

[DISCUSSION DRAFT]

115TH CONGRESS
1ST SESSION

H. R. _____

To amend title 38, United States Code, to establish a permanent **[VA Care in the Community Program]**, and for other purposes.

IN THE HOUSE OF REPRESENTATIVES

M. _____ introduced the following bill; which was referred to the
Committee on _____

A BILL

To amend title 38, United States Code, to establish a permanent **[VA Care in the Community Program]**, and for other purposes.

1 *Be it enacted by the Senate and House of Representa-*
2 *tives of the United States of America in Congress assembled,*

3 **SECTION 1. SHORT TITLE; TABLE OF CONTENTS.**

4 (a) **SHORT TITLE.**—This Act may be cited as the
5 “_____ Act”.

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

Sec. 1. Short title; table of contents.

TITLE I—IMPROVED ACCESS FOR VETERANS TO NON-DEPARTMENT OF VETERANS AFFAIRS MEDICAL CARE

- Sec. 101. Assignment of veterans to primary care providers.
- Sec. 102. Establishment of **VA Care in the Community Program**.
- Sec. 103. Veterans Care Agreements.
- Sec. 104. Modification of authority to enter into agreements with State homes to provide nursing home care.
- Sec. 105. Department of Veterans Affairs electronic interface for processing of medical claims.
- Sec. 106. Funding for **VA Care in the Community Program**.
- Sec. 107. Termination of certain provisions authorizing medical care to veterans through non-Department of Veterans Affairs providers.
- Sec. 108. Implementation and transition.

TITLE II—OTHER ADMINISTRATIVE MATTERS

- Sec. 201. Reimbursement for emergency ambulance services.
- Sec. 202. Improvement of care coordination for veterans through exchange of certain medical records.
- Sec. 203. Elimination of copayment offset.

1 **TITLE I—IMPROVED ACCESS**
 2 **FOR VETERANS TO NON-DE-**
 3 **PARTMENT OF VETERANS AF-**
 4 **FAIRS MEDICAL CARE**

5 **SEC. 101. ASSIGNMENT OF VETERANS TO PRIMARY CARE**
 6 **PROVIDERS.**

7 Section 1706 of title 38, United States Code, is
 8 amended by adding at the end the following new sub-
 9 section:

10 “(d)(1) Except as provided in section 1703A of this
 11 title, in furnishing primary care under this chapter, the
 12 Secretary shall assign each eligible veteran to—

13 “(A) a patient-aligned care team of the Depart-
 14 ment; or

15 “(B) a dedicated primary care provider of the
 16 Department as a part of any other model of pro-

1 viding consistent primary care determined appro-
2 priate by the Secretary.

3 “(2) Each patient-aligned care team of the Depart-
4 ment shall consist of a team of health care professionals
5 of the Department who—

6 “(A) provide to each eligible veteran com-
7 prehensive primary care in partnership with the vet-
8 eran; and

9 “(B) manage and coordinate comprehensive
10 hospital care and medical services consistent with
11 goals of care agreed upon by the veteran and team.

12 “(3) The Secretary shall ensure that an eligible vet-
13 eran is not simultaneously assigned to more than one pa-
14 tient-aligned care team or dedicated primary care provider
15 under this subsection at a single location, including by es-
16 tablishing procedures in the event a primary care provider
17 retires or is otherwise is no longer able to treat the vet-
18 eran. In the case of an eligible veteran who resides in more
19 than one location, the Secretary may assign such veteran
20 to a patient-aligned care team or dedicated primary care
21 provider at each such location.

22 “(4) The term ‘eligible veteran’ means a veteran
23 who—

1 “(A) is enrolled in the patient enrollment sys-
2 tem of the Department established and operated
3 under section 1705(a) of this title; and

4 “(B) has—

5 “(i) been furnished hospital care or med-
6 ical services at a Department facility on at least
7 one occasion during the two-year period pre-
8 ceding the date of the determination of eligi-
9 bility; or

10 “(ii) requested a first-time appointment for
11 hospital care or medical services at a Depart-
12 ment facility.”.

13 **SEC. 102. ESTABLISHMENT OF [VA CARE IN THE COMMU-**
14 **NITY PROGRAM].**

15 (a) ESTABLISHMENT OF PROGRAM.—

16 (1) IN GENERAL.—Chapter 17 of title 38,
17 United States Code, is amended by inserting after
18 section 1703 the following new section:

19 **“§ 1703A. [VA Care in the Community Program]**

20 “(a) PROGRAM.—(1) Subject to the availability of ap-
21 propriations for such purpose, hospital care, medical serv-
22 ices, and extended care services under this chapter shall
23 be furnished to an eligible veteran through contracts or
24 agreements authorized under subsection (d), or contracts
25 or agreements authorized under section 8153 of this title

1 or any other provision of law administered by the Sec-
2 retary, with network providers for the furnishing of such
3 care and services to veterans.

4 “(2) Subject to subsection (b), an eligible veteran
5 may select a provider of such care or services from among
6 network providers.

7 “(3) The Secretary shall coordinate the furnishing of
8 care and services under this section to eligible veterans.

9 “(4)(A) In carrying out this section, the Secretary
10 shall establish regional networks of network providers.
11 The Secretary shall determine, and may modify, such re-
12 gions based on the annual capacity and market assess-
13 ments of Veterans Integrated Service Networks conducted
14 under subsection (k) or upon recognized need.

15 “(B) The Secretary may enter into one or more con-
16 tracts, including national contracts, for the purposes of
17 managing the operations of the regional networks and for
18 the delivery of care pursuant to this section.

19 “(b) PRIMARY AND SPECIALTY CARE.—(1)(A) If the
20 Secretary is unable to assign an eligible veteran to a pa-
21 tient-aligned care team or dedicated primary care provider
22 under section 1706(d) of this title because the Secretary
23 determines such a care team or provider at a Department
24 facility is not available—

1 “(i) the Secretary shall consult with the
2 veteran regarding available primary care pro-
3 viders from among network providers that are
4 located in the regional network in which the
5 veteran resides or a regional network that is ad-
6 jacent to the regional network in which the vet-
7 eran resides; and

8 “(ii) the veteran shall select one of the
9 available primary care providers to serve as the
10 dedicated primary care provider of the veteran.

11 “(B) If the Secretary determines that a patient-
12 aligned care team or dedicated primary care provider at
13 a Department facility has become available for assignment
14 to an eligible veteran who had been assigned to a network
15 provider under paragraph (1), the Secretary shall provide
16 the veteran with the option of reassignment to the team
17 or provider at the Department facility.

18 “(C) In the case of an eligible veteran who is assigned
19 to a network provider under subsection (a), the Secretary
20 shall reevaluate such assignment not earlier than one year
21 after a veteran makes a selection under subparagraph
22 (A)(ii), and on an annual basis thereafter, to—

23 “(i) determine whether the Secretary is able to
24 assign to the veteran a patient-aligned care team or

1 dedicated primary care provider under section
2 1706(d) of this title; and

3 “(ii) make such assignment if able.

4 “(2)(A)(i) Except as provided in clause (ii), the Sec-
5 retary may only furnish specialty hospital care, medical
6 services, or extended care services to an eligible veteran
7 under this section pursuant to a referral for such specialty
8 care or services made by the primary care provider of the
9 veteran.

10 “(ii) The Secretary may designate specialties which
11 shall be exempt from the requirement under clause (i).

12 “(B) The Secretary shall determine whether to fur-
13 nish specialty hospital care, medical services, or extended
14 care services to an eligible veteran pursuant to subpara-
15 graph (A)—

16 “(i) at a medical facility of the Department
17 that is within a reasonable distance of the residence
18 of the veteran, as determined by the Secretary;

19 “(ii) by a network provider that, to the greatest
20 extent practicable, is located in the regional network
21 in which the veteran resides or a regional network
22 that is adjacent to the regional network in which the
23 veteran resides; or

24 “(iii) pursuant to an agreement described in
25 subparagraph (C).

