landlord-tenant practices and securing vacant property.

However, nothing in this bill removes the requirement that someone seeking an eviction will need to follow a legal process to do so, which may include seeking assistance from law enforcement or going to local courts. Evicting someone from property requires due process. In addition, the SCRA is not self-enforcing. A servicemember must seek to enforce all of its protections through a legal process.

Ultimately, servicemembers will need to seek legal assistance to deal with trespassing cases. We owe it to servicemembers to provide them with the information and resources to navigate that process.

This legislation, unfortunately, does not bolster access to legal assistance, but I hope the sponsors of this legislation will join us on those efforts in the future.

I will be supporting this legislation today, as it does make some improvements for those servicemembers who find themselves in the rare occurrence of adverse possession. I hope we can do more in the future, but I don't want to give the servicemembers the false impression that this bill will immediately solve the trespassing issues presented to the committee.

Mr. Speaker, I urge my colleagues in the House and the Senate, as well, to support this bill, and I reserve the balance of my time.

Mr. BOST. Mr. Speaker, I yield such time as he may consume to the gentleman from Florida (Mr. MAST), the sponsor of this bill.

Mr. MAST. Mr. Speaker, I thank Chairman BOST for his work on this piece of legislation and Ranking Member TAKANO for working with the majority on this piece of legislation, the Servicemember Residence Protection Act.

Mr. Speaker, why this bill? Why do this? It is designed to help those servicemembers that are affected by somebody squatting in their home, trespassing, illegally staying in their home, it will help them get those individuals out in a less costly way and a less intrusive way to their life.

Why does all of that matter? Why do any of this? These are servicemembers. I have yet to meet the servicemember that got rich spending their time in uniform. The work that they do is always dangerous. It is very often deadly, and it requires them to be away from home for large amounts of time: whether being away from home is somewhere around the world doing something dangerous or deadly, or whether that work is around the country in training for something that is dangerous and deadly, or whether it is incurring a permanent change of station to somewhere across the country or the globe where maybe they have a home that they have to leave and put it up for sale or they have to rent it out while they are gone. There are a great number of circumstances that affect our servicemembers with their homes when they are not around to be the immediate tenants of their homes.

This piece of legislation comes in to help protect them to make sure that they can get squatters out of their home when these squatters illegally go into their homes, overstay their time in those homes, or whatever it might be.

Mr. Speaker, we appreciate the work, again, from the committee on this. It is a big deal to help our servicemembers in any way, shape, or form that we can to get people illegally out of their homes. It just takes an undue stress off our servicemembers so that they can focus on the missions at hand, which, again, they are dangerous missions. They are often deadly missions. They deserve the right to focus on those missions without worrying about anything else.

Mr. Speaker, I thank the chairman for the time to speak on this and for working with me, as well.

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

Mr. Speaker, I ask all my colleagues to join me in passing H.R. 2334, the Servicemember Residence Protection Act, as amended, and I yield back the balance of my time.

Mr. BOST. Mr. Speaker, once again, I encourage all Members to support this legislation, and I yield back the balance of my time.

The SPEAKER pro tempore. The question is on the motion offered by the gentleman from Illinois (Mr. BOST) that the House suspend the rules and pass the bill, H.R. 2334, 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.

WOMEN VETERANS CANCER CARE COORDINATION ACT

Mr. BOST. Mr. Speaker, I move to suspend the rules and pass the bill (H.R. 1860) 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, as amended.

The Clerk read the title of the bill.

The text of the bill is as follows:

H.R. 1860

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 ''Women Veterans Cancer Care Coordination Act''.

SEC. 2. DEPARTMENT OF VETERANS AFFAIRS REGIONAL BREAST CANCER AND GYNECOLOGIC CANCER CARE COORDINATORS.

(a) ESTABLISHMENT.—Not later than one year after the date of the enactment of this Act, the Secretary of Veterans Affairs shall hire or designate a Regional Breast Cancer and Gynecologic Cancer Care Coordinator at each Veteran Integrated Services Network (hereinafter in this section referred to as ''VISN''). Each Care Coordinator hired or designated under this subsection shall report directly to the Director of the Breast and Gynecologic Oncology System of Excellence (hereinafter in this section referred to as the ''BGOSoE'').

(b) ELIGIBLE VETERANS.—A veteran is eligible to receive care coordination provided by a Care Coordinator hired or designated under subsection (a) if the veteran—

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

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

(c) LOCATIONS.—The Secretary shall establish regions for purposes of care coordination provided by Regional Breast Cancer and Gynecologic Cancer Care Coordinators hired or designated under subsection (a). In establishing such regions, the Secretary shall—

(1) assign all Department facilities to an appropriate region under the supervision of the BGOSoE Director and a designated Regional Breast and Gynecologic Cancer Care Coordinator; and

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

(d) DUTIES OF REGIONAL BREAST AND GYNECOLOGICAL CANCER CARE COORDINATORS.—The Regional Breast Cancer and Gynecologic Cancer Care Coordinator hired or designated under subsection (a) shall be responsible for carrying out the following duties:

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

(2) Working with the Office of Community Care of the relevant medical facility of the Department regarding care furnished under such section.

