

AMENDMENT IN THE NATURE OF A SUBSTITUTE
TO H.R. 740
OFFERED BY MR. BOST OF ILLINOIS

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 “Veterans’ Assuring Critical Care Expansions to Support
4 Servicemembers Act of 2025” or the “Veterans’ ACCESS
5 Act of 2025”.

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

Sec. 1. Short title; table of contents.

TITLE I—IMPROVEMENT OF VETERANS COMMUNITY CARE
PROGRAM

Sec. 101. Codification of requirements for eligibility standards for access to
community care from Department of Veterans Affairs.

Sec. 102. Requirement that Secretary notify veterans of eligibility for care
under Veterans Community Care Program.

Sec. 103. Notification of denial of request for care under Veterans Community
Care Program.

Sec. 104. Discussion of telehealth options under Veterans Community Care
Program.

Sec. 105. Extension of deadline for submittal of claims by health care entities
and providers under prompt payment standard.

TITLE II—OTHER MATTERS

Sec. 201. Plan on establishment of interactive, online self-service module for
care.

Sec. 202. Modification of requirements for Center for Innovation for Care and
Payment of the Department of Veterans Affairs and require-
ment for pilot program.

Sec. 203. Reports on clinical appeals process and care and services under Community Care Program.

Sec. 204. Government Accountability Office study on furnishing of non-opioid alternative therapies by Department of Veterans Affairs.

Sec. 205. Modification of certain housing loan fees.

1 **TITLE I—IMPROVEMENT OF VET-**
2 **ERANS COMMUNITY CARE**
3 **PROGRAM**

4 **SEC. 101. CODIFICATION OF REQUIREMENTS FOR ELIGI-**
5 **BILITY STANDARDS FOR ACCESS TO COMMU-**
6 **NITY CARE FROM DEPARTMENT OF VET-**
7 **ERANS AFFAIRS.**

8 (a) ELIGIBILITY ACCESS STANDARDS.—Section
9 1703B of title 38, United States Code, is amended—

10 (1) by striking subsections (a) through (e) and
11 inserting the following:

12 “(a) ACCESS STANDARDS FOR COMMUNITY CARE.—

13 (1) For purposes of section 1703(d)(1)(D) of this title,
14 the eligibility access standards for hospital care, medical
15 services, or non-institutional extended care services are as
16 follows:

17 “(A) With respect to primary care, mental
18 health care, or non-institutional extended care serv-
19 ices, the Secretary shall schedule an appointment for
20 a covered veteran with a health care provider of the
21 Department who can provide the needed care or
22 services—

1 “(i) within 30 minutes average driving
2 time (or such shorter average driving time as
3 the Secretary may prescribe) from the residence
4 of the veteran unless a longer average driving
5 time has been agreed to by the veteran in con-
6 sultation with a health care provider of the vet-
7 eran; and

8 “(ii) within 20 days (or such shorter pe-
9 riod as the Secretary may prescribe) of the date
10 of request for such an appointment unless a
11 later date has been agreed to by the veteran in
12 consultation with a health care provider of the
13 veteran.

14 “(B) With respect to specialty care, the Sec-
15 retary shall schedule an appointment for a covered
16 veteran with a health care provider of the Depart-
17 ment who can provide the needed service—

18 “(i) within 60 minutes average driving
19 time (or such shorter average driving time as
20 the Secretary may prescribe) from the residence
21 of the veteran unless a longer average driving
22 time has been agreed to by the veteran in con-
23 sultation with a health care provider of the vet-
24 eran; and

1 “(ii) within 28 days (or such shorter pe-
2 riod as the Secretary may prescribe) of the date
3 of request for such an appointment unless a
4 later date has been agreed to by the veteran in
5 consultation with a health care provider of the
6 veteran.

7 “(2) For the purposes of determining whether the
8 Secretary is able to meet the eligibility access standards
9 under paragraph (1), the Secretary may not take into con-
10 sideration the availability of telehealth appointments from
11 the Department.