1 “(C) An agreement described in this subparagraph
2 is an agreement entered into by the Secretary with a net-
3 work provider under which—

4 “(i) specialty hospital care, medical services, or
5 extended care services are furnished to an eligible
6 veteran pursuant to subparagraph (A)—

7 “(I) at a medical facility of the Depart-
8 ment by a network provider possessing the ap-
9 propriate credentials, as determined by the Sec-
10 retary; or

11 “(II) at a facility of a network provider by
12 a health care provider of the Department; and

13 “(ii) such specialty care or services are so fur-
14 nished either—

15 “(I) in accordance with this section with
16 respect to fees and payments for care and serv-
17 ices furnished under subsection (a); or

18 “(II) at no cost to the United States.

19 “(D) In making the determination under subpara-
20 graph (B), the Secretary shall give priority to medical fa-
21 cilities and health care providers of the Department but
22 shall take into account—

23 “(i) whether the veteran faces an unusual or ex-
24 cessive burden in accessing such specialty hospital
25 care, medical services, or extended care services at

1 a medical facility of the Department, including with
2 respect to—

3 “(I) geographical challenges;

4 “(II) environmental factors, such as roads
5 that are not accessible to the general public,
6 traffic, or hazardous weather;

7 “(III) a medical condition of the veteran
8 that affects the ability to travel; or

9 “(IV) such other factors as determined by
10 the Secretary; and

11 “(ii) whether the primary care provider of the
12 veteran recommends that such specialty hospital
13 care, medical services, or extended care services
14 should be furnished by a network provider.

15 “(E) The Secretary shall ensure that each medical
16 center of the Department processes referrals for specialty
17 hospital care, medical services, or extended care services
18 in a standardized manner, including with respect to the
19 organization of the program office at each medical center
20 responsible for such referrals.

21 “(F) In carrying out this section, the Secretary shall
22 establish a process to review any disagreement between an
23 eligible veteran and the Department, or between an eligi-
24 ble veteran and a health care provider of the Department,

1 regarding the eligibility of the veteran to receive care or
2 services from a network provider under this section.

3 “(c) EPISODES OF CARE.—(1) The Secretary shall
4 ensure that, at the election of an eligible veteran who re-
5 ceives hospital care, medical services, or extended care
6 services from a network provider in an episode of care
7 under this section, the veteran receives such care or serv-
8 ices from that network provider, another network provider
9 selected by the veteran, or a health care provider of the
10 Department, through the completion of the episode of
11 care, including all specialty and ancillary services deter-
12 mined necessary by the provider as part of the treatment
13 recommended in the course of such care or services. In
14 making such determination with respect to necessary spe-
15 cialty and ancillary services provided by a network pro-
16 vider, the network provider shall consult with the Sec-
17 retary, acting through the program office of the appro-
18 priate medical center.

19 “(2) In cases of episodes of care that the Secretary
20 determines case management to be appropriate, the Sec-
21 retary shall provide case management to an eligible vet-
22 eran who receives hospital care, medical services, or ex-
23 tended care services from a network provider for such epi-
24 sodes of care. The Secretary may provide such case man-
25 agement through the Veterans Health Administration or

1 through an entity that manages the operations of the re-
2 gional networks pursuant to subsection (a)(4)(B).

3 “(d) CARE AND SERVICES THROUGH CONTRACTS
4 AND AGREEMENTS.—(1) The Secretary shall enter into
5 contracts or agreements, including national contracts or
6 agreements, for furnishing care and services to eligible
7 veterans under this section with network providers.

8 “(2)(A) In entering into a contract or agreement
9 under paragraph (1) with a network provider, the Sec-
10 retary shall—

11 “(i) negotiate rates for the furnishing of care
12 and services under this section; and

13 “(ii) reimburse the provider for such care and
14 services at the rates negotiated pursuant to clause
15 (i) as provided in such contract or agreement.

16 “(B)(i) Except as provided in paragraph (3), rates
17 negotiated under subparagraph (A)(i) shall not be more
18 than the rates paid by the United States to a provider
19 of services (as defined in section 1861(u) of the Social Se-
20 curity Act (42 U.S.C. 1395x(u))) or a supplier (as defined
21 in section 1861(d) of such Act (42 U.S.C. 1395x(d)))
22 under the Medicare program under title XVIII of the So-
23 cial Security Act (42 U.S.C. 1395 et seq.) for the same
24 care or services.

1 “(ii) In determining the rates under the Medicare
2 program under title XVIII of the Social Security Act (42
3 U.S.C. 1395 et seq.) for purposes of clause (i), in the case
4 of care or services furnished by a provider of services with
5 respect to which such rates are determined under a fee
6 schedule to which the area wage index under section
7 1886(d)(3)(E) of the Social Security Act (42 U.S.C.
8 1395ww(d)(3)(E)) applies, such area wage index so ap-
9 plied to such provider of services may not be less than
10 1.00.

11 “(C) In carrying out paragraph (2), the Secretary
12 may incorporate the use of value-based reimbursement
13 models to promote the provision of high-quality care.

14 “(3)(A) With respect to the furnishing of care or
15 services under this section to an eligible veteran who re-
16 sides in a highly rural area (as defined under the rural-
17 urban commuting area codes developed by the Secretary
18 of Agriculture and the Secretary of Health and Human
19 Services), the Secretary of Veterans Affairs may negotiate
20 a rate that is more than the rate paid by the United States
21 as described in paragraph (2)(B).

22 “(B) With respect to furnishing care or services
23 under this section in Alaska, the Alaska Fee Schedule of
24 the Department of Veterans Affairs will be followed, ex-

1 cept for when another payment agreement, including a
2 contract or provider agreement, is in place.

3 “(C) With respect to furnishing care or services
4 under this section in a State with an All-Payer Model
5 Agreement under the Social Security Act that became ef-
6 fective on or after January 1, 2014, the Medicare payment
7 rates under paragraph (2)(B) shall be calculated based on
8 the payment rates under such agreement, or any such suc-
9 cessor agreement.

10 “(D) With respect to furnishing care or services
11 under this section in a location in which the Secretary de-
12 termines that adjusting the rate paid by the United States
13 as described in paragraph (2)(B) is appropriate, the Sec-
14 retary may negotiate such an adjusted rate.

15 “(E) With respect to furnishing care or services
16 under this section in a location or in a situation in which
17 an exception to the rates paid by the United States under
18 the Medicare program under title XVIII of the Social Se-
19 curity Act (42 U.S.C. 1395 et seq.) for the same care or
20 services applies, the Secretary may follow such exception.

21 “(F) With respect to furnishing care or services
22 under this section for care or services not covered under
23 the Medicare program under title XVIII of the Social Se-
24 curity Act (42 U.S.C. 1395 et seq.), the Secretary shall
25 establish a schedule of fees for such care or services.

1 “(G) With respect to furnishing care or services
2 under this section pursuant to an agreement with a tribal
3 or Federal entity, the Secretary **may negotiate a rate**
4 that is more than the rate paid by the United States as
5 described in paragraph (2)(B).**】**

6 “(4) For the furnishing of care or services pursuant
7 to a contract or agreement under paragraph (1), a net-
8 work provider may not collect any amount that is greater
9 than the rate negotiated pursuant to paragraph (2)(A).

10 “(5)(A) If, in the course of an episode of care under
11 this section, any part of care or services is furnished by
12 a medical provider who is not a network provider, the Sec-
13 retary may compensate such provider for furnishing such
14 care or services.

