to our veterans, improving the quality and timeliness of their care.

Again, this is a commonsense bill with bipartisan support and has received the support from the American Legion, Veterans of Foreign Wars, AMVETS, and Paralyzed Veterans of America, among others.

Mr. TAKANO. Mr. Speaker, I have no further speakers. I am prepared to close, and I reserve the balance of my time.

Mr. DAVID P. ROE of Tennessee. Mr. Speaker, I yield myself the balance of my time.

Mr. Speaker, I want to thank the gentleman from Georgia (Mr. CARTER), my good friend who serves on the Doctors Caucus with me, for bringing this important piece of legislation up.

Mr. Speaker, this pandemic actually has done one good thing, and that is to advance telehealth. Just to give you some scope of this, the VA went from tens of thousands of mental health visits—and we know that people have been isolated. Certainly, many of our elderly have been confined; they can't visit people. They have gone from tens of thousands of mental health visits per month to hundreds of thousands of visits. So we are able to stay in touch with patients in need.

I know in my own medical practice in Tennessee, it has been extremely helpful for patients to access their physicians through telehealth. I think we are going to continue this, and I think the next Congress is going to have to address how Medicare and Medicaid funds these telehealth visits outside the VA, it is that important for care.

If you live in a rural area in rural Appalachia like I do, the only way we are going to get specialty care for our patients in need—and in many cases, in our cities—is via telehealth, because these specialists are so hard to find and there are so few of them. And especially in cases like neurology and pediatrics, these are very difficult people to see.

So I really am appreciative of this. I appreciate Dr. Carter bringing it up, and I certainly thank the chairman for putting this on the agenda.

Mr. Speaker, I encourage all of my colleagues to support this, and I yield back the balance of my time.

Mr. TAKANO. Mr. Speaker, I yield myself the balance of my time.

Mr. Speaker, I want to thank the ranking member for his comments about the VA really being a pioneer in this moment, that the expansion of tele-mental health, especially, has seen a logarithmic increase, and it has implications for Medicare and Medicaid. I am hearing from the civilian medical sector about the need to follow the VA's example.

I am very proud of the work the VA has done to respond to this pandemic moment by making sure that our veterans, no matter where they live, have access to medical care through telehealth and tele-mental health, especially.

I want to thank, again, the sponsor of this legislation, and I want to urge all of my colleagues to join me in passing this important legislation, H.R. 3228, as amended.

Mr. Speaker, I yield back the balance of my time.

The SPEAKER pro tempore. The question is on the motion offered by the gentleman from California (Mr. TAKANO) that the House suspend the rules and pass the bill, H.R. 3228, as amended.

The question was taken; and (two-thirds being in the affirmative) the rules were suspended and the bill, as amended, was passed.

A motion to reconsider was laid on the table.

VETERAN'S PROSTATE CANCER TREATMENT AND RESEARCH ACT

Mr. TAKANO. Mr. Speaker, I move to suspend the rules and pass the bill (H.R. 6092) to direct the Secretary of Veterans Affairs to establish a national clinical pathway for prostate cancer, access to life-saving extending precision clinical trials and research, and for other purposes.

The Clerk read the title of the bill.

The text of the bill is as follows:

H.R. 6092

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled,

SECTION 1. SHORT TITLE.

This Act may be cited as the ''Veteran's Prostate Cancer Treatment and Research Act''.

SEC. 2. FINDINGS.

Congress makes the following findings:

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

(2) A 1996 report published by the National Academy of Sciences, Engineering, and Medicine established a link between prostate cancer and exposure to herbicides, such as Agent Orange.

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

(4) In being designated as ''high risk'', it is essential that veterans are proactive in seeking earlier preventative clinical services for the early detection and successful treatment of prostate cancer, whether that be through the Veterans Health Administration or through a community provider.

(5) Clinical preventative services and initial detection are some of the most important components in the early detection of prostate cancer for veterans at high risk of prostate cancer.

(6) For veterans with prostate cancer, including prostate cancer that has metastasized, precision oncology, including biomarker-driven clinical trials and innovations underway through the Prostate Cancer Foundation and Department of Veterans Affairs partnership, represents one of the most promising areas of interventions, treatments, and cures for such veterans and their families.

