

118TH CONGRESS
2D SESSION

H. R. 7091

To amend title 38, United States Code, to require medical facilities of the Department of Veterans Affairs to share certain data with State cancer registries, and for other purposes.

IN THE HOUSE OF REPRESENTATIVES

JANUARY 25, 2024

Mrs. KIGGANS of Virginia (for herself and Mrs. CHERFILUS-McCORMICK) introduced the following bill; which was referred to the Committee on Veterans' Affairs, and in addition to the Committee on Energy and Commerce, 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 amend title 38, United States Code, to require medical facilities of the Department of Veterans Affairs to share certain data with State cancer registries, 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 “Counting Veterans’
5 Cancer Act of 2024”.

1 **SEC. 2. FINDINGS AND PURPOSE.**

2 (a) FINDINGS.—Congress finds the following:

3 (1) According to 2017 data from National Pro-
4 gram of Cancer Registries of the Centers for Disease
5 Control and Prevention, approximately 26,500 can-
6 cer cases among veterans were not reported to State
7 cancer registries funded through such Program.

8 (2) Established by Congress in 1992 through
9 the Cancer Registries Amendment Act (Public Law
10 102–515), the National Program of Cancer Reg-
11 istries under section 399B of the Public Health
12 Service Act (42 U.S.C. 280e) collects data on cancer
13 occurrence (including the type, extent, and location
14 of the cancer), the type of initial treatment, and out-
15 comes.

16 (3) The Centers for Disease Control and Pre-
17 vention support central cancer registries in 46
18 States, the District of Columbia, Puerto Rico, cer-
19 tain territories of the United States in the Pacific
20 Islands, and the United States Virgin Islands.

21 (4) The data obtained by registries described in
22 paragraph (3) combined with data from the Surveil-
23 lance, Epidemiology, and End Results Program of
24 the National Cancer Institute and mortality data
25 from National Center for Health Statistics of the

1 Centers for Disease Control and Prevention com-
2 prise the official United States Cancer Statistics.

3 (5) The United States Cancer Statistics reflect
4 all newly diagnosed cancer cases and cancer deaths
5 for the entire population of the United States, ex-
6 cept for unreported veterans.

7 (6) Federal law requires the Centers for Dis-
8 ease Control and Prevention and the National Can-
9 cer Institute to collect cancer data for all newly di-
10 agnosed cancer cases, but that currently cannot be
11 achieved due to frequent lack of reporting by med-
12 ical facilities of the Department of Veterans Affairs.

13 (7) Releasing all data from medical facilities of
14 the Department to State cancer registries will pro-
15 vide more complete data for health care providers,
16 public health officials, and researchers to—

17 (A) measure cancer occurrence and trends
18 at the local and national level;

19 (B) inform and prioritize cancer edu-
20 cational and screening programs;

21 (C) evaluate efficacy of prevention efforts
22 and treatment;

23 (D) determine survival rates;

24 (E) conduct research on the etiology, diag-
25 nosis, and treatment of cancer;

1 (F) ensure quality and equity in cancer
2 care; and

3 (G) plan for health services.

4 (8) Capturing cancer data from medical facili-
5 ties of the Department in State cancer registries and
6 the United States Cancer Statistics can benefit vet-
7 erans by—

8 (A) improving the ability to identify can-
9 cer-related disparities in the veteran commu-
10 nity;

11 (B) improving understanding of the can-
12 cer-related needs of veterans, which can be in-
13 corporated into State Comprehensive Cancer
14 Control planning for screening and treatment
15 programs funded by the Centers for Disease
16 Control and Prevention; and

17 (C) increasing opportunities for veterans
18 with cancer to be included in more clinical trials
19 and cancer-related research and analysis being
20 done outside of the health care system of the
21 Department.

22 (b) PURPOSE.—It is the purpose of this Act to im-
23 prove care for veterans by ensuring all data on veterans
24 diagnosed with cancer are captured by the national cancer
25 registry programs supported by the National Program of

1 Cancer Registries of the Centers for Disease Control and
2 Prevention and the Surveillance, Epidemiology, and End
3 Results Program of the National Cancer Institute.

4 **SEC. 3. REQUIREMENT THAT DEPARTMENT OF VETERANS**
5 **AFFAIRS SHARE DATA WITH STATE CANCER**
6 **REGISTRIES.**

7 (a) SHARING OF DATA WITH STATE CANCER REG-
8 ISTRIES.—

9 (1) IN GENERAL.—Subchapter II of chapter 73
10 of title 38, United States Code, is amended by add-
11 ing at the end the following new section:

12 **“§ 7330E. Sharing of data with State cancer registries**

13 **“(a) SHARING BY THE DEPARTMENT.—**

14 **“(1) IN GENERAL.—**The Secretary shall share
15 with the State cancer registry of each State, if such
16 a registry exists, qualifying data for all individuals
17 who are residents of the State and have received
18 health care under the laws administered by the Sec-
19 retary.

20 **“(2) REQUIREMENTS RELATING TO DATA**
21 **SHARED.—**In sharing data under paragraph (1) with
22 a State cancer registry, the Secretary shall comply
23 with the requirements for non-Department facilities
24 to report data, in a manner that is as complete and
25 timely as possible, without requiring a data use

1 agreement in place between the Department and
2 each State cancer registry—

3 “(A) to State cancer registries that are
4 supported by the National Program of Cancer
5 Registries of the Centers for Disease Control
6 and Prevention under section 399B of the Pub-
7 lic Health Service Act (42 U.S.C. 280e);

8 “(B) to State cancer registries that are
9 supported by the Surveillance Epidemiology and
10 End Results Program of the National Cancer
11 Institute authorized under the National Cancer
12 Act of 1971 (Public Law 92–218); and

13 “(C) to State cancer registries as set forth
14 in relevant State laws and regulations that au-
15 thorize a cancer registry.

16 “(b) QUALIFYING DATA DEFINED.—In this section,
17 the term ‘qualifying data’, with respect to a State cancer
18 registry, means all data required to be provided to the reg-
19 istry pursuant to the authorities specified in subpara-
20 graphs (A) through (C) of subsection (a)(2).”.

21 (2) CLERICAL AMENDMENT.—The table of sec-
22 tions at the beginning of subchapter II of such chap-
23 ter is amended by inserting after the item relating
24 to section 7330D the following new item:

“7330E. Sharing of data with State cancer registries.”.

1 (b) SHARING BY STATE CANCER REGISTRIES.—The
2 Director of the Centers for Disease Control and Preven-
3 tion shall assist State cancer registries described in sub-
4 paragraphs (A) and (B) of section 7330E(a)(2) of title
5 38, United States Code, as added by subsection (a)(1),
6 in facilitating, to the extent allowed under State laws regu-
7 lating the cancer registry program, the sharing with the
8 Secretary of Veterans Affairs of data in the possession of
9 each such registry regarding diagnosis of cancer for each
10 veteran—

11 (1) enrolled in the system of annual patient en-
12 rollment established and operated under section
13 1705(a) of such title; or

14 (2) registered to receive care from the Depart-
15 ment of Veterans Affairs under section 17.37 of title
16 38, Code of Federal Regulations, or successor regu-
17 lations.

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