

119TH CONGRESS
2^D SESSION

H. R. 8839

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

MAY 14, 2026

Ms. WASSERMAN SCHULTZ (for herself, Mr. FITZPATRICK, Mr. DESAULNIER, Mr. WILSON of South Carolina, and Mr. KENNEDY of New York) introduced the following bill; which was referred to the Committee on Energy and Commerce, and in addition to the Committees on Ways and Means, and Education and Workforce, for a period to be subsequently determined by the Speaker, in each case for consideration of such provisions as fall within the jurisdiction of the committee concerned

A BILL

To 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.

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 “Lainie Jones Comprehensive Cancer Survivorship Act of
 6 2026”.

7 (b) **TABLE OF CONTENTS.**—The table of contents of
 8 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. Stakeholder meeting on survivorship transition tools; publication of information resources.
- Sec. 6. Alternative payment model for quality cancer survivorship care.
- Sec. 7. Cancer survivor employment assistance program.
- Sec. 8. Comprehensive cancer survivorship program.
- Sec. 9. Survivorship progress report.
- Sec. 10. Medicaid coverage of healthcare transitions for survivors of childhood and adolescent cancer.
- Sec. 11. Medicaid coverage of cancer fertility services for cancer survivors.
- Sec. 12. Office of Cancer Survivorship.

9 **SEC. 2. FINDINGS.**

10 Congress finds the following:

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

14 (2) Today, there are approximately 18,000,000
 15 Americans who are cancer survivors, and the num-
 16 ber of survivors is projected to reach 26,000,000 by
 17 2040. Therefore, there is a great need to be able to

1 provide ways to sustain the care needed and to offer
2 those living with, through, and beyond cancer a safe,
3 supportive, and accommodating environment where
4 such individuals can engage in physical and social
5 support activities to sustain optimal quality of life.

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

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

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

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

23 (7) Children, adolescent, and young adult can-
24 cer survivors are particularly susceptible to long-
25 term consequences from treatment, and up to 80

1 percent have a severe, disabling, life-threatening, or
2 fatal health condition by the age of 50. Best prac-
3 tices in this area would improve treatment, quality
4 of life, and long-term health outcomes.

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

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

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

24 (11) To avoid additional health-related or finan-
25 cial hardships to cancer survivors and their families,

1 comprehensive and forward-thinking cancer survivor-
2 ship studies and programs across Federal agencies,
3 in collaboration with States, localities, and medical
4 and professional organizations, are required to en-
5 gage in a coordinated effort to improve health out-
6 comes and quality of life of survivors.

7 **SEC. 3. DEFINITIONS.**

8 In this Act:

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

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

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

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

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

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

1 (D) input on which outcomes are impor-
2 tant to the patient;

3 (E) patient preferences for outcomes and
4 treatments; and

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

7 (4) PSYCHOSOCIAL EFFECTS.—The term “psy-
8 chosocial effects”—

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

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

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

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

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

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

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

18 (8) SURVIVORSHIP CARE PLAN.—The term
19 “survivorship care plan”—

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

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

1 (i) are for monitoring and maintain-
2 ing the patient’s medical and psychosocial
3 health and well-being; and

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

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

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

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

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

22 **SEC. 4. COVERAGE OF CANCER CARE PLANNING AND CO-**
23 **ORDINATION SERVICES.**

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

1 (1) in subsection (s)(2)—

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

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

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

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

10 (2) by adding at the end the following new sub-
11 section:

12 “Cancer Care Planning and Coordination Services

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

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

23 “(B) is furnished in written form or electroni-
24 cally, at the visit of such individual with such physi-

1 cian, physician assistant, or nurse practitioner, or as
2 soon after the date of the visit as practicable; and

3 “(C) is furnished, to the greatest extent prac-
4 ticable, in a form that appropriately takes into ac-
5 count cultural and linguistic needs of the individual
6 in order to make the plan accessible to such indi-
7 vidual.

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

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

14 “(B) if there is a change in the condition of
15 such individual or such individual’s treatment pref-
16 erences;

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

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

20 (b) PAYMENT UNDER PHYSICIAN FEE SCHEDULE.—

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

1 (2) INITIAL RATES.—Unless the Secretary oth-
2 erwise provides, the payment rate specified under
3 the physician fee schedule under the amendment
4 made by paragraph (1) for cancer care planning and
5 coordination services shall be the same payment rate
6 as provided for transitional care management serv-
7 ices (as defined in CPT code 99496).

