



(Original Signature of Member)

118TH CONGRESS
1ST SESSION

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

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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 Survivorship Act”.

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.
- 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. 14. Childhood cancer demonstration model and standard of care.
- Sec. 15. Medicaid coverage of cancer fertility services for cancer survivors.

8 **SEC. 2. FINDINGS.**

9 Congress finds the following:

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

13 (2) Today, there are approximately 18,000,000
14 Americans who are cancer survivors, and the num-
15 ber of survivors is projected to reach 26,000,000 by
16 2040. Therefore, there is a great need to be able to
17 provide ways to sustain the care needed and to offer
18 those living with, through, and beyond cancer a safe,

1 supportive, and accommodating environment where
2 such individuals can engage in physical and social
3 support activities to sustain optimal quality of life.

4 (3) Cancer survivors face difficult emotional,
5 psychological, neurological, financial, legal, and other
6 physical challenges that persist beyond diagnosis and
7 treatment, often arising months and years after ac-
8 tive cancer treatment ends.

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

13 (5) Cancer survivors of racial and ethnic diver-
14 sity, as well as lower socioeconomic status, have dis-
15 proportionately lower health-related, quality-of-life
16 scores compared to non-Hispanic White cancer sur-
17 vivors.

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

21 (7) Children, adolescent, and young adult can-
22 cer survivors are particularly susceptible to long-
23 term consequences from treatment, and up to 80
24 percent have a severe, disabling, life-threatening, or
25 fatal health condition by the age of 50. Best prac-

1 tices in this area would improve treatment, quality
2 of life, and long-term health outcomes.

3 (8) Clinical trials have shown that cancer survi-
4 vorship programs help cancer survivors meet or ex-
5 ceed the recommended amount of physical activity,
6 significantly increasing their cardiovascular health
7 and overall quality of life and decreasing their can-
8 cer-related fatigue.

9 (9) Despite the National Cancer Institute and
10 other professional organizations' definition of a can-
11 cer survivor beginning on the day of a cancer diag-
12 nosis, there is little agreement among clinicians, re-
13 searchers, and insurance companies on what services
14 are included in "survivorship care" and the point at
15 which "survivorship care" begins.

16 (10) Cancer survivors, their families, their care-
17 givers, and their providers face many difficulties un-
18 derstanding and coordinating the transition from
19 specialty to primary care, and for this reason com-
20 munication and treatment are often fragmented and
21 inconsistent.

22 (11) To avoid additional health-related or finan-
23 cial hardships to cancer survivors and their families,
24 comprehensive and forward-thinking cancer survivor-
25 ship studies and programs across Federal agencies,

1 in collaboration with States, localities, and medical
2 and professional organizations, are required to en-
3 gage in a coordinated effort to improve health out-
4 comes and quality of life of survivors.

5 **SEC. 3. DEFINITIONS.**

6 In this Act:

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

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

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

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

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

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

23 (D) input on which outcomes are impor-
24 tant to the patient;

1 (E) patient preferences for outcomes and
2 treatments; and

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

5 (4) PSYCHOSOCIAL EFFECTS.—The term “psy-
6 chosocial effects”—

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

10 (B) in the case of such effects of cancer,
11 includes changes in how a patient thinks, their
12 feelings, moods, beliefs, ways of coping, and re-
13 lationships with family, friends, and coworkers.

14 (5) PSYCHOSOCIAL CARE.—The term “psycho-
15 social care” means psychological and social services
16 and interventions that enable survivors, patients,
17 their families, and health care providers to optimize
18 health care and to manage the psychological, behav-
19 ioral, physical, emotional, and social aspects of ill-
20 ness and its consequences so as to promote better
21 health and well-being.

22 (6) SECRETARY.—Except as otherwise speci-
23 fied, the term “Secretary” means the Secretary of
24 Health and Human Services.

1 (7) SURVIVORSHIP.—The term “survivorship”
2 means the period from the time of cancer diagnosis
3 until the end of life, including any portions of such
4 period during which interventions are necessary to
5 address—

6 (A) the physical, mental, emotional, social,
7 and financial effects of cancer that begin at di-
8 agnosis and continue through treatment and be-
9 yond; and

10 (B) issues related to follow-up care (includ-
11 ing regular health and wellness checkups), late
12 and long-term effects of treatment, screening
13 for cancer recurrence and new cancers, and
14 quality of life.

15 (8) SURVIVORSHIP CARE PLAN.—The term
16 “survivorship care plan”—

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

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

22 (i) are for monitoring and maintain-
23 ing the patient’s medical and psychosocial
24 health and well-being; and

1 (ii) are meant to be a transition and
2 communication tool for the survivor, their
3 family, their caregiver, and all their health
4 care providers.

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

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

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

13 (10) TREATMENT SUMMARY.—The term “treat-
14 ment summary” means a detailed summary of a pa-
15 tient’s disease, the types of treatment the patient re-
16 ceived, members of the patient’s care team, and any
17 side effects or other problems, including psychosocial
18 effects, caused by treatment.