15 “(B) The Secretary shall make reasonable efforts to
16 enter into a contract or agreement under this section with
17 any provider who is compensated pursuant to subpara-
18 graph (A).

19 “(e) PROMPT PAYMENT STANDARD.—(1) The Sec-
20 retary shall ensure that claims for payments for hospital
21 care, medical services, or extended care services furnished
22 under this section are processed in accordance with this
23 subsection, regardless of whether such claims are—

24 “(A) made by a network provider to the Sec-
25 retary;

1 “(B) made by a network provider to a regional
2 network operated by a contractor pursuant to sub-
3 section (a)(4)(B); or

4 “(C) made by such a regional network to the
5 Secretary.

6 “(2) A covered claimant that seeks payment for hos-
7 pital care, medical services, or extended care services fur-
8 nished under this section shall submit to the covered payer
9 a claim for payment not later than—

10 “(A) with respect to a claim by a network pro-
11 vider, 180 days after the date on which the network
12 provider furnishes such care or services; or

13 “(B) with respect to a claim by a regional net-
14 work operated by a contractor, 180 days after the
15 date on which the contractor pays the network pro-
16 vider for furnishing such care or services.

17 “(3) Notwithstanding chapter 39 of title 31 or any
18 other provision of law, the covered payer shall pay a cov-
19 ered claimant for hospital care, medical services, or ex-
20 tended care services furnished under this section—

21 “(A) in the case of a clean claim submitted to
22 the covered payer on paper, not later than 45 cal-
23 endar days after receiving the claim; or

1 “(B) in the case of a clean claim submitted to
2 the covered payer electronically, not later than 30
3 calendar days after receiving the claim.

4 “(4)(A) If the covered payer denies a claim submitted
5 by a covered claimant under paragraph (1), the covered
6 payer shall notify the covered claimant of the reason for
7 denying the claim and the additional information, if any,
8 that may be required to process the claim—

9 “(i) in the case of a clean claim submitted to
10 the covered payer on paper, not later than 45 cal-
11 endar days after receiving the claim; or

12 “(ii) in the case of a clean claim submitted to
13 the covered payer electronically, not later than 30
14 calendar days after receiving the claim.

15 “(B) Upon receipt by the covered payer of additional
16 information specified under subparagraph (A) relating to
17 a claim, the covered payer shall pay, deny, or otherwise
18 adjudicate the claim, as appropriate, not later than 30 cal-
19 endar days after receiving such information.

20 “(5)(A) If the covered payer has not paid a covered
21 claimant or denied a clean claim for payment by the cov-
22 ered claimant under this subsection during the appro-
23 priate period specified in this subsection, such clean claim
24 shall be considered overdue.

1 “(B) If a valid claim for payment by a covered claim-
2 ant is considered overdue under subparagraph (A), in ad-
3 dition to the amount the covered payer owes the covered
4 claimant under the claim, the covered payer shall owe the
5 covered claimant an interest penalty amount that shall—

6 “(i) be prorated daily;

7 “(ii) accrue from the date the payment was
8 overdue;

9 “(iii) be payable at the time the claim is paid;
10 and

11 “(iv) be computed at the rate of interest estab-
12 lished by the Secretary of the Treasury, and pub-
13 lished in the Federal Register, for interest payments
14 under subsections (a)(1) and (b) of section 7109 of
15 title 41 that is in effect at the time the covered
16 payer accrues the obligation to pay the interest pen-
17 alty amount.

18 “(6)(A) If the covered payer overpays a covered
19 claimant for hospital care, medical services, or extended
20 care services furnished under this section—

21 “(i) the covered payer shall deduct the amount
22 of any overpayment from payments due to the cov-
23 ered claimant after the date of such overpayment; or

24 “(ii) if the covered payer determines that there
25 are no such payments due after the date of the over-

1 payment, the covered claimant shall refund the
2 amount of such overpayment not later than 30 days
3 after such determination.

4 “(B)(i) Before deducting any amount from a pay-
5 ment to a covered claimant under subparagraph (A), the
6 covered payer shall ensure that the covered claimant is
7 provided an opportunity—

8 “(I) to dispute the existence or amount of any
9 overpayment owed to the covered payer; and

10 “(II) to request a compromise with respect to
11 any such overpayment.

12 “(ii) The covered payer may not make any deduction
13 from a payment to a covered claimant under subparagraph
14 (A) unless the covered payer has made reasonable efforts
15 to notify the covered claimant of the rights of the covered
16 claimant under subclauses (I) and (II) of clause (i).

17 “(iii) Upon receiving a dispute under subclause (I)
18 of clause (i) or a request under subclause (II) of such
19 clause, the covered payer shall make a determination with
20 respect to such dispute or request before making any de-
21 duction under subparagraph (A) unless the time required
22 to make such a determination would jeopardize the ability
23 of the covered payer to recover the full amount owed to
24 the covered payer.

1 “(7) Notwithstanding any other provision of law, the
2 Secretary may, except in the case of a fraudulent claim,
3 false claim, or misrepresented claim, compromise any
4 claim of an amount owed to the United States under this
5 section.

6 “(8) This subsection shall apply only to payments
7 made on a claims basis and not to capitation or other
8 forms of periodic payments to network providers.

9 “(9) With respect to making a payment for hospital
10 care or medical services furnished to an eligible veteran
11 by a network provider under this section—

12 “(A) the Secretary may not require receipt by
13 the veteran or the Department of a medical record
14 under subsection (g) detailing such care or services
15 before a covered payer makes a payment for such
16 care or services; and

17 “(B) the Secretary may require that the net-
18 work provider attests to such care or services so pro-
19 vided before a covered payer makes a payment for
20 such care or services.

21 “(f) COST-SHARING.—(1) The Secretary shall require
22 an eligible veteran to pay a copayment for the receipt of
23 care or services under this section only if such eligible vet-
24 eran would be required to pay a copayment for the receipt
25 of such care or services at a medical facility of the Depart-

1 ment or from a health care provider of the Department
2 under this chapter.

3 “(2) The amount of a copayment charged under
4 paragraph (1) may not exceed the amount of the copay-
5 ment that would be payable by such eligible veteran for
6 the receipt of such care or services at a medical facility
7 of the Department or from a health care provider of the
8 Department under this chapter.

9 “(3) In any case in which an eligible veteran is fur-
10 nished hospital care or medical services under this section
11 for a non-service-connected disability described in sub-
12 section (a)(2) of section 1729 of this title, the Secretary
13 shall recover or collect reasonable charges for such care
14 or services from a health-care plan described in section
15 1705A in accordance with such section 1729.

16 “(g) MEDICAL RECORDS.—(1) The Secretary shall
17 ensure that any network provider that furnishes care or
18 services under this section to an eligible veteran—

19 “(A) upon the request of the veteran, provides
20 to the veteran the medical records related to such
21 care or services; and

22 “(B) upon the completion of the provision of
23 such care or services to such veteran, submits to the
24 Department a copy of any such medical records for

1 inclusion in the electronic medical record of such
2 veteran maintained by the Department.

3 “(2) To the extent practicable, the Secretary shall
4 submit to a network provider that furnishes care or serv-
5 ices under this section to an eligible veteran the medical
6 records of such eligible veteran that are maintained by the
7 Department and are relevant to such care or services.

8 “(3) To the extent practicable, the Secretary shall—

9 “(A) ensure that the medical records shared
10 under paragraphs (1) and (2) are shared in an elec-
11 tronic format accessible by network providers and
12 the Department through an Internet website; and

13 “(B) provide to network providers access to the
14 electronic patient health record system of the De-
15 partment, or successor system, for the purpose of
16 furnishing care or services under this section.

17 “(h) USE OF CARD.—The Secretary shall ensure that
18 the veteran health identification card, or such successor
19 identification card, includes sufficient information to act
20 as an identification card for an eligible entity or other non-
21 Department facility. The Secretary may not use any
22 amounts made available to the Secretary to issue separate
23 identification cards solely for the purpose of carrying out
24 this section.

