

## [DISCUSSION DRAFT]

### AMENDMENT IN THE NATURE OF A SUBSTITUTE

TO H.R. 5674

OFFERED BY MR. WALZ

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’ Community Care and Infrastructure Invest-  
4 ment Act of 2018”.

5 (b) **TABLE OF CONTENTS.**—The table of contents for  
6 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. 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. Funding for VA Care in the Community Program.
- Sec. 253. Termination of certain provisions authorizing medical care to veterans through non-Department of Veterans Affairs providers.
- Sec. 254. Implementation and transition.
- Sec. 255. 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.
- Sec. 316. Designated scholarships for physicians and dentists under Department of Veterans Affairs Health Professional Scholarship Program.
- Sec. 317. Establishment of Department of Veterans Affairs Specialty Education Loan Repayment Program.
- Sec. 318. Veterans healing veterans medical access and scholarship program.

### 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—CAPITAL INFRASTRUCTURE IMPROVEMENT AND SUSTAINMENT

Sec. 501. Short title.

Sec. 502. Disposal of certain Department of Veterans Affairs property.

Sec. 503. Land conveyance, Department of Veterans Affairs property, Tuskegee, Alabama.

Sec. 504. Authorization of sale of Pershing Hall.

Sec. 505. Expanded enhanced use lease authority.

Sec. 506. Acceptance of property.

Sec. 507. Sharing of Department of Veterans Affairs and Public Health Service health care resources.

Sec. 508. Public-private partnerships; exchange of property for constructed assets or construction services.

Sec. 509. Assessment of Department of Veterans Affairs health care needs and capacity.

Sec. 510. Make-buy model.

Sec. 511. National Academy of Science review.

Sec. 512. Report on Department of Veterans Affairs asset alignment.

Sec. 513. Moratorium on major medical facility construction.

Sec. 514. Establishment of strategic plans to improve programs and benefits for veterans.

Sec. 515. Chief Strategy Officer of the Department of Veterans Affairs.

Sec. 516. Prohibition on new appropriations.

Sec. 517. Department of Veterans Affairs retention of proceeds from sale of excess Department property.

Sec. 518. Increase in threshold amount for congressional approval requirement for major construction projects and major medical facility leases.

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.

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

22 “(A) provide to each eligible veteran com-  
23 prehensive primary care in partnership with the vet-  
24 eran; and

1           “(B) manage and coordinate comprehensive  
2       hospital care and medical services consistent with  
3       the goals of care agreed upon by the veteran and  
4       team.

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

15          “(4) The term ‘eligible veteran’ means a veteran  
16      who—

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

20           “(B) has—

21           “(i) been furnished hospital care or med-  
22      ical services at or through a Department facility  
23      on at least one occasion during the two-year pe-  
24      riod preceding the date of the determination of  
25      eligibility; or

1 “(ii) requested a first-time appointment for  
2 hospital care or medical services at a Depart-  
3 ment facility.”.

4 **SEC. 102. ESTABLISHMENT OF VA CARE IN THE COMMU-**  
5 **NITY PROGRAM.**

6 (a) ESTABLISHMENT OF PROGRAM.—

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

10 **“§ 1703A. VA Care in the Community Program**

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

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

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

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

7       “(B) The Secretary may enter into one or more con-  
8 tracts for the purposes of managing the operations of the  
9 regional networks and for the delivery of care pursuant  
10 to this section.

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

17               “(i) the Secretary shall consult with the veteran  
18 regarding available primary care providers from  
19 among network providers that are located in the re-  
20 gional network in which the veteran resides or a re-  
21 gional network that is adjacent to the regional net-  
22 work in which the veteran resides; and

23               “(ii) the veteran may select one of the available  
24 primary care providers to serve as the dedicated pri-  
25 mary care provider of the veteran.



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

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

9 “(I) geographical challenges;

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

13 “(III) a medical condition of the veteran;  
14 or

15 “(IV) such other factors as determined by  
16 the Secretary.

17 “(ii) Whether the assignment of a particular  
18 care team or provider to the veteran would detrimen-  
19 tally affect the patient-provider relationship and re-  
20 sult in suboptimal care to the veteran.

21 “(iii) Whether the panel size of the care team  
22 or provider is at such a number that it would result  
23 in difficulty for the veteran in accessing timely care  
24 or in suboptimal care to the veteran.

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

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

15               “(i) determine whether the Secretary is able to  
16 assign to the veteran a patient-aligned care team or  
17 dedicated primary care provider under section  
18 1706(d) of this title; and

19               “(ii) in consultation with the veteran, make  
20 such assignment unless the Secretary determines  
21 that such assignment would result in suboptimal  
22 care for the veteran.

23       “(2)(A)(i) Except as provided in clause (ii), the Sec-  
24 retary may only furnish specialty hospital care, medical  
25 services, or extended care services to an eligible veteran

1 under this section pursuant to a referral for such specialty  
2 care or services made by the primary care provider of the  
3 veteran.

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

6 “(B) The Secretary shall determine whether to fur-  
7 nish specialty hospital care, medical services, or extended  
8 care services to an eligible veteran pursuant to subpara-  
9 graph (A)—

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

13 “(ii) by a network provider that, to the greatest  
14 extent practicable, is located in the regional network  
15 in which the veteran resides or a regional network  
16 that is adjacent to the regional network in which the  
17 veteran resides; or

18 “(iii) pursuant to an agreement described in  
19 subparagraph (C).

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

23 “(i) specialty hospital care, medical services, or  
24 extended care services are furnished to an eligible  
25 veteran pursuant to subparagraph (A)—

1           “(I) at a medical facility of the Depart-  
2           ment by a network provider possessing the ap-  
3           propriate credentials, as determined by the Sec-  
4           retary; or

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

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

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

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

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

17          “(i) whether the veteran faces an unusual or ex-  
18          cessive burden in accessing such specialty hospital  
19          care, medical services, or extended care services at  
20          a medical facility of the Department, including with  
21          respect to—

22                  “(I) geographical challenges;

23                  “(II) environmental factors, such as roads  
24                  that are not accessible to the general public,  
25                  traffic, or hazardous weather;

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

2                   or

3                   “(IV) such other factors as determined by  
4                   the Secretary; and

5                   “(ii) whether the primary care provider of the  
6                   veteran recommends that such specialty hospital  
7                   care, medical services, or extended care services  
8                   should be furnished by a network provider.

9                   “(E) The Secretary shall ensure that each medical  
10                  facility of the Department processes referrals for specialty  
11                  hospital care, medical services, or extended care services  
12                  in a standardized manner, including with respect to the  
13                  organization of the program office responsible for such re-  
14                  ferrals.

15                  “(F) In carrying out this section, the Secretary shall  
16                  establish a process to review any disagreement between an  
17                  eligible veteran and the Department, or between an eligi-  
18                  ble veteran and a health care provider of the Department,  
19                  regarding the eligibility of the veteran to receive care or  
20                  services from a network provider under this section or the  
21                  assignment of a primary care provider of the Department  
22                  to the veteran. In reviewing a disagreement under such  
23                  process with respect to the availability of and assignment  
24                  to a patient aligned care team or dedicated primary care  
25                  provider, the Secretary shall give to the veteran the benefit

1 of the doubt with respect to any determination under  
2 paragraph (1)(B)(ii) when there is an approximate bal-  
3 ance of positive and negative evidence for such determina-  
4 tion.

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

10 “(A) ensure the continuity of treatment during  
11 the transition;

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

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

16 “(D) provide the veteran a current care plan  
17 that includes—

18 “(i) the steps of the transition;

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

21 “(iii) the identification of a point of con-  
22 tact to assist the veteran in resolving issues re-  
23 lating to the transition; and

24 “(iv) other information the Secretary de-  
25 termines appropriate; and

1           “(E) with the consent of the veteran, ensure all  
2       medical and other essential information of the vet-  
3       eran is transferred to the appropriate provider as  
4       part of the transition.

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

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

1 sodes of care. The Secretary may provide such case man-  
2 agement through the Veterans Health Administration or  
3 through an entity that manages the operations of the re-  
4 gional networks pursuant to subsection (a)(4)(B).

5 “(d) CARE AND SERVICES THROUGH CONTRACTS  
6 AND AGREEMENTS.—(1) The Secretary shall enter into  
7 contracts or agreements, including national contracts or  
8 agreements for, but not limited to, dialysis, for furnishing  
9 care and services to eligible veterans under this section  
10 with network providers.

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

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

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

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



1 cial Security Act (42 U.S.C. 1395 et seq.) for the same  
2 care or services.

3 “(ii) In determining the rates under the Medicare  
4 Program under title XVIII of the Social Security Act (42  
5 U.S.C. 1395 et seq.) for purposes of clause (i), in the case  
6 of care or services furnished by a provider of services with  
7 respect to which such rates are determined under a fee  
8 schedule to which the area wage index under section  
9 1886(d)(3)(E) of the Social Security Act (42 U.S.C.  
10 1395ww(d)(3)(E)) applies, such area wage index so ap-  
11 plied to such provider of services may not be less than  
12 1.00.

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

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

24 “(B) With respect to furnishing care or services  
25 under this section in Alaska, the Alaska Fee Schedule of

1 the Department of Veterans Affairs will be followed, ex-  
2 cept for when another payment agreement, including a  
3 contract or provider agreement, is in place.

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

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

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

22 “(F) With respect to furnishing care or services  
23 under this section for care or services not covered under  
24 the Medicare Program under title XVIII of the Social Se-

1 curity Act (42 U.S.C. 1395 et seq.), the Secretary shall  
2 establish a schedule of fees for such care or services.

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

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

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

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

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

1           “(A) made by a network provider to the Sec-  
2     retary;

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

6           “(C) made by such a regional network to the  
7     Secretary.

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

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

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

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

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

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

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

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

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

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

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

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

6 “(i) be prorated daily;

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

21           “(B) the Secretary may require that the net-  
22 work provider attests to such care or services so pro-  
23 vided before a covered payer makes a payment for  
24 such care or services.



1       “(f) COST-SHARING.—(1) The Secretary shall require  
2 an eligible veteran to pay a copayment for the receipt of  
3 care or services under this section only if such eligible vet-  
4 eran would be required to pay a copayment for the receipt  
5 of such care or services at a medical facility of the Depart-  
6 ment or from a health care provider of the Department  
7 under this chapter.

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

14       “(3) In any case in which an eligible veteran is fur-  
15 nished hospital care or medical services under this section  
16 for a non-service-connected disability described in sub-  
17 section (a)(2) of section 1729 of this title, the Secretary  
18 shall recover or collect reasonable charges for such care  
19 or services from a health-plan contract described in section  
20 1705A in accordance with such section 1729.

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

1           “(A) upon the request of the veteran, provides  
2           to the veteran the medical records related to such  
3           care or services; and

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

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

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

19               “(A) ensure that the medical records shared  
20               under paragraphs (1) and (2) are shared in an elec-  
21               tronic format accessible by network providers and  
22               the Department through an Internet website; and

23               “(B) provide to network providers access to the  
24               electronic patient health record system of the De-

1       partment, or successor system, for the purpose of  
2       furnishing care or services under this section.

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

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

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

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

1 Services or other quality of care standards, as determined  
2 by the Secretary.

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

10 “(A) identify gaps in furnishing such care or  
11 services at such Veterans Integrated Service Net-  
12 work or medical facility;

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

14 “(i) entering into contracts or agreements  
15 with network providers under this section or  
16 with entities under other provisions of law;

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

21 “(I) extending hours of operation;

22 “(II) adding personnel; or

23 “(III) expanding space through con-  
24 struction, leasing, or sharing of health care  
25 facilities; and

1           “(iii) the building or realignment of De-  
2           partment resources or personnel;

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

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

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

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

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

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

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

10 “(n) DEFINITIONS.—In this section:

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

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

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

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

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

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

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

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

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

20               “(B) the Secretary with respect to—

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

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

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

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

11                  “(B) has—

12                  “(i) been furnished hospital care or  
13                  medical services at or through a Depart-  
14                  ment facility on at least one occasion dur-  
15                  ing the two-year period preceding the date  
16                  of the determination of eligibility; or

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

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



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

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

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

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

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

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

21           “(11) The term ‘network provider’ means an  
22      entity—

23           “(A) that is not a private foundation under  
24      section 509 of the Internal Revenue Code of  
25      1986 (26 U.S.C. 509);

1           “(B) that has entered into a contract or  
2           agreement under which the provider agrees to  
3           furnish care and services to eligible veterans  
4           under section 1703A of this title; and

5           “(C) that is any of the following:

6                   “(i) Any health care provider or sup-  
7                   plier that is participating in the Medicare  
8                   Program under title XVIII of the Social  
9                   Security Act (42 U.S.C. 1395 et seq.), in-  
10                  cluding any physician furnishing services  
11                  under such program.

12                   “(ii) Any provider of items and serv-  
13                   ices receiving payment under a State plan  
14                   under title XIX of such Act (42 U.S.C.  
15                   1396 et seq.) or a waiver of such a plan.

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

20                   “(iv) The Department of Defense.

21                   “(v) The Indian Health Service.

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

24                   “(vii) Any health care provider not  
25                   otherwise covered under any of clauses (i)

1 through (vi) that meets criteria established  
2 by the Secretary for purposes of such sec-  
3 tion.

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

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

17 **SEC. 103. VETERANS CARE AGREEMENTS.**

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

22 **“§ 1703B. Veterans Care Agreements with non-net-**  
23 **work providers**

24 “(a) VETERANS CARE AGREEMENTS.—(1) In addi-  
25 tion to furnishing hospital care, medical services, or ex-

1 tended care services under this chapter at facilities of the  
2 Department or under contracts or agreements entered into  
3 pursuant to section 1703A of this title or any other provi-  
4 sion of law other than this section, the Secretary may fur-  
5 nish such care and services to eligible veterans through  
6 the use of agreements, to be known as ‘Veterans Care  
7 Agreements’, entered into under this section by the Sec-  
8 retary with eligible non-network providers.

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

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

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

23 “(3)(A) In accordance with subparagraphs (C) and  
24 (D), the Secretary shall review each Veterans Care Agree-  
25 ment with a non-network provider to determine whether

1 it is practical or advisable to, instead of carrying out such  
2 agreement—

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

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

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

16 “(i) may not renew the Veterans Care Agree-  
17 ment; and

18 “(ii) shall take such actions as are necessary to  
19 implement such determination.

20 “(C) This paragraph shall apply with respect to Vet-  
21 erans Care Agreements entered into with a non-network  
22 provider whose gross annual revenue, as determined under  
23 subsection (b)(1), exceeds—

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

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

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

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

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

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

20           “(1) The gross annual revenue of the provider  
21           under contracts or agreements entered into with the  
22           Secretary in the year preceding the year in which  
23           the provider enters into the Veterans Care Agree-  
24           ment does not exceed—

1           “(A) \$5,000,000 (as adjusted in a manner  
2           similar to amounts adjusted pursuant to section  
3           5312 of this title), in the case of a provider  
4           that furnishes homemaker or home health aide  
5           services; or

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

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

12          “(3) The provider is—

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

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

21               “(C) a provider of items and services re-  
22               ceiving payment under a State plan under title  
23               XIX of such Act (42 U.S.C. 1396 et seq.) or  
24               a waiver of such a plan;

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

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

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

10          “(5) Any additional criteria determined appro-  
11          priate by the Secretary.

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

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

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

23               “(C) Procedures for assessing eligible providers  
24               based on the risk of fraud, waste, and abuse of such  
25               providers similar to the level of screening under sec-



1       tion 1866(j)(2)(B) of the Social Security Act (42  
2       U.S.C. 1395(j)(2)(B)) and the standards set forth  
3       under section 9.104 of title 48, Code of Federal  
4       Regulations, or any successor regulation.

5       “(D) Requirement for denial or revocation of  
6       certification if the Secretary determines that the  
7       otherwise eligible provider is—

8               “(i) excluded from participation in a Fed-  
9       eral health care program (as defined in section  
10       1128B(f) of the Social Security Act (42 U.S.C.  
11       1320a-7b(f))) under section 1128 or 1128A of  
12       the Social Security Act (42 U.S.C. 1320a-7  
13       and 1320a-7a); or

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

17       “(E) Procedures by which a provider whose cer-  
18       tification is denied or revoked under the procedures  
19       established under this subsection will be identified as  
20       an excluded source on the list maintained in the Sys-  
21       tem for Award Management, or successor system, if  
22       the Secretary determines that such exclusion is ap-  
23       propriate.

24       “(2) To the extent practicable, the Secretary shall es-  
25       tablish the procedures under paragraph (1) in a manner

1 that takes into account any certification process adminis-  
2 tered by another department or agency of the Federal  
3 Government that an eligible provider has completed by  
4 reason of being a provider described in any of subpara-  
5 graphs (A) through (E) of subsection (b)(4).

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

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

16 “(2)(A) Except as provided in subparagraph (B) and  
17 unless otherwise provided in this section, an eligible non-  
18 network provider that enters into a Veterans Care Agree-  
19 ment under this section is not subject to, in the carrying  
20 out of the agreement, any provision of law that providers  
21 of services and suppliers under the original Medicare fee-  
22 for-service program under parts A and B of title XVIII  
23 of the Social Security Act (42 U.S.C. 1395 et seq.) or the  
24 Medicaid program under title XIX of such Act (42 U.S.C.  
25 1396 et seq.) are not subject to.

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

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

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

10          “(iii) Section 4705 or 4712 of title 41, and any  
11 other applicable law regarding the protection of  
12 whistleblowers.

13          “(iv) Section 4706(d) of title 41.

14          “(v) Title VII of the Civil Rights Act of 1964  
15 (42 U.S.C. 2000e et seq.) to the same extent as  
16 such title applies with respect to the eligible non-net-  
17 work provider in providing care or services through  
18 an agreement or arrangement other than under a  
19 Veterans Care Agreement.

20          “(f) TERMINATION OF A VETERANS CARE AGREE-  
21 MENT.—(1) An eligible non-network provider may termi-  
22 nate a Veterans Care Agreement with the Secretary under  
23 this section at such time and upon such notice to the Sec-  
24 retary as the Secretary may specify for purposes of this  
25 section.

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

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

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

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

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

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

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

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

19       “(k) DELEGATION.—The Secretary may delegate the  
20 authority to enter into or terminate a Veterans Care  
21 Agreement to an official of the Department at a level not  
22 below the Director of a Veterans Integrated Service Net-  
23 work or the Director of a Network Contracting Office.

24       “(l) DEFINITIONS.—In this section:

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

3 “(A) the Committees on Veterans’ Affairs  
4 of the House of Representatives and the Sen-  
5 ate; and

6 “(B) the Committees on Appropriations of  
7 the House of Representatives and the Senate.

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

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

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

15 **SEC. 104. MODIFICATION OF AUTHORITY TO ENTER INTO**  
16 **AGREEMENTS WITH STATE HOMES TO PRO-**  
17 **VIDE NURSING HOME CARE.**

18 (a) USE OF AGREEMENTS.—

19 (1) IN GENERAL.—Paragraph (1) of section  
20 1745(a) of title 38, United States Code, is amended,  
21 in the matter preceding subparagraph (A), by strik-  
22 ing “a contract (or agreement under section  
23 1720(c)(1) of this title)” and inserting “an agree-  
24 ment”.

