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1 **TITLE I—HEALTH CARE**
2 **MATTERS**
3 **Subtitle A—Access to Care**

4 **SEC. 101. EXPANSION OF ELIGIBILITY FOR HOSPITAL CARE,**
5 **MEDICAL SERVICES, AND NURSING HOME**
6 **CARE FROM THE DEPARTMENT OF VET-**
7 **ERANS AFFAIRS TO INCLUDE VETERANS OF**
8 **WORLD WAR II.**

9 (a) **IN GENERAL.**—Section 1710(a)(2)(E) of title 38,
10 United States Code, is amended by striking “of the Mexi-
11 can border period or of World War I;” and inserting “of—

12 “(i) the Mexican border period;

13 “(ii) World War I; or

14 “(iii) World War II;”.

15 (b) **EFFECTIVE DATE.**—The amendment made by
16 subsection (a) shall take effect on March 31, 2023.

17 **SEC. 102. DEPARTMENT OF VETERANS AFFAIRS TREAT-**
18 **MENT AND RESEARCH OF PROSTATE CAN-**
19 **CER.**

20 (a) **FINDINGS.**—Congress makes the following find-
21 ings:

22 (1) Prostate cancer is the number one cancer
23 diagnosed in the Veterans Health Administration.

24 (2) A 1996 report published by the National
25 Academy of Sciences, Engineering, and Medicine es-

1 established a link between prostate cancer and expo-
2 sure to herbicides, such as Agent Orange.

3 (3) It is essential to acknowledge that due to
4 these circumstances, certain veterans are made
5 aware that they are high-risk individuals when it
6 comes to the potential to develop prostate cancer.

7 (4) In being designated as “high risk”, it is es-
8 sential that veterans are proactive in seeking earlier
9 preventative clinical services for the early detection
10 and successful treatment of prostate cancer, whether
11 that be through the Veterans Health Administration
12 or through a community provider.

13 (5) Clinical preventative services and initial de-
14 tection are some of the most important components
15 in the early detection of prostate cancer for veterans
16 at high risk of prostate cancer.

17 (6) For veterans with prostate cancer, including
18 prostate cancer that has metastasized, precision on-
19 cology, including biomarker-driven clinical trials and
20 innovations underway through the Prostate Cancer
21 Foundation and Department of Veterans Affairs
22 partnership, represents one of the most promising
23 areas of interventions, treatments, and cures for
24 such veterans and their families.

25 (b) ESTABLISHMENT OF CLINICAL PATHWAY.—

1 (1) IN GENERAL.—Not later than 365 days
2 after the date of the enactment of this Act, the Sec-
3 retary of Veterans Affairs shall establish an inter-
4 disciplinary clinical pathway for all stages of pros-
5 tate cancer, from early detection to end of life care.
6 The clinical pathway shall be established in the Na-
7 tional Surgery Office of the Department of Veterans
8 Affairs in close collaboration with the National Pro-
9 gram Office of Oncology, the Office of Research and
10 Development, and other relevant entities of the De-
11 partment, including Primary Care.

12 (2) ELEMENTS.—The national clinical pathway
13 established under this subsection shall include the
14 following elements:

15 (A) A diagnosis pathway for prostate can-
16 cer that includes early screening and diagnosis
17 protocol, including screening recommendations
18 for veterans with evidence-based risk factors.

19 (B) A treatment pathway that details the
20 respective roles of each office of the Depart-
21 ment that will interact with veterans receiving
22 prostate cancer care, including treatment pro-
23 tocol recommendations for veterans with evi-
24 dence-based risk factors.

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1 (C) Treatment recommendations for all
2 stages of prostate cancer that reflect nationally
3 recognized standards for oncology, including
4 National Comprehensive Cancer Network guide-
5 lines.

6 (D) A suggested protocol timeframe for
7 each point of care, from early screening to
8 treatment and end-of-life care, based on sever-
9 ity and stage of cancer.

10 (E) A plan that includes, as appropriate,
11 both Department medical facilities and commu-
12 nity-based partners and providers and research
13 centers specializing in prostate cancer, espe-
14 cially such centers that have entered into part-
15 nerships with the Department.