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

(a) ESTABLISHMENT OF CLINICAL PATHWAY.—

(1) IN GENERAL.—Not later than 365 days after the date of the enactment of this Act, the Secretary of Veterans Affairs shall establish in the National Surgery Office of the Department of Veterans Affairs a national clinical pathway for all stages of prostate cancer, from early detection to end-of-life care including recommendations regarding the use of transformative innovations, research, and uniform clinical data.

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

(A) A multi-disciplinary plan for the early detection, diagnosis, and treatment of prostate cancer 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.

(B) A suggested, but not mandatory, protocol for screening, diagnosis, and treatment or care for subpopulations with evidence-based risk factors (including race, ethnicity, socioeconomic status, geographic location, exposure risks, and genetic risks, including family history).

(C) A suggested treatment protocol timeframe for each point of care based on severity and stage of cancer.

(3) PUBLIC COMMENT PERIOD.—Upon the establishment of a proposed clinical pathway as required under this subsection, the Secretary shall publish the proposed clinical pathway in the Federal Register and provide for a 45-day period for public comments. The Secretary—

(A) may make any such public comments publicly available; and

(B) make changes to the proposed clinical pathway in response to any such comments received using the same process and criteria used to establish the proposed clinical pathway.

(4) COLLABORATION AND COORDINATION.—In establishing the clinical pathway required under this section, the Secretary shall—

(A) provide for consideration of other clinical pathways and research findings of other departments and agencies, including guidelines that are widely recognized and guidelines that are used as the standard for clinical policy in oncology care, such as National Comprehensive Cancer Network guidelines; and

(B) collaborate and coordinate with—

(i) the National Institutes of Health;

(ii) the National Cancer Institute;

(iii) the National Institute on Minority Health and Health Disparities;

(iv) other Institutes and Centers as the Secretary determines necessary;

(v) the Centers for Disease Control and Prevention;

(vi) the Department of Defense;

(vii) the Centers for Medicare and Medicaid Services;

(viii) the Patient-Centered Outcomes Research Institute; and

(ix) the Food and Drug Administration.

(5) PUBLICATION.—The Secretary shall—

(A) publish the clinical pathway established under this subsection on a publicly available Department website; and

(B) regularly update the clinical pathway as needed by review of the medical literature and available evidence-based guidelines at least annually, in accordance with the criteria under paragraph (2).

(b) DEVELOPMENT OF NATIONAL CANCER OF THE PROSTATE CLINICAL CARE IMPLEMENTATION PROGRAM.—

(1) ESTABLISHMENT.—Not later than 90 days after the date of the enactment of this Act, the Secretary shall submit to Congress a

plan to establish a comprehensive prostate cancer program.

(2) PROGRAM REQUIREMENTS.—The comprehensive prostate cancer program shall—

(A) be multidisciplinary and include the authority to work across clinical care lines, specialties, and the organizational divisions of the Veterans Health Administration;

(B) receive direct oversight from the Deputy Undersecretary for Health of the Department of Veterans Affairs;

(C) include a yearly program implementation evaluation to facilitate replication for other disease states or in other healthcare institutions;

(D) be metric driven and include the development of quarterly reports on the quality of prostate cancer care, which shall be provided to the leadership of the Department, medical centers, and providers and made publicly available in an electronic form;

(E) made available as national decision support tools in the electronic medical record;

(F) include an education plan for patients and providers; and

(G) be funded appropriately to accomplish the objectives of this Act.

(3) PROGRAM IMPLEMENTATION EVALUATION.—The Secretary shall establish a program evaluation tool as an integral component to learn best practices of multidisciplinary disease-based implementation and to inform the Department and Congress regarding further use of the disease specific model of care delivery.

(4) PROSTATE CANCER RESEARCH.—The Secretary shall submit to Congress a plan that provides for continual funding through the Office of Research and Development of the Department of Veterans Affairs for supporting prostate cancer research designed to position the Department as a national resource for quality reporting metrics, practice-based evidence, comparative effectiveness, precision oncology, and clinical trials in prostate cancer.