19 **SEC. 4. COVERAGE OF CANCER CARE PLANNING AND CO-**
20 **ORDINATION SERVICES.**

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

23 (1) in subsection (s)(2)—

24 (A) by striking “and” at the end of sub-
25 paragraph (II);

1 (B) by adding “and” at the end of sub-
2 paragraph (JJ); and

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

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

7 (2) by adding at the end the following new sub-
8 section:

9 “Cancer Care Planning and Coordination Services

10 “(nnn)(1) The term ‘cancer care planning and coordi-
11 nation services’ means, with respect to an individual who
12 is diagnosed with cancer, the development of a treatment
13 plan by a physician, physician assistant, or nurse practi-
14 tioner that—

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

20 “(B) is furnished in written form or electroni-
21 cally, at the visit of such individual with such physi-
22 cian, physician assistant, or nurse practitioner, or as
23 soon after the date of the visit as practicable; and

24 “(C) is furnished, to the greatest extent prac-
25 ticable, in a form that appropriately takes into ac-

1 count cultural and linguistic needs of the individual
2 in order to make the plan accessible to such indi-
3 vidual.

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

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

10 “(B) if there is a change in the condition of
11 such individual or such individual’s treatment pref-
12 erences;

13 “(C) at the end of active treatment and begin-
14 ning of survivorship care; and

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

16 (b) PAYMENT UNDER PHYSICIAN FEE SCHEDULE.—

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

21 (2) INITIAL RATES.—Unless the Secretary oth-
22 erwise provides, the payment rate specified under
23 the physician fee schedule under the amendment
24 made by paragraph (1) for cancer care planning and
25 coordination services shall be the same payment rate

1 as provided for transitional care management serv-
2 ices (as defined in CPT code 99496).

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

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

8 (a) IN GENERAL.—The head of the Office of the Na-
9 tional Coordinator for Health Information Technology, in
10 collaboration with Director of the Agency for Healthcare
11 Research and Quality, shall—

12 (1) evaluate existing models for survivorship
13 care plans, as they relate to both adults and chil-
14 dren, through engagement with professional soci-
15 eties, payors, patient advocacy organizations, com-
16 munity-based organizations, electronic health record
17 vendors, and other stakeholders;

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

20 (A) survivorship guidelines of the National
21 Comprehensive Cancer Network and the Amer-
22 ican Society of Clinical Oncology; or

23 (B) tools such as Passport for Care;

1 (3) collaborate with the Office for Civil Rights
2 of the Department of Health and Human Services to
3 evaluate the privacy and security implications of—

4 (A) consolidating treatment history and
5 survivorship guidelines into a personalized sur-
6 vivorship care plan, as described in paragraph
7 (4); and

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

11 (4) taking into consideration the results of eval-
12 uation under paragraphs (1) and (2)—

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

20 (B) include in such information resources
21 recommendations about possible patient use of
22 application programs (“apps”) to develop per-
23 sonalized survivorship care plans.

24 (b) DEFINITION.—In this section, the term “elec-
25 tronic health record” means an electronic record of health-

1 related information on an individual that is created, gath-
2 ered, managed, and consulted by authorized health care
3 clinicians and staff.

4 **SEC. 6. ALTERNATIVE PAYMENT MODEL.**

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

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

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

22 (3) In the case that such model is based on an
23 episode of care, the appropriate length of the survi-
24 vorship episode of care and whether additional epi-
25 sodes may be triggered, if necessary.

1 (4) Strategies to ensure that any episode of
2 care under such a model begins with the develop-
3 ment and dissemination of a survivorship care plan
4 for the transition from active cancer treatment to
5 follow-up care to the individual and all relevant
6 health care providers.

7 (5) A description of any bundled payment pack-
8 ages that will be used under such model.

9 (6) A specification of any follow up or new
10 screening under such model for unmet needs of indi-
11 viduals participating in such model.

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

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

20 (9) Strategies for applying evidence-based risk
21 stratification principles to direct survivors to person-
22 alized care pathways that match the level of care
23 needed to the relative risks and needs of the sur-
24 vivor.

1 (10) Strategies for coordination of care between
2 such providers, such as between specialists and pri-
3 mary care providers, and how principal responsibility
4 will be assigned for an episode of care.

5 (11) Strategies for addressing social deter-
6 minants of health through such model.

7 (12) A description of how such model will pro-
8 mote—

9 (A) prevention, early detection surveillance,
10 and treatment for individuals continuing to re-
11 ceive systemic therapy after the end of active
12 cancer treatment;

13 (B) such individuals' understanding of,
14 and access to, treatment;

15 (C) survivorship research; and

16 (D) the continuing health of cancer sur-
17 vivors.

18 (13) An analysis of how different forms and
19 stages of cancer may require the development of dif-
20 ferent survivorship plans and alternative payment
21 models based on varying episodes of care.

22 (14) A plan for testing any alternative payment
23 model described in the report, including the timing
24 of such testing, an analysis of the impact of such
25 testing, any barriers to implementing such testing,

1 and any other recommendations determined appro-
2 priate by the Secretary.