(3) Making regular contact with each veteran based on the veteran's specific medical needs when the veteran receives care from a community care provider.

(4) Monitoring—

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

(B) the health outcomes of veterans with respect to a cancer diagnosis, including remission, metastasis, and death; and

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

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

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

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

(A) how to seek emergency care at the emergency department closest to the residence of the veteran, including that it is generally advisable for veterans to notify the Department of emergency care received at a non-Department facility within 72 hours of receiving care to facilitate the authorization of payments for such emergency treatment; and

(B) information about mental health resources, including with respect to information encouraging follow-up care for depression.

(6) Documenting certain information on veterans receiving care for breast or

gynecologic care in the electronic health records of the Department, including—

(A) the documentation of the contact described in paragraph (3);

(B) the contact information of the breast or gynecologic cancer care community care providers of such veterans; and

(C) the breast or gynecologic cancer diagnosis of veterans.

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

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

(1) A comparison of the health outcomes of veterans who received cancer care at a Department facility and those who received care furnished by non-Department medical providers pursuant to section 1703 of title 38, United States Code, include with respect to the following:

(A) Treatment and types of health outcomes, including (for the most recent three years of available data)—

(i) the number of veterans who were diagnosed with a breast or gynecologic cancer, or precancerous breast or gynecologic condition;

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

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

(B) Timeliness of care furnished under chapter 17 of title 38, United States Code, including how quickly initial post-diagnosis appointments and appointments to develop a treatment plan are scheduled and provided.

(C) Patient safety associated with such care at Department facilities or community care providers, including the number of errors in medical care that rise to the level of ''never events'' (such as a foreign body left in a veteran during surgery).

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

(3) Any other matter the Secretary determines appropriate.

(f) DEFINITIONS.—In this section:

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

(2) The term ''breast and gynecologic cancer community care provider'' means a breast or gynecologic cancer care provider described in section 1703(c) of title 38, United States Code, who has entered into a contract or agreement to furnish hospital care, medical services, or extended care services to provide care related to breast or gynecologic cancer to veterans under section 1703 of title 38F, United States Code.

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

(4) The term ''gynecologic cancer'' means cervical cancer, ovarian cancer, uterine cancer, vaginal cancer, vulvar cancer, and gestational trophoblastic neoplasia.

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

SEC. 3. EXTENSION OF CERTAIN LIMITS ON PAYMENTS OF PENSION.

Section 5503(d)(7) of title 38, United States Code, is amended by striking ''November 30, 2031'' and inserting ''September 30, 2032''.

The SPEAKER pro tempore. Pursuant to the rule, the gentleman from Illinois (Mr. BOST) and the gentleman from California (Mr. TAKANO) each will control 20 minutes.

The Chair recognizes the gentleman from Illinois.

GENERAL LEAVE

Mr. BOST. Mr. Speaker, I ask unanimous consent that all Members may have 5 legislative days in which to revise and extend their remarks on H.R. 1860, as amended.

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

There was no objection.

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

Mr. Speaker, I rise today in support of H.R. 1860, as amended, offered by Representative SYLVIA GARCIA of Texas.

This bill would create coordinators within each of the Veterans Integrated Service Networks to help veterans navigate cancer care. Specifically, this bill aims to improve care coordination for common cancers in women.

No person wants to hear that they have or that their loved one has cancer. Having the resources to navigate such a difficult time can make all the difference in the treatment journey.

VA must give women veterans who have to navigate cancer treatments the highest quality care that we can offer them. Whether it is screening, diagnosis, treatment, or recovery, our women veterans have earned top-notch support from VA every step of the way. More women veterans than ever before are using VA.

My friend, the gentlewoman from Iowa (Mrs. MILLER-MEEKS), recently hosted a hearing to discuss improving care for women veterans. This bill builds on our work to ensure this population of veterans has access to the modern care that they have earned.

Mr. Speaker, I urge all my colleagues to support H.R. 1860, as amended, and I reserve the balance of my time.

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

Mr. Speaker, I rise in support of H.R. 1860, the Women Veterans Cancer Care Coordination Act, as amended, introduced by my colleague from Texas, Representative SYLVIA GARCIA.

Through VA's Breast and Gynecological Oncology System of Excellence, the VA oncology, surgical, and nursing specialists are already providing world-class care for these types of cancers directly through VA. The System of Excellence also helps connect veterans with care in the community when necessary.