(5) PROSTATE CANCER REAL TIME REGISTRY PROGRAM.—The Secretary, in collaboration with data stewards of the Department of Veterans Affairs, scientists, and the heads of other Departments, agencies, and non-governmental organizations, such as foundations and non-profit organizations focused on prostate cancer research and care, shall establish a real-time, actionable, national prostate cancer registry. Such registry shall be designed—

(A) to establish a systematic and standardized database that enables intra-agency collaboration by which to track veteran patient progress, enable population management programs, facilitate best outcomes, and encourage future research and further development of clinical pathways, including patient access to precision resources and treatments and access to life-extending precision clinical trials;

(B) to employ novel methods of structuring data, including natural language processing, artificial intelligence, structured data clinical notes, patient reported outcome instruments, and other tools, to ensure that all clinically meaningful data is included; and

(C) to be accessible to—

(i) clinicians treating veterans diagnosed with prostate cancer and being treated for prostate cancer in conjunction with Department medical facilities; and

(ii) researchers.

(c) CLINICAL PATHWAY DEFINED.—In this section, the term ''clinical pathway'' means a health care management tool designed around research and evidence-backed practices that provides direction for the clinical care and treatment of a specific episode of a condition or ailment.

The SPEAKER pro tempore. Pursuant to the rule, the gentleman from California (Mr. TAKANO) and the gentleman from Tennessee (Mr. DAVID P. ROE) each will control 20 minutes.

The Chair recognizes the gentleman from California.

GENERAL LEAVE

Mr. TAKANO. Mr. Speaker, I ask unanimous consent that all Members may have 5 legislative days in which to revise and extend their remarks and to include extraneous material on H.R. 6092.

The SPEAKER pro tempore. Is there objection to the request of the gentleman from California?

There was no objection.

Mr. TAKANO. Mr. Speaker, I yield myself such time as I may consume.

Mr. Speaker, I rise in support of H.R. 6092, the Veteran's Prostate Cancer Treatment and Research Act.

The number one cancer diagnosed by the Veterans Health Administration is prostate cancer. Nearly half a million veterans are currently undergoing treatment, with disproportionate diagnoses of this disease impacting Black veterans and those exposed to Agent Orange.

This legislation would create a national clinical pathway and standardized system of care for treatment of prostate cancer at all stages. This will ensure more widespread early detection efforts, increase access to clinical trials, and create a registry and research program.

Mr. Speaker, our veterans battle prostate cancer at twice the rate of their civilian counterparts. A unified systems-wide approach that builds on the incredible work of the Department's research efforts is essential.

I want to thank Dr. DUNN for his steadfast leadership and his passion on this matter.

Mr. Speaker, I also encourage all of my colleagues to support H.R. 6092, and I reserve the balance of my time.

Mr. DAVID P. ROE of Tennessee. Mr. Speaker, I yield myself such time as I may consume.

Mr. Speaker, I rise today in support of H.R. 6092, the Veteran's Prostate Cancer Treatment and Research Act. This bill is sponsored by my good friend and ranking member of the Subcommittee on Health, Congressman NEAL DUNN of Florida.

Like me, Dr. DUNN is an Army veteran and a physician. During his many years in private practice, he helped to found the Advanced Urology Institute and the Bay Regional Cancer Center, where he specialized in treating advanced prostate cancer.

Suffice it to say, improving care for prostate cancer is a personal one for him. It is also a personal one for me.

A few years ago, when I was chairman of the Veterans' Affairs Committee, I was diagnosed with prostate cancer. Early detection and effective treatment helped save my life, and I know that it will do the same for many of my fellow veterans.

Veterans are diagnosed with prostate cancer, as the chairman said, at twice the rate of the general population, making prostate cancer the most commonly diagnosed cancer in male veterans. An estimated one in five male veterans is expected to be diagnosed with prostate cancer in their lifetime, compared to one in nine American men, generally.