3 **SEC. 7. SURVIVORSHIP NAVIGATION.**

4 (a) REVIEW OF PROGRAMS AND NAVIGATION
5 STUDY.—

6 (1) IN GENERAL.—Not later than 18 months
7 after the date of enactment of this Act, the Sec-
8 retary shall—

9 (A) complete a review of previous and cur-
10 rent cancer survivorship navigation programs,
11 including any applicable standards of care such
12 as those of the Professional Oncology Naviga-
13 tion Task Force, and the Academy of Oncology
14 Nurse & Patient Navigators, the Oncology
15 Nursing Society; and

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

18 (2) CONSIDERATIONS.—In carrying out sub-
19 section (a), the Secretary shall take into consider-
20 ation each of the following:

21 (A) How cancer survivorship navigation
22 program services might be provided from diag-
23 nosis across the continuum of care through sur-
24 vivorship, taking into consideration—

1 (i) the type of navigation services that
2 are most effective for survivors at the time
3 of diagnosis; and

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

8 (B) How navigation services might evolve
9 over the continuum of care and how to encour-
10 age a dynamic navigation system.

11 (C) Training needs for navigators.

12 (D) Comparison and delineation of naviga-
13 tion services provided by lay and professional
14 navigators.

15 (E) Evaluation of optimal strategies for of-
16 fering survivors navigation services and encour-
17 aging their utilization of such services.

18 (F) Defining—

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

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

23 (G) The location of navigation services
24 (such as whether such services should be pro-

1 vided as part of oncology practices or outside of
2 oncology practices).

3 (H) Federal financing for navigation serv-
4 ices (such as whether to finance such services
5 through a grant program funded through an-
6 nual discretionary appropriations).

7 (I) Alternative delivery and payment mod-
8 els for cancer survivorship navigation services,
9 including consideration of—

10 (i) an episode-of-care model for pro-
11 viding cancer survivorship navigation serv-
12 ices, or a patient-focused navigation benefit
13 that survivors could utilize in different set-
14 tings, with the navigation services meeting
15 standards set by the Secretary; and

16 (ii) services funded through the Medi-
17 care and Medicaid programs.

18 (J) Resources and the role of patient adv-
19 cacy organizations and peer support networks
20 in cancer survivorship navigation services.

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

23 (1) IN GENERAL.—The Secretary shall carry
24 out a demonstration program consisting of awarding

1 grants to eligible entities to provide navigation serv-
2 ices to cancer survivors.

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

7 (3) ELIGIBLE ENTITIES.—To be eligible to re-
8 ceive a grant under this subsection, an entity shall—

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

11 (B) be—

12 (i) a community-based organization;

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

15 (iii) a nonprofit patient or cancer ad-
16 vocacy organization;

17 (iv) a community cancer provider;

18 (v) a cancer center;

19 (vi) a hospital;

20 (vii) a community health center;

21 (viii) a rural health clinic; or

22 (ix) another type of entity as the Sec-
23 retary determines appropriate.

24 (4) USE OF FUNDS.—A recipient of a grant
25 under this section shall use the grant to provide

1 navigation services to cancer survivors, including
2 by—

3 (A) offering navigation services from diag-
4 nosis through the continuum of care, including
5 long-term survivorship, or offering navigation
6 services from the end of active treatment with
7 an emphasis on facilitating the transition from
8 active treatment to long-term survivorship care
9 and throughout survivorship;

10 (B) in a timely manner, assisting cancer
11 survivors to navigate cancer treatment and fol-
12 low-up services, such as screenings, risk assess-
13 ment, mitigation, health promotion activities,
14 providing health information and education,
15 coaching, and support;

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

18 (D) ensuring coordination with the sur-
19 vivor's health care providers;

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

23 (F) ensuring the delivery of culturally ap-
24 propriate services and materials; and

1 (G) assisting cancer survivors to meet and
2 overcome barriers to treatment and follow-up
3 services, such as any such barriers relating to
4 food insecurity, housing, transportation, labor,
5 access to broadband connectivity, the avail-
6 ability of telehealth, or child care, with empha-
7 sis placed on high-risk populations.

8 **SEC. 8. SURVIVORSHIP CARE DEMONSTRATION PROGRAM.**

9 (a) IN GENERAL.—The Secretary shall carry out a
10 demonstration program for a period of 5 years consisting
11 of awarding grants to improve the quality of cancer survi-
12 vorship care.

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

16 (c) DEMONSTRATION SITES.—The Secretary shall
17 ensure that grants are awarded under this section to im-
18 prove the quality of cancer survivorship care at a wide di-
19 versity of sites, including—

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

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

23 (3) at cancer care sites including cancer cen-
24 ters, academic health centers, Federally qualified
25 health centers, rural health clinics, physician offices,

1 Tribal organizations, community-based health care
2 providers, and health care providers serving medi-
3 cally underserved communities.

