115th Congress
1st Session

A BILL

To amend title 38, United States Code, to improve veterans' health care benefits and for other purposes.

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

Section 1. Short title; table of contents.

(a) SHORT TITLE.—This Act may be cited as the ''Veteran Coordinated Access & Rewarding Experiences (CARE) Act''.

(b) TABLE OF CONTENTS.—The table of contents for this Act is as follows:

TITLE V – OTHER MATTERS

SEC. 2. References to Title 38, United States Code.--Except as otherwise expressly provided, whenever in this Act an amendment or repeal is expressed in terms of an amendment to, or repeal of, a section or other provision, the reference shall be considered to be made to a section or other provision of title 38, United States Code.

TITLE I – DEVELOPING AN INTEGRATED HIGH-PERFORMING NETWORK

SUBTITLE A – FORMING AGREEMENTS

SEC. 101 IMPROVING VA'S PARTNERSHIPS WITH COMMUNITY ENTITIES AND PROVIDERS TO INCREASE ACCESS TO CARE THROUGH VETERANS CARE AGREEMENTS

(a) In general. - Subchapter I of chapter 17 is amended by adding after section 1703 a new section 1703A as follows:

"§ 1703A. Agreements with eligible entities or providers; certification processes

"(a)(1) When necessary hospital care, medical services, or extended care, as authorized in chapter 17 of this title, is not feasibly available within facilities of the Department or through the exercise of other authority to enter into contracts or sharing agreements, the Secretary may furnish such care and services to eligible veterans by entering into Veterans Care Agreements with eligible entities or providers, as authorized in this section. Facilities of the Department, or the exercise of other authority to enter into a contract or sharing agreement, may be considered as not feasibly available when the Secretary determines the veteran's medical condition, the travel involved, the nature of the care or services required, or a combination of these factors make the use of facilities of the Department, contracts, or sharing agreements impracticable or inadvisable. A Veterans Care Agreement may be entered into by the Secretary or any Department official authorized by the Secretary.

"(2)(A) The Secretary shall, subject to the timelines in subparagraph (B), review each Veterans Care Agreement of material size, as determined by the Secretary or set forth in paragraph (3) of this subsection, to determine whether it is practical and advisable to provide such care or services within facilities of the Department or by contract or sharing agreement and, if so, take action to do so.

"(B) The Secretary shall review each Veterans Care Agreement of material size that has been in effect for at least six months within the first two

years of its creation, and no less than once every four years thereafter. If an agreement has not been in effect for at least six months by the date of the review required by subparagraph (A), the agreement will be reviewed during the next cycle required by subparagraph (A), and such review will serve as its review within the first two years of its creation for purposes of the previous sentence.

"(3) In fiscal year 2018 and thereafter, in addition to those Veterans Care Agreements the Secretary determines are of material size, a Veterans Care Agreement for the purchase of extended care services that exceeds the threshold of $5,000,000 annually shall be considered of material size. From time to time, the Secretary may publish a notice in the Federal Register to adjust this threshold to account for changes in the cost of health care based upon recognized health care market surveys and other available data.

"(b) For purposes of this section, a Veterans Care Agreement may be authorized by the Secretary or any Department official authorized by the Secretary, and such agreement may not be treated as a Federal contract for the acquisition of goods or services and is not subject to any provision of law governing Federal contracts for the acquisition of goods or services.

"(c) Notwithstanding subsection (b), entities or providers entering into a Veterans Care Agreement are subject to all laws that protect against employment discrimination or that otherwise ensure equal employment opportunities.

"(d) Eligibility for care and services furnished to any veteran pursuant to this section shall be subject to the same terms as though provided in a facility of the Department, and provisions of this chapter applicable to veterans receiving such care and services in a facility of the Department shall apply to veterans treated under this section.

"(e) Rates. – To the extent practicable, the rates paid by the Secretary for care or services provided under this section shall be in accordance with the rates paid by the United States under the Medicare program.

"(f) Eligible entities or providers. – For purposes of this section, an eligible entity or provider is:

"(1) Any provider of services that has enrolled and entered into a provider agreement under section 1866(a) of the Social Security Act (42 U.S.C. 1395cc(a)) and any physician or other supplier who has enrolled and entered into a participation agreement under section 1842(h) of such Act (42 U.S.C. 1395u(h));

"(2) Any provider participating under a State plan under title XIX of such Act (42 U.S.C. 1396 et seq.); or

"(3) Any entity or provider not described in paragraph (1) or (2) of this subsection that the Secretary determines to be eligible pursuant to the certification process described in subsection (g).

"(g)(1) Eligible entity or provider certification process.–The Secretary shall establish by regulation a process for the certification of eligible entities or providers or re-certification of eligible entities or providers under this section. Such a process shall, at a minimum:

"(A) Establish deadlines for actions on applications for certification;

"(B) Set forth standards for an approval or denial of certification, duration of certification, revocation of an eligible entity or provider's certification, and re-certification of eligible entities or providers;

"(C) Require the denial of certification if VA determines the eligible entity or provider is excluded from participation in a Federal health care program under section 1128 or section 1128A of the Social Security Act (42 U.S.C. 1320a–7 or 1320a–7a) or is currently identified as an excluded source on the System for Award Management Exclusions list described in 48 CFR Part 9 and 2 CFR Part 180; and

"(D) Establish procedures for screening eligible entities or providers according to the risk of fraud, waste, and abuse. Such screening shall be similar to the standards under section 1866(j)(2)(B) of the Social Security Act (42 U.S.C. 1395cc(j)(2)(B)) and 48 CFR 9.104 and Subpart 9.4.

"(E) Incorporate and apply the restrictions and penalties set forth in 41 U.S.C. Chapter 21 to this certification program, which shall be treated as a "procurement" program only for purposes of applying these provisions.

"(2) Pursuant to regulations established under subsection (l), the Secretary may define the requirements for providers and entities entering into agreements under this section based upon such factors as the number of patients receiving care or services, the number of employees employed by the entity or provider furnishing such care or services, the amount paid by the Secretary to the provider or entity, or other factors as determined by the Secretary.

"(h) Terms of Veterans Care Agreements. – To render care or services under this section, an eligible entity or provider must agree – –

"(1) To accept payment at the rates established in regulations prescribed under this section;

"(2) That payment by the Secretary under this section on behalf of a veteran to a provider of services or care shall, unless rejected and refunded by the provider within 30 days of receipt, constitute payment in full and extinguish any liability on the part of the veteran for the treatment or care provided, and no provision of a contract, agreement, or assignment to the contrary shall operate to modify, limit, or negate this requirement;

"(3) To provide only the care and services authorized by the Department under this section and to obtain the prior written consent of the Department to furnish care or services outside the scope of such authorization;

"(4) To bill the Department in accordance with the methodology outlined in regulations prescribed under this section;

"(5) To not seek to recover or collect from a health plan contract or third party, as those terms are defined in section 1729 of this title, for any service for which payment is made by the Department;

"(6) To provide medical records to the Department in the time frame and format specified by the Department; and

"(7) To meet such other terms and conditions, to include quality of care assurance standards, as the Secretary may specify in regulation.