12 “(3)(A) In the case of a covered veteran who has a
13 covered canceled appointment, in calculating a wait time
14 for a subsequent appointment for purposes of the eligi-
15 bility access standards under paragraph (1), the Secretary
16 shall calculate such wait time from the date of the request
17 for the original, covered canceled appointment.

18 “(B) In this paragraph, a covered canceled appoint-
19 ment—

20 “(i) means a scheduled appointment with a
21 health care provider of the Department that is can-
22 celed by the Department for a reason other than the
23 request of the veteran; and

24 “(ii) includes a scheduled appointment for
25 which the veteran fails to appear.

1 “(4) If a veteran agrees to a longer average drive
2 time or a later date under subparagraph (A) or (B) of
3 paragraph (1), the Secretary shall document the agree-
4 ment to such longer average drive time or later date in
5 the electronic health record of the veteran and provide the
6 veteran a copy of such documentation. Such copy may be
7 provided electronically.

8 “(b) APPLICATION.—The Secretary shall ensure that
9 the eligibility access standards established under sub-
10 section (a) apply—

11 “(1) to all hospital care, medical services, and
12 non-institutional extended care services furnished by
13 the Department to which a covered veteran is eligi-
14 ble under section 1703 of this title; and

15 “(2) to all covered veterans, regardless of
16 whether a veteran is a new or established patient.

17 “(c) PERIODIC REVIEW OF ACCESS STANDARDS.—

18 (1) Not later than three years after the date of the enact-
19 ment of the Veterans’ Assuring Critical Care Expansions
20 to Support Servicemembers Act of 2025, and not less fre-
21 quently than once every three years thereafter, the Sec-
22 retary shall—

23 “(A) conduct a review of the eligibility access
24 standards under subsection (a) in consultation
25 with—

1 “(i) such Federal entities as the Secretary
2 considers appropriate, including the Depart-
3 ment of Defense, the Department of Health and
4 Human Services, and the Centers for Medicare
5 & Medicaid Services;

6 “(ii) entities and individuals in the private
7 sector, including—

8 “(I) veteran patients;

9 “(II) veterans service organizations;
10 and

11 “(III) health care providers partici-
12 pating in the Veterans Community Care
13 Program under section 1703 of this title;
14 and

15 “(iii) other entities that are not part of the
16 Federal Government; and

17 “(B) submit to the appropriate committees of
18 Congress a report on—

19 “(i) the findings of the Secretary with re-
20 spect to the review conducted under paragraph
21 (1); and

22 “(ii) such recommendations as the Sec-
23 retary may have with respect to the eligibility
24 access standards under subsection (a).

1 “(2) Chapter 10 of title 5 (commonly referred to as
2 the ‘Federal Advisory Committee Act’ shall not apply to
3 the consultation requirement under paragraph (1)(A).”;

4 (2) by striking subsection (g);

5 (3) by redesignating subsections (f), (h), and (i)
6 as subsections (d), (e), and (f), respectively;

7 (4) in subsection (d), as redesignated by para-
8 graph (3)—

9 (A) by striking “established” each place it
10 appears; and

11 (B) in paragraph (1), by striking “(1)
12 Subject to” and inserting “COMPLIANCE BY
13 COMMUNITY CARE PROVIDERS WITH ACCESS
14 STANDARDS.—(1) Subject to”;

15 (5) in subsection (e), as redesignated by para-
16 graph (3)—

17 (A) in paragraph (1)—

18 (i) by striking “(1) Consistent with”
19 and inserting “DETERMINATION REGARD-
20 ING ELIGIBILITY.—(1) Consistent with”;
21 and

22 (ii) by striking “designated access
23 standards established under this section”
24 and inserting “eligibility access standards
25 under subsection (a)”; and

1 (B) in paragraph (2)(B), by striking “des-
2 ignated access standards established under this
3 section” and inserting “eligibility access stand-
4 ards under subsection (a)”; and
5 (6) in subsection (f), as redesignated by para-
6 graph (3)—

7 (A) in the matter preceding paragraph (1),
8 by striking “In this section” and inserting
9 “DEFINITIONS.—In this section”; and

10 (B) in paragraph (2)—

11 (i) by striking “covered veterans” and
12 inserting “covered veteran”; and

13 (ii) by striking “veterans described”
14 and inserting “a veteran described”.

