregivers; and

(B) enhance the continuing medical education resources on cancer survivorship that are available to health care professionals.

(2) Expand collaboration with comprehensive cancer control national partnership and other organizations for survivorship education and support.—
(A) IN GENERAL.—The Secretary shall expand collaborations with organizations that are part of the Comprehensive Cancer Control National Partnership and other organizations to focus on increasing education and awareness related to cancer survivorship through materials, resources, and other methods as necessary.

(B) COLLABORATE WITH THE ORGANIZATIONS IN THE NATIONAL PARTNERSHIP AND OTHER ORGANIZATIONS.—The Secretary shall collaborate with the organizations that are part of the Comprehensive Cancer Control National Partnership and other organizations to inform cancer survivors of survivorship monitoring and follow-up standards, availability of survivorship care services, and how to access these services.

(C) REFERENCE THE SURVIVORSHIP STANDARDS OF CARE DEVELOPED AND PUBLISHED BY CANCER ORGANIZATIONS.—In collaboration with organizations that support the National Comprehensive Cancer Control Program, the Secretary shall—

(i) develop and implement a plan to distribute survivorship educational materials to ensure that such materials are ac-
cessible to all cancer survivors, their families and caregivers, and health care professionals; and

(ii) reference in such plan the survivorship standards of care developed and published by such organizations.

(3) CONTINUING MEDICAL EDUCATION.—

(A) DEVELOPMENT OF PROGRAMS.—

(i) GRANTS AND CONTRACTS.—The Secretary shall carry out a program of awarding grants and contracts to eligible entities to support the development of continuing medical education programs for survivorship care that utilize and rely on the guidelines for survivorship care developed and published by national organizations.

(ii) TIMING.—Not later than 12 months after the date of enactment of this Act, the Secretary shall initiate the program required by clause (i).

(B) GRANTS FOR DEVELOPMENT OF CURRICULUM FOR SURVIVORSHIP CONTINUING MEDICAL EDUCATION.—
(i) \textbf{IN GENERAL}.—The Secretary shall award grants to eligible entities for development of diverse, equitable, and culturally appropriate curricula for survivorship care curriculum for medical care.

(ii) \textbf{SCOPE OF CURRICULUM}.—To receive a grant under this section, an applicant shall demonstrate its ability to develop survivorship care curriculum for medical care, taking into consideration services from the legal, social work, public health, behavioral sciences, genetic, epidemiology, and nursing fields.

(C) \textbf{ELIGIBLE ENTITIES}.—In this paragraph, the term “eligible entity” includes a medical professional society, a patient organization, an academic institution, a cancer center, and any other entity with experience in continuing medical education for cancer professionals.

(4) \textbf{PUBLIC AWARENESS CAMPAIGN}.—The Secretary, at an appropriate time after the availability of patient survivorship materials, professional survivorship materials, and continuing medical education programs under this subsection, shall initiate a lin-
guistically and culturally appropriate public awareness campaign that targets the organization’s catchment area to ensure that cancer survivors, their families and caregivers, health care professionals, and the public are aware of the scope of survivorship educational and informational resources available from the Centers for Disease Control and Prevention.

(c) CANCER SURVIVORSHIP QUALITY-OF-LIFE PROGRAM.—

(1) IN GENERAL.—The Secretary acting through the Director of the Centers for Disease Control and Prevention (in this subsection referred to as the “Secretary”) shall carry out a program of awarding grants to eligible entities to provide services to cancer survivors to enhance their quality of life and improve their long-term survival rates. Not later than 18 months after the date of enactment of this Act, the Secretary shall commence operating such program.

(2) ELIGIBLE ENTITY DEFINED.—In this subsection, the term “eligible entity” includes an entity that is—

(A) a State comprehensive cancer program;

(B) a National Cancer Institute-designated cancer center or centers; or
(C) a community-based organization, in- 
cluding a patient advocacy organization, that— 

(i) has the capacity to reach cancer 
survivors through local, State, or national 
organizations; and 

(ii) is focused on cancer survivors and 
strategies for meeting their needs related 
to their health and well-being. 

(3) USE OF FUNDS.—A grant received under 
this subsection shall be used to provide services to 
cancer survivors to enhance their quality of life and 
improve their long-term survival rates, such as by 
assisting survivors to— 

(A) engage in moderate physical activity 
and other health-promoting activities, including 
ceasing tobacco use and increasing consumption 
of healthy foods; 

(B) increase access to services to mitigate 
anxiety, depression, and uncertainty; 

(C) utilize community support services to 
fully implement survivorship care plans; 

(D) access nutrition education and coun-
seling; and
(E) adhere to a schedule for, and access, screening for recurrence of cancer or the occurrence of other primary cancers.