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

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

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

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

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

24          “(C) Title VII of the Civil Rights Act of 1964 (42  
25      U.S.C. 2000e et seq.) shall apply with respect to a State

1 home that enters into an agreement under this section to  
2 the same extent as such title applies with respect to the  
3 State home in providing care or services through an agree-  
4 ment or arrangement other than under this section.”.

5 (c) EFFECTIVE DATE.—

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

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

15 **TITLE II—ENSURING HIGH-**  
16 **PERFORMING NETWORK**  
17 **Subtitle A—Access Standards**

18 **SEC. 201. ACCESS GUIDELINES AND STANDARDS FOR QUAL-**  
19 **ITY.**

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

23 **“§ 1703C. Access guidelines**

24 “The Secretary shall consult with all pertinent Fed-  
25 eral entities to examine health care access measurements



1 and establish localized benchmarking guidelines that can  
2 inform provider and veteran clinical decisionmaking. The  
3 Secretary shall establish such guidelines for all hospital  
4 care, medical services, and extended care services fur-  
5 nished or otherwise made available under laws adminis-  
6 tered by the Secretary, including through non-Department  
7 health care providers.

8 **“§ 1703D. Standards for quality**

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

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

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

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

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

11 “(i) Timely care.

12 “(ii) Effective care.

13 “(iii) Safety, including, at a minimum,  
14 complications, readmissions, and deaths.

15 “(iv) Efficiency.

16 “(b) PUBLICATION AND CONSIDERATION OF PUBLIC  
17 COMMENTS.—(1) Not later than one year after the date  
18 on which the Secretary establishes standards for quality  
19 under subsection (a), the Secretary shall publish the qual-  
20 ity rating of medical facilities of the Department in the  
21 publicly available Hospital Compare website through the  
22 Centers for Medicare & Medicaid Services for the purpose  
23 of providing veterans with information that allows them  
24 to compare performance measure information among De-  
25 partment and non-Department health care providers.

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

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

“1703C. Access guidelines.

“1703D. Standards for quality.”.

11 **SEC. 202. PREVENTION OF CERTAIN HEALTH CARE PRO-**  
12 **VIDERS FROM PROVIDING NON-DEPARTMENT**  
13 **HEALTH CARE SERVICES TO VETERANS.**

14 (a) IN GENERAL.—On and after the date that is one  
15 year after the date of the enactment of this Act, the Sec-  
16 retary of Veterans Affairs shall deny or revoke the eligi-  
17 bility of a health care provider to provide non-Department  
18 health care services to veterans if the Secretary determines  
19 that the health care provider—

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

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

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

14      (c) SUSPENSION.—The Secretary shall suspend the  
15      eligibility of a health care provider to provide non-Depart-  
16      ment health care services to veterans if the health care  
17      provider is suspended from serving as a health care pro-  
18      vider of the Department.

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

24           (1) The aggregate number of health care pro-  
25      viders denied or suspended under this section from

1 participation in providing non-Department health  
2 care services.

3 (2) An evaluation of any impact on access to  
4 health care for patients or staffing shortages in pro-  
5 grams of the Department providing non-Department  
6 health care services.

7 (3) An explanation of the coordination of the  
8 Department with the medical licensing boards of  
9 States in implementing this section, the amount of  
10 involvement of such boards in such implementation,  
11 and efforts by the Department to address any con-  
12 cerns raised by such boards with respect to such im-  
13 plementation.

14 (4) Such recommendations as the Comptroller  
15 General considers appropriate regarding harmo-  
16 nizing eligibility criteria between health care pro-  
17 viders of the Department and health care providers  
18 eligible to provide non-Department health care serv-  
19 ices.

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

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

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

4 (3) purchased through the Medical Community  
5 Care account of the Department; or

6 (4) purchased with amounts deposited in the  
7 Veterans Choice Fund under section 802 of the Vet-  
8 erans Access, Choice, and Accountability Act of  
9 2014.

## 10 **Subtitle B—Paying Providers and** 11 **Improving Collections**

### 12 **SEC. 211. AUTHORITY TO PAY FOR AUTHORIZED CARE NOT** 13 **SUBJECT TO AN AGREEMENT.**

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

16 **“§ 8159. Authority to pay for services authorized but**  
17 **not subject to an agreement**

18 “(a) IN GENERAL.—If, in the course of furnishing  
19 hospital care, a medical service, or an extended care serv-  
20 ice authorized by the Secretary and pursuant to a con-  
21 tract, agreement, or other arrangement with the Sec-  
22 retary, a provider who is not a party to the contract,  
23 agreement, or other arrangement furnishes hospital care,  
24 a medical service, or an extended care service that the Sec-

1 retary considers necessary, the Secretary may compensate  
2 the provider for the cost of such care or service.

3 “(b) NEW CONTRACTS AND AGREEMENTS.—The  
4 Secretary shall take reasonable efforts to enter into a con-  
5 tract, agreement, or other arrangement with a provider  
6 described in subsection (a) to ensure that future care and  
7 services authorized by the Secretary and furnished by the  
8 provider are subject to such a contract, agreement, or  
9 other arrangement.”.

10 (b) CLERICAL AMENDMENT.—The table of sections  
11 at the beginning of such chapter is amended by inserting  
12 after the item relating to section 8158 the following new  
13 item:

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

14 **SEC. 212. IMPROVEMENT OF AUTHORITY TO RECOVER THE**  
15 **COST OF SERVICES FURNISHED FOR NON-**  
16 **SERVICE-CONNECTED DISABILITIES.**

17 (a) BROADENING SCOPE OF APPLICABILITY.—Sec-  
18 tion 1729 is amended—

19 (1) in subsection (a)—

20 (A) in paragraph (2)(A)—

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

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

1 (B) in paragraph (3)—

2 (i) in the matter preceding subpara-  
3 graph (A), by striking “the veteran” and  
4 inserting “the individual”; and

5 (ii) in subparagraph (A), by striking  
6 “the veteran’s” and inserting “the individ-  
7 ual’s”;

8 (2) in subsection (b)—

9 (A) in paragraph (1)—

10 (i) by striking “the veteran” and in-  
11 sserting “the individual”; and

12 (ii) by striking “the veteran’s” and in-  
13 sserting “the individual’s”; and

14 (B) in paragraph (2)—

15 (i) in subparagraph (A)—

16 (I) by striking “the veteran” and  
17 inserting “the individual”; and

18 (II) by striking “the veteran’s”  
19 and inserting “the individual’s”; and

20 (ii) in subparagraph (B)—

21 (I) in clause (i), by striking “the  
22 veteran” and inserting “the indi-  
23 vidual”; and

24 (II) in clause (ii)—



1 (aa) by striking “the vet-  
2 eran” and inserting “the indi-  
3 vidual”; and

4 (bb) by striking “the vet-  
5 eran’s” each place it appears and  
6 inserting “the individual’s”;

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

9 (4) in subsection (h)—

10 (A) in paragraph (1)—

11 (i) in the matter preceding subpara-  
12 graph (A), by striking “a veteran” and in-  
13 serting “an individual”;

14 (ii) in subparagraph (A), by striking  
15 “the veteran” and inserting “the indi-  
16 vidual”; and

17 (iii) in subparagraph (B), by striking  
18 “the veteran” and inserting “the indi-  
19 vidual”; and

20 (B) in paragraph (2)—

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

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

1 (iii) by striking “the veteran” and in-  
2 sserting “the individual”.

3 (b) MODIFICATION OF AUTHORITY.—Subsection

4 (a)(1) of such section is amended by striking “(1) Sub-  
5 ject” and all that follows through the period and inserting  
6 the following: “(1) Subject to the provisions of this sec-  
7 tion, in any case in which the United States is required  
8 by law to furnish or pay for care or services under this  
9 chapter for a non-service-connected disability described in  
10 paragraph (2) of this subsection, the United States has  
11 the right to recover or collect from a third party the rea-  
12 sonable charges of care or services so furnished or paid  
13 for to the extent that the recipient or provider of the care  
14 or services would be eligible to receive payment for such  
15 care or services from such third party if the care or serv-  
16 ices had not been furnished or paid for by a department  
17 or agency of the United States.”

18 (c) MODIFICATION OF ELIGIBLE INDIVIDUALS.—

19 Subparagraph (D) of subsection (a)(2) of such section is  
20 amended to read as follows:

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

1 **SEC. 213. PROCESSING OF CLAIMS FOR REIMBURSEMENT**  
2 **THROUGH ELECTRONIC INTERFACE.**

3 The Secretary of Veterans Affairs may enter into an  
4 agreement with a third-party entity to process, through  
5 the use of an electronic interface, claims for reimburse-  
6 ment for health care provided under the laws administered  
7 by the Secretary.

8 **Subtitle C—Education and**  
9 **Training Programs**

10 **SEC. 221. EDUCATION PROGRAM ON HEALTH CARE OP-**  
11 **TIONS.**

12 (a) IN GENERAL.—The Secretary of Veterans Affairs  
13 shall develop and administer an education program that  
14 teaches veterans about their health care options through  
15 the Department of Veterans Affairs.

16 (b) ELEMENTS.—The program under subsection (a)  
17 shall—

18 (1) teach veterans about—

19 (A) eligibility criteria for care from the De-  
20 partment set forth under sections 1703A,  
21 1703B, and 1710 of title 38, United States  
22 Code;

23 (B) priority groups for enrollment in the  
24 system of annual patient enrollment under sec-  
25 tion 1705(a) of such title;

1 (C) the copayments and other financial ob-  
2 ligations, if any, required of certain individuals  
3 for certain services; and

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

7 (2) teach veterans about the interaction be-  
8 tween health insurance (including private insurance,  
9 Medicare, Medicaid, the TRICARE program, the In-  
10 dian Health Service, tribal health programs, and  
11 other forms of insurance) and health care from the  
12 Department; and

13 (3) provide veterans with information on what  
14 to do when they have a complaint about health care  
15 received from the Department (whether about the  
16 provider, the Department, or any other type of com-  
17 plaint).

18 (c) ACCESSIBILITY.—In developing the education  
19 program under this section, the Secretary shall ensure  
20 that materials under such program are accessible—

21 (1) to veterans who may not have access to the  
22 Internet; and

23 (2) to veterans in a manner that complies with  
24 the section 508 of the Rehabilitation Act of 1973  
25 (29 U.S.C. 794d).

1 (d) ANNUAL EVALUATION AND REPORT.—

2 (1) EVALUATION.—The Secretary shall develop  
3 a method to evaluate the effectiveness of the edu-  
4 cation program under this section and evaluate the  
5 program using the method not less frequently than  
6 once each year.

7 (2) REPORT.—Not less frequently than once  
8 each year, the Secretary shall submit to Congress a  
9 report on the findings of the Secretary with respect  
10 to the most recent evaluation conducted by the Sec-  
11 retary under paragraph (1).

12 (e) DEFINITIONS.—In this section:

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

16 (2) MEDICARE.—The term “Medicare” means  
17 the Medicare program under title XVIII of such Act  
18 (42 U.S.C. 1395 et seq.).

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

1 **SEC. 222. TRAINING PROGRAM FOR ADMINISTRATION OF**  
2 **NON-DEPARTMENT OF VETERANS AFFAIRS**  
3 **HEALTH CARE.**

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

9 (1) Reimbursement for non-Department emer-  
10 gency room care.

11 (2) The VA Care in the Community Program  
12 under section 1703A of such title, as added by title  
13 I.

14 (3) Management of prescriptions.

15 (b) ANNUAL EVALUATION AND REPORT.—The Sec-  
16 retary shall—

17 (1) develop a method to evaluate the effective-  
18 ness of the training program developed and imple-  
19 mented under subsection (a);

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

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

1 **SEC. 223. CONTINUING MEDICAL EDUCATION FOR NON-DE-**  
2 **PARTMENT MEDICAL PROFESSIONALS.**

3 (a) ESTABLISHMENT OF PROGRAM.—

4 (1) IN GENERAL.—The Secretary of Veterans  
5 Affairs shall establish a program to provide con-  
6 tinuing medical education material to non-Depart-  
7 ment medical professionals.

8 (2) EDUCATION PROVIDED.—The program es-  
9 tablished under paragraph (1) shall include edu-  
10 cation on the following:

11 (A) Identifying and treating common men-  
12 tal and physical conditions of veterans and fam-  
13 ily members of veterans.

14 (B) The health care system of the Depart-  
15 ment of Veterans Affairs.

16 (C) Such other matters as the Secretary  
17 considers appropriate.

18 (b) MATERIAL PROVIDED.—The continuing medical  
19 education material provided to non-Department medical  
20 professionals under the program established under sub-  
21 section (a) shall be the same material provided to medical  
22 professionals of the Department to ensure that all medical  
23 professionals treating veterans have access to the same  
24 materials, which supports core competencies throughout  
25 the community.

26 (c) ADMINISTRATION OF PROGRAM.—

1           (1) IN GENERAL.—The Secretary shall admin-  
2           ister the program established under subsection (a) to  
3           participating non-Department medical professionals  
4           through an Internet website of the Department of  
5           Veterans Affairs.

6           (2) CURRICULUM AND CREDIT PROVIDED.—The  
7           Secretary shall determine the curriculum of the pro-  
8           gram and the number of hours of credit to provide  
9           to participating non-Department medical profes-  
10          sionals for continuing medical education.

11          (3) ACCREDITATION.—The Secretary shall en-  
12          sure that the program is accredited in as many  
13          States as practicable.

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

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

19                (B) Such medical credentialing organiza-  
20                tions as the Secretary considers appropriate.

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

24          (6) MONITORING, EVALUATION, AND REPORT.—  
25          The Secretary shall monitor the utilization of the



1 program established under subsection (a), evaluate  
2 its effectiveness, and report to Congress on utiliza-  
3 tion and effectiveness not less frequently than once  
4 each year.

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

13 **Subtitle D—Other Matters Relating**  
14 **to Non-Department of Veterans**  
15 **Affairs Providers**

16 **SEC. 241. ESTABLISHMENT OF PROCESSES TO ENSURE**  
17 **SAFE OPIOID PRESCRIBING PRACTICES BY**  
18 **NON-DEPARTMENT OF VETERANS AFFAIRS**  
19 **HEALTH CARE PROVIDERS.**

20 (a) RECEIPT AND REVIEW OF GUIDELINES.—The  
21 Secretary of Veterans Affairs shall ensure that all covered  
22 health care providers are provided a copy of and certify  
23 that they have reviewed the evidence-based guidelines for  
24 prescribing opioids set forth by the Opioid Safety Initia-  
25 tive of the Department of Veterans Affairs under sections

1 911(a)(2) and 912(e) of the Jason Simcakoski Memorial  
2 and Promise Act (Public Law 114–198; 38 U.S.C. 1701  
3 note) before first providing care under the laws adminis-  
4 tered by the Secretary and at any time when those guide-  
5 lines are modified thereafter.

6 (b) INCLUSION OF MEDICAL HISTORY AND CURRENT  
7 MEDICATIONS.—The Secretary shall implement a process  
8 to ensure that, if care of a veteran by a covered health  
9 care provider is authorized under the laws administered  
10 by the Secretary, the document authorizing such care in-  
11 cludes the relevant medical history of the veteran and a  
12 list of all medications prescribed to the veteran.

13 (c) SUBMITTAL OF PRESCRIPTIONS.—

14 (1) IN GENERAL.—Except as provided in para-  
15 graph (3), the Secretary shall require, to the max-  
16 imum extent practicable, each non-Department  
17 health care provider to submit prescriptions for  
18 opioids—

19 (A) to the Department for prior authoriza-  
20 tion for the prescribing of a limited amount of  
21 opioids under contracts the Department has  
22 with retail pharmacies; or

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

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

6           (A) ensure the Department is responsible  
7       for the recording of the prescription in the elec-  
8       tronic health record of the veteran; and

9           (B) enable other monitoring of the pre-  
10      scription as outlined in the Opioid Safety Initia-  
11      tive of the Department.

12      (3) EXCEPTION.—

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

17           (i) the health care provider determines  
18      that there is an immediate medical need  
19      for the prescription, including an urgent or  
20      emergent prescription or a prescription dis-  
21      pensed as part of an opioid treatment pro-  
22      gram that provides office-based medica-  
23      tions; and

24           (ii)(I) following an inquiry into the  
25      matter, a pharmacy of the Department no-

1           tifies the health care provider that it can-  
2           not fill the prescription in a timely man-  
3           ner; or

4           (II) the health care provider deter-  
5           mines that the requirement under para-  
6           graph (1)(B) would impose an undue hard-  
7           ship on the veteran, including with respect  
8           to travel distances, as determined by the  
9           Secretary.

10          (B) NOTIFICATION TO DEPARTMENT.—If a  
11          covered health care provider uses an exception  
12          under subparagraph (A) with respect to an  
13          opioid prescription for a veteran, the health  
14          care provider shall, on the same day the pre-  
15          scription is written, submit to the Secretary for  
16          inclusion in the electronic health record of the  
17          veteran a notice, in such form as the Secretary  
18          may establish, providing information about the  
19          prescription and describing the reason for the  
20          exception.

21          (C) REPORT.—

22               (i) IN GENERAL.—Not less frequently  
23               than quarterly, the Secretary shall submit  
24               to the Committee on Veterans' Affairs of  
25               the Senate and the Committee on Vet-

1           erans' Affairs of the House of Representa-  
2           tives a report evaluating the compliance of  
3           covered health care providers with the re-  
4           quirements under this paragraph and set-  
5           ting forth data on the use by health care  
6           providers of exceptions under subpara-  
7           graph (A) and notices under subparagraph  
8           (B).

9           (ii) ELEMENTS.—Each report re-  
10          quired by clause (i) shall include the fol-  
11          lowing with respect to the quarter covered  
12          by the report:

13               (I) The number of exceptions  
14               used under subparagraph (A) and no-  
15               tices received under subparagraph  
16               (B).

17               (II) The rate of compliance by  
18               the Department with the requirement  
19               under subparagraph (B) to include  
20               such notices in the health records of  
21               veterans.

22               (III) The identification of any  
23               covered health care providers that,  
24               based on criteria prescribed by the  
25               Secretary, are determined by the Sec-

1                   retary to be statistical outliers regard-  
2                   ing the use of exceptions under sub-  
3                   paragraph (A).

4       (d) USE OF OPIOID SAFETY INITIATIVE GUIDE-  
5 LINES.—

6           (1) IN GENERAL.—If a director of a medical  
7       center of the Department or a Veterans Integrated  
8       Service Network determines that the opioid pre-  
9       scribing practices of a covered health care provider  
10      conflicts with or is otherwise inconsistent with the  
11      standards of appropriate and safe care, as that term  
12      is used in section 913(d) of the Jason Simeakoski  
13      Memorial and Promise Act (Public Law 114–198;  
14      38 U.S.C. 1701 note), the director shall take such  
15      action as the director considers appropriate to en-  
16      sure the safety of all veterans receiving care from  
17      that health care provider, including removing or di-  
18      recting the removal of any such health care provider  
19      from provider networks or otherwise refusing to au-  
20      thorize care of veterans by such health care provider  
21      in any program authorized under the laws adminis-  
22      tered by the Secretary.