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

12 **SEC. 5. STAKEHOLDER MEETING ON SURVIVORSHIP TRAN-**
13 **SITION TOOLS; PUBLICATION OF INFORMA-**
14 **TION RESOURCES.**

15 (a) IN GENERAL.—The Secretary shall convene a
16 stakeholder meeting (in this section referred to as the
17 “meeting”) to evaluate strategies, including the use of in-
18 formation technology, to improve transitions in care from
19 active treatment to long-term.

20 (b) PARTICIPANTS.—In conducting the meeting, the
21 Secretary shall ensure that the participants include rep-
22 resentatives of patient advocacy organizations, medical
23 professional societies, community-based organizations,
24 electronic health record vendors, information technology
25 experts, and other stakeholders of the meeting.

1 (c) CONSIDERATION OF EXISTING TOOLS.—In con-
2 ducting the meeting, the Secretary shall ensure that the
3 participants consider existing tools for improving transi-
4 tions to survivorship care, such as—

5 (1) the survivorship guidelines of the National
6 Comprehensive Cancer Network and the American
7 Society of Clinical Oncology;

8 (2) the Passport for Care survivor website;

9 (3) survivorship care software applications that
10 have been developed by patient advocacy organiza-
11 tions, research foundations, and for-profit entities;
12 and

13 (4) other information and tools that may im-
14 prove transitions in care and improve overall quality
15 of survivorship care.

16 (d) CONSIDERATION OF PRIVACY AND SECURITY IM-
17 PLICATIONS.—In conducting the meeting, the Secretary
18 shall feature collaboration with the Office for Civil Rights
19 of the Department of Health and Human Services to
20 evaluate the privacy and security implications of—

21 (1) consolidating treatment history and survi-
22 vorship guidelines into a personalized survivorship
23 care plan that outlines future health care needs after
24 completion of active treatment;

1 (2) patient use of computer or mobile phone-
2 based application programs described in subsection
3 (c)(3); and

4 (3) taking into consideration the results of
5 meeting under subsection (a).

6 (e) PUBLICATION OF INFORMATION RESOURCES.—

7 (1) IN GENERAL.—Not later than 36 months
8 after the date of enactment of this Act, the Sec-
9 retary shall, taking into consideration the results of
10 the meeting, publish information resources for can-
11 cer patients and providers on strategies for consoli-
12 dating treatment history and survivorship guidelines
13 into a personalized survivorship care plan to guide
14 survivorship monitoring and follow-up care.

15 (2) INCLUSION OF RECOMMENDATIONS ON PA-
16 TIENT USE OF SOFTWARE APPLICATION PRO-
17 GRAMS.—The information resources referred to in
18 paragraph (1) shall include recommendations on pa-
19 tient use of software application programs to develop
20 personalized survivorship care plans.

21 (f) ELECTRONIC HEALTH RECORD DEFINED.—In
22 this section, the term “electronic health record” means an
23 electronic record of health-related information on an indi-
24 vidual that is created, gathered, managed, and consulted
25 by authorized health care clinicians and staff.

1 **SEC. 6. ALTERNATIVE PAYMENT MODEL FOR QUALITY CAN-**
2 **CER SURVIVORSHIP CARE.**

3 (a) IN GENERAL.—Not later than one year after the
4 date of enactment of this Act, the Secretary of Health and
5 Human Services shall develop an alternative payment
6 model for payments made under titles XVIII and XIX of
7 the Social Security Act (42 U.S.C. 1395 et seq., 1396 et
8 seq.) for items and services relating to cancer survivorship
9 care (as defined by the Secretary).

10 (b) REPORT TO CONGRESS.—Following development
11 of the alternative payment model under subsection (a), the
12 Secretary shall submit to Congress a report containing a
13 description of such model that includes the following infor-
14 mation:

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

20 (2) The length of the individual's participation
21 under such model, including a description of any
22 ability to extend such participation, or a definition
23 of survivorship care as extending until death.

