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119TH CONGRESS
1ST SESSION

H. R. 1860

[Report No. 119-]

To designate Regional Breast and Gynecologic Cancer Care Coordinators to expand the work of the Breast and Gynecologic Oncology System of Excellence at the Department of Veterans Affairs, and for other purposes.

IN THE HOUSE OF REPRESENTATIVES

MARCH 5, 2025

Ms. GARCIA of Texas (for herself and Ms. BROWNLEY) introduced the following bill; which was referred to the Committee on Veterans' Affairs

MAY --, 2025

Reported with an amendment, committed to the Committee of the Whole House on the State of the Union, and ordered to be printed

[Insert the part printed in *italic*]

A BILL

To designate Regional Breast and Gynecologic Cancer Care Coordinators to expand the work of the Breast and Gynecologic Oncology System of Excellence at the Department of Veterans Affairs, 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.**

4 This Act may be cited as the “Women Veterans Can-
5 cer Care Coordination Act”.

6 **SEC. 2. DEPARTMENT OF VETERANS AFFAIRS REGIONAL**
7 **BREAST CANCER AND GYNECOLOGIC CAN-**
8 **CER CARE COORDINATORS.**

9 (a) ESTABLISHMENT.—Not later than one year after
10 the date of the enactment of this Act, the Secretary of
11 Veterans Affairs shall hire or designate a Regional Breast
12 Cancer and Gynecologic Cancer Care Coordinator at each
13 Veteran Integrated Services Network (hereinafter in this
14 section referred to as “VISN”). Each Care Coordinator
15 hired or designated under this subsection shall report di-
16 rectly to the Director of the Breast and Gynecologic On-
17 cology System of Excellence (hereinafter in this section re-
18 ferred to as the “BGOSoE”).

19 (b) ELIGIBLE VETERANS.—A veteran is eligible to re-
20 ceive care coordination provided by a Care Coordinator
21 hired or designated under subsection (a) if the veteran—

22 (1) is diagnosed with a breast or gynecologic
23 cancer, or has been identified as having a
24 precancerous breast or gynecologic condition; and

1 (2) is eligible for health care furnished through
2 the Veterans Community Care Program under sec-
3 tion 1703 of title 38, United States Code, at a non-
4 Department facility.

5 (c) LOCATIONS.—The Secretary shall establish re-
6 gions for purposes of care coordination provided by Re-
7 gional Breast Cancer and Gynecologic Cancer Care Coor-
8 dinators hired or designated under subsection (a). In es-
9 tablishing such regions, the Secretary shall—

10 (1) assign all Department facilities to an appro-
11 priate region under the supervision of the BGOSoE
12 Director and a designated Regional Breast and
13 Gynecologic Cancer Care Coordinator; and

14 (2) take into account existing VISNs and the
15 specific needs of veterans in each region, including
16 veterans living in rural communities.

17 (d) DUTIES OF REGIONAL BREAST AND GYNECO-
18 LOGICAL CANCER CARE COORDINATORS.—The Regional
19 Breast Cancer and Gynecologic Cancer Care Coordinator
20 hired or designated under subsection (a) shall be respon-
21 sible for carrying out the following duties:

22 (1) Ensuring the coordination of care between
23 clinicians of the Department and breast and
24 gynecologic cancer community care providers.

1 (2) Working with the Office of Community Care
2 of the relevant medical facility of the Department re-
3 garding care furnished under such section.

4 (3) Making regular contact with each veteran
5 based on the veteran's specific medical needs when
6 the veteran receives care from a community care
7 provider.

8 (4) Monitoring—

9 (A) the services furnished to veterans by
10 the Department and community care providers;

11 (B) the health outcomes of veterans with
12 respect to a cancer diagnosis, including remis-
13 sion, metastasis, and death; and

14 (C) the data relating to breast and
15 gynecologic cancer care (using relevant data-
16 bases of the Veterans Health Administration or
17 other Department databases), including—

18 (i) the demographics of veterans who
19 have breast or gynecologic cancer; and

20 (ii) the number of veterans being
21 treated for breast or gynecologic cancer.