23           (2) INCLUSION IN CONTRACTS.—The Secretary  
24      shall ensure that any contracts entered into by the  
25      Secretary with third parties involved in admin-

1       istering programs that provide care in the commu-  
2       nity to veterans under the laws administered by the  
3       Secretary specifically grant the authority set forth in  
4       paragraph (1) to such third parties and to the direc-  
5       tors described in that paragraph, as the case may  
6       be.

7       (e) DENIAL OR REVOCATION OF ELIGIBILITY OF  
8       NON-DEPARTMENT PROVIDERS.—The Secretary shall  
9       deny or revoke the eligibility of a non-Department health  
10      care provider to provide health care to veterans under the  
11      laws administered by the Secretary if the Secretary deter-  
12      mines that the opioid prescribing practices of the pro-  
13      vider—

14             (1) violate the requirements of a medical license  
15      of the health care provider; or

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

18      (f) COVERED HEALTH CARE PROVIDER DEFINED.—

19      In this section, the term “covered health care provider”  
20      means a non-Department of Veterans Affairs health care  
21      provider who provides health care to veterans under the  
22      laws administered by the Secretary of Veterans Affairs.

1 **SEC. 242. IMPROVING INFORMATION SHARING WITH COM-**  
2 **MUNITY PROVIDERS.**

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

5 “(H)(i) To a non-Department entity (including  
6 private entities and other Federal agencies) for pur-  
7 poses of providing health care, including hospital  
8 care, medical services, and extended care services, to  
9 patients.

10 “(ii) An entity to which a record is disclosed  
11 under this subparagraph may not disclose or use  
12 such record for a purpose other than that for which  
13 the disclosure was made.

14 “(I) To a third party in order to recover or col-  
15 lect reasonable charges for care furnished to, or paid  
16 on behalf of, a patient in connection with a non-serv-  
17 ice connected disability as permitted by section 1729  
18 of this title or for a condition for which recovery is  
19 authorized or with respect to which the United  
20 States is deemed to be a third party beneficiary  
21 under the Act entitled ‘An Act to provide for the re-  
22 covery from tortiously liable third persons of the cost  
23 of hospital and medical care and treatment fur-  
24 nished by the United States’ (Public Law 87–693;  
25 42 U.S.C. 2651 et seq.; commonly known as the  
26 ‘Federal Medical Care Recovery Act’).”.



1 **SEC. 243. COMPETENCY STANDARDS FOR NON-DEPART-**  
2 **MENT OF VETERANS AFFAIRS HEALTH CARE**  
3 **PROVIDERS.**

4 (a) ESTABLISHMENT OF STANDARDS AND REQUIRE-  
5 MENTS.—The Secretary of Veterans Affairs shall establish  
6 standards and requirements for the provision of care by  
7 non-Department of Veterans Affairs health care providers  
8 in clinical areas for which the Department of Veterans Af-  
9 fairs has special expertise, including post-traumatic stress  
10 disorder, military sexual trauma-related conditions, and  
11 traumatic brain injuries.

12 (b) CONDITION FOR ELIGIBILITY TO PARTICIPATE IN  
13 VETERANS CHOICE PROGRAM.—Each non-Department of  
14 Veterans Affairs health care provider shall meet the stand-  
15 ards and requirements established pursuant to subsection  
16 (a) before entering into a contact with the Department  
17 of Veterans Affairs to participate in the Veterans Choice  
18 Program under section 101 of the Veterans Access,  
19 Choice, and Accountability Act of 2014 (Public Law 113–  
20 146; 38 U.S.C. 1701 note). Non-Department of Veterans  
21 Affairs health care providers participating in the Veterans  
22 Choice Program shall fulfill training requirements estab-  
23 lished by the Secretary on how to deliver evidence-based  
24 treatments in the clinical areas for which the Department  
25 of Veterans Affairs has special expertise.

1     **Subtitle E—Other Non-Department**  
2                     **Health Care Matters**

3     **SEC. 251. PLANS FOR USE OF SUPPLEMENTAL APPROPRIA-**  
4                     **TIONS REQUIRED.**

5         Whenever the Secretary submits to Congress a re-  
6     quest for supplemental appropriations or any other appro-  
7     piation outside the standard budget process to address  
8     a budgetary issue affecting the Department of Veterans  
9     Affairs, the Secretary shall, not later than 45 days before  
10    the date on which such budgetary issue would start affect-  
11    ing a program or service, submit to Congress a justifica-  
12    tion for the request, including a plan that details how the  
13    Secretary intends to use the requested appropriation and  
14    how long the requested appropriation is expected to meet  
15    the needs of the Department and certification that the re-  
16    quest was made using an updated and sound actuarial  
17    analysis.

18    **SEC. 252. FUNDING FOR VA CARE IN THE COMMUNITY PRO-**  
19                     **GRAM.**

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

25         (b) TRANSFER OF AMOUNTS.—

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

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

10 [(B) The date on which the Secretary of  
11 Veterans Affairs submits to the Committees on  
12 Veterans' Affairs of the Senate and the House  
13 of Representatives the certification required by  
14 section 107(c).]

*[(What certification? Was this part of an earlier draft  
and then deleted?)]*

15 (2) CONFORMING REPEAL.—

16 (A) IN GENERAL.—Effective immediately  
17 following the transfer of amounts under para-  
18 graph (1), section 802 of the Veterans Access,  
19 Choice, and Accountability Act of 2014 (Public  
20 Law 113–146; 38 U.S.C. 1701 note) is re-  
21 pealed.

22 (B) CONFORMING AMENDMENT.—Section  
23 4003 of the Surface Transportation and Vet-

1           erans Health Care Choice Improvement Act of  
2           2015 (Public Law 114–41; 38 U.S.C. 1701  
3           note) is amended by striking “for non-Depart-  
4           ment provider programs (as defined in section  
5           2(d))” and all that follows through “1802)”  
6           and inserting the following: “for the VA Care in  
7           the Community Program (as defined in section  
8           1701(12) of title 38, United States Code) and  
9           Veterans Care Agreements under section  
10          1703B of title 38, United States Code”.

11          (c) VA CARE IN THE COMMUNITY PROGRAM DE-  
12          FINED.—In this section, the term “VA Care in the Com-  
13          munity Program” has the meaning given that term in sec-  
14          tion 1701(12) of title 38, United States Code, as added  
15          by section 102.

16          **SEC. 253. TERMINATION OF CERTAIN PROVISIONS AUTHOR-**  
17                                   **IZING MEDICAL CARE TO VETERANS**  
18                                   **THROUGH NON-DEPARTMENT OF VETERANS**  
19                                   **AFFAIRS PROVIDERS.**

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

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

1       “(e) The authority of the Secretary to carry out this  
2 section terminates on the date on which the Secretary cer-  
3 tifies to the Committees on Veterans’ Affairs of the House  
4 of Representatives and the Senate that the Secretary is  
5 fully implementing section 1703A of this title.”.

6       (2) CONFORMING AMENDMENTS.—

7           (A) DENTAL CARE.—Section 1712(a) of  
8 such title is amended—

9               (i) in paragraph (3), by striking  
10               “under clause (1), (2), or (5) of section  
11               1703(a) of this title” and inserting “under  
12               the VA Care in the Community Program”;  
13               and

14               (ii) in paragraph (4)(A), in the first  
15               sentence—

16                       (I) by striking “and section 1703  
17                       of this title” and inserting “and the  
18                       VA Care in the Community Program  
19                       (with respect to such a year beginning  
20                       on or after the date on which the Sec-  
21                       retary commences implementation of  
22                       the VA Care in the Community Pro-  
23                       gram)”; and

24                       (II) by striking “in section 1703  
25                       of this title” and inserting “under the

1 VA Care in the Community Pro-  
2 gram”.

3 (B) READJUSTMENT COUNSELING.—Sec-  
4 tion 1712A(e)(1) of such title is amended by  
5 striking “(under sections 1703(a)(2) and  
6 1710(a)(1)(B) of this title)” and inserting  
7 “(under the VA Care in the Community Pro-  
8 gram)”.

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

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

17 (i) by striking “under section 1703 of  
18 title 38” and inserting “under the VA  
19 Care in the Community Program (as de-  
20 fined in section 1701(12) of title 38,  
21 United States Code)”;

22 (ii) by striking “such section” and in-  
23 serting “such program”.

24 (b) REPEAL OF AUTHORITY TO CONTRACT FOR  
25 SCARCE MEDICAL SPECIALISTS.—

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

3 (2) CLERICAL AMENDMENT.—The table of sec-  
4 tions at the beginning of chapter 74 of such title is  
5 amended by striking the item relating to section  
6 7409.

7 (c) EFFECTIVE DATE.—The amendments made by  
8 subsections (a) and (b) shall take effect on the date on  
9 which the Secretary certifies to the Committees on Vet-  
10 erans' Affairs of the House of Representatives and the  
11 Senate that the Secretary is fully implementing section  
12 1703A of title 38, United States Code, as added by section  
13 102.

14 **SEC. 254. IMPLEMENTATION AND TRANSITION.**

15 (a) IMPLEMENTATION.—The Secretary of Veterans  
16 Affairs shall commence the implementation of section  
17 1703A of title 38, United States Code, as added by section  
18 102, and section 1703B of such title, as added by section  
19 103, and shall make the transfer under section 106(b),  
20 by not later than one year after the date of the enactment  
21 of this Act. The Secretary shall prescribe interim final reg-  
22 ulations to implement such sections and publish such reg-  
23 ulations in the Federal Register.

24 (b) TRAINING.—Before commencing the implementa-  
25 tion of sections 1703A and 1703B of title 38, United

1 States Code, as added by sections 102 and 103, respec-  
2 tively, the Secretary of Veterans Affairs shall—

3 (1) certify to the Committees on Veterans' Af-  
4 fairs of the House of Representatives and the Senate  
5 that—

6 (A) each network provider (as defined by  
7 section 1701(11) of title 38, United States  
8 Code) and eligible non-network provider that  
9 furnishes care or services under such section  
10 1703A or section 1703B is trained to furnish  
11 such care or services under such sections; and

12 (B) each employee of the Department that  
13 refers, authorizes, or coordinates such care or  
14 services is trained to carry out such sections;  
15 and

16 (2) establish standard, written guidance for net-  
17 work providers, non-Department health care pro-  
18 viders, and any non-Department administrative enti-  
19 ties acting on behalf of such providers, with respect  
20 to the policies and procedures for furnishing care or  
21 services under such sections.

22 **SEC. 255. CONFORMING AMENDMENTS.**

23 (a) IN GENERAL.—

24 (1) TITLE 38.—Title 38, United States Code, is  
25 amended—



1 (A) in section 1712(a)—

2 (i) in paragraph (3), by striking  
3 “under clause (1), (2), or (5) of section  
4 1703(a) of this title” and inserting “or en-  
5 tered an agreement”; and

6 (ii) in paragraph (4)(A), by striking  
7 “under the provisions of this subsection  
8 and section 1703 of this title”;

9 (B) in section 1712A(e)(1)—

10 (i) by inserting “or agreements” after  
11 “contracts”; and

12 (ii) by striking “(under sections  
13 1703(a)(2) and 1710(a)(1)(B) of this  
14 title)”; and

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

18 (2) SOCIAL SECURITY ACT.—Section  
19 1866(a)(1)(L) of the Social Security Act (42 U.S.C.  
20 1395cc(a)(1)(L)) is amended by striking “under sec-  
21 tion 1703” and inserting “under chapter 17”.

22 (3) VETERANS’ BENEFITS IMPROVEMENTS ACT  
23 OF 1994.—Section 104(a)(4)(A) of the Veterans’  
24 Benefits Improvements Act of 1994 (Public Law  
25 103–446; 38 U.S.C. 1117 note) is amended by strik-

1 ing “in section 1703” and inserting “in sections  
2 1703A, 8111, and 8153”.

3 (b) EFFECTIVE DATE.—The amendments made by  
4 subsection (a) shall take effect on the date on which the  
5 amendments made in section 102 take effect.

6 **TITLE III—IMPROVING DEPART-**  
7 **MENT OF VETERANS AFFAIRS**  
8 **HEALTH CARE DELIVERY**

9 **Subtitle A—Personnel Practices**

10 **PART I—ADMINISTRATION**

11 **SEC. 301. LICENSURE OF HEALTH CARE PROFESSIONALS**  
12 **OF THE DEPARTMENT OF VETERANS AF-**  
13 **FAIRS PROVIDING TREATMENT VIA TELE-**  
14 **MEDICINE.**

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

17 **“§ 1730B. Licensure of health care professionals pro-**  
18 **viding treatment via telemedicine**

19 “(a) IN GENERAL.—Notwithstanding any provision  
20 of law regarding the licensure of health care professionals,  
21 a covered health care professional may practice the health  
22 care profession of the health care professional at any loca-  
23 tion in any State, regardless of where the covered health  
24 care professional or the patient is located, if the covered

1 health care professional is using telemedicine to provide  
2 treatment to an individual under this chapter.

3 “(b) COVERED HEALTH CARE PROFESSIONALS.—

4 For purposes of this section, a covered health care profes-  
5 sional is any health care professional who—

6 “(1) is an employee of the Department ap-  
7 pointed under the authority under section 7306,  
8 7401, 7405, 7406, or 7408 of this title or title 5;

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

11 “(3) is required to adhere to all standards of  
12 quality relating to the provision of medicine in ac-  
13 cordance with applicable policies of the Department;  
14 and

15 “(4) has an active, current, full, and unre-  
16 stricted license, registration, or certification in a  
17 State to practice the health care profession of the  
18 health care professional.

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

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

5       “(2) No State shall deny or revoke the license, reg-  
6 istration, or certification of a covered health care profes-  
7 sional who otherwise meets the qualifications of the State  
8 for holding the license, registration, or certification on the  
9 basis that the covered health care professional has en-  
10 gaged or intends to engage in activity covered by sub-  
11 section (a).

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

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

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

20       (c) REPORT ON TELEMEDICINE.—

21       (1) IN GENERAL.—Not later than one year  
22 after the earlier of the date on which services pro-  
23 vided under section 1730B of title 38, United States  
24 Code, as added by subsection (a), first occur or reg-

1       ulations are promulgated to carry out such section,  
2       the Secretary of Veterans Affairs shall submit to the  
3       Committee on Veterans' Affairs of the Senate and  
4       the Committee on Veterans' Affairs of the House of  
5       Representatives a report on the effectiveness of the  
6       use of telemedicine by the Department of Veterans  
7       Affairs.

8               (2) ELEMENTS.—The report required by para-  
9       graph (1) shall include an assessment of the fol-  
10      lowing:

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

13               (B) The satisfaction of health care pro-  
14      viders in providing telemedicine furnished by  
15      the Department.

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

18               (i) The ability of veterans to access  
19      health care, whether from the Department  
20      or from non-Department health care pro-  
21      viders.

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

24               (iii) The productivity of health care  
25      providers.

1 (iv) Wait times for an appointment  
2 for the receipt of health care from the De-  
3 partment.

4 (v) The use by veterans of in-person  
5 services at Department facilities and non-  
6 Department facilities.

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

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

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

19 **SEC. 302. ROLE OF PODIATRISTS IN DEPARTMENT OF VET-**  
20 **ERANS AFFAIRS.**

21 (a) INCLUSION AS PHYSICIAN.—

22 (1) IN GENERAL.—Subchapter I of chapter 74  
23 is amended by adding at the end the following new  
24 section:

1 **“§ 7413. Treatment of podiatrists; clinical oversight**  
2 **standards**

3 “(a) PODIATRISTS.—Except as provided by sub-  
4 section (b), a doctor of podiatric medicine who is ap-  
5 pointed as a podiatrist under section 7401(1) of this title  
6 is eligible for any supervisory position in the Veterans  
7 Health Administration to the same degree that a physician  
8 appointed under such section is eligible for the position.

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

16 (2) CLERICAL AMENDMENT.—The table of sec-  
17 tions at the beginning of chapter 74 is amended by  
18 inserting after the item relating to section 7412 the  
19 following new item:

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

20 (b) MODIFICATION AND CLARIFICATION OF PAY  
21 GRADE.—

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

24 (A) by striking “PHYSICIAN AND DEN-  
25 TIST SCHEDULE” and inserting “PHYSI-

1           CIAN     AND     SURGEON     (MD/DO),  
2           PODIATRIC SURGEON (DPM), AND DEN-  
3           TIST AND ORAL SURGEON (DDS, DMD)  
4           SCHEDULE”;

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

7                 (C) by striking “PODIATRIST, CHIRO-  
8                 PRACTOR, AND” and inserting “CHIRO-  
9                 PRACTOR AND”.

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

15   **SEC. 303. MODIFICATION OF TREATMENT OF CERTIFIED**  
16                 **CLINICAL PERFUSIONISTS OF THE DEPART-**  
17                 **MENT.**

18           (a) APPOINTMENT.—Section 7401(1) is amended by  
19           inserting “certified clinical perfusionists,” after “physician  
20           assistants,”.

21           (b) INCREASES IN RATES OF BASIC PAY.—Section  
22           7455(c)(1) is amended by inserting “certified clinical  
23           perfusionists,” after “pharmacists,”.



1   **SEC. 304. AMENDING STATUTORY REQUIREMENTS FOR THE**  
2                   **POSITION OF THE CHIEF OFFICER OF THE**  
3                   **READJUSTMENT COUNSELING SERVICE.**

4       Section 7309(b)(2) is amended—

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

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

9   **SEC. 305. TECHNICAL AMENDMENT TO APPOINTMENT AND**  
10                   **COMPENSATION SYSTEM FOR DIRECTORS OF**  
11                   **MEDICAL CENTERS AND DIRECTORS OF VET-**  
12                   **ERANS INTEGRATED SERVICE NETWORKS.**

13       Section 7404(d) is amended by striking “Except”  
14   and inserting “Except for positions described in section  
15   7401(4) of this title and except”.

16   **SEC. 306. IDENTIFICATION AND STAFFING OF CERTAIN**  
17                   **HEALTH CARE VACANCIES.**

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

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

23           (2) all primary care and mental health vacan-  
24       cies in Patient Aligned Care Teams of the Depart-  
25       ment.

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

4 (1) whether the Department has complied with  
5 the requirements under subsection (a); and

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

8 (A) how many vacancies described in sub-  
9 section (a) remain; and

10 (B) why the Department was unable to fill  
11 such vacancies.

12 **SEC. 307. DEPARTMENT OF VETERANS AFFAIRS PER-**  
13 **SONNEL TRANSPARENCY.**

14 (a) PUBLICATION OF STAFFING AND VACANCIES.—

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

23 (A) The number of personnel encumbering  
24 positions.

1 (B) The number of accessions and de-ac-  
2 cessions of personnel during the month pre-  
3 ceding the date of the publication of the infor-  
4 mation.

5 (C) The number of vacancies, by occupa-  
6 tion.

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

12 (2) UPDATE OF INFORMATION.—The Secretary  
13 shall update the information on the website required  
14 under paragraph (1) on a monthly basis.

15 (3) TREATMENT OF CONTRACTOR POSITIONS.—  
16 Any Department of Veterans Affairs position that is  
17 filled through a contractor employee may not be  
18 treated as a Department position for purposes of the  
19 information required to be published under para-  
20 graph (1).

