

**AMENDMENT IN THE NATURE OF A SUBSTITUTE  
TO H.R. 4242  
OFFERED BY MR. WALZ OF MINNESOTA**

Strike all after the enacting clause and insert the following:

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

2 (a) SHORT TITLE.—This Act may be cited as the  
3 “VA Care in the Community Act”.

4 (b) TABLE OF CONTENTS.—The table of contents for  
5 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.

**TITLE II—ENSURING HIGH-PERFORMING NETWORK**

Subtitle A—Access Standards

Sec. 201. Access guidelines and standards for quality.

Sec. 202. Access to walk-in care.

Sec. 203. Prevention of certain health care providers from providing non-Department health care services to veterans.

Subtitle B—Paying Providers and Improving Collections

Sec. 211. Authority to pay for authorized care not subject to an agreement.

Sec. 212. Improvement of authority to recover the cost of services furnished for non-service-connected disabilities.

Sec. 213. Processing of claims for reimbursement through electronic interface.

Subtitle C—Education and Training Programs

Sec. 221. Education program on health care options.

Sec. 222. Training program for administration of non-Department of Veterans Affairs health care.

Sec. 223. Continuing medical education for non-Department medical professionals.

Subtitle D—Other Matters Relating to Non-Department of Veterans Affairs Providers

Sec. 241. Establishment of processes to ensure safe opioid prescribing practices by non-Department of Veterans Affairs health care providers.

Sec. 242. Improving information sharing with community providers.

Sec. 243. Competency standards for non-Department of Veterans Affairs health care providers.

Subtitle E—Other Non-Department Health Care Matters

Sec. 251. Plans for use of supplemental appropriations required.

Sec. 252. Veterans Choice Fund flexibility.

Sec. 253. Funding for VA Care in the Community Program.

Sec. 254. Termination of certain provisions authorizing medical care to veterans through non-Department of Veterans Affairs providers.

Sec. 255. Implementation and transition.

Sec. 256. Conforming amendments.

TITLE III—IMPROVING DEPARTMENT OF VETERANS AFFAIRS HEALTH CARE DELIVERY

Subtitle A—Personnel Practices

PART I—ADMINISTRATION

Sec. 301. Licensure of health care professionals of the Department of Veterans Affairs providing treatment via telemedicine.

Sec. 302. Role of podiatrists in Department of Veterans Affairs.

Sec. 303. Modification of treatment of certified clinical perfusionists of the Department.

Sec. 304. Amending statutory requirements for the position of the Chief Officer of the Readjustment Counseling Service.

Sec. 305. Technical amendment to appointment and compensation system for directors of medical centers and directors of Veterans Integrated Service Networks.

Sec. 306. Identification and staffing of certain health care vacancies.

Sec. 307. Department of Veterans Affairs personnel transparency.

Sec. 308. Program on establishment of peer specialists in patient aligned care team settings within medical centers of Department of Veterans Affairs.

Sec. 309. Pilot program on increasing the use of medical scribes to maximize the efficiency of physicians at medical facilities of the Department of Veterans Affairs.

Sec. 310. Sense of Congress regarding Department of Veterans Affairs staffing levels.

PART II—EDUCATION AND TRAINING

Sec. 311. Graduate medical education and residency.

- Sec. 312. Pilot program to establish or affiliate with graduate medical residency programs at facilities operated by Indian tribes, tribal organizations, and the Indian Health Service in rural areas.
- Sec. 313. Reimbursement of continuing professional education requirements for board certified advanced practice registered nurses.
- Sec. 314. Increase in maximum amount of debt that may be reduced under Education Debt Reduction Program of Department of Veterans Affairs.
- Sec. 315. Demonstration program on training and employment of alternative dental health care providers for dental health care services for veterans in rural and other underserved communities.

PART III—OTHER PERSONNEL MATTERS

- Sec. 321. Exception on limitation on awards and bonuses for recruitment, relocation, and retention.
- Sec. 322. Annual report on performance awards and bonuses awarded to certain high-level employees of the Department.
- Sec. 323. Authority to regulate additional pay for certain health care employees of the Department.
- Sec. 324. Modification of pay cap for nurses.

Subtitle B—Improvement of Underserved Facilities of the Department

- Sec. 331. Development of criteria for designation of certain medical facilities of the Department of Veterans Affairs as underserved facilities and plan to address problem of underserved facilities.
- Sec. 332. Pilot program on tuition reimbursement and loan repayment for health care providers of the Department of Veterans Affairs at underserved facilities.
- Sec. 333. Program to furnish mobile deployment teams to underserved facilities.
- Sec. 334. Inclusion of Vet Center employees in education debt reduction program of Department of Veterans Affairs.

Subtitle C—Construction and Leases

- Sec. 341. Definition of major medical facility project and major medical facility lease.
- Sec. 342. Facilitating sharing of medical facilities with other Federal agencies.
- Sec. 343. Review of enhanced use leases.
- Sec. 344. Authorization of certain major medical facility projects of the Department of Veterans Affairs.

Subtitle D—Other Health Care Matters

- Sec. 351. Program on use of wellness programs as complementary approach to mental health care for veterans and family members of veterans.
- Sec. 352. Authorization to provide for operations on live donors for purposes of conducting transplant procedures for veterans.
- Sec. 353. Sense of Congress regarding Veterans Health Administration.

TITLE IV—FAMILY CAREGIVERS

- Sec. 401. Expansion of family caregiver program of Department of Veterans Affairs.

Sec. 402. Implementation of information technology system of Department of Veterans Affairs to assess and improve the family caregiver program.

Sec. 403. Modifications to annual evaluation report on caregiver program of Department of Veterans Affairs.

TITLE V—APPROPRIATION OF AMOUNTS

Sec. 501. Appropriation of amounts for health care from Department of Veterans Affairs.

Sec. 502. Appropriation of amounts for Veterans Choice Program.

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-  
17 viding consistent primary care determined appro-  
18 priate by the Secretary.

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

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

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

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

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

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

1 “(B) has—

2 “(i) been furnished hospital care or med-  
3 ical services at or through a Department facility  
4 on at least one occasion during the two-year pe-  
5 riod preceding the date of the determination of  
6 eligibility; or

7 “(ii) requested a first-time appointment for  
8 hospital care or medical services at a Depart-  
9 ment facility.”.

10 **SEC. 102. ESTABLISHMENT OF VA CARE IN THE COMMU-**  
11 **NITY PROGRAM.**

12 (a) ESTABLISHMENT OF PROGRAM.—

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

16 **“§ 1703A. VA Care in the Community Program**

17 “(a) PROGRAM.—(1) Subject to the availability of ap-  
18 propriations for such purpose, hospital care, medical serv-  
19 ices, and extended care services under this chapter shall  
20 be furnished to an eligible veteran through contracts or  
21 agreements authorized under subsection (d), or contracts  
22 or agreements, including national contracts or agree-  
23 ments, authorized under section 8153 of this title or any  
24 other provision of law administered by the Secretary, with

1 network providers for the furnishing of such care and serv-  
2 ices to veterans.

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

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

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

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

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

24 “(i) the Secretary shall consult with the veteran  
25 regarding available primary care providers from

1 among network providers that are located in the re-  
2 gional network in which the veteran resides or a re-  
3 gional network that is adjacent to the regional net-  
4 work in which the veteran resides; and

5 “(ii) the veteran may select one of the available  
6 primary care providers to serve as the dedicated pri-  
7 mary care provider of the veteran.

8 “(B) In determining whether a patient-aligned care  
9 team or dedicated provider under section 1706(d) of this  
10 title is available for assignment to a veteran, the Secretary  
11 shall take into consideration each of the following:

12 “(i) Whether the veteran faces an unusual or  
13 excessive burden in accessing such patient-aligned  
14 care team or dedicated provider at a medical facility  
15 of the Department including with respect to—

16 “(I) geographical challenges;

17 “(II) environmental factors, including  
18 roads that are not accessible to the general pub-  
19 lic, traffic, or hazardous weather;

20 “(III) a medical condition of the veteran;

21 or

22 “(IV) such other factors as determined by  
23 the Secretary.

24 “(ii) Whether the assignment of a particular  
25 care team or provider to the veteran would detrimen-



1           tally affect the patient-provider relationship and re-  
2           sult in suboptimal care to the veteran.

3           “(iii) Whether the panel size of the care team  
4           or provider is at such a number that it would result  
5           in difficulty for the veteran in accessing timely care  
6           or in suboptimal care to the veteran.

7           “(C) If the Secretary determines that a patient-  
8           aligned care team or dedicated primary care provider at  
9           a Department facility has become available for assignment  
10          to an eligible veteran who had been assigned to a network  
11          provider under subparagraph (A), the Secretary shall re-  
12          assign the veteran to the team or provider at the Depart-  
13          ment facility, unless the Secretary determines that such  
14          reassignment would result in suboptimal care for the vet-  
15          eran.

16          “(D) In the case of an eligible veteran who is as-  
17          signed to a network provider under subparagraph (A), the  
18          Secretary shall reevaluate such assignment not earlier  
19          than one year after a veteran makes a selection under sub-  
20          paragraph (A)(ii), and on an annual basis thereafter, to—

21                  “(i) determine whether the Secretary is able to  
22                  assign to the veteran a patient-aligned care team or  
23                  dedicated primary care provider under section  
24                  1706(d) of this title; and

1           “(ii) in consultation with the veteran, make  
2           such assignment unless the Secretary determines  
3           that such assignment would result in suboptimal  
4           care for the veteran.

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

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

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

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

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

1           “(iii) pursuant to an agreement described in  
2           subparagraph (C).

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

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

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

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

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

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

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

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

1           “(i) whether the veteran faces an unusual or ex-  
2           cessive burden in accessing such specialty hospital  
3           care, medical services, or extended care services at  
4           a medical facility of the Department, including with  
5           respect to—

6                   “(I) geographical challenges;

7                   “(II) environmental factors, such as roads  
8                   that are not accessible to the general public,  
9                   traffic, or hazardous weather;

10                  “(III) a medical condition of the veteran;

11                  or

12                  “(IV) such other factors as determined by  
13                  the Secretary; and

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

18           “(E) The Secretary shall ensure that each medical  
19           facility of the Department processes referrals for specialty  
20           hospital care, medical services, or extended care services  
21           in a standardized manner, including with respect to the  
22           organization of the program office responsible for such re-  
23           ferrals.

24           “(F) In carrying out this section, the Secretary shall  
25           establish a process to review any disagreement between an

1 eligible veteran and the Department, or between an eligi-  
2 ble veteran and a health care provider of the Department,  
3 regarding the eligibility of the veteran to receive care or  
4 services from a network provider under this section or the  
5 assignment of a primary care provider of the Department  
6 to the veteran. In reviewing a disagreement under such  
7 process with respect to the availability of and assignment  
8 to a patient aligned care team or dedicated primary care  
9 provider, the Secretary shall give to the veteran the benefit  
10 of the doubt with respect to any determination under  
11 paragraph (1)(B)(ii) when there is an approximate bal-  
12 ance of positive and negative evidence for such determina-  
13 tion.

14 “(3) With respect to cases in which an eligible vet-  
15 eran transitions from a patient-aligned care team or dedi-  
16 cated provider of the Department to a primary care pro-  
17 vider from among network providers, or vice versa, pursu-  
18 ant to paragraph (1), the Secretary shall—

19 “(A) ensure the continuity of treatment during  
20 the transition;

21 “(B) notify the veteran in advance of the tran-  
22 sition, including the reasons therefor;

23 “(C) allow the veteran sufficient time to partici-  
24 pate in the planning of the transition;

1           “(D) provide the veteran a current care plan  
2           that includes—

3                   “(i) the steps of the transition;

4                   “(ii) the identification of a provider who is  
5           accountable for all parts of the transition;

6                   “(iii) the identification of a point of con-  
7           tact to assist the veteran in resolving issues re-  
8           lating to the transition; and

9                   “(iv) other information the Secretary de-  
10          termines appropriate; and

11          “(E) with the consent of the veteran, ensure all  
12          medical and other essential information of the vet-  
13          eran is transferred to the appropriate provider as  
14          part of the transition.

15          “(c) EPISODES OF CARE.—(1) The Secretary shall  
16          ensure that, at the election of an eligible veteran who re-  
17          ceives hospital care, medical services, or extended care  
18          services from a network provider in an episode of care  
19          under this section, the veteran receives such care or serv-  
20          ices from that network provider, another network provider  
21          selected by the veteran, or a health care provider of the  
22          Department, through the completion of the episode of  
23          care, including all specialty and ancillary services deter-  
24          mined necessary by the provider as part of the treatment  
25          recommended in the course of such care or services. In

1 making such determination with respect to necessary spe-  
2 cialty and ancillary services provided by a network pro-  
3 vider, the network provider shall consult with the Sec-  
4 retary, acting through the program office of the appro-  
5 priate medical facility.

6 “(2) In cases of episodes of care that the Secretary  
7 determines case management to be appropriate, the Sec-  
8 retary shall provide case management to an eligible vet-  
9 eran who receives hospital care, medical services, or ex-  
10 tended care services from a network provider for such epi-  
11 sodes of care. The Secretary may provide such case man-  
12 agement through the Veterans Health Administration or  
13 through an entity that manages the operations of the re-  
14 gional networks pursuant to subsection (a)(4)(B).

15 “(d) CARE AND SERVICES THROUGH CONTRACTS  
16 AND AGREEMENTS.—(1) The Secretary shall enter into  
17 contracts or agreements, including national contracts or  
18 agreements for, but not limited to, dialysis, for furnishing  
19 care and services to eligible veterans under this section  
20 with network providers.

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

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

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

4           “(B)(i) Except as provided in paragraph (3), rates  
5           negotiated under subparagraph (A)(i) shall not be more  
6           than the rates paid by the United States to a provider  
7           of services (as defined in section 1861(u) of the Social Se-  
8           curity Act (42 U.S.C. 1395x(u))) or a supplier (as defined  
9           in section 1861(d) of such Act (42 U.S.C. 1395x(d)))  
10          under the Medicare Program under title XVIII of the So-  
11          cial Security Act (42 U.S.C. 1395 et seq.) for the same  
12          care or services.

13          “(ii) In determining the rates under the Medicare  
14          Program under title XVIII of the Social Security Act (42  
15          U.S.C. 1395 et seq.) for purposes of clause (i), in the case  
16          of care or services furnished by a provider of services with  
17          respect to which such rates are determined under a fee  
18          schedule to which the area wage index under section  
19          1886(d)(3)(E) of the Social Security Act (42 U.S.C.  
20          1395ww(d)(3)(E)) applies, such area wage index so ap-  
21          plied to such provider of services may not be less than  
22          1.00.

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



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

9           “(B) With respect to furnishing care or services  
10 under this section in Alaska, the Alaska Fee Schedule of  
11 the Department of Veterans Affairs will be followed, ex-  
12 cept for when another payment agreement, including a  
13 contract or provider agreement, is in place.

14           “(C) With respect to furnishing care or services  
15 under this section in a State with an All-Payer Model  
16 Agreement under the Social Security Act that became ef-  
17 fective on or after January 1, 2014, the Medicare payment  
18 rates under paragraph (2)(B) shall be calculated based on  
19 the payment rates under such agreement, or any such suc-  
20 cessor agreement.

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

1       “(E) With respect to furnishing care or services  
2 under this section in a location or in a situation in which  
3 an exception to the rates paid by the United States under  
4 the Medicare Program under title XVIII of the Social Se-  
5 curity Act (42 U.S.C. 1395 et seq.) for the same care or  
6 services applies, the Secretary may follow such exception.

7       “(F) With respect to furnishing care or services  
8 under this section for care or services not covered under  
9 the Medicare Program under title XVIII of the Social Se-  
10 curity Act (42 U.S.C. 1395 et seq.), the Secretary shall  
11 establish a schedule of fees for such care or services.

12       “(G) With respect to furnishing care or services  
13 under this section pursuant to an agreement with a tribal  
14 or Federal entity, the Secretary may negotiate a rate that  
15 is more than the rate paid by the United States as de-  
16 scribed in paragraph (2)(B).

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

21       “(5)(A) If, in the course of an episode of care under  
22 this section, any part of care or services is furnished by  
23 a medical provider who is not a network provider, the Sec-  
24 retary may compensate such provider for furnishing such  
25 care or services.

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

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

10 “(A) made by a network provider to the Sec-  
11 retary;

12 “(B) made by a network provider to a regional  
13 network operated by a contractor pursuant to sub-  
14 section (a)(4)(B); or

15 “(C) made by such a regional network to the  
16 Secretary.

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

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

24 “(B) with respect to a claim by a regional net-  
25 work operated by a contractor, 180 days after the

1 date on which the contractor pays the network pro-  
2 vider for furnishing such care or services.

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

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

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

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

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

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

24 “(B) Upon receipt by the covered payer of additional  
25 information specified under subparagraph (A) relating to

1 a claim, the covered payer shall pay, deny, or otherwise  
2 adjudicate the claim, as appropriate, not later than 30 cal-  
3 endar days after receiving such information.

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

9 “(B) If a clean claim for payment by a covered claim-  
10 ant is considered overdue under subparagraph (A), in ad-  
11 dition to the amount the covered payer owes the covered  
12 claimant under the claim, the covered payer shall owe the  
13 covered claimant an interest penalty amount that shall—

14 “(i) be prorated daily;

15 “(ii) accrue from the date the payment was  
16 overdue;

17 “(iii) be payable at the time the claim is paid;

18 and

19 “(iv) be computed at the rate of interest estab-  
20 lished by the Secretary of the Treasury, and pub-  
21 lished in the Federal Register, for interest payments  
22 under subsections (a)(1) and (b) of section 7109 of  
23 title 41 that is in effect at the time the covered  
24 payer accrues the obligation to pay the interest pen-  
25 alty amount.

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

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

7               “(ii) if the covered payer determines that there  
8 are no such payments due after the date of the over-  
9 payment, the covered claimant shall refund the  
10 amount of such overpayment not later than 30 days  
11 after such determination.

12       “(B)(i) Before deducting any amount from a pay-  
13 ment to a covered claimant under subparagraph (A), the  
14 covered payer shall ensure that the covered claimant is  
15 provided an opportunity—

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

18               “(II) to request a compromise with respect to  
19 any such overpayment.

20       “(ii) The covered payer may not make any deduction  
21 from a payment to a covered claimant under subparagraph  
22 (A) unless the covered payer has made reasonable efforts  
23 to notify the covered claimant of the rights of the covered  
24 claimant under subclauses (I) and (II) of clause (i).

1           “(iii) Upon receiving a dispute under subclause (I)  
2 of clause (i) or a request under subclause (II) of such  
3 clause, the covered payer shall make a determination with  
4 respect to such dispute or request before making any de-  
5 duction under subparagraph (A) unless the time required  
6 to make such a determination would jeopardize the ability  
7 of the covered payer to recover the full amount owed to  
8 the covered payer.

9           “(7) Notwithstanding any other provision of law, the  
10 Secretary may, except in the case of a fraudulent claim,  
11 false claim, or misrepresented claim, compromise any  
12 claim of an amount owed to the United States under this  
13 section.

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

17           “(9) A network provider that provides hospital care,  
18 medical services, or extended care services to an eligible  
19 veteran under this section may not seek any payment for  
20 such care or services from the eligible veteran.

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

24                   “(A) the Secretary may not require receipt by  
25 the veteran or the Department of a medical record

1 under subsection (g) detailing such care or services  
2 before a covered payer makes a payment for such  
3 care or services; and

4 “(B) the Secretary may require that the net-  
5 work provider attests to such care or services so pro-  
6 vided before a covered payer makes a payment for  
7 such care or services.

8 “(f) COST-SHARING.—(1) The Secretary shall require  
9 an eligible veteran to pay a copayment for the receipt of  
10 care or services under this section only if such eligible vet-  
11 eran would be required to pay a copayment for the receipt  
12 of such care or services at a medical facility of the Depart-  
13 ment or from a health care provider of the Department  
14 under this chapter.

15 “(2) The amount of a copayment charged under  
16 paragraph (1) may not exceed the amount of the copay-  
17 ment that would be payable by such eligible veteran for  
18 the receipt of such care or services at a medical facility  
19 of the Department or from a health care provider of the  
20 Department under this chapter.

21 “(3) In any case in which an eligible veteran is fur-  
22 nished hospital care or medical services under this section  
23 for a non-service-connected disability described in sub-  
24 section (a)(2) of section 1729 of this title, the Secretary  
25 shall recover or collect reasonable charges for such care



1 or services from a health-plan contract described in section  
2 1705A in accordance with such section 1729.

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

6 “(A) upon the request of the veteran, provides  
7 to the veteran the medical records related to such  
8 care or services; and

9 “(B) upon the completion of the provision of  
10 such care or services to such veteran, provides to the  
11 Department the medical records for the veteran fur-  
12 nished care or services under this section in a time-  
13 frame and format specified by the Secretary for pur-  
14 poses of this section, except the Secretary may not  
15 require that any payment by the Secretary to the eli-  
16 gible provider be contingent on such provision of  
17 medical records.