4 (d) AREAS OF FOCUS UNDER THE DEMONSTRATION
5 PROGRAM.—The demonstration program under this sec-
6 tion shall be designed to ensure the development of a vari-
7 ety of models for survivorship care that will permit evalua-
8 tion of a variety of care strategies, including—

9 (1) utilization of navigators to assist survivors
10 in obtaining survivorship care;

11 (2) employment of risk-stratification to better
12 determine the nature and intensity of services that
13 survivors require;

14 (3) transitions of care from cancer care pro-
15 viders to primary care providers, through transition-
16 of-care models that involve collaboration between
17 cancer care specialists and primary care providers;

18 (4) the training needs of primary care providers
19 to be better equipped to work with survivors in pri-
20 mary care settings;

21 (5) utilization of survivorship care plans to fa-
22 cilitate coordination of survivorship care;

23 (6) experimentation with providing cancer sur-
24 vivorship care at home;

1 profit organizations and other entities to provide edu-
2 cation and targeted assistance—

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

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

11 (b) PROGRAM COMPONENTS.—The program under
12 this section shall include the following:

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

17 (A) transportation assistance;

18 (B) childcare assistance;

19 (C) nutritional assistance;

20 (D) physical activity assistance;

21 (E) psychosocial assistance;

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

24 (G) other similar assistance.

1 (2) Assistance and education for eligible cancer
2 survivors who leave the workforce during treatment,
3 and for their families and caregivers, including—

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

6 (B) assistance with premiums for continu-
7 ation coverage provided pursuant to part 6 of
8 subtitle B of title I of the Employee Retirement
9 Income Security Act of 1974 (29 U.S.C. 1161
10 et seq.), title XXII of the Public Health Service
11 Act (42 U.S.C. 300bb–1 et seq.), or section
12 4980B of the Internal Revenue Code of 1986
13 (26 U.S.C. 4980B); and

14 (C) career and training services, including
15 upskilling and reskilling, for eligible cancer sur-
16 vivors who are not able to return to work after
17 treatment.

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

22 (A) assistance in applying for—

23 (i) supplemental security income bene-
24 fits under title XVI of the Social Security
25 Act (42 U.S.C. 1381 et seq.);

1 (ii) disability insurance benefits under
2 section 223 of the Social Security Act (42
3 U.S.C. 423);

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

8 (iv) with respect to minimizing delays
9 in eligibility before a cancer survivor be-
10 comes eligible for Medicare coverage, bene-
11 fits under the Medicare program under
12 title XVIII of the Social Security Act (42
13 U.S.C. 1801 et seq.), including with re-
14 spect to enrolling in plans under part C or
15 D of such title and supplemental plans
16 under section 1882 of such title;

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

19 (vi) career and training services avail-
20 able under title I, II, or IV of the Work-
21 force Innovation and Opportunity Act (29
22 U.S.C. 3101 et seq.); and

23 (B) information on the eligibility of a can-
24 cer survivor, and their families and caregivers,

1 for benefits or services described in any of
2 clauses (i) through (vi) of subparagraph (A).

3 (c) EVIDENCE-BASED RESOURCES.—In carrying out
4 this section, the Secretary of Labor, in consultation with
5 the Secretary of Health and Human Services, shall use
6 evidence-based resources, including—

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

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

11 (d) DEFINITIONS.—In this section:

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

14 (A) remains in the workforce during cancer
15 treatment;

16 (B) reduces working hours during cancer
17 treatment;

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

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

22 (2) The term “supportive services” has the
23 meaning given such term in section 3 of the Work-
24 force Innovation and Opportunity Act (29 U.S.C.
25 3102).

1 **SEC. 10. COMPREHENSIVE CANCER SURVIVORSHIP PRO-**
2 **GRAM.**

3 (a) IN GENERAL.—The Secretary shall carry out a
4 comprehensive cancer survivorship program that in-
5 cludes—

6 (1) a cancer survivorship resource center in ac-
7 cordance with subsection (b) to provide evidence-
8 based resources to cancer survivors, their families,
9 and their caregivers;

10 (2) a health care professional resource center in
11 accordance with subsection (c) to assist and educate
12 health care professionals in the delivery of high-qual-
13 ity survivorship care;

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

18 (4) a program of supportive care services in ac-
19 cordance with subsection (e) to improve the quality
20 of life and long-term survivorship of cancer sur-
21 vivors.

22 (b) CANCER SURVIVORSHIP RESOURCE CENTER.—

23 (1) ESTABLISHMENT.—The Secretary shall es-
24 tablish and operate a survivorship resource center
25 (in this subsection referred to as the “Center”) that

1 serves as a comprehensive source of information and
2 resources related to survivorship.

3 (2) TIMING.—Not later than 2 years after the
4 date of enactment of this Act, the Secretary shall es-
5 tablish and begin operation of the Center.

6 (3) CONSULTATION.—In establishing and oper-
7 ating the Center, the Secretary shall consult with
8 cancer survivors, patient organizations, health pro-
9 fessionals, researchers, health education organiza-
10 tions, oncology professional societies and other med-
11 ical societies, community-based organizations, and
12 science education organizations regarding—

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

17 (B) gaps in such information and re-
18 sources that need to be addressed to respond to
19 the needs of cancer survivors; and

20 (C) optimal strategies for ensuring that
21 cancer survivors have access to the Center, in-
22 cluding strategies that provide virtual options,
23 online resources, and marketing.