21 (4) INSPECTOR GENERAL REVIEW.—On a semi-  
22 annual basis, the Inspector General of the Depart-  
23 ment shall review the administration of the website  
24 required under paragraph (1) and make rec-

1       ommendations relating to the improvement of such  
2       administration.

3       (b) REPORT TO CONGRESS.—The Secretary of Vet-  
4       erans Affairs shall submit to Congress an annual report  
5       on the steps the Department is taking to achieve full staff-  
6       ing capacity. Each such report shall include the amount  
7       of additional funds necessary to enable the Department  
8       to reach full staffing capacity.

9       **SEC. 308. PROGRAM ON ESTABLISHMENT OF PEER SPE-**  
10                   **CIALISTS IN PATIENT ALIGNED CARE TEAM**  
11                   **SETTINGS WITHIN MEDICAL CENTERS OF DE-**  
12                   **PARTMENT OF VETERANS AFFAIRS.**

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

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

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

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

3 (c) SELECTION OF LOCATIONS.—

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

6 (A) Not fewer than five shall be medical  
7 centers of the Department that are designated  
8 by the Secretary as polytrauma centers.

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

12 (2) CONSIDERATIONS.—In selecting medical  
13 centers for the program under paragraph (1), the  
14 Secretary shall consider the feasibility and advis-  
15 ability of selecting medical centers in the following  
16 areas:

17 (A) Rural areas and other areas that are  
18 underserved by the Department.

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

21 (C) Areas representing different geo-  
22 graphic locations, such as census tracts estab-  
23 lished by the Bureau of the Census.

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

4 (1) the needs of female veterans are specifically  
5 considered and addressed; and

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

8 (e) ENGAGEMENT WITH COMMUNITY PROVIDERS.—  
9 At each location selected under subsection (c), the Sec-  
10 retary shall consider ways in which peer specialists can  
11 conduct outreach to health care providers in the commu-  
12 nity who are known to be serving veterans to engage with  
13 those providers and veterans served by those providers.

14 (f) REPORTS.—

15 (1) PERIODIC REPORTS.—

16 (A) IN GENERAL.—Not later than 180  
17 days after the date of the enactment of this  
18 Act, and not less frequently than once every  
19 180 days thereafter until the Secretary deter-  
20 mines that the program is being carried out at  
21 the last location to be selected under subsection  
22 (c), the Secretary shall submit to Congress a  
23 report on the program.

24 (B) ELEMENTS.—Each report required by  
25 subparagraph (A) shall, with respect to the

1           180-day period preceding the submittal of the  
2           report, include the following:

3                   (i) The findings and conclusions of  
4                   the Secretary with respect to the program.

5                   (ii) An assessment of the benefits of  
6                   the program to veterans and family mem-  
7                   bers of veterans.

8                   (iii) An assessment of the effective-  
9                   ness of peer specialists in engaging under  
10                  subsection (c) with health care providers in  
11                  the community and veterans served by  
12                  those providers.

13           (2) FINAL REPORT.—Not later than 180 days  
14           after the Secretary determines that the program is  
15           being carried out at the last location to be selected  
16           under subsection (c), the Secretary shall submit to  
17           Congress a report detailing the recommendations of  
18           the Secretary as to the feasibility and advisability of  
19           expanding the program to additional locations.

1 **SEC. 309. PILOT PROGRAM ON INCREASING THE USE OF**  
2 **MEDICAL SCRIBES TO MAXIMIZE THE EFFI-**  
3 **CIENCY OF PHYSICIANS AT MEDICAL FACILI-**  
4 **TIES OF THE DEPARTMENT OF VETERANS AF-**  
5 **FAIRS.**

6 (a) IN GENERAL.—Commencing not later than 120  
7 days after the date of the enactment of this Act, the Sec-  
8 retary of Veterans Affairs shall carry out a pilot program  
9 to increase the use of medical scribes to maximize the effi-  
10 ciency of physicians at medical facilities of the Depart-  
11 ment of Veterans Affairs.

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

15 (c) LOCATIONS.—The Secretary shall carry out the  
16 pilot program at not fewer than five medical facilities of  
17 the Department—

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

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

23 (d) CONTRACTS.—

24 (1) IN GENERAL.—In carrying out the pilot  
25 program, the Secretary shall enter into a contract



1 with one or more appropriate nongovernmental enti-  
2 ties described in paragraph (2).

3 (2) APPROPRIATE NONGOVERNMENTAL ENTI-  
4 TIES DESCRIBED.—An appropriate nongovernmental  
5 entity described in this paragraph is an entity that  
6 trains and employs professional medical scribes who  
7 specialize in the collection of medical data and data  
8 entry into electronic health records.

9 (e) COLLECTION OF DATA.—

10 (1) IN GENERAL.—The Secretary shall collect  
11 data on the pilot program to determine the effective-  
12 ness of the pilot program in increasing the efficiency  
13 of physicians at medical facilities of the Department.

14 (2) ELEMENTS.—The data collected under  
15 paragraph (1) shall include the following with re-  
16 spect to each medical facility participating in the  
17 pilot program:

18 (A) The average wait time for a veteran to  
19 receive care from a physician at such medical  
20 facility before implementation of the pilot pro-  
21 gram.

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

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

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

7 (E) The average amount of time such a  
8 physician spends on documentation on a daily  
9 basis before implementation of the pilot pro-  
10 gram.

11 (F) The average amount of time such a  
12 physician spends on documentation on a daily  
13 basis after implementation of the pilot program.

14 (G) The satisfaction and retention scores  
15 of each such physician before implementation of  
16 the pilot program.

17 (H) The satisfaction and retention scores  
18 of each such physician after implementation of  
19 the pilot program.

20 (I) The patient satisfaction scores for each  
21 such physician before implementation of the  
22 pilot program.

23 (J) The patient satisfaction scores for each  
24 such physician after implementation of the pilot  
25 program.

1           (K) The patient satisfaction scores for  
2           their health care experience before implementa-  
3           tion of the pilot program.

4           (I) The patient satisfaction scores for  
5           their health care experience after implementa-  
6           tion of the pilot program.

7       (f) REPORT.—

8           (1) IN GENERAL.—Not later than 180 days  
9           after the commencement of the pilot program, and  
10          not less frequently than once every 180 days there-  
11          after for the duration of the pilot program, the Sec-  
12          retary shall submit to Congress a report on the pilot  
13          program.

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

16               (A) The number of medical facilities of the  
17               Department that are participating in the pilot  
18               program.

19               (B) With respect to each such medical fa-  
20               cility, an assessment of the effects that partici-  
21               pation in the pilot program has had on the fol-  
22               lowing—

23                       (i) Maximizing the efficiency of physi-  
24                       cians at such medical facility.

1 (ii) Reducing average wait times for  
2 appointments.

3 (iii) Improving access of patients to  
4 electronic medical records.

5 (iv) Mitigating physician shortages by  
6 increasing the productivity of physicians.

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

8 (D) Such recommendations as the Sec-  
9 retary may have with respect to the extension  
10 or expansion of the pilot program.

11 (g) MEDICAL SCRIBE DEFINED.—In this section, the  
12 term “medical scribe” means a member of the medical  
13 team hired and trained specifically and exclusively to per-  
14 form documentation in an electronic health record to  
15 maximize the productivity of a physician.

16 **SEC. 310. SENSE OF CONGRESS REGARDING DEPARTMENT**  
17 **OF VETERANS AFFAIRS STAFFING LEVELS.**

18 (a) FINDINGS.—Congress makes the following find-  
19 ings:

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

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

1 (b) SENSE OF CONGRESS.—It is the sense of Con-  
2 gress that the Department should make the resolution of  
3 staffing shortages a top priority.

4 **PART II—EDUCATION AND TRAINING**

5 **SEC. 311. GRADUATE MEDICAL EDUCATION AND RESI-**  
6 **DENCY.**

7 Section 301(b)(2) of the Veterans Access, Choice,  
8 and Accountability Act of 2014 (Public Law 113–146; 38  
9 U.S.C. 7302 note) is amended by adding after subpara-  
10 graph (B) the following:

11 “(C) COVERED FACILITIES.—For purposes  
12 of this paragraph, a covered facility is any of  
13 the following:

14 “(i) A facility of the Department of  
15 Veterans Affairs.

16 “(ii) A facility operated by an Indian  
17 tribe or a tribal organization, as those  
18 terms are defined in section 4 of the In-  
19 dian Self-Determination and Education  
20 Assistance Act (25 U.S.C. 5304).

21 “(iii) A facility operated by the Indian  
22 Health Service.

23 “(iv) A Federally-qualified health cen-  
24 ter, as defined in section 1905(l)(2)(B) of

1 the Social Security Act (42 U.S.C.  
2 1396d(l)(2)(B)).

3 “(v) A community health center.

4 “(vi) A facility operated by the De-  
5 partment of Defense.

6 “(vii) Such other health care facility  
7 as the Secretary considers appropriate for  
8 purposes of this paragraph.

9 “(D) STIPENDS AND BENEFITS.—The Sec-  
10 retary may pay stipends and provide benefits  
11 for residents in positions under clause (i), re-  
12 gardless of whether they have been assigned in  
13 a Department facility.

14 “(E) PARAMETERS FOR LOCATION, AFFIL-  
15 IATE SPONSOR, AND DURATION.—When deter-  
16 mining characteristics of residency positions  
17 under subparagraph (A), the Secretary shall  
18 consider the extent to which there is a clinical  
19 need for providers, as determined by the fol-  
20 lowing:

21 “(i) The ratio of veterans to health  
22 care providers of the Department for a  
23 standardized geographic area surrounding  
24 a facility, including a separate ratio for  
25 general practitioners and specialists.

1           “(ii) Whether the local community is  
2 medically underserved.

3           “(iii) Whether the facility is located in  
4 a rural or remote area.

5           “(iv) Such other criteria as the Sec-  
6 retary considers important in determining  
7 which facilities are not adequately serving  
8 area veterans.

9           “(F) PARAMETERS FOR TYPES OF SPE-  
10 CIALTIES.—When determining the types of spe-  
11 cialties to be included in residency positions  
12 under paragraph (1), the Secretary shall con-  
13 sider the following:

14           “(i) The types of specialties that im-  
15 prove the quality and coverage of medical  
16 services provided to veterans.

17           “(ii) The range of clinical specialties  
18 covered by providers in standardized geo-  
19 graphic areas surrounding facilities.

20           “(iii) Whether the specialty is in-  
21 cluded in the most recent staffing shortage  
22 determination of the Department under  
23 section 7412 of title 38, United States  
24 Code.

1           “(G) APPLICATION TO PARTICIPATE.—To  
2           participate as a resident in one of the positions  
3           increased under subparagraph (A), an indi-  
4           vidual shall submit to the Secretary an applica-  
5           tion therefor together with an agreement de-  
6           scribed in subparagraph (I) under which the  
7           participant agrees to serve a period of obligated  
8           service in the Veterans Health Administration  
9           as provided in the agreement in return for pay-  
10          ment of stipend and benefit support as provided  
11          in the agreement.

12           “(H) SELECTION.—

13           “(i) IN GENERAL.—An individual be-  
14           comes a participant in a residency program  
15           under this paragraph upon the Secretary’s  
16           approval of the individual’s application  
17           under subparagraph (G) and the Sec-  
18           retary’s acceptance of the agreement under  
19           subparagraph (I) (if required).

20           “(ii) NOTICE.—Upon the Secretary’s  
21           approval of an individual’s participation in  
22           the program under clause (i), the Sec-  
23           retary shall promptly notify the individual  
24           of that approval. Such notice shall be in  
25           writing.



1           “(I) AGREEMENT.—

2           “(i) IN GENERAL.—An agreement be-  
3           tween the Secretary and a resident in a po-  
4           sition under subparagraph (A) shall be in  
5           writing and shall be signed by the resident  
6           containing such terms as the Secretary  
7           may specify.

8           “(ii) REQUIREMENTS.—The agree-  
9           ment must specify the terms of the service  
10          obligation resulting from participating as a  
11          resident under this paragraph, including by  
12          requiring a service obligation equal to the  
13          number of years of stipend and benefit  
14          support.

15          “(J) CONDITIONS OF EMPLOYMENT.—The  
16          Secretary may prescribe the conditions of em-  
17          ployment of individuals appointed to positions  
18          under subparagraph (A), including necessary  
19          training, and the customary amount and terms  
20          of pay for such positions during the period of  
21          such employment and training.

22          “(K) OBLIGATED SERVICE.—

23          “(i) IN GENERAL.—Each individual  
24          appointed to a position under subpara-  
25          graph (A) shall provide service as a full-

1 time employee of the Department for the  
2 period of obligated service provided in the  
3 agreement of the participant entered into  
4 under subparagraph (I). Such service shall  
5 be provided in the full-time clinical practice  
6 of such participant's profession or in an-  
7 other health care position in an assignment  
8 or location determined by the Secretary.

9 “(ii) COMMENCEMENT DATE.—Not  
10 later than 60 days before the date on  
11 which an individual commences serving in  
12 a position under subparagraph (A), the  
13 Secretary shall notify the individual of  
14 such date. Such date shall be the first day  
15 of the individual's period of obligated serv-  
16 ice.

17 “(L) BREACH OF AGREEMENT; LIABIL-  
18 ITY.—

19 “(i) PENALTY.—An individual ap-  
20 pointed under this section to a position  
21 under subparagraph (A) (other than an in-  
22 dividual who is liable under clause (ii))  
23 who fails to accept payment, or instructs  
24 the educational institution in which the in-  
25 dividual is enrolled not to accept payment,

1 in whole or in part, for a residency under  
2 the agreement entered into under subpara-  
3 graph (I) of this title shall be liable to the  
4 United States for liquidated damages in  
5 the amount of \$1,500. Such liability is in  
6 addition to any period of obligated service  
7 or other obligation or liability under the  
8 agreement.

9 “(ii) LIABILITY.—

10 “(I) IN GENERAL.—An individual  
11 appointed to a position under sub-  
12 paragraph (A) shall be liable to the  
13 United States for the amount which  
14 has been paid to or on behalf of the  
15 individual under the agreement if any  
16 of the following occurs:

17 “(aa) The individual is dis-  
18 missed from the position for dis-  
19 ciplinary reasons.

20 “(bb) The individual volun-  
21 tarily terminates the residency  
22 before the completion of such  
23 course of training.

24 “(cc) The individual loses  
25 the individual’s license, registra-

1                   tion, or certification to practice  
2                   the individual's health care pro-  
3                   fession in a State.

4                   “(II)   LIABILITY   SUPPLIANTS  
5                   SERVICE       OBLIGATION.—Liability  
6                   under this paragraph is in lieu of any  
7                   service obligation arising under the in-  
8                   dividual's agreement under subpara-  
9                   graph (I).

10                  “(M) RECOVERY.—

11                   “(i) IN GENERAL.—If an individual  
12                   breaches the individuals's agreement under  
13                   subparagraph (I) by failing (for any rea-  
14                   son) to complete such individual's period of  
15                   obligated service, the United States shall  
16                   be entitled to recover from the individual  
17                   an amount equal to the product of—

18                   “(I) three;

19                   “(II) the sum of—

20                    “(aa) the amounts paid  
21                   under this section to or on behalf  
22                   of the individual; and

23                    “(bb) the interest on such  
24                   amounts that would be payable if  
25                   at the time the amounts were

1 paid they were loans bearing in-  
2 terest at the maximum legal pre-  
3 vailing rate, as determined by the  
4 Treasurer of the United States;  
5 and

6 “(III) the quotient of—

7 “(aa) the difference be-  
8 tween—

9 “(AA) the total number  
10 of months in the individual’s  
11 period of obligated service;  
12 and

13 “(BB) the number of  
14 months of such period  
15 served by the individual; and

16 “(bb) the total number of  
17 months in the individual’s period  
18 of obligated service.

19 “(ii) PERIOD OF RECOVERY.—Any  
20 amount which the United States is entitled  
21 to recover under this subparagraph shall  
22 be paid to the United States not later than  
23 the date that is one year after the date of  
24 the breach of the agreement.

25 **【“(N) ANNUAL REPORT.—】**

1           【“(i) IN GENERAL.—Not later than  
2           one year after the date of the enactment of  
3           the VA Care in the Community Act and  
4           not less frequently than once each year  
5           thereafter, the Secretary shall submit to  
6           the appropriate committees of Congress a  
7           report on the implementation of this sec-  
8           tion during the previous year.】

9           【“(ii) CONTENTS.—Each report sub-  
10          mitted under clause (i) shall include, for  
11          the period covered by the report, the fol-  
12          lowing:】

13               【“(I) The number of positions  
14               described in subparagraph (A) that  
15               were filled.】

16               【“(II) The location of each such  
17               position.】

18               【“(III) The academic affiliate as-  
19               sociated with each such position.】

20               【“(IV) A description of the chal-  
21               lenges faced in filling the positions de-  
22               scribed in subsection (a) and the ac-  
23               tions the Secretary has taken to ad-  
24               dress such challenges.】

1                   【“(iii) APPROPRIATE COMMITTEES OF  
2                   CONGRESS DEFINED.—In this subsection,  
3                   the term ‘appropriate committees of Con-  
4                   gress’ means—】

5                   【“(I) the Committee on Vet-  
6                   erans’ Affairs and the Committee on  
7                   Appropriations of the Senate; and】

8                   【“(II) the Committee on Vet-  
9                   erans’ Affairs and the Committee on  
10                  Appropriations of the House of Rep-  
11                  resentatives.”.

*【The report provision is largely duplicative of the ex-  
isting section 301(b)(3) of the Choice Act. Also, current  
protocols will not allow for an annual report to persist be-  
yond 2024. Consider omitting (N)?】*

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—

1 (1) to establish graduate medical education  
2 residency training programs at covered facilities; or  
3 (2) to affiliate with established programs de-  
4 scribed in paragraph (1).

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

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

9 (B) with an agreement with the Department;  
10 and

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

12 (c) LOCATIONS.—

13 (1) IN GENERAL.—The Secretary shall carry  
14 out the pilot program at not more than five covered  
15 facilities that have been selected by the Secretary for  
16 purposes of the pilot program.

17 (2) CRITERIA.—The Secretary shall establish  
18 criteria for selecting covered facilities under para-  
19 graph (1).

20 (d) DURATION.—The Secretary shall carry out the  
21 pilot program during the eight-year period beginning on  
22 the date that is 180 days after the date of the enactment  
23 of this Act.

24 (e) REIMBURSEMENT OF COSTS.—The Secretary  
25 shall reimburse each covered facility participating in the



1 pilot program for the following costs associated with the  
2 pilot program:

3 (1) Curriculum development.

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

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

10 (4) The portion of faculty salaries attributable  
11 to activities relating to carrying out the pilot pro-  
12 gram.

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

15 (6) Stipends and benefits.

16 (f) PERIOD OF OBLIGATED SERVICE.—

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

22 (2) LOAN REPAYMENT.—During the period of  
23 obligated service of an individual under paragraph  
24 (1), the individual—

1 (A) shall be deemed to be an eligible indi-  
2 vidual under subsection (b) of section 108 of  
3 the Indian Health Care Improvement Act (25  
4 U.S.C. 1616a) for purposes of participation in  
5 the Indian Health Service Loan Repayment  
6 Program under such section during the portion  
7 of such period that the individual serves at a  
8 covered facility; and

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

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

20 (A) with respect to service at a covered fa-  
21 cility, concurrently with any period of obligated  
22 service required of the individual by the Indian  
23 Health Service; and

24 (B) with respect to service at a facility of  
25 the Department of Veterans Affairs, concur-

1           rently with any period of obligated service re-  
2           quired of the individual by the Department.