15 (b) CONFORMING AMENDMENTS.—Section 1703(d)
16 of such title is amended—

17 (1) in paragraph (1)(D), by striking “des-
18 ignated access standards developed by the Secretary
19 under section 1703B of this title” and inserting “eli-
20 gibility access standards under section 1703B(a) of
21 this title”; and

22 (2) in paragraph (3), by striking “designated
23 access standards developed by the Secretary under
24 section 1703B of this title” and inserting “eligibility

1 access standards under section 1703B(a) of this
2 title”.

3 **SEC. 102. REQUIREMENT THAT SECRETARY NOTIFY VET-**
4 **ERANS OF ELIGIBILITY FOR CARE UNDER**
5 **VETERANS COMMUNITY CARE PROGRAM.**

6 Section 1703(a) of title 38, United States Code, is
7 amended by adding at the end the following new para-
8 graph:

9 “(5)(A) With respect to each covered veteran eligible
10 for care or services under subsection (d), the Secretary
11 shall provide such veteran periodic reminders, as applica-
12 ble and the Secretary determines appropriate, of their on-
13 going eligibility under such subsection.

14 “(B) Once for each episode of care and in addition
15 to a periodic reminder under subparagraph (A), the Sec-
16 retary shall provide to each covered veteran notice in writ-
17 ing of the eligibility of such veteran for care or services
18 under this section as soon as possible after the date on
19 which the Secretary is aware that the veteran is seeking
20 such care or services and is eligible for such care or serv-
21 ices.

22 “(C) The Secretary shall allow a covered veteran to
23 opt out of receiving periodic reminders and notices under
24 this paragraph.

1 “(D) Any notice or reminder under this paragraph
2 may be provided electronically.”.

3 **SEC. 103. NOTIFICATION OF DENIAL OF REQUEST FOR**
4 **CARE UNDER VETERANS COMMUNITY CARE**
5 **PROGRAM.**

6 Section 1703 of title 38, United States Code, is
7 amended—

8 (1) by redesignating subsections (o) through (q)
9 as subsections (p) through (r), respectively; and

10 (2) by inserting after subsection (n) the fol-
11 lowing new subsection (o):

12 “(o) NOTIFICATION OF DENIAL OF REQUEST FOR
13 CARE AND HOW TO APPEAL.—(1) If the Secretary denies
14 a request by a veteran for the authorization of care or
15 services under this section, except as provided in para-
16 graph (4), the Secretary shall notify the veteran in writing
17 as soon as possible, but not later than two business days,
18 after the denial is made—

19 “(A) of the reason for the denial; and

20 “(B) with instructions on how to appeal such
21 denial using the clinical appeals process of the Vet-
22 erans Health Administration.

23 “(2) If a denial under paragraph (1) is due to not
24 meeting the eligibility access standards under section
25 1703B(a) of this title, notice under such paragraph shall

1 include an explanation for why the Secretary does not con-
2 sider the veteran to have met such standards.

3 “(3) Any notification under this subsection may be
4 provided electronically.

5 “(4) The Secretary shall allow a veteran to opt out
6 of receiving notification under paragraph (1).”.

