

118TH CONGRESS
2D SESSION

H. R. 10153

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

NOVEMBER 18, 2024

Ms. GARCIA of Texas introduced the following bill; which was referred to the Committee on Veterans' Affairs

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”.

1 **SEC. 2. DEPARTMENT OF VETERANS AFFAIRS REGIONAL**
2 **BREAST CANCER AND GYNECOLOGIC CAN-**
3 **CER CARE COORDINATORS.**

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

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

17 (1) is diagnosed with a breast or gynecologic
18 cancer, or has been identified as having a
19 precancerous breast or gynecologic condition; and

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

24 (c) LOCATIONS.—The Secretary shall establish re-
25 gions for purposes of care coordination provided by Re-
26 gional Breast Cancer and Gynecologic Cancer Care Coor-

1 dinators hired or designated under subsection (a). In es-
2 tablishing such regions, the Secretary shall—

3 (1) assign all Department facilities to an appro-
4 priate region under the supervision of the BGOSoE
5 Director and a designated Regional Breast and
6 Gynecologic Cancer Care Coordinator; and

7 (2) take into account existing VISNs and the
8 specific needs of veterans in each region, including
9 veterans living in rural communities.

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

15 (1) Ensuring the coordination of care between
16 clinicians of the Department and breast and
17 gynecologic cancer community care providers.

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

21 (3) Making regular contact with each veteran
22 based on the veteran's specific medical needs when
23 the veteran receives care from a community care
24 provider.

25 (4) Monitoring—

1 (A) the services furnished to veterans by
2 the Department and community care providers;

3 (B) the health outcomes of veterans with
4 respect to a cancer diagnosis, including remis-
5 sion, metastasis, and death; and

6 (C) the data relating to breast and
7 gynecologic cancer care (using relevant data-
8 bases of the Veterans Health Administration or
9 other Department databases), including—

10 (i) the demographics of veterans who
11 have breast or gynecologic cancer; and

12 (ii) the number of veterans being
13 treated for breast or gynecologic cancer.

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

16 (A) how to seek emergency care at the
17 emergency department closest to the residence
18 of the veteran, including that it is generally ad-
19 visable for veterans to notify the Department of
20 emergency care received at a non-Department
21 facility within 72 hours of receiving care to fa-
22 cilitate the authorization of payments for such
23 emergency treatment; and

1 (B) information about mental health re-
2 sources, including with respect to information
3 encouraging follow-up care for depression.

4 (6) Documenting certain information on vet-
5 erans receiving care for breast or gynecologic care in
6 the electronic health records of the Department, in-
7 cluding—

8 (A) the documentation of the contact de-
9 scribed in paragraph (3);

10 (B) the contact information of the breast
11 or gynecologic cancer care community care pro-
12 viders of such veterans; and

13 (C) the breast or gynecologic cancer diag-
14 nosis of veterans.

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

17 (e) REPORT.—Not later than three years after the
18 date of the enactment of this Act, the Secretary shall sub-
19 mit to the Committees on Veterans' Affairs of the Senate
20 and the House of Representatives a report containing the
21 following:

22 (1) A comparison of the health outcomes of vet-
23 erans who received cancer care at a Department fa-
24 cility and those who received care furnished by non-
25 Department medical providers pursuant to section

1 1703 of title 38, United States Code, include with
2 respect to the following:

3 (A) Treatment and types of health out-
4 comes, including (for the most recent three
5 years of available data)—

6 (i) the number of veterans who were
7 diagnosed with a breast or gynecologic can-
8 cer, or precancerous breast or gynecologic
9 condition;

10 (ii) the percentage of such veterans
11 who have experienced a cancer-related
12 death; and

13 (iii) the percentage of such veterans
14 who have entered remission for gynecologic
15 cancer.

16 (B) Timeliness of care furnished under
17 chapter 17 of title 38, United States Code, in-
18 cluding how quickly initial post-diagnosis ap-
19 pointments and appointments to develop a
20 treatment plan are scheduled and provided.

21 (C) Patient safety associated with such
22 care at Department facilities or community care
23 providers, including the number of errors in
24 medical care that rise to the level of “never

1 events” (such as a foreign body left in a veteran
2 during surgery).

3 (2) An evaluation of what changes or additional
4 resources are needed to further improve breast and
5 gynecologic cancer care and coordination.

6 (3) Any other matter the Secretary determines
7 appropriate.

8 (f) DEFINITIONS.—In this section:

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

17 (2) The term “breast and gynecologic cancer
18 community care provider” means a breast or
19 gynecologic cancer care provider described in section
20 1703(e) of title 38, United States Code, who has en-
21 tered into a contract or agreement to furnish hos-
22 pital care, medical services, or extended care services
23 to provide care related to breast or gynecologic can-
24 cer to veterans under section 1703 of title 38F,
25 United States Code.

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

4 (4) The term “gynecologic cancer” means cer-
5 vical cancer, ovarian cancer, uterine cancer, vaginal
6 cancer, vulvar cancer, and gestational trophoblastic
7 neoplasia.

8 (5) The term “non-Department facility” has
9 the meaning given that term in section 1701 of title
10 38, United States Code.

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