



(Original Signature of Member)

115TH CONGRESS
2D SESSION

H. R. 5674

To establish a permanent community care program for veterans, to establish a commission for the purpose of making recommendations regarding the modernization or realignment of facilities of the Veterans Health Administration, to improve construction of the Department of Veterans Affairs, to make certain improvements in the laws administered by the Secretary of Veterans Affairs relating to the home loan program of the Department of Veterans Affairs, and for other purposes.

IN THE HOUSE OF REPRESENTATIVES

Mr. ROE of Tennessee introduced the following bill; which was referred to the Committee on Veterans Affairs

A BILL

To establish a permanent community care program for veterans, to establish a commission for the purpose of making recommendations regarding the modernization or realignment of facilities of the Veterans Health Administration, to improve construction of the Department of Veterans Affairs, to make certain improvements in the laws administered by the Secretary of Veterans Affairs relating to the home loan program of the Department of Veterans Affairs, and for other purposes.

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

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

4 (a) **SHORT TITLE.**—This Act may be cited as the
5 “VA Maintaining Internal Systems and Strengthening In-
6 tegrated Outside Networks Act of 2018” or “VA MIS-
7 SION Act of 2018”.

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

Sec. 1. Short title; table of contents.

TITLE I—CARING FOR OUR VETERANS

Sec. 100. Short title; references to title 38, United States Code.

Subtitle A—Developing an Integrated High-Performing Network

CHAPTER 1—ESTABLISHING COMMUNITY CARE PROGRAMS

Sec. 101. Establishment of Veterans Community Care Program.

Sec. 102. Authorization of agreements between Department of Veterans Affairs
and non-Department providers.

Sec. 103. Conforming amendments for State veterans homes.

Sec. 104. Access standards and standards for quality.

Sec. 105. Access to walk-in care.

Sec. 106. Strategy regarding the Department of Veterans Affairs High-Per-
forming Integrated Health Care Network.

Sec. 107. Applicability of Directive of Office of Federal Contract Compliance
Programs.

Sec. 108. Prevention of certain health care providers from providing non-De-
partment health care services to veterans.

Sec. 109. Remediation of medical service lines.

CHAPTER 2—PAYING PROVIDERS AND IMPROVING COLLECTIONS

Sec. 111. Prompt payment to providers.

Sec. 112. Authority to pay for authorized care not subject to an agreement.

Sec. 113. Improvement of authority to recover the cost of services furnished for
non-service-connected disabilities.

Sec. 114. Processing of claims for reimbursement through electronic interface.

CHAPTER 3—EDUCATION AND TRAINING PROGRAMS

Sec. 121. Education program on health care options.

Sec. 122. Training program for administration of non-Department of Veterans
Affairs health care.

Sec. 123. Continuing medical education for non-Department medical professionals.

CHAPTER 4—OTHER MATTERS RELATING TO NON-DEPARTMENT OF VETERANS AFFAIRS PROVIDERS

Sec. 131. Establishment of processes to ensure safe opioid prescribing practices by non-Department of Veterans Affairs health care providers.

Sec. 132. Improving information sharing with community providers.

Sec. 133. Competency standards for non-Department of Veterans Affairs health care providers.

Sec. 134. Department of Veterans Affairs participation in national network of State-based prescription drug monitoring programs.

CHAPTER 5—OTHER NON-DEPARTMENT HEALTH CARE MATTERS

Sec. 141. Plans for Use of Supplemental Appropriations Required.

Sec. 142. Veterans Choice Fund flexibility.

Sec. 143. Sunset of Veterans Choice Program.

Sec. 144. Conforming amendments.

Subtitle B—Improving Department of Veterans Affairs Health Care Delivery

Sec. 151. Licensure of health care professionals of the Department of Veterans Affairs providing treatment via telemedicine.

Sec. 152. Authority for Department of Veterans Affairs Center for Innovation for Care and Payment.

Sec. 153. Authorization to provide for operations on live donors for purposes of conducting transplant procedures for veterans.

Subtitle C—Family Caregivers

Sec. 161. Expansion of family caregiver program of Department of Veterans Affairs.

Sec. 162. Implementation of information technology system of Department of Veterans Affairs to assess and improve the family caregiver program.

Sec. 163. Modifications to annual evaluation report on caregiver program of Department of Veterans Affairs.

TITLE II—VA ASSET AND INFRASTRUCTURE REVIEW

Subtitle A—Asset and Infrastructure Review

Sec. 201. Short title.

Sec. 202. The Commission.

Sec. 203. Procedure for making recommendations.

Sec. 204. Actions regarding infrastructure and facilities of the Veterans Health Administration.

Sec. 205. Implementation.

Sec. 206. Department of Veterans Affairs Asset and Infrastructure Review Account.

Sec. 207. Congressional consideration of Commission report.

Sec. 208. Other matters.

Sec. 209. Definitions.

Subtitle B—Other Infrastructure Matters

- Sec. 211. Improvement to training of construction personnel.
- Sec. 212. Review of enhanced use leases.
- Sec. 213. Assessment of health care furnished by the Department to veterans who live in the Pacific territories.

TITLE III—IMPROVEMENTS TO RECRUITMENT OF HEALTH CARE PROFESSIONALS

- Sec. 301. Designated scholarships for physicians and dentists under Department of Veterans Affairs Health Professional Scholarship Program.
- Sec. 302. Increase in maximum amount of debt that may be reduced under Education Debt Reduction Program of Department of Veterans Affairs.
- Sec. 303. Establishing the Department of Veterans Affairs Specialty Education Loan Repayment Program.
- Sec. 304. Veterans healing veterans medical access and scholarship program.
- Sec. 305. Bonuses for recruitment, relocation, and retention.
- Sec. 306. Inclusion of Vet Center employees in Education Debt Reduction Program of Department of Veterans Affairs.

TITLE IV—HEALTH CARE IN UNDERSERVED AREAS

- Sec. 401. 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. 402. Pilot program to furnish mobile deployment teams to underserved facilities.
- Sec. 403. Pilot program on graduate medical education and residency.

TITLE V—OTHER MATTERS

- Sec. 501. Annual report on performance awards and bonuses awarded to certain high-level employees of the department.
- Sec. 502. Role of podiatrists in Department of Veterans Affairs.
- Sec. 503. Definition of major medical facility project.
- Sec. 504. Authorization of certain major medical facility projects of the Department of Veterans Affairs.
- Sec. 505. Department of Veterans Affairs personnel transparency.
- Sec. 506. Program on establishment of peer specialists in patient-aligned care team settings within medical centers of Department of Veterans Affairs.
- Sec. 507. Department of Veterans Affairs medical scribe pilot program.
- Sec. 508. Loans guaranteed under home loan program of Department of Veterans Affairs.
- Sec. 509. Extension of reduction in amount of pension furnished by Department of Veterans Affairs for certain veterans covered by Medicaid plans for services furnished by nursing facilities.
- Sec. 510. Appropriation of amounts.
- Sec. 511. Technical correction.

1 **TITLE I—CARING FOR OUR**
2 **VETERANS**

3 **SEC. 100. SHORT TITLE; REFERENCES TO TITLE 38, UNITED**
4 **STATES CODE.**

5 (a) **SHORT TITLE.**—This title may be cited as the
6 “Caring for Our Veterans Act of 2018”.

7 (b) **REFERENCES TO TITLE 38, UNITED STATES**
8 **CODE.**—Except as otherwise expressly provided, whenever
9 in this title an amendment or repeal is expressed in terms
10 of an amendment to, or repeal of, a section or other provi-
11 sion, the reference shall be considered to be made to a
12 section or other provision of title 38, United States Code.

13 **Subtitle A—Developing an Inte-**
14 **grated High-Performing Net-**
15 **work**

16 **CHAPTER 1—ESTABLISHING COMMUNITY**
17 **CARE PROGRAMS**

18 **SEC. 101. ESTABLISHMENT OF VETERANS COMMUNITY**
19 **CARE PROGRAM.**

20 (a) **ESTABLISHMENT OF PROGRAM.**—

21 (1) **IN GENERAL.**—Section 1703 is amended to
22 read as follows:

23 **“§ 1703. Veterans Community Care Program**

24 “(a) **IN GENERAL.**—(1) There is established a pro-
25 gram to furnish hospital care, medical services, and ex-

1 tended care services to covered veterans through health
2 care providers specified in subsection (c).

3 “(2) The Secretary shall coordinate the furnishing of
4 hospital care, medical services, and extended care services
5 under this section to covered veterans, including coordina-
6 tion of, at a minimum, the following:

7 “(A) Ensuring the scheduling of medical ap-
8 pointments in a timely manner and the establish-
9 ment of a mechanism to receive medical records
10 from non-Department providers.

11 “(B) Ensuring continuity of care and services.

12 “(C) Ensuring coordination among regional
13 networks if the covered veteran accesses care and
14 services in a different network than the regional net-
15 work in which the covered veteran resides.

16 “(D) Ensuring that covered veterans do not ex-
17 perience a lapse in care resulting from errors or
18 delays by the Department or its contractors or an
19 unusual or excessive burden in accessing hospital
20 care, medical services, or extended care services.

21 “(3) A covered veteran may only receive care or serv-
22 ices under this section upon the authorization of such care
23 or services by the Secretary.

24 “(b) COVERED VETERANS.—For purposes of this
25 section, a covered veteran is any veteran who—

1 “(1) is enrolled in the system of annual patient
2 enrollment established and operated under section
3 1705 of this title; or

4 “(2) is not enrolled in such system but is other-
5 wise entitled to hospital care, medical services, or ex-
6 tended care services under subsection (c)(2) of such
7 section.

8 “(c) HEALTH CARE PROVIDERS SPECIFIED.—Health
9 care providers specified in this subsection are the fol-
10 lowing:

11 “(1) Any health care provider that is partici-
12 pating in the Medicare program under title XVIII of
13 the Social Security Act (42 U.S.C. 1395 et seq.), in-
14 cluding any physician furnishing services under such
15 a program.

16 “(2) The Department of Defense.

17 “(3) The Indian Health Service.

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

21 “(5) Any health care provider not otherwise
22 covered under any of paragraphs (1) through (4)
23 that meets criteria established by the Secretary for
24 purposes of this section.

1 “(d) CONDITIONS UNDER WHICH CARE IS RE-
2 QUIRED TO BE FURNISHED THROUGH NON-DEPART-
3 MENT PROVIDERS.—(1) The Secretary shall, subject to
4 the availability of appropriations, furnish hospital care,
5 medical services, and extended care services to a covered
6 veteran through health care providers specified in sub-
7 section (c) if—

8 “(A) the Department does not offer the care or
9 services the veteran requires;

10 “(B) the Department does not operate a full-
11 service medical facility in the State in which the cov-
12 ered veteran resides;

13 “(C)(i) the covered veteran was an eligible vet-
14 eran under section 101(b)(2)(B) of the Veterans Ac-
15 cess, Choice, and Accountability Act of 2014 (Public
16 Law 113–146; 38 U.S.C. 1701 note) as of the day
17 before the date of the enactment of the Caring for
18 Our Veterans Act of 2018;

19 “(ii) continues to reside in a location that would
20 qualify the veteran for eligibility under such section;
21 and

22 “(iii) either—

23 “(I) resides in one of the five States with
24 the lowest population density as determined by
25 data from the 2010 decennial census; or

1 “(II) resides in a State not described in
2 subclause (I) and—

3 “(aa) received care or services under
4 this title in the year preceding the enact-
5 ment of the Caring for Our Veterans Act
6 of 2018; and

7 “(bb) is seeking care or services with-
8 in two years of the date of the enactment
9 of the Caring for Our Veterans Act of
10 2018;

11 “(D) the covered veteran has contacted the De-
12 partment to request care or services and the Depart-
13 ment is not able to furnish such care or services in
14 a manner that complies with designated access
15 standards developed by the Secretary under section
16 1703B of this title; or

17 “(E) the covered veteran and the covered vet-
18 eran’s referring clinician agree that furnishing care
19 and services through a non-Department entity or
20 provider would be in the best medical interest of the
21 covered veteran based upon criteria developed by the
22 Secretary.