7 **SEC. 104. DISCUSSION OF TELEHEALTH OPTIONS UNDER**
8 **VETERANS COMMUNITY CARE PROGRAM.**

9 Section 1703 of title 38, United States Code, as
10 amended by section 104, is further amended—

11 (1) by redesignating subsections (p) through
12 (r), as redesigned by section 103(1), as subsections
13 (q) through (s), respectively; and

14 (2) by inserting after subsection (o) the fol-
15 lowing new subsection (p):

16 “(p) DISCUSSION OF OPTIONS FOR TELEHEALTH.—

17 (1) When discussing options for care or services for a cov-
18 ered veteran under this section, the Secretary shall ensure
19 that the veteran is informed of the ability of the veteran
20 to seek care or services via telehealth, either through a
21 medical facility of the Department or under this section,
22 if telehealth—

23 “(A) is available to the veteran;

1 “(B) is appropriate for the type of care or serv-
2 ices the veteran is seeking, as determined by the
3 Secretary; and

4 “(C) is acceptable to the veteran.

5 “(2) Nothing in paragraph (1) shall be construed to
6 prohibit the Secretary from furnishing hospital care, med-
7 ical services, or extended care services through a health
8 care provider specified in subsection (c) to a covered vet-
9 eran via telehealth.”.

10 **SEC. 105. EXTENSION OF DEADLINE FOR SUBMITTAL OF**
11 **CLAIMS BY HEALTH CARE ENTITIES AND**
12 **PROVIDERS UNDER PROMPT PAYMENT**
13 **STANDARD.**

14 Section 1703D(b) of title 38, United States Code, is
15 amended by striking “180 days” and inserting “one year”.

16 **TITLE II—OTHER MATTERS**

17 **SEC. 201. PLAN ON ESTABLISHMENT OF INTERACTIVE, ON-**
18 **LINE SELF-SERVICE MODULE FOR CARE.**

19 (a) IN GENERAL.—The Secretary of Veterans Af-
20 fairs, working with Third Party Administrators and acting
21 through the Center for Innovation for Care and Payment
22 of the Department of Veterans Affairs under section
23 1703E of title 38, United States Code, shall develop and
24 implement a plan to establish or acquire an interactive,
25 online self-service module—

1 (1) to allow veterans to schedule appointments,
2 track referrals for health care under the laws admin-
3 istered by the Secretary, whether at a facility of the
4 Department or through a non-Department provider,
5 and receive appointment reminders;

6 (2) to allow veterans to appeal and track deci-
7 sions relating to—

8 (A) denials of requests for authorization
9 for care or services under section 1703 of title
10 38, United States Code; or

11 (B) denials of requests for care or services
12 at facilities of the Department, including under
13 section 1710 of such title; and

14 (3) to implement such other matters as deter-
15 mined appropriate by the Secretary in consultation
16 with third party administrators.

17 (b) SUBMITTAL OF PLAN.—

18 (1) INITIAL PLAN.—Not later than 180 days
19 after the date of the enactment of this Act, the Sec-
20 retary shall submit to the Committee on Veterans'
21 Affairs of the Senate and the Committee on Vet-
22 erans' Affairs of the House of Representatives the
23 plan developed under subsection (a).

24 (2) BIENNIAL BRIEFINGS.—Not less frequently
25 than once every six months following the submittal

1 of the plan under paragraph (1) and for two years
2 thereafter, the Secretary shall provide to the Com-
3 mittee on Veterans' Affairs of the Senate and the
4 Committee on Veterans' Affairs of the House of
5 Representatives a briefing on any updates on the im-
6 plementation of such plan.

7 **SEC. 202. MODIFICATION OF REQUIREMENTS FOR CENTER**
8 **FOR INNOVATION FOR CARE AND PAYMENT**
9 **OF THE DEPARTMENT OF VETERANS AF-**
10 **FAIRS AND REQUIREMENT FOR PILOT PRO-**
11 **GRAM.**

12 (a) IN GENERAL.—Section 1703E of title 38, United
13 States Code, is amended—

14 (1) in subsection (a)—

15 (A) in paragraph (1), by striking “within
16 the Department” and inserting “within the Of-
17 fice of the Secretary”;