3           (g) TREATMENT OF PARTICIPANTS.—A residency po-  
4           sition into which a participant in the pilot program is  
5           placed as part of the pilot program shall be considered  
6           a position referred to in section 311(a)(1) for purposes  
7           of the limitation on number of new positions authorized  
8           under such section.

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

15               (1) expanding the pilot program to additional  
16          locations; and

17               (2) making the pilot program or any aspect of  
18          the pilot program permanent.

19   **SEC. 313. REIMBURSEMENT OF CONTINUING PROFES-**  
20                   **SIONAL EDUCATION REQUIREMENTS FOR**  
21                   **BOARD CERTIFIED ADVANCED PRACTICE**  
22                   **REGISTERED NURSES.**

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

1 **“§ 7411. Reimbursement of continuing professional**  
2 **education expenses**

3 “The Secretary shall reimburse any full-time board-  
4 certified advanced practice registered nurse, physician, or  
5 dentist appointed under section 7401(1) of this title for  
6 expenses incurred, up to \$1,000 per year, for continuing  
7 professional education.”.

8 (b) CLERICAL AMENDMENT.—The table of sections  
9 at the beginning of chapter 74 is amended by striking the  
10 item relating to section 7411 and inserting the following  
11 new item:

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

12 **SEC. 314. INCREASE IN MAXIMUM AMOUNT OF DEBT THAT**  
13 **MAY BE REDUCED UNDER EDUCATION DEBT**  
14 **REDUCTION PROGRAM OF DEPARTMENT OF**  
15 **VETERANS AFFAIRS.**

16 (a) INCREASE IN AMOUNT.—Section 7683(d)(1) is  
17 amended—

18 (1) by striking “\$120,000” and inserting  
19 “\$240,000”; and

20 (2) by striking “\$24,000” and inserting  
21 “\$48,000”.

22 (b) STUDY.—

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

1 (A) conduct a study on the demand for  
2 education debt reduction under subchapter VII  
3 of chapter 76 of title 38, United States Code;  
4 and

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

11 (2) CONSIDERATIONS.—In carrying out the  
12 study required by paragraph (1)(A), the Secretary  
13 shall consider the following:

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

19 (B) The types of medical professionals in  
20 greatest demand in the United States.

21 (C) Projections by the Secretary of the  
22 numbers and types of medical professions that  
23 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 **SEC. 316. DESIGNATED SCHOLARSHIPS FOR PHYSICIANS**  
11 **AND DENTISTS UNDER DEPARTMENT OF VET-**  
12 **ERANS AFFAIRS HEALTH PROFESSIONAL**  
13 **SCHOLARSHIP PROGRAM.**

14 (a) SCHOLARSHIPS FOR PHYSICIANS AND DEN-  
15 TISTS.—Section 7612(b) of title 38, United States Code,  
16 is amended by adding at the end the following new para-  
17 graph:

18 “(6)(A) Of the scholarships awarded under this sub-  
19 chapter, the Secretary shall ensure that not less than 50  
20 scholarships are awarded each year to individuals who are  
21 accepted for enrollment or enrolled (as described in section  
22 7602 of this title) in a program of education or training  
23 leading to employment as a physician or dentist until such  
24 date as the Secretary determines that the staffing short-

1 age of physicians and dentists in the Department is less  
2 than 500.

3 “(B) After such date, the Secretary shall ensure that  
4 of the scholarships awarded under this subchapter, a num-  
5 ber of scholarships is awarded each year to individuals re-  
6 ferred to in subparagraph (A) in an amount equal to not  
7 less than ten percent of the staffing shortage of physicians  
8 and dentists in the Department, as determined by the Sec-  
9 retary.

10 “(C) Notwithstanding subsection (c)(1), the agree-  
11 ment between the Secretary and a participant in the  
12 Scholarship Program who receives a scholarship pursuant  
13 to this paragraph shall provide the following:

14 “(i) The Secretary’s agreement to provide the  
15 participant with a scholarship under this subchapter  
16 for a specified number (from two to four) of school  
17 years during which the participant is pursuing a  
18 course of education or training leading to employ-  
19 ment as a physician or dentist.

20 “(ii) The participant’s agreement to serve as a  
21 full-time employee in the Veterans Health Adminis-  
22 tration for a period of time (hereinafter in this sub-  
23 chapter referred to as the ‘period of obligated serv-  
24 ice’) of 18 months for each school year or part



1       thereof for which the participant was provided a  
2       scholarship under the Scholarship Program.

3       “(D) In providing scholarships pursuant to this para-  
4 graph, the Secretary may provide a preference for appli-  
5 cants who are veterans.

6       “(E) On an annual basis, the Secretary shall provide  
7 to appropriate educational institutions informational ma-  
8 terial about the availability of scholarships under this  
9 paragraph.”.

10       (b) BREACH OF AGREEMENT.—Section 7617 of such  
11 title is amended—

12           (1) by redesignating paragraphs (4) and (5) as  
13 paragraphs (5) and (6), respectively; and

14           (2) by inserting after paragraph (3) the fol-  
15 lowing new paragraph (4):

16           “(4) In the case of a participant who is enrolled  
17 in a program or education or training leading to em-  
18 ployment as a physician, the participant fails to suc-  
19 cessfully complete post-graduate training leading to  
20 eligibility for board certification in a specialty.”.

21       (c) EXTENSION OF PROGRAM.—Section 7619 of such  
22 title is amended by striking “December 31, 2019” and in-  
23 serting “December 31, 2033”.

1 **SEC. 317. ESTABLISHMENT OF DEPARTMENT OF VETERANS**  
2 **AFFAIRS SPECIALTY EDUCATION LOAN RE-**  
3 **PAYMENT PROGRAM.**

4 (a) IN GENERAL.—Chapter 76 of title 38, United  
5 States Code, is amended by inserting after subchapter VII  
6 the following new subchapter:

7 **“SUBCHAPTER VIII—SPECIALTY EDUCATION**  
8 **LOAN REPAYMENT PROGRAM**

9 **“§ 7691. Establishment**

10 “As part of the Educational Assistance Program, the  
11 Secretary may carry out a student loan repayment pro-  
12 gram under section 5379 of title 5. The program shall be  
13 known as the Department of Veterans Affairs Specialty  
14 Education Loan Repayment Program (in this chapter re-  
15 ferred to as the ‘Specialty Education Loan Repayment  
16 Program’).

17 **“§ 7692. Purpose**

18 “The purpose of the Specialty Education Loan Re-  
19 payment Program is to assist, through the establishment  
20 of an incentive program for certain individuals employed  
21 in the Veterans Health Administration, in meeting the  
22 staffing needs of the Veterans Health Administration for  
23 physicians in medical specialties for which the Secretary  
24 determines recruitment or retention of qualified personnel  
25 is difficult.

1 **“§ 7693. Eligibility; preference; covered costs**

2 “(a) ELIGIBILITY.—An individual is eligible to par-  
3 ticipate in the Specialty Education Loan Repayment Pro-  
4 gram if the individual—

5 “(1) is hired under section 7401 of this title to  
6 work in an occupation described in section 7692 of  
7 this title;

8 “(2) owes any amount of principal or interest  
9 under a loan, the proceeds of which were used by or  
10 on behalf of that individual to pay costs relating to  
11 a course of education or training which led to a de-  
12 gree that qualified the individual for the position re-  
13 ferred to in paragraph (1); and

14 “(3) is—

15 “(A) recently graduated from an accredited  
16 medical or osteopathic school and matched to  
17 an accredited residency program in a medical  
18 specialty described in section 7692 of this title;  
19 or

20 “(B) a physician in training in a medical  
21 specialty described in section 7692 of this title  
22 with more than two years remaining in such  
23 training.

24 “(b) PREFERENCE FOR VETERANS.—In selecting in-  
25 dividuals for participation in the Specialty Education

1 Loan Repayment Program under this subchapter, the Sec-  
2 retary may give preference to veterans.

3 “(c) COVERED COSTS.—For purposes of subsection  
4 (a)(2), costs relating to a course of education or training  
5 include—

6 “(1) tuition expenses;

7 “(2) all other reasonable educational expenses,  
8 including expenses for fees, books, equipment, and  
9 laboratory expenses; and

10 “(3) reasonable living expenses.

11 **“§ 7694. Specialty education loan repayment**

12 “(a) IN GENERAL.—Payments under the Specialty  
13 Education Loan Repayment Program shall consist of pay-  
14 ments for the principal and interest on loans described in  
15 section 7682(a)(2) of this title for individuals selected to  
16 participate in the Program to the holders of such loans.

17 “(b) FREQUENCY OF PAYMENT.—The Secretary  
18 shall make payments for any given participant in the Spe-  
19 cialty Education Loan Repayment Program on a schedule  
20 determined appropriate by the Secretary.

21 “(c) MAXIMUM AMOUNT; WAIVER.—(1) The amount  
22 of payments made for a participant under the Specialty  
23 Education Loan Repayment Program may not exceed  
24 \$160,000 over a total of four years of participation in the  
25 Program, of which not more than \$40,000 of such pay-

1 ments may be made in each year of participation in the  
2 Program.

3 “(2)(A) The Secretary may waive the limitations  
4 under paragraph (1) in the case of a participant described  
5 in subparagraph (B). In the case of such a waiver, the  
6 total amount of payments payable to or for that partici-  
7 pant is the total amount of the principal and the interest  
8 on the participant’s loans referred to in subsection (a).

9 “(B) A participant described in this subparagraph is  
10 a participant in the Program who the Secretary deter-  
11 mines serves in a position for which there is a shortage  
12 of qualified employees by reason of either the location or  
13 the requirements of the position.

14 **“§ 7695. Choice of location**

15 “Each participant in the Specialty Education Loan  
16 Repayment Program who completes residency may select,  
17 from a list of medical facilities of the Veterans Health Ad-  
18 ministration provided by the Secretary, at which such fa-  
19 cility the participant will work in a medical specialty de-  
20 scribed in section 7692 of this title.

21 **“§ 7696. Term of obligated service**

22 “(a) IN GENERAL.—In addition to any requirements  
23 under section 5379(c) of title 5, a participant in the Spe-  
24 cialty Education Loan Repayment Program must agree,

1 in writing and before the Secretary may make any pay-  
2 ment to or for the participant, to—

3 “(1) obtain a license to practice medicine in a  
4 State;

5 “(2) successfully complete post-graduate train-  
6 ing leading to eligibility for board certification in a  
7 specialty;

8 “(3) serve as a full-time clinical practice em-  
9 ployee of the Veterans Health Administration for 12  
10 months for every \$40,000 in such benefits that the  
11 employee receives, but in no case for fewer than 24  
12 months; and

13 “(4) except as provided in subsection (b), to  
14 begin such service as a full-time practice employee  
15 by not later than 60 days after completing a resi-  
16 dency.

17 “(b) FELLOWSHIP.—In the case of a participant who  
18 receives an accredited fellowship in a medical specialty  
19 other than a medical specialty described in section 7692  
20 of this title, the Secretary, on written request of the par-  
21 ticipant, may delay the term of obligated service under  
22 subsection (a) for the participant until after the partici-  
23 pant completes the fellowship, but in no case later than  
24 60 days after completion of such fellowship.

1       “(c) PENALTY.—(1) An employee who does not com-  
2 plete a period of obligated service under this section shall  
3 owe the Federal Government an amount determined in ac-  
4 cordance with the following formula:  $A = B \times ((T - S) \div T)$   
5 .

6       “(2) In the formula in paragraph (1):

7           “(A) ‘A’ is the amount the employee owes the  
8 Federal Government.

9           “(B) ‘B’ is the sum of all payments to or for  
10 the participant under the Specialty Education Loan  
11 Repayment Program.

12           “(C) ‘T’ is the number of months in the period  
13 of obligated service of the employee.

14           “(D) ‘S’ is the number of whole months of such  
15 period of obligated service served by the employee.

16 **“§ 7697. Relationship to Educational Assistance Pro-**  
17 **gram**

18       “Assistance under the Specialty Education Loan Re-  
19 payment Program may be in addition to other assistance  
20 available to individuals under the Educational Assistance  
21 Program.”.

22       (b) CONFORMING AND TECHNICAL AMENDMENTS.—

23           (1) CONFORMING AMENDMENTS.—

24           (A) Section 7601(a) of title 38, United  
25 States Code, is amended—

1 (i) in paragraph (4), by striking  
2 “and”;

3 (ii) in paragraph (5), by striking the  
4 period and inserting “; and”; and

5 (iii) by adding at the end the fol-  
6 lowing new paragraph:

7 “(6) the specialty education loan repayment  
8 program provided for in subchapter VIII of this  
9 chapter.”.

10 (B) Section 7603(a)(1) of title 38, United  
11 States Code, is amended by striking “or VI”  
12 and inserting “VI, or VIII”.

13 (C) Section 7604 of title 38, United States  
14 Code, is amended by striking “or VI” each  
15 place it appears and inserting “VI, or VIII”.

16 (D) Section 7631 of title 38, United States  
17 Code, is amended—

18 (i) in subsection (a)(1)—

19 (I) by striking “and” after  
20 “scholarship amount”; and

21 (II) by inserting “, and the max-  
22 imum specialty education loan repay-  
23 ment amount” after “reduction pay-  
24 ments amount”; and



1 (ii) in subsection (b) by adding at the  
2 end the following new paragraph:

3 “(7) The term ‘specialty education loan repayment  
4 amount’ means the maximum amount of specialty edu-  
5 cation loan repayment payments payable to or for a partic-  
6 ipant in the Department of Veterans Affairs Specialty  
7 Education Loan Repayment Program under subchapter  
8 VIII of this chapter, as specified in section 7694(c)(1) of  
9 this title and as previously adjusted (if at all) in accord-  
10 ance with this section.”.

11 (E) Section 7632 of title 38, United States  
12 Code, is amended—

13 (i) in paragraph (1), by striking “and  
14 the Education Debt Reduction Program”  
15 and inserting “the Education Debt Reduc-  
16 tion Program, and the Specialty Education  
17 Loan Repayment Program”; and

18 (ii) in paragraph (4), by striking “and  
19 per participant in the Education Debt Re-  
20 duction Program” and inserting “per par-  
21 ticipant in the Education Debt Reduction  
22 Program, and per participant in the Spe-  
23 cialty Education Loan Repayment Pro-  
24 gram”.

1           (2) TABLE OF SECTIONS.—The table of sections  
2           at the beginning of chapter 76 of such title is  
3           amended by inserting after the items relating to sub-  
4           chapter VII the following:

“SUBCHAPTER VIII—SPECIALTY EDUCATION LOAN REPAYMENT PROGRAM

“Sec.

“7691. Establishment.

“7692. Purpose.

“7693. Eligibility; preference; covered costs.

“7694. Specialty education loan repayment.

“7695. Choice of location.

“7696. Term of obligated service.

“7697. Relationship to Educational Assistance Program.”.

5           (c) NEEDS OF THE VHA.—In making determinations  
6           each year under section 7692 of title 38, United States  
7           Code, as enacted by subsection (a), the Secretary of Vet-  
8           erans Affairs shall consider the anticipated needs of the  
9           Veterans Health Administration during the period two to  
10          six years in the future.

11          (d) OFFER DEADLINE.—In the case of an applicant  
12          who applies before receiving a residency match and whom  
13          the Secretary of Veterans Affairs selects for participation  
14          in the Specialty Education Loan Repayment Program es-  
15          tablished by subsection (a), the Secretary shall offer par-  
16          ticipation to the applicant not later than 28 days after—

17                (1) the applicant matches with a residency in a  
18                medical specialty described in section 7692 of title  
19                38, United States Code, as enacted by subsection  
20                (a); and

21                (2) such match is published.

1 (e) PUBLICITY.—The Secretary of Veterans Affairs  
2 shall take such steps as the Secretary determines are ap-  
3 propriate to publicize the Specialty Education Loan Re-  
4 payment Program established under subchapter VIII of  
5 chapter 76 of title 38, United States Code, as enacted by  
6 subsection (a).

7 **SEC. 318. VETERANS HEALING VETERANS MEDICAL ACCESS**  
8 **AND SCHOLARSHIP PROGRAM.**

9 (a) ESTABLISHMENT.—The Secretary of Veterans  
10 Affairs, acting through the Office of Academic Affiliations  
11 of the Department of Veterans Affairs, shall carry out a  
12 pilot program under which the Secretary shall provide  
13 funding for the medical education of a total of 18 eligible  
14 veterans. Such funding shall be provided for two veterans  
15 enrolled in each covered medical schools in accordance  
16 with this section.

17 (b) ELIGIBLE VETERANS.—To be eligible to receive  
18 funding for medical education under this section, a vet-  
19 eran shall—

20 (1) have been discharged from the Armed  
21 Forces not more than ten years before the date of  
22 application for admission to a covered medical  
23 school;

24 (2) not be entitled to educational assistance  
25 under chapter 30, 31, 32, 33, 34, or 35 of title 38,

1 United States Code, or chapter 1606 or 1607 of title  
2 10, United States Code;

3 (3) apply for admission to a covered medical  
4 school for the entering class of 2019;

5 (4) indicate on such application for admission  
6 that the veteran would like to be considered for an  
7 award of funding under this section;

8 (5) meet the minimum admissions criteria for  
9 the covered medical school to which the veteran ap-  
10 plies; and

11 (6) enter into an agreement described in sub-  
12 section (e).

13 (c) AWARD OF FUNDING.—

14 (1) IN GENERAL.—Each covered medical school  
15 that opts to participate in the program under this  
16 section shall reserve two seats in the entering class  
17 of 2019 for eligible veterans who receive funding  
18 under such program. Such funding shall be awarded  
19 to the two eligible veterans with the highest admis-  
20 sions rankings for such class at such school.

21 (2) AMOUNT OF FUNDING.—Each eligible vet-  
22 eran who receives funding under this section shall  
23 receive an amount equal to the actual cost of—

24 (A) tuition at the covered medical school at  
25 which the veteran enrolls for four years;

1 (B) books, fees, and technical equipment;

2 (C) fees associated with the National Resi-  
3 dency Match Program;

4 (D) two away rotations performed during  
5 the fourth year at a Department of Veterans  
6 Affairs medical facility; and

7 (E) a monthly stipend for the four-year pe-  
8 riod during which the veteran is enrolled in  
9 medical school in an amount to be determined  
10 by the Secretary.

11 (3) DISTRIBUTION OF FUNDING.—In the event  
12 that two or more eligible veterans do not apply for  
13 admission at one of the covered medical schools for  
14 the entering class of 2019, the Secretary shall dis-  
15 tribute the available funding to eligible veterans who  
16 applied for admission at other covered medical  
17 schools.