22 (5) Providing particular information to veterans
23 with breast or gynecologic cancer, including—

24 (A) how to seek emergency care at the
25 emergency department closest to the residence

1 of the veteran, including that it is generally ad-
2 visable for veterans to notify the Department of
3 emergency care received at a non-Department
4 facility within 72 hours of receiving care to fa-
5 cilitate the authorization of payments for such
6 emergency treatment; and

7 (B) information about mental health re-
8 sources, including with respect to information
9 encouraging follow-up care for depression.

10 (6) Documenting certain information on vet-
11 erans receiving care for breast or gynecologic care in
12 the electronic health records of the Department, in-
13 cluding—

14 (A) the documentation of the contact de-
15 scribed in paragraph (3);

16 (B) the contact information of the breast
17 or gynecologic cancer care community care pro-
18 viders of such veterans; and

19 (C) the breast or gynecologic cancer diag-
20 nosis of veterans.

21 (7) Carrying out such other duties as may be
22 determined appropriate by the Secretary.

23 (e) REPORT.—Not later than three years after the
24 date of the enactment of this Act, the Secretary shall sub-
25 mit to the Committees on Veterans' Affairs of the Senate

1 and the House of Representatives a report containing the
2 following:

3 (1) A comparison of the health outcomes of vet-
4 erans who received cancer care at a Department fa-
5 cility and those who received care furnished by non-
6 Department medical providers pursuant to section
7 1703 of title 38, United States Code, include with
8 respect to the following:

9 (A) Treatment and types of health out-
10 comes, including (for the most recent three
11 years of available data)—

12 (i) the number of veterans who were
13 diagnosed with a breast or gynecologic can-
14 cer, or precancerous breast or gynecologic
15 condition;

16 (ii) the percentage of such veterans
17 who have experienced a cancer-related
18 death; and

19 (iii) the percentage of such veterans
20 who have entered remission for gynecologic
21 cancer.

22 (B) Timeliness of care furnished under
23 chapter 17 of title 38, United States Code, in-
24 cluding how quickly initial post-diagnosis ap-

1 pointments and appointments to develop a
2 treatment plan are scheduled and provided.

3 (C) Patient safety associated with such
4 care at Department facilities or community care
5 providers, including the number of errors in
6 medical care that rise to the level of “never
7 events” (such as a foreign body left in a veteran
8 during surgery).

9 (2) An evaluation of what changes or additional
10 resources are needed to further improve breast and
11 gynecologic cancer care and coordination.

12 (3) Any other matter the Secretary determines
13 appropriate.

14 (f) DEFINITIONS.—In this section:

15 (1) The term “community care provider” means
16 a health care provider described in section 1703(c)
17 of title 38, United States Code, who has entered into
18 a contract or agreement to furnish hospital care,
19 medical services, or extended care services (other
20 than care related to breast and gynecologic cancer)
21 to veterans under section 1703 of title 38, United
22 States Code.

23 (2) The term “breast and gynecologic cancer
24 community care provider” means a breast or
25 gynecologic cancer care provider described in section

1 1703(c) of title 38, United States Code, who has en-
2 tered into a contract or agreement to furnish hos-
3 pital care, medical services, or extended care services
4 to provide care related to breast or gynecologic can-
5 cer to veterans under section 1703 of title 38F,
6 United States Code.

7 (3) The term “breast cancer” has the meaning
8 given such term by the Director of the Breast and
9 Gynecologic Oncology System of Excellence.

10 (4) The term “gynecologic cancer” means cer-
11 vical cancer, ovarian cancer, uterine cancer, vaginal
12 cancer, vulvar cancer, and gestational trophoblastic
13 neoplasia.

14 (5) The term “non-Department facility” has
15 the meaning given that term in section 1701 of title
16 38, United States Code.

17 **SEC. 3. EXTENSION OF CERTAIN LIMITS ON PAYMENTS OF**
18 **PENSION.**

19 *Section 5503(d)(7) of title 38, United States Code, is*
20 *amended by striking “November 30, 2031” and inserting*
21 *“September 30, 2032”.*