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 The motion is withdrawn.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:

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; and

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

(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, as amended.

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 back the balance of my time.

Mr. DAVID P. ROE of Tennessee. 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. 6092, 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.

□ 1430

VETERANS BENEFITS FAIRNESS AND TRANSPARENCY ACT OF 2020

Mr. TAKANO. Mr. Speaker, I move to suspend the rules and pass the bill (H.R. 7795) to amend title 38, United States Code, to improve the ability of veterans to access and submit disability benefit questionnaire forms of the Department of Veterans Affairs.

The Clerk read the title of the bill.

The text of the bill is as follows:

H.R. 7795

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 ''Veterans Benefits Fairness and Transparency Act of 2020''.

SEC. 2. PUBLICATION AND ACCEPTANCE OF DISABILITY BENEFIT QUESTIONNAIRE FORMS OF DEPARTMENT OF VETERANS AFFAIRS.

(a) IN GENERAL.—Section 5101 of title 38, United States Code, is amended—

(1) by redesignating subsection (d) as subsection (e); and

(2) by inserting after subsection (c) the following new subsection (d):

''(d)(1) The Secretary shall publish in a central location on the internet website of the Department disability benefit questionnaire forms, or such successor forms relating to non-Department medical providers submitting evidence regarding a disability of a claimant.

''(2) Subject to section 6103 of this title, if the Secretary updates a form described in paragraph (1), the Secretary shall—

''(A) accept the previous version of the form filed by a claimant if—

''(i) the claimant provided to the non-Department medical provider the previous version of the form before the date on which the updated version of the form was made available; and

''(ii) the claimant files the previous version of the form during the one-year period following the date the form was completed by the non-Department medical provider;

''(B) request from the claimant any other information that the updated version of the form requires; and

''(C) apply the laws and regulations required to adjudicate the claim as if the claimant filed the updated version of the form.

''(3) The Secretary may waive any interagency approval process required to approve a modification to a disability benefit questionnaire form if such requirement only applies by reason of the forms being made public under paragraph (1).

''(4) Not less frequently than once each year through 2026, the Inspector General of the Department shall submit to Congress a report on the findings of the Inspector General with respect to the use of the forms described in paragraph (1).''.

(b) RULE OF CONSTRUCTION.—Nothing in section 5101 of title 38, United States Code, as added by subsection (a), may be construed to require the Secretary of Veterans Affairs to develop any new information technology system or otherwise require the Secretary to make any significant changes to the internet website of the Department of Veterans Affairs.

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. Madam 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. 7795.

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, the Veterans Benefits Fairness and Transparency Act of 2020 is legislation that was brought to the House Veterans' Affairs Committee as a result of a strong partnership between staff and the advocates that are out in the field, even through the COVID–19 pandemic, assisting our veterans in the disability benefits process.

When a VA doctor evaluates a veteran's disability, they use a form known as a disability benefit questionnaire, or DBQ.

These DBQs are what VA employees use to decide benefit claims and can be the deciding factor between a grant or a denial.

During the height of the pandemic, VA made the decision to pull these DBQs off its public website, making them inaccessible to veterans and their representatives. The advocates told us this change was harmful for veterans because they could no longer get relevant medical information from their own treatment providers to support their claims.

Now, even though VA oftentimes provides medical exams to veterans during the claims process, it is not always the same as getting that information from your own doctor.

Mr. Speaker, H.R. 7795 fixes this issue by requiring VA to publish DBQs on its website and to accept DBQs completed by a non-VA medical provider.

Mr. Speaker, I want to take this moment to thank Representatives BARR and LURIA for introducing this legislation, and also thank our VSO partners for bringing this issue to our attention.

Mr. Speaker, 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. 7795, the Veterans Benefits