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

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

24 “(A) ensure that the medical records shared  
25 under paragraphs (1) and (2) are shared in an elec-

1       tronic format accessible by network providers and  
2       the Department through an Internet website; and

3           “(B) provide to network providers access to the  
4       electronic patient health record system of the De-  
5       partment, or successor system, for the purpose of  
6       furnishing care or services under this section.

7       “(h) USE OF CARD.—The Secretary shall ensure that  
8       the veteran health identification card, or such successor  
9       identification card, includes sufficient information to act  
10      as an identification card for an eligible entity or other non-  
11      Department facility. The Secretary may not use any  
12      amounts made available to the Secretary to issue separate  
13      identification cards solely for the purpose of carrying out  
14      this section.

15      “(i) PRESCRIPTION MEDICATIONS.—(1) With respect  
16      to requirements relating to the licensing or credentialing  
17      of a network provider, the Secretary shall ensure that the  
18      network provider is able to submit prescriptions for phar-  
19      maceutical agents on the formulary of the Department to  
20      pharmacies of the Department in a manner that is sub-  
21      stantially similar to the manner in which the network pro-  
22      vider submits prescriptions to retail pharmacies.

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

1           “(j) QUALITY OF CARE.—In carrying out this sec-  
2 tion, the Secretary shall use the quality of care standards  
3 set forth or used by the Centers for Medicare & Medicaid  
4 Services or other quality of care standards, as determined  
5 by the Secretary.

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

13                   “(A) identify gaps in furnishing such care or  
14 services at such Veterans Integrated Service Net-  
15 work or medical facility;

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

17                           “(i) entering into contracts or agreements  
18 with network providers under this section or  
19 with entities under other provisions of law;

20                           “(ii) making changes in the way such care  
21 and services are furnished at such Veterans In-  
22 tegrated Service Network or medical facility, in-  
23 cluding but not limited to—

24                                   “(I) extending hours of operation;

25                                   “(II) adding personnel; or

1                   “(III) expanding space through con-  
2                   struction, leasing, or sharing of health care  
3                   facilities; and

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

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

12                  “(D) include a commercial health care market  
13                  assessment of designated catchment areas in the  
14                  United States conducted by a nongovernmental enti-  
15                  ty; and

16                  “(E) consider the unique ability of the Federal  
17                  Government to retain a presence in an area other-  
18                  wise devoid of commercial health care providers or  
19                  from which such providers are at a risk of leaving.

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

1       “(l) ALLOCATION OF FUNDS.—The Secretary shall  
2 develop a plan for the allocation of funds in the Medical  
3 Community Care account.

4       “(m) REPORTS ON RATES.—Not later than Decem-  
5 ber 31, 2019, and annually thereafter during each of the  
6 subsequent three years, the Secretary shall submit to the  
7 Committees on Veterans’ Affairs of the House of Rep-  
8 resentatives and the Senate a report detailing, for the fis-  
9 cal year preceding the fiscal year during which the report  
10 is submitted, the rates paid by the Secretary for hospital  
11 care, medical services, or extended care services under this  
12 section that, pursuant to subsection (d)(3), are more than  
13 the rates described in subsection (d)(2)(B) for the same  
14 care or services.

15       “(n) DEFINITIONS.—In this section:

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

18                       “(A) to the covered payer by a covered  
19 claimant for purposes of payment by the cov-  
20 ered payer of expenses for hospital care or med-  
21 ical services furnished under this section;

22                       “(B) that contains substantially all of the  
23 required elements necessary for accurate adju-  
24 dication, without requiring additional informa-  
25 tion from the network provider; and

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

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

6           “(A) a network provider that submits a  
7           claim to the Secretary for purposes of payment  
8           by the Secretary of expenses for hospital care  
9           or medical services furnished under this section;  
10          or

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

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

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

25          “(B) the Secretary with respect to—

1                   “(i) a claim made by a network pro-  
2                   vider to the Secretary for purposes of pay-  
3                   ment by the Secretary of expenses for hos-  
4                   pital care or medical services furnished  
5                   under this section; and

6                   “(ii) a claim made by a regional net-  
7                   work operated by a contractor pursuant to  
8                   subsection (a)(4)(B) for purposes of reim-  
9                   bursement for a payment described by sub-  
10                  paragraph (A).

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

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

16                         “(B) has—

17                                 “(i) been furnished hospital care or  
18                                 medical services at or through a Depart-  
19                                 ment facility on at least one occasion dur-  
20                                 ing the two-year period preceding the date  
21                                 of the determination of eligibility; or

22                                 “(ii) requested a first-time appoint-  
23                                 ment for hospital care or medical services  
24                                 at a Department facility.

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

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

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

11          (b) CONFORMING AMENDMENTS.—The Veterans Ac-  
12          cess, Choice, and Accountability Act of 2014 (Public Law  
13          113–146) is amended—

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

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



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

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

9 “(A) Any health care provider or supplier  
10 that is participating in the Medicare Program  
11 under title XVIII of the Social Security Act (42  
12 U.S.C. 1395 et seq.), including any physician  
13 furnishing services under such program.

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

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

21 “(D) The Department of Defense.

22 “(E) The Indian Health Service.

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

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

5           “(12) The term ‘VA Care in the Community  
6           Program’ means the program under which the Sec-  
7           retary furnishes hospital care or medical services to  
8           veterans through network providers pursuant to sec-  
9           tion 1703A of this title.”.

10          (d) **TRANSITION OF PROVISION OF CARE.**—This title,  
11          and the amendments made by this title, may not be con-  
12          strued to affect the obligations of the Secretary of Vet-  
13          erans Affairs under contracts and agreements for the pro-  
14          vision of hospital care, medical services, and extended care  
15          services entered into before the date of the enactment of  
16          this Act at the terms and rates contained in such contracts  
17          and agreements.

18          **SEC. 103. VETERANS CARE AGREEMENTS.**

19          (a) **IN GENERAL.**—Subchapter I of chapter 17 of title  
20          38, United States Code, is further amended by inserting  
21          after section 1703A, as added by section 102, the fol-  
22          lowing new section:

1 **“§ 1703B. Veterans Care Agreements with non-net-**  
2 **work providers**

3 “(a) VETERANS CARE AGREEMENTS.—(1) In addi-  
4 tion to furnishing hospital care, medical services, or ex-  
5 tended care services under this chapter at facilities of the  
6 Department or under contracts or agreements entered into  
7 pursuant to section 1703A of this title or any other provi-  
8 sion of law other than this section, the Secretary may fur-  
9 nish such care and services to eligible veterans through  
10 the use of agreements, to be known as ‘Veterans Care  
11 Agreements’, entered into under this section by the Sec-  
12 retary with eligible non-network providers.

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

16 “(A) the provision of the hospital care, medical  
17 services, or extended care services at a Department  
18 facility is impracticable or inadvisable because of the  
19 medical condition of the veteran, the travel involved,  
20 or the nature of the care or services required, or a  
21 combination of such factors; and

22 “(B) such care or services are not available to  
23 be furnished by a non-Department health care pro-  
24 vider under a contract or agreement entered into  
25 pursuant to a provision of law other than this sec-  
26 tion.

1       “(3)(A) In accordance with subparagraphs (C) and  
2 (D), the Secretary shall review each Veterans Care Agree-  
3 ment with a non-network provider to determine whether  
4 it is practical or advisable to, instead of carrying out such  
5 agreement—

6           “(i) provide at a Department facility the hos-  
7 pital care, medical services, or extended care services  
8 covered by such agreement; or

9           “(ii) enter into an agreement with the provider  
10 under section 1703A of this title to provide such  
11 care or services.

12       “(B) If the Secretary determines pursuant to a re-  
13 view of a Veterans Care Agreement under subparagraph  
14 (A) that it is practical or advisable to provide hospital  
15 care, medical services, or extended care services at a De-  
16 partment facility, or enter into an agreement under sec-  
17 tion 1703A of this title to provide such care or services,  
18 as the case may be, the Secretary—

19           “(i) may not renew the Veterans Care Agree-  
20 ment; and

21           “(ii) shall take such actions as are necessary to  
22 implement such determination.

23       “(C) This paragraph shall apply with respect to Vet-  
24 erans Care Agreements entered into with a non-network

1 provider whose gross annual revenue, as determined under  
2 subsection (b)(1), exceeds—

3 “(i) \$3,000,000, in the case of a provider that  
4 furnishes homemaker or home health aide services;  
5 or

6 “(ii) \$1,000,000, in the case of any other pro-  
7 vider.

8 “(D) The Secretary shall conduct each review of a  
9 Veterans Care Agreement under subparagraph (A) as fol-  
10 lows:

11 “(i) Once during the 18-month period beginning  
12 on the date that is six months after date on which  
13 the agreement is entered into.

14 “(ii) Not less than once during each four-year  
15 period beginning on the date on which the review  
16 under subparagraph (A) is conducted.

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

22 “(1) The gross annual revenue of the provider  
23 under contracts or agreements entered into with the  
24 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) \$5,000,000 (as adjusted in a manner  
4 similar to amounts adjusted pursuant to section  
5 5312 of this title), in the case of a provider  
6 that furnishes homemaker or home health aide  
7 services; or

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

10 “(2) The provider is not a network provider and  
11 does not otherwise provide hospital care, medical  
12 services, or extended care services to patients pursu-  
13 ant to a contract entered into with the Department.

14 “(3) The provider is—

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

19 “(B) a physician or supplier that has en-  
20 rolled and entered into a participation agree-  
21 ment under section 1842(h) of such Act (42  
22 U.S.C. 1395u(h));

23 “(C) a provider of items and services re-  
24 ceiving payment under a State plan under title

1 XIX of such Act (42 U.S.C. 1396 et seq.) or  
2 a waiver of such a plan;

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

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

10 “(4) The provider is certified pursuant to the  
11 process established under subsection (c)(1).

12 “(5) Any additional criteria determined appro-  
13 priate by the Secretary.

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

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

22 “(B) Standards and procedures for the ap-  
23 proval and denial of certifications and the revocation  
24 of certifications.

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

8           “(D) Requirement for denial or revocation of  
9           certification if the Secretary determines that the  
10          otherwise eligible provider is—

11           “(i) excluded from participation in a Fed-  
12          eral health care program (as defined in section  
13          1128B(f) of the Social Security Act (42 U.S.C.  
14          1320a–7b(f))) under section 1128 or 1128A of  
15          the Social Security Act (42 U.S.C. 1320a–7  
16          and 1320a–7a); or

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

20          “(E) Procedures by which a provider whose cer-  
21          tification is denied or revoked under the procedures  
22          established under this subsection will be identified as  
23          an excluded source on the list maintained in the Sys-  
24          tem for Award Management, or successor system, if



1 the Secretary determines that such exclusion is ap-  
2 propriate.

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

10 “(d) TERMS OF AGREEMENTS.—Subsections (d), (e),  
11 (f), and (g) of section 1703A of this title shall apply with  
12 respect to a Veterans Care Agreement in the same manner  
13 such subsections apply to contracts and agreements en-  
14 tered into under such section.

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

20 “(2)(A) Except as provided in subparagraph (B) and  
21 unless otherwise provided in this section, an eligible non-  
22 network provider that enters into a Veterans Care Agree-  
23 ment under this section is not subject to, in the carrying  
24 out of the agreement, any provision of law that providers  
25 of services and suppliers under the original Medicare fee-

1 for-service program under parts A and B of title XVIII  
2 of the Social Security Act (42 U.S.C. 1395 et seq.) or the  
3 Medicaid program under title XIX of such Act (42 U.S.C.  
4 1396 et seq.) are not subject to.

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

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

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

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

17 “(iv) Section 4706(d) of title 41.

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

24 “(f) TERMINATION OF A VETERANS CARE AGREE-  
25 MENT.—(1) An eligible non-network provider may termi-

1   nate a Veterans Care Agreement with the Secretary under  
2   this section at such time and upon such notice to the Sec-  
3   retary as the Secretary may specify for purposes of this  
4   section.

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

10       “(g) DISPUTES.—(1) The Secretary shall establish  
11   administrative procedures for providers with which the  
12   Secretary has entered into a Veterans Care Agreement to  
13   present any dispute arising under or related to the agree-  
14   ment.

15       “(2) Before using any dispute resolution mechanism  
16   under chapter 71 of title 41 with respect to a dispute aris-  
17   ing under a Veterans Care Agreement under this section,  
18   a provider must first exhaust the administrative proce-  
19   dures established by the Secretary under paragraph (1).

20       “(h) AUTHORITY TO PAY FOR OTHER AUTHORIZED  
21   SERVICES.—(1) If, in the course of an episode of care for  
22   which hospital care, medical services, or extended care  
23   services are furnished to an eligible veteran pursuant to  
24   a Veterans Care Agreement, any part of such care or serv-  
25   ices is furnished by a medical provider who is not an eligi-

1 ble non-network provider or a network provider, the Sec-  
2 retary may compensate such provider for furnishing such  
3 care or services.

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

7 “(i) ANNUAL REPORTS.—(1) Not later than Decem-  
8 ber 31 of the year following the fiscal year in which the  
9 Secretary first enters into a Veterans Care Agreement  
10 under this section, and each year thereafter, the Secretary  
11 shall submit to the appropriate congressional committees  
12 an annual report that includes a list of all Veterans Care  
13 Agreements entered into as of the date of the report.

14 “(2) The requirement to submit a report under para-  
15 graph (1) shall terminate on the date that is five years  
16 after the date of the enactment of this section.

17 “(j) QUALITY OF CARE.—In carrying out this sec-  
18 tion, the Secretary shall use the quality of care standards  
19 set forth or used by the Centers for Medicare & Medicaid  
20 Services or other quality of care standards, as determined  
21 by the Secretary.

22 “(k) DELEGATION.—The Secretary may delegate the  
23 authority to enter into or terminate a Veterans Care  
24 Agreement to an official of the Department at a level not

1 below the Director of a Veterans Integrated Service Net-  
2 work or the Director of a Network Contracting Office.

3 “(l) DEFINITIONS.—In this section:

4 “(1) The term ‘appropriate congressional com-  
5 mittees’ means—

6 “(A) the Committees on Veterans’ Affairs  
7 of the House of Representatives and the Sen-  
8 ate; and

9 “(B) the Committees on Appropriations of  
10 the House of Representatives and the Senate.

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

14 (b) CLERICAL AMENDMENT.—The table of sections  
15 at the beginning of such chapter is amended by inserting  
16 after the item relating to section 1703A, as added by sec-  
17 tion 102, the following new item:

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

18 **SEC. 104. MODIFICATION OF AUTHORITY TO ENTER INTO**  
19 **AGREEMENTS WITH STATE HOMES TO PRO-**  
20 **VIDE NURSING HOME CARE.**

21 (a) USE OF AGREEMENTS.—

22 (1) IN GENERAL.—Paragraph (1) of section  
23 1745(a) of title 38, United States Code, is amended,  
24 in the matter preceding subparagraph (A), by strik-  
25 ing “a contract (or agreement under section

1 1720(e)(1) of this title)” and inserting “an agree-  
2 ment”.

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

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

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

13 “(B)(i) Except as provided in clause (ii) and unless  
14 otherwise provided in this section or in regulations pre-  
15 scribed pursuant to this section, a State home that enters  
16 into an agreement under this section is not subject to, in  
17 the carrying out of the agreement, any law to which pro-  
18 viders of services and suppliers are not subject under the  
19 original Medicare fee-for-service program under parts A  
20 and B of title XVIII of the Social Security Act (42 U.S.C.  
21 1395 et seq.) or the Medicaid program under title XIX  
22 of such Act (42 U.S.C. 1396 et seq.).

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

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

7 (c) EFFECTIVE DATE.—

8 (1) IN GENERAL.—The amendments made by  
9 this section shall apply to agreements entered into  
10 under section 1745 of such title on and after the  
11 date on which the regulations prescribed by the Sec-  
12 retary of Veterans Affairs to implement such amend-  
13 ments take effect.

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

17 **TITLE II—ENSURING HIGH-**  
18 **PERFORMING NETWORK**

19 **Subtitle A—Access Standards**

20 **SEC. 201. ACCESS GUIDELINES AND STANDARDS FOR QUAL-**  
21 **ITY.**

22 (a) IN GENERAL.—Subchapter I of chapter 17, as  
23 amended by title I, is further amended by inserting after  
24 section 1703B the following new sections:

1 **“§ 1703C. Access guidelines**

2 “The Secretary shall consult with all pertinent Fed-  
3 eral entities to examine health care access measurements  
4 and establish localized benchmarking guidelines that can  
5 inform provider and veteran clinical decisionmaking. The  
6 Secretary shall establish such guidelines for all hospital  
7 care, medical services, and extended care services fur-  
8 nished or otherwise made available under laws adminis-  
9 tered by the Secretary, including through non-Department  
10 health care providers.

11 **“§ 1703D. Standards for quality**

12 “(a) IN GENERAL.—(1) The Secretary shall establish  
13 standards for quality, in coordination or consultation with  
14 entities pursuant to section 1703(h)(3) of this title, re-  
15 garding hospital care, medical services, and extended care  
16 services furnished by the Department pursuant to this  
17 title, including through non-Department health care pro-  
18 viders pursuant to section 1703 of this title.

19 “(2) In establishing standards for quality under para-  
20 graph (1), the Secretary shall consider existing health  
21 quality measures that are applied to public and privately  
22 sponsored health care systems with the purpose of pro-  
23 viding covered veterans relevant comparative information  
24 to make informed decisions regarding their health care.



1           “(3) The Secretary shall collect and consider data for  
2 purposes of establishing the standards under paragraph  
3 (1). Such data collection shall include—

4           “(A) after consultation with veterans service or-  
5 ganizations and other key stakeholders on survey de-  
6 velopment or modification of an existing survey, a  
7 survey of veterans who have used hospital care, med-  
8 ical services, or extended care services furnished by  
9 the Veterans Health Administration during the most  
10 recent two-year period to assess the satisfaction of  
11 the veterans with service and quality of care; and

12           “(B) datasets that include, at a minimum, ele-  
13 ments relating to the following:

14                   “(i) Timely care.

15                   “(ii) Effective care.

16                   “(iii) Safety, including, at a minimum,  
17 complications, readmissions, and deaths.

18                   “(iv) Efficiency.

19           “(b) PUBLICATION AND CONSIDERATION OF PUBLIC  
20 COMMENTS.—(1) Not later than one year after the date  
21 on which the Secretary establishes standards for quality  
22 under subsection (a), the Secretary shall publish the qual-  
23 ity rating of medical facilities of the Department in the  
24 publicly available Hospital Compare website through the  
25 Centers for Medicare & Medicaid Services for the purpose

1 of providing veterans with information that allows them  
2 to compare performance measure information among De-  
3 partment and non-Department health care providers.

4 “(2) Not later than two years after the date on which  
5 the Secretary establishes standards for quality under sub-  
6 section (a), the Secretary shall consider and solicit public  
7 comment on potential changes to the measures used in  
8 such standards to ensure that they include the most up-  
9 to-date and applicable industry measures for veterans.”.

10 (b) CLERICAL AMENDMENT.—The table of sections  
11 at the beginning of chapter 17, as amended by title I, is  
12 further amended by inserting after the item relating to  
13 section 1703B the following new items:

“1703C. Access guidelines.  
“1703D. Standards for quality.”.

14 **SEC. 202. ACCESS TO WALK-IN CARE.**

15 (a) IN GENERAL.—Chapter 17 is amended by insert-  
16 ing after section 1725 the following new section:

17 **“§ 1725A. Access to walk-in care**

18 “(a) PROCEDURES TO ENSURE ACCESS TO WALK-  
19 IN CARE.—The Secretary shall develop procedures to en-  
20 sure that eligible veterans are able to access walk-in care  
21 from qualifying non-Department entities or providers.

22 “(b) ELIGIBLE VETERANS.—For purposes of this  
23 section, an eligible veteran is any individual who—

1           “(1) is enrolled in the health care system estab-  
2           lished under section 1705(a) of this title; and

3           “(2) has received care under this chapter within  
4           the 24-month period preceding the furnishing of  
5           walk-in care under this section.

6           “(c) QUALIFYING NON-DEPARTMENT ENTITIES OR  
7 PROVIDERS.—For purposes of this section, a qualifying  
8 non-Department entity or provider is a non-Department  
9 entity or provider that has entered into a contract or other  
10 agreement with the Secretary to furnish services under  
11 this section.

12          “(d) FEDERALLY-QUALIFIED HEALTH CENTERS.—  
13 Whenever practicable, the Secretary may use a Federally-  
14 qualified health center (as defined in section 1905(l)(2)(B)  
15 of the Social Security Act (42 U.S.C. 1396d(l)(2)(B))) to  
16 carry out this section.

17          “(e) CONTINUITY OF CARE.—The Secretary shall en-  
18 sure continuity of care for those veterans who receive  
19 walk-in care services under this section, including through  
20 the establishment of a mechanism to receive medical  
21 records from walk-in care providers and provide pertinent  
22 patient medical records to providers of walk-in care.