18 (B) in paragraph (2), by striking “may”
19 and inserting “shall”; and

20 (C) in paragraph (3)—

21 (i) in subparagraph (A), by striking “;
22 and” and inserting a semicolon;

23 (ii) in subparagraph (B), by striking
24 the period at the end and inserting “; or”;
25 and

1 (iii) by adding at the end the fol-
2 lowing new subparagraph:

3 “(C) increase productivity, efficiency, and mod-
4 ernization throughout the Department.”;

5 (2) by striking subsection (d) and inserting the
6 following new subsection (d):

7 “(d) BUDGETARY LINE ITEM.—The Secretary shall
8 include in the budget justification materials submitted to
9 Congress in support of the budget of the Department of
10 Veterans Affairs for a fiscal year (as submitted with the
11 budget of the President under section 1105(a) of title 31)
12 specific identification, as a budgetary line item, of the
13 amounts required to carry out this section.”;

14 (3) in subsection (f)—

15 (A) in paragraph (1), by striking “in sub-
16 chapters I, II, and III of this chapter” and in-
17 serting “of this title, of title 38, Code of Fed-
18 eral Regulations, and of any handbooks, direc-
19 tives, or policy documents of the Department”;
20 and

21 (B) in paragraph (2), in the matter pre-
22 ceding subparagraph (A), by striking “waiving
23 any authority” and inserting “waiving any pro-
24 vision of this title, of title 38, Code of Federal

1 Regulations, and of any handbooks, directives,
2 or policy documents of the Department”;

3 (4) in subsection (i)—

4 (A) in paragraph (1), by striking “the
5 Under Secretary for Health and the Special
6 Medical Advisory Group established pursuant to
7 section 7312 of this title” and inserting “the
8 Under Secretary for Health, the Special Med-
9 ical Advisory Group established pursuant to
10 section 7312 of this title, the Office of Inte-
11 grated Veteran Care (or successor office), the
12 Office of Finance (or successor office), the Vet-
13 eran Experience Office (or successor office), the
14 Office of Enterprise Integration (or successor
15 office), and the Office of Information and Tech-
16 nology (or successor office)”;

17 (B) in paragraph (2), by striking “rep-
18 resentatives of relevant Federal agencies, and
19 clinical and analytical experts with expertise in
20 medicine and health care management” and in-
21 serting “representatives of relevant Federal
22 agencies, nonprofit organizations, and other
23 public and private sector entities, including
24 those with clinical and analytical experts with

1 expertise in medicine and health care manage-
2 ment”; and

3 (C) by adding at the end the following new
4 paragraph:

5 “(3) Section 1001 et seq. of title 5 (commonly re-
6 ferred to as the ‘Federal Advisory Committee Act’) shall
7 not apply with respect to a consultation under paragraph
8 (2).”; and

9 (5) by adding at the end the following new sub-
10 section:

11 “(k) REPORT ON ACTIVITIES OF CENTER FOR INNO-
12 VATION FOR CARE AND PAYMENT.—Not less frequently
13 than annually, the Secretary shall submit to Congress a
14 report that contains, for the one-year period preceding the
15 date of the report—

16 “(1) a full accounting of the activities, staff,
17 budget, and other resources and efforts of the Cen-
18 ter; and

19 “(2) an assessment of the outcomes of the ef-
20 forts of the Center.”.

21 (b) COMPTROLLER GENERAL REPORT.—Not later
22 than 18 months after the date of the enactment of this
23 Act, the Comptroller General of the United States shall
24 submit to Congress a report—

1 (1) on the efforts of the Center for Innovation
2 for Care and Payment of the Department of Vet-
3 erans Affairs in fulfilling the objectives and require-
4 ments under section 1703E of title 38, United
5 States Code, as amended by subsection (a); and

6 (2) containing such recommendations as the
7 Comptroller General considers appropriate.