"(i) Discontinuation or nonrenewal of a Veterans Care Agreement. –

"(1) An eligible entity or provider may discontinue an agreement with the Secretary under this section at such time and upon such notice to the Secretary as may be provided in regulations prescribed under this section.

"(2) The Secretary may discontinue an agreement with an eligible entity or provider under this section at such time and upon such reasonable notice to the eligible entity or provider as may be specified in regulations prescribed under this section, if an official designated by the Secretary—

"(A) has determined that the eligible entity or provider failed to comply substantially with the provisions of the agreement, or with the provisions of this section or regulations prescribed thereunder;

"(B) has determined the eligible entity or provider is excluded from participation in a Federal health care program under section 1128 or section 1128A of the Social Security Act (42 U.S.C. 1320a–7 or 1320a–7a) or is identified on the System for Award Management Exclusions list as provided in 48 CFR Part 9 and 2 CFR Part 180;

"(C) has ascertained that the eligible entity or provider has been convicted of a felony or other serious offense under Federal or State law and determines the eligible entity or provider's continued participation would be detrimental to the best interests of veterans or the Department; or

"(D) has determined that it is reasonable to terminate the agreement based on the health care needs of a veteran.

"(j) Quality of Care. – The Secretary shall establish through regulation a system or systems for monitoring the quality of care provided to veterans under this section and for assessing the eligible entity or provider's quality of care prior to the renewal of a Veterans Care Agreement.

"(k) Disputes. –The Secretary shall establish through regulation administrative procedures for eligible entities or providers to present all disputes arising under or related to Veterans Care Agreements. Such procedures constitute the eligible entities' and providers' exhaustive and exclusive administrative remedies. Eligible entities or providers must first exhaust such administrative procedures before seeking any judicial review under the Tucker Act (28 U.S.C. 1346). Disputes under this section must pertain to either the scope of authorization under the Veterans Care Agreement or claims for payment subject to the Veterans Care Agreement and are not claims for the purposes of such laws that would otherwise require application of 41 U.S.C. 7101-7109.

"(l) Rulemaking. – The Secretary shall prescribe regulations to carry out this section. ".

(b) Clerical Amendment. The table of sections at the beginning of such chapter is amended by inserting after the item related to section 1703 the following new item:

"§ 1703A. Agreements with eligible entities or providers; certification processes.".

SEC. 102 CONFORMING AMENDMENTS FOR STATE VETERANS HOMES

(a) Paragraph (1) of section 1745(a) is amended by replacing "(or agreement under section 1720(c)(1) of this title)" with "(or an agreement)".

(b) Subsection 1745(a) is amended by adding the following new paragraph:

"(4)(A) An agreement under this section may be authorized by the Secretary or any Department official authorized by the Secretary, and any such action is not an award for purposes of such laws that would otherwise require the use of competitive procedures for furnishing of care and services.

"(B)(i) Except as provided in clause (ii) and unless otherwise provided in this section or regulations prescribed pursuant to this section, a State home that enters into an agreement under this section is not subject to, in the carrying out of the agreement, any law to which providers of services and suppliers under the Medicare program under title XVIII of the Social Security Act (42 U.S.C. 1395 et seq.) are not subject.

"(ii) A State home that enters into an agreement under this section is subject to—

"(I) all laws regarding integrity, ethics, or fraud, or that subject a person to civil or criminal penalties; and

"(II) all laws that protect against employment discrimination or that otherwise ensure equal employment opportunities.

"(iii) Notwithstanding subparagraph (B)(ii)(I), a State home that enters into an agreement under this section may not be treated as a Federal contractor or subcontractor for purposes of the McNamara-O'Hara Service Contract Act of 1965 (41 U.S.C. 6701 et seq.).

(c) The amendment made by this section shall apply to care provided on or after the effective date of regulations issued by the Secretary implementing this section.

SUBTITLE B – PAYING PROVIDERS

SEC. 111 RECORDING COMMUNITY CARE OBLIGATIONS AT PAYMENT

(a) Subchapter III of Chapter 17 is amended by inserting at the end the following new section:

"§ 1730B. Recording Obligations for non-Department Care

"(a) The Secretary shall record as an obligation of the United States Government amounts owed for health care furnished under this chapter at non-Department facilities on the date on which a claim by a health care provider for payment is approved."

(b) Effective Date.—The amendment made by this section shall apply at the beginning of the next fiscal year after the enactment of the Veteran CARE Act.

(c) Clerical Amendment.—The table of sections at the beginning of such chapter is amended by adding at the end of subchapter III the following new item:
"§ 1730B. Recording Obligations for non-Department Care.".

SEC. 112 PROMPT PAYMENT TO PROVIDERS

(a) In General -- Subchapter I of Chapter 17 is amended by adding after section 1703A, as added by section 101 of this Act, a new section 1703B as follows:

"§ 1703B. VA Prompt Payment Standard

"(a) Notwithstanding any other provision of this title or of any other law, the Secretary shall pay for services rendered by health care entities or providers within 45 calendar days upon receipt of a clean paper claim (as such term is defined in subsection (f)) or 30 calendar days upon receipt of a clean electronic claim (as such term is defined in subsection (f)). If a claim is denied, the Secretary shall, within 45 calendar days of denial for a paper claim and 30 calendar days of denial for an electronic claim, notify the health care entity or provider of the reason for denying the claim and what, if any, additional information is required to process the claim. Upon the receipt of the additional information, the claim must be paid, denied, or otherwise adjudicated within 30 calendar days from the receipt of the requested information. This section shall only apply to payments made on an invoice basis and shall not apply to capitation or other forms of periodic payment to entities or providers.

"(b) Health care entities and providers are required to submit health care claims to the Secretary within 180 days of the date of the provision of service.

"(c) Any claim which has not been denied with notice, made pending with notice, or paid to the health care entity or provider by the Secretary shall be overdue if the notice or payment is not received by the entity provider within the time periods specified in subsection (a). If the Secretary does not deny or pay a clean written claim or a clean electronic claim within the time periods, then the following shall occur:

"(1) The amount of the overdue claim shall include an interest payment prorated daily which shall accrue from the date the payment was overdue and shall be payable at the time the claim is paid.

"(2) The interest payment shall be computed at the rate of interest established by the Secretary of the Treasury under section 3902 of title 31, and published in the Federal Register.

"(d) The Secretary shall deduct the amount of any overpayment from payments due a health care entity or provider. Deductions may not be made under this section unless the Secretary has made reasonable efforts to notify a health care entity or provider of the right to dispute the existence or amount of such indebtedness and the right to request a compromise of such indebtedness. The Secretary shall make a determination with respect to any such dispute or request prior to deducting any overpayment unless the time required to make such a determination before making any deductions would jeopardize the Secretary's ability to recover the full amount of such indebtedness. Notwithstanding any other law, the authority of the Secretary to make deductions under this section or take other administrative action for the

purpose of collecting a debt owed to the United States shall not be subject to any limitation with respect to the time for bringing civil actions or for commencing administrative proceedings and the Secretary may, except in the case of fraudulent claims, false claims, or misrepresented claims, compromise any claim which the United States owed under this chapter.