18 (d) AGREEMENT.—

19 (1) TERMS OF AGREEMENT.—Each eligible vet-  
20 eran who accepts funding for medical education  
21 under this section shall enter into an agreement with  
22 the Secretary that provides that the veteran  
23 agrees—

24 (A) to maintain enrollment and attendance  
25 in the medical school;

1 (B) while enrolled in such medical school,  
2 to maintain an acceptable level of academic  
3 standing (as determined by the medical school  
4 under regulations prescribed by the Secretary);

5 (C) to complete post-graduate training  
6 leading to eligibility for board certification in a  
7 speciality applicable to the Department of Vet-  
8 erans Affairs, as determined by the Secretary;

9 (D) after completion of medical school, to  
10 obtain a license to practice medicine in a State;  
11 and

12 (E) after completion of medical school and  
13 post-graduate training, to serve as a full-time  
14 clinical practice employee in the Veterans  
15 Health Administration for a period of four  
16 years.

17 (2) BREACH OF AGREEMENT.—If an eligible  
18 veteran who accepts funding under this section  
19 breaches the terms of the agreement described in  
20 paragraph (1), the United States shall be entitled to  
21 recover damages in an amount equal to the total  
22 amount of such funding received by the veteran.

23 (e) RULE OF CONSTRUCTION.—Nothing in this sec-  
24 tion shall be construed to prevent any covered medical

1 school from accepting more than two eligible veterans for  
2 the entering class of 2019.

3 (f) REPORT TO CONGRESS.—Not later than Decem-  
4 ber 31, 2020, and annually thereafter for the subsequent  
5 three years, the Secretary shall submit to Congress a re-  
6 port on the pilot program under this section. Such report  
7 shall include the evaluation of the Secretary of the success  
8 of the pilot program, including the number of veterans  
9 who received funding under the program who matriculated  
10 and an evaluation of the academic progress of such vet-  
11 erans.

12 (g) COVERED MEDICAL SCHOOLS.—In this section,  
13 the term “covered medical school” means any of the fol-  
14 lowing.

15 (1) The Teague-Cranston medical schools, con-  
16 sisting of—

17 (A) Texas A&M College of Medicine;

18 (B) Quillen College of Medicine at East  
19 Tennessee State University;

20 (C) Boonshoft School of Medicine at  
21 Wright State University;

22 (D) Joan C. Edwards School of Medicine  
23 at Marshall University; and

24 (E) University of South Carolina School of  
25 Medicine.

1 (2) Charles R Drew University of Medicine and  
2 Science.

3 (3) Howard University College of Medicine.

4 (4) Meharry Medical College.

5 (5) Morehouse School of Medicine.

6 **PART III—OTHER PERSONNEL MATTERS**

7 **SEC. 321. EXCEPTION ON LIMITATION ON AWARDS AND BO-**  
8 **NUSES FOR RECRUITMENT, RELOCATION,**  
9 **AND RETENTION.**

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

16 **SEC. 322. ANNUAL REPORT ON PERFORMANCE AWARDS**  
17 **AND BONUSES AWARDED TO CERTAIN HIGH-**  
18 **LEVEL EMPLOYEES OF THE DEPARTMENT.**

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

21 **“§ 726. Annual report on performance awards and bo-**  
22 **nuses awarded to certain high-level em-**  
23 **ployees**

24 “(a) IN GENERAL.—Not later than 30 days after the  
25 end of each fiscal year, the Secretary shall submit to the



1 appropriate committees of Congress a report that con-  
2 tains, for the most recent fiscal year ending before the  
3 submittal of the report, a description of the performance  
4 awards and bonuses awarded to Regional Office Directors  
5 of the Department, Directors of Medical Centers of the  
6 Department, and Directors of Veterans Integrated Service  
7 Networks.

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

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

13           “(2) The job title of the individual awarded the  
14 award or bonus.

15           “(3) The location where the individual awarded  
16 the award or bonus works.

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

20           “(1) the Committee on Veterans’ Affairs and  
21 the Committee on Appropriations of the Senate; and

22           “(2) the Committee on Veterans’ Affairs and  
23 the Committee on Appropriations of the House of  
24 Representatives.”.

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

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

5 **SEC. 323. AUTHORITY TO REGULATE ADDITIONAL PAY FOR**  
6 **CERTAIN HEALTH CARE EMPLOYEES OF THE**  
7 **DEPARTMENT.**

8 Section 7454 is amended by adding at the end the  
9 following new subsection:

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

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

17 Paragraph (2) of section 7451(c) is amended to read  
18 as follows:

19 “(2)(A) The maximum rate of basic pay for any  
20 grade for health-care personnel positions referred to in  
21 paragraphs (1) and (3) of section 7401 of this title (other  
22 than the positions of physician, dentist, and registered  
23 nurse) may not exceed the rate of basic pay established

1 for positions in level IV of the Executive Schedule under  
2 section 5315 of title 5.

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

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

**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.**

**(a) PROGRAM REQUIRED.—**

(1) IN GENERAL.—The Secretary of Veterans Affairs shall carry out a program through the award of grants to public or private nonprofit entities to assess the feasibility and advisability of using wellness programs to complement the provision of mental health care to veterans and family members eligible for counseling under section 1712A(a)(1)(C) of title 38, United States Code.

(2) MATTERS TO BE ADDRESSED.—The program shall be carried out so as to assess the following:

(A) Means of improving coordination between Federal, State, local, and community providers of health care in the provision of mental health care to veterans and family members described in paragraph (1).

(B) Means of enhancing outreach, and coordination 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 402(a) of  
24 the Veterans’ Community Care and Infrastruc-  
25 ture Investment Act of 2018, has a serious in-

1 jury (including traumatic brain injury, psycho-  
2 logical trauma, or other mental disorder) in-  
3 curred or aggravated in the line of duty in the  
4 active military, naval, or air service on or after  
5 September 11, 2001;

6 “(ii) during the two-year period beginning  
7 on the date on which the Secretary submitted  
8 to Congress the certification described in clause  
9 (i), has a serious injury (including traumatic  
10 brain injury, psychological trauma, or other  
11 mental disorder) incurred or aggravated in the  
12 line of duty in the active military, naval, or air  
13 service—

14 “(I) on or before May 7, 1975; or

15 “(II) on or after September 11, 2001;

16 or

17 “(iii) after the date that is two years after  
18 the date on which the Secretary submits to  
19 Congress the certification described in clause  
20 (i), has a serious injury (including traumatic  
21 brain injury, psychological trauma, or other  
22 mental disorder) incurred or aggravated in the  
23 line of duty in the active military, naval, or air  
24 service; and”.

1 (B) PUBLICATION IN FEDERAL REG-  
2 ISTER.—Not later than 30 days after the date  
3 on which the Secretary of Veterans Affairs sub-  
4 mits to Congress the certification described in  
5 subsection (a)(2)(B)(i) of section 1720G of  
6 such title, as amended by subparagraph (A) of  
7 this paragraph, the Secretary shall publish the  
8 date specified in such subsection in the Federal  
9 Register.

10 (2) EXPANSION OF NEEDED SERVICES IN ELI-  
11 GIBILITY CRITERIA.—Subsection (a)(2)(C) of such  
12 section is amended—

13 (A) in clause (ii), by striking “; or” and in-  
14 serting a semicolon;

15 (B) by redesignating clause (iii) as clause  
16 (iv); and

17 (C) by inserting after clause (ii) the fol-  
18 lowing new clause (iii):

19 “(iii) a need for regular or extensive in-  
20 struction or supervision without which the abil-  
21 ity of the veteran to function in daily life would  
22 be seriously impaired; or”.

23 (3) EXPANSION OF SERVICES PROVIDED.—Sub-  
24 section (a)(3)(A)(ii) of such section is amended—

1 (A) in subclause (IV), by striking “; and”  
2 and inserting a semicolon;

3 (B) in subclause (V), by striking the period  
4 at the end and inserting “; and”; and

5 (C) by adding at the end the following new  
6 subclause:

7 “(VI) through the use of contracts with, or  
8 the provision of grants to, public or private en-  
9 tities—

10 “(aa) financial planning services relat-  
11 ing to the needs of injured veterans and  
12 their caregivers; and

13 “(bb) legal services, including legal  
14 advice and consultation, relating to the  
15 needs of injured veterans and their care-  
16 givers.”.

17 (4) MODIFICATION OF STIPEND CALCULA-  
18 TION.—Subsection (a)(3)(C) of such section is  
19 amended—

20 (A) by redesignating clause (iii) as clause  
21 (iv); and

22 (B) by inserting after clause (ii) the fol-  
23 lowing new clause (iii):

24 “(iii) In determining the amount and degree of per-  
25 sonal care services provided under clause (i) with respect

1 to an eligible veteran whose need for personal care services  
2 is based in whole or in part on a need for supervision or  
3 protection under paragraph (2)(C)(ii) or regular instruc-  
4 tion or supervision under paragraph (2)(C)(iii), the Sec-  
5 retary shall take into account the following:

6           “(I) The assessment by the family caregiver of  
7 the needs and limitations of the veteran.

8           “(II) The extent to which the veteran can func-  
9 tion safely and independently in the absence of such  
10 supervision, protection, or instruction.

11           “(III) The amount of time required for the  
12 family caregiver to provide such supervision, protec-  
13 tion, or instruction to the veteran.”.

14           (5) PERIODIC EVALUATION OF NEED FOR CER-  
15 TAIN SERVICES.—Subsection (a)(3) of such section  
16 is amended by adding at the end the following new  
17 subparagraph:

18           “(D) In providing instruction, preparation, and train-  
19 ing under subparagraph (A)(i)(I) and technical support  
20 under subparagraph (A)(i)(II) to each family caregiver  
21 who is approved as a provider of personal care services  
22 for an eligible veteran under paragraph (6), the Secretary  
23 shall periodically evaluate the needs of the eligible veteran  
24 and the skills of the family caregiver of such veteran to  
25 determine if additional instruction, preparation, training,

1 or technical support under those subparagraphs is nec-  
2 essary.”.

3 (6) USE OF PRIMARY CARE TEAMS.—Subsection  
4 (a)(5) of such section is amended, in the matter pre-  
5 ceding subparagraph (A), by inserting “(in collabo-  
6 ration with the primary care team for the eligible  
7 veteran to the maximum extent practicable)” after  
8 “evaluate”.

9 (7) ASSISTANCE FOR FAMILY CAREGIVERS.—  
10 Subsection (a) of such section is amended by adding  
11 at the end the following new paragraph:

12 “(11)(A) In providing assistance under this sub-  
13 section to family caregivers of eligible veterans, the Sec-  
14 retary may enter into contracts, provider agreements, and  
15 memoranda of understanding with Federal agencies,  
16 States, and private, nonprofit, and other entities to pro-  
17 vide such assistance to such family caregivers.

18 “(B) The Secretary may provide assistance under  
19 this paragraph only if such assistance is reasonably acces-  
20 sible to the family caregiver and is substantially equivalent  
21 or better in quality to similar services provided by the De-  
22 partment.

23 “(C) The Secretary may provide fair compensation  
24 to Federal agencies, States, and other entities that provide  
25 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 October 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(a)(1) of this title, solely due to a serious  
23                injury (including traumatic brain injury, psy-  
24                chological trauma, or other mental disorder) in-  
25                curred or aggravated in the line of duty in the

1 active military, naval, or air service before Sep-  
2 tember 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 that the information technology system de-  
5 scribed in subsection (a) has been imple-  
6 mented.

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 (c) 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 of  
24 this title.

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(e)(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—CAPITAL INFRASTRUC-**  
2 **TURE IMPROVEMENT AND**  
3 **SUSTAINMENT**

4 **SEC. 501. SHORT TITLE.**

5 This title may be cited as the “Capital Infrastructure  
6 Improvement and Sustainment Act of 2018”.

7 **SEC. 502. DISPOSAL OF CERTAIN DEPARTMENT OF VET-**  
8 **ERANS AFFAIRS PROPERTY.**

9 (a) **DISPOSAL REQUIRED.**—By not later than Sep-  
10 tember 30, 2021, the Secretary of Veterans Affairs shall  
11 dispose of all properties described in the Summary of Po-  
12 tential Disposals and Enhanced-Use Leases FY 2018-  
13 2022, Appendix 4, of the Department of Veterans Affairs  
14 Budget Submission for Fiscal Year 2019.

15 (b) **REPORT TO CONGRESS.**—Not later than March  
16 31, 2022, the Secretary shall submit to Congress a report  
17 on the status of the implementation of subsection (a). In  
18 the case of any property described in that subsection that  
19 is not disposed of by September 30, 2021, the Secretary  
20 shall include—

- 21 (1) the reasons the property was not disposed  
22 of;  
23 (2) the Secretary’s plan to dispose of the prop-  
24 erty; and



1 (3) any new statutory authority the Secretary  
2 has determined necessary in order to dispose of the  
3 property.

4 (c) DISPOSAL.—In this section, the term “disposal”  
5 includes—

6 (1) demolition;

7 (2) deconstruction;

8 (3) transfer to the General Services Administra-  
9 tion for disposal under section 541 of title 40,  
10 United States Code; and

11 (4) entering into an enhanced use lease pursu-  
12 ant to section 8162 of title 38, United States Code.

13 **SEC. 503. LAND CONVEYANCE, DEPARTMENT OF VETERANS**  
14 **AFFAIRS PROPERTY, TUSKEGEE, ALABAMA.**

15 (a) FINDINGS.—Congress makes the following find-  
16 ings:

17 (1) In 1922, Tuskegee University voted to do-  
18 nate three hundred acres of land to the United  
19 States to build a veterans’ hospital, a portion of  
20 which is described in subsection (b)(1).

21 (2) The property is administered by the Depart-  
22 ment of Veterans Affairs and has been used as space  
23 for the Tuskegee Veteran’s Hospital.

24 (3) Tuskegee University (hereinafter in this sec-  
25 tion referred to as the “University”) is a State-re-

1       lated land grant institution of higher learning that  
2       intends to use the property described in subsection  
3       (b)(1) to further the education and general welfare  
4       of its students.

5           (4) As provided in subsection (c), the convey-  
6       ance of the property to the University would pro-  
7       mote the University's educational mission and re-  
8       lated purposes and result in savings to the Federal  
9       Government.

10       (b) LAND CONVEYANCE.—

11           (1) CONVEYANCE AUTHORIZED.—The Secretary  
12       of Veterans Affairs shall, without consideration, con-  
13       vey all right, title, and interest of the United States  
14       in and to a parcel of real property, including im-  
15       provements thereon, consisting of approximately  
16       64.5 acres located at 2400 Hospital Road, Tuskegee,  
17       Alabama, including building numbers 19–29, 50–51,  
18       59–60, 62–63, 80, 94, 96, and 124, to Tuskegee  
19       University, for the purpose of permitting Tuskegee  
20       University to use the property to further the edu-  
21       cation and general welfare of its students. In car-  
22       rying out the conveyance under this subsection, the  
23       Secretary may survey all or a portion of the property  
24       to be conveyed if the Secretary determines such a  
25       survey would be necessary or desirable.

(2) HAZARDOUS SUBSTANCES.—Notwithstanding section 120(h) of the Comprehensive Environmental Response, Compensation, and Liability Act of 1980 (42 U.S.C. 9620(h)) or the Solid Waste Disposal Act (42 U.S.C. 6901 et seq.), in the conveyance of the property under subsection (a), the Secretary shall be only required to meet the disclosure requirements for hazardous substances, pollutants, and contaminants, but otherwise shall not be required to remediate or abate the release of any hazardous substance, pollutant, or contaminant, including petroleum and petroleum derivatives.

(3) COOPERATIVE AUTHORITY.—

(A) LEASES, CONTRACTS, AND COOPERATIVE AGREEMENTS AUTHORIZED.—In conjunction with, or in addition to, the conveyance under subsection (a), the Secretary may enter into leases, contracts, and cooperative agreements with the University related to the conveyance authorized under subsection (a).

(B) SOLE SOURCE.—Notwithstanding division C of subtitle I of title 41, United States Code, or any other provision of law, the Secretary may lease real property from the University on a noncompetitive basis.

1 (C) NON-EXCLUSIVE AUTHORITY.—The  
2 authority provided by this subsection is in addi-  
3 tion to any other authority of the Secretary.

4 (4) ADDITIONAL TERMS AND CONDITIONS.—  
5 The Secretary may require such reasonable terms  
6 and conditions in connection with the conveyance  
7 under subsection (a) as the Secretary considers ap-  
8 propriate to protect the interests of the United  
9 States, except that the conveyance may not require  
10 further administrative or environmental analyses or  
11 examination.

12 **SEC. 504. AUTHORIZATION OF SALE OF PERSHING HALL.**

13 Section 403 of the Veterans' Benefits Programs Im-  
14 provement Act of 1991 (Public Law 102–86; 38 U.S.C.  
15 2400 note) is amended by adding at the end the following  
16 new subsection:

17 “(f) AUTHORIZATION OF SALE.—(1) The Secretary  
18 shall sell for fair market value Pershing Hall and transfer  
19 and convey to the purchaser all right, title, and interest  
20 of the United States in or to such property. The Secretary  
21 shall determine fair market value based on an independent  
22 assessment conducted by a nongovernmental entity. The  
23 Secretary may only accept money as consideration for  
24 such sale. As a condition of such sale, the Secretary shall

1 require that the purchaser agree to preserve the architec-  
2 tural details of the exterior and interior of Pershing Hall.

3 “(2) On or before the date on which the Secretary  
4 sells Pershing Hall pursuant to paragraph (1), the Sec-  
5 retary shall transfer to the American Battle Monuments  
6 Commission any personal property (including memorabilia  
7 regarding General Pershing and the American Expedi-  
8 tionary Forces in France during World War I) in the pos-  
9 session of the Department of Veterans Affairs as of the  
10 date of the enactment of this subsection, regardless of the  
11 location of the property at the time of the transfer, that  
12 was located in Pershing Hall (or otherwise associated with  
13 Pershing Hall) on the date on which the United States  
14 acquired Pershing Hall pursuant to the Act of June 28,  
15 1935 (Chapter 323; 49 Stat. 426).

16 “(3) The funds received by the Secretary pursuant  
17 to the sale of Pershing Hall under paragraph (1) shall  
18 be transferred to the American Battle Monuments Com-  
19 mission and be made available, subject to appropriation  
20 and without fiscal year limitation, for maintaining ceme-  
21 teries, monuments, and memorials under the jurisdiction  
22 of the Commission.

23 “(4)(A) Effective on the day after the date of the sale  
24 of Pershing Hall authorized under paragraph (1), the au-  
25 thority of the Secretary to carry out subsections (a), (b),

1 (c), and (e) shall terminate except for purposes of carrying  
2 out paragraph (2) of this subsection.

3 “(B) Effective on the date that is one year after the  
4 date of the sale of Pershing Hall authorized under para-  
5 graph (1), the Pershing Hall Revolving Fund shall be  
6 abolished and the corpus of the fund, including accrued  
7 interest, shall be transferred to the American Battle  
8 Monuments Commission and be made available, subject to  
9 appropriation and without fiscal year limitation, for main-  
10 taining cemeteries, monuments, and memorials under the  
11 jurisdiction of the Commission.

12 “(5) Not later than 180 days after the date of the  
13 enactment of this subsection, and each 180-day period  
14 thereafter until the date on which the Secretary sells Per-  
15 shing Hall pursuant to paragraph (1), the Secretary shall  
16 submit to the Committees on Veterans’ Affairs of the  
17 House of Representatives and the Senate a report on the  
18 implementation of this subsection. Not later than 30 days  
19 after the date of such sale, the Secretary shall submit to  
20 such committees a final report on the implementation of  
21 this subsection.”.