23 “(2) The Secretary shall ensure that the criteria de-
24 veloped under paragraph (1)(E) include consideration of
25 the following:

1 “(A) The distance between the covered veteran
2 and the facility that provides the hospital care, med-
3 ical services, or extended care services the veteran
4 needs.

5 “(B) The nature of the hospital care, medical
6 services, or extended care services required.

7 “(C) The frequency that the hospital care, med-
8 ical services, or extended care services needs to be
9 furnished.

10 “(D) The timeliness of available appointments
11 for the hospital care, medical services, or extended
12 care services the veteran needs.

13 “(E) Whether the covered veteran faces an un-
14 usual or excessive burden to access hospital care,
15 medical services, or extended care services from the
16 Department medical facility where a covered veteran
17 seeks hospital care, medical services, or extended
18 care services, which shall include consideration of
19 the following:

20 “(i) Whether the covered veteran faces an
21 excessive driving distance, geographical chal-
22 lenge, or environmental factor that impedes the
23 access of the covered veteran.

24 “(ii) Whether the hospital care, medical
25 services, or extended care services sought by the

1 veteran is provided by a medical facility of the
2 Department that is reasonably accessible to a
3 covered veteran.

4 “(iii) Whether a medical condition of the
5 covered veteran affects the ability of the covered
6 veteran to travel.

7 “(iv) Whether there is compelling reason,
8 as determined by the Secretary, that the vet-
9 eran needs to receive hospital care, medical
10 services, or extended care services from a med-
11 ical facility other than a medical facility of the
12 Department.

13 “(v) Such other considerations as the Sec-
14 retary considers appropriate.

15 “(3) If the Secretary has determined that the Depart-
16 ment does not offer the care or services the covered vet-
17 eran requires under subparagraph (A) of paragraph (1),
18 that the Department does not operate a full-service med-
19 ical facility in the State in which the covered veteran re-
20 sides under subparagraph (B) of such paragraph, that the
21 covered veteran is described under subparagraph (C) of
22 such paragraph, or that the Department is not able to fur-
23 nish care or services in a manner that complies with des-
24 ignated access standards developed by the Secretary under
25 section 1703B of this title under subparagraph (D) of

1 such paragraph, the decision to receive hospital care, med-
2 ical services, or extended care services under such sub-
3 paragraphs from a health care provider specified in sub-
4 section (c) shall be at the election of the veteran.

5 “(e) CONDITIONS UNDER WHICH CARE IS AUTHOR-
6 IZED TO BE FURNISHED THROUGH NON-DEPARTMENT
7 PROVIDERS.—(1)(A) The Secretary may furnish hospital
8 care, medical services, or extended care services through
9 a health care provider specified in subsection (c) to a cov-
10 ered veteran served by a medical service line of the De-
11 partment that the Secretary has determined is not pro-
12 viding care that complies with the standards for quality
13 the Secretary shall establish under section 1703C.

14 “(B) In carrying out subparagraph (A), the Secretary
15 shall—

16 “(i) measure timeliness of the medical service
17 line at a facility of the Department when compared
18 with the same medical service line at different De-
19 partment facilities; and

20 “(ii) measure quality at a medical service line
21 of a facility of the Department by comparing it with
22 two or more distinct and appropriate quality meas-
23 ures at non-Department medical service lines,

24 “(C)(i) The Secretary may not concurrently furnish
25 hospital care, medical services, or extended care services

1 under subparagraph (A) with respect to more than three
2 medical service lines described in such subparagraph at
3 any one health care facility of the Department.

4 “(ii) The Secretary may not concurrently furnish hos-
5 pital care, medical services, or extended care services
6 under subparagraph (A) with respect to more than 36
7 medical service lines nationally described in such subpara-
8 graph.

9 “(2) The Secretary may limit the types of hospital
10 care, medical services, or extended care services covered
11 veterans may receive under paragraph (1) in terms of the
12 length of time such care and services will be available, the
13 location at which such care and services will be available,
14 and the clinical care and services that will be available.

15 “(3)(A) Except as provided for in subparagraph (B),
16 the hospital care, medical services, and extended care serv-
17 ices authorized under paragraph (1) with respect to a
18 medical service line shall cease when the remediation de-
19 scribed in section 1706A with respect to such medical
20 service line is complete.

21 “(B) The Secretary shall ensure continuity and co-
22 ordination of care for any veteran who elects to receive
23 care or services under paragraph (1) from a health care
24 provider specified in subsection (c) through the completion
25 of an episode of care.

1 “(4) The Secretary shall publish in the Federal Reg-
2 ister, and shall take all reasonable steps to provide direct
3 notice to covered veterans affected under this subsection,
4 at least once each year stating the time period during
5 which such care and services will be available, the location
6 or locations where such care and services will be available,
7 and the clinical services available at each location under
8 this subsection in accordance with regulations the Sec-
9 retary shall prescribe.

10 “(5) When the Secretary exercises the authority
11 under paragraph (1), the decision to receive care or serv-
12 ices under such paragraph from a health care provider
13 specified in subsection (c) shall be at the election of the
14 covered veteran.

15 “(f) REVIEW OF DECISIONS.—The review of any de-
16 cision under subsection (d) or (e) shall be subject to the
17 Department’s clinical appeals process, and such decisions
18 may not be appealed to the Board of Veterans’ Appeals.

19 “(g) TIERED NETWORK.—(1) To promote the provi-
20 sion of high-quality and high-value hospital care, medical
21 services, and extended care services under this section, the
22 Secretary may develop a tiered provider network of eligible
23 providers based on criteria established by the Secretary
24 for purposes of this section.

1 “(2) In developing a tiered provider network of eligi-
2 ble providers under paragraph (1), the Secretary shall not
3 prioritize providers in a tier over providers in any other
4 tier in a manner that limits the choice of a covered veteran
5 in selecting a health care provider specified in subsection
6 (c) for receipt of hospital care, medical services, or ex-
7 tended care services under this section.

8 “(h) CONTRACTS TO ESTABLISH NETWORKS OF
9 HEALTH CARE PROVIDERS.—(1) The Secretary shall
10 enter into consolidated, competitively bid contracts to es-
11 tablish networks of health care providers specified in para-
12 graphs (1) and (5) of subsection (c) for purposes of pro-
13 viding sufficient access to hospital care, medical services,
14 or extended care services under this section.

15 “(2)(A) The Secretary shall, to the extent practicable,
16 ensure that covered veterans are able to make their own
17 appointments using advanced technology.

18 “(B) To the extent practicable, the Secretary shall
19 be responsible for the scheduling of appointments for hos-
20 pital care, medical services, and extended care services
21 under this section.

22 “(3)(A) The Secretary may terminate a contract with
23 an entity entered into under paragraph (1) at such time
24 and upon such notice to the entity as the Secretary may
25 specify for purposes of this section, if the Secretary noti-

1 files the appropriate committees of Congress that, at a
2 minimum—

3 “(i) the entity—

4 “(I) failed to comply substantially with the
5 provisions of the contract or with the provisions
6 of this section and the regulations prescribed
7 under this section;

8 “(II) failed to comply with the access
9 standards or the standards for quality estab-
10 lished by the Secretary;

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

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

20 “(V) has been convicted of a felony or
21 other serious offense under Federal or State
22 law and the continued participation of the enti-
23 ty would be detrimental to the best interests of
24 veterans or the Department;

1 “(ii) it is reasonable to terminate the contract
2 based on the health care needs of veterans; or

3 “(iii) it is reasonable to terminate the contract
4 based on coverage provided by contracts or sharing
5 agreements entered into under authorities other
6 than this section.

7 “(B) Nothing in subparagraph (A) may be construed
8 to restrict the authority of the Secretary to terminate a
9 contract entered into under paragraph (1) under any other
10 provision of law.

11 “(4) Whenever the Secretary provides notice to an
12 entity that the entity is failing to meet contractual obliga-
13 tions entered into under paragraph (1), the Secretary shall
14 submit to the Committee on Veterans’ Affairs of the Sen-
15 ate and the Committee on Veterans’ Affairs of the House
16 of Representatives a report on such failure. Such report
17 shall include the following:

18 “(A) An explanation of the reasons for pro-
19 viding such notice.

20 “(B) A description of the effect of such failure,
21 including with respect to cost, schedule, and require-
22 ments.

23 “(C) A description of the actions taken by the
24 Secretary to mitigate such failure.

1 “(D) A description of the actions taken by the
2 contractor to address such failure.

3 “(E) A description of any effect on the commu-
4 nity provider market for veterans in the affected
5 area.

6 “(5)(A) The Secretary shall instruct each entity
7 awarded a contract under paragraph (1) to recognize and
8 accept, on an interim basis, the credentials and qualifica-
9 tions of health care providers who are authorized to fur-
10 nish hospital care and medical services to veterans under
11 a community care program of the Department in effect
12 as of the day before the date of the enactment of the Car-
13 ing for Our Veterans Act of 2018, including under the
14 Patient-Centered Community Care Program and the Vet-
15 erans Choice Program under section 101 of the Veterans
16 Access, Choice, and Accountability Act of 2014 (Public
17 Law 113–146; 38 U.S.C. 1701 note), as qualified pro-
18 viders under the program established under this section.

19 “(B) The interim acceptance period under subpara-
20 graph (A) shall be determined by the Secretary based on
21 the following criteria:

22 “(i) With respect to a health care provider,
23 when the current certification agreement for the
24 health care provider expires.

1 “(ii) Whether the Department has enacted cer-
2 tification and eligibility criteria and regulatory pro-
3 cedures by which non-Department providers will be
4 authorized under this section.

5 “(6) The Secretary shall establish a system or sys-
6 tems for monitoring the quality of care provided to covered
7 veterans through a network under this subsection and for
8 assessing the quality of hospital care, medical services,
9 and extended care services furnished through such net-
10 work before the renewal of the contract for such network.

11 “(i) PAYMENT RATES FOR CARE AND SERVICES.—

12 (1) Except as provided in paragraph (2), and to the extent
13 practicable, the rate paid for hospital care, medical serv-
14 ices, or extended care services under any provision in this
15 title may not exceed the rate paid by the United States
16 to a provider of services (as defined in section 1861(u)
17 of the Social Security Act (42 U.S.C. 1395x(u))) or a sup-
18 plier (as defined in section 1861(d) of such Act (42 U.S.C.
19 1395x(d))) under the Medicare program under title XI or
20 title XVIII of the Social Security Act (42 U.S.C. 1301
21 et seq.), including section 1834 of such Act (42 U.S.C.
22 1395m), for the same care or services.

23 “(2)(A) A higher rate than the rate paid by the
24 United States as described in paragraph (1) may be nego-

1 tiated with respect to the furnishing of care or services
2 to a covered veteran who resides in a highly rural area.

3 “(B) In this paragraph, the term ‘highly rural area’
4 means an area located in a county that has fewer than
5 seven individuals residing in that county per square mile.

6 “(3) With respect to furnishing care or services under
7 this section in Alaska, the Alaska Fee Schedule of the De-
8 partment of Veterans Affairs shall be followed, except for
9 when another payment agreement, including a contract or
10 provider agreement, is in effect.

11 “(4) With respect to furnishing hospital care, medical
12 services, or extended care services under this section in
13 a State with an All-Payer Model Agreement under section
14 1814(b)(3) of the Social Security Act (42 U.S.C.
15 1395f(b)(3)) that became effective on or after January 1,
16 2014, the Medicare payment rates under paragraph
17 (2)(A) shall be calculated based on the payment rates
18 under such agreement.

19 “(5) Notwithstanding paragraph (1), the Secretary
20 may incorporate, to the extent practicable, the use of
21 value-based reimbursement models to promote the provi-
22 sion of high-quality care.

23 “(6) With respect to hospital care, medical services,
24 or extended care services for which there is not a rate paid
25 under the Medicare program as described in paragraph

1 (1), the rate paid for such care or services shall be deter-
2 mined by the Secretary.

3 “(j) TREATMENT OF OTHER HEALTH PLAN CON-
4 TRACTS.—In any case in which a covered veteran is fur-
5 nished hospital care, medical services, or extended care
6 services under this section for a non-service-connected dis-
7 ability described in subsection (a)(2) of section 1729 of
8 this title, the Secretary shall recover or collect reasonable
9 charges for such care or services from a health plan con-
10 tract described in section 1729 in accordance with such
11 section.