8 (c) PILOT PROGRAM.—

9 (1) IN GENERAL.—Not later than one year
10 after the date of the enactment of this Act, the Cen-
11 ter for Innovation for Care and Payment of the De-
12 partment of Veterans Affairs under section 1703E
13 of title 38, United States Code, shall establish a
14 three-year pilot program in not fewer than five loca-
15 tions to allow veterans enrolled in the system of an-
16 nual patient enrollment of the Department estab-
17 lished and operated under section 1705(a) of such
18 title to access outpatient mental health and sub-
19 stance use services for which the veteran is eligible
20 under section 1710 of such title through health care
21 providers specified under section 1703(c) of such
22 title without referral or pre-authorization, notwith-
23 standing the requirements of section 1703(a)(3) of
24 such title.

1 (2) SERVICES; LIMITATIONS; CONDITIONS.—The
2 Secretary shall prescribe regulations that include
3 definitions of the types of services veterans may re-
4 ceive under the pilot program under paragraph (1)
5 and any limitations or conditions related to the re-
6 ceipt of such services.

7 (3) PRIORITY.—In selecting sites for the pilot
8 program under paragraph (1), the Secretary shall
9 prioritize sites in the following areas:

10 (A) Areas with high rates of suicide among
11 veterans.

12 (B) Areas with high rates of overdose
13 deaths among veterans.

14 (C) Areas with high rates of calls to the
15 Veterans Crisis Line.

16 (D) Areas with long wait times for mental
17 health and substance use services at facilities of
18 the Department.

19 (E) Areas with outpatient mental health
20 and substance use programs that utilize a
21 value-based care model, to the extent prac-
22 ticable.

23 (4) ELEMENTS.—The Secretary, in imple-
24 menting the pilot program under paragraph (1),

1 shall ensure the Department has a care coordination
2 system in place that includes—

3 (A) knowledge sharing, including the time-
4 ly exchange of medical documentation;

5 (B) assistance with transitions of care, in-
6 cluding the potential need for inpatient or resi-
7 dential psychiatric services, substance use de-
8 toxification services, post-detoxification step-
9 down services, and residential rehabilitation
10 programs;

11 (C) continuous assessment of patient needs
12 and goals; and

13 (D) creating personalized, proactive care
14 plans.

15 (5) OVERSIGHT AND OUTCOMES.—The Sec-
16 retary shall develop appropriate metrics and meas-
17 ures—

18 (A) to track and oversee sites at which the
19 pilot program under paragraph (1) is carried
20 out;

21 (B) to monitor, to the extent practicable,
22 patient safety and outcomes under the pilot
23 program; and

1 (C) to assess and mitigate any barriers to
2 extending the pilot program across the entire
3 Veterans Health Administration.

4 (6) ANNUAL REPORT.—

5 (A) IN GENERAL.—Not later than one year
6 after the commencement of the pilot program
7 under paragraph (1), and not less frequently
8 than annually thereafter during the duration of
9 the pilot program, the Secretary shall submit to
10 the Committee on Veterans' Affairs of the Sen-
11 ate and Committee on Veterans' Affairs of the
12 House of Representatives a report on the pilot
13 program, which shall include the following:

14 (i) The number of unique veterans
15 who participated in the pilot program.

16 (ii) The number of health care pro-
17 viders who participated in the pilot pro-
18 gram.

19 (iii) An assessment of the effective-
20 ness of the pilot program in increasing ac-
21 cess to, and improving outcomes for, men-
22 tal health and substance use treatment
23 services.

24 (iv) The cost of the pilot program.

1 (v) Such other matters as the Sec-
2 retary considers appropriate.

3 (B) FINAL REPORT.—The Secretary shall
4 include in the final report submitted under sub-
5 paragraph (A), in addition to the requirements
6 under such subparagraph, the assessment by
7 the Secretary of the feasibility and advisability
8 of extending the pilot program across the entire
9 Veterans Health Administration, including a
10 plan, timeline, and required resources for such
11 an extension.