22 **SEC. 505. EXPANDED ENHANCED USE LEASE AUTHORITY.**

23 Section 8162(a)(2) of title 38, United States Code,  
24 is amended by striking “only for the provision of sup-  
25 portive housing” and inserting “if at least part of the use

1 of the property under the lease will be to provide appro-  
2 priate space for an activity that will provide services that  
3 will directly benefit veterans”.

4 **SEC. 506. ACCEPTANCE OF PROPERTY.**

5 Section 8115 of title 38, United States Code, is  
6 amended—

7 (1) by striking “or grounds” and inserting  
8 “grounds, or other in-kind donation”; and

9 (2) by inserting “veterans or non-veteran” be-  
10 fore “disabled persons”.

11 **SEC. 507. SHARING OF DEPARTMENT OF VETERANS AF-**  
12 **FAIRS AND PUBLIC HEALTH SERVICE**  
13 **HEALTH CARE RESOURCES.**

14 (a) IN GENERAL.—Subchapter I of chapter 81 of title  
15 38, United States Code, is amended by inserting after sec-  
16 tion 8111A the following new section:

17 **“§ 8111B. Sharing of Department of Veterans Affairs**  
18 **and Public Health Service health care re-**  
19 **sources**

20 **“(a) REQUIRED COORDINATION AND SHARING OF**  
21 **HEALTH CARE RESOURCES.—**The Secretary of Veterans  
22 Affairs and the Secretary of Health and Human Services  
23 shall enter into agreements and contracts for the mutually  
24 beneficial coordination, use, or exchange of use of the  
25 health care resources of the Department of Veterans Af-

1   fairs and the Public Health Service with the goal of im-  
2   proving the access to, and quality and cost effectiveness  
3   of, the health care provided by the Veterans Health Ad-  
4   ministration and the Public Health Service to the bene-  
5   ficiaries of both such Administration and such Service.

6       “(b) JOINT REQUIREMENTS FOR SECRETARIES OF  
7   VETERANS AFFAIRS AND HEALTH AND HUMAN SERV-  
8   ICES.—To facilitate the mutually beneficial coordination,  
9   use, or exchange of use of the health care resources of  
10  the Department of Veterans Affairs and the Public Health  
11  Service, the two Secretaries shall carry out the following  
12  functions:

13       “(1) Develop and publish a joint strategic vision  
14   statement and a joint strategic plan to shape, focus,  
15   and prioritize the coordination and sharing efforts  
16   among appropriate elements of the two Departments  
17   and incorporate the goals and requirements of the  
18   joint sharing plan into the strategic plan of each De-  
19   partment under section 306 of title 5 and the per-  
20   formance plan of each Department under section  
21   1115 of title 31.

22       “(2) Ensure that care provided through agree-  
23   ments entered into under this section is consistent  
24   with the health care responsibilities of the Depart-  
25   ment of Veterans Affairs under this title.



1           “(3) Ensure that such agreements will not ad-  
2           versely affect the range of services, the quality of  
3           care, or the established priorities for care provided  
4           by either Department.

5           “(4) Ensure that such agreements will not re-  
6           duce capacities in certain specialized programs of  
7           the Department of Veterans Affairs that the Sec-  
8           retary is required to maintain in accordance with  
9           section 1706(b) of this title.

10          “(c) GUIDELINES AND POLICIES FOR IMPLEMENTA-  
11          TION OF COORDINATION AND SHARING RECOMMENDA-  
12          TIONS, CONTRACTS, AND AGREEMENTS.—(1) To facilitate  
13          the sharing and coordination of health care services be-  
14          tween the two Departments, the two Secretaries shall  
15          jointly develop and implement guidelines for a standard-  
16          ized, uniform payment and reimbursement schedule for  
17          those services. Such schedule shall be revised periodically  
18          as necessary. The two Secretaries may on a case-by-case  
19          basis waive elements of the schedule if they jointly agree  
20          that such a waiver is in the best interests of both Depart-  
21          ments.

22          “(2)(A) The guidelines established under paragraph  
23          (1) shall authorize the head of a medical facility and serv-  
24          ice regions to enter into health care resources coordination  
25          and sharing agreements.

1       “(B) Under any such agreement, an individual who  
2 is a primary beneficiary of one Department may be pro-  
3 vided health care, as provided in the agreement, at a facil-  
4 ity or in the service region of the other Department that  
5 is a party to the sharing agreement.

6       “(C) Each such agreement shall identify the health  
7 care resources to be shared.

8       “(D) Each such agreement shall provide, and shall  
9 specify procedures designed to ensure, that the availability  
10 of direct health care to individuals who are not primary  
11 beneficiaries of the providing Department is—

12           “(i) on a referral basis from the facility or serv-  
13 ice region of the other Department; and

14           “(ii) does not (as determined by the head of the  
15 providing facility or region) adversely affect the  
16 range of services, the quality of care, or the estab-  
17 lished priorities for care provided to the primary  
18 beneficiaries of the providing Department.

19       “(E) Each such agreement shall provide that a pro-  
20 viding Department or service region shall be reimbursed  
21 for the cost of the health care resources provided under  
22 the agreement and that the rate of such reimbursement  
23 shall be as determined in accordance with paragraph (1).

24       “(F) Each proposal for an agreement under this  
25 paragraph shall be effective—

1           “(i) on the 46th day after the receipt of such  
2       proposal by the Secretaries, unless earlier dis-  
3       approved, or

4           “(ii) if earlier approved by the Secretaries, on  
5       the date of such approval.

6       “(G) Any funds received through such a uniform pay-  
7       ment and reimbursement schedule shall be credited to  
8       funds that have been allotted to the facility of either De-  
9       partment that provided the care or services, or is due the  
10      funds from, any such agreement.

11       “(d) ANNUAL JOINT REPORT.—(1) At the time the  
12      President’s budget is transmitted to Congress in any year  
13      pursuant to section 1105 of title 31, the two Secretaries  
14      shall submit to Congress a joint report on health care co-  
15      ordination and sharing activities under this section during  
16      the fiscal year that ended during the previous calendar  
17      year.

18       “(2) Each report under this section shall include the  
19      following:

20           “(A) The guidelines prescribed under subsection  
21       (d) (and any revision of such guidelines).

22           “(B) An assessment of any further opportuni-  
23       ties identified by the Secretaries.

24           “(C) A review of the sharing agreements en-  
25       tered into under subsection (e) and a summary of

1 activities under such agreements during such fiscal  
2 year and a description of the results of such agree-  
3 ments in improving access to, and the quality and  
4 cost effectiveness of, the health care provided by the  
5 Veterans Health Administration and the Public  
6 Health Service to the beneficiaries of both such Ad-  
7 ministration and such Service.

8 “(D) A summary of other planning and activi-  
9 ties involving either Department in connection with  
10 promoting the coordination and sharing of Federal  
11 health-care resources during the preceding fiscal  
12 year.

13 “(e) DEFINITIONS.—For the purposes of this section:

14 “(1) The term ‘beneficiary’ means a person who  
15 is a primary beneficiary of the Department of Vet-  
16 erans Affairs or of the Department of Health and  
17 Human Services.

18 “(2) The term ‘direct health care’ means health  
19 care provided to a beneficiary in a medical facility  
20 operated by the Department of Veterans Affairs or  
21 the Department of Health and Human Services.

22 “(3) The term ‘head of a medical facility’—

23 “(A) with respect to a medical facility of  
24 the Department of Veterans Affairs, means the  
25 director of the facility; and

1           “(B) with respect to a medical facility of  
2           the Department of Health and Human Services,  
3           means the medical or dental officer in charge or  
4           the contract surgeon in charge.

5           “(4) The term ‘health-care resource’ includes  
6           hospital care, medical services, and rehabilitative  
7           services, as those terms are defined in paragraphs  
8           (5), (6), and (8), respectively, of section 1701 of this  
9           title, services under sections 1782 and 1783 of this  
10          title, any other health-care service, and any health-  
11          care support or administrative resource.

12          “(5) The term ‘primary beneficiary’—

13               “(A) with respect to the Department  
14               means a person who is eligible under this title  
15               (other than under section 1782, 1783, or 1784  
16               or subsection (d) of this section) or any other  
17               provision of law for care or services in Depart-  
18               ment medical facilities, and

19               “(B) with respect to the Department of  
20               Health and Human Services, means a person  
21               eligible for care, treatment, and hospitalization  
22               under section 321 of the Public Health Service  
23               Act.

24           “(6) The term ‘providing Department’ means  
25          the Department of Veterans Affairs, in the case of

1 care or services furnished by a facility of the Depart-  
2 ment of Veterans Affairs, and the Department of  
3 Health and Human Services, in the case of care or  
4 services furnished by a facility of the Public Health  
5 Service.

6 “(7) The term ‘service region’ means a geo-  
7 graphic service area of the Veterans Health Admin-  
8 istration, in the case of the Department of Veterans  
9 Affairs, and a service region, in the case of the Pub-  
10 lic Health Service.”.

11 (b) CLERICAL AMENDMENT.—The table of sections  
12 at the beginning of such chapter is amended by inserting  
13 after the item relating to section 8111A the following new  
14 item:

“8111B. Sharing of Department of Veterans Affairs and Public Health Service  
health care resources.”.

15 (c) JOINT INCENTIVES PROGRAM.—

16 (1) IN GENERAL.—The Secretary of Veterans  
17 Affairs and the Secretary of Health and Human  
18 Services shall carry out a program to identify, pro-  
19 vide incentives to, implement, fund, and evaluate  
20 creative coordination and sharing initiatives at the  
21 facility, intraregional, and nationwide levels.

22 (2) DHS-VA HEALTH CARE SHARING INCEN-  
23 TIVE FUND.—

1           (A) ESTABLISHMENT.—To facilitate the  
2           incentive program, there is established in the  
3           Treasury a fund to be known as the “DHS-VA  
4           Health Care Sharing Incentive Fund”. Each  
5           Secretary shall annually contribute to the fund  
6           a minimum of \$15,000,000 from the funds ap-  
7           propriated to that Secretary’s Department.  
8           Such funds shall remain available until ex-  
9           pended and shall be available for any purpose  
10          authorized by this section.

11          (B) TERMINATION.—Upon the termination  
12          of the program under paragraph (3), any unob-  
13          ligated amounts in the Fund established under  
14          subparagraph (A) shall be transferred to the  
15          General Fund of the Treasury.

16          (3) TERMINATION.—The program under this  
17          subsection shall terminate on September 30, 2025.

18   **SEC. 508. PUBLIC-PRIVATE PARTNERSHIPS; EXCHANGE OF**  
19                   **PROPERTY FOR CONSTRUCTED ASSETS OR**  
20                   **CONSTRUCTION SERVICES.**

21          Section 8103(a) of title 38, United States Code, is  
22          amended—

23           (1) in paragraph (2), by striking “and” at the  
24          end;

1 (2) by redesignating paragraph (3) as para-  
2 graph (5); and

3 (3) by inserting after paragraph (2) the fol-  
4 lowing new paragraph (3):

5 “(3) may enter into a public-private partnership  
6 with an entity that will partially fund the construc-  
7 tion of a medical facility, or that will fully fund the  
8 construction of a medical facility that will be leased  
9 to the Department for a period of not more than 35  
10 years;

11 “(4) may exchange a facility of the Department  
12 that is designated for disposal for a constructed  
13 asset or for construction services; and”.

14 **SEC. 509. ASSESSMENT OF DEPARTMENT OF VETERANS AF-**  
15 **FAIRS HEALTH CARE NEEDS AND CAPACITY.**

16 (a) **ASSESSMENT REQUIRED.**—Not later than 540  
17 days after the date of the enactment of this Act, the Sec-  
18 retary of Veterans Affairs shall conduct the following as-  
19 sessments:

20 (1) An assessment of—

21 (A) the current health care needs of vet-  
22 erans who are enrolled in the patient enrollment  
23 system of the Department of Veterans Affairs  
24 under section 1705 of title 38, United States  
25 Code, who reside in all geographic areas of the



1 United States, regardless of Veterans Inte-  
2 grated Service Network;

3 (B) the projected future health care needs  
4 of such veterans over the subsequent 5-year,  
5 10-year, and 20-year periods; and

6 (C) any gaps in services provided by the  
7 Department based on the information collected  
8 under subparagraphs (A) and (B).

9 (2) An assessment of the current capability of  
10 the Department of Veterans Affairs to furnish—

11 (A) hospital care, medical services, and  
12 nursing home care under the authority of sec-  
13 tion 1710 of title 38, United States Code; and

14 (B) hospital care and medical services pur-  
15 suant to contracts entered into under section  
16 1703 of such title.

17 (b) REPORT TO CONGRESS.—Not later than 30 days  
18 after the completion of the assessments required under  
19 subsection (a), the Secretary shall submit to Congress a  
20 report on such assessments. Such report shall include a  
21 description of any gaps in access of veterans to hospital  
22 care, medical services, and nursing home care furnished  
23 under the authority of section 1710 of title 38, United  
24 States Code, displayed by medical specialty and geo-  
25 graphic location.

1 **SEC. 510. MAKE-BUY MODEL.**

2 (a) IN GENERAL.—The Secretary of Veterans Affairs  
3 shall develop a make-buy model designed to eliminate any  
4 gaps in access of veterans enrolled in the patient enroll-  
5 ment system of the Department of Veterans Affairs under  
6 section 1705 of title 38, United States Code, to hospital  
7 care, medical services, and nursing home care furnished  
8 by the Secretary. Such model shall include—

9 (1) the authority of the Secretary to furnish  
10 hospital care, medical services, and nursing home  
11 care under title 38, United States Code;

12 (2) timely access to hospital care, medical serv-  
13 ices, and nursing home care;

14 (3) financial determinations based on the best  
15 value to the Department; and

16 (4) recommendations for each medical facility  
17 of the Department based on an analysis of the med-  
18 ical speciality care provided at such facility.

19 (b) SUBMITTAL TO CONGRESS.—Not later than one  
20 year after the date of the enactment of this Act, the Sec-  
21 retary shall submit to Congress the make-buy model devel-  
22 oped under subsection (a).

23 (c) DEFINITIONS.—In this section:

24 (1) The term “make-buy model” means an  
25 analysis for determining whether making or buying

1 a health care services will result in the most timely  
2 and cost-effective way to provide such services.

3 (2) The term “making” means eliminating gaps  
4 in the ability of the Department of Veterans Affairs  
5 to provide health care services through the authority  
6 of the Department to construct and alter, and to ac-  
7 quire sites for, medical facilities under section 8103  
8 of title 38, United States Code.

9 (3) The term “buying” means eliminating such  
10 gaps through the use of the authority of the Sec-  
11 retary to enter into contracts for health care services  
12 under section 1703 of title 38, United States Code.

13 **SEC. 511. NATIONAL ACADEMY OF SCIENCE REVIEW.**

14 (a) IN GENERAL.—The Secretary of Veterans Affairs  
15 shall enter into a contract with the National Academy of  
16 Sciences to review the reliability and validity of the method-  
17 ology used in conducting the assessments required under  
18 sections 509 and 510, and in developing the model re-  
19 quired under section 11, including the accuracy of any  
20 data used in conducting the assessments and developing  
21 the model.

22 (b) REVIEW PANEL.—The contract under subsection  
23 (a) shall provide that—

24 (1) the National Academy of Science shall es-  
25 tablish a panel consisting of experts in health care

1 planning and other appropriate disciplines for the  
2 purpose of conducting the review under the contract;  
3 and

4 (2) not later than 180 days after the establish-  
5 ment of the panel, the panel shall submit to the Sec-  
6 retary a report on the findings of the review.

7 **SEC. 512. REPORT ON DEPARTMENT OF VETERANS AF-**  
8 **FAIRS ASSET ALIGNMENT.**

9 Not later than three years after the date of the enact-  
10 ment of this Act, the Secretary of Veterans Affairs shall  
11 submit to Congress a report containing the recommenda-  
12 tions of the Secretary with respect to the alignment of the  
13 assets of the Department of Veterans Affairs based on the  
14 assessments conducted under section 509 .

15 **SEC. 513. MORATORIUM ON MAJOR MEDICAL FACILITY**  
16 **CONSTRUCTION.**

17 (a) IN GENERAL.—During the three-year period be-  
18 ginning on the date of the enactment of this Act, the Sec-  
19 retary of Veterans Affairs may not obligate or expend  
20 funds for any new major medical facility project.

21 (b) RULE OF CONSTRUCTION.—Nothing in this sec-  
22 tion shall be construed as preventing the Secretary from  
23 obligating or expending funds to—

1 (1) replace or repair an existing Department of  
2 Veterans Affairs facility in the case of a natural dis-  
3 aster or failure of an infrastructure system;

4 (2) complete a partially funded major medical  
5 facility project;

6 (3) address any life safety gap that is defined  
7 as a major medical facility project; or

8 (4) construct a major medical facility project  
9 through a public-private partnership under section  
10 8103(a) of title 38, United States Code, as amended  
11 by section 508.

12 (c) DEFINITIONS.—In this section:

13 (1) The term “major medical facility project”  
14 has the meanings given such term in section  
15 8104(a)(3) of title 38, United States Code.

16 (2) The term “natural disaster” means a nat-  
17 ural event that the Secretary of Veterans Affairs de-  
18 termines causes great damage, including a flood,  
19 earthquake, or hurricane.

20 (3) The term “life safety gap” means a defi-  
21 ciency at a facility that the Secretary determines  
22 needs to be addressed in order to protect the health  
23 and safety of patients and employees at the facility.

1 **SEC. 514. ESTABLISHMENT OF STRATEGIC PLANS TO IM-**  
2 **PROVE PROGRAMS AND BENEFITS FOR VET-**  
3 **ERANS.**

4 (a) FUTURE-YEARS VETERANS PROGRAM.—

5 (1) IN GENERAL.—Chapter 1 of title 38, United  
6 States Code, is amended by adding at the end the  
7 following new section:

8 **“§ 119. Future-Years Veterans Program**

9 “(a) SUBMISSION TO CONGRESS.—The Secretary  
10 shall submit to Congress each year, at or about the time  
11 that the President’s budget is submitted to Congress pur-  
12 suant to section 1105(a) of title 31, a Future-Years Vet-  
13 erans Program reflecting the estimated expenditures and  
14 proposed appropriations included in that budget. Any such  
15 Future-Years Veterans Program shall cover the fiscal year  
16 with respect to which the budget is submitted and at least  
17 the four succeeding fiscal years.

18 “(b) CONSISTENCY.—(1) The Secretary shall ensure  
19 that amounts described in subparagraph (A) of paragraph  
20 (2) for any fiscal year are consistent with amounts de-  
21 scribed in subparagraph (B) of such paragraph for that  
22 fiscal year.

23 “(2) Amounts referred to in paragraph (1) are the  
24 following:

25 “(A) The amounts specified in program and  
26 budget information submitted to Congress by the

1 Secretary in support of expenditure estimates and  
2 proposed appropriations in the budget submitted to  
3 Congress by the President under section 1105(a) of  
4 title 31 for any fiscal year, as shown in the Future-  
5 Years Veterans Program submitted pursuant to sub-  
6 section (a).