12 “(k) PAYMENT BY VETERAN.—A covered veteran
13 shall not pay a greater amount for receiving care or serv-
14 ices under this section than the amount the veteran would
15 pay for receiving the same or comparable care or services
16 at a medical facility of the Department or from a health
17 care provider of the Department.

18 “(l) TRANSPLANT AUTHORITY FOR IMPROVED AC-
19 CESS.—(1) In the case of a covered veteran described in
20 paragraph (2), the Secretary shall determine whether to
21 authorize an organ or bone marrow transplant for that
22 covered veteran at a non-Department facility.

23 “(2) A covered veteran described in this paragraph—

24 “(A) requires an organ or bone marrow trans-
25 plant; and

1 “(B) has, in the opinion of the primary care
2 provider of the veteran, a medically compelling rea-
3 son to travel outside the region of the Organ Pro-
4 curement and Transplantation Network, established
5 under section 372 of the National Organ Transplan-
6 tation Act (Public Law 98–507; 42 U.S.C. 274), in
7 which the veteran resides, to receive such transplant.

8 “(m) MONITORING OF CARE PROVIDED.—(1)(A) Not
9 later than 540 days after the date of the enactment of
10 the Caring for Our Veterans Act of 2018, and not less
11 frequently than annually thereafter, the Secretary shall
12 submit to appropriate committees of Congress a review of
13 the types and frequency of care sought under subsection
14 (d).

15 “(B) The review submitted under subparagraph (A)
16 shall include an assessment of the following:

17 “(i) The top 25 percent of types of care and
18 services most frequently provided under subsection
19 (d) due to the Department not offering such care
20 and services.

21 “(ii) The frequency such care and services were
22 sought by covered veterans under this section.

23 “(iii) An analysis of the reasons the Depart-
24 ment was unable to provide such care and services.

1 “(iv) Any steps the Department took to provide
2 such care and services at a medical facility of the
3 Department.

4 “(v) The cost of such care and services.

5 “(2) In monitoring the hospital care, medical serv-
6 ices, and extended care services furnished under this sec-
7 tion, the Secretary shall do the following:

8 “(A) With respect to hospital care, medical
9 services, and extended care services furnished
10 through provider networks established under sub-
11 section (i)—

12 “(i) compile data on the types of hospital
13 care, medical services, and extended care serv-
14 ices furnished through such networks and how
15 many patients used each type of care and serv-
16 ice;

17 “(ii) identify gaps in hospital care, medical
18 services, or extended care services furnished
19 through such networks;

20 “(iii) identify how such gaps may be fixed
21 through new contracts within such networks or
22 changes in the manner in which hospital care,
23 medical services, or extended care services are
24 furnished through such networks;

1 “(iv) assess the total amounts spent by the
2 Department on hospital care, medical services,
3 and extended care services furnished through
4 such networks;

5 “(v) assess the timeliness of the Depart-
6 ment in referring hospital care, medical serv-
7 ices, and extended care services to such net-
8 works; and

9 “(vi) assess the timeliness of such net-
10 works in—

11 “(I) accepting referrals; and

12 “(II) scheduling and completing ap-
13 pointments.

14 “(B) Report the number of medical service lines
15 the Secretary has determined under subsection
16 (e)(1) not to be providing hospital care, medical
17 services, or extended care services that comply with
18 the standards for quality established by the Sec-
19 retary.

20 “(C) Assess the use of academic affiliates and
21 centers of excellence of the Department to furnish
22 hospital care, medical services, and extended care
23 services to covered veterans under this section.

24 “(D) Assess the hospital care, medical services,
25 and extended care services furnished to covered vet-

1 erans under this section by medical facilities oper-
2 ated by Federal agencies other than the Depart-
3 ment.

4 “(3) Not later than 540 days after the date of the
5 enactment of the Caring for Our Veterans Act of 2018
6 and not less frequently than once each year thereafter, the
7 Secretary shall submit to the Committee on Veterans’ Af-
8 fairs of the Senate and the Committee on Veterans’ Af-
9 fairs of the House of Representatives a report on the in-
10 formation gathered under paragraph (2).

11 “(n) PROHIBITION ON CERTAIN LIMITATIONS.—(1)
12 The Secretary shall not limit the types of hospital care,
13 medical services, or extended care services covered vet-
14 erans may receive under this section if it is in the best
15 medical interest of the veteran to receive such hospital
16 care, medical services, or extended care services, as deter-
17 mined by the veteran and the veteran’s health care pro-
18 vider.

19 “(2) No provision in this section may be construed
20 to alter or modify any other provision of law establishing
21 specific eligibility criteria for certain hospital care, medical
22 services, or extended care services.

23 “(o) DEFINITIONS.—In this section:

24 “(1) The term ‘appropriate committees of Con-
25 gress’ means—

1 “(A) the Committee on Veterans’ Affairs
2 and the Committee on Appropriations of the
3 Senate; and

4 “(B) the Committee on Veterans’ Affairs
5 and the Committee on Appropriations of the
6 House of Representatives.

7 “(2) The term ‘medical service line’ means a
8 clinic within a Department medical center.”.

9 (2) CLERICAL AMENDMENT.—The table of sec-
10 tions at the beginning of chapter 17 is amended by
11 striking the item relating to section 1703 and insert-
12 ing the following new item:

 “1703. Veterans Community Care Program.”.

13 (b) EFFECTIVE DATE.—Section 1703 of title 38,
14 United States Code, as amended by subsection (a), shall
15 take effect on the later of—

16 (1) the date that is 30 days after the date on
17 which the Secretary of Veterans Affairs submits the
18 report required under section 101(q)(2) of the Vet-
19 erans Access, Choice, and Accountability Act of
20 2014 (Public Law 113–146; 38 U.S.C. 1701 note);
21 or

22 (2) the date on which the Secretary promul-
23 gates regulations pursuant to subsection (c).

24 (c) REGULATIONS.—

1 (1) IN GENERAL.—Not later than one year
2 after the date of the enactment of this Act, the Sec-
3 retary of Veterans Affairs shall promulgate regula-
4 tions to carry out section 1703 of title 38, United
5 States Code, as amended by subsection (a) of this
6 section.

7 (2) UPDATES.—

8 (A) PERIODIC.—Before promulgating the
9 regulations required under paragraph (1), the
10 Secretary shall provide to the appropriate com-
11 mittees of Congress periodic updates to confirm
12 the progress of the Secretary toward developing
13 such regulations.

14 (B) FIRST UPDATE.—The first update
15 under subparagraph (A) shall occur no later
16 than 120 days from the date of the enactment
17 of this Act.

18 (C) APPROPRIATE COMMITTEES OF CON-
19 GRESS DEFINED.—In this paragraph, the term
20 “appropriate committees of Congress” means—

21 (i) the Committee on Veterans’ Af-
22 fairs and the Committee on Appropriations
23 of the Senate; and

1 (ii) the Committee on Veterans' Af-
2 fairs and the Committee on Appropriations
3 of the House of Representatives.

4 (d) CONTINUITY OF EXISTING AGREEMENTS.—

5 (1) IN GENERAL.—Notwithstanding section
6 1703 of title 38, United States Code, as amended by
7 subsection (a), the Secretary of Veterans Affairs
8 shall continue all contracts, memorandums of under-
9 standing, memorandums of agreements, and other
10 arrangements that were in effect on the day before
11 the date of the enactment of this Act between the
12 Department of Veterans Affairs and the American
13 Indian and Alaska Native health care systems as es-
14 tablished under the terms of the Department of Vet-
15 erans Affairs and Indian Health Service Memo-
16 randum of Understanding, signed October 1, 2010,
17 the National Reimbursement Agreement, signed De-
18 cember 5, 2012, arrangements under section 405 of
19 the Indian Health Care Improvement Act (25 U.S.C.
20 1645), and agreements entered into under sections
21 102 and 103 of the Veterans Access, Choice, and
22 Accountability Act of 2014 (Public Law 113–146).

23 (2) MODIFICATIONS.—Paragraph (1) shall not
24 be construed to prohibit the Secretary and the par-
25 ties to the contracts, memorandums of under-

1 standing, memorandums of agreements, and other
2 arrangements described in such paragraph from
3 making such changes to such contracts, memoran-
4 dums of understanding, memorandums of agree-
5 ments, and other arrangements as may be otherwise
6 authorized pursuant to other provisions of law or the
7 terms of the contracts, memorandums of under-
8 standing, memorandums of agreements, and other
9 arrangements.

10 **SEC. 102. AUTHORIZATION OF AGREEMENTS BETWEEN DE-**
11 **PARTMENT OF VETERANS AFFAIRS AND NON-**
12 **DEPARTMENT PROVIDERS.**

13 (a) IN GENERAL.—Subchapter I of chapter 17 is
14 amended by inserting after section 1703 the following new
15 section:

16 **“§ 1703A. Agreements with eligible entities or pro-**
17 **viders; certification processes**

18 “(a) AGREEMENTS AUTHORIZED.—(1)(A) When hos-
19 pital care, a medical service, or an extended care service
20 required by a veteran who is entitled to such care or serv-
21 ice under this chapter is not feasibly available to the vet-
22 eran from a facility of the Department or through a con-
23 tract or sharing agreement entered into pursuant to an-
24 other provision of law, the Secretary may furnish such
25 care or service to such veteran through an agreement

1 under this section with an eligible entity or provider to
2 provide such hospital care, medical service, or extended
3 care service.

4 “(B) An agreement entered into under this section
5 to provide hospital care, a medical service, or an extended
6 care service shall be known as a ‘Veterans Care Agree-
7 ment’.

8 “(C) For purposes of subparagraph (A), hospital
9 care, a medical service, or an extended care service may
10 be considered not feasibly available to a veteran from a
11 facility of the Department or through a contract or shar-
12 ing agreement described in such subparagraph when the
13 Secretary determines the veteran’s medical condition, the
14 travel involved, the nature of the care or services required,
15 or a combination of these factors make the use of a facility
16 of the Department or a contract or sharing agreement de-
17 scribed in such subparagraph impracticable or inadvisable.

18 “(D) A Veterans Care Agreement may be entered
19 into by the Secretary or any Department official author-
20 ized by the Secretary.

21 “(2)(A) Subject to subparagraph (B), the Secretary
22 shall review each Veterans Care Agreement of material
23 size, as determined by the Secretary or set forth in para-
24 graph (3), for hospital care, a medical service, or an ex-
25 tended care service to determine whether it is feasible and

1 advisable to provide such care or service within a facility
2 of the Department or by contract or sharing agreement
3 entered into pursuant to another provision of law and, if
4 so, take action to do so.

5 “(B)(i) The Secretary shall review each Veterans
6 Care Agreement of material size that has been in effect
7 for at least six months within the first two years of its
8 taking effect, and not less frequently than once every four
9 years thereafter.

10 “(ii) If a Veterans Care Agreement has not been in
11 effect for at least six months by the date of the review
12 required by subparagraph (A), the agreement shall be re-
13 viewed during the next cycle required by subparagraph
14 (A), and such review shall serve as its review within the
15 first two years of its taking effect for purposes of clause
16 (i).

17 “(3)(A) In fiscal year 2019 and in each fiscal year
18 thereafter, in addition to such other Veterans Care Agree-
19 ments as the Secretary may determine are of material size,
20 a Veterans Care Agreement for the purchase of extended
21 care services that exceeds \$5,000,000 annually shall be
22 considered of material size.

23 “(B) From time to time, the Secretary may publish
24 a notice in the Federal Register to adjust the dollar
25 amount specified in subparagraph (A) to account for

1 changes in the cost of health care based upon recognized
2 health care market surveys and other available data.

3 “(b) ELIGIBLE ENTITIES AND PROVIDERS.—For
4 purposes of this section, an eligible entity or provider is—

5 “(1) any provider of services that has enrolled
6 and entered into a provider agreement under section
7 1866(a) of the Social Security Act (42 U.S.C.
8 1395ee(a)) and any physician or other supplier who
9 has enrolled and entered into a participation agree-
10 ment under section 1842(h) of such Act (42 U.S.C.
11 1395u(h));

12 “(2) any provider participating under a State
13 plan under title XIX of such Act (42 U.S.C. 1396
14 et seq.);

15 “(3) an Aging and Disability Resource Center,
16 an area agency on aging, or a State agency (as de-
17 fined in section 102 of the Older Americans Act of
18 1965 (42 U.S.C. 3002));

19 “(4) a center for independent living (as defined
20 in section 702 of the Rehabilitation Act of 1973 (29
21 U.S.C. 796a)); or

22 “(5) any entity or provider not described in
23 paragraph (1) or (2) of this subsection that the Sec-
24 retary determines to be eligible pursuant to the cer-
25 tification process described in subsection (c).