24 (3) In the case that such model is based on an
25 episode of care, the appropriate length of the survi-
26 vorship episode of care, whether additional episodes

1 may be triggered, if necessary, and whether the epi-
2 sode should end at the beneficiary's death but not
3 before.

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

10 (5) A description of the navigation services that
11 will be provided as part of such model.

12 (6) A description of any bundled payment pack-
13 ages that will be used under such model.

14 (7) A specification of any follow-up or new
15 screening under such model for unmet needs of indi-
16 viduals participating in such model.

17 (8) A description of how consistent, shared de-
18 cision-making will be promoted under such model so
19 that individuals are given the knowledge needed for
20 self-management between episodes of care.

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

1 (10) Strategies for applying evidence-based risk
2 stratification principles to direct survivors to person-
3 alized care pathways that match the level of care
4 needed to the relative risks and needs of the sur-
5 vivor.

6 (11) Strategies for coordination of care between
7 such providers, such as between specialists and pri-
8 mary care providers, and how principal responsibility
9 will be assigned for an episode of care.

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

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

14 (A) prevention, early detection surveillance,
15 and treatment for individuals continuing to re-
16 ceive systemic therapy after the end of active
17 cancer treatment;

18 (B) such individuals' understanding of,
19 and access to, treatment;

20 (C) survivorship research; and

21 (D) the continuing health of cancer sur-
22 vivors.

23 (14) An analysis of how different forms and
24 stages of cancer may require the development of dif-
25 ferent survivorship plans and suggest variations in

1 elements of the alternative payment model based on
2 form and stage of cancer.

3 (15) A plan for testing any alternative payment
4 model described in the report, including the timing
5 of such testing, an analysis of the impact of such
6 testing, any barriers to implementing such testing,
7 and any other recommendations determined appro-
8 priate by the Secretary.

9 **SEC. 7. CANCER SURVIVOR EMPLOYMENT ASSISTANCE**
10 **PROGRAM.**

11 (a) IN GENERAL.—The Secretary of Labor, in con-
12 sultation with the Secretary of Health and Human Serv-
13 ices, shall carry out a program to award grants to non-
14 profit organizations and other entities to provide edu-
15 cation and targeted assistance—

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

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

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

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

5 (A) transportation assistance;

6 (B) childcare assistance;

7 (C) nutritional assistance;

8 (D) physical activity assistance;

9 (E) psychosocial assistance;

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

12 (G) other similar assistance.

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

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

18 (B) assistance with premiums for continu-
19 ation coverage provided pursuant to part 6 of
20 subtitle B of title I of the Employee Retirement
21 Income Security Act of 1974 (29 U.S.C. 1161
22 et seq.), title XXII of the Public Health Service
23 Act (42 U.S.C. 300bb–1 et seq.), or section
24 4980B of the Internal Revenue Code of 1986
25 (26 U.S.C. 4980B); and

1 (C) career and training services, including
2 upskilling and reskilling, for eligible cancer sur-
3 vivors who are not able to return to work after
4 treatment.

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

9 (A) assistance in applying for—

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

13 (ii) disability insurance benefits under
14 section 223 of the Social Security Act (42
15 U.S.C. 423);

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

20 (iv) with respect to minimizing delays
21 in eligibility before a cancer survivor be-
22 comes eligible for Medicare coverage, bene-
23 fits under the Medicare program under
24 title XVIII of the Social Security Act (42
25 U.S.C. 1801 et seq.), including with re-

1 spect to enrolling in plans under part C or
2 D of such title and supplemental plans
3 under section 1882 of such title;

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

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

10 (B) information on the eligibility of a can-
11 cer survivor, and their families and caregivers,
12 for benefits or services described in any of
13 clauses (i) through (vi) of subparagraph (A).

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

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

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

22 (d) DEFINITIONS.—In this section:

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

1 (A) remains in the workforce during cancer
2 treatment;

3 (B) reduces working hours during cancer
4 treatment;

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

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

9 (2) The term “supportive services” has the
10 meaning given such term in section 3 of the Work-
11 force Innovation and Opportunity Act (29 U.S.C.
12 3102).

