

**AMENDMENT TO MILITARY CONSTRUCTION/VA
APPROPRIATIONS BILL
OFFERED BY MR. DENT OF PENNSYLVANIA**

In the BILL:

On page 22, line 4 of the bill: Insert “0” before “;”.

On page 51, line 3 of the bill: Strike “Relate” and insert “Related”.

On page 59, line 6 of the bill: Insert “8 or” before “23”.

On page 61, line 4 of the bill: Insert a “period” at the end of the line.

In the REPORT:

On page 18 of the report before the header “TITLE I”, insert:

ITEM OF INTEREST

Construction Contracting Outreach.—In House Report 114–497 the Committee directed the Secretaries of the Army, Navy and the VA to ensure that their respective regional and district offices responsible for construc-

tion projects inform and engage local construction industry contractors, especially small businesses, minority-owned businesses, and women-owned business, about Federal procurement opportunities and the bidding process. The Committee directs the Secretaries of each agency to submit a report to the congressional defense committees on outreach efforts conducted in fiscal year 2017 within 180 days of enactment of this Act.

On page 41 of the report, insert before the period on the fourth line:

, and VBA’s plans to implement these strategies

On page 53 of the report, before the header “*Pharmacy issues*”, insert:

Maternal mental health.—The Committee requests a report not later than 90 days after enactment of this Act identifying how many pregnant veterans were screened for depression in 2017, and, on average, at what points during pregnancy women were screened. The report should include how many times referrals were made based on the screening results, the number of pregnant veterans who utilized treatment based on the referral, and whether they accessed care at VA or through community care, by VISN. The report should also identify the five most frequent psychosocial risks for pregnant

veterans identified for each VISN during that time period.

On page 57 of the report, strike the paragraph headed “*Veterans identification card fee*” and insert:

Veterans identification card fee.—The Veterans Identification Card Act requires the Department to issue identification cards to any requesting veteran who was discharged from the armed forces. The Committee is concerned that the law requires VA to cover the cost of issuing the cards by charging veterans a fee for the card. The Committee understands that, at this time, VA has not issued any veteran ID cards, and the actual cost of the proposed ID card has not been determined. The Department indicates that it is trying to make the costs as low as possible to facilitate the widest possible distribution of cards and will consider low-income waivers for some veterans. In addition, the Committee encourages VA to partner with private charities and individuals to assist low-income veterans with the cost of the cards.

On page 59 of the report, before the header, “MEDICAL COMMUNITY CARE”, insert:

Disruption in medical facility moves.—The Committee recognizes that VA is reorganizing its healthcare system as it makes decisions about locations where serv-

ices will be provided by outside healthcare entities versus VA facilities. Such reorganizations can create disruption and confusion in communities. To prevent potential disruptions in the future, the Committee directs VA to submit a written notification to the community and to the State's Congressional delegation 30 days before it plans to close a healthcare facility. Such notification should identify the alternative facility or facilities where VA plans that veterans in the area will receive care; address distance and travel concerns that may occur for veterans; and provide information on the type of care available at the alternative facilities.

Organ donation policy.—The Committee is concerned that veterans may not have a complete understanding of VA policy regarding reimbursement of organ transplants. VA is requested to provide a report to the Committee not later than 60 days after enactment of this Act about VA organ donation policies, explaining such issues as: (1) which conditions qualify a veteran for an organ transplant paid for by VA; (2) whether live donation transplants are covered by VA; (3) what share of the organ transplantation cost must be financed by the veteran; (4) reimbursement policy for veterans receiving organs from non-veteran live donation, as well as possible reimbursement for the non-veteran surgical costs; and (5)

whether live donation organ transplants, if reimbursed, can be financed through the Choice program or can only be performed in VA or VA-affiliated hospitals.

On page 60 of the report, strike the last sentence of the paragraph headed “*Exceptions to distance rules*” and insert:

The Committee encourages VA to continue to use and possibly expand these criteria, for example, in situations where the veteran is receiving chemotherapy or dialysis, as the successor program to Choice is designed. In addition, the Committee directs VA to report to the Committee not later than 60 days after enactment of this Act the number of instances during 2017 in which veterans were not permitted to use non-VA care in instances meeting the definition of “unusual or excessive burden”.

On pages 69–70 of the report, strike the paragraph headed “*Lack of central office responsiveness*” and insert:

Central office responsiveness.—The Secretary testified before the Committee that he was committed to responding to Congressional requests in a timely way—within 14 days for urgent matters and within 30 days for less time-sensitive issues—and he acknowledged that it was not a standard the Department had met in the past. The Committee is disturbed to learn that VA has already

failed to meet these performance standards, and in some cases, has failed to respond to Congressional inquiries at all. The Committee directs the Secretary to review the correspondence process within the Department and make the necessary changes to ensure that all Congressional inquiries are responded to in a consistent and timely fashion. Furthermore, not more than 30 days after this report is filed and then on a quarterly basis the Secretary shall submit to the Committee a Congressional correspondence tracker showing only by party, the date the correspondence was received and the date a response was sent.

On page 70 of the report, after the second use of the word “median” in the paragraph headed “*Small, minority- and women-owned businesses*”, insert:

, mean and range of

On page 71 of the report, before the header, “BOARD OF VETERANS APPEALS”, insert:

Management reforms.—The Committee notes that VA has not yet implemented many of the recommendations from outside reviews that address ongoing VA management challenges. Therefore, the Committee directs VA to issue a report not later than 180 days after enactment of this Act identifying VA’s responses to the rec-

ommendations on key VA management challenges identified in: (1) the Independent Assessment required by P.L. 113–146; (2) the report of the Commission on Care established in P.L. 113–146; and (3) the internal VA report issued on February 28, 2015, entitled “Task Force on Improving Effectiveness of VHA Governance”. The report should delineate roles and responsibilities to optimize the organizational effectiveness and accountability of each administration, staff office, or staff organization, including the roles of key leaders of the department. In addition, GAO is directed to compile and submit to the Committee no later than 30 days after enactment of this Act a list of the most significant VA management issues on which GAO has made recommendations in reports during the past three years, along with VA responses to those recommendations.

On page 74 of the report, strike the paragraph headed “*Appointment scheduling system*” and insert:

Appointment scheduling system.—The Committee is frustrated that VA has spent years attempting to modernize its appointment scheduling system, investing in two systems and ultimately abandoning them. The Department has made some patchwork changes to the current scheduling system to temporarily address some of the worst problems, and intends to test a pilot program

called the Medical Appointments Scheduling System (MASS). After a false start and stop of the pilot, the Committee encourages VA to begin implementation of the pilot without delay. While it is not known if the decision on the electronic health record will ultimately influence the type of scheduling system VA will need, it is important to improve scheduling in the short term. VA is directed to inform the Committee when the pilot begins, with monthly notification every month past June, 2017, if it is delayed. The Committee directs the Secretary to submit to the Committee not later than 30 days after enactment of this Act a report that clearly defines the long-term plan of the Department to replace or modernize the legacy scheduling system, including the cost and schedule of the effort, and how the system will communicate with the increasing number of outside providers now being used by VA.

On page 75 of the report, above the header, “OFFICE OF INSPECTOR GENERAL”, insert:

Digital workspace technologies.—The Committee recognizes that the use of digital workspace technologies can increase user productivity, enhance security, and allow workforce flexibility. The Committee encourages the Department to adopt strategies and programs that reduce

the total life cycle costs of traditional legacy workspace infrastructure.