1 “(c) ELIGIBLE ENTITY OR PROVIDER CERTIFI-
2 CATION PROCESS.—The Secretary shall establish by regu-
3 lation a process for the certification of eligible entities or
4 providers or recertification of eligible entities or providers
5 under this section. Such a process shall, at a minimum—

6 “(1) establish deadlines for actions on applica-
7 tions for certification;

8 “(2) set forth standards for an approval or de-
9 nial of certification, duration of certification, revoca-
10 tion of an eligible entity or provider’s certification,
11 and recertification of eligible entities or providers;

12 “(3) require the denial of certification if the
13 Secretary determines the eligible entity or provider
14 is excluded from participation in a Federal health
15 care program under section 1128 or section 1128A
16 of the Social Security Act (42 U.S.C. 1320a–7 or
17 1320a–7a) or is currently identified as an excluded
18 source on the System for Award Management Exclu-
19 sions list described in part 9 of title 48, Code of
20 Federal Regulations, and part 180 of title 2 of such
21 Code, or successor regulations;

22 “(4) establish procedures for screening eligible
23 entities or providers according to the risk of fraud,
24 waste, and abuse that are similar to the standards
25 under section 1866(j)(2)(B) of the Social Security

1 Act (42 U.S.C. 1395cc(j)(2)(B)) and section 9.104
2 of title 48, Code of Federal Regulations, or suc-
3 cessor regulations; and

4 “(5) incorporate and apply the restrictions and
5 penalties set forth in chapter 21 of title 41 and treat
6 this section as a procurement program only for pur-
7 poses of applying such provisions.

8 “(d) RATES.—To the extent practicable, the rates
9 paid by the Secretary for hospital care, medical services,
10 and extended care services provided under a Veterans
11 Care Agreement shall be in accordance with the rates paid
12 by the United States under section 1703(i) of this title:

13 “(e) TERMS OF VETERANS CARE AGREEMENTS.—(1)
14 Pursuant to regulations promulgated under subsection
15 (k), the Secretary may define the requirements for pro-
16 viders and entities entering into agreements under this
17 section based upon such factors as the number of patients
18 receiving care or services, the number of employees em-
19 ployed by the entity or provider furnishing such care or
20 services, the amount paid by the Secretary to the provider
21 or entity, or other factors as determined by the Secretary.

22 “(2) To furnish hospital care, medical services, or ex-
23 tended care services under this section, an eligible entity
24 or provider shall agree—

1 “(A) to accept payment at the rates established
2 in regulations prescribed under this section;

3 “(B) that payment by the Secretary under this
4 section on behalf of a veteran to a provider of serv-
5 ices or care shall, unless rejected and refunded by
6 the provider within 30 days of receipt, constitute
7 payment in full and extinguish any liability on the
8 part of the veteran for the treatment or care pro-
9 vided, and no provision of a contract, agreement, or
10 assignment to the contrary shall operate to modify,
11 limit, or negate this requirement;

12 “(C) to provide only the care and services au-
13 thorized by the Department under this section and
14 to obtain the prior written consent of the Depart-
15 ment to furnish care or services outside the scope of
16 such authorization;

17 “(D) to bill the Department in accordance with
18 the methodology outlined in regulations prescribed
19 under this section;

20 “(E) to not seek to recover or collect from a
21 health plan contract or third party, as those terms
22 are defined in section 1729 of this title, for any care
23 or service that is furnished or paid for by the De-
24 partment;

1 “(F) to provide medical records to the Depart-
2 ment in the time frame and format specified by the
3 Department; and

4 “(G) to meet such other terms and conditions,
5 including quality of care assurance standards, as the
6 Secretary may specify in regulation.

7 “(f) DISCONTINUATION OR NONRENEWAL OF A VET-
8 ERANS CARE AGREEMENT.—(1) An eligible entity or pro-
9 vider may discontinue a Veterans Care Agreement at such
10 time and upon such notice to the Secretary as may be
11 provided in regulations prescribed under this section.

12 “(2) The Secretary may discontinue a Veterans Care
13 Agreement with an eligible entity or provider at such time
14 and upon such reasonable notice to the eligible entity or
15 provider as may be specified in regulations prescribed
16 under this section, if an official designated by the Sec-
17 retary—

18 “(A) has determined that the eligible entity or
19 provider failed to comply substantially with the pro-
20 visions of the Veterans Care Agreement, or with the
21 provisions of this section or regulations prescribed
22 under this section;

23 “(B) has determined the eligible entity or pro-
24 vider is excluded from participation in a Federal
25 health care program under section 1128 or section

1 1128A of the Social Security Act (42 U.S.C. 1320a–
2 7 or 1320a–7a) or is identified on the System for
3 Award Management Exclusions list as provided in
4 part 9 of title 48, Code of Federal Regulations, and
5 part 180 of title 2 of such Code, or successor regula-
6 tions;

7 “(C) has ascertained that the eligible entity or
8 provider has been convicted of a felony or other seri-
9 ous offense under Federal or State law and deter-
10 mines the eligible entity or provider’s continued par-
11 ticipation would be detrimental to the best interests
12 of veterans or the Department; or

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

16 “(g) QUALITY OF CARE.—The Secretary shall estab-
17 lish a system or systems for monitoring the quality of care
18 provided to veterans through Veterans Care Agreements
19 and for assessing the quality of hospital care, medical
20 services, and extended care services furnished by eligible
21 entities and providers before the renewal of Veterans Care
22 Agreements.

23 “(h) DISPUTES.—(1) The Secretary shall promulgate
24 administrative procedures for eligible entities and pro-

1 viders to present all disputes arising under or related to
2 Veterans Care Agreements.

3 “(2) Such procedures constitute the eligible entities’
4 and providers’ exhaustive and exclusive administrative
5 remedies.

6 “(3) Eligible entities or providers must first exhaust
7 such administrative procedures before seeking any judicial
8 review under section 1346 of title 28 (known as the “Tuck-
9 er Act”).

10 “(4) Disputes under this section must pertain to ei-
11 ther the scope of authorization under the Veterans Care
12 Agreement or claims for payment subject to the Veterans
13 Care Agreement and are not claims for the purposes of
14 such laws that would otherwise require application of sec-
15 tions 7101 through 7109 of title 41, United States Code.

16 “(i) APPLICABILITY OF OTHER PROVISIONS OF
17 LAW.—(1) A Veterans Care Agreement may be authorized
18 by the Secretary or any Department official authorized by
19 the Secretary, and such action shall not be treated as—

20 “(A) an award for the purposes of such laws
21 that would otherwise require the use of competitive
22 procedures for the furnishing of care and services; or

23 “(B) a Federal contract for the acquisition of
24 goods or services for purposes of any provision of
25 Federal law governing Federal contracts for the ac-

1 quisition of goods or services except section 4706(d)
2 of title 41.

3 “(2)(A) Except as provided in the agreement itself,
4 in subparagraph (B), and unless otherwise provided in this
5 section or regulations prescribed pursuant to this section,
6 an eligible entity or provider that enters into an agreement
7 under this section is not subject to, in the carrying out
8 of the agreement, any law to which providers of services
9 and suppliers under the Medicare program under title
10 XVIII of the Social Security Act (42 U.S.C. 1395 et seq.)
11 are not subject.

12 “(B) An eligible entity or provider that enters into
13 an agreement under this section is subject to—

14 “(i) all laws regarding integrity, ethics, or
15 fraud, or that subject a person to civil or criminal
16 penalties; and

17 “(ii) all laws that protect against employment
18 discrimination or that otherwise ensure equal em-
19 ployment opportunities.

20 “(3) Notwithstanding paragraph (2)(B)(i), an eligible
21 entity or provider that enters into an agreement under this
22 section shall not be treated as a Federal contractor or sub-
23 contractor for purposes of chapter 67 of title 41 (com-
24 monly known as the ‘McNamara-O’Hara Service Contract
25 Act of 1965’).

“(j) PARITY OF TREATMENT.—Eligibility for hospital care, medical services, and extended care services furnished to any veteran pursuant to a Veterans Care Agreement shall be subject to the same terms as though provided in a facility of the Department, and provisions of this chapter applicable to veterans receiving such care and services in a facility of the Department shall apply to veterans treated under this section.

9 “(k) RULEMAKING.—The Secretary shall promulgate
10 regulations to carry out this section.”.

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

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

15 SEC. 103. CONFORMING AMENDMENTS FOR STATE VET-
16 ERANS HOMES.

17 (a) IN GENERAL.—Section 1745(a) is amended—

18 (1) in paragraph (1), by striking “(or agree-
19 ment under section 1720(c)(1) of this title)” and in-
20 serting “(or an agreement)”; and

21 (2) by adding at the end the following new
22 paragraph:

23 “(4)(A) An agreement under this section may be au-
24 thorized by the Secretary or any Department official au-
25 thorized by the Secretary, and any such action is not an

1 award for purposes of such laws that would otherwise re-
2 quire the use of competitive procedures for the furnishing
3 of hospital care, medical services, and extended care serv-
4 ices.

5 “(B)(i) Except as provided in the agreement itself,
6 in clause (ii), and unless otherwise provided in this section
7 or regulations prescribed pursuant to this section, a State
8 home that enters into an agreement under this section is
9 not subject to, in the carrying out of the agreement, any
10 provision of law to which providers of services and sup-
11 pliers under the Medicare program under title XVIII of
12 the Social Security Act (42 U.S.C. 1395 et seq.) are not
13 subject.

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

16 “(I) all provisions of law regarding integrity,
17 ethics, or fraud, or that subject a person to civil or
18 criminal penalties;

19 “(II) all provisions of law that protect against
20 employment discrimination or that otherwise ensure
21 equal employment opportunities; and

22 “(III) all provisions in subchapter V of chapter
23 17 of this title.

24 “(iii) Notwithstanding subparagraph (B)(ii)(I), a
25 State home that enters into an agreement under this sec-

tion may not be treated as a Federal contractor or subcontractor for purposes of chapter 67 of title 41 (known as the ‘McNamara-O’Hara Service Contract Act of 1965’).”.

(b) EFFECTIVE DATE.—The amendment made by subsection (a) shall apply to care provided on or after the effective date of regulations issued by the Secretary of Veterans Affairs to carry out this section.

SEC. 104. ACCESS STANDARDS AND STANDARDS FOR QUALITY.

(a) IN GENERAL.—Subchapter I of chapter 17, as amended by section 102, is further amended by inserting after section 1703A the following new sections:

“§ 1703B. Access standards

“(a)(1) The Secretary shall establish access standards for furnishing hospital care, medical services, or extended care services to covered veterans for the purposes of section 1703(d).

“(2) The Secretary shall ensure that the access standards established under paragraph (1) define such categories of care to cover all care and services within the medical benefits package of the Department of Veterans Affairs.

“(b) The Secretary shall ensure that the access standards provide covered veterans, employees of the Department, and health care providers in the network estab-

lished under section 1703(h) with relevant comparative information that is clear, useful, and timely, so that covered veterans can make informed decisions regarding their health care.

“(c) The Secretary shall consult with all pertinent Federal entities (including the Department of Defense, the Department of Health and Human Services, and the Centers for Medicare & Medicaid Services), entities in the private sector, and other nongovernmental entities in establishing access standards.

“(d)(1) Not later than 270 days after the date of the enactment of the Caring for Our Veterans Act of 2018, the Secretary shall submit to the appropriate committees of Congress a report detailing the access standards.

“(2)(A) Before submitting the report required under paragraph (1), the Secretary shall provide periodic updates to the appropriate committees of Congress to confirm the Department’s progress towards developing the access standards required by this section.

“(B) The first update under subparagraph (A) shall occur no later than 120 days from the date of the enactment of the Caring for Our Veterans Act of 2018.