23          “(f) COPAYMENTS.—(1)(A) The Secretary shall re-  
24 quire all eligible veterans to pay the United States a co-  
25 payment for each episode of hospital care and medical

1 service provided under this section if otherwise required  
2 to pay a copayment under this title.

3 “(B) Those not required to pay a copayment under  
4 this title may access walk-in care without a copayment for  
5 the first two visits in a calendar year. For any additional  
6 visits, a copayment at an amount determined by the Sec-  
7 retary shall be paid.

8 “(C) For those veterans required to pay a copayment  
9 under title 38, they are required to pay their regular co-  
10 payment for their first two walk-in care visits in a cal-  
11 endar year. For any additional visits, a higher copayment  
12 at an amount determined by the Secretary shall be paid.

13 “(2) After the first two episodes of care furnished  
14 to a veteran under this section, the Secretary may adjust  
15 the copayment required of the veteran under this sub-  
16 section based upon the priority group of enrollment of the  
17 veteran, the number of episodes of care furnished to the  
18 veteran during a year, and other factors the Secretary con-  
19 siderers appropriate under this section.

20 “(3) The amount or amounts of the copayments re-  
21 quired under this subsection shall be prescribed by the  
22 Secretary by rule.

23 “(4) Section 8153(c) of this title shall not apply to  
24 this subsection.

1           “(g) REGULATIONS.—Not later than one year after  
2 the date of the enactment of the Caring for our Veterans  
3 Act of 2017, the Secretary shall promulgate regulations  
4 to carry out this section.

5           “(h) WALK-IN CARE DEFINED.—In this section, the  
6 term ‘walk-in care’ means non-emergent care provided by  
7 a qualifying non-Department entity or provider that fur-  
8 nishes episodic care and not longitudinal management of  
9 conditions and is otherwise defined through regulations  
10 the Secretary shall promulgate.”.

11           (b) EFFECTIVE DATE.—Section 1725A of title 38,  
12 United States Code, as added by subsection (a) shall take  
13 effect on the date upon which final regulations imple-  
14 menting such section take effect.

15           (c) CLERICAL AMENDMENT.—The table of sections  
16 at the beginning of such chapter is amended by inserting  
17 after the item related to section 1725 the following new  
18 item:

“§1725A. Access to walk-in care.”.

19 **SEC. 203. PREVENTION OF CERTAIN HEALTH CARE PRO-**  
20 **VIDERS FROM PROVIDING NON-DEPARTMENT**  
21 **HEALTH CARE SERVICES TO VETERANS.**

22           (a) IN GENERAL.—On and after the date that is one  
23 year after the date of the enactment of this Act, the Sec-  
24 retary of Veterans Affairs shall deny or revoke the eligi-  
25 bility of a health care provider to provide non-Department

1 health care services to veterans if the Secretary determines  
2 that the health care provider—

3 (1) was removed from employment with the De-  
4 partment of Veterans Affairs due to conduct that  
5 violated a policy of the Department relating to the  
6 delivery of safe and appropriate health care; or

7 (2) violated the requirements of a medical li-  
8 cense of the health care provider that resulted in the  
9 loss of such medical license.

10 (b) PERMISSIVE ACTION.—On and after the date that  
11 is one year after the date of the enactment of this Act,  
12 the Secretary may deny, revoke, or suspend the eligibility  
13 of a health care provider to provide non-Department  
14 health care services if the Secretary determines such ac-  
15 tion is necessary to immediately protect the health, safety,  
16 or welfare of veterans and the health care provider is  
17 under investigation by the medical licensing board of a  
18 State in which the health care provider is licensed or prac-  
19 tices.

20 (c) SUSPENSION.—The Secretary shall suspend the  
21 eligibility of a health care provider to provide non-Depart-  
22 ment health care services to veterans if the health care  
23 provider is suspended from serving as a health care pro-  
24 vider of the Department.

1 (d) COMPTROLLER GENERAL REPORT.—Not later  
2 than two years after the date of the enactment of this Act,  
3 the Comptroller General of the United States shall submit  
4 to Congress a report on the implementation by the Sec-  
5 retary of this section, including the following:

6 (1) The aggregate number of health care pro-  
7 viders denied or suspended under this section from  
8 participation in providing non-Department health  
9 care services.

10 (2) An evaluation of any impact on access to  
11 health care for patients or staffing shortages in pro-  
12 grams of the Department providing non-Department  
13 health care services.

14 (3) An explanation of the coordination of the  
15 Department with the medical licensing boards of  
16 States in implementing this section, the amount of  
17 involvement of such boards in such implementation,  
18 and efforts by the Department to address any con-  
19 cerns raised by such boards with respect to such im-  
20 plementation.

21 (4) Such recommendations as the Comptroller  
22 General considers appropriate regarding harmo-  
23 nizing eligibility criteria between health care pro-  
24 viders of the Department and health care providers

1 eligible to provide non-Department health care serv-  
2 ices.

3 (e) NON-DEPARTMENT HEALTH CARE SERVICES  
4 DEFINED.—In this section, the term “non-Department  
5 health care services” means services—

6 (1) provided under subchapter I of chapter 17  
7 of title 38, United States Code, at non-Department  
8 facilities (as defined in section 1701 of such title);

9 (2) provided under section 101 of the Veterans  
10 Access, Choice, and Accountability Act of 2014  
11 (Public Law 113–146; 38 U.S.C. 1701 note);

12 (3) purchased through the Medical Community  
13 Care account of the Department; or

14 (4) purchased with amounts deposited in the  
15 Veterans Choice Fund under section 802 of the Vet-  
16 erans Access, Choice, and Accountability Act of  
17 2014.

## 18 **Subtitle B—Paying Providers and** 19 **Improving Collections**

### 20 **SEC. 211. AUTHORITY TO PAY FOR AUTHORIZED CARE NOT** 21 **SUBJECT TO AN AGREEMENT.**

22 (a) IN GENERAL.—Subchapter IV of chapter 81 is  
23 amended by adding at the end the following new section:



1 **“§ 8159. Authority to pay for services authorized but**  
2 **not subject to an agreement**

3 “(a) IN GENERAL.—If, in the course of furnishing  
4 hospital care, a medical service, or an extended care serv-  
5 ice authorized by the Secretary and pursuant to a con-  
6 tract, agreement, or other arrangement with the Sec-  
7 retary, a provider who is not a party to the contract,  
8 agreement, or other arrangement furnishes hospital care,  
9 a medical service, or an extended care service that the Sec-  
10 retary considers necessary, the Secretary may compensate  
11 the provider for the cost of such care or service.

12 “(b) NEW CONTRACTS AND AGREEMENTS.—The  
13 Secretary shall take reasonable efforts to enter into a con-  
14 tract, agreement, or other arrangement with a provider  
15 described in subsection (a) to ensure that future care and  
16 services authorized by the Secretary and furnished by the  
17 provider are subject to such a contract, agreement, or  
18 other arrangement.”.

19 (b) CLERICAL AMENDMENT.—The table of sections  
20 at the beginning of such chapter is amended by inserting  
21 after the item relating to section 8158 the following new  
22 item:

“8159. Authority to pay for services authorized but not subject to an agree-  
ment.”.

1 **SEC. 212. IMPROVEMENT OF AUTHORITY TO RECOVER THE**  
2 **COST OF SERVICES FURNISHED FOR NON-**  
3 **SERVICE-CONNECTED DISABILITIES.**

4 (a) BROADENING SCOPE OF APPLICABILITY.—Sec-  
5 tion 1729 is amended—

6 (1) in subsection (a)—

7 (A) in paragraph (2)(A)—

8 (i) by striking “the veteran’s” and in-  
9 serting “the individual’s”; and

10 (ii) by striking “the veteran” and in-  
11 serting “the individual”; and

12 (B) in paragraph (3)—

13 (i) in the matter preceding subpara-  
14 graph (A), by striking “the veteran” and  
15 inserting “the individual”; and

16 (ii) in subparagraph (A), by striking  
17 “the veteran’s” and inserting “the individ-  
18 ual’s”;

19 (2) in subsection (b)—

20 (A) in paragraph (1)—

21 (i) by striking “the veteran” and in-  
22 serting “the individual”; and

23 (ii) by striking “the veteran’s” and in-  
24 serting “the individual’s”; and

25 (B) in paragraph (2)—

26 (i) in subparagraph (A)—

1 (I) by striking “the veteran” and  
2 inserting “the individual”; and

3 (II) by striking “the veteran’s”  
4 and inserting “the individual’s”; and  
5 (ii) in subparagraph (B)—

6 (I) in clause (i), by striking “the  
7 veteran” and inserting “the indi-  
8 vidual”; and

9 (II) in clause (ii)—

10 (aa) by striking “the vet-  
11 eran” and inserting “the indi-  
12 vidual”; and

13 (bb) by striking “the vet-  
14 eran’s” each place it appears and  
15 inserting “the individual’s”;

16 (3) in subsection (e), by striking “A veteran”  
17 and inserting “An individual”; and

18 (4) in subsection (h)—

19 (A) in paragraph (1)—

20 (i) in the matter preceding subpara-  
21 graph (A), by striking “a veteran” and in-  
22 serting “an individual”;

23 (ii) in subparagraph (A), by striking  
24 “the veteran” and inserting “the indi-  
25 vidual”; and

1 (iii) in subparagraph (B), by striking  
2 “the veteran” and inserting “the indi-  
3 vidual”; and

4 (B) in paragraph (2)—

5 (i) by striking “A veteran” and insert-  
6 ing “An individual”;

7 (ii) by striking “a veteran” and in-  
8 serting “an individual”; and

9 (iii) by striking “the veteran” and in-  
10 serting “the individual”.

11 (b) MODIFICATION OF AUTHORITY.—Subsection

12 (a)(1) of such section is amended by striking “(1) Sub-  
13 ject” and all that follows through the period and inserting

14 the following: “(1) Subject to the provisions of this sec-

15 tion, in any case in which the United States is required

16 by law to furnish or pay for care or services under this

17 chapter for a non-service-connected disability described in

18 paragraph (2) of this subsection, the United States has

19 the right to recover or collect from a third party the rea-

20 sonable charges of care or services so furnished or paid

21 for to the extent that the recipient or provider of the care

22 or services would be eligible to receive payment for such

23 care or services from such third party if the care or serv-

24 ices had not been furnished or paid for by a department

25 or agency of the United States.”

1 (c) MODIFICATION OF ELIGIBLE INDIVIDUALS.—  
2 Subparagraph (D) of subsection (a)(2) of such section is  
3 amended to read as follows:

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

7 **SEC. 213. PROCESSING OF CLAIMS FOR REIMBURSEMENT**  
8 **THROUGH ELECTRONIC INTERFACE.**

9 The Secretary of Veterans Affairs may enter into an  
10 agreement with a third-party entity to process, through  
11 the use of an electronic interface, claims for reimburse-  
12 ment for health care provided under the laws administered  
13 by the Secretary.

14 **Subtitle C—Education and**  
15 **Training Programs**

16 **SEC. 221. EDUCATION PROGRAM ON HEALTH CARE OP-**  
17 **TIONS.**

18 (a) IN GENERAL.—The Secretary of Veterans Affairs  
19 shall develop and administer an education program that  
20 teaches veterans about their health care options through  
21 the Department of Veterans Affairs.

22 (b) ELEMENTS.—The program under subsection (a)  
23 shall—

24 (1) teach veterans about—

1 (A) eligibility criteria for care from the De-  
2 partment set forth under sections 1703A,  
3 1703B, and 1710 of title 38, United States  
4 Code;

5 (B) priority groups for enrollment in the  
6 system of annual patient enrollment under sec-  
7 tion 1705(a) of such title;

8 (C) the copayments and other financial ob-  
9 ligations, if any, required of certain individuals  
10 for certain services; and

11 (D) how to utilize the access guidelines  
12 and standards for quality established under sec-  
13 tions 1703B and 1703C of such title.

14 (2) teach veterans about the interaction be-  
15 tween health insurance (including private insurance,  
16 Medicare, Medicaid, the TRICARE program, the In-  
17 dian Health Service, tribal health programs, and  
18 other forms of insurance) and health care from the  
19 Department; and

20 (3) provide veterans with information on what  
21 to do when they have a complaint about health care  
22 received from the Department (whether about the  
23 provider, the Department, or any other type of com-  
24 plaint).

1 (c) ACCESSIBILITY.—In developing the education  
2 program under this section, the Secretary shall ensure  
3 that materials under such program are accessible —

4 (1) to veterans who may not have access to the  
5 Internet; and

6 (2) to veterans in a manner that complies with  
7 the Americans with Disabilities Act of 1990 (42  
8 U.S.C. 12101 et seq.).

9 (d) ANNUAL EVALUATION AND REPORT.—

10 (1) EVALUATION.—The Secretary shall develop  
11 a method to evaluate the effectiveness of the edu-  
12 cation program under this section and evaluate the  
13 program using the method not less frequently than  
14 once each year.

15 (2) REPORT.—Not less frequently than once  
16 each year, the Secretary shall submit to Congress a  
17 report on the findings of the Secretary with respect  
18 to the most recent evaluation conducted by the Sec-  
19 retary under paragraph (1).

20 (e) DEFINITIONS.—In this section:

21 (1) MEDICAID.—The term “Medicaid” means  
22 the Medicaid program under title XIX of the Social  
23 Security Act (42 U.S.C. 1396 et seq.).

1           (2) MEDICARE.—The term “Medicare” means  
2           the Medicare program under title XVIII of such Act  
3           (42 U.S.C. 1395 et seq.).

4           (3) TRICARE PROGRAM.—The term “TRICARE  
5           program” has the meaning given that term in sec-  
6           tion 1072 of title 10, United States Code.

7 **SEC. 222. TRAINING PROGRAM FOR ADMINISTRATION OF**  
8                           **NON-DEPARTMENT OF VETERANS AFFAIRS**  
9                           **HEALTH CARE.**

10          (a) ESTABLISHMENT OF PROGRAM.—The Secretary  
11          of Veterans Affairs shall develop and implement a training  
12          program to train employees and contractors of the Depart-  
13          ment of Veterans Affairs on how to administer non-De-  
14          partment health care programs, including the following:

15               (1) Reimbursement for non-Department emer-  
16               gency room care.

17               (2) The VA Care in the Community Program  
18               under section 1703A of such title, as added by title  
19               I.

20               (3) Management of prescriptions.

21          (b) ANNUAL EVALUATION AND REPORT.—The Sec-  
22          retary shall—

23               (1) develop a method to evaluate the effective-  
24               ness of the training program developed and imple-  
25               mented under subsection (a);



1           (2) evaluate such program not less frequently  
2 than once each year; and

3           (3) not less frequently than once each year,  
4 submit to Congress the findings of the Secretary  
5 with respect to the most recent evaluation carried  
6 out under paragraph (2).

7 **SEC. 223. CONTINUING MEDICAL EDUCATION FOR NON-DE-**  
8 **PARTMENT MEDICAL PROFESSIONALS.**

9 (a) ESTABLISHMENT OF PROGRAM.—

10           (1) IN GENERAL.—The Secretary of Veterans  
11 Affairs shall establish a program to provide con-  
12 tinuing medical education material to non-Depart-  
13 ment medical professionals.

14           (2) EDUCATION PROVIDED.—The program es-  
15 tablished under paragraph (1) shall include edu-  
16 cation on the following:

17           (A) Identifying and treating common men-  
18 tal and physical conditions of veterans and fam-  
19 ily members of veterans.

20           (B) The health care system of the Depart-  
21 ment of Veterans Affairs.

22           (C) Such other matters as the Secretary  
23 considers appropriate.

24 (b) MATERIAL PROVIDED.—The continuing medical  
25 education material provided to non-Department medical

1 professionals under the program established under sub-  
2 section (a) shall be the same material provided to medical  
3 professionals of the Department to ensure that all medical  
4 professionals treating veterans have access to the same  
5 materials, which supports core competencies throughout  
6 the community.

7 (c) ADMINISTRATION OF PROGRAM.—

8 (1) IN GENERAL.—The Secretary shall admin-  
9 ister the program established under subsection (a) to  
10 participating non-Department medical professionals  
11 through an Internet website of the Department of  
12 Veterans Affairs.

13 (2) CURRICULUM AND CREDIT PROVIDED.—The  
14 Secretary shall determine the curriculum of the pro-  
15 gram and the number of hours of credit to provide  
16 to participating non-Department medical profes-  
17 sionals for continuing medical education.

18 (3) ACCREDITATION.—The Secretary shall en-  
19 sure that the program is accredited in as many  
20 States as practicable.

21 (4) CONSISTENCY WITH EXISTING RULES.—The  
22 Secretary shall ensure that the program is consistent  
23 with the rules and regulations of the following:

24 (A) The medical licensing agency of each  
25 State in which the program is accredited.

1                   (B) Such medical credentialing organiza-  
2                   tions as the Secretary considers appropriate.

3                   (5) USER COST.—The Secretary shall carry out  
4                   the program at no cost to participating non-Depart-  
5                   ment medical professionals.

6                   (6) MONITORING, EVALUATION, AND REPORT.—  
7                   The Secretary shall monitor the utilization of the  
8                   program established under subsection (a), evaluate  
9                   its effectiveness, and report to Congress on utiliza-  
10                  tion and effectiveness not less frequently than once  
11                  each year.

12                  (d) NON-DEPARTMENT MEDICAL PROFESSIONAL  
13                  DEFINED.—In this section, the term “non-Department  
14                  medical professional” means any individual who is licensed  
15                  by an appropriate medical authority in the United States  
16                  and is in good standing, is not an employee of the Depart-  
17                  ment of Veterans Affairs, and provides care to veterans  
18                  or family members of veterans under the laws adminis-  
19                  tered by the Secretary of Veterans Affairs.

1 **Subtitle D—Other Matters Relating**  
2 **to Non-Department of Veterans**  
3 **Affairs Providers**

4 **SEC. 241. ESTABLISHMENT OF PROCESSES TO ENSURE**  
5 **SAFE OPIOID PRESCRIBING PRACTICES BY**  
6 **NON-DEPARTMENT OF VETERANS AFFAIRS**  
7 **HEALTH CARE PROVIDERS.**

8 (a) RECEIPT AND REVIEW OF GUIDELINES.—The  
9 Secretary of Veterans Affairs shall ensure that all covered  
10 health care providers are provided a copy of and certify  
11 that they have reviewed the evidence-based guidelines for  
12 prescribing opioids set forth by the Opioid Safety Initia-  
13 tive of the Department of Veterans Affairs under sections  
14 911(a)(2) and 912(c) of the Jason Simcakoski Memorial  
15 and Promise Act (Public Law 114–198; 38 U.S.C. 1701  
16 note) before first providing care under the laws adminis-  
17 tered by the Secretary and at any time when those guide-  
18 lines are modified thereafter.

19 (b) INCLUSION OF MEDICAL HISTORY AND CURRENT  
20 MEDICATIONS.—The Secretary shall implement a process  
21 to ensure that, if care of a veteran by a covered health  
22 care provider is authorized under the laws administered  
23 by the Secretary, the document authorizing such care in-  
24 cludes the relevant medical history of the veteran and a  
25 list of all medications prescribed to the veteran.

1 (c) SUBMITTAL OF PRESCRIPTIONS.—

2 (1) IN GENERAL.—Except as provided in para-  
3 graph (3), the Secretary shall require, to the max-  
4 imum extent practicable, each non-Department  
5 health care provider to submit prescriptions for  
6 opioids—

7 (A) to the Department for prior authoriza-  
8 tion for the prescribing of a limited amount of  
9 opioids under contracts the Department has  
10 with retail pharmacies; or

11 (B) directly to a pharmacy of the Depart-  
12 ment for dispensing of the prescriptions.

13 (2) RESPONSIBILITY OF DEPARTMENT FOR RE-  
14 CORDING AND MONITORING.—In carrying out para-  
15 graph (1) and upon the receipt by the Department  
16 of the prescription for opioids to veterans under laws  
17 administered by the Secretary, the Secretary shall—

18 (A) ensure the Department is responsible  
19 for the recording of the prescription in the elec-  
20 tronic health record of the veteran; and

21 (B) enable other monitoring of the pre-  
22 scription as outlined in the Opioid Safety Initia-  
23 tive of the Department.

24 (3) EXCEPTION.—

1 (A) IN GENERAL.—A covered health care  
2 provider is not required under paragraph (1)(B)  
3 to submit an opioid prescription directly to a  
4 pharmacy of the Department if—

5 (i) the health care provider determines  
6 that there is an immediate medical need  
7 for the prescription, including an urgent or  
8 emergent prescription or a prescription dis-  
9 pensed as part of an opioid treatment pro-  
10 gram that provides office-based medica-  
11 tions; and

12 (ii)(I) following an inquiry into the  
13 matter, a pharmacy of the Department no-  
14 tifies the health care provider that it can-  
15 not fill the prescription in a timely man-  
16 ner; or

17 (II) the health care provider deter-  
18 mines that the requirement under para-  
19 graph (1)(B) would impose an undue hard-  
20 ship on the veteran, including with respect  
21 to travel distances, as determined by the  
22 Secretary.