7 “(B) The total amounts of estimated expendi-  
8 tures and proposed appropriations necessary to sup-  
9 port the programs, projects, and activities of the De-  
10 partment of Veterans Affairs included pursuant to  
11 paragraph (5) of section 1105(a) of title 31 in the  
12 budget submitted to Congress under that section for  
13 any fiscal year.

14 “(c) CONTENTS.—The Future-Years Veterans Pro-  
15 gram under subsection (a) shall set forth the five-year  
16 plan of the Department to address the commitment of the  
17 United States to veterans and the resources necessary to  
18 meet that commitment and shall be developed and up-  
19 dated, as appropriate, annually by the Secretary. Each  
20 Future-Years Veterans Program shall include an expla-  
21 nation of—

22 “(1) the information that was used to develop  
23 program planning guidance for the Future-Years  
24 Veterans Program; and

1           “(2) how the resource allocations included in  
2       the Future-Years Veterans Program correlate to  
3       such five-year strategy.

4       “(d) PUBLICATION.—The Secretary shall publish on  
5       a publically accessible Internet website of the Department  
6       each Future-Years Veterans Program submitted pursuant  
7       to subsection (a).”.

8           (2) CLERICAL AMENDMENT.—The table of sec-  
9       tions at the beginning of such chapter is amended  
10      by inserting after the item relating to section 118  
11      the following new item:

“119. Future-Years Veterans Program.”.

12          (3) EFFECTIVE DATE.—Section 119 of title 38,  
13      United States Code, as added by paragraph (1),  
14      shall apply with respect to the preparation and sub-  
15      mission of the budget request for the Department of  
16      Veterans Affairs for fiscal year 2020 and fiscal  
17      years thereafter.

18      (b) QUADRENNIAL VETERANS REVIEW.—

19          (1) IN GENERAL.—Such chapter is further  
20      amended by adding after section 119, as added by  
21      subsection (a)(1), the following new section:

22      **“§ 120. Quadrennial veterans review**

23          “(a) REQUIREMENT.—(1) Not later than fiscal year  
24      2019, and every fourth year thereafter, the Secretary shall  
25      conduct a review of the strategy for meeting the commit-



1 ment of the United States to veterans and the resources  
2 necessary to meet that commitment (in this section re-  
3 ferred to as a ‘quadrennial veterans review’).

4 “(2) Each quadrennial veterans review shall include  
5 a comprehensive examination of the policies and strategies  
6 of the United States with respect to veterans, including  
7 recommendations regarding the long-term strategy and  
8 priorities for programs, services, benefits, and outcomes  
9 regarding veterans and guidance on the programs, assets,  
10 capabilities, budget, policies, and authorities of the De-  
11 partment.

12 “(3) The Secretary shall conduct each quadrennial  
13 veterans review in consultation with key officials of the  
14 Department, the heads of other Federal agencies, and  
15 other relevant governmental and nongovernmental enti-  
16 ties, including State, local, and tribal government officials,  
17 members of Congress, veterans service organizations, pri-  
18 vate sector representatives, academics, and other policy ex-  
19 perts.

20 “(4) The Secretary shall ensure that each quadren-  
21 nial veterans review is coordinated with the Future-Years  
22 Veterans Program required under section 119 of this title.

23 “(b) CONTENTS OF REVIEW.—In each quadrennial  
24 veterans review, the Secretary shall—

1 “(1) delineate a veterans strategy consistent  
2 with the commitment of the United States to vet-  
3 erans and refine a strategy for the types of, and pro-  
4 vision of, programs, services, benefits, and outcomes  
5 consistent with current authorities and require-  
6 ments;

7 “(2) outline and prioritize the full range of pro-  
8 grams and capabilities regarding veterans provided  
9 by the Federal Government;

10 “(3) identify the budget plan required to pro-  
11 vide sufficient resources to successfully execute the  
12 full range of such programs and capabilities;

13 “(4) include an assessment of the organiza-  
14 tional alignment of the Department with respect to  
15 the strategy referred to in paragraph (1) and the  
16 programs and capabilities referred to in paragraph  
17 (2);

18 “(5) review and assess the effectiveness of the  
19 mechanisms of the Department for executing the  
20 process of turning the requirements identified in the  
21 quadrennial veterans review into a plan to meet such  
22 requirements, including an expenditure plan for the  
23 Department; and

24 “(6) identify emerging trends, problems, oppor-  
25 tunities, and issues that could affect veterans or the

1 Department during the ten-year period following the  
2 period covered by the review.

3 “(c) SUBMISSION TO CONGRESS.—(1) The Secretary  
4 shall submit to the Committees on Veterans’ Affairs of  
5 the Senate and the House of Representatives a report re-  
6 garding each quadrennial veterans review. The Secretary  
7 shall submit the report in the year following the year in  
8 which the review is conducted, but not later than the date  
9 on which the President submits to Congress the budget  
10 for the next fiscal year under section 1105 of title 31.

11 “(2) Each report submitted under paragraph (1)  
12 shall include—

13 “(A) the results of the quadrennial veterans re-  
14 view;

15 “(B) a description of the challenges to, and op-  
16 portunities for, the assumed or defined veterans-re-  
17 lated interests of the Nation that were examined for  
18 the purposes of that review;

19 “(C) the strategy for meeting the Nation’s com-  
20 mitment to veterans, including a prioritized list of  
21 the missions of the Department;

22 “(D) a description of the interagency coopera-  
23 tion, preparedness of Federal assets, infrastructure,  
24 budget plan, and other elements of the programs  
25 and policies of the Nation associated with the strat-

1       egy referred to in subsection (b)(1) that are required  
2       to execute successfully the full range of programs  
3       and capabilities identified in such strategy and the  
4       programs and capabilities outlined under subsection  
5       (b)(2);

6           “(E) an assessment of the organizational align-  
7       ment of the Department with the strategy referred  
8       to in subsection (b)(1) and the programs and capa-  
9       bilities outlined under subsection (b)(2), including  
10      the Department’s organizational structure, manage-  
11      ment systems, budget and accounting systems,  
12      human resources systems, procurement systems, and  
13      physical and technical infrastructure;

14          “(F) a discussion of the status of cooperation  
15      among Federal agencies in the effort to promote na-  
16      tional support for veterans;

17          “(G) a discussion of the status of cooperation  
18      between the Federal Government and State, local,  
19      and tribal governments in supporting veterans and  
20      providing programs, services, benefits, and outcomes  
21      to assist veterans;

22          “(H) an explanation of any underlying assump-  
23      tions used in conducting the review; and

24          “(I) any other matter the Secretary considers  
25      appropriate.

1       “(d) PUBLICATION.—The Secretary shall publish on  
2 a publically accessible Internet website of the Department  
3 each quadrennial veterans review submitted pursuant to  
4 subsection (c).

5       “(e) INDEPENDENT VETERANS REVIEW PANEL.—(1)  
6 Not later than February 1 of a year in which a quadren-  
7 nial veterans review is conducted under this section, the  
8 Secretary shall establish an independent panel to be  
9 known as the Independent Veterans Review Panel (in this  
10 subsection referred to as the ‘Panel’). The Panel shall  
11 have the duties set forth in this subsection.

12       “(2) The Panel shall be composed of 10 members who  
13 are recognized experts in matters relating to veterans. The  
14 members shall be appointed as follows:

15               “(A) Two by the chairman of the Committee on  
16 Veterans’ Affairs of the House of Representatives.

17               “(B) Two by the chairman of the Committee on  
18 Veterans’ Affairs of the Senate.

19               “(C) Two by the ranking member of the Com-  
20 mittee on Veterans’ Affairs of the House of Rep-  
21 resentatives.

22               “(D) Two by the ranking member of the Com-  
23 mittee on Veterans’ Affairs of the Senate.

24               “(E) Two by the Secretary, who shall serve as  
25 co-chairs of the panel.

1       “(3) Members shall be appointed for the life of the  
2 Panel. Any vacancy in the Panel shall be filled in the same  
3 manner as the original appointment.

4       “(4) The Panel shall have the following duties with  
5 respect to a quadrennial veterans review:

6           “(A) While the review is being conducted, the  
7 Panel shall review the updates from the Secretary  
8 required under paragraph (7) on the progress of the  
9 conduct of the review.

10          “(B) The Panel shall—

11               “(i) review the Secretary’s terms of ref-  
12 erence and any other materials providing the  
13 basis for, or substantial inputs to, the work of  
14 the Department of Veterans Affairs on the  
15 quadrennial veterans review;

16               “(ii) conduct an assessment of the assump-  
17 tions, strategy, findings, and risks included in  
18 the report on the quadrennial veterans review  
19 required in subsection (c);

20               “(iii) conduct an independent assessment  
21 of a variety of strategies for delivering services  
22 and support to veterans;

23               “(iv) review the resource requirements  
24 identified pursuant to subsection (b)(3) and, to  
25 the extent practicable, make a general compari-

1 son to the resource requirements to support the  
2 strategies assessed under this subparagraph;  
3 and

4 “(v) provide to the Committees on Vet-  
5 erans’ Affairs of the Senate and the House of  
6 Representatives and the Secretary, through the  
7 report under paragraph (7), any recommenda-  
8 tions the Panel determines appropriate.

9 “(5) If the Secretary has not appointed members to  
10 the Panel under paragraph (2)(E) by February 1 of a year  
11 in which a quadrennial veterans review is conducted under  
12 this section, the Panel shall convene for its first meeting  
13 with the remaining members.

14 “(6) Not later than three months after the date on  
15 which the report on a quadrennial veterans review is sub-  
16 mitted under subsection (c) to the Committees on Vet-  
17 erans’ Affairs of the Senate and the House of Representa-  
18 tives, the Panel shall submit to such committees a report  
19 containing an assessment of the quadrennial veterans re-  
20 view, including a description of the items addressed under  
21 paragraph (4) with respect to that quadrennial veterans  
22 review.

23 “(7) Periodically, but not less often than every 60  
24 days during the life of the panel, or at the request of the  
25 co-chairs, the Secretary shall brief the Panel on the

1 progress of the conduct of the quadrennial veterans re-  
2 view.

3 “(8)(A) The Panel may request directly from the De-  
4 partment such information as the Panel considers nec-  
5 essary to carry out its duties under this subsection. The  
6 Secretary shall cooperate with the Panel to ensure that  
7 information requested by the Panel under this subpara-  
8 graph is promptly provided to the maximum extent prac-  
9 tical.

10 “(B) Upon the request of the co-chairs, the Secretary  
11 shall make available to the Panel the services of any feder-  
12 ally funded research and development center that is cov-  
13 ered by a sponsoring agreement of the Department.

14 “(C) The Panel shall have the authorities provided  
15 in section 3161 of title 5 and shall be subject to the condi-  
16 tions set forth in such section.

17 “(D) Funds for activities of the Panel shall be pro-  
18 vided from amounts available to the Department.

19 “(9) The Panel shall terminate 45 days after the date  
20 on which the Panel submits the report on the quadrennial  
21 veterans review under paragraph (6).”.

22 (2) CLERICAL AMENDMENT.—The table of sec-  
23 tions at the beginning of such chapter is amended  
24 by inserting after the item relating to section 119,



1 as added by subsection (a)(2), the following new  
2 item:

“120. Quadrennial veterans review.”.

3 (c) POLICY GUIDANCE.—

4 (1) IN GENERAL.—Such chapter is further  
5 amended by adding after section 120, as added by  
6 subsection (b)(1), the following new section:

7 **“§ 121. Policy guidance**

8 “The Secretary shall provide annually to the appro-  
9 priate officials of the Department written policy guidance  
10 for the preparation and review of the planning and pro-  
11 gram recommendations and budget proposals of the ele-  
12 ments of the Department of such officials. Such guidance  
13 shall include guidance on the objectives of the Department  
14 in accordance with Future-Years Veterans Program under  
15 section 119 of this title and the quadrennial veterans re-  
16 view under section 120 and the resource levels projected  
17 to be available for the period of time for which such rec-  
18 ommendations and proposals are to be effective.”.

19 (2) CLERICAL AMENDMENT.—The table of sec-  
20 tions at the beginning of such chapter is amended  
21 by inserting after the item relating to section 120,  
22 as added by subsection (b)(2), the following new  
23 item:

“121. Policy guidance.”.

1 **SEC. 515. CHIEF STRATEGY OFFICER OF THE DEPARTMENT**  
2 **OF VETERANS AFFAIRS.**

3 (a) IN GENERAL.—Chapter 3 of title 38, United  
4 States Code, is amended by adding at the end the fol-  
5 lowing new section:

6 **“§ 324. Chief Strategy Officer**

7 “(a) IN GENERAL.—The Secretary shall designate an  
8 Assistant Secretary whose functions include planning,  
9 studies, and evaluations as the Chief Strategy Officer of  
10 the Department. The Chief Strategy Officer shall advise  
11 the Secretary on long-range strategy and implications.

12 “(b) RESPONSIBILITIES.—The Chief Strategy Officer  
13 is the principal advisor to the Secretary and other senior  
14 officials of the Department, and shall provide independent  
15 analysis and advice to the Secretary and such officials.  
16 The Chief Strategy Officer shall carry out the following  
17 responsibilities:

18 “(1) Conducting cost estimation and cost anal-  
19 ysis for the programs of the Department.

20 “(2) Establishing policies for, and overseeing  
21 the integration of, the planning, programming,  
22 budgeting and execution process for the Depart-  
23 ment.

24 “(3) Providing analysis and advice on matters  
25 relating to the planning and programming phase of  
26 the planning, programming, budgeting and execution

1 process, and the preparation of materials and guid-  
2 ance for such process, as directed by the Secretary,  
3 working in coordination with the Assistant Secretary  
4 for Management.

5 “(4) Developing and executing the Future-  
6 Years Veterans Program of the Department, as  
7 specified under section 119 of this title.

8 “(5) Developing resource discussions relating to  
9 requirements under consideration in the quadrennial  
10 veterans review under section 120 of this title.

11 “(6) Formulating study guidance for analysis of  
12 alternatives for programs and initiatives, including  
13 any necessary acquisitions, development, or procure-  
14 ment commensurate with such alternatives, and per-  
15 formance of such analysis as directed by the Sec-  
16 retary.

17 “(7) Reviewing, analyzing, and evaluating pro-  
18 grams for executing approved strategies and policies,  
19 ensuring that information on programs and expected  
20 outcomes is presented accurately and completely.

21 “(8) Ensuring that the costs of programs and  
22 alternatives are presented accurately and completely  
23 by assisting in establishing standards, policies, and  
24 procedures for the conduct of cost estimation and  
25 cost analysis throughout the Department, including

1 guidance relating to the proper selection of con-  
2 fidence levels in cost estimates generally and for spe-  
3 cific programs of the Department.

4 “(9) Conducting studies at the request of the  
5 Secretary regarding costs, policy assumptions, and  
6 strategic implications of current policies and possible  
7 alternatives.

8 “(10) Formulating strategies for identifying,  
9 developing and executing public-private partnerships  
10 pursuant to section 8103(a) of this title and prop-  
11 erty donations pursuant to the CHIP IN for Vets  
12 Act of 2016 (Public Law 114-294; 38 U.S.C. 8103  
13 note).

14 “(11) Consulting with private sector organiza-  
15 tions with expertise in forming public-private part-  
16 nerships on best practices for developing a business  
17 case for participation in public-private partnerships  
18 and property donations described in paragraph (10)  
19 and for outreaching to appropriate private entities  
20 regarding participation.

21 “(12) Communicating directly to the Secretary  
22 and the Deputy Secretary of Veterans Affairs about  
23 matters for which the Chief Strategy Officer is re-  
24 sponsible without obtaining the approval or concur-  
25 rence of any other official within the Department.

1           “(13) Coordinating with all other offices within  
2           the Department responsible for strategic planning.”.

3           (b) CLERICAL AMENDMENT.—The table of sections  
4           at the beginning of such chapter is amended by inserting  
5           after the item relating to section 323 the following new  
6           item:

          “324. Chief Strategy Officer.”.

7   **SEC. 516. PROHIBITION ON NEW APPROPRIATIONS.**

8           No additional funds are authorized to be appro-  
9           priated to carry out this title or the amendments made  
10          by this title. This title and such amendments shall be car-  
11          ried out using amounts otherwise available for the Depart-  
12          ment of Veterans Affairs.

13   **SEC. 517. DEPARTMENT OF VETERANS AFFAIRS RETEN-**  
14                   **TION OF PROCEEDS FROM SALE OF EXCESS**  
15                   **DEPARTMENT PROPERTY.**

16          Section 572 of title 40, United States Code, is  
17          amended by adding at the end the following new sub-  
18          section:

19          “(c) REAL PROPERTY UNDER CONTROL OF THE DE-  
20          PARTMENT OF VETERANS AFFAIRS.—

21               “(1) IN GENERAL.—This subsection applies to  
22               real property, including any improvement on the  
23               property, that is under the control of the Secretary  
24               of Veterans Affairs that the Secretary determines is

1 excess to the needs of the Department of Veterans  
2 Affairs.

3 “(2) AUTHORITY TO SELL PROPERTY.—The  
4 Secretary may sell any property described in para-  
5 graph (1) and use the proceeds of such sale in ac-  
6 cordance with paragraph (4).

7 “(3) ALTERNATIVE DISPOSITION BY ADMINIS-  
8 TRATOR OF GENERAL SERVICES.—If property de-  
9 scribed in paragraph (1) is not sold under paragraph  
10 (2), the Secretary shall request the Administrator to  
11 transfer or dispose of the property in accordance  
12 with this subtitle or other applicable law.

13 “(4) PROCEEDS.—

14 “(A) DEPOSIT IN SPECIAL ACCOUNT.—In  
15 the case of a property sold under paragraph  
16 (2), the Administrator shall deposit any pro-  
17 ceeds (less expenses of the transfer or disposi-  
18 tion as provided in subsection (a)) in a special  
19 account in the Treasury.

20 “(B) AVAILABILITY OF AMOUNT DEPOS-  
21 ITED.—To the extent provided in an appropria-  
22 tions Act, an amount deposited in a special ac-  
23 count under subparagraph (A) is available for  
24 construction of new medical facilities, facility

1 maintenance and repair, or environmental res-  
2 toration.

3 “(5) REPORT.—As part of the annual request  
4 for authorizations of appropriations to the Commit-  
5 tees on Veterans’ Affairs the Senate and the House  
6 of Representatives, the Secretary of Veterans Affairs  
7 shall include an accounting of each transfer and dis-  
8 posal made in accordance with this subsection dur-  
9 ing the fiscal year preceding the fiscal year in which  
10 the request is made. The accounting shall include a  
11 detailed explanation of each transfer and disposal  
12 and of the use of the proceeds received from it by  
13 the Department of Veterans Affairs.”.

14 **SEC. 518. INCREASE IN THRESHOLD AMOUNT FOR CON-**  
15 **GRESSIONAL APPROVAL REQUIREMENT FOR**  
16 **MAJOR CONSTRUCTION PROJECTS AND**  
17 **MAJOR MEDICAL FACILITY LEASES.**

18 Section 8104(a)(3) of title 38, United States Code,  
19 is amended—

20 (1) in subparagraph (A), by striking  
21 “\$10,000,000” and inserting “\$20,000,000”; and  
22 (2) in subparagraph (B), by striking  
23 “\$1,000,000” and inserting “\$1,500,000”.