“(3) Not later than 540 days after the date on which the Secretary implements the access standards established under subsection (a), the Secretary shall submit to the ap-

1 appropriate committees of Congress a report detailing the
2 implementation of and compliance with such access stand-
3 ards by Department and non-Department entities or pro-
4 viders.

5 “(e) Not later than three years after the date on
6 which the Secretary establishes access standards under
7 subsection (a) and not less frequently than once every
8 three years thereafter, the Secretary shall—

9 “(1) conduct a review of such standards; and

10 “(2) submit to the appropriate committees of
11 Congress a report on the findings and any modifica-
12 tion to the access standards with respect to the re-
13 view conducted under paragraph (1).

14 “(f) The Secretary shall ensure health care providers
15 specified under section 1703(e) are able to comply with
16 the applicable access standards established by the Sec-
17 retary.

18 “(g) The Secretary shall publish in the Federal Reg-
19 ister and on an internet website of the Department the
20 designated access standards established under this section
21 for purposes of section 1703(d)(1)(D).

22 “(h)(1) Consistent with paragraphs (1)(D) and (3)
23 of section 1703(d), covered veterans may contact the De-
24 partment at any time to request a determination regarding
25 whether they are eligible to receive care and services from

1 a non-Department entity or provider based on the Depart-
2 ment being unable to furnish such care and services in
3 a manner that complies with the designated access stand-
4 ards established under this section.

5 “(2) The Secretary shall establish a process to review
6 such requests from covered veterans to determine wheth-
7 er—

8 “(A) the requested care is clinically necessary;
9 and

10 “(B) the Department is able to provide such
11 care in a manner that complies with designated ac-
12 cess standards established under this section.

13 “(3) The Secretary shall promptly respond to any
14 such request by a covered veteran.

15 “(i)(1) The term ‘appropriate committees of Con-
16 gress’ means—

17 “(A) the Committee on Veterans’ Affairs and
18 the Committee on Appropriations of the Senate; and

19 “(B) the Committee on Veterans’ Affairs and
20 the Committee on Appropriations of the House of
21 Representatives.

22 “(2) The term ‘covered veterans’ refers to veterans
23 described in section 1703(b) of this title.

1 **“§ 1703C. Standards for quality**

2 “(a) IN GENERAL.—(1) The Secretary shall establish
3 standards for quality regarding hospital care, medical
4 services, and extended care services furnished by the De-
5 partment pursuant to this title, including through non-De-
6 partment health care providers pursuant to section 1703
7 of this title.

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

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

17 “(A) after consultation with veterans service or-
18 ganizations and other key stakeholders on survey de-
19 velopment or modification of an existing survey, a
20 survey of veterans who have used hospital care, med-
21 ical services, or extended care services furnished by
22 the Veterans Health Administration during the most
23 recent two-year period to assess the satisfaction of
24 the veterans with service and quality of care; and

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

1 “(i) Timely care.

2 “(ii) Effective care.

3 “(iii) Safety, including, at a minimum,
4 complications, readmissions, and deaths.

5 “(iv) Efficiency.

6 “(4) The Secretary shall consult with all pertinent
7 Federal entities (including the Department of Defense, the
8 Department of Health and Human Services, and the Cen-
9 ters for Medicare & Medicaid Services), entities in the pri-
10 vate sector, and other nongovernmental entities in estab-
11 lishing standards for quality.

12 “(5)(A) Not later than 270 days after the date of
13 the enactment of the Caring for Our Veterans Act of
14 2018, the Secretary shall submit to the appropriate com-
15 mittees of Congress a report detailing the standards for
16 quality.

17 “(B)(i) Before submitting the report required under
18 subparagraph (A), the Secretary shall provide periodic up-
19 dates to the appropriate committees of Congress to con-
20 firm the Department’s progress towards developing the
21 standards for quality required by this section.

22 “(ii) The first update under clause (i) shall occur no
23 later than 120 days from the date of the enactment of
24 the Caring for Our Veterans Act of 2018.

1 “(b) PUBLICATION AND CONSIDERATION OF PUBLIC
2 COMMENTS.—(1) Not later than one year after the date
3 on which the Secretary establishes standards for quality
4 under subsection (a), the Secretary shall publish the qual-
5 ity rating of medical facilities of the Department in the
6 publicly available Hospital Compare website through the
7 Centers for Medicare & Medicaid Services for the purpose
8 of providing veterans with information that allows them
9 to compare performance measure information among De-
10 partment and non-Department health care providers.

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

17 “(c)(1) The term ‘appropriate committees of Con-
18 gress’ means—

19 “(A) the Committee on Veterans’ Affairs and
20 the Committee on Appropriations of the Senate; and

21 “(B) the Committee on Veterans’ Affairs and
22 the Committee on Appropriations of the House of
23 Representatives.

24 “(2) The term ‘covered veterans’ refers to veterans
25 described in section 1703(b) of this title.”.

1 (b) CLERICAL AMENDMENT.—The table of sections
2 at the beginning of chapter 17, as amended by section
3 102, is further amended by inserting after the item relat-
4 ing to section 1703A the following new items:

“1703B. Access standards.

“1703C. Standards for quality.”.

5 **SEC. 105. ACCESS TO WALK-IN CARE.**

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

8 **“§ 1725A. Access to walk-in care**

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

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

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

17 “(2) has received care under this chapter within
18 the 24-month period preceding the furnishing of
19 walk-in care under this section.

20 “(c) QUALIFYING NON-DEPARTMENT ENTITIES OR
21 PROVIDERS.—For purposes of this section, a qualifying
22 non-Department entity or provider is a non-Department
23 entity or provider that has entered into a contract or other

1 agreement with the Secretary to furnish services under
2 this section.

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

8 “(e) **CONTINUITY OF CARE.**—The Secretary shall en-
9 sure continuity of care for those eligible veterans who re-
10 ceive walk-in care services under this section, including
11 through the establishment of a mechanism to receive med-
12 ical records from walk-in care providers and provide perti-
13 nent patient medical records to providers of walk-in care.

14 “(f) **COPAYMENTS.**—(1)(A) The Secretary may re-
15 quire an eligible veteran to pay the United States a copay-
16 ment for each episode of hospital care or medical services
17 provided under this section if the eligible veteran would
18 be required to pay a copayment under this title.

19 “(B) An eligible veteran not required to pay a copay-
20 ment under this title may access walk-in care without a
21 copayment for the first two visits in a calendar year. For
22 any additional visits, a copayment at an amount deter-
23 mined by the Secretary may be required.

24 “(C) An eligible veteran required to pay a copayment
25 under this title may be required to pay a regular copay-

1 ment for the first two walk-in care visits in a calendar
2 year. For any additional visits, a higher copayment at an
3 amount determined by the Secretary may be required.

4 “(2) After the first two episodes of care furnished
5 to an eligible veteran under this section, the Secretary may
6 adjust the copayment required of the veteran under this
7 subsection based upon the priority group of enrollment of
8 the eligible veteran, the number of episodes of care fur-
9 nished to the eligible veteran during a year, and other fac-
10 tors the Secretary considers appropriate under this sec-
11 tion.

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

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

17 “(g) REGULATIONS.—Not later than one year after
18 the date of the enactment of the Caring for Our Veterans
19 Act of 2018, the Secretary shall promulgate regulations
20 to carry out this section.

21 “(h) WALK-IN CARE DEFINED.—In this section, the
22 term ‘walk-in care’ means non-emergent care provided by
23 a qualifying non-Department entity or provider that fur-
24 nishes episodic care and not longitudinal management of

1 conditions and is otherwise defined through regulations
2 the Secretary shall promulgate.”.

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

7 (c) CLERICAL AMENDMENT.—The table of sections
8 at the beginning of such chapter is amended by inserting
9 after the item related to section 1725 the following new
10 item:

“§1725A. Access to walk-in care.”.

11 **SEC. 106. STRATEGY REGARDING THE DEPARTMENT OF**
12 **VETERANS AFFAIRS HIGH-PERFORMING IN-**
13 **TEGRATED HEALTH CARE NETWORK.**

14 (a) IN GENERAL.—Subchapter II of chapter 73 is
15 amended by inserting after section 7330B the following
16 new section:

17 **“§ 7330C. Quadrennial Veterans Health Administra-**
18 **tion review**

19 “(a) MARKET AREA ASSESSMENTS.—(1) Not less
20 frequently than every four years, the Secretary of Vet-
21 erans Affairs shall perform market area assessments re-
22 garding the health care services furnished under the laws
23 administered by the Secretary.

24 “(2) Each market area assessment established under
25 paragraph (1) shall include the following:

1 “(A) An assessment of the demand for health
2 care from the Department, disaggregated by geo-
3 graphic market areas as determined by the Sec-
4 retary, including the number of requests for health
5 care services under the laws administered by the
6 Secretary.

7 “(B) An inventory of the health care capacity
8 of the Department of Veterans Affairs across the
9 Department’s system of facilities.

10 “(C) An assessment of the health care capacity
11 to be provided through contracted community care
12 providers and providers who entered into a provider
13 agreement with the Department under section
14 1703A of title 38, as added by section 102, includ-
15 ing the number of providers, the geographic location
16 of the providers, and categories or types of health
17 care services provided by the providers.

18 “(D) An assessment obtained from other Fed-
19 eral direct delivery systems of their capacity to pro-
20 vide health care to veterans.

21 “(E) An assessment of the health care capacity
22 of non-contracted providers where there is insuffi-
23 cient network supply.

24 “(F) An assessment of the health care capacity
25 of academic affiliates and other collaborations of the

1 Department as it relates to providing health care to
2 veterans.

3 “(G) An assessment of the effects on health
4 care capacity of the access standards and standards
5 for quality established under sections 1703B and
6 1703C of this title.

7 “(H) The number of appointments for health
8 care services under the laws administered by the
9 Secretary, disaggregated by—

10 “(i) appointments at facilities of the De-
11 partment of Veterans Affairs; and

12 “(ii) appointments with non-Department
13 health care providers.

14 “(3)(A) The Secretary shall submit to the appro-
15 priate committees of Congress the market area assess-
16 ments established in paragraph (1).

17 “(B) The Secretary also shall submit to the appro-
18 priate committees of Congress the market area assess-
19 ments completed by or being performed on the day before
20 the date of the enactment of the Caring for Our Veterans
21 Act of 2018.

22 “(4)(A) The Secretary shall use the market area as-
23 sessments established under paragraph (1) to—

1 “(i) determine the capacity of the health care
2 provider networks established under section 1703(h)
3 of this title;

4 “(ii) inform the Department budget, in accord-
5 ance with subparagraph (B); and

6 “(iii) inform and assess the appropriateness of
7 the access standards established under section
8 1703B of this title and standards for quality under
9 section 1703C and to make recommendations for
10 any changes to such standards.

11 “(B) The Secretary shall ensure that the Department
12 budget for any fiscal year (as submitted with the budget
13 of the President under section 1105(a) of title 31) reflects
14 the findings of the Secretary with respect to the most re-
15 cent market area assessments under paragraph (1) and
16 health care utilization data from the Department and non-
17 Department entities or providers furnishing care and serv-
18 ices to covered veterans as described in section 1703(b).

19 “(b) STRATEGIC PLAN TO MEET HEALTH CARE DE-
20 MAND.—(1) Not later than one year after the date of the
21 enactment of the Caring for Our Veterans Act of 2018
22 and not less frequently than once every four years there-
23 after, the Secretary shall submit to the appropriate com-
24 mittees of Congress a strategic plan that specifies a four-
25 year forecast of—

1 “(A) the demand for health care from the De-
2 partment, disaggregated by geographic area as de-
3 termined by the Secretary;

4 “(B) the health care capacity to be provided at
5 each medical center of the Department; and

6 “(C) the health care capacity to be provided
7 through community care providers.