23 (B) NOTIFICATION TO DEPARTMENT.—If a  
24 covered health care provider uses an exception  
25 under subparagraph (A) with respect to an

1           opioid prescription for a veteran, the health  
2           care provider shall, on the same day the pre-  
3           scription is written, submit to the Secretary for  
4           inclusion in the electronic health record of the  
5           veteran a notice, in such form as the Secretary  
6           may establish, providing information about the  
7           prescription and describing the reason for the  
8           exception.

9           (C) REPORT.—

10           (i) IN GENERAL.—Not less frequently  
11           than quarterly, the Secretary shall submit  
12           to the Committee on Veterans' Affairs of  
13           the Senate and the Committee on Vet-  
14           erans' Affairs of the House of Representa-  
15           tives a report evaluating the compliance of  
16           covered health care providers with the re-  
17           quirements under this paragraph and set-  
18           ting forth data on the use by health care  
19           providers of exceptions under subpara-  
20           graph (A) and notices under subparagraph  
21           (B).

22           (ii) ELEMENTS.—Each report re-  
23           quired by clause (i) shall include the fol-  
24           lowing with respect to the quarter covered  
25           by the report:

1 (I) The number of exceptions  
2 used under subparagraph (A) and no-  
3 tices received under subparagraph  
4 (B).

5 (II) The rate of compliance by  
6 the Department with the requirement  
7 under subparagraph (B) to include  
8 such notices in the health records of  
9 veterans.

10 (III) The identification of any  
11 covered health care providers that,  
12 based on criteria prescribed by the  
13 Secretary, are determined by the Sec-  
14 retary to be statistical outliers regard-  
15 ing the use of exceptions under sub-  
16 paragraph (A).

17 (d) USE OF OPIOID SAFETY INITIATIVE GUIDE-  
18 LINES.—

19 (1) IN GENERAL.—If a director of a medical  
20 center of the Department or a Veterans Integrated  
21 Service Network determines that the opioid pre-  
22 scribing practices of a covered health care provider  
23 conflicts with or is otherwise inconsistent with the  
24 standards of appropriate and safe care, as that term  
25 is used in section 913(d) of the Jason Simcakoski



1 Memorial and Promise Act (Public Law 114–198;  
2 38 U.S.C. 1701 note), the director shall take such  
3 action as the director considers appropriate to en-  
4 sure the safety of all veterans receiving care from  
5 that health care provider, including removing or di-  
6 recting the removal of any such health care provider  
7 from provider networks or otherwise refusing to au-  
8 thorize care of veterans by such health care provider  
9 in any program authorized under the laws adminis-  
10 tered by the Secretary.

11 (2) INCLUSION IN CONTRACTS.—The Secretary  
12 shall ensure that any contracts entered into by the  
13 Secretary with third parties involved in admin-  
14 istering programs that provide care in the commu-  
15 nity to veterans under the laws administered by the  
16 Secretary specifically grant the authority set forth in  
17 paragraph (1) to such third parties and to the direc-  
18 tors described in that paragraph, as the case may  
19 be.

20 (e) DENIAL OR REVOCATION OF ELIGIBILITY OF  
21 NON-DEPARTMENT PROVIDERS.—The Secretary shall  
22 deny or revoke the eligibility of a non-Department health  
23 care provider to provide health care to veterans under the  
24 laws administered by the Secretary if the Secretary deter-

1 mines that the opioid prescribing practices of the pro-  
2 vider—

3 (1) violate the requirements of a medical license  
4 of the health care provider; or

5 (2) detract from the ability of the health care  
6 provider to deliver safe and appropriate health care.

7 (f) COVERED HEALTH CARE PROVIDER DEFINED.—

8 In this section, the term “covered health care provider”  
9 means a non-Department of Veterans Affairs health care  
10 provider who provides health care to veterans under the  
11 laws administered by the Secretary of Veterans Affairs.

12 **SEC. 242. IMPROVING INFORMATION SHARING WITH COM-**  
13 **MUNITY PROVIDERS.**

14 Section 7332(b)(2) is amended by striking subpara-  
15 graph (H) and inserting the following new subparagraphs:

16 “(H)(i) To a non-Department entity (including  
17 private entities and other Federal agencies) for pur-  
18 poses of providing health care, including hospital  
19 care, medical services, and extended care services, to  
20 patients.

21 “(ii) An entity to which a record is disclosed  
22 under this subparagraph may not disclose or use  
23 such record for a purpose other than that for which  
24 the disclosure was made.

1           “(I) To a third party in order to recover or col-  
2           lect reasonable charges for care furnished to, or paid  
3           on behalf of, a patient in connection with a non-serv-  
4           ice connected disability as permitted by section 1729  
5           of this title or for a condition for which recovery is  
6           authorized or with respect to which the United  
7           States is deemed to be a third party beneficiary  
8           under the Act entitled ‘An Act to provide for the re-  
9           covery from tortiously liable third persons of the cost  
10          of hospital and medical care and treatment fur-  
11          nished by the United States’ (Public Law 87–693;  
12          42 U.S.C. 2651 et seq.; commonly known as the  
13          ‘Federal Medical Care Recovery Act’).”.

14 **SEC. 243. COMPETENCY STANDARDS FOR NON-DEPART-**  
15                                   **MENT OF VETERANS AFFAIRS HEALTH CARE**  
16                                   **PROVIDERS.**

17           (a) ESTABLISHMENT OF STANDARDS AND REQUIRE-  
18          MENTS.—The Secretary of Veterans Affairs shall establish  
19          standards and requirements for the provision of care by  
20          non-Department of Veterans Affairs health care providers  
21          in clinical areas for which the Department of Veterans Af-  
22          fairs has special expertise, including post-traumatic stress  
23          disorder, military sexual trauma-related conditions, and  
24          traumatic brain injuries.

1 (b) CONDITION FOR ELIGIBILITY TO PARTICIPATE IN  
2 VETERANS CHOICE PROGRAM.—Each non-Department of  
3 Veterans Affairs health care provider shall meet the stand-  
4 ards and requirements established pursuant to subsection  
5 (a) before entering into a contact with the Department  
6 of Veterans Affairs to participate in the Veterans Choice  
7 Program under section 101 of the Veterans Access,  
8 Choice, and Accountability Act of 2014 (Public Law 113–  
9 146; 38 U.S.C. 1701 note). Non-Department of Veterans  
10 Affairs health care providers participating in the Veterans  
11 Choice Program shall fulfill training requirements estab-  
12 lished by the Secretary on how to deliver evidence-based  
13 treatments in the clinical areas for which the Department  
14 of Veterans Affairs has special expertise.

15 **Subtitle E—Other Non-Department**  
16 **Health Care Matters**

17 **SEC. 251. PLANS FOR USE OF SUPPLEMENTAL APPROPRIA-**  
18 **TIONS REQUIRED.**

19 Whenever the Secretary submits to Congress a re-  
20 quest for supplemental appropriations or any other appro-  
21 priation outside the standard budget process to address  
22 a budgetary issue affecting the Department of Veterans  
23 Affairs, the Secretary shall, not later than 45 days before  
24 the date on which such budgetary issue would start affect-  
25 ing a program or service, submit to Congress a justifica-

1 tion for the request, including a plan that details how the  
2 Secretary intends to use the requested appropriation and  
3 how long the requested appropriation is expected to meet  
4 the needs of the Department and certification that the re-  
5 quest was made using an updated and sound actuarial  
6 analysis.

7 **SEC. 252. VETERANS CHOICE FUND FLEXIBILITY.**

8 Section 802 of the Veterans Access, Choice, and Ac-  
9 countability Act of 2014 (Public Law 113–146; 38 U.S.C.  
10 1701 note) is amended—

11 (1) in subsection (c)—

12 (A) in paragraph (1), by striking “by para-  
13 graph (3)” and inserting “in paragraphs (3)  
14 and (4)”; and

15 (B) by adding at the end the following new  
16 paragraph:

17 “(4) PERMANENT AUTHORITY FOR OTHER  
18 USES.—Beginning in fiscal year 2019, amounts re-  
19 maining in the Veterans Choice Fund may be used  
20 to furnish hospital care, medical services, and ex-  
21 tended care services to individuals pursuant to chap-  
22 ter 17 of title 38, United States Code, at non-De-  
23 partment facilities, including pursuant to non-De-  
24 partment provider programs other than the program  
25 established by section 101. Such amounts shall be

1 available in addition to amounts available in other  
2 appropriations accounts for such purposes.”; and

3 (2) in subsection (d)(1), by striking “to sub-  
4 section (c)(3)” and inserting “to paragraphs (3) and  
5 (4) of subsection (e)”.

6 **SEC. 253. FUNDING FOR VA CARE IN THE COMMUNITY PRO-**  
7 **GRAM.**

8 (a) IN GENERAL.—All amounts required to carry out  
9 the VA Care in the Community Program and Veterans  
10 Care Agreements under section 1703B of title 38, United  
11 States Code, shall be derived from the Veterans Health  
12 Administration, Medical Community Care account.

13 (b) TRANSFER OF AMOUNTS.—

14 (1) IN GENERAL.—Any unobligated amounts in  
15 the Veterans Choice Fund under section 802 of the  
16 Veterans Access, Choice, and Accountability Act of  
17 2014 (Public Law 113–146; 38 U.S.C. 1701 note)  
18 shall be transferred to the Veterans Health Adminis-  
19 tration, Medical Community Care account on the  
20 later of the following dates:

21 (A) The date that is one year after the  
22 date of the enactment of this Act.

23 (B) The date on which the Secretary of  
24 Veterans Affairs submits to the Committees on  
25 Veterans’ Affairs of the Senate and the House

1 of Representatives the certification required by  
2 section 107(c).

3 (2) CONFORMING REPEAL.—

4 (A) IN GENERAL.—Effective immediately  
5 following the transfer of amounts under para-  
6 graph (1), section 802 of the Veterans Access,  
7 Choice, and Accountability Act of 2014 (Public  
8 Law 113–146; 38 U.S.C. 1701 note) is re-  
9 pealed.

10 (B) CONFORMING AMENDMENT.—Section  
11 4003 of the Surface Transportation and Vet-  
12 erans Health Care Choice Improvement Act of  
13 2015 (Public Law 114–41; 38 U.S.C. 1701  
14 note) is amended by striking “for non-Depart-  
15 ment provider programs (as defined in section  
16 2(d))” and all that follows through “1802)”  
17 and inserting the following: “for the VA Care in  
18 the Community Program (as defined in section  
19 1701(12) of title 38, United States Code) and  
20 Veterans Care Agreements under section  
21 1703B of title 38, United States Code”.

22 (c) VA CARE IN THE COMMUNITY PROGRAM DE-  
23 FINED.—In this section, the term “VA Care in the Com-  
24 munity Program” has the meaning given that term in sec-

1 tion 1701(12) of title 38, United States Code, as added  
2 by section 102.

3 **SEC. 254. TERMINATION OF CERTAIN PROVISIONS AUTHOR-**  
4 **IZING MEDICAL CARE TO VETERANS**  
5 **THROUGH NON-DEPARTMENT OF VETERANS**  
6 **AFFAIRS PROVIDERS.**

7 (a) TERMINATION OF AUTHORITY TO CONTRACT FOR  
8 CARE IN NON-DEPARTMENT FACILITIES.—

9 (1) IN GENERAL.—Section 1703 of title 38,  
10 United States Code, is amended by adding at the  
11 end the following new subsection:

12 “(e) The authority of the Secretary to carry out this  
13 section terminates on the date on which the Secretary cer-  
14 tifies to the Committees on Veterans’ Affairs of the House  
15 of Representatives and the Senate that the Secretary is  
16 fully implementing section 1703A of this title.”.

17 (2) CONFORMING AMENDMENTS.—

18 (A) DENTAL CARE.—Section 1712(a) of  
19 such title is amended—

20 (i) in paragraph (3), by striking  
21 “under clause (1), (2), or (5) of section  
22 1703(a) of this title” and inserting “under  
23 the VA Care in the Community Program”;  
24 and



1 (ii) in paragraph (4)(A), in the first  
2 sentence—

3 (I) by striking “and section 1703  
4 of this title” and inserting “and the  
5 VA Care in the Community Program  
6 (with respect to such a year beginning  
7 on or after the date on which the Sec-  
8 retary commences implementation of  
9 the VA Care in the Community Pro-  
10 gram)”; and

11 (II) by striking “in section 1703  
12 of this title” and inserting “under the  
13 VA Care in the Community Pro-  
14 gram”.

15 (B) READJUSTMENT COUNSELING.—Sec-  
16 tion 1712A(e)(1) of such title is amended by  
17 striking “(under sections 1703(a)(2) and  
18 1710(a)(1)(B) of this title)” and inserting  
19 “(under the VA Care in the Community Pro-  
20 gram)”.

21 (C) DEATH IN DEPARTMENT FACILITY.—  
22 Section 2303(a)(2)(B)(i) of such title is amend-  
23 ed by striking “in accordance with section 1703  
24 of this title” and inserting “under the VA Care  
25 in the Community Program”.

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

4 (i) by striking “under section 1703 of  
5 title 38” and inserting “under the VA  
6 Care in the Community Program (as de-  
7 fined in section 1701(12) of title 38,  
8 United States Code)”; and

9 (ii) by striking “such section” and in-  
10 sserting “such program”.

11 (b) REPEAL OF AUTHORITY TO CONTRACT FOR  
12 SCARCE MEDICAL SPECIALISTS.—

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

15 (2) CLERICAL AMENDMENT.—The table of sec-  
16 tions at the beginning of chapter 74 of such title is  
17 amended by striking the item relating to section  
18 7409.

19 (c) EFFECTIVE DATE.—The amendments made by  
20 subsections (a) and (b) shall take effect on the date on  
21 which the Secretary certifies to the Committees on Vet-  
22 erans’ Affairs of the House of Representatives and the  
23 Senate that the Secretary is fully implementing section  
24 1703A of title 38, United States Code, as added by section  
25 102.

1 **SEC. 255. IMPLEMENTATION AND TRANSITION.**

2 (a) IMPLEMENTATION.—The Secretary of Veterans  
3 Affairs shall commence the implementation of section  
4 1703A of title 38, United States Code, as added by section  
5 102, and section 1703B of such title, as added by section  
6 103, and shall make the transfer under section 106(b),  
7 by not later than one year after the date of the enactment  
8 of this Act. The Secretary shall prescribe interim final reg-  
9 ulations to implement such sections and publish such reg-  
10 ulations in the Federal Register.

11 (b) TRAINING.—Before commencing the implementa-  
12 tion of sections 1703A and 1703B of title 38, United  
13 States Code, as added by sections 102 and 103, respec-  
14 tively, the Secretary of Veterans Affairs shall—

15 (1) certify to the Committees on Veterans' Af-  
16 fairs of the House of Representatives and the Senate  
17 that—

18 (A) each network provider (as defined by  
19 section 1701(11) of title 38, United States  
20 Code) and eligible non-network provider that  
21 furnishes care or services under such section  
22 1703A or section 1703B is trained to furnish  
23 such care or services under such sections; and

24 (B) each employee of the Department that  
25 refers, authorizes, or coordinates such care or

1 services is trained to carry out such sections;  
2 and

3 (2) establish standard, written guidance for net-  
4 work providers, non-Department health care pro-  
5 viders, and any non-Department administrative enti-  
6 ties acting on behalf of such providers, with respect  
7 to the policies and procedures for furnishing care or  
8 services under such sections.

9 **SEC. 256. CONFORMING AMENDMENTS.**

10 (a) IN GENERAL.—

11 (1) TITLE 38.—Title 38, United States Code, is  
12 amended—

13 (A) in section 1712(a)—

14 (i) in paragraph (3), by striking  
15 “under clause (1), (2), or (5) of section  
16 1703(a) of this title” and inserting “or en-  
17 tered an agreement”; and

18 (ii) in paragraph (4)(A), by striking  
19 “under the provisions of this subsection  
20 and section 1703 of this title”;

21 (B) in section 1712A(e)(1)—

22 (i) by inserting “or agreements” after  
23 “contracts”; and

1 (ii) by striking “(under sections  
2 1703(a)(2) and 1710(a)(1)(B) of this  
3 title)”; and

4 (C) in section 2303(a)(2)(B)(i), by striking  
5 “with section 1703” and inserting “with sec-  
6 tions 1703A, 8111, and 8153”.

7 (2) SOCIAL SECURITY ACT.—Section  
8 1866(a)(1)(L) of the Social Security Act (42 U.S.C.  
9 1395cc(a)(1)(L)) is amended by striking “under sec-  
10 tion 1703” and inserting “under chapter 17”.

11 (3) VETERANS’ BENEFITS IMPROVEMENTS ACT  
12 OF 1994.—Section 104(a)(4)(A) of the Veterans’  
13 Benefits Improvements Act of 1994 (Public Law  
14 103–446; 38 U.S.C. 1117 note) is amended by strik-  
15 ing “in section 1703” and inserting “in sections  
16 1703A, 8111, and 8153”.

17 (b) EFFECTIVE DATE.—The amendments made by  
18 subsection (a) shall take effect on the date on which the  
19 amendments made in section 102 take effect.

1 **TITLE III—IMPROVING DEPART-**  
2 **MENT OF VETERANS AFFAIRS**  
3 **HEALTH CARE DELIVERY**

4 **Subtitle A—Personnel Practices**

5 **PART I—ADMINISTRATION**

6 **SEC. 301. LICENSURE OF HEALTH CARE PROFESSIONALS**  
7 **OF THE DEPARTMENT OF VETERANS AF-**  
8 **FAIRS PROVIDING TREATMENT VIA TELE-**  
9 **MEDICINE.**

10 (a) IN GENERAL.—Chapter 17 is amended by insert-  
11 ing after section 1730A the following new section:

12 **“§ 1730B. Licensure of health care professionals pro-**  
13 **viding treatment via telemedicine**

14 “(a) IN GENERAL.—Notwithstanding any provision  
15 of law regarding the licensure of health care professionals,  
16 a covered health care professional may practice the health  
17 care profession of the health care professional at any loca-  
18 tion in any State, regardless of where the covered health  
19 care professional or the patient is located, if the covered  
20 health care professional is using telemedicine to provide  
21 treatment to an individual under this chapter.

22 “(b) COVERED HEALTH CARE PROFESSIONALS.—  
23 For purposes of this section, a covered health care profes-  
24 sional is any health care professional who—

1           “(1) is an employee of the Department ap-  
2           pointed under the authority under section 7306,  
3           7401, 7405, 7406, or 7408 of this title or title 5;

4           “(2) is authorized by the Secretary to provide  
5           health care under this chapter;

6           “(3) is required to adhere to all standards of  
7           quality relating to the provision of medicine in ac-  
8           cordance with applicable policies of the Department;  
9           and

10           “(4) has an active, current, full, and unre-  
11           stricted license, registration, or certification in a  
12           State to practice the health care profession of the  
13           health care professional.

14           “(c) PROPERTY OF FEDERAL GOVERNMENT.—Sub-  
15           section (a) shall apply to a covered health care professional  
16           providing treatment to a patient regardless of whether the  
17           covered health care professional or patient is located in  
18           a facility owned by the Federal Government during such  
19           treatment.

20           “(d) RELATION TO STATE LAW.—(1) The provisions  
21           of this section shall supersede any provisions of the law  
22           of any State to the extent that such provision of State  
23           law are inconsistent with this section.

24           “(2) No State shall deny or revoke the license, reg-  
25           istration, or certification of a covered health care profes-

1 sional who otherwise meets the qualifications of the State  
2 for holding the license, registration, or certification on the  
3 basis that the covered health care professional has en-  
4 gaged or intends to engage in activity covered by sub-  
5 section (a).

6 “(e) RULE OF CONSTRUCTION.—Nothing in this sec-  
7 tion may be construed to remove, limit, or otherwise affect  
8 any obligation of a covered health care professional under  
9 the Controlled Substances Act (21 U.S.C. 801 et seq.).”.

10 (b) CLERICAL AMENDMENT.—The table of sections  
11 at the beginning of chapter 17 of such title is amended  
12 by inserting after the item relating to section 1730A the  
13 following new item:

“1730B. Licensure of health care professionals providing treatment via telemedi-  
cine.”.

14 (c) REPORT ON TELEMEDICINE.—

15 (1) IN GENERAL.—Not later than one year  
16 after the earlier of the date on which services pro-  
17 vided under section 1730B of title 38, United States  
18 Code, as added by subsection (a), first occur or reg-  
19 ulations are promulgated to carry out such section,  
20 the Secretary of Veterans Affairs shall submit to the  
21 Committee on Veterans’ Affairs of the Senate and  
22 the Committee on Veterans’ Affairs of the House of  
23 Representatives a report on the effectiveness of the



1 use of telemedicine by the Department of Veterans  
2 Affairs.