13 **SEC. 8. COMPREHENSIVE CANCER SURVIVORSHIP PRO-**
14 **GRAM.**

15 (a) IN GENERAL.—The Secretary shall carry out a
16 comprehensive cancer survivorship program that includes
17 a program of supportive care services in accordance with
18 subsection (b) to improve the quality of life and long-term
19 survivorship of cancer survivors.

20 (b) CANCER SURVIVORSHIP QUALITY-OF-LIFE PRO-
21 GRAM.—

22 (1) IN GENERAL.—The Secretary shall carry
23 out a program of awarding grants to eligible entities
24 to provide services to cancer survivors to enhance
25 their quality of life and improve their long-term sur-

1 vival rates. Not later than 18 months after the date
2 of enactment of this Act, the Secretary shall com-
3 mence operating such program.

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

7 (A) a State comprehensive cancer program;

8 (B) a National Cancer Institute-designated
9 cancer center or centers; or

10 (C) a community-based organization, in-
11 cluding a patient advocacy organization, that—

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

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

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

23 (A) engage in moderate physical activity
24 and other health-promoting activities, including

1 ceasing tobacco use and increasing consumption
2 of healthy foods;

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

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

7 (D) access nutrition education and coun-
8 seling; and

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

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

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

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

20 (ii) overcome barriers to care for com-
21 munities of color and multilingual commu-
22 nities;

23 (iii) provide culturally competent care;

24 and

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

3 (B) a description of how the entity receives
4 referrals of cancer survivors from health care
5 professionals, including health care profes-
6 sionals serving historically disadvantaged and
7 underserved communities;

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

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

14 (i) the number of participants served;

15 (ii) quality-of-life measures for partici-
16 pants; and

17 (iii) plans for fostering communication
18 between oncology and non-oncology pro-
19 viders serving participants.

20 (5) RESPONSIBILITIES OF THE SECRETARY.—

21 The Secretary shall—

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

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

6 (C) share best practices among all grantees
7 under this subsection; and

8 (D) consider strategies for the coordination
9 of the program carried out under this section
10 with the alternative payment model for quality
11 survivorship care developed under section 6 to
12 ensure that enrollees in the alternative payment
13 model have access to the services that will be
14 funded through the program.

15 **SEC. 9. SURVIVORSHIP PROGRESS REPORT.**

16 (a) IN GENERAL.—Not later than 6 months after the
17 date of enactment of this Act, the Secretary shall enter
18 into an agreement with the Government Accountability Of-
19 fice to conduct a study of the progress made in cancer
20 survivorship over the period beginning on the date of en-
21 actment of the National Cancer Act of 1971 (Public Law
22 92–216).

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

- 1 (1) the nature and quality of survivorship care;
- 2 (2) transitions from active treatment to survi-
3 vorship care;
- 4 (3) the quality of life of cancer survivors;
- 5 (4) outcomes for cancer survivors;
- 6 (5) disparities in access to care and survivor-
7 ship outcomes;
- 8 (6) the health care systems for providing survi-
9 vorship care;
- 10 (7) the contribution of community-based serv-
11 ices to the survivorship care system; and
- 12 (8) payment for survivorship care by public and
13 private third-party payors.

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

15 The study under subsection (a) shall—

- 16 (1) consider the contribution of the Office of
17 Cancer Survivorship to the evolution of cancer survi-
18 vorship care over the last 25 years; and
- 19 (2) assess the impact of the mission of the Of-
20 fice and the resources provided to the Office on its
21 leadership in cancer survivorship care.

22 (d) PUBLIC MEETING.—In conducting the study
23 under subsection (a), the Comptroller General of the
24 United States shall hold a public meeting with a broad

1 cross section of stakeholders to inform the study’s findings
2 and conclusions. Such stakeholders shall include—

3 (1) cancer survivors and their caregivers and
4 families;

5 (2) patient organizations representing cancer
6 survivors;

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

9 (4) primary care providers involved in survivor-
10 ship care and the professional societies representing
11 them;

12 (5) other health professionals providing survi-
13 vorship care and the professional societies rep-
14 resenting them;

15 (6) community-based organizations involved in
16 survivorship care;

17 (7) representatives of the National Cancer In-
18 stitute;

19 (8) third-party payors;

20 (9) researchers engaged in survivorship re-
21 search;

22 (10) epidemiologists with knowledge of trends
23 in cancer survivorship; and

1 (11) such other stakeholders as the Comptroller
2 General deems important to participate in the public
3 meeting.