"(e) The Secretary shall prescribe regulations for the administration of this section.

"(f) Definitions.—For purposes of this section:

"(1) The term "clean electronic claim" means the transmission of data for purposes of payment of covered health care expenses that is submitted to the Secretary which contains substantially all of the required data elements necessary for accurate adjudication, without obtaining additional information from the entity or provider that furnished the care or service, submitted in such format as prescribed by the Secretary in regulations for the purpose of paying claims for care or services.

"(2) The term "clean paper claim" means a paper claim for payment of covered health care expenses that is submitted to the Secretary which contains substantially all of the required data elements necessary for accurate adjudication, without obtaining additional information from the entity or provider that furnished the care or service, submitted in such format as prescribed by the Secretary in regulations for the purpose of paying claims for care or services.

"(3) The term "fraudulent claims" means the intentional and deliberate misrepresentation of a material fact or facts by a health care entity or provider made to induce the Secretary to pay a claim that was not legally payable to that provider. This term, as used in this section, shall not include a good faith interpretation by a health care entity or provider of utilization, medical necessity, coding, and billing requirements of the Secretary.

"(4) The term "health care entity or provider" includes any non-Department health care entity or provider, but does not include any Federal health care entity or provider.".

(b) Clerical Amendment – The table of sections at the beginning of such chapter is amended by inserting after the item related to section 1703A, as added by section 101 of this Act, the following new item:

"§ 1703B. VA Prompt Payment Standard.".

SEC. 113 PAYMENT RATES FOR COMMUNITY CARE

(a) In General.—Subchapter I of Chapter 17 is amended by adding after section 1703B, as added by section 112 of this Act, a new section 1703C as follows:

"§ 1703C. Payment Rates for Community Care.

"(a) Except as provided in subsection (b), and to the extent practicable, the rate paid for hospital care, medical services, or extended care services under any provision in this title may not exceed the rate paid by the United States to a provider of services (as defined in section 1861(u) of the Social Security Act (42 U.S.C. 1395x(u))) or a supplier (as defined in section 1861(d) of such Act (42 U.S.C. 1395x(d))) under the Medicare program under title XI or title XVIII of the Social Security Act (42 U.S.C. 1301 et seq.) for the same care or services.

"(b)(1)(A) A higher rate than the rate paid by the United States as described in subsection (a) may be negotiated with respect to the furnishing of care or services to an eligible veteran who resides in a highly rural area.

"(B) In this clause, the term 'highly rural area' means an area located in a county that has fewer than seven individuals residing in that county per square mile.

"(2) With respect to furnishing care or services under this section in Alaska, the Alaska Fee Schedule of the Department of Veterans Affairs shall be followed, except for when another payment agreement, including a contract, provider agreement or Veterans Care Agreement, is in place.

"(3) With respect to furnishing care or services under this section in a State with an All-Payer Model Agreement under section 1814(b)(3) of the Social Security Act (42 U.S.C. 1395f(b)(3)) that became effective on or after January 1, 2014, the Medicare payment rates under subparagraph (A) shall be calculated based on the payment rates under such agreement.".

"(c) Notwithstanding subsection (a), the Secretary shall incorporate, to the greatest extent practicable, the use of value-based reimbursement models to promote the provision of high-quality care.".

(b) Clerical Amendment.—The table of sections at the beginning of such chapter is amended by inserting after the item relating to section 1703B, as added by section 112 of this Act, the following new item:

"§ 1703C. Payment Rates for Community Care.".

SEC. 114 AUTHORITY TO PAY FOR AUTHORIZED CARE NOT SUBJECT TO AN AGREEMENT

(a) In General.—Subchapter IV of Chapter 81 is amended by adding after section 8158 a new section 8159 as follows:

"§ 8159. Authority to pay for services authorized but not subject to an agreement.

"(a) If, in the course of furnishing hospital care, medical services, or extended care services authorized by the Department to an eligible person pursuant to a contract, agreement, or other arrangement with the Secretary, a provider who is not a party to the contract, agreement or other arrangement furnishes necessary care or services, the Secretary may compensate the provider for the cost of such services.

"(b) The Secretary shall take reasonable efforts to enter into a contract, agreement, or other arrangement with a provider described in subsection (a) to ensure that future care and services authorized by the Department and furnished by the provider are subject to such a contract, agreement, or other arrangement."

(b) Clerical Amendment.—The table of sections at the beginning of such chapter is amended by inserting after the item relating to section 8158 the following new item:

"§ 8159. Authority to Pay for Services Authorized But Not Subject to an Agreement.".

SUBTITLE C – IMPROVING INFORMATION SHARING WITH PROVIDERS

SEC. 121 IMPROVING INFORMATION SHARING WITH COMMUNITY PROVIDERS

Subsection (b)(2) of section 7332 is amended by

(a) Amending subparagraph (H) to read as follows:

‘‘(H)(i) To a non-Department entity (including private entities and other Federal agencies) for purposes of providing health care, including hospital care, medical services, and extended care services, to patients or performing other health care-related activities or functions.

‘‘(ii) An entity to which a record is disclosed under this subparagraph may not redisclose or use such record for a purpose other than that for which the disclosure was made or as permitted by law.”.

(b) Adding after subparagraph (H) a new subparagraph (I) to read as follows:

"(I) To a third party in order to recover or collect reasonable charges for care furnished to, or paid on behalf of, a patient in connection with a non-service connected disability as permitted by section 1729 or for a condition for which recovery is authorized or with respect to which the United States is deemed to be a third party beneficiary under Public Law 87-693, commonly known as the “Federal Medical Care Recovery Act” (42 U.S.C. 2651 et seq.).”.

SUBTITLE D – IMPROVING COLLECTIONS

SEC. 131 ALIGNING WITH BEST PRACTICES ON COLLECTION OF HEALTH INSURANCE INFORMATION

Section 1705A is amended:

(a) By amending subsection (a)(1) to read as follows:

“(a)(1) Any individual who applies for or seeks hospital care, medical services, or extended care services under this chapter shall, at the time of such application, or otherwise when requested by the Secretary, furnish the Secretary with such current information as the Secretary may require to identify and receive reimbursement from any health-plan contract, as defined in subsection (i)(1) of section 1729 , under which such individual is covered, to include, as applicable, the name, address, and telephone number of such health-plan contract; the name of the policy holder, if coverage under a health-plan contract is in the name of a person other than such individual; the plan identification number; and the group code of the plan.”.

(b) By amending subsection (c) to add to the end the following:

“The Secretary shall charge an individual who does not provide the information required by subsection (a) reasonable charges for the provision of such care and services.”

SEC. 132 IMPROVING AUTHORITY TO COLLECT

Section 1729 is amended as follows:

(a) Broadening scope of applicability.