8 “(2) In preparing the strategic plan under paragraph
9 (1), the Secretary shall—

10 “(A) assess the access standards and standards
11 for quality established under sections 1703B and
12 1703C of this title;

13 “(B) assess the market area assessments estab-
14 lished under subsection (a);

15 “(C) assess the needs of the Department based
16 on identified services that provide management of
17 conditions or disorders related to military service for
18 which there is limited experience or access in the na-
19 tional market, the overall health of veterans
20 throughout their lifespan, or other services as the
21 Secretary determines appropriate;

22 “(D) consult with key stakeholders within the
23 Department, the heads of other Federal agencies,
24 and other relevant governmental and nongovern-
25 mental entities, including State, local, and tribal

1 government officials, members of Congress, veterans
2 service organizations, private sector representatives,
3 academics, and other policy experts;

4 “(E) identify emerging issues, trends, problems,
5 and opportunities that could affect health care serv-
6 ices furnished under the laws administered by the
7 Secretary;

8 “(F) develop recommendations regarding both
9 short- and long-term priorities for health care serv-
10 ices furnished under the laws administered by the
11 Secretary;

12 “(G) after consultation with veterans service or-
13 ganizations and other key stakeholders on survey de-
14 velopment or modification of an existing survey, con-
15 sider a survey of veterans who have used hospital
16 care, medical services, or extended care services fur-
17 nished by the Veterans Health Administration dur-
18 ing the most recent two-year period to assess the
19 satisfaction of the veterans with service and quality
20 of care;

21 “(H) conduct a comprehensive examination of
22 programs and policies of the Department regarding
23 the delivery of health care services and the demand
24 of health care services for veterans in future years;

1 “(I) assess the remediation of medical service
2 lines of the Department as described in section
3 1706A in conjunction with the utilization of non-De-
4 partment entities or providers to offset remediation;
5 and

6 “(J) consider such other matters as the Sec-
7 retary considers appropriate.

8 “(c) RESPONSIBILITIES.—The Secretary shall be re-
9 sponsible for—

10 “(1) overseeing the transformation and organi-
11 zational change across the Department to achieve
12 such high performing integrated health care net-
13 work;

14 “(2) developing the capital infrastructure plan-
15 ning and procurement processes, whether minor or
16 major construction projects or leases; and

17 “(3) developing a multi-year budget process
18 that is capable of forecasting future year budget re-
19 quirements and projecting the cost of delivering
20 health care services under a high-performing inte-
21 grated health care network.

22 “(d) APPROPRIATE COMMITTEES OF CONGRESS DE-
23 FINED.—In this section, the term ‘appropriate committees
24 of Congress’ means—

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

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

6 (b) CLERICAL AMENDMENT.—The table of sections
7 at the beginning of such chapter is amended by inserting
8 after the item related to section 7330B the following new
9 item:

“7330C. Quadrennial Veterans Health Administration review.”

10 **SEC. 107. APPLICABILITY OF DIRECTIVE OF OFFICE OF**
11 **FEDERAL CONTRACT COMPLIANCE PRO-**
12 **GRAMS.**

13 (a) IN GENERAL.—Notwithstanding the treatment of
14 certain laws under subsection (i) of section 1703A of title
15 38, United States Code, as added by section 102 of this
16 title, Directive 2014–01 of the Office of Federal Contract
17 Compliance Programs of the Department of Labor (effective
18 as of May 7, 2014) shall apply to any entity entering
19 into an agreement under such section 1703A or section
20 1745 of such title, as amended by section 103, in the same
21 manner as such directive applies to subcontractors under
22 the TRICARE program for the duration of the morato-
23 rium provided under such directive.

24 (b) APPLICABILITY PERIOD.—The directive described
25 in subsection (a), and the moratorium provided under such

1 directive, shall not be altered or rescinded before May 7,
2 2019.

3 (e) TRICARE PROGRAM DEFINED.—In this section,
4 the term “TRICARE program” has the meaning given
5 that term in section 1072 of title 10, United States Code.

6 **SEC. 108. PREVENTION OF CERTAIN HEALTH CARE PRO-**
7 **VIDERS FROM PROVIDING NON-DEPARTMENT**
8 **HEALTH CARE SERVICES TO VETERANS.**

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

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

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

22 (b) PERMISSIVE ACTION.—On and after the date that
23 is one year after the date of the enactment of this Act,
24 the Secretary may deny, revoke, or suspend the eligibility
25 of a health care provider to provide non-Department

1 health care services if the Secretary determines such ac-
2 tion is necessary to immediately protect the health, safety,
3 or welfare of veterans and the health care provider is
4 under investigation by the medical licensing board of a
5 State in which the health care provider is licensed or prac-
6 tices.

7 (c) SUSPENSION.—The Secretary shall suspend the
8 eligibility of a health care provider to provide non-Depart-
9 ment health care services to veterans if the health care
10 provider is suspended from serving as a health care pro-
11 vider of the Department.

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

17 (1) The aggregate number of health care pro-
18 viders denied or suspended under this section from
19 participation in providing non-Department health
20 care services.

21 (2) An evaluation of any impact on access to
22 health care for patients or staffing shortages in pro-
23 grams of the Department providing non-Department
24 health care services.

1 (3) An explanation of the coordination of the
2 Department with the medical licensing boards of
3 States in implementing this section, the amount of
4 involvement of such boards in such implementation,
5 and efforts by the Department to address any con-
6 cerns raised by such boards with respect to such im-
7 plementation.

8 (4) Such recommendations as the Comptroller
9 General considers appropriate regarding harmo-
10 nizing eligibility criteria between health care pro-
11 viders of the Department and health care providers
12 eligible to provide non-Department health care serv-
13 ices.

14 (e) **NON-DEPARTMENT HEALTH CARE SERVICES**
15 **DEFINED.**—In this section, the term “non-Department
16 health care services” means services—

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

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

23 (3) purchased through the Medical Community
24 Care account of the Department; or

1 (4) purchased with amounts deposited in the
2 Veterans Choice Fund under section 802 of the Vet-
3 erans Access, Choice, and Accountability Act of
4 2014.

5 **SEC. 109. REMEDIATION OF MEDICAL SERVICE LINES.**

6 (a) IN GENERAL.—Subchapter I of chapter 17 is
7 amended by inserting after section 1706 the following new
8 section:

9 **“§ 1706A. Remediation of medical service lines**

10 “(a) IN GENERAL.—Not later than 30 days after de-
11 termining under section 1703(e)(1) that a medical service
12 line of the Department is providing hospital care, medical
13 services, or extended care services that does not comply
14 with the standards for quality established by the Sec-
15 retary, the Secretary shall submit to Congress an assess-
16 ment of the factors that led the Secretary to make such
17 determination and a plan with specific actions, and the
18 time to complete them, to be taken to comply with such
19 standards for quality, including the following:

20 “(1) Increasing personnel or temporary per-
21 sonnel assistance, including mobile deployment
22 teams.

23 “(2) Special hiring incentives, including the
24 Education Debt Reduction Program under sub-

1 chapter VII of chapter 76 of this title and recruit-
2 ment, relocation, and retention incentives.

3 “(3) Utilizing direct hiring authority.

4 “(4) Providing improved training opportunities
5 for staff.

6 “(5) Acquiring improved equipment.

7 “(6) Making structural modifications to the fa-
8 cility used by the medical service line.

9 “(7) Such other actions as the Secretary con-
10 siders appropriate.

11 “(b) RESPONSIBLE PARTIES.—In each assessment
12 submitted under subsection (a) with respect to a medical
13 service line, the Secretary shall identify the individuals at
14 the Central Office of the Veterans Health Administration,
15 the facility used by the medical service line, and the cen-
16 tral office of the relevant Veterans Integrated Service Net-
17 work who are responsible for overseeing the progress of
18 that medical service line in complying with the standards
19 for quality established by the Secretary.

20 “(c) INTERIM REPORTS.—Not later than 180 days
21 after submitting an assessment under subsection (a) with
22 respect to a medical service line, the Secretary shall sub-
23 mit to Congress a report on the progress of that medical
24 service line in complying with the standards for quality
25 established by the Secretary and any other measures the

1 Secretary will take to assist the medical service line in
2 complying with such standards for quality.

3 “(d) ANNUAL REPORTS.—Not less frequently than
4 once each year, the Secretary shall—

5 “(1) submit to Congress an analysis of the re-
6 mediation actions and costs of such actions taken
7 with respect to each medical service line with respect
8 to which the Secretary submitted an assessment and
9 plan under paragraph (1) in the preceding year, in-
10 cluding an update on the progress of each such med-
11 ical service line in complying with the standards for
12 quality and timeliness established by the Secretary
13 and any other actions the Secretary is undertaking
14 to assist the medical service line in complying with
15 standards for quality as established by the Sec-
16 retary; and

17 “(2) publish such analysis on the internet
18 website of the Department.”.

19 (b) CLERICAL AMENDMENT.—The table of sections
20 at the beginning of such chapter is amended by inserting
21 after the item related to section 1706 the following new
22 item:

“1706A. Remediation of medical service lines.”.

1 **CHAPTER 2—PAYING PROVIDERS AND**
2 **IMPROVING COLLECTIONS**

3 **SEC. 111. PROMPT PAYMENT TO PROVIDERS.**

4 (a) IN GENERAL.—Subchapter I of chapter 17 is
5 amended by inserting after section 1703C, as added by
6 section 104 of this title, the following new section:

7 **“§ 1703D. Prompt payment standard**

8 “(a) IN GENERAL.—(1) Notwithstanding any other
9 provision of this title or of any other provision of law, the
10 Secretary shall pay for hospital care, medical services, or
11 extended care services furnished by health care entities or
12 providers under this chapter within 45 calendar days upon
13 receipt of a clean paper claim or 30 calendar days upon
14 receipt of a clean electronic claim.

15 “(2) If a claim is denied, the Secretary shall, within
16 45 calendar days of denial for a paper claim and 30 cal-
17 endar days of denial for an electronic claim, notify the
18 health care entity or provider of the reason for denying
19 the claim and what, if any, additional information is re-
20 quired to process the claim.

21 “(3) Upon the receipt of the additional information,
22 the Secretary shall ensure that the claim is paid, denied,
23 or otherwise adjudicated within 30 calendar days from the
24 receipt of the requested information.

1 “(4) This section shall only apply to payments made
2 on an invoice basis and shall not apply to capitation or
3 other forms of periodic payment to entities or providers.

4 “(b) SUBMITTAL OF CLAIMS BY HEALTH CARE EN-
5 TITIES AND PROVIDERS.—A health care entity or provider
6 that furnishes hospital care, a medical service, or an ex-
7 tended care service under this chapter shall submit to the
8 Secretary a claim for payment for furnishing the hospital
9 care, medical service, or extended care service not later
10 than 180 days after the date on which the entity or pro-
11 vider furnished the hospital care, medical service, or ex-
12 tended care service.

13 “(c) FRAUDULENT CLAIMS.—(1) Sections 3729
14 through 3733 of title 31 shall apply to fraudulent claims
15 for payment submitted to the Secretary by a health care
16 entity or provider under this chapter.

17 “(2) Pursuant to regulations prescribed by the Sec-
18 retary, the Secretary shall bar a health care entity or pro-
19 vider from furnishing hospital care, medical services, and
20 extended care services under this chapter when the Sec-
21 retary determines the entity or provider has submitted to
22 the Secretary fraudulent health care claims for payment
23 by the Secretary.

24 “(d) OVERDUE CLAIMS.—(1) Any claim that has not
25 been denied with notice, made pending with notice, or paid

1 to the health care entity or provider by the Secretary shall
2 be overdue if the notice or payment is not received by the
3 entity provider within the time periods specified in sub-
4 section (a).

5 “(2)(A) If a claim is overdue under this subsection,
6 the Secretary may, under the requirements established by
7 subsection (a) and consistent with the provisions of chap-
8 ter 39 of title 31 (commonly referred to as the ‘Prompt
9 Payment Act’), require that interest be paid on clean
10 claims.

11 “(B) Interest paid under subparagraph (A) shall be
12 computed at the rate of interest established by the Sec-
13 retary of the Treasury under section 3902 of title 31 and
14 published in the Federal Register.

15 “(3) Not less frequently than annually, the Secretary
16 shall submit to Congress a report on payment of overdue
17 claims under this subsection, disaggregated by paper and
18 electronic claims, that includes the following:

19 “(A) The amount paid in overdue claims de-
20 scribed in this subsection, disaggregated by the
21 amount of the overdue claim and the amount of in-
22 terest paid on such overdue claim.