3 (2) ELEMENTS.—The report required by para-  
4 graph (1) shall include an assessment of the fol-  
5 lowing:

6 (A) The satisfaction of veterans with tele-  
7 medicine furnished by the Department.

8 (B) The satisfaction of health care pro-  
9 viders in providing telemedicine furnished by  
10 the Department.

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

13 (i) The ability of veterans to access  
14 health care, whether from the Department  
15 or from non-Department health care pro-  
16 viders.

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

19 (iii) The productivity of health care  
20 providers.

21 (iv) Wait times for an appointment  
22 for the receipt of health care from the De-  
23 partment.

1 (v) The use by veterans of in-person  
2 services at Department facilities and non-  
3 Department facilities.

4 (D) The types of appointments for the re-  
5 ceipt of telemedicine furnished by the Depart-  
6 ment that were provided during the one-year  
7 period preceding the submittal of the report.

8 (E) The number of appointments for the  
9 receipt of telemedicine furnished by the Depart-  
10 ment that were requested during such period,  
11 disaggregated by medical facility.

12 (F) Savings by the Department, if any, in-  
13 cluding travel costs, from furnishing health care  
14 through the use of telemedicine during such pe-  
15 riod.

16 **SEC. 302. ROLE OF PODIATRISTS IN DEPARTMENT OF VET-**  
17 **ERANS AFFAIRS.**

18 (a) INCLUSION AS PHYSICIAN.—

19 (1) IN GENERAL.—Subchapter I of chapter 74  
20 is amended by adding at the end the following new  
21 section:

22 **“§ 7413. Treatment of podiatrists; clinical oversight**  
23 **standards**

24 “(a) PODIATRISTS.—Except as provided by sub-  
25 section (b), a doctor of podiatric medicine who is ap-

1 pointed as a podiatrist under section 7401(1) of this title  
2 is eligible for any supervisory position in the Veterans  
3 Health Administration to the same degree that a physician  
4 appointed under such section is eligible for the position.

5 “(b) ESTABLISHMENT OF CLINICAL OVERSIGHT  
6 STANDARDS.—The Secretary, in consultation with appro-  
7 priate stakeholders, shall establish standards to ensure  
8 that specialists appointed in the Veterans Health Adminis-  
9 tration to supervisory positions do not provide direct clin-  
10 ical oversight for purposes of peer review or practice eval-  
11 uation for providers of other clinical specialties.”.

12 (2) CLERICAL AMENDMENT.—The table of sec-  
13 tions at the beginning of chapter 74 is amended by  
14 inserting after the item relating to section 7412 the  
15 following new item:

“7413. Treatment of podiatrists; clinical oversight standards.”.

16 (b) MODIFICATION AND CLARIFICATION OF PAY  
17 GRADE.—

18 (1) GRADE.—The list in section 7404(b) of  
19 such title is amended—

20 (A) by striking “PHYSICIAN AND DEN-  
21 TIST SCHEDULE” and inserting “PHYSI-  
22 CIAN AND SURGEON (MD/DO),  
23 PODIATRIC SURGEON (DPM), AND DEN-  
24 TIST AND ORAL SURGEON (DDS, DMD)  
25 SCHEDULE”;

1 (B) by striking, “Physician grade” and in-  
2 serting “Physician and surgeon grade”; and

3 (C) by striking “PODLATRIST, CHIRO-  
4 PRACTOR, AND” and inserting “CHIRO-  
5 PRACTOR AND”.

6 (2) APPLICATION.—The amendments made by  
7 paragraph (1) shall apply with respect to a pay pe-  
8 riod of the Department of Veterans Affairs begin-  
9 ning on or after the date that is 30 days after the  
10 date of the enactment of this Act.

11 **SEC. 303. MODIFICATION OF TREATMENT OF CERTIFIED**  
12 **CLINICAL PERFUSIONISTS OF THE DEPART-**  
13 **MENT.**

14 (a) APPOINTMENT.—Section 7401(1) is amended by  
15 inserting “certified clinical perfusionists,” after “physician  
16 assistants,”.

17 (b) INCREASES IN RATES OF BASIC PAY.—Section  
18 7455(c)(1) is amended by inserting “certified clinical  
19 perfusionists,” after “pharmacists,”.

20 **SEC. 304. AMENDING STATUTORY REQUIREMENTS FOR THE**  
21 **POSITION OF THE CHIEF OFFICER OF THE**  
22 **READJUSTMENT COUNSELING SERVICE.**

23 Section 7309(b)(2) is amended—

24 (1) in subparagraph (B), by striking “in the  
25 Readjustment Counseling Service”; and

1           (2) in subparagraph (C), by striking “in the  
2       Readjustment Counseling Service”.

3 **SEC. 305. TECHNICAL AMENDMENT TO APPOINTMENT AND**  
4                           **COMPENSATION SYSTEM FOR DIRECTORS OF**  
5                           **MEDICAL CENTERS AND DIRECTORS OF VET-**  
6                           **ERANS INTEGRATED SERVICE NETWORKS.**

7       Section 7404(d) is amended by striking “Except”  
8 and inserting “Except for positions described in section  
9 7401(4) of this title and except”.

10 **SEC. 306. IDENTIFICATION AND STAFFING OF CERTAIN**  
11                           **HEALTH CARE VACANCIES.**

12       (a) IN GENERAL.—Not later than 180 days after the  
13 date of the enactment of this Act, the Secretary of Vet-  
14 erans Affairs shall identify and fully staff—

15           (1) all mental health vacancies within the De-  
16 partment of Veterans Affairs; and

17           (2) all primary care and mental health vacan-  
18 cies in Patient Aligned Care Teams of the Depart-  
19 ment.

20       (b) REPORT.—Not later than 210 days after the date  
21 of the enactment of this Act, the Secretary shall submit  
22 to Congress a report that specifies—

23           (1) whether the Department has complied with  
24 the requirements under subsection (a); and

1 (2) if the Secretary has not complied with such  
2 requirements—

3 (A) how many vacancies described in sub-  
4 section (a) remain; and

5 (B) why the Department was unable to fill  
6 such vacancies.

7 **SEC. 307. DEPARTMENT OF VETERANS AFFAIRS PER-**  
8 **SONNEL TRANSPARENCY.**

9 (a) PUBLICATION OF STAFFING AND VACANCIES.—

10 (1) WEBSITE REQUIRED.—Not later than 30  
11 days after the date of the enactment of this Act, the  
12 Secretary of Veterans Affairs shall make publicly  
13 available on an Internet website of the Department  
14 of Veterans Affairs the following information, which  
15 shall be displayed by departmental component or, in  
16 the case of information relating to Veterans Health  
17 Administration positions, by medical facility:

18 (A) The number of personnel encumbering  
19 positions.

20 (B) The number of accessions and de-ac-  
21 cessions of personnel during the month pre-  
22 ceding the date of the publication of the infor-  
23 mation.

24 (C) The number of vacancies, by occupa-  
25 tion.

1                   (D) The number of active job postings that  
2                   have been filled during the 30-day period end-  
3                   ing on the date of publication of the informa-  
4                   tion, including the length of time for which each  
5                   position was posted prior to being filled.

6                   (2) UPDATE OF INFORMATION.—The Secretary  
7                   shall update the information on the website required  
8                   under paragraph (1) on a monthly basis.

9                   (3) TREATMENT OF CONTRACTOR POSITIONS.—  
10                  Any Department of Veterans Affairs position that is  
11                  filled through a contractor employee may not be  
12                  treated as a Department position for purposes of the  
13                  information required to be published under para-  
14                  graph (1).

15                  (4) INSPECTOR GENERAL REVIEW.—On a semi-  
16                  annual basis, the Inspector General of the Depart-  
17                  ment shall review the administration of the website  
18                  required under paragraph (1) and make rec-  
19                  ommendations relating to the improvement of such  
20                  administration.

21                  (b) REPORT TO CONGRESS.—The Secretary of Vet-  
22                  erans Affairs shall submit to Congress an annual report  
23                  on the steps the Department is taking to achieve full staff-  
24                  ing capacity. Each such report shall include the amount

1 of additional funds necessary to enable the Department  
2 to reach full staffing capacity.

3 **SEC. 308. PROGRAM ON ESTABLISHMENT OF PEER SPE-**  
4 **CIALISTS IN PATIENT ALIGNED CARE TEAM**  
5 **SETTINGS WITHIN MEDICAL CENTERS OF DE-**  
6 **PARTMENT OF VETERANS AFFAIRS.**

7 (a) PROGRAM REQUIRED.—The Secretary of Vet-  
8 erans Affairs shall carry out a program to establish not  
9 fewer than two peer specialists in patient aligned care  
10 teams at medical centers of the Department of Veterans  
11 Affairs to promote the use and integration of services for  
12 mental health, substance use disorder, and behavior health  
13 in a primary care setting.

14 (b) TIMEFRAME FOR ESTABLISHMENT OF PRO-  
15 GRAM.—The Secretary shall carry out the program at  
16 medical centers of the Department as follows:

17 (1) Not later than December 31, 2018, at not  
18 fewer than 25 medical centers of the Department.

19 (2) Not later than December 31, 2019, at not  
20 fewer than 50 medical centers of the Department.

21 (c) SELECTION OF LOCATIONS.—

22 (1) IN GENERAL.—The Secretary shall select  
23 medical centers for the program as follows:



1 (A) Not fewer than five shall be medical  
2 centers of the Department that are designated  
3 by the Secretary as polytrauma centers.

4 (B) Not fewer than ten shall be medical  
5 centers of the Department that are not des-  
6 ignated by the Secretary as polytrauma centers.

7 (2) CONSIDERATIONS.—In selecting medical  
8 centers for the program under paragraph (1), the  
9 Secretary shall consider the feasibility and advis-  
10 ability of selecting medical centers in the following  
11 areas:

12 (A) Rural areas and other areas that are  
13 underserved by the Department.

14 (B) Areas that are not in close proximity  
15 to an active duty military installation.

16 (C) Areas representing different geo-  
17 graphic locations, such as census tracts estab-  
18 lished by the Bureau of the Census.

19 (d) GENDER-SPECIFIC SERVICES.—In carrying out  
20 the program at each location selected under subsection (c),  
21 the Secretary shall ensure that—

22 (1) the needs of female veterans are specifically  
23 considered and addressed; and

24 (2) female peer specialists are made available to  
25 female veterans who are treated at each location.

1 (e) ENGAGEMENT WITH COMMUNITY PROVIDERS.—

2 At each location selected under subsection (e), the Sec-  
3 retary shall consider ways in which peer specialists can  
4 conduct outreach to health care providers in the commu-  
5 nity who are known to be serving veterans to engage with  
6 those providers and veterans served by those providers.

7 (f) REPORTS.—

8 (1) PERIODIC REPORTS.—

9 (A) IN GENERAL.—Not later than 180  
10 days after the date of the enactment of this  
11 Act, and not less frequently than once every  
12 180 days thereafter until the Secretary deter-  
13 mines that the program is being carried out at  
14 the last location to be selected under subsection  
15 (e), the Secretary shall submit to Congress a  
16 report on the program.

17 (B) ELEMENTS.—Each report required by  
18 subparagraph (A) shall, with respect to the  
19 180-day period preceding the submittal of the  
20 report, include the following:

21 (i) The findings and conclusions of  
22 the Secretary with respect to the program.

23 (ii) An assessment of the benefits of  
24 the program to veterans and family mem-  
25 bers of veterans.

1 (iii) An assessment of the effective-  
2 ness of peer specialists in engaging under  
3 subsection (e) with health care providers in  
4 the community and veterans served by  
5 those providers.

6 (2) FINAL REPORT.—Not later than 180 days  
7 after the Secretary determines that the program is  
8 being carried out at the last location to be selected  
9 under subsection (c), the Secretary shall submit to  
10 Congress a report detailing the recommendations of  
11 the Secretary as to the feasibility and advisability of  
12 expanding the program to additional locations.

13 **SEC. 309. PILOT PROGRAM ON INCREASING THE USE OF**  
14 **MEDICAL SCRIBES TO MAXIMIZE THE EFFI-**  
15 **CIENCY OF PHYSICIANS AT MEDICAL FACILI-**  
16 **TIES OF THE DEPARTMENT OF VETERANS AF-**  
17 **FAIRS.**

18 (a) IN GENERAL.—Commencing not later than 120  
19 days after the date of the enactment of this Act, the Sec-  
20 retary of Veterans Affairs shall carry out a pilot program  
21 to increase the use of medical scribes to maximize the effi-  
22 ciency of physicians at medical facilities of the Depart-  
23 ment of Veterans Affairs.

1 (b) DURATION.—The Secretary shall carry out the  
2 pilot program during the 18-month period beginning on  
3 the date of the commencement of the pilot program.

4 (c) LOCATIONS.—The Secretary shall carry out the  
5 pilot program at not fewer than five medical facilities of  
6 the Department—

7 (1) at which the Secretary has determined there  
8 is a high volume of patients; or

9 (2) that are located in rural areas and at which  
10 the Secretary has determined there is a shortage of  
11 physicians and each physician has a high caseload.

12 (d) CONTRACTS.—

13 (1) IN GENERAL.—In carrying out the pilot  
14 program, the Secretary shall enter into a contract  
15 with one or more appropriate nongovernmental enti-  
16 ties described in paragraph (2).

17 (2) APPROPRIATE NONGOVERNMENTAL ENTI-  
18 TIES DESCRIBED.—An appropriate nongovernmental  
19 entity described in this paragraph is an entity that  
20 trains and employs professional medical scribes who  
21 specialize in the collection of medical data and data  
22 entry into electronic health records.

23 (e) COLLECTION OF DATA.—

24 (1) IN GENERAL.—The Secretary shall collect  
25 data on the pilot program to determine the effective-

1           ness of the pilot program in increasing the efficiency  
2           of physicians at medical facilities of the Department.

3           (2) ELEMENTS.—The data collected under  
4           paragraph (1) shall include the following with re-  
5           spect to each medical facility participating in the  
6           pilot program:

7                   (A) The average wait time for a veteran to  
8                   receive care from a physician at such medical  
9                   facility before implementation of the pilot pro-  
10                  gram.

11                  (B) The average wait time for a veteran to  
12                  receive care from such a physician after imple-  
13                  mentation of the pilot program.

14                  (C) The average number of patients that  
15                  such a physician is able to see on a daily basis  
16                  before implementation of the pilot program.

17                  (D) The average number of patients that  
18                  such a physician is able to see on a daily basis  
19                  after implementation of the pilot program.

20                  (E) The average amount of time such a  
21                  physician spends on documentation on a daily  
22                  basis before implementation of the pilot pro-  
23                  gram.

1 (F) The average amount of time such a  
2 physician spends on documentation on a daily  
3 basis after implementation of the pilot program.

4 (G) The satisfaction and retention scores  
5 of each such physician before implementation of  
6 the pilot program.

7 (H) The satisfaction and retention scores  
8 of each such physician after implementation of  
9 the pilot program.

10 (I) The patient satisfaction scores for each  
11 such physician before implementation of the  
12 pilot program.

13 (J) The patient satisfaction scores for each  
14 such physician after implementation of the pilot  
15 program.

16 (K) The patient satisfaction scores for  
17 their health care experience before implementa-  
18 tion of the pilot program.

19 (L) The patient satisfaction scores for  
20 their health care experience after implementa-  
21 tion of the pilot program.

22 (f) REPORT.—

23 (1) IN GENERAL.—Not later than 180 days  
24 after the commencement of the pilot program, and  
25 not less frequently than once every 180 days there-

1 after for the duration of the pilot program, the Sec-  
2 retary shall submit to Congress a report on the pilot  
3 program.

4 (2) ELEMENTS.—Each report required by para-  
5 graph (1) shall include the following:

6 (A) The number of medical facilities of the  
7 Department that are participating in the pilot  
8 program.

9 (B) With respect to each such medical fa-  
10 cility, an assessment of the effects that partici-  
11 pation in the pilot program has had on the fol-  
12 lowing—

13 (i) Maximizing the efficiency of physi-  
14 cians at such medical facility.

15 (ii) Reducing average wait times for  
16 appointments.

17 (iii) Improving access of patients to  
18 electronic medical records.

19 (iv) Mitigating physician shortages by  
20 increasing the productivity of physicians.

21 (C) All data collected under subsection (e).

22 (D) Such recommendations as the Sec-  
23 retary may have with respect to the extension  
24 or expansion of the pilot program.

1 (g) **MEDICAL SCRIBE DEFINED.**—In this section, the  
2 term “medical scribe” means a member of the medical  
3 team hired and trained specifically and exclusively to per-  
4 form documentation in an electronic health record to  
5 maximize the productivity of a physician.

6 **SEC. 310. SENSE OF CONGRESS REGARDING DEPARTMENT**  
7 **OF VETERANS AFFAIRS STAFFING LEVELS.**

8 (a) **FINDINGS.**—Congress makes the following find-  
9 ings:

10 (1) The Department of Veterans Affairs needs  
11 to fill at least 35,000 positions.

12 (2) Prolonged personnel vacancies in the De-  
13 partment result in staffing shortages that cause vet-  
14 erans to receive delayed benefits and services.

15 (b) **SENSE OF CONGRESS.**—It is the sense of Con-  
16 gress that the Department should make the resolution of  
17 staffing shortages a top priority.

18 **PART II—EDUCATION AND TRAINING**

19 **SEC. 311. GRADUATE MEDICAL EDUCATION AND RESI-**  
20 **DENCY.**

21 (a) **INCREASE IN NUMBER OF GRADUATE MEDICAL**  
22 **EDUCATION RESIDENCY POSITIONS.**—

23 (1) **IN GENERAL.**—The Secretary of Veterans  
24 Affairs shall increase the number of graduate med-  
25 ical education residency positions at covered facilities



1 by up to 1,500 positions in the 10-year period begin-  
2 ning on the date of the enactment of this Act.

3 (2) COVERED FACILITIES.—For purposes of  
4 this section, a covered facility is any of the following:

5 (A) A facility of the Department of Vet-  
6 erans Affairs.

7 (B) A facility operated by an Indian tribe  
8 or a tribal organization, as those terms are de-  
9 fined in section 4 of the Indian Self-Determina-  
10 tion and Education Assistance Act (25 U.S.C.  
11 5304).

12 (C) A facility operated by the Indian  
13 Health Service.

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

17 (E) A community health center.

18 (F) A facility operated by the Department  
19 of Defense.

20 (G) Such other health care facility as the  
21 Secretary considers appropriate for purposes of  
22 this section.

23 (3) STIPENDS AND BENEFITS.—The Secretary  
24 may pay stipends and provide benefits for residents  
25 in positions under paragraph (1), regardless of

1       whether they have been assigned in a Department  
2       facility.

3               (4) PARAMETERS FOR LOCATION, AFFILIATE  
4       SPONSOR, AND DURATION.—When determining char-  
5       acteristics of residency positions under paragraph  
6       (1), the Secretary shall consider the extent to which  
7       there is a clinical need for providers, as determined  
8       by the following:

9               (A) The ratio of veterans to health care  
10       providers of the Department for a standardized  
11       geographic area surrounding a facility, includ-  
12       ing a separate ratio for general practitioners  
13       and specialists.

14              (B) Whether the local community is medi-  
15       cally underserved.

16              (C) Whether the facility is located in a  
17       rural or remote area.

18              (D) Such other criteria as the Secretary  
19       considers important in determining which facili-  
20       ties are not adequately serving area veterans.

21              (5) PARAMETERS FOR TYPES OF SPECIAL-  
22       TIES.—When determining the types of specialties to  
23       be included in residency positions under paragraph  
24       (1), the Secretary shall consider the following:

1 (A) The types of specialties that improve  
2 the quality and coverage of medical services  
3 provided to veterans.

4 (B) The range of clinical specialties cov-  
5 ered by providers in standardized geographic  
6 areas surrounding facilities.

7 (C) Whether the specialty is included in  
8 the most recent staffing shortage determination  
9 of the Department under section 7412 of title  
10 38, United States Code.

11 (b) APPLICATION TO PARTICIPATE.—To participate  
12 as a resident in one of the positions increased under sub-  
13 section (a)(1), an individual shall submit to the Secretary  
14 an application therefor together with an agreement de-  
15 scribed in subsection (d) under which the participant  
16 agrees to serve a period of obligated service in the Vet-  
17 erans Health Administration as provided in the agreement  
18 in return for payment of stipend and benefit support as  
19 provided in the agreement.

20 (c) SELECTION.—

21 (1) IN GENERAL.—An individual becomes a  
22 participant in a residency program under this sec-  
23 tion upon the Secretary's approval of the individual's  
24 application under subsection (b) and the Secretary's

1 acceptance of the agreement under subsection (d) (if  
2 required).

3 (2) NOTICE.—Upon the Secretary’s approval of  
4 an individual’s participation in the program under  
5 paragraph (1), the Secretary shall promptly notify  
6 the individual of that approval. Such notice shall be  
7 in writing.