(1) In subsection (a)(2)(A), replacing "the veteran's" with "the individual's" and replacing "the veteran" with "the individual".

(2) In subsection (a)(3), replacing "the veteran" with "the individual".

(3) In subsection (a)(3)(A), replacing "the veteran's" with "the individual's".

(4) In subsection (b)(1), replacing "the veteran" with "the individual" and "the veteran's" with "the individual's".

(5) In subsection (b)(2)(A), replacing "the veteran" with "the individual" and "the veteran's" with "the individual's".

(6) In subsection (b)(2)(B)(i), replacing "the veteran" with "the individual".

(7) In subsection (b)(2)(B)(ii), replacing "the veteran" with "the individual" and "the veteran's" with "the individual's" in each place it appears.

(8) In subsection (e), replacing "A veteran" with "An individual".

(9) In subsection (h)(1), replacing "a veteran" with "an individual".

(10) In subsection (h)(1)(A), replacing "the veteran" with "the individual".

(11) In subsection (h)(1)(B), replacing "the veteran" with "the individual".

(12) In subsection (h)(2), replacing "A veteran" with "An individual" in each place it appears, and replacing "the veteran" with "the individual".

(b) Revising subsection (a)(1) to read as follows:

"(1) Subject to the provisions of this section, in any case in which the United States is required by law to furnish or pay for care or services under this chapter for a non-service-connected disability described in paragraph (2) of this subsection, the United States has the right to recover or collect from a third party the reasonable charges of care or services so furnished or paid for to the extent that the recipient or provider of the care or services would be eligible to receive payment for such care or services from such third party if the care or services had not been furnished or paid for by a department or agency of the United States.".

(c) Revising subsection (a)(2)(D) to read as follows:

"(D) that is incurred by an individual who is entitled to care (or payment of the expenses of care) under a health-plan contract.".

(d) Striking subsection (a)(2)(E).

(e) In subsection (a), adding a new paragraph (4) that reads as follows:

"(4) In the case of a health-plan contract where the United States has a right to recover or collect reasonable charges, the Secretary shall collect from a veteran or responsible individual any copayment or cost-share required under Chapter 17 of this title.".

(f) In subsection (b), adding a new paragraph (3) that reads as follows:

"(3) Assignment of Benefits and Coordination of Benefits. The obligation of the third-party to pay is not dependent upon an individual executing an assignment of benefits to the United States, nor is the obligation to pay dependent upon any other submission by the beneficiary to the third-party, including any claim or appeal. In any case in which the Department makes a claim, appeal, representation, or other filing under the authority of this chapter, any procedural requirement in any third-party plan for the beneficiary of such plan to make the claim, appeal, representation, or other filing is deemed to be satisfied."

(g) In subsection (f), adding the following at the end:

"The absence of a participating provider agreement, Veterans Care Agreement, or other contractual arrangement with a third party described in subsection (i)(3)(D) shall not operate to prevent, or reduce the amount of, any such recovery or collection by the United States. For purposes of this section, the Department shall recover or collect as if it were a participating provider.".

(h) In subsection (i):

(1) Amending paragraph (1) to read as follows:

"(1) The term "health-plan contract" includes any of the following:

"(A) An insurance policy or contract including any Health Maintenance Organization, Preferred Provider Organization, Point of Service Organization, Accountable Care Organization, or any other type of health insurance policy or contract, medical or hospital service agreement, membership or subscription contract, or similar arrangement under which health services for individuals are provided or the expenses of such services are paid.

"(B) A workers' compensation law or plan.".

(2) Amending paragraphs (3) and (4) to read as follows:

"(3) The term "third party" means any of the following:

"(A) A State or political subdivision of a State.

"(B) An employer or an employer's insurance carrier.

"(C) An automobile accident reparations or liability insurance carrier.

"(D) A person or entity obligated to provide, or to pay the expenses of, health services under a health-plan contract.".

"(4) The term "reasonable charges" shall include the following:

"(A) For medical care or services furnished by the Department, charges established in accordance with this section.

"(B) For medical care or services paid for under subsections (a)(2)(A)-(B), the amount paid to a non-Department entity or provider.".

TITLE II – STREAMLINING COMMUNITY CARE PROGRAMS AND ELIGIBILITY

SUBTITLE A – ELIGIBILITY FOR COMMUNITY CARE

SEC. 201 IMPROVING VETERANS' ACCESS TO COMMUNITY CARE THROUGH ELIGIBILITY REFORM

Section 1703 of title 38, United States Code, is amended as follows:

(a) Adding new subsections (e)-(i):

"(e)(1) The Secretary shall, subject to the availability of appropriations, furnish hospital care and medical services to an enrolled veteran through non-Department providers or entities when:

"(A) the Department does not offer the care or services the veteran requires;

"(B) the Department cannot schedule an appointment for the veteran within a clinically acceptable time period for such an appointment, as determined by the Secretary; or

"(C) The veteran and the veteran's primary care provider agree that furnishing care and services through a non-Department entity or provider would be in the best medical interest of the veteran based upon criteria developed by the Secretary, including for example the distance the veteran would travel for such care, the nature of the care or services required, or the frequency with which such care or services need to be furnished.

"(2) The decision to receive such care or services from a non-Department entity or provider under paragraph (1)(A) or (1)(B) shall be at the election of the veteran.

"(f)(1), The Secretary may furnish hospital care or medical services through non-Department providers or entities to enrolled veterans served by a Department medical facility the Secretary has determined is not providing care that meets such quality and access standards as the Secretary shall develop.

"(2) The Secretary may limit the types of care or services veterans may receive under this subsection in terms of the length of time such services will be available, the location where such services will be available, and the clinical services that will be available.

"(3) The Secretary shall publish in the Federal Register, and shall take all reasonable steps to provide direct notice to enrolled veterans affected under this subsection, at least once each year stating the time period during which such services will be available, the location or locations where such services will be available, and the clinical services available at each location under this subsection as articulated in the Department's regulations.

"(4) When the Secretary exercises the authority under this subsection, the decision to receive care or services from a non-Department entity or provider under this subsection shall be at the election of the veteran.

"(g) Review of decisions.—The review of any decision under this subsection shall be subject to the Department's clinical appeals process, and such decisions may not be appealed to the Board of Veterans' Appeals.

"(h) Regulations.—(1) The Secretary shall, within 1 year of the enactment of the Veteran CARE Act, promulgate regulations to implement the authority in subsections (e)-(g).

"(i) Effective date.—Subsections (e)-(g) shall take effect on the date that the Secretary publishes regulations as required by subsection (h).".

(b) Delayed conforming amendments.—The following amendments shall be made on the effective date described in section 1703(i), as added by this Act:

(1) Striking subsections (a) through (d).

(2) Redesignating subsections (e)-(i) as (a)-(e), respectively.

(3) Amending section 1703(a), as redesignated by paragraph (2), by replacing "subsection (h)" with "subsection (d)".

(4) Amending section 1703(b), as redesignated by paragraph (2), by replacing "subsection (h)" with "subsection (d)".