1 “(i) PRESCRIPTION MEDICATIONS.—(1) With respect
2 to requirements relating to the licensing or credentialing
3 of a network provider, the Secretary shall ensure that the
4 network provider is able to submit prescriptions for phar-
5 maceutical agents on the formulary of the Department to
6 pharmacies of the Department in a manner that is sub-
7 stantially similar to the manner in which the network pro-
8 vider submits prescriptions to retail pharmacies.

9 “(2) Nothing in this section shall be construed to af-
10 fect the process of the Department for filling and paying
11 for prescription medications.

12 “(j) CAPACITY AND COMMERCIAL MARKET ASSESS-
13 MENTS.—(1) On a periodic basis, but not less often than
14 once every three years, the Secretary shall conduct an as-
15 sessment of the capacity of each Veterans Integrated Serv-
16 ice Network and medical facility of the Department to fur-
17 nish care or services under this chapter. Each such assess-
18 ment shall—

19 “(A) identify gaps in furnishing such care or
20 services at such Veterans Integrated Service Net-
21 work or medical facility;

22 “(B) identify how such gaps can be filled by—

23 “(i) entering into contracts or agreements
24 with network providers under this section or
25 with entities under other provisions of law;

1 “(ii) making changes in the way such care
2 and services are furnished at such Veterans In-
3 tegrated Service Network or medical facility;
4 and

5 “(iii) the building or realignment of De-
6 partment resources or personnel;

7 “(C) forecast, based on future projections and
8 historical trends, both the short- and long-term de-
9 mand in furnishing care or services at such Veterans
10 Integrated Service Network or medical facility and
11 assess how such demand affects the needs to use
12 such network providers; and

13 “(D) include a commercial health care market
14 assessment of designated catchment areas in the
15 United States conducted by a non-governmental en-
16 tity.

17 “(2) The Secretary shall submit each assessment
18 under paragraph (1) to the Committees on Veterans’ Af-
19 fairs of the House of Representatives and the Senate and
20 shall make each such assessment publicly available.

21 “(k) ALLOCATION OF FUNDS.—The Secretary shall
22 develop a plan for the allocation of funds in the Medical
23 Community Care account.

24 “(l) REPORTS ON RATES.—Not later than December
25 31, 2019, and annually thereafter during each of the sub-

1 sequent three years, the Secretary shall submit to the
2 Committees on Veterans' Affairs of the House of Rep-
3 resentatives and the Senate a report detailing, for the fis-
4 cal year preceding the fiscal year during which the report
5 is submitted, the rates paid by the Secretary for hospital
6 care, medical services, or extended care services under this
7 section that, pursuant to subsection (d)(3), are more than
8 the rates described in subsection (d)(2)(B) for the same
9 care or services.

10 “(m) DEFINITIONS.—In this section:

11 “(1) The term ‘clean claim’ means a claim sub-
12 mitted—

13 “(A) to the covered payer by a covered
14 claimant for purposes of payment by the cov-
15 ered payer of expenses for hospital care or med-
16 ical services furnished under this section;

17 “(B) that contains substantially all of the
18 required elements necessary for accurate adju-
19 dication, without requiring additional informa-
20 tion from the network provider; and

21 “(C) in such a nationally recognized for-
22 mat as may be prescribed by the Secretary for
23 purposes of paying claims for hospital care or
24 medical services furnished under this section.

25 “(2) The term ‘covered claimant’ means—

1 “(A) a network provider that submits a
2 claim to the Secretary for purposes of payment
3 by the Secretary of expenses for hospital care
4 or medical services furnished under this section;
5 or

6 “(B) a regional network operated by a con-
7 tractor pursuant to subsection (a)(4)(B) that
8 submits a claim to the Secretary for purposes
9 of reimbursement for a payment made by the
10 contractor to a network provider for hospital
11 care or medical services furnished under this
12 section.

13 “(3) The term ‘covered payer’ means—

14 “(A) a regional network operated by a con-
15 tractor pursuant to subsection (a)(4)(B) with
16 respect to a claim made by a network provider
17 to the contractor for purposes of payment by
18 the contractor of expenses for hospital care or
19 medical services furnished under this section; or

20 “(B) the Secretary with respect to—

21 “(i) a claim made by a network pro-
22 vider to the Secretary for purposes of pay-
23 ment by the Secretary of expenses for hos-
24 pital care or medical services furnished
25 under this section; and

1 “(ii) a claim made by a regional net-
2 work operated by a contractor pursuant to
3 subsection (a)(4)(B) for purposes of reim-
4 bursement for a payment described by sub-
5 paragraph (A).

6 “(4) The term ‘eligible veteran’ means a vet-
7 eran who—

8 “(A) is enrolled in the patient enrollment
9 system of the Department established and oper-
10 ated under section 1705(a) of this title; and

11 “(B) has—

12 “(i) been furnished hospital care or
13 medical services at a Department facility
14 on at least one occasion during the two-
15 year period preceding the date of the de-
16 termination of eligibility; or

17 “(ii) requested a first-time appoint-
18 ment for hospital care or medical services
19 at a Department facility.

20 “(5) The term ‘fraudulent claim’ means a claim
21 by a network provider for reimbursement under this
22 section that includes an intentional and deliberate
23 misrepresentation of a material fact or facts that is
24 intended to induce the Secretary to pay an amount
25 that was not legally owed to the provider.”.

1 (2) CLERICAL AMENDMENT.—The table of sec-
2 tions at the beginning of chapter 17 of such title is
3 amended by inserting after the item relating to sec-
4 tion 1703 the following new item:

“1703A. VA Care in the Community Program.”.

5 (b) CONFORMING AMENDMENTS.—The Veterans Ac-
6 cess, Choice, and Accountability Act of 2014 (Public Law
7 113–146) is amended—

8 (1) in section 101(p)(1) (38 U.S.C. 1701 note),
9 by inserting before the period at the end the fol-
10 lowing: “or the date on which the Secretary certifies
11 to the Committees on Veterans’ Affairs of the House
12 of Representatives and the Senate that the Secretary
13 is fully implementing section 1703A of title 38,
14 United States Code, whichever occurs first.”; and

15 (2) in section 208(1), by striking “section 101”
16 and inserting “section 1703A of title 38, United
17 States Code”.

18 (c) DEFINITIONS.—Section 1701 of title 38, United
19 States Code, is amended by adding at the end the fol-
20 lowing new paragraphs:

21 “(11) The term ‘network provider’ means any
22 of the following health care providers that have en-
23 tered into a contract or agreement under which the
24 provider agrees to furnish care and services to eligi-
25 ble veterans under section 1703A of this title:

1 “(A) Any health care provider or supplier
2 that is participating in the Medicare program
3 under title XVIII of the Social Security Act (42
4 U.S.C. 1395 et seq.), including any physician
5 furnishing services under such program.

6 “(B) Any provider of items and services re-
7 ceiving payment under a State plan under title
8 XIX of such Act (42 U.S.C. 1396 et seq.) or
9 a waiver of such a plan.

10 “(C) Any Federally-qualified health center
11 (as defined in section 1905(l)(2)(B) of the So-
12 cial Security Act (42 U.S.C. 1396d(l)(2)(B))).

13 “(D) The Department of Defense.

14 “(E) The Indian Health Service.

15 “(F) Any health care provider that is an
16 academic affiliate of the Department.

17 “(G) Any health care provider not other-
18 wise covered under any of subparagraphs (A)
19 through (F) that meets criteria established by
20 the Secretary for purposes of such section.