The Veteran's Prostate Cancer Treatment and Research Act would require the VA to establish a national clinical pathway for prostate cancer and to update that clinical pathway every year to reflect the latest and greatest and best practices for, and the medical understanding of, this deadly disease. It would also require the VA to establish a comprehensive prostate cancer program and a national prostate cancer registry.

Together, these provisions would make the VA a national leader with respect to prostate cancer.

Most importantly, it would give veterans with prostate cancer the very best chance of making a full recovery and going on to lead long, healthy lives after their diagnosis.

Mr. Speaker, it is fitting that the House advance this important bill today in the final week of Prostate Cancer Month. I urge all of my colleagues to join me in supporting it, and I reserve the balance of my time.

Mr. TAKANO. Mr. Speaker, I also want to acknowledge the leadership of the gentleman from South Carolina (Mr. CUNNINGHAM), who worked with the subcommittee ranking member, Dr. NEAL DUNN.

Mr. Speaker, I yield 5 minutes to the gentleman from South Carolina (Mr. CUNNINGHAM), my good friend.

Mr. CUNNINGHAM. Mr. Speaker, I rise in support of this bipartisan legislation introduced by my colleague, Representative DUNN, and myself, which would ensure that lifesaving research and clinical trials are made available to reduce the rate of prostate cancer for our Nation's veterans.

Prostate cancer is the number one cancer diagnosed in the Veterans Health Administration, and numerous reports have established a link between cancer and military service, including exposure to certain herbicides like Agent Orange.

Early detection of this disease is critical, and veterans deserve a health system that provides both early detection and successful treatment. This bill will do just that.

It is our job to ensure that, when our brave men and women return home from their service, the VA is there to rehabilitate them and reintegrate them back into civilian life. They deserve our unconditional support, which is why I urge my colleagues to join me in honoring our obligation to our veterans and vote in support of this bipartisan legislation.

Mr. DAVID P. ROE of Tennessee. Mr. Speaker, Dr. DUNN, because of travel restrictions, couldn't make it to this debate.

Mr. Speaker, I yield 3 minutes to the gentleman from North Carolina (Mr. MURPHY), with whom I serve on the Education and Labor Committee and the Doctors Caucus.

Mr. MURPHY of North Carolina. Mr. Speaker, I rise today in support of H.R. 6092, the Veteran's Prostate Cancer Treatment and Research Act.

Prostate cancer is the most common cancer diagnosis amongst U.S. veterans. I speak in two roles: one as a practicing urologist who has, for over 30 years, taken care of prostate cancer patients, and then also as a Congressman, too, to the Third District of North Carolina, which is home to roughly 95,000 veterans, the third most in the country. So this bill is especially important to me.

This legislation requires the Department of Veterans Affairs to establish a national clinical pathway and a national registry related to the diagnosis, research, and treatment of prostate cancer. This information will be critical to help ensure our VA's prostate cancer patients have the best opportunity for early diagnosis and treatment.

Prostate cancer often sneaks up silently, without symptoms, and, thus, early detection is the key. Early diagnosis leads to a much greater chance for cure.

Also, very important is this bill's requirements for the VA to develop a real-time, actional national prostate cancer registry online. The more we can keep the VA up to date with the medical advances of the 21st century, the more veterans' lives we will save.

I want to thank my colleague and fellow urologist, Congressman NEAL DUNN, for leading this initiative in the House. Bills like this one are the reason more and more veterans are surviving this horrible disease. I am proud to be a cosponsor and look forward to its passage.

Mr. Speaker, I urge my colleagues to vote for this legislation.

Mr. TAKANO. Mr. Speaker, I have no further speakers. I am prepared to close, and I reserve the balance of my time.

Mr. DAVID P. ROE of Tennessee. Mr. Speaker, I yield myself the balance of my time.

Mr. Speaker, I strongly encourage my colleagues to support this very important bill. I am surprised, over the years, that the VA hasn't had an active registry.

I want to thank Dr. DUNN and the other sponsors of this bill. I think it will help save lives in the VA.

Mr. Speaker, I urge my colleagues to support this bill, and I yield back the balance of my time.

Mr. TAKANO. Mr. Speaker, I would like to withdraw my motion to suspend the rules and pass H.R. 6092.