(5) Amending section 1703(d), as redesignated by paragraph (2), by replacing "subsections (e)-(g)" with "subsections (a)-(c).

(6) Amending section 1703(e), as redesignated by paragraph (2), by replacing "subsections (e)-(g)" with "subsections (a)-(e)" and replacing "subsection (h)" with "subsection (d)".

SEC. 202 IMPROVING VETERANS' ACCESS TO WALK-IN CARE

(a) Chapter 17 of title 38 is amended by adding a new section 1725A that reads as follows:

"§1725A Access to Walk-in Care

"(a) In general.—The Secretary shall develop procedures to ensure that enrolled veterans are able to access walk-in care from qualifying non-Department entities or providers.

"(b) Copayments.

"(1) The Secretary shall require all eligible veterans to pay the United States a copayment for each episode of care and services provided under this section.

"(2) The Secretary may adjust the copayment required of a veteran under paragraph (1) based upon the priority group of enrollment of the veteran, the number of

episodes of care furnished to a veteran during a year, and other factors the Secretary considers appropriate under this section.

"(3) The amount or amounts of the copayments required under this subsection shall be prescribed by the Secretary in regulation.

"(4) Copayments required by this subsection shall apply notwithstanding any other provision of law that would allow the Secretary to offset a veteran's copayment obligation with amounts recovered from a third party under section 1729 of this title.

"(c) Regulations.—(1) The Secretary shall, within 1 year of the enactment of the Veteran CARE Act, promulgate regulations to implement the changes made by this section.

"(d) Definitions.

"(1) Eligible veteran. For purposes of this section, an eligible veteran is an individual who:

"(A) is enrolled in the health care system established under section 1705(a) of this title; and

"(B) has received care under this chapter within the 24-month period preceding the furnishing of walk-in care.

"(2) Qualifying non-Department entities or providers.—For purposes of this section, the term "qualifying non-Department entities or providers" means a non-Department entity or provider that has entered into a contract or other agreement with the Secretary to furnish services under this section.

"(3) Walk-in care.—For purposes of this section, the term "walk-in care" means non-emergent care provided by a qualifying non-Department entity or provider that furnishes episodic care and not longitudinal management of conditions and is otherwise defined through regulations the Secretary shall promulgate.

"(e) Effective date.—This section shall take effect on the date upon which final regulations implementing this section take effect.".

(b) Clerical Amendment.—The table of sections at the beginning of such chapter is amended by inserting after the item related to section 1725 the following new item:

"§1725A Access to Walk-in Care.".

SUBTITLE B – IMPROVING FUNDING FLEXIBILITY

SEC. 211 IMPROVING ACCESS TO COMMUNITY CARE THROUGH CHOICE FUND FLEXIBILITY

Section 802 of the Veterans Access, Choice, and Accountability Act of 2014 (Public Law 113–146; 128 Stat. 1801) as amended, is further amended as follows:

(a) In subsection (c)–

(A) in paragraph (1), replacing "Except as provided by paragraph (3)" with "Except as provided by paragraphs (3) and (4)";

(B) by adding a new paragraph (4):

"(4) PERMANENT AUTHORITY FOR OTHER USES.— Beginning in fiscal year 2018, amounts deposited in the Veterans Choice Fund may be used to furnish health care to individuals pursuant to chapter 17 of title 38, United States Code, at non-Department facilities or through non-Department providers furnishing care in VA facilities, including pursuant to non-Department provider programs other than the program established by section 101. Such amounts shall be available in addition to amounts available in other appropriations accounts for such purposes.".

(b) In subsection (d), by replacing "(or for hospital care and medical services pursuant to subsection (c)(3) of this section)" with "(or for health care pursuant to subsection (c)(3) and (4) of this section)".

SUBTITLE C – CONSOLIDATING EXISTING COMMUNITY CARE AUTHORITIES

SEC. 221 IMPROVING VETERANS' EXPERIENCE BY CONSOLIDATING EXISTING PROGRAMS

(a) Section 1703 is amended by adding the follow new subsection:

"(e) The provision of this section shall expire on December 31, 2018.".

(b) Conforming Amendments -

(A) Section 1712(a)(3) is amended by replacing "under clause (1), (2), or (5) of section 1703(a) of this title" with "or entered an agreement".

(B) Section 1712A(e)(1) is amended by inserting "or agreements" after the word "contracts" and striking "(under sections 1703(a)(2) and 1710(a)(1)(B) of this title)".

(C) Section 2303(a)(2)(B)(i) is amended by replacing "section 1703" with "sections 1703A, 8111, and 8153".

(D) Section 1395cc(a)(1)(L) of title 42, United States Code, is amended by replacing "under section 1703 of title 38" with "under "chapter 17 of title 38".

(E) Section 104(a)(4)(A) of Public Law 103-446 is amended by replacing "in section 1703" with "in sections 1703A, 8111, and 8153".

(F) In section 1712(a)(4)(A), striking the phrase "under the provisions of this subsection and section 1703".

(c) Effective Date - The amendments made by subsection (b) shall take effect on the effective date on the delayed conforming amendments made by section 201(b) of this Act.

TITLE III – IMPROVING VA CARE DELIVERY

SUBTITLE A – IMPROVING PERSONNEL PRACTICES

SEC. 301 PRACTICE OF HEALTH CARE PROFESSIONALS OF THE DEPARTMENT OF VETERANS AFFAIRS PROVIDING TREATMENT, INCLUDING TREATMENT VIA TELEMEDICINE

(a) In General.—Chapter 17 of title 38, United States Code, is amended by inserting after section 1730B, as added by section 111, the following new section:

"1730C. Practice of health care professionals providing treatment, including via telemedicine

"(a) In General.—Notwithstanding any other provision of law, a covered health care professional may provide, at the discretion of the Secretary, health care to veterans and other beneficiaries receiving care under this title, including by telemedicine, at any location in any State regardless of where in a State the covered health care professional or the patient is located.

"(b) Location.—Subsection (a) shall apply to a covered health care professional providing treatment to a patient regardless of whether the covered health care professional or patient is located in a facility owned by the Federal Government during such treatment.

"(c) Construction.—Nothing in this section may be construed to remove, limit, or otherwise affect any obligation of a covered health care professional under the Controlled Substances Act (21 U.S.C. 801 et seq.).

"(d) Supremacy.—(1) The provisions in this section shall prevail over any general or specific provisions of law, rule, or regulation of a State that are inconsistent with this section.

"(2) No State shall deny or revoke the license, registration, or certification of a covered health care professional who otherwise meets that State's qualifications for holding the license, registration, or certification on the basis that the covered health care professional has engaged or intends to engage in activity covered by subsection (a).

"(e) Definitions.—In this section,

"(1) the term 'covered health care professional' means a health care professional who—

"(A) is an employee of the Department appointed under this title, title 5, or any other provision of law;

"(B) is authorized by the Secretary to provide health care under this chapter;

"(C) is required to adhere to all quality standards relating to the provision of medicine in accordance with applicable policies of the Department; and

"(D) maintains the qualifications required by section 7402(b) of this title and for that health care profession.".