24 (4) USE OF AVAILABLE EVIDENCE-BASED RE-
25 SOURCES.—In establishing and operating the Cen-

1 ter, the Secretary shall, with permission and attribu-
2 tion, rely on and utilize the evidence-based materials
3 and resources developed, collected, and distributed
4 by cancer organizations.

5 (c) HEALTH CARE PROFESSIONAL RESOURCE CEN-
6 TER.—

7 (1) IN GENERAL.—The Secretary shall establish
8 and operate a health care professional resource cen-
9 ter (in this subsection referred to as the “Center”)
10 that serves as a comprehensive source of information
11 and resources to assist health care professionals in
12 the delivery of high-quality survivorship care.

13 (2) REFERENCE CANCER SURVIVORSHIP GUIDE-
14 LINES.—In establishing and operating the Center,
15 the Secretary shall reference cancer survivorship
16 guidelines developed by cancer care professional soci-
17 eties, patient organizations, research foundations,
18 and other health care professional societies in the
19 development of materials related to survivorship
20 care.

21 (3) SUPPORT PARTNERSHIPS BETWEEN CANCER
22 SPECIALTY SOCIETIES AND PRIMARY CARE PRO-
23 VIDER ORGANIZATIONS.—In establishing and oper-
24 ating the Center, the Secretary shall facilitate col-
25 laboration between cancer care specialty societies

1 and primary care provider organizations in the de-
2 velopment of standards for survivorship care, includ-
3 ing standards for coordination of care and transi-
4 tions of care from active treatment to long-term sur-
5 vivorship care.

6 (d) CAMPAIGN TO EDUCATE SURVIVORS AND
7 HEALTH CARE PROFESSIONALS IN SURVIVORSHIP
8 CARE.—

9 (1) IN GENERAL.—The Secretary acting
10 through the Director of the Centers for Disease
11 Control and Prevention (in this subsection referred
12 to as the “Secretary”) shall—

13 (A) expand educational programs and serv-
14 ices to—

15 (i) health care professionals; and
16 (ii) cancer survivors, their families,
17 and caregivers; and

18 (B) enhance the continuing medical edu-
19 cation resources on cancer survivorship that are
20 available to health care professionals.

21 (2) EXPAND COLLABORATION WITH COM-
22 PREHENSIVE CANCER CONTROL NATIONAL PARTNER-
23 SHIP AND OTHER ORGANIZATIONS FOR SURVIVOR-
24 SHIP EDUCATION AND SUPPORT.—

1 (A) IN GENERAL.—The Secretary shall ex-
2 pand collaborations with organizations that are
3 part of the Comprehensive Cancer Control Na-
4 tional Partnership and other organizations to
5 focus on increasing education and awareness re-
6 lated to cancer survivorship through materials,
7 resources, and other methods as necessary.

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

17 (C) REFERENCE THE SURVIVORSHIP
18 STANDARDS OF CARE DEVELOPED AND PUB-
19 LISHED BY CANCER ORGANIZATIONS.—In col-
20 laboration with organizations that support the
21 National Comprehensive Cancer Control Pro-
22 gram, the Secretary shall—

23 (i) develop and implement a plan to
24 distribute survivorship educational mate-
25 rials to ensure that such materials are ac-

1 cessible to all cancer survivors, their fami-
2 lies and caregivers, and health care profes-
3 sionals; and

4 (ii) reference in such plan the survi-
5 vorship standards of care developed and
6 published by such organizations.

7 (3) CONTINUING MEDICAL EDUCATION.—

8 (A) DEVELOPMENT OF PROGRAMS.—

9 (i) GRANTS AND CONTRACTS.—The
10 Secretary shall carry out a program of
11 awarding grants and contracts to eligible
12 entities to support the development of con-
13 tinuing medical education programs for
14 survivorship care that utilize and rely on
15 the guidelines for survivorship care devel-
16 oped and published by national organiza-
17 tions.

18 (ii) TIMING.—Not later than 12
19 months after the date of enactment of this
20 Act, the Secretary shall initiate the pro-
21 gram required by clause (i).

22 (B) GRANTS FOR DEVELOPMENT OF CUR-
23 RICULUM FOR SURVIVORSHIP CONTINUING MED-
24 ICAL EDUCATION.—

1 (i) IN GENERAL.—The Secretary shall
2 award grants to eligible entities for devel-
3 opment of diverse, equitable, and culturally
4 appropriate curricula for survivorship care
5 curriculum for medical care.

6 (ii) SCOPE OF CURRICULUM.—To re-
7 ceive a grant under this section, an appli-
8 cant shall demonstrate its ability to de-
9 velop survivorship care curriculum for
10 medical care, taking into consideration
11 services from the legal, social work, public
12 health, behavioral sciences, genetic, epide-
13 miology, and nursing fields.