12 (7) VETERANS CRISIS LINE DEFINED.—In this
13 subsection, the term “Veterans Crisis Line” means
14 the toll-free hotline for veterans established under
15 section 1720F(h) of title 38, United States Code.

16 **SEC. 203. REPORTS ON CLINICAL APPEALS PROCESS AND**
17 **CARE AND SERVICES UNDER COMMUNITY**
18 **CARE PROGRAM.**

19 (a) REPORT ON IMPROVEMENTS TO CLINICAL AP-
20 PEALS PROCESS.—

21 (1) IN GENERAL.—Not later than one year
22 after the date of the enactment of this Act, and not
23 less frequently than once every three years there-
24 after, the Secretary of Veterans Affairs, in consulta-
25 tion with veterans service organizations, veterans,

1 caregivers of veterans, employees of the Department
2 of Veterans Affairs, and other stakeholders as deter-
3 mined by the Secretary, shall submit to the Commit-
4 tees on Veterans' Affairs of the Senate and House
5 of Representatives a report containing recommenda-
6 tions for legislative or administrative action to im-
7 prove the clinical appeals process of the Department
8 with respect to timeliness, transparency, objectivity,
9 consistency, and fairness.

10 (2) INAPPLICABILITY OF FACA.—Section 1001
11 et seq. of title 5, United States Code, (commonly re-
12 ferred to as the “Federal Advisory Committee Act”)
13 shall not apply with respect to a consultation under
14 paragraph (1).

15 (b) REPORT ON REQUIRED CARE AND SERVICES
16 UNDER COMMUNITY CARE PROGRAM.—Not later than
17 one year after the date of the enactment of this Act, and
18 not less frequently than annually thereafter, the Secretary
19 shall submit to the Committees on Veterans' Affairs of
20 the Senate and House of Representatives a report that
21 contains, for the one-year period preceding the date of the
22 report, the following:

23 (1) The number of veterans eligible for care or
24 services under section 1703 of title 38, United
25 States Code, and the reasons for such eligibility, in-

1 including multiple such reasons for veterans eligible
2 under more than one eligibility criteria.

3 (2) The number of veterans who opt to seek
4 care or services under such section.

5 (3) The number of veterans who do not opt to
6 seek care or services under such section.

7 (4) An assessment of the timeliness of referrals
8 for care or services under such section.

9 (5) The number of times a veteran did not
10 show for an appointment for care or services under
11 such section.

12 (6) The number of requests for an appeal of a
13 denial of authorization of care or services under such
14 section using the clinical appeals process of the Vet-
15 erans Health Administration.

16 (7) The timeliness of each such appeal.

17 (8) The outcome of each such appeal.

18 (c) VETERANS SERVICE ORGANIZATION DEFINED.—
19 In this section, the term “veterans service organization”
20 means any organization recognized by the Secretary under
21 section 5902 of title 38, United States Code.

1 **SEC. 204. GOVERNMENT ACCOUNTABILITY OFFICE STUDY**
2 **ON FURNISHING OF NON-OPIOID ALTER-**
3 **NATIVE THERAPIES BY DEPARTMENT OF**
4 **VETERANS AFFAIRS.**

5 (a) IN GENERAL.—Beginning not later than 180
6 days after the date of the enactment of this Act, the
7 Comptroller General of the United States shall conduct
8 a study of—

9 (1) the ability of the Department of Veterans
10 Affairs to furnish non-opioid alternative therapies to
11 veterans for pain management and rehabilitation;
12 and

13 (2) the extent to which veterans are not receiv-
14 ing such therapies due to the Department not fur-
15 nishing such therapies.

16 (b) SCOPE OF STUDY.—The study required under
17 subsection (a) shall include an assessment of each of the
18 following:

19 (1) The availability and accessibility of non-
20 opioid alternative therapies at Department of Vet-
21 erans Affairs medical facilities and furnished by the
22 Department through non-Department providers
23 under section 1703 of title 38, United States Code.