"(2) the term 'State' means a State, as defined in section 101(20) of this title, or a political subdivision of a State.".

(b) Clerical Amendment.—The table of sections at the beginning of chapter 17 of such title is amended by inserting after the item relating to section 1730B the following new item: "1730C. Practice of health care professionals providing treatment, including via telemedicine.".

(c) Report on Telemedicine.—

(1) In General.—Not later than one year after the date of the enactment of this Act, the Secretary of Veterans Affairs shall submit to the Committee on Veterans' Affairs of the Senate and the Committee on Veterans' Affairs of the House of Representatives a report on the effectiveness of the use of telemedicine by the Department of Veterans Affairs.

(2) Elements.—The report required by paragraph (1) shall include an assessment of the following:

(A) The satisfaction of veterans with telemedicine furnished by the Department.

(B) The satisfaction of health care providers in providing telemedicine furnished by the Department.

(C) The effect of telemedicine furnished by the Department on the following:

(i) The ability of veterans to access health care, whether from the Department or from non-Department health care providers.

(ii) The frequency of use by veterans of telemedicine.

(iii) Wait times for an appointment for the receipt of health care from the Department.

(iv) The use by veterans of in-person services at Department facilities and non-Department facilities, and if there has been any reduction in such use.

(D) The types of appointments for the receipt of telemedicine furnished by the Department that were provided during the one-year period preceding the submittal of the report.

(E) The number of appointments for the receipt of telemedicine furnished by the Department during such period, disaggregated by Veterans Integrated Service Network.

(F) Savings by the Department, if any, including travel costs, of furnishing health care through the use of telemedicine during such period.

SEC. 302 RESCINDING CERTAIN PERSONNEL PROVISIONS.

(a) Section 7409 is repealed.

(b) Clerical Amendment – The table of sections at the beginning of Chapter 74 is amended by striking the item relating to section 7409.

SEC. 303 IMPROVING GRADUATE MEDICAL EDUCATION AND RESIDENCY

(a) In general.-The Secretary of Veterans Affairs may increase the number of graduate medical education residency positions at covered facilities by up to 1,500 positions in the 10 year period beginning on the date of enactment of the Veteran CARE Act. The Secretary is authorized to pay stipends and benefits for these residents, regardless of whether they have been assigned in a Department facility. The Secretary may determine the location, affiliate sponsor, duration, and types of specialties of residencies offered under this section.

(b)(1) To participate in the residency program under this section, an individual shall submit to the Secretary an application for such participation together with an agreement described in subsection (d) under which the participant agrees to serve a period of obligated service in the Veterans Health Administration as provided in the agreement in return for payment of stipend and benefit support as provided in the agreement.

(2) To apply to participate as a resident under this section, an individual shall submit to the Secretary an application for such participation.

(c)(1) An individual becomes a participant in the residency program operated under this section upon the Secretary's approval of the individual's application and the Secretary's acceptance of the agreement (if required).

(2) Upon the Secretary's approval of an individual's participation in the program, the Secretary shall promptly notify the individual of that approval. Such notice shall be in writing.

(d) Agreement.—An agreement between the Secretary and a participant in the residency program operated under this section shall be in writing and shall be signed by the participant containing such terms as the Secretary may specify. The agreement must specify the terms of the service obligation resulting from participating as a resident under this section, including by requiring a service obligation equal to the number of years of stipend and benefit support.

(e) The Secretary may prescribe the conditions of employment of persons appointed under this section, including necessary training, and the customary amount and terms of pay for such positions during the period of such employment and training.

(f) Obligated service. (1) Each resident appointed under this section shall provide service as a full-time employee of the Department for the period of obligated service provided in the agreement of the participant entered into under subsection (d). Such service shall be provided in the full-time clinical practice of such participant's profession or in another health-care position in an assignment or location determined by the Secretary.

(2) Not later than 60 days before the participant's service commencement date, the Secretary shall notify the participant of that service commencement date. That date is the date for the beginning of the participant's period of obligated service.

(g) Breach of agreement: liability.—(1) A resident appointed under this section (other than a participant described in paragraph (2) of this section) who fails to accept payment, or instructs the educational institution in which the participant is enrolled not to accept payment, in

whole or in part, for a residency under the agreement entered into under subsection (d) of this title shall be liable to the United States for liquidated damages in the amount of $1,500. Such liability is in addition to any period of obligated service or other obligation or liability under the agreement.

(2) A resident shall be liable to the United States for the amount which has been paid to or on behalf of the participant under the agreement if any of the following occurs:

(A) The participant is dismissed from the residency program for disciplinary reasons.

(B) The participant voluntarily terminates the residency before the completion of such course of training.

(C) The participant loses his or her license, registration, or certification to practice his or her health care profession in a State.

(3) Liability under this subsection is in lieu of any service obligation arising under the participant's agreement.

(4) If a resident breaches the agreement by failing (for any reason) to complete such participant's period of obligated service, the United States shall be entitled to recover from the participant an amount determined in accordance with the following formula:

$$A=3\Phi\left(\frac{t-s}{t}\right)$$

In such formula:

(A) "A" is the amount the United States is entitled to recover.

(B) "Φ" is the sum of (i) the amounts paid under this section to or on behalf of the participant, and (ii) the interest on such amounts which would be payable if at the time the amounts were paid they were loans bearing interest at the maximum legal prevailing rate, as determined by the Treasurer of the United States.

(C) "t" is the total number of months in the participant's period of obligated service.

(D) "s" is the number of months of such period served by the participant.

(5) Any amount of damages which the United States is entitled to recover under this section shall be paid to the United States within the one-year period beginning on the date of the breach of the agreement.

(h) Covered facilities.-For purposes of this section, the term “covered facilities” means any of the following:

(1) A Department facility.

(2) A facility operated by an Indian tribe or a tribal organization, as those terms are defined in section 4 of the Indian Self-Determination and Education Assistance Act (25 U.S.C. 5304).

(3) A facility operated by the Indian Health Service.

(4) A Federally-qualified health center, as defined in section 1905(l)(2)(B) of the Social Security Act (42 U.S.C. 1396d(l)(2)(B)).

(5) A community health center.

(6) A facility operated by the Department of Defense.

(7) Any other health care facility designated by the Secretary.

SEC. 304 RESCINDING LIMITATION ON AWARDS AND BONUSES PAID TO EMPLOYEES OF THE DEPARTMENT OF VETERANS AFFAIRS

Section 705 of the Veterans Access, Choice, and Accountability Act of 2014 (Public Law 113-146, 38 U.S.C. 703 note) is repealed.

SEC. 305 REIMBURSEMENT OF CONTINUING PROFESSIONAL EDUCATION REQUIREMENTS FOR BOARD CERTIFIED ADVANCED PRACTICE REGISTERED NURSES

(a) Section 7411 is amended to read as follows:

"The Secretary shall reimburse any full-time board-certified Advanced Practice Registered Nurse, physician, or dentist appointed under section 7401(1) of this title for expenses incurred, up to $1,000 per year, for continuing professional education.".