14 (C) ELIGIBLE ENTITIES.—In this para-
15 graph, the term “eligible entity” includes a
16 medical professional society, a patient organiza-
17 tion, an academic institution, a cancer center,
18 and any other entity with experience in con-
19 tinuing medical education for cancer profes-
20 sionals.

21 (4) PUBLIC AWARENESS CAMPAIGN.—The Sec-
22 retary, at an appropriate time after the availability
23 of patient survivorship materials, professional survi-
24 vorship materials, and continuing medical education
25 programs under this subsection, shall initiate a lin-

1 guistically and cultural appropriate public awareness
2 campaign that targets the organization’s catchment
3 area to ensure that cancer survivors, their families
4 and caregivers, health care professionals, and the
5 public are aware of the scope of survivorship edu-
6 cational and informational resources available from
7 the Centers for Disease Control and Prevention.

8 (e) CANCER SURVIVORSHIP QUALITY-OF-LIFE PRO-
9 GRAM.—

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

20 (2) ELIGIBLE ENTITY DEFINED.—In this sub-
21 section, the term “eligible entity” includes an entity
22 that is—

23 (A) a State comprehensive cancer program;

24 (B) a National Cancer Institute-designated

25 cancer center or centers; or

1 (C) a community-based organization, in-
2 cluding a patient advocacy organization, that—

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

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

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

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

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

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

22 (D) access nutrition education and coun-
23 seling; and

1 (E) adhere to a schedule for, and access,
2 screening for recurrence of cancer or the occur-
3 rence of other primary cancers.

4 (4) STANDARDS FOR APPLICATION FROM ELIGI-
5 BLE ENTITIES.—To seek a grant under this sub-
6 section, an eligible entity shall submit an applica-
7 tion, at such time as may be required by the Sec-
8 retary, that includes—

9 (A) an explanation of how the entity will—

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

12 (ii) overcome barriers to care for com-
13 munities of color and multilingual commu-
14 nities;

15 (iii) provide culturally competent care;

16 and

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

19 (B) a description of how the entity receives
20 referrals of cancer survivors from health care
21 professionals, including health care profes-
22 sionals serving historically disadvantaged and
23 underserved communities;

24 (C) documentation of the curriculum that
25 will be used for providers in the program, in-

1 including mechanisms to update the staff on cur-
2 riculum changes; and

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

5 (i) the number of participants served;

6 (ii) quality-of-life measures for partici-
7 pants; and

8 (iii) plans for fostering communication
9 between oncology and non-oncology pro-
10 viders serving participants.

11 (5) RESPONSIBILITIES OF THE SECRETARY.—

12 The Secretary shall—

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

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

21 (C) share best practices among all grantees
22 under this subsection.

1 **SEC. 11. ADULT CANCER SURVIVORSHIP STUDY.**

2 (a) IN GENERAL.—Not later than 18 months after
3 the date of enactment of this Act, the Secretary shall com-
4 plete a landscape analysis that—

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

7 (2) assesses the financial costs and other bur-
8 dens associated with an adult cancer survivor study;

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

11 (4) identifies gaps in data on adult cancer sur-
12 vivors, compared to data collected in the Childhood
13 Cancer Survivor Study; and

14 (5) identifies strategies to publish data on adult
15 cancer survivors derived from research that is con-
16 ducted or supported by the National Cancer Insti-
17 tute, in a manner that is accessible to cancer sur-
18 vivors, health care professionals, researchers, and
19 the public.

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

24 **SEC. 12. SURVIVORSHIP PROGRESS REPORT.**

25 (a) IN GENERAL.—Not later than 6 months after the
26 date of enactment of this Act, the Secretary shall enter

1 into an agreement with the Government Accountability Of-
2 fice to conduct a study of the progress made in cancer
3 survivorship over the period beginning on the date of en-
4 actment of the National Cancer Act of 1971 (Public Law
5 92–216).

6 (b) SCOPE OF THE STUDY.—The study under sub-
7 section (a) shall investigate developments over the period
8 described in subsection (a) in—

9 (1) the nature and quality of survivorship care;

10 (2) transitions from active treatment to survi-
11 vorship care;

12 (3) the quality of life of cancer survivors;

13 (4) outcomes for cancer survivors;

14 (5) disparities in access to care and survivor-
15 ship outcomes;

16 (6) the health care systems for providing survi-
17 vorship care;

18 (7) the contribution of community-based serv-
19 ices to the survivorship care system; and

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

22 (c) ROLE OF OFFICE OF CANCER SURVIVORSHIP.—

23 The study under subsection (a) shall—

1 (1) consider the contribution of the Office of
2 Cancer Survivorship to the evolution of cancer survi-
3 vorship care over the last 25 years; and

4 (2) assess the impact of the mission of the Of-
5 fice and the resources provided to the Office on its
6 leadership in cancer survivorship care.