23 “(B) The number of such overdue claims and
24 the average number of days late each claim was

1 paid, disaggregated by facility of the Department
2 and Veterans Integrated Service Network region.

3 “(e) OVERPAYMENT.—(1) The Secretary shall deduct
4 the amount of any overpayment from payments due a
5 health care entity or provider under this chapter.

6 “(2) Deductions may not be made under this sub-
7 section unless the Secretary has made reasonable efforts
8 to notify a health care entity or provider of the right to
9 dispute the existence or amount of such indebtedness and
10 the right to request a compromise of such indebtedness.

11 “(3) The Secretary shall make a determination with
12 respect to any such dispute or request prior to deducting
13 any overpayment unless the time required to make such
14 a determination before making any deductions would jeop-
15 ardize the Secretary’s ability to recover the full amount
16 of such indebtedness.

17 “(f) INFORMATION AND DOCUMENTATION RE-
18 QUIRED.—(1) The Secretary shall provide to all health
19 care entities and providers participating in a program to
20 furnish hospital care, medical services, or extended care
21 services under this chapter a list of information and docu-
22 mentation that is required to establish a clean claim under
23 this section.

24 “(2) The Secretary shall consult with entities in the
25 health care industry, in the public and private sector, to

1 determine the information and documentation to include
2 in the list under paragraph (1).

3 “(3) If the Secretary modifies the information and
4 documentation included in the list under paragraph (1),
5 the Secretary shall notify all health care entities and pro-
6 viders described in paragraph (1) not later than 30 days
7 before such modifications take effect.

8 “(g) PROCESSING OF CLAIMS.—(1) In processing a
9 claim for compensation for hospital care, medical services,
10 or extended care services furnished by a non-Department
11 health care entity or provider under this chapter, the Sec-
12 retary may act through—

13 “(A) a non-Department entity that is under
14 contract or agreement for the program established
15 under section 1703(a) of this title; or

16 “(B) a non-Department entity that specializes
17 in such processing for other Federal agency health
18 care systems.

19 “(2) The Secretary shall seek to contract with a third
20 party to conduct a review of claims described in paragraph
21 (3) that includes—

22 “(A) a feasibility assessment to determine the
23 capacity of the Department to process such claims
24 in a timely manner; and

1 “(B) a cost benefit analysis comparing the ca-
2 pacity of the Department to a third party entity ca-
3 pable of processing such claims.

4 “(3) The review required under paragraph (2) shall
5 apply to claims for hospital care, medical services, or ex-
6 tended care services furnished under section 1703 of this
7 Act, as amended by the Caring for Our Veterans Act of
8 2018, that are processed by the Department.

9 “(h) REPORT ON ENCOUNTER DATA SYSTEM.—(1)
10 Not later than 90 days after the date of the enactment
11 of the Caring for Our Veterans Act of 2018, the Secretary
12 shall submit to the appropriate committees of Congress
13 a report on the feasibility and advisability of adopting a
14 funding mechanism similar to what is utilized by other
15 Federal agencies to allow a contracted entity to act as a
16 fiscal intermediary for the Federal Government to dis-
17 tribute, or pass through, Federal Government funds for
18 certain non-underwritten hospital care, medical services,
19 or extended care services.

20 “(2) The Secretary may coordinate with the Depart-
21 ment of Defense, the Department of Health and Human
22 Services, and the Department of the Treasury in devel-
23 oping the report required by paragraph (1).

24 “(i) DEFINITIONS.—In this section:

1 “(1) The term ‘appropriate committees of Con-
2 gress’ means—

3 “(A) the Committee on Veterans’ Affairs
4 and the Committee on Appropriations of the
5 Senate; and

6 “(B) the Committee on Veterans’ Affairs
7 and the Committee on Appropriations of the
8 House of Representatives.

9 “(2) The term ‘clean electronic claim’ means
10 the transmission of data for purposes of payment of
11 covered health care expenses that is submitted to the
12 Secretary which contains substantially all of the re-
13 quired data elements necessary for accurate adju-
14 dication, without obtaining additional information
15 from the entity or provider that furnished the care
16 or service, submitted in such format as prescribed by
17 the Secretary in regulations for the purpose of pay-
18 ing claims for care or services.

19 “(3) The term ‘clean paper claim’ means a
20 paper claim for payment of covered health care ex-
21 penses that is submitted to the Secretary which con-
22 tains substantially all of the required data elements
23 necessary for accurate adjudication, without obtain-
24 ing additional information from the entity or pro-
25 vider that furnished the care or service, submitted in

1 such format as prescribed by the Secretary in regu-
2 lations for the purpose of paying claims for care or
3 services.

4 “(4) The term ‘fraudulent claims’ means the
5 knowing misrepresentation of a material fact or
6 facts by a health care entity or provider made to in-
7 duce the Secretary to pay a claim that was not le-
8 gally payable to that provider.

9 “(5) The term ‘health care entity or provider’
10 includes any non-Department health care entity or
11 provider, but does not include any Federal health
12 care entity or provider.”.

13 (b) CLERICAL AMENDMENT.—The table of sections
14 at the beginning of such chapter is amended by inserting
15 after the item related to section 1703C, as added by sec-
16 tion 104 of this title, the following new item:

“1703D. Prompt payment standard.”.

17 **SEC. 112. AUTHORITY TO PAY FOR AUTHORIZED CARE NOT**
18 **SUBJECT TO AN AGREEMENT.**

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

21 **“§ 8159. Authority to pay for services authorized but**
22 **not subject to an agreement**

23 “(a) IN GENERAL.—If, in the course of furnishing
24 hospital care, a medical service, or an extended care serv-
25 ice authorized by the Secretary and pursuant to a con-

1 tract, agreement, or other arrangement with the Sec-
2 retary, a provider who is not a party to the contract,
3 agreement, or other arrangement furnishes hospital care,
4 a medical service, or an extended care service that the Sec-
5 retary considers necessary, the Secretary may compensate
6 the provider for the cost of such care or service.

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

14 (b) CLERICAL AMENDMENT.—The table of sections
15 at the beginning of such chapter is amended by inserting
16 after the item relating to section 8158 the following new
17 item:

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

18 **SEC. 113. IMPROVEMENT OF AUTHORITY TO RECOVER THE**
19 **COST OF SERVICES FURNISHED FOR NON-**
20 **SERVICE-CONNECTED DISABILITIES.**

21 (a) BROADENING SCOPE OF APPLICABILITY.—Sec-
22 tion 1729 is amended—

23 (1) in subsection (a)—

24 (A) in paragraph (2)(A)—

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

3 (ii) by striking “the veteran” and in-
4 serting “the individual”; and

5 (B) in paragraph (3)—

6 (i) in the matter preceding subpara-
7 graph (A), by striking “the veteran” and
8 inserting “the individual”; and

9 (ii) in subparagraph (A), by striking
10 “the veteran’s” and inserting “the individ-
11 ual’s”;

12 (2) in subsection (b)—

13 (A) in paragraph (1)—

14 (i) by striking “the veteran” and in-
15 serting “the individual”; and

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

18 (B) in paragraph (2)—

19 (i) in subparagraph (A)—

20 (I) by striking “the veteran” and
21 inserting “the individual”; and

22 (II) by striking “the veteran’s”
23 and inserting “the individual’s”; and

24 (ii) in subparagraph (B)—

1 (I) in clause (i), by striking “the
2 veteran” and inserting “the indi-
3 vidual”; and

4 (II) in clause (ii)—

5 (aa) by striking “the vet-
6 eran” and inserting “the indi-
7 vidual”; and

8 (bb) by striking “the vet-
9 eran’s” each place it appears and
10 inserting “the individual’s”;

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

13 (4) in subsection (h)—

14 (A) in paragraph (1)—

15 (i) in the matter preceding subpara-
16 graph (A), by striking “a veteran” and in-
17 serting “an individual”;

18 (ii) in subparagraph (A), by striking
19 “the veteran” and inserting “the indi-
20 vidual”; and

21 (iii) in subparagraph (B), by striking
22 “the veteran” and inserting “the indi-
23 vidual”; and

24 (B) in paragraph (2)—

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

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

5 (iii) by striking “the veteran” and in-
6 serting “the individual”.

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

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

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

4 **SEC. 114. PROCESSING OF CLAIMS FOR REIMBURSEMENT**
5 **THROUGH ELECTRONIC INTERFACE.**

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

11 **CHAPTER 3—EDUCATION AND TRAINING**
12 **PROGRAMS**

13 **SEC. 121. EDUCATION PROGRAM ON HEALTH CARE OP-**
14 **TIONS.**

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

19 (b) ELEMENTS.—The program under subsection (a)
20 shall—

21 (1) teach veterans about—

22 (A) eligibility criteria for care from the De-
23 partment set forth under sections 1703, as
24 amended by section 101 of this title, and 1710
25 of title 38, United States Code;

1 (B) priority groups for enrollment in the
2 system of annual patient enrollment under sec-
3 tion 1705(a) of such title;

4 (C) the copayments and other financial ob-
5 ligations, if any, required of certain individuals
6 for certain services; and

7 (D) how to utilize the access standards
8 and standards for quality established under sec-
9 tions 1703B and 1703C of such title.

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

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

21 (c) ACCESSIBILITY.—In developing the education
22 program under this section, the Secretary shall ensure
23 that materials under such program are accessible—

24 (1) to veterans who may not have access to the
25 internet; and

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

4 (d) ANNUAL EVALUATION AND REPORT.—

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

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

15 (e) DEFINITIONS.—In this section:

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

19 (2) MEDICARE.—The term “Medicare” means
20 the Medicare program under title XVIII of such Act
21 (42 U.S.C. 1395 et seq.).

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

1 **SEC. 122. 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 Veterans Community Care Program
12 under section 1703 of such title, as amended by sec-
13 tion 101.

14 (3) Management of prescriptions pursuant to
15 improvements under section 131.

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

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

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

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

1 **SEC. 123. 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 **CHAPTER 4—OTHER MATTERS RELATING**
14 **TO NON-DEPARTMENT OF VETERANS**
15 **AFFAIRS PROVIDERS**

16 **SEC. 131. 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.

1 (b) INCLUSION OF MEDICAL HISTORY AND CURRENT
2 MEDICATIONS.—The Secretary shall implement a process
3 to ensure that, if care of a veteran by a covered health
4 care provider is authorized under the laws administered
5 by the Secretary, the document authorizing such care in-
6 cludes the available and relevant medical history of the
7 veteran and a list of all medications prescribed to the vet-
8 eran as known by the Department.

9 (c) SUBMITTAL OF MEDICAL RECORDS AND PRE-
10 SCRIPTIONS.—

11 (1) IN GENERAL.—The Secretary shall, con-
12 sistent with section 1703(a)(2)(A), as amended by
13 section 101 of this title, and section 1703A(e)(2)(F),
14 as added by section 102 of this title, require each
15 covered health care provider to submit medical
16 records of any care or services furnished, including
17 records of any prescriptions for opioids, to the De-
18 partment in the timeframe and format specified by
19 the Secretary.

20 (2) RESPONSIBILITY OF DEPARTMENT FOR RE-
21 CORDING AND MONITORING.—In carrying out para-
22 graph (1) and upon the receipt by the Department
23 of the medical records described in paragraph (1),
24 the Secretary shall—

1 (A) ensure the Department is responsible
2 for the recording of the prescription in the elec-
3 tronic health record of the veteran; and

4 (B) enable other monitoring of the pre-
5 scription as outlined in the Opioid Safety Initia-
6 tive of the Department.

7 (3) REPORT.—Not less frequently than annu-
8 ally, the Secretary shall submit to the Committee on
9 Veterans' Affairs of the Senate and the Committee
10 on Veterans' Affairs of the House of Representatives
11 a report evaluating the compliance of covered health
12 care providers with the requirements under this sec-
13 tion.

14 (d) USE OF OPIOID SAFETY INITIATIVE GUIDE-
15 LINES.—

16 (1) IN GENERAL.—If the Secretary determines
17 that the opioid prescribing practices of a covered
18 health care provider, when treating covered veterans,
19 satisfy a condition described in paragraph (3), the
20 Secretary shall take such action as the Secretary
21 considers appropriate to ensure the safety of all vet-
22 erans receiving care from that health care provider,
23 including removing or directing the removal of any
24 such health care provider from provider networks or
25 otherwise refusing to authorize care of veterans by

1 such health care provider in any program authorized
2 under the laws administered by the Secretary.