A cancer diagnosis is always a difficult and complicated journey, and, unfortunately, all too common for veterans, in particular.

The VA's Breast and Gynecological Oncology System of Excellence is well positioned to handle the clinical aspects of coordinating veterans' cancer treatment, both at VA and its specialists in the community.

However, regardless of where individuals are receiving care, cancer treatment is often very complex and requires veterans to regularly see many different providers for various treatments, as well as different specialized labs and imaging centers.

Veterans may need assistance covering the expenses associated with traveling to receive care at another VA facility or in the community, obtaining medical records from community providers, ensuring that community providers' claims are paid on time, and accessing mental health services to help cope with the emotional aspects of their diagnoses.

This can be very difficult for patients to navigate, and our veterans deserve the highest levels of support throughout this time.

Representative GARCIA's bill will strengthen the System of Excellence by requiring VA to appoint regional breast and gynecologic cancer care coordinators to assist veterans in navigating all of these aspects of their treatment. These trained professionals help ensure that patients can access resources available to them and that their providers are always updated on the patients' latest health updates.

Veterans deserve compassionate, well-coordinated care when dealing with their cancer journey, and I am glad to support this legislation to do just that.

Mr. Speaker, I urge my colleagues to join me in supporting H.R. 1860, the Women Veterans Cancer Care Coordination Act of 2025, as amended.

Mr. Speaker, I reserve the balance of my time.

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Mr. BOST. Mr. Speaker, I reserve the balance of my time.

Mr. TAKANO. Mr. Speaker, I yield 3 minutes to the gentlewoman from Texas (Ms. GARCIA), my good friend and author of H.R. 1860. She serves on the House Financial Services Committee.

Ms. GARCIA of Texas. Mr. Speaker, I thank the gentleman from California for yielding, along with subcommittee ranking member and the co-lead of this bill, Ms. BROWNLEY, and Chairman BOST.

Mr. Speaker, today I rise in support of my bill, the Women Veterans Cancer Care Coordinator Act of 2025. Women veterans are the fastest growing group using VA healthcare services today, and I am proud to say more of them call Texas home than any other State in the Nation.

As this population ages—keep in mind the average woman veteran is 54—they become more likely to develop cancers. The average age of women veterans diagnosed with breast cancer is 58, and the average age for reproductive cancers is 55.

For many of these veterans, the road ahead is not as clear as it should be. Many VA centers are still building out their services, so often women are connected with community care.

However, when they move outside the VA network, problems start to pile up. Records don't transfer and systems don't update with the latest data. That means more phone calls, more waiting, more back and forth, more frustrations.

Women veterans and their families could be using this energy and time on their treatment and their journey to recovery. A cancer diagnosis shakes your sense of stability. These women need a care system that works for them, not one that makes them fight to get the care that they need.

By connecting them with dedicated coordinators at VA to guide them on their path to remission, we can help these mothers, sisters, and heroes stay in the fight. We made a commitment to these women veterans. Now we must do everything in our power to keep that promise and to save their lives.

This is a commonsense bill. It passed out of committee on voice vote, and I trust the same will happen here. I urge my colleagues to support its passage.

Mr. BOST. Mr. Speaker, I have no more speakers. I am ready to close, and I reserve the balance of my time.

Mr. TAKANO. Mr. Speaker, I once again urge my colleagues to vote ''yes'' on H.R. 1860, the Women Veterans Cancer Care Coordination Act of 2025, as amended. I yield back the balance of my time.

Mr. BOST. Mr. Speaker, once again, I encourage all Members to support this legislation, and I yield back the balance of my time.

The SPEAKER pro tempore. The question is on the motion offered by the gentleman from Illinois (Mr. BOST) that the House suspend the rules and pass the bill, H.R. 1860, 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.

TERRITORIAL RESPONSE AND ACCESS TO VETERANS' ESSENTIAL LIFECARE ACT

Mr. BOST. Mr. Speaker, I move to suspend the rules and pass the bill (H.R. 3400) to amend title 38, United States Code, to authorize the Secretary of Veterans Affairs to assign physicians of the Department of Veterans Affairs to temporarily serve as traveling physicians in the territories and possessions of the United States, and for other purposes, as amended.

The Clerk read the title of the bill.

The text of the bill is as follows:

H.R. 3400

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 ''Territorial Response and Access to Veterans' Essential Lifecare Act'' or the ''TRAVEL Act of 2025''.

SEC. 2. DEPARTMENT OF VETERANS ASSIGNMENT OF TRAVELING PHYSICIANS TO SERVE TERRITORIES AND POSSESSIONS.