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

12 (1) cancer survivors and their caregivers and
13 families;

14 (2) patient organizations representing cancer
15 survivors;

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

18 (4) primary care providers involved in survivor-
19 ship care and the professional societies representing
20 them;

21 (5) other health professionals providing survi-
22 vorship care and the professional societies rep-
23 resenting them;

24 (6) community-based organizations involved in
25 survivorship care;

1 (7) representatives of the National Cancer In-
2 stitute;

3 (8) third-party payors;

4 (9) researchers engaged in survivorship re-
5 search;

6 (10) epidemiologists with knowledge of trends
7 in cancer survivorship; and

8 (11) such other stakeholders as the Comptroller
9 General deems important to participate in the public
10 meeting.

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

13 (1) release a report on the results of the study
14 under subsection (a); and

15 (2) in addition to the public meeting convened
16 under subsection (d)—

17 (A) convene another public meeting to be
18 held on the day of the release of the report; and

19 (B) include in such meeting all categories
20 of stakeholders listed in subsection (d).

1 **SEC. 13. PROMOTING STATE INNOVATIONS TO EASE TRAN-**
2 **SITIONS TO THE PRIMARY CARE SETTING**
3 **FOR CHILDREN WITH CANCER.**

4 (a) STAKEHOLDER GROUP DEVELOPMENT OF BEST
5 PRACTICES; STATE MEDICAID AND CHIP PROGRAM IN-
6 NOVATION.—

7 (1) STAKEHOLDER GROUP BEST PRACTICES.—

8 Not later than 12 months after the date of the en-
9 actment of this Act, the Secretary of Health and
10 Human Services (in this section referred to as the
11 “Secretary”) shall convene a stakeholder group of
12 representatives of childhood cancer advocacy organi-
13 zations, Medicaid and CHIP beneficiaries, providers
14 with childhood cancer pediatric expertise, the Na-
15 tional Association of Medicaid Directors, and other
16 relevant representatives to develop best practices
17 (and submit to the Secretary and Congress a report
18 on such best practices) for States to ease the transi-
19 tion from active oncological care to primary care of
20 children or adolescents with cancer, including best
21 practices for ensuring development of and delivery of
22 summary of care and survivorship care plans to pa-
23 tients, families, and primary care providers, and best
24 practices for such transitions occurring under the
25 State Medicaid plan under title XIX of the Social
26 Security Act (42 U.S.C. 1396 et seq.) or State child

1 health plan under title XXI of such Act (42 U.S.C.
2 1397aa et seq.), as applicable. Such best practices
3 shall include—

4 (A) design of models of follow-up care,
5 monitoring, and other survivorship programs
6 (including peer support and mentoring pro-
7 grams);

8 (B) development of models for providing
9 multidisciplinary care;

10 (C) dissemination of information to health
11 care providers about culturally and linguistically
12 appropriate follow-up care for cancer survivors
13 and their families, as appropriate and prac-
14 ticable; and

15 (D) dissemination of the information and
16 programs described in clauses (i) through (iii)
17 to other health care providers (including pri-
18 mary care physicians and internists) and to
19 cancer survivors and their families, where ap-
20 propriate and in accordance with Federal and
21 State law.

22 (2) STATE MEDICAID AND CHIP PROGRAM INNO-
23 VATION.—The Secretary shall work with States on
24 innovative strategies, based on the best practices
25 identified under the process described in subsection

1 (a)(1), to ease the transition from active oncological
2 care to primary care of child or adolescent with can-
3 cer ensuring development of and delivery of survivor-
4 ship care plans to patients, families, and primary
5 care providers and transition coverage under the
6 State Medicaid plan under title XIX of the Social
7 Security Act (42 U.S.C. 1396 et seq.) or State child
8 health plan under title XXI of such Act (42 U.S.C.
9 1397aa et seq.), as applicable.

10 (3) NONAPPLICATION OF FEDERAL ADVISORY
11 COMMITTEE ACT.—The Federal Advisory Committee
12 Act (5 U.S.C. App.) shall not apply to the stake-
13 holder group convened under paragraph (1).

14 (b) GUIDANCE ON INNOVATIVE SERVICE DELIVERY
15 SYSTEMS DEMONSTRATION PROJECT OPPORTUNITIES.—
16 Not later than 1 year after the date the stakeholder group
17 is convened under subsection (a), the Secretary of Health
18 and Human Services shall issue guidance to State health
19 officials, based on best practices developed under sub-
20 section (a)(1), regarding opportunities to improve care
21 transitions for children and adolescents with cancer who
22 transition from oncological care to primary care and who
23 are otherwise eligible to receive medical assistance under
24 title XIX of such Act (42 U.S.C. 1396 et seq.) or title
25 XXI of such Act (42 U.S.C. 1397aa et seq.).