(4) **STANDARDS FOR APPLICATION FROM ELIGIBLE ENTITIES.**—To seek a grant under this subsection, an eligible entity shall submit an application, at such time as may be required by the Secretary, that includes—

(A) an explanation of how the entity will—

(i) provide cancer survivors access to cancer patient navigator services;

(ii) overcome barriers to care for communities of color and multilingual communities;

(iii) provide culturally competent care;

and

(iv) work with and support caregivers of cancer survivors;

(B) a description of how the entity receives referrals of cancer survivors from health care professionals, including health care professionals serving historically disadvantaged and underserved communities;

(C) documentation of the curriculum that will be used for providers in the program, in-
cluding mechanisms to update the staff on curriculum changes; and

(D) an agreement to provide the Secretary semiannual reports on—

(i) the number of participants served;

(ii) quality-of-life measures for participants; and

(iii) plans for fostering communication between oncology and non-oncology providers serving participants.

(5) Responsibilities of the Secretary.—

The Secretary shall—

(A) conduct outreach to inform health care professionals of the availability of programs and activities funded under this subsection;

(B) analyze the data submitted by grantees under this subsection to determine the number of cancer survivors served and the impact of the program under this subsection on their quality of life; and

(C) share best practices among all grantees under this subsection.
SEC. 11. ADULT CANCER SURVIVORSHIP STUDY.

(a) IN GENERAL.—Not later than 18 months after the date of enactment of this Act, the Secretary shall complete a landscape analysis that—

(1) assesses the potential benefits of an adult version of the Childhood Cancer Survivor Study;

(2) assesses the financial costs and other burdens associated with an adult cancer survivor study;

(3) identifies sources of data on adult cancer survivors;

(4) identifies gaps in data on adult cancer survivors, compared to data collected in the Childhood Cancer Survivor Study; and

(5) identifies strategies to publish data on adult cancer survivors derived from research that is conducted or supported by the National Cancer Institute, in a manner that is accessible to cancer survivors, health care professionals, researchers, and the public.

(b) REPORT.—Not later than 6 months after the date of completion of the landscape analysis under subsection (a), the Secretary shall submit to the Congress a report on the results of such landscape analysis.

SEC. 12. SURVIVORSHIP PROGRESS REPORT.

(a) IN GENERAL.—Not later than 6 months after the date of enactment of this Act, the Secretary shall enter
into an agreement with the Government Accountability Office to conduct a study of the progress made in cancer survivorship over the period beginning on the date of enactment of the National Cancer Act of 1971 (Public Law 92–216).

(b) Scope of the Study.—The study under subsection (a) shall investigate developments over the period described in subsection (a) in—

(1) the nature and quality of survivorship care;

(2) transitions from active treatment to survivorship care;

(3) the quality of life of cancer survivors;

(4) outcomes for cancer survivors;

(5) disparities in access to care and survivorship outcomes;

(6) the health care systems for providing survivorship care;

(7) the contribution of community-based services to the survivorship care system; and

(8) payment for survivorship care by public and private third-party payors.

(c) Role of Office of Cancer Survivorship.—

The study under subsection (a) shall—
(1) consider the contribution of the Office of Cancer Survivorship to the evolution of cancer survivorship care over the last 25 years; and

(2) assess the impact of the mission of the Office and the resources provided to the Office on its leadership in cancer survivorship care.

(d) Public Meeting.—In conducting the study under subsection (a), the Comptroller General of the United States shall hold a public meeting with a broad cross section of stakeholders to inform the study’s findings and conclusions. Such stakeholders shall include—

(1) cancer survivors and their caregivers and families;

(2) patient organizations representing cancer survivors;

(3) oncologists involved in survivorship care and the professional societies representing them;

(4) primary care providers involved in survivorship care and the professional societies representing them;

(5) other health professionals providing survivorship care and the professional societies representing them;

(6) community-based organizations involved in survivorship care;
(7) representatives of the National Cancer Institute; (8) third-party payors; (9) researchers engaged in survivorship research; (10) epidemiologists with knowledge of trends in cancer survivorship; and (11) such other stakeholders as the Comptroller General deems important to participate in the public meeting.

(e) REPORT.—The Comptroller General of the United States shall—

(1) release a report on the results of the study under subsection (a); and (2) in addition to the public meeting convened under subsection (d)— (A) convene another public meeting to be held on the day of the release of the report; and (B) include in such meeting all categories of stakeholders listed in subsection (d).
SEC. 13. PROMOTING STATE INNOVATIONS TO EASE TRANSITIONS TO THE PRIMARY CARE SETTING FOR CHILDREN WITH CANCER.