8 (d) AGREEMENT.—

9 (1) IN GENERAL.—An agreement between the  
10 Secretary and a resident in a position under sub-  
11 section (a)(1) shall be in writing and shall be signed  
12 by the resident containing such terms as the Sec-  
13 retary may specify.

14 (2) REQUIREMENTS.—The agreement must  
15 specify the terms of the service obligation resulting  
16 from participating as a resident under this section,  
17 including by requiring a service obligation equal to  
18 the number of years of stipend and benefit support.

19 (e) CONDITIONS OF EMPLOYMENT.—The Secretary  
20 may prescribe the conditions of employment of individuals  
21 appointed to positions under subsection (a)(1), including  
22 necessary training, and the customary amount and terms  
23 of pay for such positions during the period of such employ-  
24 ment and training.

25 (f) OBLIGATED SERVICE.—

1           (1) IN GENERAL.—Each individual appointed to  
2           a position under subsection (a)(1) shall provide serv-  
3           ice as a full-time employee of the Department for  
4           the period of obligated service provided in the agree-  
5           ment of the participant entered into under sub-  
6           section (d). Such service shall be provided in the  
7           full-time clinical practice of such participant’s pro-  
8           fession or in another health care position in an as-  
9           signment or location determined by the Secretary.

10           (2) COMMENCEMENT DATE.—Not later than 60  
11           days before the date on which an individual com-  
12           mences serving in a position under subsection (a)(1),  
13           the Secretary shall notify the individual of such  
14           date. Such date shall be the first day of the individ-  
15           ual’s period of obligated service.

16           (g) BREACH OF AGREEMENT; LIABILITY.—

17           (1) PENALTY.—An individual appointed under  
18           this section to a position under subsection (a)(1)  
19           (other than an individual who is liable under para-  
20           graph (2)) who fails to accept payment, or instructs  
21           the educational institution in which the individual is  
22           enrolled not to accept payment, in whole or in part,  
23           for a residency under the agreement entered into  
24           under subsection (d) of this title shall be liable to  
25           the United States for liquidated damages in the

1 amount of \$1,500. Such liability is in addition to  
2 any period of obligated service or other obligation or  
3 liability under the agreement.

4 (2) LIABILITY.—

5 (A) IN GENERAL.—An individual ap-  
6 pointed to a position under subsection (a)(1)  
7 shall be liable to the United States for the  
8 amount which has been paid to or on behalf of  
9 the individual under the agreement if any of the  
10 following occurs:

11 (i) The individual is dismissed from  
12 the position for disciplinary reasons.

13 (ii) The individual voluntarily termi-  
14 nates the residency before the completion  
15 of such course of training.

16 (iii) The individual loses the individ-  
17 ual's license, registration, or certification  
18 to practice the individual's health care pro-  
19 fession in a State.

20 (B) LIABILITY SUPPLANTS SERVICE OBLI-  
21 GATION.—Liability under this paragraph is in  
22 lieu of any service obligation arising under the  
23 individual's agreement under subsection (d).

24 (h) RECOVERY.—

1           (1) IN GENERAL.—If an individual breaches the  
2 individuals’s agreement under subsection (d) by fail-  
3 ing (for any reason) to complete such individual’s  
4 period of obligated service, the United States shall  
5 be entitled to recover from the individual an amount  
6 equal to the product of—

7                   (A) three;

8                   (B) the sum of—

9                           (i) the amounts paid under this sec-  
10 tion to or on behalf of the individual; and

11                           (ii) the interest on such amounts that  
12 would be payable if at the time the  
13 amounts were paid they were loans bearing  
14 interest at the maximum legal prevailing  
15 rate, as determined by the Treasurer of  
16 the United States; and

17                   (C) the quotient of—

18                           (i) the difference between—

19                                   (I) the total number of months in  
20 the individual’s period of obligated  
21 service; and

22                                   (II) the number of months of  
23 such period served by the individual;  
24 and

1 (ii) the total number of months in the  
2 individual's period of obligated service.

3 (2) PERIOD OF RECOVERY.—Any amount which  
4 the United States is entitled to recover under this  
5 subsection shall be paid to the United States not  
6 later than the date that is one year after the date  
7 of the breach of the agreement.

8 (i) ANNUAL REPORT.—

9 (1) IN GENERAL.—Not later than one year  
10 after the date of the enactment of this Act and not  
11 less frequently than once each year thereafter, the  
12 Secretary shall submit to the appropriate committees  
13 of Congress a report on the implementation of this  
14 section during the previous year.

15 (2) CONTENTS.—Each report submitted under  
16 paragraph (1) shall include, for the period covered  
17 by the report, the following:

18 (A) The number of positions described in  
19 subsection (a) that were filled.

20 (B) The location of each such position.

21 (C) The academic affiliate associated with  
22 each such position.

23 (D) A description of the challenges faced  
24 in filling the positions described in subsection



1 (a) and the actions the Secretary has taken to  
2 address such challenges.

3 (3) APPROPRIATE COMMITTEES OF CONGRESS  
4 DEFINED.—In this subsection, the term “appro-  
5 priate committees of Congress” means—

6 (A) the Committee on Veterans’ Affairs  
7 and the Committee on Appropriations of the  
8 Senate; and

9 (B) the Committee on Veterans’ Affairs  
10 and the Committee on Appropriations of the  
11 House of Representatives.

12 **SEC. 312. PILOT PROGRAM TO ESTABLISH OR AFFILIATE**  
13 **WITH GRADUATE MEDICAL RESIDENCY PRO-**  
14 **GRAMS AT FACILITIES OPERATED BY INDIAN**  
15 **TRIBES, TRIBAL ORGANIZATIONS, AND THE**  
16 **INDIAN HEALTH SERVICE IN RURAL AREAS.**

17 (a) PILOT PROGRAM REQUIRED.—The Secretary of  
18 Veterans Affairs, in consultation with the Director of the  
19 Indian Health Service and such other persons as the Sec-  
20 retary considers appropriate, shall carry out a pilot pro-  
21 gram—

22 (1) to establish graduate medical education  
23 residency training programs at covered facilities; or

24 (2) to affiliate with established programs de-  
25 scribed in paragraph (1).

1 (b) COVERED FACILITIES.—For purposes of the pilot  
2 program, a covered facility is any facility—

3 (1)(A) described in subparagraph (B) or (C) of  
4 section 311(a)(2); or

5 (B) with an agreement with the Department;  
6 and

7 (2) located in a rural or remote area.

8 (c) LOCATIONS.—

9 (1) IN GENERAL.—The Secretary shall carry  
10 out the pilot program at not more than five covered  
11 facilities that have been selected by the Secretary for  
12 purposes of the pilot program.

13 (2) CRITERIA.—The Secretary shall establish  
14 criteria for selecting covered facilities under para-  
15 graph (1).

16 (d) DURATION.—The Secretary shall carry out the  
17 pilot program during the eight-year period beginning on  
18 the date that is 180 days after the date of the enactment  
19 of this Act.

20 (e) REIMBURSEMENT OF COSTS.—The Secretary  
21 shall reimburse each covered facility participating in the  
22 pilot program for the following costs associated with the  
23 pilot program:

24 (1) Curriculum development.

1           (2) Recruitment, training, supervision, and re-  
2           tention of residents and faculty.

3           (3) Accreditation of programs of education  
4           under the pilot program by the Accreditation Coun-  
5           cil for Graduate Medical Education (ACGME) or the  
6           American Osteopathic Association (AOA).

7           (4) The portion of faculty salaries attributable  
8           to activities relating to carrying out the pilot pro-  
9           gram.

10          (5) Payment for expenses relating to providing  
11          medical education under the pilot program.

12          (6) Stipends and benefits.

13          (f) PERIOD OF OBLIGATED SERVICE.—

14           (1) IN GENERAL.—The Secretary shall enter  
15           into an agreement with each individual who partici-  
16           pates in the pilot program under which such indi-  
17           vidual agrees to serve under the same terms as es-  
18           tablished under section 311.

19           (2) LOAN REPAYMENT.—During the period of  
20           obligated service of an individual under paragraph  
21           (1), the individual—

22           (A) shall be deemed to be an eligible indi-  
23           vidual under subsection (b) of section 108 of  
24           the Indian Health Care Improvement Act (25  
25           U.S.C. 1616a) for purposes of participation in

1 the Indian Health Service Loan Repayment  
2 Program under such section during the portion  
3 of such period that the individual serves at a  
4 covered facility; and

5 (B) shall be deemed to be an eligible indi-  
6 vidual under section 7682(a) of title 38, United  
7 States Code, for purposes of participation in  
8 the Department of Veterans Affairs Education  
9 Debt Reduction Program under subchapter VII  
10 of chapter 76 of such title during the portion  
11 of such period that the individual serves at a fa-  
12 cility of the Department.

13 (3) CONCURRENT SERVICE.—Any period of ob-  
14 ligated service required of an individual under para-  
15 graph (1) shall be served—

16 (A) with respect to service at a covered fa-  
17 cility, concurrently with any period of obligated  
18 service required of the individual by the Indian  
19 Health Service; and

20 (B) with respect to service at a facility of  
21 the Department of Veterans Affairs, concu-  
22 rrently with any period of obligated service re-  
23 quired of the individual by the Department.

24 (g) TREATMENT OF PARTICIPANTS.—A residency po-  
25 sition into which a participant in the pilot program is

1 placed as part of the pilot program shall be considered  
2 a position referred to in section 311(a)(1) for purposes  
3 of the limitation on number of new positions authorized  
4 under such section.

5 (h) REPORT.—Not later than three years before the  
6 date on which the pilot program terminates, the Secretary  
7 of Veterans Affairs shall submit to the Committee on Vet-  
8 erans' Affairs of the Senate and the Committee on Vet-  
9 erans' Affairs of the House of Representatives a report  
10 on the feasibility and advisability of—

11 (1) expanding the pilot program to additional  
12 locations; and

13 (2) making the pilot program or any aspect of  
14 the pilot program permanent.

15 **SEC. 313. REIMBURSEMENT OF CONTINUING PROFES-**  
16 **SIONAL EDUCATION REQUIREMENTS FOR**  
17 **BOARD CERTIFIED ADVANCED PRACTICE**  
18 **REGISTERED NURSES.**

19 (a) IN GENERAL.—Section 7411 is amended to read  
20 as follows:

21 **“§ 7411. Reimbursement of continuing professional**  
22 **education expenses**

23 “The Secretary shall reimburse any full-time board-  
24 certified advanced practice registered nurse, physician, or  
25 dentist appointed under section 7401(1) of this title for

1 expenses incurred, up to \$1,000 per year, for continuing  
2 professional education.”.

3 (b) CLERICAL AMENDMENT.—The table of sections  
4 at the beginning of chapter 74 is amended by striking the  
5 item relating to section 7411 and inserting the following  
6 new item:

“7411. Reimbursement of continuing professional education expenses.”.

7 **SEC. 314. INCREASE IN MAXIMUM AMOUNT OF DEBT THAT**  
8 **MAY BE REDUCED UNDER EDUCATION DEBT**  
9 **REDUCTION PROGRAM OF DEPARTMENT OF**  
10 **VETERANS AFFAIRS.**

11 (a) INCREASE IN AMOUNT.—Section 7683(d)(1) is  
12 amended—

13 (1) by striking “\$120,000” and inserting  
14 “\$240,000”; and

15 (2) by striking “\$24,000” and inserting  
16 “\$48,000”.

17 (b) STUDY.—

18 (1) IN GENERAL.—Not later than one year  
19 after the date of the enactment of this Act, the Sec-  
20 retary of Veterans Affairs shall—

21 (A) conduct a study on the demand for  
22 education debt reduction under subchapter VII  
23 of chapter 76 of title 38, United States Code;  
24 and

1 (B) submit to the Committee on Veterans'  
2 Affairs of the Senate and the Committee on  
3 Veterans' Affairs of the House of Representa-  
4 tives a report on the findings of the Secretary  
5 with respect to the study carried out under sub-  
6 paragraph (A).

7 (2) CONSIDERATIONS.—In carrying out the  
8 study required by paragraph (1)(A), the Secretary  
9 shall consider the following:

10 (A) The total number of vacancies within  
11 the Veterans Health Administration whose ap-  
12 plicants are eligible to participate in the Edu-  
13 cation Debt Reduction Program pursuant to  
14 section 7682(a) of such title.

15 (B) The types of medical professionals in  
16 greatest demand in the United States.

17 (C) Projections by the Secretary of the  
18 numbers and types of medical professions that  
19 meet the needs of veterans.

1 **SEC. 315. DEMONSTRATION PROGRAM ON TRAINING AND**  
2 **EMPLOYMENT OF ALTERNATIVE DENTAL**  
3 **HEALTH CARE PROVIDERS FOR DENTAL**  
4 **HEALTH CARE SERVICES FOR VETERANS IN**  
5 **RURAL AND OTHER UNDERSERVED COMMU-**  
6 **NITIES.**

7 (a) DEMONSTRATION PROGRAM AUTHORIZED.—The  
8 Secretary of Veterans Affairs may carry out a demonstra-  
9 tion program to establish programs to train and employ  
10 alternative dental health care providers in order to in-  
11 crease access to dental health care services for veterans  
12 who are entitled to such services from the Department of  
13 Veterans Affairs and reside in rural and other underserved  
14 communities.

15 (b) PRIORITY.—The Secretary shall prioritize the es-  
16 tablishment of programs under the demonstration pro-  
17 gram under this section in States that do not have a facil-  
18 ity of the Department that offers on-site dental services.

19 (c) TELEHEALTH.—For purposes of alternative den-  
20 tal health care providers and other dental care providers  
21 who are licensed to provide clinical care, dental services  
22 provided under the demonstration program under this sec-  
23 tion may be administered by such providers through tele-  
24 health-enabled collaboration and supervision when appro-  
25 priate and feasible.



1 (d) AUTHORIZATION OF APPROPRIATIONS.—There  
2 are authorized to be appropriated to the Secretary such  
3 sums as are necessary to carry out the demonstration pro-  
4 gram under this section.

5 (e) ALTERNATIVE DENTAL HEALTH CARE PRO-  
6 VIDERS DEFINED.—In this section, the term “alternative  
7 dental health care providers” has the meaning given that  
8 term in section 340G–1(a)(2) of the Public Health Service  
9 Act (42 U.S.C. 256g–1(a)(2)).

### 10 **PART III—OTHER PERSONNEL MATTERS**

#### 11 **SEC. 321. EXCEPTION ON LIMITATION ON AWARDS AND BO-** 12 **NUSES FOR RECRUITMENT, RELOCATION,** 13 **AND RETENTION.**

14 Section 705(a) of the Veterans Access, Choice, and  
15 Accountability Act of 2014 (Public Law 113–146; 38  
16 U.S.C. 703 note) is amended, in the matter preceding  
17 paragraph (1), by inserting “other than recruitment, relo-  
18 cation, or retention incentives,” after “title 38, United  
19 States Code,”.

#### 20 **SEC. 322. ANNUAL REPORT ON PERFORMANCE AWARDS** 21 **AND BONUSES AWARDED TO CERTAIN HIGH-** 22 **LEVEL EMPLOYEES OF THE DEPARTMENT.**

23 (a) IN GENERAL.—Chapter 7 is amended by adding  
24 at the end the following new section:

1 **“§ 726. Annual report on performance awards and bo-**  
2 **nuses awarded to certain high-level em-**  
3 **ployees**

4 “(a) IN GENERAL.—Not later than 30 days after the  
5 end of each fiscal year, the Secretary shall submit to the  
6 appropriate committees of Congress a report that con-  
7 tains, for the most recent fiscal year ending before the  
8 submittal of the report, a description of the performance  
9 awards and bonuses awarded to Regional Office Directors  
10 of the Department, Directors of Medical Centers of the  
11 Department, and Directors of Veterans Integrated Service  
12 Networks.

13 “(b) ELEMENTS.—Each report submitted under sub-  
14 section (a) shall include the following with respect to each  
15 performance award or bonus awarded to an individual de-  
16 scribed in such subsection:

17 “(1) The amount of each award or bonus.

18 “(2) The job title of the individual awarded the  
19 award or bonus.

20 “(3) The location where the individual awarded  
21 the award or bonus works.

22 “(c) APPROPRIATE COMMITTEES OF CONGRESS.—In  
23 this section, the term ‘appropriate committees of Con-  
24 gress’ means—

25 “(1) the Committee on Veterans’ Affairs and  
26 the Committee on Appropriations of the Senate; and

1           “(2) the Committee on Veterans’ Affairs and  
2           the Committee on Appropriations of the House of  
3           Representatives.”.

4           (b) CLERICAL AMENDMENT.—The table of sections  
5           at the beginning of chapter 7 is amended by inserting  
6           after the item relating to section 725 the following new  
7           item:

          “726. Annual report on performance awards and bonuses awarded to certain  
          high-level employees.”.

8           **SEC. 323. AUTHORITY TO REGULATE ADDITIONAL PAY FOR**  
9                               **CERTAIN HEALTH CARE EMPLOYEES OF THE**  
10                              **DEPARTMENT.**

11          Section 7454 is amended by adding at the end the  
12          following new subsection:

13          “(d) In this section, the term ‘compensation’ includes  
14          all compensation earned by employees when performing  
15          duties authorized by the Secretary or when the employee  
16          is approved to use annual, sick, family medical, military,  
17          or court leave or during any other paid absence for which  
18          pay is not already regulated.”.

19          **SEC. 324. MODIFICATION OF PAY CAP FOR NURSES.**

20          Paragraph (2) of section 7451(c) is amended to read  
21          as follows:

22          “(2)(A) The maximum rate of basic pay for any  
23          grade for health-care personnel positions referred to in  
24          paragraphs (1) and (3) of section 7401 of this title (other

1 than the positions of physician, dentist, and registered  
2 nurse) may not exceed the rate of basic pay established  
3 for positions in level IV of the Executive Schedule under  
4 section 5315 of title 5.

5 “(B) Pursuant to an adjustment under subsection  
6 (d), the maximum rate of basic pay for a registered nurse  
7 serving as a nurse executive or a grade for the position  
8 of certified registered nurse anesthetist may exceed the  
9 rate of basic pay established for positions in level IV of  
10 the Executive Schedule under section 5315 of title 5 but  
11 may not exceed the rate of basic pay established for posi-  
12 tions in level I of the Executive Schedule under section  
13 5312 of title 5.

14 “(C) Pursuant to an adjustment under subsection  
15 (d), the maximum rate of basic pay for all registered  
16 nurses not described in subparagraph (B) may exceed the  
17 rate of basic pay established for positions in level IV of  
18 the Executive Schedule under section 5315 of title 5 but  
19 may not exceed the rate of basic pay established for posi-  
20 tions in level III of the Executive Schedule under section  
21 5314 of title 5.”.

1 **Subtitle B—Improvement of Under-**  
2 **served Facilities of the Depart-**  
3 **ment**

4 **SEC. 331. DEVELOPMENT OF CRITERIA FOR DESIGNATION**  
5 **OF CERTAIN MEDICAL FACILITIES OF THE**  
6 **DEPARTMENT OF VETERANS AFFAIRS AS UN-**  
7 **DERSERVED FACILITIES AND PLAN TO AD-**  
8 **DRESS PROBLEM OF UNDERSERVED FACILI-**  
9 **TIES.**

10 (a) IN GENERAL.—Not later than 180 days after the  
11 date of the enactment of this Act, the Secretary of Vet-  
12 erans Affairs shall develop criteria to designate medical  
13 centers, ambulatory care facilities, and community based  
14 outpatient clinics of the Department of Veterans Affairs  
15 as underserved facilities.

16 (b) CONSIDERATION.—Criteria developed under sub-  
17 section (a) shall include consideration of the following with  
18 respect to a facility:

19 (1) The ratio of veterans to health care pro-  
20 viders of the Department of Veterans Affairs for a  
21 standardized geographic area surrounding the facil-  
22 ity, including a separate ratio for general practi-  
23 tioners and specialists.

24 (2) The range of clinical specialties covered by  
25 such providers in such area.

1           (3) Whether the local community is medically  
2           underserved.

3           (4) The type, number, and age of open consults.

4           (5) Whether the facility is meeting the wait-  
5           time goals of the Department.

6           (6) Such other criteria as the Secretary con-  
7           siders important in determining which facilities are  
8           not adequately serving area veterans.

9           (c) ANALYSIS OF FACILITIES.—Not less frequently  
10          than annually, directors of Veterans Integrated Service  
11          Networks of the Department shall perform an analysis to  
12          determine which facilities within that Veterans Integrated  
13          Service Network qualify as underserved facilities pursuant  
14          to criteria developed under subsection (a).

15          (d) ANNUAL PLAN TO ADDRESS UNDERSERVED FA-  
16          CILITIES.—

17               (1) PLAN REQUIRED.—Not later than one year  
18               after the date of the enactment of this Act and not  
19               less frequently than once each year, the Secretary  
20               shall submit to Congress a plan to address the prob-  
21               lem of underserved facilities of the Department, as  
22               designated pursuant to criteria developed under sub-  
23               section (a).