16 (3) COLLABORATION AND COORDINATION.—In
17 establishing the clinical pathway required under this
18 section, the Secretary may collaborate and coordi-
19 nate with—

20 (A) the National Institutes of Health;

21 (B) the National Cancer Institute;

22 (C) the National Institute on Minority
23 Health and Health Disparities;

24 (D) the Centers for Disease Control and
25 Prevention;

1 (E) the Centers for Medicare and Medicaid
2 Services;

3 (F) the Patient-Centered Outcomes Re-
4 search Institute;

5 (G) the Food and Drug Administration;

6 (H) the Department of Defense; and

7 (I) other Institutes and Centers as the
8 Secretary determines necessary.

9 (4) CONSULTATION REQUIREMENT.—In estab-
10 lishing the clinical pathway required under this sec-
11 tion, the Secretary shall consult with, and incor-
12 porate feedback from, veterans who have received
13 prostate cancer care at Department medical facilities
14 as well as experts in multi-disciplinary cancer care
15 and clinical research.

16 (5) PUBLICATION.—The Secretary shall—

17 (A) publish the clinical pathway estab-
18 lished under this subsection on a publicly avail-
19 able Department website; and

20 (B) update the clinical pathway as needed
21 by review of the medical literature and available
22 evidence-based guidelines at least annually, in
23 accordance with the criteria under paragraph
24 (2).

1 (c) DEVELOPMENT OF COMPREHENSIVE PROSTATE
2 CANCER PROGRAM AND IMPLEMENTATION OF THE PROS-
3 TATE CANCER CLINICAL PATHWAY.—

4 (1) ESTABLISHMENT.—Not later than 180 days
5 after the date of the enactment of this Act, the Sec-
6 retary shall submit to Congress a plan to establish
7 a prostate cancer program using the comprehensive
8 prostate cancer clinical pathway developed under
9 subsection (b).

10 (2) PROGRAM REQUIREMENTS.—The com-
11 prehensive prostate cancer program shall—

12 (A) receive direct oversight from the Dep-
13 uty Undersecretary for Health of the Depart-
14 ment of Veterans Affairs;

15 (B) include a yearly program implementa-
16 tion evaluation to facilitate replication for other
17 disease states or in other healthcare institu-
18 tions;

19 (C) be metric driven and include the devel-
20 opment of biannual reports on the quality of
21 prostate cancer care, which shall be provided to
22 the leadership of the Department, medical cen-
23 ters, and providers and made publicly available
24 in an electronic form; and

1 (D) include an education plan for patients
2 and providers.

3 (3) PROGRAM IMPLEMENTATION EVALUA-
4 TION.—The Secretary shall establish a program
5 evaluation tool to learn best practices and to inform
6 the Department and Congress regarding further use
7 of the disease specific model of care delivery.

8 (4) PROSTATE CANCER RESEARCH.—The Sec-
9 retary shall submit to Congress a plan that provides
10 for continual funding through the Office of Research
11 and Development of the Department of Veterans for
12 supporting prostate cancer research designed to po-
13 sition the Department as a national resource for
14 prostate cancer detection and treatment. Such plan
15 shall—

16 (A) include details regarding the funding
17 of and coordination between the National Preci-
18 sion Oncology Program of the Department and
19 the PCF–VA Precision Oncology Centers of Ex-
20 cellence as related to the requirements of this
21 Act; and

22 (B) affirm that no funding included in
23 such funding plan is duplicative in nature.

24 (d) REPORT ON NATIONAL REGISTRY.—The Sec-
25 retary of Veterans Affairs shall submit to Congress a re-

1 port on the barriers and challenges associated with cre-
2 ating a national prostate cancer registry. Such report shall
3 include recommendations for centralizing data about vet-
4 erans with prostate cancer for the purpose of improving
5 outcomes and serving as a resource for providers.

6 (e) DEFINITIONS.—In this section:

7 (1) CLINICAL PATHWAY.—The term “clinical
8 pathway” means a health care management tool de-
9 signed around research and evidence-backed prac-
10 tices that provides direction for the clinical care and
11 treatment of a specific episode of a condition or ail-
12 ment.

13 (2) EVIDENCE-BASED RISK FACTORS.—The
14 term “evidence-based risk factors” includes race,
15 ethnicity, socioeconomic status, geographic location,
16 exposure risks, genetic risks, including family his-
17 tory, and such other factors as the Secretary deter-
18 mines appropriate.