21 【“(12) The term ‘VA Care in the Community
22 Program’ means the program under which the Sec-
23 retary furnishes hospital care or medical services to
24 veterans through network providers pursuant to sec-
25 tion 1703A of this title or through non-Department

1 eligible providers or at non-Department facilities
2 using any other authority of the Secretary. [I don't
3 understand your note on this.].]

4 (d) TRANSITION OF PROVISION OF CARE.—This Act,
5 and the amendments made by this Act, may not be con-
6 strued to affect the obligations of the Secretary of Vet-
7 erans Affairs under contracts and agreements for the pro-
8 vision of hospital care and medical services entered into
9 before the date of the enactment of this Act at the terms
10 and rates contained in such contracts and agreements.

11 **SEC. 103. VETERANS CARE AGREEMENTS.**

12 (a) IN GENERAL.—Subchapter I of chapter 17 of title
13 38, United States Code, is further amended by inserting
14 after section 1703A, as added by [section 102], the fol-
15 lowing new section:

16 **“§ 1703B. Veterans Care Agreements with non-net-**
17 **work providers**

18 “(a) VETERANS CARE AGREEMENTS.—(1) In addi-
19 tion to furnishing hospital care, medical services, or ex-
20 tended care services under this chapter at facilities of the
21 Department or under contracts or sharing agreements en-
22 tered into pursuant to section 1703A of this title or any
23 other provision of law other than this section, the Sec-
24 retary may furnish such care and services to eligible vet-
25 erans through the use of agreements, to be known as ‘Vet-

1 erans Care Agreements’, entered into under this section
2 by the Secretary with eligible non-network providers.

3 “(2) The Secretary may enter into a Veterans Care
4 Agreement under this section with an eligible non-network
5 provider if the Secretary determines that—

6 “(A) the provision of the hospital care, medical
7 services, or extended care services to be furnished
8 under the agreement at a Department facility is im-
9 practicable or inadvisable because of the medical
10 condition of the veteran, the travel involved, or the
11 nature of the care or services required, or a com-
12 bination of such factors; and

13 “(B) such care or services are not available to
14 be furnished by a non-Department health care pro-
15 vider under a contract or sharing agreement entered
16 into pursuant to provisions of law other than this
17 section.

18 “(b) ELIGIBLE NON-NETWORK PROVIDERS.—A pro-
19 vider of hospital care, medical services, or extended care
20 services is eligible to enter into a Veterans Care Agree-
21 ment under this section if the Secretary determines that
22 the provider meets each of the following criteria:

23 “(1) The gross annual revenue of the provider
24 under contracts or agreements entered into with the
25 Secretary in the year preceding the year in which

1 the provider enters into the Veterans Care Agree-
2 ment does not exceed—

3 “(A) \$500,000,000 (as adjusted in a man-
4 ner similar to amounts adjusted pursuant to
5 section 5312 of this title), in the case of a pro-
6 vider that furnishes home health aids; or

7 “(B) \$2,000,000 (as so adjusted), in the
8 case of any other provider.

9 **“(2) The provider is not a network provider.**

10 **【NOTE: Why did you cross this out? My under-**
11 **standing is that this section is for providers who**
12 **have not entered into network provider agreements**
13 **under section 1703A. Am I missing something?】**

14 “(3) The provider does not otherwise provide
15 such care or services to patients pursuant to a con-
16 tract entered into with a department or agency of
17 the Federal Government.

18 “(4) The provider is—

19 “(A) a provider of services that has en-
20 rolled and entered into a provider agreement
21 under section 1866(a) of the Social Security
22 Act (42 U.S.C. 1395cc(a));

23 “(B) a physician or supplier that has en-
24 rolled and entered into a participation agree-

1 ment under section 1842(h) of such Act (42
2 U.S.C. 1395u(h));

3 “(C) a provider of items and services re-
4 ceiving payment under a State plan under title
5 XIX of such Act (42 U.S.C. 1396 et seq.) or
6 a waiver of such a plan;

7 “(D) an Aging and Disability Resource
8 Center, an area agency on aging, or a State
9 agency (as defined in section 102 of the Older
10 Americans Act of 1965 (42 U.S.C. 3002)); or

11 “(E) a center for independent living (as
12 defined in section 702 of the Rehabilitation Act
13 of 1973 (29 U.S.C. 796a)).

14 “(5) The provider is certified pursuant to the
15 process established under subsection (c)(1).

16 “(6) Any additional criteria determined appro-
17 priate by the Secretary.

18 “(c) PROVIDER CERTIFICATION.—(1) The Secretary
19 shall establish a process for the certification of eligible
20 providers to enter into Veterans Care Agreements under
21 this section that shall, at a minimum, set forth the fol-
22 lowing:

23 “(A) Procedures for the submission of applica-
24 tions for certification and deadlines for actions taken
25 by the Secretary with respect to such applications.

1 “(B) Standards and procedures for the ap-
2 proval and denial of certifications and the revocation
3 of certifications.

4 “(C) Procedures for assessing eligible providers
5 based on the risk of fraud, waste, and abuse of such
6 providers similar to the level of screening under sec-
7 tion 1866(j)(2)(B) of the Social Security Act (42
8 U.S.C. 1395(j)(2)(B)) and the standards set forth
9 under section 9.104 of title 48, Code of Federal
10 Regulations, or any successor regulation.

11 “(D) Requirement for denial or revocation of
12 certification if the Secretary determines that the
13 otherwise eligible provider is—

14 “(i) excluded from participation in a Fed-
15 eral health care program (as defined in section
16 1128B(f) of the Social Security Act (42 U.S.C.
17 1320a–7b(f))) under section 1128 or 1128A of
18 the Social Security Act (42 U.S.C. 1320a–7
19 and 1320a–7a); or

20 “(ii) identified as an excluded source on
21 the list maintained in the System for Award
22 Management, or any successor system.

23 “(E) Procedures by which a provider whose cer-
24 tification is denied or revoked under the procedures
25 established under this subsection will be identified as

1 an excluded source on the list maintained in the Sys-
2 tem for Award Management, or successor system, if
3 the Secretary determines that such exclusion is ap-
4 propriate.

5 “(2) To the extent practicable, the Secretary shall es-
6 tablish the procedures under paragraph (1) in a manner
7 that takes into account any certification process adminis-
8 tered by another department or agency of the Federal
9 Government that an eligible provider has completed by
10 reason of being a provider described in any of subpara-
11 graphs (A) through (E) of subsection (b)(4).

12 “(d) TERMS OF AGREEMENTS.—(1) The Secretary
13 shall ensure that each Veterans Care Agreement includes
14 provisions requiring the eligible non-network provider to
15 do the following:】

16 【“(A) To accept payment for care and services
17 furnished under this section in accordance with
18 paragraph (2).】

19 【“(B) To accept payment under subparagraph
20 (A) as payment in full for care and services fur-
21 nished under this section and to not seek any pay-
22 ment for such care and services from the recipient
23 of such care.】

24 【“(C) To furnish under this section only the
25 care and services authorized by the Department

1 under this section unless the eligible provider re-
2 ceives prior written consent from the Department to
3 furnish care and services outside the scope of such
4 authorization.】

5 【“(D) To bill the Department for care and
6 services furnished under this section in accordance
7 with a methodology established by the Secretary for
8 purposes of this section.】

9 【“(E) Not to seek to recover or collect from a
10 health-plan contract or third party (as those terms
11 are defined in section 1729 of this title) for any care
12 or services for which payment is made by the De-
13 partment under this section.】

14 【“(F) To provide medical records for veterans
15 furnished care and services under this section to the
16 Department in a timeframe and format specified by
17 the Secretary for purposes of this section, except the
18 Secretary may not require that any payment by the
19 Secretary to the eligible provider be contingent on
20 such provision of medical records.】

21 【“(G) To meet other such terms and condi-
22 tions, including quality of care assurance standards,
23 as the Secretary may specify for purposes of this
24 section. 【NOTE: Please review this paragraph and
25 compare it to subsection (e) of section 1703A

1 (prompt payment). Do you want to make the terms
2 consistent?】】

3 “(2) 【Subsection (d) of section 1703A shall apply
4 with respect to a Veterans Care Agreement in the same
5 manner such subsection applies to a contract or agreement
6 entered into under such section.】

7 “(3) 【Subsection (e) of such section shall apply with
8 respect to an eligible non-network provider with which the
9 Secretary enters into a Veterans Care Agreement in the
10 same manner such subsection applies to a network pro-
11 vider.】

12 “(e) EXCLUSION OF CERTAIN FEDERAL CON-
13 TRACTING PROVISIONS.—(1) Notwithstanding any other
14 provision of law, the Secretary may enter into a Veterans
15 Care Agreement using procedures other than competitive
16 procedures.