24               (2) CONTENTS.—Each plan submitted under  
25               paragraph (1) shall address the following:

1 (A) Increasing personnel or temporary per-  
2 sonnel assistance, including mobile deployment  
3 teams furnished under section 323.

4 (B) Providing special hiring incentives, in-  
5 cluding under the Education Debt Reduction  
6 Program under subchapter VII of chapter 76 of  
7 title 38, United States Code, and recruitment,  
8 relocation, and retention incentives.

9 (C) Using direct hiring authority.

10 (D) Improving training opportunities for  
11 staff.

12 (E) Such other actions as the Secretary  
13 considers appropriate.

14 **SEC. 332. PILOT PROGRAM ON TUITION REIMBURSEMENT**  
15 **AND LOAN REPAYMENT FOR HEALTH CARE**  
16 **PROVIDERS OF THE DEPARTMENT OF VET-**  
17 **ERANS AFFAIRS AT UNDERSERVED FACILI-**  
18 **TIES.**

19 (a) IN GENERAL.—Not later than 90 days after the  
20 date of the enactment of this Act, the Secretary of Vet-  
21 erans Affairs shall commence a pilot program to assess  
22 the feasibility and advisability of providing incentives to  
23 individuals to work at underserved facilities of the Vet-  
24 erans Health Administration by providing tuition reim-  
25 bursement and loan repayment to medical students and

1 health care providers who commit to serving in under-  
2 served facilities selected under subsection (c).

3 (b) DURATION.—The Secretary shall carry out the  
4 pilot program during the six-year period beginning on the  
5 date of the commencement of the pilot program.

6 (c) SELECTION OF LOCATIONS.—

7 (1) IN GENERAL.—The Secretary shall select  
8 not fewer than three medical centers and seven am-  
9 bulatory care facilities or community based out-  
10 patient clinics of the Department to participate in  
11 the pilot program.

12 (2) RURAL AND HIGHLY RURAL AREAS.—Not  
13 fewer than two of the medical centers and five of the  
14 ambulatory care facilities or community based out-  
15 patient clinics selected under paragraph (1) shall be  
16 in States or United States territories that are among  
17 the ten States or United States territories with—

18 (A) the highest percentage of land des-  
19 ignated as highly rural pursuant to the rural-  
20 urban commuting area codes set forth by the  
21 Department of Agriculture; or

22 (B) the highest percentage of enrolled vet-  
23 erans living in rural, highly rural, or insular is-  
24 land areas.



1           (3) STATES.—Facilities selected under para-  
2           graph (1) shall be located in not fewer than eight  
3           different States.

4           (d) USE OF AMOUNTS.—Of the amounts used to pro-  
5           vide tuition reimbursement or loan repayment under the  
6           pilot program—

7           (1) one-half shall be used to provide tuition re-  
8           imbursement or loan repayment for individuals prac-  
9           ticing in a general practice position; and

10          (2) one-half shall be used to provide tuition re-  
11          imbursement or loan repayment for individuals prac-  
12          ticing—

13                   (A) in a specialist position; or

14                   (B) in an occupation, other than a position  
15                   described in paragraph (1), included in the  
16                   most recent staffing shortage determination of  
17                   the Department under section 7412 of title 38,  
18                   United States Code.

19          (e) TUITION REIMBURSEMENT.—Under the pilot pro-  
20          gram, the Secretary may provide to an individual attend-  
21          ing medical school and seeking a degree as a Doctor of  
22          Medicine or a Doctor of Osteopathic Medicine full tuition  
23          reimbursement in exchange for a five-year commitment to  
24          serve at an underserved facility selected under subsection  
25          (c).

1 (f) STUDENT LOAN REPAYMENT.—Under the pilot  
2 program, in exchange for a three-year commitment to  
3 serve at an underserved facility selected under subsection  
4 (c), the Secretary may provide—

5 (1) to an individual currently serving as a  
6 health care provider at an underserved facility, an  
7 amount not to exceed \$30,000 to apply to any re-  
8 maining student loan debt of the individual; and

9 (2) to an individual other than an individual de-  
10 scribed in paragraph (1), an amount not to exceed  
11 \$50,000 to apply to any remaining student loan debt  
12 of the individual.

13 (g) BREACH.—An individual who participates in the  
14 pilot program and fails to satisfy a period of obligated  
15 service under subsection (d) or (e) shall be liable to the  
16 United States, in lieu of such obligated service, for the  
17 amount that has been paid or is payable to or on behalf  
18 of the individual under the pilot program, reduced by the  
19 proportion that the number of days served for completion  
20 of the period of obligated service bears to the total number  
21 of days in the period of obligated service of such indi-  
22 vidual.

23 (h) EXPEDITED HIRING.—The Secretary shall ensure  
24 that the hiring of individuals to serve in the Department

1 under the pilot program is conducted in an expedited man-  
2 ner.

3 (i) CONTINUATION IN PILOT PROGRAM.—An indi-  
4 vidual participating in the pilot program in an occupation  
5 included in a staffing shortage determination of the De-  
6 partment under section 7412 of title 38, United States  
7 Code, may continue participating in the pilot program not-  
8 withstanding that the occupation is no longer included in  
9 such determination under such section.

10 (j) ANNUAL REPORT.—

11 (1) IN GENERAL.—Not later than one year  
12 after the date of the enactment of this Act and not  
13 less frequently than once each year thereafter, the  
14 Secretary shall submit to Congress a report on the  
15 pilot program.

16 (2) CONTENTS.—Each report submitted under  
17 paragraph (1) shall include the following:

18 (A) The number of participants, including  
19 number receiving tuition reimbursement and  
20 student loan repayment.

21 (B) The number of facilities where partici-  
22 pants are located.

23 (C) The number of individuals who have  
24 applied to participate in the pilot program.

1 (D) A list of the five most common occupa-  
2 tions of the participants in the pilot program,  
3 other than general practice.

4 (k) DEFINITIONS.—In this section:

5 (1) ENROLLED VETERAN.—The term “enrolled  
6 veteran” means a veteran who is enrolled in the sys-  
7 tem of annual patient enrollment established and op-  
8 erated under section 1705(a) of title 38, United  
9 States Code.

10 (2) UNDERSERVED FACILITY.—The term “un-  
11 derserved facility” means a medical center, ambula-  
12 tory care facility, or community based outpatient  
13 clinic of the Department of Veterans Affairs des-  
14 ignated by the Secretary of Veterans Affairs pursu-  
15 ant to criteria developed under section 331.

16 **SEC. 333. PROGRAM TO FURNISH MOBILE DEPLOYMENT**  
17 **TEAMS TO UNDERSERVED FACILITIES.**

18 (a) IN GENERAL.—The Secretary of Veterans Affairs  
19 shall establish a program to furnish mobile deployment  
20 teams of medical personnel to underserved facilities.

21 (b) ELEMENTS.—In furnishing mobile deployment  
22 teams under subsection (a), the Secretary shall consider  
23 the following elements:

24 (1) The medical positions of greatest need at  
25 underserved facilities.

1           (2) The size and composition of teams to be de-  
2       ployed.

3           (3) Such other elements as the Secretary con-  
4       siders necessary for effective oversight of the pro-  
5       gram established under subsection (a).

6       (c) USE OF ANNUAL ANALYSIS.—The Secretary shall  
7       use the results of the annual analysis conducted under sec-  
8       tion 331(c) to form mobile deployment teams under sub-  
9       section (a) that are composed of the most needed medical  
10      personnel for underserved facilities.

11      (d) UNDERSERVED FACILITY DEFINED.—In this sec-  
12      tion, the term “underserved facility” means a medical cen-  
13      ter, ambulatory care facility, or community based out-  
14      patient clinic of the Department of Veterans Affairs des-  
15      ignated by the Secretary of Veterans Affairs pursuant to  
16      criteria developed under section 331.

17      **SEC. 334. INCLUSION OF VET CENTER EMPLOYEES IN EDU-**  
18                                      **CATION DEBT REDUCTION PROGRAM OF DE-**  
19                                      **PARTMENT OF VETERANS AFFAIRS.**

20      (a) IN GENERAL.—The Secretary of Veterans Affairs  
21      shall ensure that clinical staff working at Vet Centers are  
22      eligible to participate in the education debt reduction pro-  
23      gram of the Department of Veterans Affairs under sub-  
24      chapter VII of chapter 76 of title 38, United States Code.

1 (b) REPORT.—Not later than one year after the date  
2 of the enactment of this Act, the Secretary shall submit  
3 to the Committee on Veterans’ Affairs of the Senate and  
4 the Committee on Veterans’ Affairs of the House of Rep-  
5 resentatives a report on the number of participants in the  
6 education debt reduction program of the Department  
7 under such subchapter who work at Vet Centers.

8 (c) VET CENTER DEFINED.—In this section, the  
9 term “Vet Center” has the meaning given that term in  
10 section 1712A(h) of title 38, United States Code.

## 11 **Subtitle C—Construction and** 12 **Leases**

### 13 **SEC. 341. DEFINITION OF MAJOR MEDICAL FACILITY** 14 **PROJECT AND MAJOR MEDICAL FACILITY** 15 **LEASE.**

16 (a) MODIFICATION OF DEFINITION OF MEDICAL FA-  
17 CILITY.—Section 8101(3) is amended by striking “Sec-  
18 retary” and all that follows through “nursing home,” and  
19 inserting “Secretary, or as otherwise authorized by law,  
20 for the provision of health-care services (including hos-  
21 pital, outpatient clinic, nursing home,”.

22 (b) MODIFICATION OF DEFINITIONS OF MAJOR MED-  
23 ICAL FACILITY PROJECT AND MAJOR MEDICAL FACILITY  
24 LEASE.—Paragraph (3) of section 8104(a) is amended to  
25 read as follows:

1 “(3) For purposes of this subsection:

2 “(A) The term ‘major medical facility project’  
3 means a project for the construction, alteration, or  
4 acquisition of a medical facility involving a total ex-  
5 penditure of more than \$20,000,000, but such term  
6 does not include an acquisition by exchange, non-re-  
7 curring maintenance projects of the Department, or  
8 the construction, alteration, or acquisition of a  
9 shared Federal medical facility for which the De-  
10 partment’s estimated share of the project costs does  
11 not exceed \$20,000,000.

12 “(B) The term ‘major medical facility lease’  
13 means a lease for space for use as a new medical fa-  
14 cility at an average annual rental equal to or greater  
15 than the dollar threshold for leases procured through  
16 the General Services Administration under section  
17 3307(a)(2) of title 40, which shall be subject to an-  
18 nual adjustment in accordance with section 3307(h)  
19 of such title.”.

20 **SEC. 342. FACILITATING SHARING OF MEDICAL FACILITIES**  
21 **WITH OTHER FEDERAL AGENCIES.**

22 (a) IN GENERAL.—Subchapter I of chapter 81 is  
23 amended by inserting after section 8111A the following  
24 new section:

1 **“§ 8111B. Authority to plan, design, construct, or**  
2 **lease a shared medical facility**

3 “(a) IN GENERAL.—(1) The Secretary may enter  
4 into agreements with other Federal agencies for the plan-  
5 ning, designing, constructing, or leasing of shared medical  
6 facilities with the goal of improving access to, and quality  
7 and cost effectiveness of, health care provided by the De-  
8 partment and other Federal agencies.

9 “(2) Facilities planned, designed, constructed, or  
10 leased under paragraph (1) shall be managed by the  
11 Under Secretary for Health.

12 “(b) TRANSFER OF AMOUNTS TO OTHER FEDERAL  
13 AGENCIES.—(1) The Secretary may transfer to another  
14 Federal agency amounts appropriated to the Department  
15 for ‘Construction, Minor Projects’ for use for the plan-  
16 ning, design, or construction of a shared medical facility  
17 if the estimated share of the project costs to be borne by  
18 the Department does not exceed the threshold for a major  
19 medical facility project under section 8104(a)(3)(A) of this  
20 title.

21 “(2) The Secretary may transfer to another Federal  
22 agency amounts appropriated to the Department for ‘Con-  
23 struction, Major Projects’ for use for the planning, design,  
24 or construction of a shared medical facility if—

25 “(A) the estimated share of the project costs to  
26 be borne by the Department is more than the



1 threshold for a major medical facility project under  
2 subsection (a)(3)(A) of section 8104 of this title;  
3 and

4 “(B) the requirements for such a project under  
5 such section have been met.

6 “(3) The Secretary may transfer to another Federal  
7 agency amounts appropriated to the applicable appropria-  
8 tions account of the Department for the purpose of leasing  
9 space for a shared medical facility if the estimated share  
10 of the lease costs to be borne by the Department does not  
11 exceed the threshold for a major medical facility lease  
12 under section 8104(a)(3)(B) of this title.

13 “(c) TRANSFER OF AMOUNTS TO DEPARTMENT.—(1)  
14 Amounts transferred to the Department by another Fed-  
15 eral agency for the necessary expenses of planning, design-  
16 ing, or constructing a shared medical facility for which  
17 the estimated share of the project costs to be borne by  
18 the Department does not exceed the threshold for a major  
19 medical facility project under section 8104(a)(3)(A) of this  
20 title may be deposited in the ‘Construction, Minor  
21 Projects’ account of the Department and used for such  
22 necessary expenses.

23 “(2) Amounts transferred to the Department by an-  
24 other Federal agency for the necessary expenses of plan-  
25 ning, designing, or constructing a shared medical facility

1 for which the estimated share of the project costs to be  
2 borne by the Department is more than the threshold for  
3 a major medical facility project under section  
4 8104(a)(3)(A) of this title may be deposited in the ‘Con-  
5 struction, Major Projects’ account of the Department and  
6 used for such necessary expenses if the requirements for  
7 such project under section 8104 of this title have been  
8 met.

9 “(3) Amounts transferred to the Department by an-  
10 other Federal agency for the purpose of leasing space for  
11 a shared medical facility may be credited to the applicable  
12 appropriations account of the Department and shall be  
13 available without fiscal year limitation.

14 “(4) Amounts transferred under paragraphs (1) and  
15 (2) shall be available for the same time period as amounts  
16 in the account to which those amounts are transferred.”.

17 (b) CLERICAL AMENDMENT.—The table of sections  
18 at the beginning of such chapter is amended by inserting  
19 after the item relating to section 8111A the following new  
20 item:

“8111B. Authority to plan, design, construct, or lease a shared medical facil-  
ity.”.

21 **SEC. 343. REVIEW OF ENHANCED USE LEASES.**

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

23 “(6) The Office of Management and Budget shall re-  
24 view each enhanced-use lease before the lease goes into

1 effect to determine whether the lease is in compliance with  
2 paragraph (5).”.

3 **SEC. 344. AUTHORIZATION OF CERTAIN MAJOR MEDICAL**  
4 **FACILITY PROJECTS OF THE DEPARTMENT**  
5 **OF VETERANS AFFAIRS.**

6 (a) AUTHORIZATION.—The Secretary of Veterans Af-  
7 fairs may carry out the following major medical facility  
8 project, to be carried out in an amount not to exceed the  
9 amount specified for that project: Construction of the new  
10 East Bay Community Based Outpatient Clinic and all as-  
11 sociated site work, utilities, parking, and landscaping, con-  
12 struction of the Central Valley Engineering and Logistics  
13 support facility, and enhanced flood plain mitigation at the  
14 Central Valley and East Bay Community Based Out-  
15 patient Clinics as part of the realignment of medical facili-  
16 ties in Livermore, California, in an amount not to exceed  
17 \$117,300,000.

18 (b) AUTHORIZATION OF APPROPRIATIONS FOR CON-  
19 STRUCTION.—There is authorized to be appropriated to  
20 the Secretary of Veterans Affairs for fiscal year 2018 or  
21 the year in which funds are appropriated for the Construc-  
22 tion, Major Projects account, \$117,300,000 for the project  
23 authorized in subsection (a).

24 (c) SUBMITTAL OF INFORMATION.—Not later than  
25 90 days after the date of the enactment of this Act, for

1 the project authorized in section (a), the Secretary of Vet-  
2 erans Affairs shall submit to the Committee on Veterans'  
3 Affairs of the Senate and the Committee on Veterans' Af-  
4 fairs of the House of Representatives the following infor-  
5 mation:

6 (1) A line item accounting of expenditures re-  
7 lating to construction management carried out by  
8 the Department of Veterans Affairs for such project.

9 (2) The future amounts that are budgeted to be  
10 obligated for construction management carried out  
11 by the Department for such project.

12 (3) A justification for the expenditures de-  
13 scribed in paragraph (1) and the future amounts de-  
14 scribed in paragraph (2).

15 (4) Any agreement entered into by the Sec-  
16 retary regarding a non-Department of Veterans Af-  
17 fairs Federal entity providing management services  
18 relating to such project, including reimbursement  
19 agreements and the costs to the Department for  
20 such services.

1           **Subtitle D—Other Health Care**  
2                           **Matters**

3   **SEC. 351. PROGRAM ON USE OF WELLNESS PROGRAMS AS**  
4                           **COMPLEMENTARY APPROACH TO MENTAL**  
5                           **HEALTH CARE FOR VETERANS AND FAMILY**  
6                           **MEMBERS OF VETERANS.**

7           (a) PROGRAM REQUIRED.—

8                   (1) IN GENERAL.—The Secretary of Veterans  
9           Affairs shall carry out a program through the award  
10          of grants to public or private nonprofit entities to  
11          assess the feasibility and advisability of using  
12          wellness programs to complement the provision of  
13          mental health care to veterans and family members  
14          eligible for counseling under section 1712A(a)(1)(C)  
15          of title 38, United States Code.

16                  (2) MATTERS TO BE ADDRESSED.—The pro-  
17          gram shall be carried out so as to assess the fol-  
18          lowing:

19                   (A) Means of improving coordination be-  
20                  tween Federal, State, local, and community pro-  
21                  viders of health care in the provision of mental  
22                  health care to veterans and family members de-  
23                  scribed in paragraph (1).

24                   (B) Means of enhancing outreach, and co-  
25                  ordination of outreach, by and among providers

1 of health care referred to in subparagraph (A)  
2 on the mental health care services available to  
3 veterans and family members described in para-  
4 graph (1).

5 (C) Means of using wellness programs of  
6 providers of health care referred to in subpara-  
7 graph (A) as complements to the provision by  
8 the Department of Veterans Affairs of mental  
9 health care to veterans and family members de-  
10 scribed in paragraph (1).

11 (D) Whether wellness programs described  
12 in subparagraph (C) are effective in enhancing  
13 the quality of life and well-being of veterans  
14 and family members described in paragraph  
15 (1).

16 (E) Whether wellness programs described  
17 in subparagraph (C) are effective in increasing  
18 the adherence of veterans described in para-  
19 graph (1) to the primary mental health services  
20 provided such veterans by the Department.

21 (F) Whether wellness programs described  
22 in subparagraph (C) have an impact on the  
23 sense of wellbeing of veterans described in para-  
24 graph (1) who receive primary mental health  
25 services from the Department.

1 (G) Whether wellness programs described  
2 in subparagraph (C) are effective in encour-  
3 aging veterans receiving health care from the  
4 Department to adopt a more healthy lifestyle.

5 (b) DURATION.—The Secretary shall carry out the  
6 program for a period of three years beginning on the date  
7 that is one year after the date of the enactment of this  
8 Act.

9 (c) LOCATIONS.—The Secretary shall carry out the  
10 program at facilities of the Department providing mental  
11 health care services to veterans and family members de-  
12 scribed in subsection (a)(1).

13 (d) GRANT PROPOSALS.—

14 (1) IN GENERAL.—A public or private nonprofit  
15 entity seeking the award of a grant under this sec-  
16 tion shall submit an application therefor to the Sec-  
17 retary in such form and in such manner as the Sec-  
18 retary may require.

19 (2) APPLICATION CONTENTS.—Each application  
20 submitted under paragraph (1) shall include the fol-  
21 lowing:

22 (A) A plan to coordinate activities under  
23 the program, to the extent possible, with Fed-  
24 eral, State, and local providers of services for  
25 veterans to enhance the following:

1 (i) Awareness by veterans of benefits  
2 and health care services provided by the  
3 Department.

4 (ii) Outreach efforts to increase the  
5 use by veterans of services provided by the  
6 Department.

7 (iii) Educational efforts to inform vet-  
8 erans of the benefits of a healthy and ac-  
9 tive lifestyle.

10 (B) A statement of understanding from  
11 the entity submitting the application that, if se-  
12 lected, such entity will be required to report to  
13 the Secretary periodically on standardized data  
14 and other performance data necessary to evalu-  
15 ate individual outcomes and to facilitate evalua-  
16 tions among entities participating in the pro-  
17 gram.

18 (C) Other requirements that the Secretary  
19 may prescribe.

20 (e) GRANT USES.—

21 (1) IN GENERAL.—A public or private nonprofit  
22 entity awarded a grant under this section shall use  
23 the award for purposes prescribed by the Secretary.

