

2409

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.

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.