(a) Stakeholder Group Development of Best Practices; State Medicaid and CHIP Program Innovation.—

(1) Stakeholder group best practices.—Not later than 12 months after the date of the enactment of this Act, the Secretary of Health and Human Services (in this section referred to as the “Secretary”) shall convene a stakeholder group of representatives of childhood cancer advocacy organizations, Medicaid and CHIP beneficiaries, providers with childhood cancer pediatric expertise, the National Association of Medicaid Directors, and other relevant representatives to develop best practices (and submit to the Secretary and Congress a report on such best practices) for States to ease the transition from active oncological care to primary care of children or adolescents with cancer, including best practices for ensuring development of and delivery of summary of care and survivorship care plans to patients, families, and primary care providers, and best practices for such transitions occurring under the State Medicaid plan under title XIX of the Social Security Act (42 U.S.C. 1396 et seq.) or State child
health plan under title XXI of such Act (42 U.S.C. 1397aa et seq.), as applicable. Such best practices shall include—

(A) design of models of follow-up care, monitoring, and other survivorship programs (including peer support and mentoring programs);

(B) development of models for providing multidisciplinary care;

(C) dissemination of information to health care providers about culturally and linguistically appropriate follow-up care for cancer survivors and their families, as appropriate and practicable; and

(D) dissemination of the information and programs described in clauses (i) through (iii) to other health care providers (including primary care physicians and internists) and to cancer survivors and their families, where appropriate and in accordance with Federal and State law.

(2) STATE MEDICAID AND CHIP PROGRAM INNOVATION.—The Secretary shall work with States on innovative strategies, based on the best practices identified under the process described in subsection
(a)(1), to ease the transition from active oncological care to primary care of child or adolescent with cancer ensuring development of and delivery of survivorship care plans to patients, families, and primary care providers and transition coverage under the State Medicaid plan under title XIX of the Social Security Act (42 U.S.C. 1396 et seq.) or State child health plan under title XXI of such Act (42 U.S.C. 1397aa et seq.), as applicable.

(3) **Nonapplication of Federal Advisory Committee Act.**—The Federal Advisory Committee Act (5 U.S.C. App.) shall not apply to the stakeholder group convened under paragraph (1).

(b) **Guidance on Innovative Service Delivery Systems Demonstration Project Opportunities.**—Not later than 1 year after the date the stakeholder group is convened under subsection (a), the Secretary of Health and Human Services shall issue guidance to State health officials, based on best practices developed under subsection (a)(1), regarding opportunities to improve care transitions for children and adolescents with cancer who transition from oncological care to primary care and who are otherwise eligible to receive medical assistance under title XIX of such Act (42 U.S.C. 1396 et seq.) or title XXI of such Act (42 U.S.C. 1397aa et seq.).
SEC. 14. CHILDHOOD CANCER DEMONSTRATION MODEL
AND STANDARD OF CARE.

Section 1115A(b)(2) of the Social Security Act (42 U.S.C. 1315a(b)(2)) is amended—

(1) in subparagraph (A), by striking the period at the end and inserting “, and shall include the model described in clause (xxviii) of such subparagraph.”; and

(2) in subparagraph (B), by adding at the end the following new clause:

“(xxviii) A local service delivery and State payment model for individuals up to age 21 enrolled under a State plan (or waiver of such plan) under title XIX or a State child health plan (or waiver of such plan) under title XXI of such Act (42 U.S.C. 1397aa et seq.) who have been diagnosed with cancer and who are in the survivorship phase of their treatment. Such model shall—

“(I) provide for the creation of a survivorship plan, that can be integrated into an electronic health record, for such individuals and disseminate the plan to such individuals,
families of such individuals, and the
health providers of such individuals;

“(II) offer States and local pro-
viders technical assistance to develop
and implement different survivorship
care planning services;

“(III) develop a standard of care
based on the Children’s Oncology
Group (COG) Long-Term Follow-Up
Guidelines for Survivors of Childhood,
Adolescent, and Young Adult Cancers
to manage the transition of such indi-
viduals from active treatment to gen-
eral care with the informed knowledge
of such individuals; and

“(IV) provide incentives to health
care providers for treating such indi-
viduals through such model that in-
cludes at least two survivorship care
planning visits.”.

SEC. 15. MEDICAID COVERAGE OF CANCER FERTILITY SERVICES FOR CANCER SURVIVORS.