24 (2) ELIGIBLE VETERANS AND FAMILY.—In car-  
25 rying out the purposes prescribed by the Secretary



1 in paragraph (1), a public or private nonprofit entity  
2 awarded a grant under this section shall use the  
3 award to furnish services only to individuals speci-  
4 fied in section 1712A(a)(1)(C) of title 38, United  
5 States Code.

6 (f) REPORTS.—

7 (1) PERIODIC REPORTS.—

8 (A) IN GENERAL.—Not later than 180  
9 days after the date of the commencement of the  
10 program, and every 180 days thereafter, the  
11 Secretary shall submit to Congress a report on  
12 the program.

13 (B) REPORT ELEMENTS.—Each report re-  
14 quired by subparagraph (A) shall include the  
15 following:

16 (i) The findings and conclusions of  
17 the Secretary with respect to the program  
18 during the 180-day period preceding the  
19 report.

20 (ii) An assessment of the benefits of  
21 the program to veterans and their family  
22 members during the 180-day period pre-  
23 ceding the report.

24 (2) FINAL REPORT.—Not later than 180 days  
25 after the end of the program, the Secretary shall

1 submit to Congress a report detailing the rec-  
2 ommendations of the Secretary as to the advisability  
3 of continuing or expanding the program.

4 (g) WELLNESS DEFINED.—In this section, the term  
5 “wellness” has the meaning given that term in regulations  
6 prescribed by the Secretary.

7 **SEC. 352. AUTHORIZATION TO PROVIDE FOR OPERATIONS**  
8 **ON LIVE DONORS FOR PURPOSES OF CON-**  
9 **DUCTING TRANSPLANT PROCEDURES FOR**  
10 **VETERANS.**

11 (a) IN GENERAL.—Subchapter VIII of chapter 17 is  
12 amended by adding at the end the following new section:

13 **“§ 1788. Transplant procedures with live donors and**  
14 **related services**

15 “(a) IN GENERAL.—Subject to subsections (b) and  
16 (c), in a case in which a veteran is eligible for a transplant  
17 procedure from the Department, the Secretary may pro-  
18 vide for an operation on a live donor to carry out such  
19 procedure for such veteran, notwithstanding that the live  
20 donor may not be eligible for health care from the Depart-  
21 ment.

22 “(b) OTHER SERVICES.—Subject to the availability  
23 of appropriations for such purpose, the Secretary shall  
24 furnish to a live donor any care or services before and  
25 after conducting the transplant procedure under sub-

1 section (a) that may be required in connection with such  
2 procedure.

3 “(c) USE OF NON-DEPARTMENT FACILITIES.—In  
4 carrying out this section, the Secretary may provide for  
5 the operation described in subsection (a) on a live donor  
6 and furnish to the live donor the care and services de-  
7 scribed in subsection (b) at a non-Department facility pur-  
8 suant to an agreement entered into by the Secretary under  
9 this chapter. The live donor shall be deemed to be an indi-  
10 vidual eligible for hospital care and medical services at a  
11 non-Department facility pursuant to such an agreement  
12 solely for the purposes of receiving such operation, care,  
13 and services at the non-Department facility.”.

14 (b) CLERICAL AMENDMENT.—The table of sections  
15 at the beginning of chapter 17 is amended by inserting  
16 after the item relating to section 1787 the following new  
17 item:

“1788. Transplant procedures with live donors and related services.”.

18 **SEC. 353. SENSE OF CONGRESS REGARDING VETERANS**  
19 **HEALTH ADMINISTRATION.**

20 It is the sense of Congress that—

21 (1) a strong and fully resourced Veterans  
22 Health Administration is necessary to effectively  
23 serve our veterans community;

1 (2) veterans overwhelmingly report that they  
2 are satisfied with the care they receive at facilities  
3 operated by the Administration;

4 (3) research has shown that the Administration  
5 produces as good or better outcomes for its patients  
6 than private health care systems; and

7 (4) the Senate opposes any effort that would  
8 weaken the Administration or put the Administra-  
9 tion on a path toward privatization.

## 10 **TITLE IV—FAMILY CAREGIVERS**

### 11 **SEC. 401. EXPANSION OF FAMILY CAREGIVER PROGRAM OF**

#### 12 **DEPARTMENT OF VETERANS AFFAIRS.**

##### 13 (a) FAMILY CAREGIVER PROGRAM.—

##### 14 (1) EXPANSION OF ELIGIBILITY.—

15 (A) IN GENERAL.—Subparagraph (B) of  
16 subsection (a)(2) of section 1720G is amended  
17 to read as follows:

18 “(B) for assistance provided under this sub-  
19 section—

20 “(i) before the date on which the Secretary  
21 submits to Congress a certification that the De-  
22 partment has fully implemented the information  
23 technology system required by section 302(a) of  
24 the Caring for our Veterans Act of 2017, has  
25 a serious injury (including traumatic brain in-

1 jury, psychological trauma, or other mental dis-  
2 order) incurred or aggravated in the line of  
3 duty in the active military, naval, or air service  
4 on or after September 11, 2001;

5 “(ii) during the two-year period beginning  
6 on the date on which the Secretary submitted  
7 to Congress the certification described in clause  
8 (i), has a serious injury (including traumatic  
9 brain injury, psychological trauma, or other  
10 mental disorder) incurred or aggravated in the  
11 line of duty in the active military, naval, or air  
12 service—

13 “(I) on or before May 7, 1975; or

14 “(II) on or after September 11, 2001;

15 or

16 “(iii) after the date that is two years after  
17 the date on which the Secretary submits to  
18 Congress the certification described in clause  
19 (i), has a serious injury (including traumatic  
20 brain injury, psychological trauma, or other  
21 mental disorder) incurred or aggravated in the  
22 line of duty in the active military, naval, or air  
23 service; and”.

24 (B) PUBLICATION IN FEDERAL REG-  
25 ISTER.—Not later than 30 days after the date

1 on which the Secretary of Veterans Affairs sub-  
2 mits to Congress the certification described in  
3 subsection (a)(2)(B)(i) of section 1720G of  
4 such title, as amended by subparagraph (A) of  
5 this paragraph, the Secretary shall publish the  
6 date specified in such subsection in the Federal  
7 Register.

8 (2) EXPANSION OF NEEDED SERVICES IN ELI-  
9 GIBILITY CRITERIA.—Subsection (a)(2)(C) of such  
10 section is amended—

11 (A) in clause (ii), by striking “; or” and in-  
12 serting a semicolon;

13 (B) by redesignating clause (iii) as clause  
14 (iv); and

15 (C) by inserting after clause (ii) the fol-  
16 lowing new clause (iii):

17 “(iii) a need for regular or extensive in-  
18 struction or supervision without which the abil-  
19 ity of the veteran to function in daily life would  
20 be seriously impaired; or”.

21 (3) EXPANSION OF SERVICES PROVIDED.—Sub-  
22 section (a)(3)(A)(ii) of such section is amended—

23 (A) in subclause (IV), by striking “; and”  
24 and inserting a semicolon;

1 (B) in subclause (V), by striking the period  
2 at the end and inserting “; and”; and

3 (C) by adding at the end the following new  
4 subclause:

5 “(VI) through the use of contracts with, or  
6 the provision of grants to, public or private en-  
7 tities—

8 “(aa) financial planning services relat-  
9 ing to the needs of injured veterans and  
10 their caregivers; and

11 “(bb) legal services, including legal  
12 advice and consultation, relating to the  
13 needs of injured veterans and their care-  
14 givers.”.

15 (4) MODIFICATION OF STIPEND CALCULA-  
16 TION.—Subsection (a)(3)(C) of such section is  
17 amended—

18 (A) by redesignating clause (iii) as clause  
19 (iv); and

20 (B) by inserting after clause (ii) the fol-  
21 lowing new clause (iii):

22 “(iii) In determining the amount and degree of per-  
23 sonal care services provided under clause (i) with respect  
24 to an eligible veteran whose need for personal care services  
25 is based in whole or in part on a need for supervision or

1 protection under paragraph (2)(C)(ii) or regular instruc-  
2 tion or supervision under paragraph (2)(C)(iii), the Sec-  
3 retary shall take into account the following:

4 “(I) The assessment by the family caregiver of  
5 the needs and limitations of the veteran.

6 “(II) The extent to which the veteran can func-  
7 tion safely and independently in the absence of such  
8 supervision, protection, or instruction.

9 “(III) The amount of time required for the  
10 family caregiver to provide such supervision, protec-  
11 tion, or instruction to the veteran.”.

12 (5) PERIODIC EVALUATION OF NEED FOR CER-  
13 TAIN SERVICES.—Subsection (a)(3) of such section  
14 is amended by adding at the end the following new  
15 subparagraph:

16 “(D) In providing instruction, preparation, and train-  
17 ing under subparagraph (A)(i)(I) and technical support  
18 under subparagraph (A)(i)(II) to each family caregiver  
19 who is approved as a provider of personal care services  
20 for an eligible veteran under paragraph (6), the Secretary  
21 shall periodically evaluate the needs of the eligible veteran  
22 and the skills of the family caregiver of such veteran to  
23 determine if additional instruction, preparation, training,  
24 or technical support under those subparagraphs is nec-  
25 essary.”.



1           (6) USE OF PRIMARY CARE TEAMS.—Subsection  
2           (a)(5) of such section is amended, in the matter pre-  
3           ceding subparagraph (A), by inserting “(in collabo-  
4           ration with the primary care team for the eligible  
5           veteran to the maximum extent practicable)” after  
6           “evaluate”.

7           (7) ASSISTANCE FOR FAMILY CAREGIVERS.—  
8           Subsection (a) of such section is amended by adding  
9           at the end the following new paragraph:

10          “(11)(A) In providing assistance under this sub-  
11          section to family caregivers of eligible veterans, the Sec-  
12          retary may enter into contracts, provider agreements, and  
13          memoranda of understanding with Federal agencies,  
14          States, and private, nonprofit, and other entities to pro-  
15          vide such assistance to such family caregivers.

16          “(B) The Secretary may provide assistance under  
17          this paragraph only if such assistance is reasonably acces-  
18          sible to the family caregiver and is substantially equivalent  
19          or better in quality to similar services provided by the De-  
20          partment.

21          “(C) The Secretary may provide fair compensation  
22          to Federal agencies, States, and other entities that provide  
23          assistance under this paragraph.”.

1 (b) MODIFICATION OF DEFINITION OF PERSONAL  
2 CARE SERVICES.—Subsection (d)(4) of such section is  
3 amended—

4 (1) in subparagraph (A), by striking “inde-  
5 pendent”;

6 (2) by redesignating subparagraph (B) as sub-  
7 paragraph (D); and

8 (3) by inserting after subparagraph (A) the fol-  
9 lowing new subparagraphs:

10 “(B) Supervision or protection based on  
11 symptoms or residuals of neurological or other  
12 impairment or injury.

13 “(C) Regular or extensive instruction or  
14 supervision without which the ability of the vet-  
15 eran to function in daily life would be seriously  
16 impaired.”.

17 **SEC. 402. IMPLEMENTATION OF INFORMATION TECH-**  
18 **NOLOGY SYSTEM OF DEPARTMENT OF VET-**  
19 **ERANS AFFAIRS TO ASSESS AND IMPROVE**  
20 **THE FAMILY CAREGIVER PROGRAM.**

21 (a) IMPLEMENTATION OF NEW SYSTEM.—

22 (1) IN GENERAL.—Not later than June 1,  
23 2018, the Secretary of Veterans Affairs shall imple-  
24 ment an information technology system that fully

1 supports the Program and allows for data assess-  
2 ment and comprehensive monitoring of the Program.

3 (2) ELEMENTS OF SYSTEM.—The information  
4 technology system required to be implemented under  
5 paragraph (1) shall include the following:

6 (A) The ability to easily retrieve data that  
7 will allow all aspects of the Program (at the  
8 medical center and aggregate levels) and the  
9 workload trends for the Program to be assessed  
10 and comprehensively monitored.

11 (B) The ability to manage data with re-  
12 spect to a number of caregivers that is more  
13 than the number of caregivers that the Sec-  
14 retary expects to apply for the Program.

15 (C) The ability to integrate the system  
16 with other relevant information technology sys-  
17 tems of the Veterans Health Administration.

18 (b) ASSESSMENT OF PROGRAM.—Not later than 180  
19 days after implementing the system described in sub-  
20 section (a), the Secretary shall, through the Under Sec-  
21 retary for Health, use data from the system and other rel-  
22 evant data to conduct an assessment of how key aspects  
23 of the Program are structured and carried out.

24 (c) ONGOING MONITORING OF AND MODIFICATIONS  
25 TO PROGRAM.—

1           (1) MONITORING.—The Secretary shall use the  
2           system implemented under subsection (a) to monitor  
3           and assess the workload of the Program, including  
4           monitoring and assessment of data on—

5                   (A) the status of applications, appeals, and  
6                   home visits in connection with the Program;  
7                   and

8                   (B) the use by caregivers participating in  
9                   the Program of other support services under  
10                  the Program such as respite care.

11          (2) MODIFICATIONS.—Based on the monitoring  
12          and assessment conducted under paragraph (1), the  
13          Secretary shall identify and implement such modi-  
14          fications to the Program as the Secretary considers  
15          necessary to ensure the Program is functioning as  
16          intended and providing veterans and caregivers par-  
17          ticipating in the Program with services in a timely  
18          manner.

19          (d) REPORTS.—

20                  (1) INITIAL REPORT.—

21                          (A) IN GENERAL.—Not later than 90 days  
22                          after the date of the enactment of this Act, the  
23                          Secretary shall submit to the Committee on  
24                          Veterans' Affairs of the Senate, the Committee  
25                          on Veterans' Affairs of the House of Represent-

1           atives, and the Comptroller General of the  
2           United States a report that includes—

3                   (i) the status of the planning, develop-  
4                   ment, and deployment of the system re-  
5                   quired to be implemented under subsection  
6                   (a), including any changes in the timeline  
7                   for the implementation of the system; and

8                   (ii) an assessment of the needs of  
9                   family caregivers of veterans described in  
10                  subparagraph (B), the resources needed  
11                  for the inclusion of such family caregivers  
12                  in the Program, and such changes to the  
13                  Program as the Secretary considers nec-  
14                  essary to ensure the successful expansion  
15                  of the Program to include such family  
16                  caregivers.

17                  (B) VETERANS DESCRIBED.—Veterans de-  
18                  scribed in this subparagraph are veterans who  
19                  are eligible for the Program under clause (ii) or  
20                  (iii) of section 1720G(a)(2)(B) of title 38,  
21                  United States Code, as amended by section  
22                  401, solely due to a serious injury (including  
23                  traumatic brain injury, psychological trauma, or  
24                  other mental disorder) incurred or aggravated

1 in the line of duty in the active military, naval,  
2 or air service before September 11, 2001.

3 (2) NOTIFICATION BY COMPTROLLER GEN-  
4 ERAL.—The Comptroller General shall review the re-  
5 port submitted under paragraph (1) and notify the  
6 Committee on Veterans' Affairs of the Senate and  
7 the Committee on Veterans' Affairs of the House of  
8 Representatives with respect to the progress of the  
9 Secretary in—

10 (A) fully implementing the system required  
11 under subsection (a); and

12 (B) implementing a process for using such  
13 system to monitor and assess the Program  
14 under subsection (c)(1) and modify the Pro-  
15 gram as considered necessary under subsection  
16 (c)(2).

17 (3) FINAL REPORT.—

18 (A) IN GENERAL.—Not later than June 1,  
19 2019, the Secretary shall submit to the Com-  
20 mittee on Veterans' Affairs of the Senate, the  
21 Committee on Veterans' Affairs of the House of  
22 Representatives, and the Comptroller General a  
23 report on the implementation of subsections (a)  
24 through (c).

1 (B) ELEMENTS.—The report required by  
2 subparagraph (A) shall include the following:

3 (i) A certification by the Secretary  
4 with respect to whether the information  
5 technology system described in subsection  
6 (a) has been implemented.

7 (ii) A description of how the Secretary  
8 has implemented such system.

9 (iii) A description of the modifications  
10 to the Program, if any, that were identified  
11 and implemented under subsection (c)(2).

12 (iv) A description of how the Sec-  
13 retary is using such system to monitor the  
14 workload of the Program.

15 (e) DEFINITIONS.—In this section:

16 (1) ACTIVE MILITARY, NAVAL, OR AIR SERV-  
17 ICE.—The term “active military, naval, or air serv-  
18 ice” has the meaning given that term in section 101  
19 of title 38, United States Code.

20 (2) PROGRAM.—The term “Program” means  
21 the program of comprehensive assistance for family  
22 caregivers under section 1720G(a) of title 38,  
23 United States Code, as amended by section 401.

1 **SEC. 403. MODIFICATIONS TO ANNUAL EVALUATION RE-**  
2 **PORT ON CAREGIVER PROGRAM OF DEPART-**  
3 **MENT OF VETERANS AFFAIRS.**

4 (a) BARRIERS TO CARE AND SERVICES.—Subpara-  
5 graph (A)(iv) of section 101(c)(2) of the Caregivers and  
6 Veterans Omnibus Health Services Act of 2010 (Public  
7 Law 111–163; 38 U.S.C. 1720G note) is amended by in-  
8 serting “, including a description of any barriers to access-  
9 ing and receiving care and services under such programs”  
10 before the semicolon.

11 (b) SUFFICIENCY OF TRAINING FOR FAMILY CARE-  
12 GIVER PROGRAM.—Subparagraph (B) of such section is  
13 amended—

14 (1) in clause (i), by striking “; and” and insert-  
15 ing a semicolon;

16 (2) in clause (ii), by striking the period at the  
17 end and inserting “; and”; and

18 (3) by adding at the end the following new  
19 clause:

20 “(iii) an evaluation of the sufficiency  
21 and consistency of the training provided to  
22 family caregivers under such program in  
23 preparing family caregivers to provide care  
24 to veterans under such program.”.



1       **TITLE V—APPROPRIATION OF**  
2   **AMOUNTS**

3       **SEC. 501. APPROPRIATION OF AMOUNTS FOR HEALTH**  
4   **CARE FROM DEPARTMENT OF VETERANS AF-**  
5   **FAIRS.**

6           (a) **IN GENERAL.**—There is authorized to be appro-  
7       priated, and is appropriated, to the Secretary of Veterans  
8       Affairs, out of any funds in the Treasury not otherwise  
9       appropriated, \$1,000,000,000 to carry out subsection (c).

10          (b) **AVAILABILITY OF AMOUNTS.**—The amount ap-  
11       propriated under subsection (a) shall be available for obli-  
12       gation or expenditure without fiscal year limitation.

13          (c) **USE OF AMOUNTS.**—The amount appropriated  
14       under subsection (a) shall be used by the Secretary to  
15       carry out the following:

16           (1) Subchapters II and VII of chapter 76 of  
17       title 38, United States Code.

18           (2) The program to increase the number of  
19       graduate medical education residency positions of  
20       the Department under sections 311 and 312.

21           (3) Section 321.

22          (d) **FUNDING PLAN.**—Not later than 60 days after  
23       the date of the enactment of this Act, the Secretary shall  
24       submit to the appropriate committees of Congress a fund-

1 ing plan describing how the Secretary intends to use the  
2 amount appropriated under subsection (a).

3 (e) SUPPLEMENT NOT SUPPLANT.—Amounts appro-  
4 priated under subsection (a) for purposes of carrying out  
5 subchapters II and VII of chapter 76 of title 38, United  
6 States Code, shall supplement, not supplant, amounts oth-  
7 erwise made available to the Secretary to carry out such  
8 subchapters.

9 (f) REPORT.—Not later than one year after the date  
10 of the enactment of this Act, the Secretary shall submit  
11 to the appropriate committees of Congress a report on how  
12 the Secretary has obligated the amount appropriated  
13 under subsection (a) as of the date of the submittal of  
14 the report.

15 (g) APPROPRIATE COMMITTEES OF CONGRESS DE-  
16 FINED.—In this section, the term “appropriate commit-  
17 tees of Congress” means—

18 (1) the Committee on Veterans’ Affairs and the  
19 Committee on Appropriations of the Senate; and

20 (2) the Committee on Veterans’ Affairs and the  
21 Committee on Appropriations of the House of Rep-  
22 resentatives.

1 **SEC. 502. APPROPRIATION OF AMOUNTS FOR VETERANS**  
2 **CHOICE PROGRAM.**

3 (a) **IN GENERAL.**—There is authorized to be appro-  
4 priated, and is appropriated, to the Secretary of Veterans  
5 Affairs, out of any funds in the Treasury not otherwise  
6 appropriated, \$4,000,000,000 to be deposited in the Vet-  
7 erans Choice Fund under section 802 of the Veterans Ac-  
8 cess, Choice, and Accountability Act of 2014 (Public Law  
9 113–146; 38 U.S.C. 1701 note).

10 (b) **AVAILABILITY.**—The amount appropriated under  
11 subsection (a) shall remain available until expended pursu-  
12 ant to section 802(c)(4) of the Veterans Access, Choice,  
13 and Accountability Act of 2014 (Public Law 113–146; 38  
14 U.S.C. 1701 note) as added by section 252.