(a) IN GENERAL.—Subchapter I of chapter 74 of title 38, United States Code, is amended by adding at the end the following new section:

''§ 7415. Traveling physicians

''(a) IN GENERAL.—(1) The Secretary may assign a physician appointed under section 7401 or section 7431 of this title to serve as a traveling physician for a period of not more than one year at a time. A physician assigned to serve as a traveling physician under this section may be assigned to provide health care to veterans residing in American Samoa, Guam, the Commonwealth of the Northern Mariana Islands, the Commonwealth of Puerto Rico, the Virgin Islands of the United States, or any other territory or possession of the United States at Department facilities or other approved facilities located in such territory or possession.

''(2) The Secretary may assign multiple physicians to serve as traveling physicians under this section and may assign each such physician to serve in a specific territory or possession.

''(b) COORDINATION OF CARE.—In providing care under this section, traveling physicians shall coordinate with non-Department medical providers to the extent practicable and necessary to ensure high quality and coordinated care for veterans receiving hospital care and medical services.

''(c) PAY.—In addition to pay under section 7431 of this title, the Secretary shall provide a relocation or retention bonus to traveling physicians under this section. Such relocation or retention bonus shall be substantially similar to a relocation or retention bonus offered under section 7410(a) of this title, as the Secretary considers appropriate.''.

(b) CLERICAL AMENDMENT.—The table of sections at the beginning of such chapter is amended by inserting after the item relating to section 7414 the following new item:

''7415. Traveling physicians.''.

(c) TECHNICAL AND CONFORMING AMENDMENTS.—Title 38, United States Code, is further amended as follows:

(1) In section 7410(a)(1), by—

(A) by striking ''retention allowances'' and inserting ''retention bonuses''; and

(B) by striking the second comma after ''section 7401(1) of this title''; and

(2) In section 7431(e)(5)(B), by striking ''retention allowances'' and inserting ''retention bonuses''.

SEC. 3. EXTENSION OF CERTAIN LIMITS ON PAYMENTS OF PENSION.

Section 5503(d)(7) of title 38, United States Code, is amended by striking ''November 30, 2031'' and inserting ''December 31, 2032''.

The SPEAKER pro tempore. Pursuant to the rule, the gentleman from Illinois (Mr. BOST) and the gentleman from California (Mr. TAKANO) each will control 20 minutes.

The Chair recognizes the gentleman from Illinois.

GENERAL LEAVE

Mr. BOST. Mr. Speaker, I ask unanimous consent that all Members may have 5 legislative days in which to revise and extend their remarks on H.R. 3400, as amended.

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

There was no objection.

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

Mr. Speaker, I rise today in support of H.R. 3400, as amended, offered by my colleague on the Veterans' Affairs Committee Representative KING-HINDS.

This bill would give the VA Secretary the power to assign traveling physicians for up to 1 year at a time in the U.S. territories to deliver care.

The VA provides healthcare in five U.S. territories in the Pacific and Atlantic. In the Pacific, the VA has one medical center in Honolulu, Hawaii. There are three outpatient clinics in American Samoa, Guam, and the Northern Mariana Islands. In the Atlantic, the VA has one medical center in Puerto Rico. There are 10 outpatient clinics across Puerto Rico and the U.S. Virgin Islands.

Based on the most recent data we have, the VA Pacific system served 7,200 enrolled veterans. The VA Caribbean system serves 61,000 enrolled veterans. The veterans in these parts of the world are forced to spend time and money to get their hard-earned care. For example, a veteran in Guam must travel 4,000 miles for care in Honolulu. A veteran in the Virgin Islands has to fly to Puerto Rico to receive care at the VA Medical Center there. The TRAVEL Act would expand the reach of VA care by putting physicians where the veterans live.

I thank Representative KING-HINDS, my friend, for her leadership on this bill to get veterans in remote parts of the world the healthcare they have earned. I urge all of my colleagues to support H.R. 3400, as amended, and I reserve the balance of my time.

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

Mr. Speaker, I rise to speak in support of H.R. 3400, the TRAVEL Act of 2025, as amended.

The VA estimates that as of June 2023, there were at least 100,000 veterans living in U.S. territories, but it is likely that this number is even higher. However, only Puerto Rico has a VA Medical Center, and only American Samoa and Guam have outpatient clinics or CBOCs. Therefore, veterans living in the territories have limited access to VA medical care.

While eligible veterans can receive care through the VA's community care program, access to specialty care, even in the community, is extremely limited, given the lack of such services in the territories.

This legislation authorizes the VA to appoint traveling physicians to provide care to veterans residing in American Samoa, Guam, the Commonwealth of the Northern Mariana Islands, the Commonwealth of Puerto Rico, the U.S. Virgin Islands, and any other territory or possession of the United States. It will also allow the traveling VA physician to coordinate with non-department medical providers as necessary to provide care. I thank Representative KING-HINDS for introducing this bill.

Individuals from the territories generally enlist in the military at higher