**Cancer-Related Federal Legislation for CoC Discussion and Approval**

**Patient Navigation Assistance Act (H.R. 4830)**

The bill would require state Medicaid programs to cover patient navigator services. Defines Patient navigators as those who help individuals who are seeking prevention and treatment services for chronic diseases (e.g., cancer) to access appropriate services, obtain relevant information, and otherwise navigate the health care system. Introduced in the U.S. House of Representatives by Reps Mark DeSaulnier (D-CA) and Buddy Carter (R-GA in October 2019.

Considerations: The CoC has been a longtime supporter of previous versions of the bill.

**Cancer Care Planning and Communications Act (H.R. 3835)**

Introduced by Reps Mark DeSaulnier (D-CA) and Buddy Carter (R-GA) in July 2019. Seeks to establish new coverage for cancer care planning and coordination services within the Medicare program (particularly for Medicare beneficiaries not enrolled in a demonstration program) when a formal written cancer treatment plan is developed by a physician, nurse practitioner, or physician assistant. The bill outlines a comprehensive cancer treatment plan as including, among other things: an assessment of the individual’s diagnosis, health status, treatment needs, functional status, pain control, and psychosocial needs; engages the individual in a shared decision-making process that reviews all treatment options; details, to the greatest extent practicable all aspects of the care to be provided to the individual with respect to the treatment of such cancer, including any curative treatment, comprehensive symptom management, and palliative care.

Considerations: The legislation mentions the Commission on Cancer in the “Findings” section of the bill, and its commitment to ensuring survivorship care planning through its accreditation program.

The CoC has been a longtime champion and supporter of this legislation.

**CLINICAL TREATMENT Act (H.R. 913)**

Introduced by Reps. Ben Ray Lujan (D-NM) and Gus Bilirakis (R-FL), the Covering Life-saving Investigations Needed in Cancer and Other Life-threatening Conditions through Timely use of Resources for Easy and Affordable Treatment from Medicaid for Enrollees in Need Today (CLINICAL TREATMENT) Act would bring Medicaid plans in line with private insurance and Medicare by requiring that they cover the routine care costs associated with patients enrolled on clinical trials. These are costs that plans would incur if a patient were treated off a trial. Experimental treatments and additional tests only required because of trial participation would still be covered by the trial sponsor.

The bill defines "routine patient costs" to include items and services that would otherwise be covered under Medicaid absent the patient's participation in the clinical trial; the term includes items and services relating to trial complications, but excludes those items and services that are the subject of the trial or that are provided solely in relation to data analysis. Additionally, a "qualifying clinical trial" means, among other things, a clinical trial that is approved or funded by specified entities (e.g., the National Institutes of Health) or is an authorized new drug trial.

Considerations: This legislation is supported by 93 national and state patient and provider organizations including ASCO, the American Medical Association, the American Heart Association, and the American Cancer Society Cancer Action Network.

**Veterans Prostate Cancer Treatment and Research Act (Pre-introduction)**

Note: This bill has not yet been introduced; Rep. Neal Dunn, MD (R-FL), a urologist, has asked the ACS CoC to review and support the legislation.

The bill would direct the Department of Veterans Affairs (VA) to establish a clinical pathway for all stages of prostate cancer, including recommendations regarding the use of transformative innovations, research, and clinical data, designed in collaboration with the public and private sector. Additionally, the bill creates a new Program Office for Urology within the VA’s National Surgery Office and a Comprehensive Prostate Cancer Program/Chief of Urology Program in the Office of the Deputy Undersecretary for Health.

The bill defines a “clinical pathway” as a healthcare management tool designed around research and evidence backed practices that directs the clinical care and treatment of a specific episode of a condition or ailment. The clinical pathway established by the bill would include the following elements:

* A multi-disciplinary plan for the early detection, diagnosis, and treatment of prostate cancer;
* A suggested protocol for the screening, diagnosis, and treatment or care for subpopulations with evidence-based factors;
* A suggested treatment protocol timeframe for each point of care based on the severity and stage of cancer.

The bill also establishes a National Cancer of the Prostate Clinical Care Implementation Program, a multi-disciplinary program intended to work across the Veterans Health Administration as a metric driven entity that reports ion the quality of prostate care, include an education plan for patients and providers, among other things.

The bill directs the Secretary of the VA to develop a plan for continual funding of prostate cancer research, designed to position the VA as the national resource for quality reporting metrics, practice-based evidence, comparative effectiveness, precision oncology, and clinical trials in prostate cancer.

The bill also creates within the VA a National Cancer Registry which will establish a systematic and standardized database with intra-agency collaboration to track veteran progress, enable population management, facilitate best outcomes, encourage future research and further development of clinical pathways. The Registry would be accessible to researchers as well as clinicians treating veterans with diagnosed prostate cancer.