17 “(2)(A) Except as provided in subparagraph (B) and
18 unless otherwise provided in this section, an eligible non-
19 network provider that enters into a Veterans Care Agree-
20 ment under this section is not subject to, in the carrying
21 out of the agreement, any provision of law that providers
22 of services and suppliers under the original Medicare fee-
23 for-service program under parts A and B of title XVIII
24 of the Social Security Act (42 U.S.C. 1395 et seq.) or the

1 Medicaid program under title XIX of such Act (42 U.S.C.
2 1396 et seq.) are not subject to.

3 “(B) In addition to the provisions of laws covered by
4 subparagraph (A), an eligible non-network provider shall
5 be subject to the following provisions of law:

6 “(i) Any applicable law regarding integrity, eth-
7 ics, or fraud, or that subject a person to civil or
8 criminal penalties.

9 “(ii) Section 431 of title 18.

10 “(iii) Section 1352 of title 31, except for the fil-
11 ing requirements under subsection (b) of such sec-
12 tion.

13 “(iv) Section 4705 or 4712 of title 41, and any
14 other applicable law regarding the protection of
15 whistleblowers.

16 “(v) Section 4706(d) of title 41.

17 “(vi) Title VII of the Civil Rights Act of 1964
18 (42 U.S.C. 2000e et seq.) to the same extent as
19 such title applies with respect to the eligible non-net-
20 work provider in providing care or services through
21 an agreement or arrangement other than under a
22 Veterans Care Agreement.

23 “(f) TERMINATION OF A VETERANS CARE AGREE-
24 MENT.—(1) An eligible non-network provider may termi-
25 nate a Veterans Care Agreement with the Secretary under

1 this section at such time and upon such notice to the Sec-
2 retary as the Secretary may specify for purposes of this
3 section.

4 “(2) The Secretary may terminate a Veterans Care
5 Agreement with an eligible non-network provider under
6 this section at such time and upon such notice to the pro-
7 vider as the Secretary may specify for the purposes of this
8 section, if the Secretary—

9 “(A) determines that the provider failed to com-
10 ply with the provisions of the agreement, this sec-
11 tion, or other applicable provision of law;

12 “(B) makes a revocation pursuant to [sub-
13 section (d)(D)]; [This cross-reference does not
14 work. What should this reference? do you mean sub-
15 section (d)(1)(D)? That does not refer to a revoca-
16 tion.]

17 “(C) ascertains that the eligible provider has
18 been convicted of a felony or other serious offense
19 under Federal or State law and determines that the
20 continued participation of the eligible provider would
21 be detrimental to the best interests of veterans of
22 the Department;

23 “(D) determines that it is reasonable to termi-
24 nate the agreement based on the health care needs
25 of veterans; or

1 “(E) otherwise determines the termination of
2 the agreement is necessary for any reason.

3 “(g) DISPUTES.—(1) The Secretary shall establish
4 administrative procedures for providers with which the
5 Secretary has entered into a Veterans Care Agreement to
6 present any dispute arising under or related to the agree-
7 ment.

8 “(2) Before using any dispute resolution mechanism
9 under chapter 71 of title 41 with respect to a dispute arising
10 under a Veterans Care Agreement under this section,
11 a provider must first exhaust the administrative proce-
12 dures established by the Secretary under paragraph (1).

13 “(h) AUTHORITY TO PAY FOR OTHER AUTHORIZED
14 SERVICES.—(1) If, in the course of an episode of care for
15 which hospital care, medical services, or extended care
16 services are furnished to an eligible veteran pursuant to
17 a Veterans Care Agreement, any part of such care or serv-
18 ices is furnished by a medical provider who is not an eligi-
19 ble non-network provider or a network provider, the Sec-
20 retary may compensate such provider for furnishing such
21 care or services.

22 “(2) The Secretary shall make reasonable efforts to
23 enter into a Veterans Care Agreement with any provider
24 who is compensated pursuant to paragraph (1).

1 “(i) ANNUAL REPORTS.—Not later than December
2 31 of the year following the fiscal year in which the Sec-
3 retary first enters into a Veterans Care Agreement, and
4 each year thereafter, the Secretary shall submit to the ap-
5 propriate congressional committees an annual report that
6 includes a list of all Veterans Care Agreements entered
7 into as of the date of the report.

8 “(j) QUALITY OF CARE.—In carrying out this sec-
9 tion, the Secretary shall use the quality of care standards
10 set forth or used by the Centers for Medicare & Medicaid
11 Services.

12 “(k) DELEGATION.—The Secretary may delegate the
13 authority to enter into or terminate a Veterans Care
14 Agreement, or to make a determination described in [sub-
15 section (h)(2)] [This cross-reference doesn’t work. What
16 should this reference?], at a level not below the [Assistant
17 Deputy Under Secretary for Health for Community
18 Care.] [Is this the correct title?]

19 “(l) DEFINITIONS.—In this section:

20 “(1) The term ‘appropriate congressional com-
21 mittees’ means—

22 “(A) the Committees on Veterans’ Affairs
23 of the House of Representatives and the Sen-
24 ate; and

1 “(B) the Committees on Appropriations of
2 the House of Representatives and the Senate.

3 “(2) The term ‘eligible veteran’ has the mean-
4 ing given such term in section 1703A(m) of this
5 title.”.

6 (b) CLERICAL AMENDMENT.—The table of sections
7 at the beginning of such chapter is amended by inserting
8 after the item relating to section 1703A [as added by sec-
9 tion 101] the following new item:

 “1703B. Veterans Care Agreements with non-network providers.”.

10 **SEC. 104. MODIFICATION OF AUTHORITY TO ENTER INTO**
11 **AGREEMENTS WITH STATE HOMES TO PRO-**
12 **VIDE NURSING HOME CARE.**

13 (a) USE OF AGREEMENTS.—

14 (1) IN GENERAL.—Paragraph (1) of section
15 1745(a) of title 38, United States Code, is amended,
16 in the matter preceding subparagraph (A), by strik-
17 ing “a contract (or agreement under section
18 1720(e)(1) of this title)” and inserting “an agree-
19 ment”.

20 (2) PAYMENT.—Paragraph (2) of such section
21 is amended by striking “contract (or agreement)”
22 each place it appears and inserting “agreement”.

23 (b) TREATMENT OF CERTAIN LAWS.—Such section
24 is amended by adding at the end the following new para-
25 graph:

1 “(4)(A) An agreement under this section may be en-
2 tered into without regard to any law that would require
3 the Secretary to use competitive procedures in selecting
4 the party with which to enter into the agreement.

5 “(B)(i) Except as provided in clause (ii) and unless
6 otherwise provided in this section or in regulations pre-
7 scribed pursuant to this section, a State home that enters
8 into an agreement under this section is not subject to, in
9 the carrying out of the agreement, any law to which pro-
10 viders of services and suppliers are not subject under the
11 original Medicare fee-for-service program under parts A
12 and B of title XVIII of the Social Security Act (42 U.S.C.
13 1395 et seq.) or the Medicaid program under title XIX
14 of such Act (42 U.S.C. 1396 et seq.).

