

119TH CONGRESS  
1ST SESSION

# H. R. 1860

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## AN ACT

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,*

1 **SECTION 1. SHORT TITLE.**

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

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

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

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

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

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

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

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

10 (2) take into account existing VISNs and the  
11 specific needs of veterans in each region, including  
12 veterans living in rural communities.

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

18 (1) Ensuring the coordination of care between  
19 clinicians of the Department and breast and  
20 gynecologic cancer community care providers.

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

24 (3) Making regular contact with each veteran  
25 based on the veteran's specific medical needs when

1 the veteran receives care from a community care  
2 provider.

3 (4) Monitoring—

4 (A) the services furnished to veterans by  
5 the Department and community care providers;

6 (B) the health outcomes of veterans with  
7 respect to a cancer diagnosis, including remis-  
8 sion, metastasis, and death; and

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

13 (i) the demographics of veterans who  
14 have breast or gynecologic cancer; and

15 (ii) the number of veterans being  
16 treated for breast or gynecologic cancer.

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

19 (A) how to seek emergency care at the  
20 emergency department closest to the residence  
21 of the veteran, including that it is generally ad-  
22 visable for veterans to notify the Department of  
23 emergency care received at a non-Department  
24 facility within 72 hours of receiving care to fa-

1 facilitate the authorization of payments for such  
2 emergency treatment; and

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

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

10 (A) the documentation of the contact de-  
11 scribed in paragraph (3);

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

15 (C) the breast or gynecologic cancer diag-  
16 nosis of veterans.

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

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

24 (1) A comparison of the health outcomes of vet-  
25 erans who received cancer care at a Department fa-

1 cility and those who received care furnished by non-  
2 Department medical providers pursuant to section  
3 1703 of title 38, United States Code, include with  
4 respect to the following:

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

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

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

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

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

23 (C) Patient safety associated with such  
24 care at Department facilities or community care  
25 providers, including the number of errors in

1           medical care that rise to the level of “never  
2           events” (such as a foreign body left in a veteran  
3           during surgery).

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

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

9           (f) DEFINITIONS.—In this section:

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

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

1 cer to veterans under section 1703 of title 38F,  
2 United States Code.

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

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

10 (5) The term “non-Department facility” has  
11 the meaning given that term in section 1701 of title  
12 38, United States Code.

13 **SEC. 3. EXTENSION OF CERTAIN LIMITS ON PAYMENTS OF**  
14 **PENSION.**

15 Section 5503(d)(7) of title 38, United States Code,  
16 is amended by striking “November 30, 2031” and insert-  
17 ing “September 30, 2032”.

Passed the House of Representatives September 15,  
2025.

Attest:

*Clerk.*





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