(b) Clerical amendments.

(1) The title of section 7411 is revised to read as follows:

"7411. Reimbursement of continuing professional education expenses.".

(2) The table of sections at the beginning of chapter 74 of such title is amended by striking the item relating to section 7411 and inserting the following new item:

"7411. Reimbursement of continuing professional education expenses.".

SEC. 306 AMENDING STATUTORY REQUIREMENTS FOR THE READJUSTMENT COUNSELING SERVICE CHIEF OFFICER POSITION.

Section 7309(b)(2) of title 38 is amended by:

(a) In subparagraph (B), striking "in the Readjustment Counseling Service".

(b) In subparagraph (C), striking "in the Readjustment Counseling Service".

SEC. 307 TECHNICAL AMENDMENT TO APPPOINTMENT AND COMPENSATION SYSTEM FOR MEDICAL CENTER DIRECTORS AND NETWORK DIRECTORS

Section 7404(d) is amending by replacing "Except" with "With the exception of individuals appointed under 7401(4) of this title and except".

SEC. 308 AUTHORITY TO REGULATE PAY AUTHORIZED FOR TITLE 38 HYBRID EMPLOYEES AND TITLE 5 HEALTH CARE WORKERS

Section 7454 is amended by adding a new subsection (d) to read as follows:

"(d) For purposes of this section, compensation is defined to include all compensation earned by employees when performing duties authorized by the Secretary or when the employee is approved to use annual, sick, family medical, military, or court leave or other paid absences for which pay is not already regulated."

SEC. 309 CONVERSION OF PERFUSIONISTS TO TITLE 38

(a) Section 7455(c)(1) is amended by inserting ", certified clinical perfusionists" before ", and licensed physical therapists".

(b) Section 7401(1) is amended by inserting ", certified clinical perfusionists" before ", and expanded-function dental auxiliaries."

SUBTITLE B – IMPROVING COLLABORATION WITH FEDERAL PARTNERS

SEC. 321 DEFINITION OF "MAJOR MEDICAL FACILITY LEASE"

(b) Section 8104(a)(3)(B) of title 38, United States Code, is amended to read as follows

"(B) The term "major medical facility lease" means a lease for space for use as a new medical facility at an average annual rent equal to or above the dollar threshold for leases procured through the U.S. General Services Administration, under section 3307(a)(2) of title 40, United States Code, which amount shall be subject to annual adjustment, in accordance with section 3307(h) of title 40, United States Code." .

SEC. 322 FACILITATING SHARING OF MEDICAL FACILITIES WITH OTHER FEDERAL AGENCIES

(a) Section 8101(3) is amended to read as follows*:*

"(3) The term "medical facility" means any facility or part thereof which is, or will be, under the jurisdiction of the Secretary, or as otherwise authorized by law, for the provision of health-care services, (including hospital, outpatient clinic, nursing home, or domiciliary care or medical services), including any necessary building and auxiliary structure, garage, parking facility, mechanical equipment, trackage facilities leading thereto, abutting sidewalks, accommodations for attending personnel, and recreation facilities associated therewith.".

(b) Section 8104(a)(3) is amended to read as follows:

"(3) For the purpose of this subsection:

"(A) The term "major medical facility project" means a project for the construction, alteration, or acquisition of a medical facility involving a total expenditure of more than $20,000,000, but such term does not include an acquisition by exchange, non-recurring maintenance projects of the Department, or the construction, alteration, or acquisition of a shared Federal medical facility for which the Department's estimated share of the shared project costs does not exceed $20,000,000.

"(B) The term "major medical facility lease" means a lease for space for use as a new medical facility at an average annual rental equal to or above the dollar threshold for leases procured through the U.S. General Services Administration, under section 3307(a)(2) of title 40, United States Code.".

(c) Chapter 81 is amended by adding after section 8111A the following new section 8111B to read as follows:

"§ 8111B. Authority to Plan, Design, Construct or Lease a Shared Medical Facility

"(a) The Secretary of Veterans Affairs may enter into agreements with other Federal agencies for planning, designing, constructing, and/or leasing shared medical facilities with the goal of improving the access to, and quality and cost effectiveness of, the health care provided by the Veterans Health Administration and other Federal agencies to their beneficiaries.

"(b) Transfer of funds from the Secretary of Veterans Affairs.—

"(1) The Secretary of Veterans Affairs may transfer to another Federal agency amounts appropriated for "Construction, minor projects" for use for the planning, design, or construction of a shared medical facility that shall be used by both agencies where the Department's estimated share of the project costs does not exceed the threshold for a major medical facility construction project pursuant to section 8104(a)(3)(A) of title 38, United States Code.

"(2) The Secretary of Veterans Affairs may transfer to another Federal agency amounts appropriated for "Construction, major projects" for use for the planning, design, or construction of a shared medical facility that shall be used by both agencies where the

Department's estimated cost share of the project is greater than the amount set forth in section 8104(a)(3)(A) of title 38, United States Code, and applicable section 8104 authorization requirements have been met.

"(3) The Secretary of Veterans Affairs may transfer to another Federal agency amounts appropriated to the applicable Department medical appropriation for the purpose of leasing space for a shared medical facility where the Department's estimated share of the lease costs does not exceed the threshold for a major medical facility lease pursuant to section 8104(a)(3)(B) of title 38, United States Code.".

"(c) Transfer of funds to the Secretary of Veterans Affairs.—

"(1) Amounts transferred under lawful authority to the Department of Veterans Affairs by another Federal agency for the necessary expenses of planning, designing or constructing a shared medical facility that shall be used by both agencies where the Department's estimated cost share of the project costs is equal to or less than the amount set forth in section 8104(a)(3)(A) of title 38, United States Code, may be deposited in the "Construction, minor projects" account and used for the necessary expenses of constructing such shared medical facility. Amounts transferred shall be available for the same time period as the account to which transferred.

"(2) Amounts transferred under lawful authority to the Department of Veterans Affairs by another Federal agency for the necessary expenses of planning, designing or constructing a shared medical facility that shall be used by both agencies where the Department's estimated cost share of the project costs is greater than the amount set forth in section 8104(a)(3)(A) of title 38, United States Code, may be deposited in the "Construction, major projects" account and used for the necessary expenses of constructing such shared medical facility, provided that applicable section 8104 authorization requirements have been met. Amounts transferred shall be available for the same time period as the account to which transferred.

"(3) Amounts transferred under lawful authority to the Department of Veterans Affairs by another Federal agency for the purpose of leasing space for a shared medical facility may be credited to the applicable Department medical appropriation and shall be available without fiscal year limitation.".

(d) Clerical Amendment.—The table of sections at the beginning of chapter 81 is amended by inserting after the item related to section 8111A the following new item:

"§ 8111B. Authority to Plan, Design, Construct or Lease a Shared Medical Facility.".