The SPEAKER pro tempore. The motion is withdrawn.

VETERAN'S PROSTATE CANCER TREATMENT AND RESEARCH ACT

Mr. TAKANO. Mr. Speaker, I move to suspend the rules and pass the bill (H.R. 6092) to direct the Secretary of Veterans Affairs to establish a national clinical pathway for prostate cancer, access to life-saving extending precision clinical trials and research, and for other purposes, as amended.

The Clerk read the title of the bill.

The text of the bill is as follows:

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

(4) In being designated as ''high risk'', it is essential that veterans are proactive in seeking earlier preventative clinical services for the early detection and successful treatment of prostate cancer, whether that be through the Veterans Health Administration or through a community provider.

(5) Clinical preventative services and initial detection are some of the most important components in the early detection of prostate cancer for veterans at high risk of prostate cancer.

(6) For veterans with prostate cancer, including prostate cancer that has metastasized, precision oncology, including biomarker-driven clinical trials and innovations underway through the Prostate Cancer Foundation and Department of Veterans Affairs partnership, represents one of the most promising areas of interventions, treatments, and cures for such veterans and their families.

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

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

(A) A multi-disciplinary plan for the early detection, diagnosis, and treatment of prostate cancer 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.

(B) A suggested, but not mandatory, protocol for screening, diagnosis, and treatment or care for subpopulations with evidence-based risk factors (including race, ethnicity, socioeconomic status, geographic location, exposure risks, and genetic risks, including family history).

(C) A suggested treatment protocol timeframe for each point of care based on severity and stage of cancer.

(3) PUBLIC COMMENT PERIOD.—Upon the establishment of a proposed clinical pathway as required under this subsection, the Secretary shall publish the proposed clinical pathway in the Federal Register and provide for a 45-day period for public comments. The Secretary—

(A) may make any such public comments publicly available; and

(B) make changes to the proposed clinical pathway in response to any such comments received using the same process and criteria used to establish the proposed clinical pathway.

(4) COLLABORATION AND COORDINATION.—In establishing the clinical pathway required under this section, the Secretary shall—

(A) provide for consideration of other clinical pathways and research findings of other departments and agencies, including guidelines that are widely recognized and guidelines that are used as the standard for clinical policy in oncology care, such as National Comprehensive Cancer Network guidelines; and

(B) collaborate and coordinate with—

(i) the National Institutes of Health;

(ii) the National Cancer Institute;

(iii) the National Institute on Minority Health and Health Disparities;

(iv) other Institutes and Centers as the Secretary determines necessary;

(v) the Centers for Disease Control and Prevention;

(vi) the Department of Defense;

(vii) the Centers for Medicare and Medicaid Services;

(viii) the Patient-Centered Outcomes Research Institute; and

(ix) the Food and Drug Administration.

(5) PUBLICATION.—The Secretary shall—

(A) publish the clinical pathway established under this subsection on a publicly available Department website; and

(B) regularly update the clinical pathway as needed by review of the medical literature and available evidence-based guidelines at least annually, in accordance with the criteria under paragraph (2).

(b) DEVELOPMENT OF NATIONAL CANCER OF THE PROSTATE CLINICAL CARE IMPLEMENTATION PROGRAM.—

(1) ESTABLISHMENT.—Not later than 90 days after the date of the enactment of this Act, the Secretary shall submit to Congress a plan to establish a comprehensive prostate cancer program.

(2) PROGRAM REQUIREMENTS.—The comprehensive prostate cancer program shall—

(A) be multidisciplinary and include the authority to work across clinical care lines, specialties, and the organizational divisions of the Veterans Health Administration;

(B) receive direct oversight from the Deputy Undersecretary for Health of the Department of Veterans Affairs;

(C) include a yearly program implementation evaluation to facilitate replication for other disease states or in other healthcare institutions;

(D) be metric driven and include the development of quarterly reports on the quality of prostate cancer care, which shall be provided to the leadership of the Department, medical centers, and providers and made publicly available in an electronic form;

(E) made available as national decision support tools in the electronic medical record; and