15 “(ii) The exclusion under clause (i) does not apply
16 to laws regarding integrity, ethics, fraud, or that subject
17 a person to civil or criminal penalties.

18 “(C) Title VII of the Civil Rights Act of 1964 (42
19 U.S.C. 2000e et seq.) shall apply with respect to a State
20 home that enters into an agreement under this section to
21 the same extent as such title applies with respect to the
22 State home in providing care or services through an agree-
23 ment or arrangement other than under this section.”.

24 (c) EFFECTIVE DATE.—

1 (1) IN GENERAL.—The amendments made by
2 this section shall apply to agreements entered into
3 under section 1745 of such title on and after the
4 date on which the regulations prescribed by the Sec-
5 retary of Veterans Affairs to implement such amend-
6 ments take effect.

7 (2) PUBLICATION.—The Secretary shall publish
8 the date described in paragraph (1) in the Federal
9 Register not later than 30 days before such date.

10 **SEC. 105. DEPARTMENT OF VETERANS AFFAIRS ELEC-**
11 **TRONIC INTERFACE FOR PROCESSING OF**
12 **MEDICAL CLAIMS.**

13 (a) ELECTRONIC INTERFACE.—Not later than the
14 implementation date specified in section 108(a), the Chief
15 Information Officer of the Department of Veterans Affairs
16 shall ensure that the information technology system used
17 by the Department to receive, process, and pay claims
18 under the **【VA Care in the Community Program】** and
19 under Veterans Care Agreements includes the following:

20 (1) A function through which a covered non-De-
21 partment health care provider may submit all re-
22 quired data and supporting information required for
23 claims reimbursement through electronic data inter-
24 change.

1 (2) An ability to automatically adjudicate
2 claims.

3 (3) A centralized claims database that is acces-
4 sible nationwide.

5 (4) Integration with the relevant eligibility and
6 authorization information technology systems of the
7 Department.

8 (5) Ability for a covered non-Department health
9 care provider to ascertain the status of a pending
10 claim submitted by the provider, receive information
11 regarding missing documentation or discrepancies
12 that may impede claim processing timelines or result
13 in rejection, and receive notification when such claim
14 is accepted for reimbursement or rejected.

15 (6) A claim review system similar to that used
16 by the Centers for Medicare & Medicaid Services, as
17 of the date of the enactment of this Act, to deter-
18 mine the appropriateness and accuracy of payments
19 to providers and to ensure program integrity and
20 oversight.

21 (b) PROTECTION OF INFORMATION.—The Chief In-
22 formation Officer shall also ensure that the information
23 technology system covered under subsection (a) meets the
24 following criteria related to the protection of information:

1 (1) Such system shall be developed and imple-
2 mented in compliance with all Federal information
3 protection requirements, including—

4 (A) subchapter II of chapter 35 of title 44,
5 United States Code;

6 (B) section 552a of title 5, United States
7 Code;

8 (C) appendix III of Office of Management
9 and Budget Circular A-130;

10 (D) Federal Information Processing Stand-
11 ards; and

12 (E) National Institute of Standards and
13 Technology Special Publications.

14 (2) Such system shall provide for the elicitation,
15 analysis, and prioritization of functional and non-
16 functional information security and privacy require-
17 ments for such system, including security and pri-
18 vacy services and architectural requirements relating
19 to security and privacy based on a thorough risk as-
20 sessment of all reasonably anticipated cyber and
21 noncyber threats to the security and privacy of elec-
22 tronic protected health information made available
23 through such interface.

1 (3) Such system shall provide for the elicitation,
2 analysis, and prioritization of secure development re-
3 quirements relating to such system.

4 (4) Such system shall provide assurance that
5 the prioritized information security and privacy re-
6 quirements of such system—

7 (A) are correctly implemented in the de-
8 sign and implementation of such system
9 through the system development lifecycle; and

10 (B) satisfy the information objectives of
11 such system relating to security and privacy
12 throughout the systems development lifecycle.

13 (c) CONTRACT AUTHORITY.—The Chief Information
14 Officer may enter into a contract for purposes of carrying
15 out this section.

16 (d) DEFINITIONS.—In this section:

17 (1) The term “electronic protected health infor-
18 mation” has the meaning given that term in section
19 160.103 of title 45, Code of Federal Regulations, as
20 in effect on the date of the enactment of this Act.

21 (2) The term “covered non-Department health
22 care provider” means—

23 (A) a network provider (as defined by sec-
24 tion 1701(10) of title 38, United States Code,
25 as added by **[section 102]**);

1 (B) a non-network provider with which the
2 Secretary has entered into a Veterans Care
3 Agreement under section 1703B of such title;
4 or

5 (C) any other non-Department eligible pro-
6 vider or non-Department health care provider
7 that furnishes hospital care or medical services
8 pursuant to chapter 17 of such title.

9 (3) The term “secure development require-
10 ments” means, with respect to the information tech-
11 nology system established under subsection (a), ac-
12 tivities that are required to be completed during the
13 system development lifecycle of such interface, such
14 as secure coding principles and test methodologies.

15 [(4) The term “VA Care in the Community
16 Program” has the meaning given that term in sec-
17 tion 1701(12) of title 38, United States Code, as
18 added by [section 102].]

19 **SEC. 106. FUNDING FOR[VA CARE IN THE COMMUNITY PRO-**
20 **GRAM].**

21 (a) IN GENERAL.—All amounts required to carry out
22 the [VA Care in the Community Program] shall be de-
23 rived from the Veterans Health Administration, Medical
24 Community Care account.

25 (b) TRANSFER OF AMOUNTS.—

1 (1) IN GENERAL.—Any unobligated amounts in
2 the Veterans Choice Fund under section 802 of the
3 Veterans Access, Choice, and Accountability Act of
4 2014 (Public Law 113–146; 38 U.S.C. 1701 note)
5 shall be transferred to the Veterans Health Adminis-
6 tration, Medical Community Care account on the
7 date that is one year after the date of the enactment
8 of this Act.

9 (2) CONFORMING REPEAL.—

10 (A) IN GENERAL.—Effective immediately
11 following the transfer of amounts under para-
12 graph (1), section 802 of the Veterans Access,
13 Choice, and Accountability Act of 2014 (Public
14 Law 113–146; 38 U.S.C. 1701 note) is re-
15 pealed.

16 (B) CONFORMING AMENDMENT.—Section
17 4003 of the Surface Transportation and Vet-
18 erans Health Care Choice Improvement Act of
19 2015 (Public Law 114–41; 38 U.S.C. 1701
20 note) is amended by striking “for non-Depart-
21 ment provider programs (as defined in section
22 2(d))” and all that follows through “1802)”
23 and inserting the following: “for the VA Care in
24 the Community Program (as defined in section
25 1701(12) of title 38, United States Code) to be

1 comprised of discretionary medical services
2 funding that is designated for hospital care and
3 medical services furnished at non-Department
4 facilities”.

5 **[(c) VA CARE IN THE COMMUNITY PROGRAM DE-**
6 **FINED.—**In this section, the term “VA Care in the Com-
7 munity Program” has the meaning given that term in sec-
8 tion 1701(12) of title 38, United States Code, as added
9 by **[section 102].**

10 **SEC. 107. TERMINATION OF CERTAIN PROVISIONS AUTHOR-**
11 **IZING MEDICAL CARE TO VETERANS**
12 **THROUGH NON-DEPARTMENT OF VETERANS**
13 **AFFAIRS PROVIDERS.**

14 (a) **TERMINATION OF AUTHORITY TO CONTRACT FOR**
15 **CARE IN NON-DEPARTMENT FACILITIES.—**

16 (1) **IN GENERAL.—**Section 1703 of title 38,
17 United States Code, is amended by adding at the
18 end the following new subsection:

19 “(e) The authority of the Secretary to carry out this
20 section terminates on the date on which the Secretary cer-
21 tifies to the Committees on Veterans’ Affairs of the House
22 of Representatives and the Senate that the Secretary is
23 fully implementing section 1703A of this title.”.