(a) MEDICAID.—
(1) MANDATORY COVERAGE.—Section 1902(a)(10) of the Social Security Act (42 U.S.C. 1396a) is amended—

(A) in subparagraph (F), by striking ‘‘; and’’ and inserting a semicolon;

(B) in subparagraph (G), by adding at the end ‘‘and’’; and

(C) by inserting after subparagraph (G) the following new subparagraph:

‘‘(H) notwithstanding section 1902(a)(10)(B) (relating to comparability), for making medical assistance available for cancer fertility services (as defined in subsection (jj));’’; and

(2) DEFINITION.—Section 1905 of the Social Security Act (42 U.S.C. 1396d) is amended by adding at the end the following new subsection:

‘‘(jj) CANCER FERTILITY SERVICES.—

(1) DEFINITION.—For purposes of section 1902(a)(10)(H) and this subsection, the term ‘cancer fertility services’—

(A) means fertility treatment and fertility preservation services for individuals diagnosed with cancer who—
“(i) are undergoing treatment for such cancer where such treatment may lead to iatrogenic infertility;

“(ii) previously underwent such treatment and may be at risk of such infertility due to such treatment; or

“(iii) are preparing to undergo such treatment where such treatment may lead to such infertility; and

“(B) includes—

“(i) other services, including experimental and non-experimental services to preserve fertility or treat infertility (as determined by the Secretary, consistent with established medical practices and professional guidelines published by the American Society for Reproductive Medicine, the American Society of Clinical Oncology, or other professional medical organizations specified by the Secretary); and

“(ii) long-term storage costs—

“(I) with respect to individuals under the age of 18, for a period of not less than 15 years; and
“(II) with respect to individuals age 18 or older, for a period of not less than 10 years.

“(2) EXCEPTION FOR TERRITORIES.—Notwithstanding any other provision of this title, in the case of a State (other than the 50 States and the District of Columbia), the requirement stated in section 1902(a)(10)(H) shall be optional.”.

(3) PROHIBITION ON COST-SHARING.—

(A) IN GENERAL.—Section 1916 of the Social Security Act (42 U.S.C. 1396o) is amended—

(i) in subsection (a)(2)—

(I) in subparagraph (I), by striking at the end “, or” and inserting a semicolon;

(II) in subparagraph (J), by striking at the end “; and” and inserting “; or”; and

(III) by adding at the end the following new subparagraph:

“(K) cancer fertility services (as defined in section 1905(jj)); and’’; and

(ii) in subsection (b)(2)—
(I) in subparagraph (I), by striking at the end “, or” and inserting a semicolon;

(II) in subparagraph (J), by striking at the end “; and” and inserting “; or”; and

(III) by adding at the end the following new subparagraph:

“(K) cancer fertility services (as defined in section 1905(jj)); and”.

(B) APPLICATION TO ALTERNATIVE COST-SHARING.—Section 1916A(b)(3)(B) of the Social Security Act (42 U.S.C. 1396o–1(b)(3)(B)) is amended by adding at the end the following new clause:

“(xv) Cancer fertility services (as defined in section 1905(jj)).”.

(b) CHIP.—

(1) IN GENERAL.—Section 2103(c) of the Social Security Act (42 U.S.C. 1397cc(c)) is amended—

(A) by redesignating the paragraph (12) added by section 11405(b)(1) of Public Law 117–169 as paragraph (13); and
(B) by inserting after paragraph (11) the following new paragraph:

“(12) REQUIRED COVERAGE OF CANCER FERTILITY SERVICES FOR CANCER SURVIVORS.—Regardless of the type of coverage elected by a State under subsection (a), the child health assistance provided for a targeted low-income child, and, in the case of a State that elects to provide pregnancy-related assistance pursuant to section 2112, the pregnancy-related assistance provided for a targeted low-income pregnant woman (as such terms are defined for purposes of such section), shall include coverage of cancer fertility services (as described in section 1905(jj)).”.

(2) PROHIBITION ON COST-SHARING.—Section 2103(e)(2) of the Social Security Act (42 U.S.C. 1397cc(e)(2)) is amended—

(A) in the heading, by inserting “CANCER FERTILITY SERVICES,” after “COVID–19 TREATMENT,”; and

(B) by inserting “cancer fertility services (as described in section 1905(jj)),” after “testing or treatments described in section 1916(a)(2)(I) furnished during the period described in such section,”.
(3) **Effective Date.**—The amendment made by paragraph (1)(A) shall take effect on October 1, 2023.

(c) **Effective Date.**—The amendments made by this section (other than the amendment made by subsection (b)(1)(A)) shall apply with respect to medical assistance, child health assistance, and pregnancy-related assistance furnished on or after the date that is 18 months after the date of the enactment of this Act.