

117TH CONGRESS
1ST SESSION

S. 2720

To direct the Secretary of Veterans Affairs to establish a national clinical pathway for prostate cancer, and for other purposes.

IN THE SENATE OF THE UNITED STATES

SEPTEMBER 13, 2021

Mr. MORAN (for himself and Mr. TESTER) introduced the following bill; which was read twice and referred to the Committee on Veterans' Affairs

A BILL

To direct the Secretary of Veterans Affairs to establish a national clinical pathway for prostate cancer, 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 “Veterans’ Prostate
5 Cancer Treatment and Research Act”.

6 **SEC. 2. FINDINGS.**

7 Congress makes the following findings:

8 (1) Prostate cancer is the number one cancer
9 diagnosed in the Veterans Health Administration.

1 (2) A 1996 report published by the National
2 Academy of Sciences, Engineering, and Medicine es-
3 tablished a link between prostate cancer and expo-
4 sure to herbicides, such as Agent Orange.

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

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

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

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

1 areas of interventions, treatments, and cures for
2 such veterans and their families.

3 **SEC. 3. DEPARTMENT OF VETERANS AFFAIRS TREATMENT**
4 **AND RESEARCH OF PROSTATE CANCER.**

5 (a) ESTABLISHMENT OF CLINICAL PATHWAY.—

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

17 (2) ELEMENTS.—The national clinical pathway
18 established under this subsection shall include the
19 following elements:

20 (A) A diagnosis pathway for prostate can-
21 cer that includes early screening and diagnosis
22 protocol, including screening recommendations
23 for veterans with evidence-based risk factors.

24 (B) A treatment pathway that details the
25 respective roles of each office of the Depart-

ment that will interact with veterans receiving prostate cancer care, including treatment protocol recommendations for veterans with evidence-based risk factors.

(C) Treatment recommendations for all stages of prostate cancer that reflect nationally recognized standards for oncology, including National Comprehensive Cancer Network guidelines.

(D) A suggested protocol timeframe for each point of care, from early screening to treatment and end-of-life care, based on severity and stage of cancer.

(E) A plan that includes, as appropriate, both Department medical facilities and community-based partners and providers and research centers specializing in prostate cancer, especially such centers that have entered into partnerships with the Department.

(3) COLLABORATION AND COORDINATION.—In establishing the clinical pathway required under this section, the Secretary may collaborate and coordinate with—

(A) the National Institutes of Health;

(B) the National Cancer Institute;

1 (C) the National Institute on Minority
2 Health and Health Disparities;

3 (D) the Centers for Disease Control and
4 Prevention;

5 (E) the Centers for Medicare and Medicaid
6 Services;

7 (F) the Patient-Centered Outcomes Re-
8 search Institute;

9 (G) the Food and Drug Administration;

10 (H) the Department of Defense; and

11 (I) other Institutes and Centers as the
12 Secretary determines necessary.

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

20 (5) PUBLICATION.—The Secretary shall—

21 (A) publish the clinical pathway estab-
22 lished under this subsection on a publicly avail-
23 able Department website; and

24 (B) update the clinical pathway as needed
25 by review of the medical literature and available

1 evidence-based guidelines at least annually, in
2 accordance with the criteria under paragraph
3 (2).

4 (b) DEVELOPMENT OF COMPREHENSIVE PROSTATE
5 CANCER PROGRAM AND IMPLEMENTATION OF THE PROS-
6 TATE CANCER CLINICAL PATHWAY.—

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

13 (2) PROGRAM REQUIREMENTS.—The com-
14 prehensive prostate cancer program shall—

15 (A) receive direct oversight from the Dep-
16 uty Undersecretary for Health of the Depart-
17 ment of Veterans Affairs;

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

22 (C) be metric driven and include the devel-
23 opment of biannual reports on the quality of
24 prostate cancer care, which shall be provided to
25 the leadership of the Department, medical cen-

ters, and providers and made publicly available
in an electronic form; and

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

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

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

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

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

1 (c) REPORT ON NATIONAL REGISTRY.—The Sec-
2 retary of Veterans Affairs shall submit to Congress a re-
3 port on the barriers and challenges associated with cre-
4 ating a national prostate cancer registry. Such report shall
5 include recommendations for centralizing data about vet-
6 erans with prostate cancer for the purpose of improving
7 outcomes and serving as a resource for providers.

8 (d) DEFINITIONS.—In this section:

9 (1) The term “clinical pathway” means a health
10 care management tool designed around research and
11 evidence-backed practices that provides direction for
12 the clinical care and treatment of a specific episode
13 of a condition or ailment.

14 (2) The term “evidence-based risk factors” in-
15 cludes race, ethnicity, socioeconomic status, geo-
16 graphic location, exposure risks, genetic risks, in-
17 cluding family history, and such other factors as the
18 Secretary determines appropriate.

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