24 (2) **CONFORMING AMENDMENTS.—**

1 (A) DENTAL CARE.—Section 1712(a) of
2 such title is amended—

3 (i) in paragraph (3), by striking
4 “under clause (1), (2), or (5) of section
5 1703(a) of this title” and inserting “under
6 the VA Care in the Community Program”;
7 and

8 (ii) in paragraph (4)(A), in the first
9 sentence—

10 (I) by striking “and section 1703
11 of this title” and inserting “and the
12 **【VA Care in the Community Pro-**
13 **gram】** (with respect to such a year
14 beginning on or after the date on
15 which the Secretary commences imple-
16 mentation of the **【VA Care in the**
17 **Community Program)】**”; and

18 (II) by striking “in section 1703
19 of this title” and inserting “under the
20 **【VA Care in the Community Pro-**
21 **gram】**”.

22 (B) READJUSTMENT COUNSELING.—Sec-
23 tion 1712A(e)(1) of such title is amended by
24 striking “(under sections 1703(a)(2) and
25 1710(a)(1)(B) of this title)” and inserting

1 “(under the **VA Care in the Community Pro-**
2 **gram**)”.

3 (C) DEATH IN DEPARTMENT FACILITY.—
4 Section 2303(a)(2)(B)(i) of such title is amend-
5 ed by striking “in accordance with section 1703
6 of this title” and inserting “under the **VA**
7 **Care in the Community Program**”.

8 (D) MEDICARE PROVIDER AGREEMENTS.—
9 Section 1866(a)(1)(L) of the Social Security
10 Act (42 U.S.C. 1395cc(a)(1)(L)) is amended—

11 (i) by striking “under section 1703 of
12 title 38” and inserting “under the **VA**
13 **Care in the Community Program** (as de-
14 fined in section 1701 of title 38, United
15 States Code)”; and

16 (ii) by striking “such section” and in-
17 sserting “such program”.

18 (b) REPEAL OF AUTHORITY TO CONTRACT FOR
19 SCARCE MEDICAL SPECIALISTS.—

20 (1) IN GENERAL.—Section 7409 of title 38,
21 United States Code, is repealed.

22 (2) CLERICAL AMENDMENT.—The table of sec-
23 tions at the beginning of chapter 74 of such title is
24 amended by striking the item relating to section
25 7409.

1 (c) EFFECTIVE DATE.—The amendments made by
2 subsection (a) and (b) shall take effect on the date on
3 which the Secretary certifies to the Committees on Vet-
4 erans' Affairs of the House of Representatives and the
5 Senate that the Secretary is fully implementing section
6 1703A of title 38, United States Code, as added by sec-
7 tion 101.

8 **SEC. 108. IMPLEMENTATION AND TRANSITION.**

9 (a) IMPLEMENTATION.—The Secretary of Veterans
10 Affairs shall commence the implementation of section
11 1703A of title 38, United States Code, as added by [sec-
12 tion 102], and shall make the transfer under [section
13 105(b),] by not later than one year after the date of the
14 enactment of this Act. The Secretary shall prescribe in-
15 terim final regulations to implement such sections and
16 publish such regulations in the Federal Register.

17 (b) TRAINING.—Before commencing the implementa-
18 tion of sections 1703A and 1703B of title 38, United
19 States Code, as added by sections 102 and 103, the Sec-
20 retary of Veterans Affairs shall—

21 (1) certify to the Committees on Veterans' Af-
22 fairs of the House of Representatives and the Senate
23 that—

24 (A) each network provider (as defined by
25 section 1701(11) of title 38, United States

1 Code) and eligible non-network provider that
2 furnishes care or services under such section
3 1703A or section 1703B is trained to furnish
4 such care or services under such sections; and

5 (B) each employee of the Department that
6 refers, authorizes, or coordinates such care or
7 services is trained to carry out such sections;
8 and

9 (2) establish standard, written guidance for net-
10 work providers, non-Department health care pro-
11 viders, and any non-Department administrative enti-
12 ties acting on behalf of such providers, with respect
13 to the policies and procedures for furnishing care or
14 services under such sections.

15 **TITLE II—OTHER**

16 **ADMINISTRATIVE MATTERS**

17 **SECTION 201. REIMBURSEMENT FOR EMERGENCY AMBU-**

18 **LANCE SERVICES.**

19 (a) IN GENERAL.—Section 1725(c) of title 38,
20 United States Code, is amended by adding at the end the
21 following new paragraph:

22 “(5) In delineating the circumstances under which re-
23 imbursement may be made under this section for ambu-
24 lance services for an individual, the Secretary shall treat
25 such services as emergency services for which reimburse-

1 ment may be made under this section if the Secretary de-
2 termines that—

3 “(A) the request for ambulance services was
4 made as a result of the sudden onset of a medical
5 condition of such a nature that a prudent layperson
6 who possesses an average knowledge of health and
7 medicine—

8 “(i) would have reasonably expected that a
9 delay in seeking immediate medical attention
10 would have been hazardous to the life or health
11 of the individual; or

12 “(ii) could reasonably expect the absence
13 of immediate medical attention to result in
14 placing the health of the individual in serious
15 jeopardy, the serious impairment of bodily func-
16 tions, or the serious dysfunction of any bodily
17 organ or part; and

18 “(B) the individual is transported to the most
19 appropriate medical facility capable of treating such
20 medical condition.”.

21 (b) **EFFECTIVE DATE.**—The amendment made by
22 subsection (a) shall take effect on the date of the enact-
23 ment of this Act and shall apply with respect to ambulance
24 services provided on or after January 1, 2019.

1 **SEC. 202. IMPROVEMENT OF CARE COORDINATION FOR**
2 **VETERANS THROUGH EXCHANGE OF CER-**
3 **TAIN MEDICAL RECORDS.**

4 Section 7332(b) of title 38, United States Code, is
5 amended—

6 (1) in paragraph (2), by adding at the end the
7 following new subparagraphs:

8 “(H) To a public or private health care
9 provider in order to provide treatment or health
10 care to a shared patient.

11 “(I) To a third party in order to recover
12 or collect reasonable charges for care furnished
13 to a veteran for a non-service connected dis-
14 ability pursuant to section 1729 of this title or
15 section 1 of Public Law 87–693 (42 U.S.C.
16 2651).”; and

17 (2) by adding at the end the following new
18 paragraph:

19 “(4) Nothing in this section shall be construed to au-
20 thorize any provision of records in violation of relevant
21 health record privacy laws, including the Health Insurance
22 Portability and Accountability Act of 1996 (Public Law
23 104–191).”.

1 **SEC. 203. ELIMINATION OF COPAYMENT OFFSET.**

2 (a) IN GENERAL.— Section 1729(a) of title 38,
3 United States Code, is amended by adding at the end the
4 following new paragraph:

5 “(4) [Notwithstanding any other provision of
6 law,] any amount that the United States may collect
7 or recover under this section shall not affect any co-
8 payment amount a veteran is otherwise obligated to
9 pay under this chapter.”.

10 (b) EFFECTIVE DATE.—The amendment made by
11 subsection (a) shall take effect on the date of the enact-
12 ment of this Act and apply with respect to a copayment
13 obligation that arises on or after the date of the enactment
14 of this Act.