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

6 (1) release a report on the results of the study
7 under subsection (a); and

8 (2) in addition to the public meeting convened
9 under subsection (d)—

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

12 (B) include in such meeting all categories
13 of stakeholders listed in subsection (d).

14 **SEC. 10. MEDICAID COVERAGE OF HEALTHCARE TRANSI-**
15 **TIONS FOR SURVIVORS OF CHILDHOOD AND**
16 **ADOLESCENT CANCER.**

17 (a) IN GENERAL.—Section 1902(a)(10) of the Social
18 Security Act (42 U.S.C. 1396a(a)(10)) is amended—

19 (1) in subparagraph (F), by striking “; and”
20 and inserting a semicolon;

21 (2) in subparagraph (G), by adding at the end
22 “and”; and

23 (3) by inserting after subparagraph (G) the fol-
24 lowing new subparagraph:

1 “(H) notwithstanding section
2 1902(a)(10)(B) (relating to comparability), for
3 making medical assistance available for
4 healthcare transitions for survivors of childhood
5 and adolescent cancer (as defined in section
6 1905(jj));”.

7 (b) DEFINITION.—Section 1905 of the Social Secu-
8 rity Act (42 U.S.C. 1396d) is amended by adding at the
9 end the following new subsection:

10 “(jj) HEALTHCARE TRANSITIONS FOR SURVIVORS OF
11 CHILDHOOD AND ADOLESCENT CANCER.—

12 “(1) DEFINITION.—For purposes of section
13 1902(a)(10)(H) and this subsection, the term
14 ‘healthcare transitions for survivors of childhood and
15 adolescent cancer’—

16 “(A) means transition services from active
17 oncological care to primary care of a child or
18 adolescent with cancer ensuring development
19 and delivery of survivorship care plans to pa-
20 tients, families and primary care providers and
21 transition coverage; and

22 “(B) includes—

23 “(i) transition care based on the Chil-
24 dren’s Oncology Group (in this section re-
25 ferred to as the ‘COG’) Long-term Follow-

1 Up Guidelines for Survivors of Childhood,
2 Adolescent, and Young Adult Cancers; and

3 “(ii) coverage based on the COG expo-
4 sure-based standard of care for risk assess-
5 ment and surveillance recommendations;

6 “(iii) transition services that include
7 evidence-based recommendations for
8 screening and management of late effects
9 that may arise as a result of treatment for
10 childhood cancer, increase awareness of po-
11 tential late effects, and follow-up care for
12 childhood cancer and adolescent survivors;
13 and

14 “(iv) at least 2 survivorship transition
15 care visits per year.”.

16 **SEC. 11. MEDICAID COVERAGE OF CANCER FERTILITY**
17 **SERVICES FOR CANCER SURVIVORS.**

18 (a) MEDICAID.—

19 (1) MANDATORY COVERAGE.—Section
20 1902(a)(10) of the Social Security Act (42 U.S.C.
21 1396a) is amended—

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

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

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

3 “(H) notwithstanding section
4 1902(a)(10)(B) (relating to comparability), for
5 making medical assistance available for cancer
6 fertility services (as defined in subsection
7 (kk));”.

8 (2) DEFINITION.—Section 1905 of the Social
9 Security Act (42 U.S.C. 1396d), as amended by sec-
10 tion 10(4) of this Act, is further amended by adding
11 at the end the following new subsection:

12 “(kk) CANCER FERTILITY SERVICES.—

13 “(1) DEFINITION.—For purposes of section
14 1902(a)(10)(H) and this subsection, the term ‘can-
15 cer fertility services’—

16 “(A) means fertility treatment and fertility
17 preservation services for individuals diagnosed
18 with cancer who—

19 “(i) are undergoing treatment for
20 such cancer where such treatment may
21 lead to iatrogenic infertility;

22 “(ii) previously underwent such treat-
23 ment and may be at risk of such infertility
24 due to such treatment; or

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

4 “(B) includes—

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

15 “(ii) long-term storage costs—

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

19 “(II) with respect to individuals
20 age 18 or older, for a period of not
21 less than 10 years.