24 (2) The capacity of each medical center of the
25 Department and of such non-Department providers
26 to furnish such therapies, including—

1 (A) the number of medical providers offer-
2 ing each type of such therapy, including pro-
3 viders at Department facilities and non-Depart-
4 ment providers furnishing care and services
5 under section 1703 of title 38, United States
6 Code; and

7 (B) the availability of qualified practi-
8 tioners for each such therapy at Department
9 medical centers and among such non-Depart-
10 ment providers.

11 (3) The process by which the Department au-
12 thorizes referrals for non-opioid alternative thera-
13 pies, including—

14 (A) the criteria used to approve or deny re-
15 ferrals for such therapies;

16 (B) the frequency and reasons the Depart-
17 ment denies non-opioid alternative therapies, in-
18 cluding any patterns or trends in such denials;
19 and

20 (C) specific challenges in referral coding
21 and authorization for therapeutic massage.

22 (4) Barriers to veterans receiving non-opioid al-
23 ternative therapies, including—

24 (A) administrative obstacles in the referral
25 and authorization process;

1 (B) limitations in provider networks or
2 funding for care and services furnished under
3 section 1703 of title 38, United States Code;
4 and

5 (C) veteran awareness of available thera-
6 pies and how to access them.

7 (5) The effectiveness of non-opioid alternative
8 therapies in managing chronic pain and other health
9 conditions among on available clinical data and vet-
10 eran feedback.

11 (6) Recommendations for improving the access
12 of veterans to non-opioid alternative therapies, in-
13 cluding legislative or administrative actions to ad-
14 dress identified barriers and ensure consistent ap-
15 proval of referrals.

16 (c) CONSULTATION.—In conducting the study re-
17 quired under subsection (a), the Comptroller General shall
18 consult with relevant stakeholders, including—

19 (1) medical providers employed by the Depart-
20 ment and non-Department medical providers who
21 provide care and services under section 1703 of title
22 38, United States Code, who furnish non-opioid al-
23 ternative therapies;

1 (2) veterans who have sought or received non-
2 opioid alternative therapies furnished by the Depart-
3 ment, including under such section 1703; and

4 (3) officials of the Department of Veterans Af-
5 fairs, including officials responsible for pain manage-
6 ment programs and the Veterans Community Care
7 Program under such section 1703.

8 (d) REPORT.—Not later than 12 months after the
9 date of the enactment of this Act, the Comptroller General
10 shall submit to the Committees on Veterans' Affairs of
11 the Senate and House of Representatives, and make pub-
12 licly available on an appropriate website of the Govern-
13 ment Accountability Office, a report on the findings of the
14 study required under subsection (a) . Such report shall
15 include—

16 (1) a detailed analysis of the findings of the
17 Comptroller General with respect to the matters
18 under subsection (b);

19 (2) recommendations for legislative or adminis-
20 trative actions to improve the ability of the Depart-
21 ment of Veterans Affairs to furnish non-opioid alter-
22 native therapies and reduce refusals of referrals for
23 such therapies;

1 (3) recommendations for standardizing referral
2 coding protocols for therapeutic massage to ensure
3 consistent access across Department facilities;

4 (4) any additional findings or recommendations
5 the Comptroller General determines are relevant to
6 ensuring veterans are able to access non-opioid alter-
7 native therapies.

8 (e) NON-OPIOID ALTERNATIVE THERAPY DE-
9 FINED.—In this section, the term “non-opioid alternative
10 therapy” includes acupuncture, acupressure, chiropractic
11 care, therapeutic exercise, therapeutic massage, thera-
12 peutic ultrasound, and other non-pharmacological treat-
13 ments provided for pain management or other health con-
14 ditions.

15 **SEC. 205. MODIFICATION OF CERTAIN HOUSING LOAN**
16 **FEES.**

17 The loan fee table in section 3729(b)(2) of title 38,
18 United States Code, is amended by striking “June 9,
19 2034” each place it appears and inserting “November 29,
20 2034”.