SEC. 323 IMPROVING CONSTRUCTION AUTHORITY

Section 8104(a)(3)(A) is amended to read as follows:

"(A) The term 'major medical facility project' means a project for the construction, alteration, or acquisition of a medical facility involving a total expenditure of more than $20,000,000, but such term does not include an acquisition by exchange, non-recurring maintenance projects of the Department, or the construction, alteration, or acquisition of a shared Federal medical facility for which the Department's estimated share of the shared project costs does not exceed $20,000,000.".

SEC. 324 AMENDMENTS TO ENHANCED USE LEASE AUTHORITY

(a) Section 8162(a)(2) is amended to read as follows:

"(2) With respect to enhanced-use leases entered into on or after the date of enactment of the Veteran CARE Act, the Secretary may enter into an enhanced-use lease only if the Secretary determines that the lease will not be inconsistent with and will not adversely affect the mission of the Department; and

"(A) the lease will enhance the use of the property; or

"(B) the leased property will provide supportive housing as defined in section 8161 of this title.".

(b) Section 8162(b)(6) is amended to read as follows:

"(6) The Office of Management and Budget shall review each such enhanced-use lease prior to execution for compliance with paragraph (5) of this subsection."

TITLE IV – INNOVATIVE PILOT PROGRAM

SEC. 401 PILOT PROGRAM FOR VA AND DEPARTMENT OF DEFENSE SHARING OF HEALTH CARE RESOURCES WITHOUT BILLING

(a) General.—The Secretary of Veterans Affairs and the Secretary of Defense may collaborate to carry out a joint pilot program to determine the feasibility and advisability of sharing health care resources between the Department of Veterans Affairs and the Department of Defense without entering into reimbursement agreements for the furnishing of such resources.

(b) Waiver of authorities. In carrying out the pilot program authorized under this section, the Secretaries may act notwithstanding any other provision of law, including section 8111 of title 38, United States Code; sections 1074 and 1104 of title 10, United States Code; section 717 of division A of Public Law 114-328; title 31, United States Code; and any other law of the United States otherwise requiring the Departments to reimburse each other for the sharing of health care resources.

(c) Scope. The Secretaries may identify no more than 5 locations in which to carry out the pilot program required under this section.

(d) Duration. The Secretaries may carry out the pilot program for no more than 2 years from the date on which the pilot program commences.

(e) Reporting requirements.

(1) Interim report. Not later than 1 year after the pilot program commences, the Secretary of Veterans Affairs and the Secretary of Defense shall submit a joint report to

the Committees on Veterans' Affairs and the Committees on Armed Services of the House of Representatives and the Senate on the pilot program. The report shall include the following information:

(A) A description of the pilot program, including the location or locations where the pilot program is being conducted and the health care resources that are being shared without reimbursement under the pilot program.

(B) The number of beneficiaries served in the pilot program.

(C) A description of the beneficiaries served in the pilot program.

(D) An estimate of the total costs each Department would have paid had reimbursement for the sharing of health care resources been required under other laws.

(E) An estimate of the savings, if any, each Department achieved through not reimbursing the other Department for the sharing of health care resources that would otherwise have been required under other laws.

(F) The effect of the pilot program, if any, on patient health care outcomes and access.

(2) Final report. Not later than 90 days after the completion of the pilot program operated under this section, the Secretary of Veterans Affairs and the Secretary of Defense shall submit a report to the Committees on Veterans' Affairs and the Committees on Armed Services of the House of Representatives and the Senate on the pilot program. The report shall include the following information:

(A) A description of the pilot program, including the location or locations where the pilot program is being conducted and the health care resources that are being shared without reimbursement under the pilot program.

(B) The number of beneficiaries served in the pilot program.

(C) A description of the beneficiaries served in the pilot program.

(D) An estimate of the total costs each Department would have paid had reimbursement for the sharing of health care resources been required under other laws.

(E) An estimate of the savings, if any, each Department achieved through not reimbursing the other Department for the sharing of health care resources that would otherwise have been required under other laws.

(F) The effect of the pilot program, if any, on patient health care outcomes and access.

(G) The recommendations of the Secretary in terms of the feasibility and advisability of making the pilot program permanent.

TITLE V – OTHER MATTERS

SEC. 501 MODIFICATION OF TERMINATION DATE FOR VETERANS CHOICE PROGRAM

Section 101(p)(2) of the Veterans Access, Choice, and Accountability Act of 2014 (Public Law 113–146; 38 U.S.C. 1701 note) is amended to read:

"(p) Authority To Furnish Care and Services. - The Secretary may not authorize care and services under this section after September 30, 2018."

SEC. 502 APPROPRIATION OF FUNDS

(a) In General - There is authorized to be appropriated, and is appropriated, to the Secretary of Veterans Affairs, out of any funds in the Treasury not otherwise appropriated, $4,000,000,000 in mandatory funds to be deposited in the Veterans Choice Fund under section 802 of the Veterans Access, Choice, and Accountability Act of 2014, as amended.

(b) Availability of funds - The amount appropriated under subsection (a) shall remain available until expended.

SEC. 503 ROUND-DOWN OF CERTAIN COST-OF-LIVING ADJUSTMENTS

(a) Section 1104(a) is amended by striking "1998 through 2013" and inserting "2018 through 2027".

(b) Section 1303(a) is amended by striking "1998 through 2013" and inserting "2018 through 2027".

SEC. 504 LIMITATIONS ON PAYMENTS FOR CERTAIN FLIGHT PROGRAMS

Section 3313 is amended by adding at the end the following new subsection:

"(k) Limitations on payments of educational assistance for certain flight-related programs offered at institutions of higher learning.—

"(1) Notwithstanding any other provision of law, in the case of a flight-related degree program offered by an institution of higher learning, no payment of tuition and fees to an individual entitled to educational assistance under this chapter may exceed the amount specified in subsection (c)(1)(A)(ii)(II) of this section.

"(2) Only flight courses determined necessary for completion of a degree program may be approved for payment.".

SEC. 505 PENSIONS MEDICAID SAVINGS

Section 5503(d)(7) is amended by striking “September 30, 2027” and inserting “September 30, 2028”.

SEC. 506 HOME LOAN FEES EXTENSION

(a) Section 3729(b)(2)(A)(iii) is amended by striking “September 30, 2027” and inserting “September 30, 2028”.

(b) Section 3729(b)(2)(A)(iv) is amended by striking “September 30, 2027” and inserting “September 30, 2028”.

(c) Section 3729(b)(2)(B)(i) is amended by striking “September 30, 2027” and inserting “September 30, 2028”.

(d) Section 3729(b)(2)(B)(ii) is amended by striking “September 30, 2027” and inserting “September 30, 2028”.

(e) Section 3729(b)(2)(C)(i) is amended by striking “September 30, 2027” and inserting “September 30, 2028”.

(f) Section 3729(b)(2)(C)(ii) is amended by striking “September 30, 2027” and inserting “September 30, 2028”.

(g) Section 3729(b)(2)(D)(i) is amended by striking “September 30, 2027” and inserting “September 30, 2028”.

(h) Section 3729(b)(2)(D)(ii) is amended by striking “September 30, 2027” and inserting “September 30, 2028”.