22 “(2) EXCEPTION FOR TERRITORIES.—Notwith-
23 standing any other provision of this title, in the case
24 of a State (other than the 50 States and the District

1 of Columbia), the requirement stated in section
2 1902(a)(10)(H) shall be optional.”.

3 (3) PROHIBITION ON COST-SHARING.—

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

7 (i) in subsection (a)(2)—

8 (I) in subparagraph (I), by strik-
9 ing at the end “, or” and inserting a
10 semicolon;

11 (II) in subparagraph (J), by
12 striking at the end “; and” and in-
13 sserting “; or”; and

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

16 “(K) cancer fertility services (as defined in
17 section 1905(kk)); and”; and

18 (ii) in subsection (b)(2)—

19 (I) in subparagraph (I), by strik-
20 ing at the end “, or” and inserting a
21 semicolon;

22 (II) in subparagraph (J), by
23 striking at the end “; and” and in-
24 sserting “; or”; and

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

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

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

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

12 (b) CHIP.—

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

16 (A) by redesignating the paragraph (12)
17 added by section 11405(b)(1) of Public Law
18 117–169 as paragraph (13); and

19 (B) by inserting after paragraph (11) the
20 following new paragraph:

21 “(12) REQUIRED COVERAGE OF CANCER FER-
22 TILITY SERVICES FOR CANCER SURVIVORS.—Regard-
23 less of the type of coverage elected by a State under
24 subsection (a), the child health assistance provided
25 for a targeted low-income child, and, in the case of

1 a State that elects to provide pregnancy-related as-
2 sistance pursuant to section 2112, the pregnancy-re-
3 lated assistance provided for a targeted low-income
4 pregnant woman (as such terms are defined for pur-
5 poses of such section), shall include coverage of can-
6 cer fertility services (as described in section
7 1905(jj)).”.

8 (2) PROHIBITION ON COST-SHARING.—Section
9 2103(e)(2) of the Social Security Act (42 U.S.C.
10 1397cc(e)(2)) is amended—

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

14 (B) by inserting “cancer fertility services
15 (as described in section 1905(jj)),” after “test-
16 ing or treatments described in section
17 1916(a)(2)(I) furnished during the period de-
18 scribed in such section”.

19 (3) EFFECTIVE DATE.—The amendment made
20 by paragraph (1)(A) shall take effect on October 1,
21 2026.

22 (c) EFFECTIVE DATE.—The amendments made by
23 this section (other than the amendment made by sub-
24 section (b)(1)(A)) shall apply with respect to medical as-
25 sistance, child health assistance, and pregnancy-related

1 assistance furnished on or after the date that is 18 months
2 after the date of the enactment of this Act.

3 **SEC. 12. OFFICE OF CANCER SURVIVORSHIP.**

4 (a) IN GENERAL.—The Secretary shall establish
5 within Office of the Director of the National Cancer Insti-
6 tute (referred to in this section as “NCI”) the Office of
7 Cancer Survivorship (referred to in this section as the
8 “Office”).

9 (b) PURPOSE.—The Office shall function as the enti-
10 ty within NCI with primary responsibility for improving
11 cancer survivorship for individuals living with and through
12 cancer.

13 (c) RESPONSIBILITIES.—The Office shall undertake
14 the following responsibilities:

15 (1) Management of a portfolio of research
16 grants focused on survivorship topics, including—

17 (A) late and long-term effects of cancer
18 and cancer treatment;

19 (B) interventions to address late and long-
20 term effects of cancer;

21 (C) health delivery models that ensure ac-
22 cess to quality survivorship care for all sur-
23 vivors; and

1 (D) communication and education efforts
2 to enhance access to survivorship care for all
3 survivors.

4 (2) Professional education efforts to share best
5 practices in survivorship care and to improve survi-
6 vorship care delivery.

7 (3) Survivor education efforts related to—

8 (A) understanding the late and long-term
9 effects of cancer and cancer treatment;

10 (B) improving access to monitoring and
11 follow-up care after active treatment for all sur-
12 vivors; and

13 (C) enhancing survivor management of
14 long-term follow-up survivorship care.

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