1 **SEC. 14. CHILDHOOD CANCER DEMONSTRATION MODEL**
2 **AND STANDARD OF CARE.**

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

5 (1) in subparagraph (A), by striking the period
6 at the end and inserting “, and shall include the
7 model described in clause (xxviii) of such subpara-
8 graph.”; and

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

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

21 “(I) provide for the creation of a
22 survivorship plan, that can be inte-
23 grated into an electronic health
24 record, for such individuals and dis-
25 seminate the plan to such individuals,

1 families of such individuals, and the
2 health providers of such individuals;

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

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

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

21 **SEC. 15. MEDICAID COVERAGE OF CANCER FERTILITY**
22 **SERVICES FOR CANCER SURVIVORS.**

23 (a) MEDICAID.—

1 (1) MANDATORY COVERAGE.—Section
2 1902(a)(10) of the Social Security Act (42 U.S.C.
3 1396a) is amended—

4 (A) in subparagraph (F), by striking “;
5 and” and inserting a semicolon;

6 (B) in subparagraph (G), by adding at the
7 end “and”; and

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

10 “(H) notwithstanding section
11 1902(a)(10)(B) (relating to comparability), for
12 making medical assistance available for cancer
13 fertility services (as defined in subsection
14 (jj));” and

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

18 “(jj) CANCER FERTILITY SERVICES.—

19 “(1) DEFINITION.—For purposes of section
20 1902(a)(10)(H) and this subsection, the term ‘can-
21 cer fertility services’—

22 “(A) means fertility treatment and fertility
23 preservation services for individuals diagnosed
24 with cancer who—

1 “(i) are undergoing treatment for
2 such cancer where such treatment may
3 lead to iatrogenic infertility;

4 “(ii) previously underwent such treat-
5 ment and may be at risk of such infertility
6 due to such treatment; or

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

10 “(B) includes—

11 “(i) other services, including experi-
12 mental and non-experimental services to
13 preserve fertility or treat infertility (as de-
14 termined by the Secretary, consistent with
15 established medical practices and profes-
16 sional guidelines published by the Amer-
17 ican Society for Reproductive Medicine, the
18 American Society of Clinical Oncology, or
19 other professional medical organizations
20 specified by the Secretary); and

21 “(ii) long-term storage costs—

22 “(I) with respect to individuals
23 under the age of 18, for a period of
24 not less than 15 years; and

1 “(II) with respect to individuals
2 age 18 or older, for a period of not
3 less than 10 years.

4 “(2) EXCEPTION FOR TERRITORIES.—Notwith-
5 standing any other provision of this title, in the case
6 of a State (other than the 50 States and the District
7 of Columbia), the requirement stated in section
8 1902(a)(10)(H) shall be optional.”.

9 (3) PROHIBITION ON COST-SHARING.—

10 (A) IN GENERAL.—Section 1916 of the So-
11 cial Security Act (42 U.S.C. 1396o) is amend-
12 ed—

13 (i) in subsection (a)(2)—

14 (I) in subparagraph (I), by strik-
15 ing at the end “, or” and inserting a
16 semicolon;

17 (II) in subparagraph (J), by
18 striking at the end “; and” and in-
19 serting “; or”; and

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

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

24 (ii) in subsection (b)(2)—

1 (I) in subparagraph (I), by strik-
2 ing at the end “, or” and inserting a
3 semicolon;

4 (II) in subparagraph (J), by
5 striking at the end “; and” and in-
6 serting “; or”; and

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

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

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

16 “(xv) Cancer fertility services (as de-
17 fined in section 1905(jj)).”.

18 (b) CHIP.—

19 (1) IN GENERAL.—Section 2103(c) of the So-
20 cial Security Act (42 U.S.C. 1397cc(e)) is amend-
21 ed—

22 (A) by redesignating the paragraph (12)
23 added by section 11405(b)(1) of Public Law
24 117–169 as paragraph (13); and

1 (B) by inserting after paragraph (11) the
2 following new paragraph:

3 “(12) REQUIRED COVERAGE OF CANCER FER-
4 TILITY SERVICES FOR CANCER SURVIVORS.—Regard-
5 less of the type of coverage elected by a State under
6 subsection (a), the child health assistance provided
7 for a targeted low-income child, and, in the case of
8 a State that elects to provide pregnancy-related as-
9 sistance pursuant to section 2112, the pregnancy-re-
10 lated assistance provided for a targeted low-income
11 pregnant woman (as such terms are defined for pur-
12 poses of such section), shall include coverage of can-
13 cer fertility services (as described in section
14 1905(jj)).”.

15 (2) PROHIBITION ON COST-SHARING.—Section
16 2103(e)(2) of the Social Security Act (42 U.S.C.
17 1397cc(e)(2)) is amended—

18 (A) in the heading, by inserting “CANCER
19 FERTILITY SERVICES,” after “COVID–19 TREAT-
20 MENT,”; and

21 (B) by inserting “cancer fertility services
22 (as described in section 1905(jj)),” after “test-
23 ing or treatments described in section
24 1916(a)(2)(I) furnished during the period de-
25 scribed in such section,”.

1 (3) EFFECTIVE DATE.—The amendment made
2 by paragraph (1)(A) shall take effect on October 1,
3 2023.

4 (c) EFFECTIVE DATE.—The amendments made by
5 this section (other than the amendment made by sub-
6 section (b)(1)(A)) shall apply with respect to medical as-
7 sistance, child health assistance, and pregnancy-related
8 assistance furnished on or after the date that is 18 months
9 after the date of the enactment of this Act.