3 (2) INCLUSION IN CONTRACTS.—The Secretary
4 shall ensure that any contracts, agreements, or other
5 arrangements entered into by the Secretary with
6 third parties involved in administering programs
7 that provide care in the community to veterans
8 under the laws administered by the Secretary spe-
9 cifically grant the authority set forth in paragraph
10 (1) to such third parties and to the Secretary, as the
11 case may be.

12 (3) CONDITIONS FOR EXCLUSION OR LIMITA-
13 TION.—The Secretary shall take such action as is
14 considered appropriate under paragraph (1) when
15 the opioid prescribing practices of a covered health
16 care provider when treating covered veterans—

17 (A) conflict with or are otherwise incon-
18 sistent with the standards of appropriate and
19 safe care;

20 (B) violate the requirements of a medical
21 license of the health care provider; or

22 (C) may place at risk the veterans receiv-
23 ing health care from the provider.

24 (e) COVERED HEALTH CARE PROVIDER DEFINED.—
25 In this section, the term “covered health care provider”

1 means a non-Department of Veterans Affairs health care
2 provider who provides health care to veterans under the
3 laws administered by the Secretary of Veterans Affairs,
4 but does not include a health care provider employed by
5 another agency of the Federal Government.

6 **SEC. 132. IMPROVING INFORMATION SHARING WITH COM-**
7 **MUNITY PROVIDERS.**

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

10 “(H)(i) To a non-Department entity (including
11 private entities and other Federal agencies) for pur-
12 poses of providing health care, including hospital
13 care, medical services, and extended care services, to
14 patients or performing other health care-related ac-
15 tivities or functions.

16 “(ii) An entity to which a record is disclosed
17 under this subparagraph may not disclose or use
18 such record for a purpose other than that for which
19 the disclosure was made or as permitted by law.

20 “(I) To a third party in order to recover or col-
21 lect reasonable charges for care furnished to, or paid
22 on behalf of, a patient in connection with a non-serv-
23 ice connected disability as permitted by section 1729
24 of this title or for a condition for which recovery is
25 authorized or with respect to which the United

1 States is deemed to be a third party beneficiary
2 under the Act entitled 'An Act to provide for the re-
3 covery from tortiously liable third persons of the cost
4 of hospital and medical care and treatment fur-
5 nished by the United States' (Public Law 87-693;
6 42 U.S.C. 2651 et seq.; commonly known as the
7 'Federal Medical Care Recovery Act').".

8 **SEC. 133. COMPETENCY STANDARDS FOR NON-DEPART-**
9 **MENT OF VETERANS AFFAIRS HEALTH CARE**
10 **PROVIDERS.**

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

19 (b) CONDITION FOR ELIGIBILITY TO FURNISH
20 CARE.—(1) Each non-Department of Veterans Affairs
21 health care provider shall, to the extent practicable as de-
22 termined by the Secretary or otherwise provided for in
23 paragraph (2), meet the standards and requirements es-
24 tablished pursuant to subsection (a) before furnishing care
25 pursuant to a contract, agreement, or other arrangement

1 with the Department of Veterans Affairs. Non-Depart-
2 ment of Veterans Affairs health care providers furnishing
3 care pursuant to a contract, agreement, or other arrange-
4 ment shall, to the extent practicable as determined by the
5 Secretary, fulfill training requirements established by the
6 Secretary on how to deliver evidence-based treatments in
7 the clinical areas for which the Department of Veterans
8 Affairs has special expertise.

9 (2) Each non-Department of Veterans Affairs health
10 care provider who enters into a contract, agreement, or
11 other arrangement after the effective date identified in
12 subsection (c) shall, to the extent practicable, meet the
13 standards and requirements established pursuant to sub-
14 section (a) within 6 months of the contract, agreement,
15 or other arrangement taking effect.

16 (c) EFFECTIVE DATE.—This section shall take effect
17 on the day that is one year after the date of the enactment
18 of this Act.

19 **SEC. 134. DEPARTMENT OF VETERANS AFFAIRS PARTICIPA-**
20 **TION IN NATIONAL NETWORK OF STATE-**
21 **BASED PRESCRIPTION DRUG MONITORING**
22 **PROGRAMS.**

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

1 **“§ 1730B. Access to State prescription drug moni-**
2 **toring programs**

3 “(a) ACCESS TO PROGRAMS.—(1) Any licensed health
4 care provider or delegate of such a provider shall be con-
5 sidered an authorized recipient or user for the purpose of
6 querying and receiving data from the national network of
7 State-based prescription drug monitoring programs to
8 support the safe and effective prescribing of controlled
9 substances to covered patients.

10 “(2) Under the authority granted by paragraph (1)—

11 “(A) licensed health care providers or delegates
12 of such providers shall query such network in ac-
13 cordance with applicable regulations and policies of
14 the Veterans Health Administration; and

15 “(B) notwithstanding any general or specific
16 provision of law, rule, or regulation of a State, no
17 State may restrict the access of licensed health care
18 providers or delegates of such providers from access-
19 ing that State’s prescription drug monitoring pro-
20 grams.

21 “(3) No State shall deny or revoke the license, reg-
22 istration, or certification of a licensed health care provider
23 or delegate who otherwise meets that State’s qualifications
24 for holding the license, registration, or certification on the
25 basis that the licensed health care provider or delegate
26 queried or received data, or attempted to query or receive

1 data, from the national network of State-based prescrip-
2 tion drug monitoring programs under this section.

3 “(b) COVERED PATIENTS.—For purposes of this sec-
4 tion, a covered patient is a patient who—

5 “(1) receives a prescription for a controlled sub-
6 stance; and

7 “(2) is not receiving palliative care or enrolled
8 in hospice care.

9 “(c) DEFINITIONS.—In this section:

10 “(1) The term ‘controlled substance’ has the
11 meaning given such term in section 102(6) of the
12 Controlled Substances Act (21 U.S.C. 802(6)).

13 “(2) The term ‘delegate’ means a person or
14 automated system accessing the national network of
15 State-based prescription monitoring programs at the
16 direction or under the supervision of a licensed
17 health care provider.

18 “(3) The term ‘licensed health care provider’
19 means a health care provider employed by the De-
20 partment who is licensed, certified, or registered
21 within any State to fill or prescribe medications
22 within the scope of his or her practice as a Depart-
23 ment employee.

24 “(4) The term ‘national network of State-based
25 prescription monitoring programs’ means an inter-

1 connected nation-wide system that facilitates the
2 transfer to State prescription drug monitoring pro-
3 gram data across State lines.

4 “(5) The term ‘State’ means a State, as defined
5 in section 101(20) of this title, or a political subdivi-
6 sion of a State.”.

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

“1730B: Access to State prescription drug monitoring programs.”.

11 **CHAPTER 5—OTHER NON-DEPARTMENT**

12 **HEALTH CARE MATTERS**

13 **SEC. 141. PLANS FOR USE OF SUPPLEMENTAL APPROPRIA-**
14 **TIONS REQUIRED.**

15 Whenever the Secretary submits to Congress a re-
16 quest for supplemental appropriations or any other appro-
17 priation outside the standard budget process to address
18 a budgetary issue affecting the Department of Veterans
19 Affairs, the Secretary shall, not later than 45 days before
20 the date on which such budgetary issue would start affect-
21 ing a program or service, submit to Congress a justifica-
22 tion for the request, including a plan that details how the
23 Secretary intends to use the requested appropriation and
24 how long the requested appropriation is expected to meet
25 the needs of the Department and certification that the re-

1 quest was made using an updated and sound actuarial
2 analysis.

3 **SEC. 142. VETERANS CHOICE FUND FLEXIBILITY.**

4 Section 802 of the Veterans Access, Choice, and Ac-
5 countability Act of 2014 (Public Law 113–146; 38 U.S.C.
6 1701 note) is amended—

7 (1) in subsection (c)—

8 (A) in paragraph (1), by striking “by para-
9 graph (3)” and inserting “in paragraphs (3)
10 and (4)”; and

11 (B) by adding at the end the following new
12 paragraph:

13 “(4) PERMANENT AUTHORITY FOR OTHER
14 USES.—Beginning on March 1, 2019, amounts re-
15 maining in the Veterans Choice Fund may be used
16 to furnish hospital care, medical services, and ex-
17 tended care services to individuals pursuant to chap-
18 ter 17 of title 38, United States Code, at non-De-
19 partment facilities, including pursuant to non-De-
20 partment provider programs other than the program
21 established by section 101. Such amounts shall be
22 available in addition to amounts available in other
23 appropriations accounts for such purposes.”; and

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

4 **SEC. 143. SUNSET OF VETERANS CHOICE PROGRAM.**

5 Subsection (p) of section 101 of the Veterans Access,
6 Choice, and Accountability Act of 2014 (Public Law 113–
7 146; 38 U.S.C. 1701 note) is amended to read as follows:
8 “(p) **AUTHORITY TO FURNISH CARE AND SERV-**
9 **ICES.**—The Secretary may not use the authority under
10 this section to furnish care and services after the date that
11 is one year after the date of the enactment of the Caring
12 for Our Veterans Act of 2018.”.

13 **SEC. 144. CONFORMING AMENDMENTS.**

14 (a) **IN GENERAL.**—

15 (1) **TITLE 38.**—Title 38, United States Code, is
16 amended—

17 (A) in section 1712(a)—

18 (i) in paragraph (3), by striking
19 “under clause (1), (2), or (5) of section
20 1703(a) of this title” and inserting “or en-
21 tered an agreement”; and

22 (ii) in paragraph (4)(A), by striking
23 “under the provisions of this subsection
24 and section 1703 of this title”;

25 (B) in section 1712A(e)(1)—

1 (i) by inserting “or agreements” after
2 “contracts”; and

3 (ii) by striking “(under sections
4 1703(a)(2) and 1710(a)(1)(B) of this
5 title)”; and

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

9 (2) SOCIAL SECURITY ACT.—Section
10 1866(a)(1)(L) of the Social Security Act (42 U.S.C.
11 1395cc(a)(1)(L)) is amended by striking “under sec-
12 tion 1703” and inserting “under chapter 17”.

13 (3) VETERANS’ BENEFITS IMPROVEMENTS ACT
14 OF 1994.—Section 104(a)(4)(A) of the Veterans’
15 Benefits Improvements Act of 1994 (Public Law
16 103–446; 38 U.S.C. 1117 note) is amended by strik-
17 ing “in section 1703” and inserting “in sections
18 1703A, 8111, and 8153”.

19 (b) EFFECTIVE DATE.—The amendments made by
20 subsection (a) shall take effect on the date described in
21 section 101(b).

1 **Subtitle B—Improving Department**
2 **of Veterans Affairs Health Care**
3 **Delivery**

4 **SEC. 151. LICENSURE OF HEALTH CARE PROFESSIONALS**
5 **OF THE DEPARTMENT OF VETERANS AF-**
6 **FAIRS PROVIDING TREATMENT VIA TELE-**
7 **MEDICINE.**

8 (a) IN GENERAL.—Chapter 17 is amended by insert-
9 ing after section 1730B, as added by section 134, the fol-
10 lowing new section:

11 **“§ 1730C. Licensure of health care professionals pro-**
12 **viding treatment via telemedicine**

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

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

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

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

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

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

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

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

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

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

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

10 “(f) STATE DEFINED.—In this section, the term
11 ‘State’ means a State, as defined in section 101(20) of
12 this title, or a political subdivision of a State.”.

13 (b) CLERICAL AMENDMENT.—The table of sections
14 at the beginning of chapter 17 of such title is amended
15 by inserting after the item relating to section 1730B, as
16 added by section 134, the following new item:

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

17 (c) REPORT ON TELEMEDICINE.—

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

1 the Committee on Veterans' Affairs of the House of
2 Representatives a report on the effectiveness of the
3 use of telemedicine by the Department of Veterans
4 Affairs.

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

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

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

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

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

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

21 (iii) The productivity of health care
22 providers.

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

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

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

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

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

16 **SEC. 152. AUTHORITY FOR DEPARTMENT OF VETERANS AF-**
17 **FAIRS CENTER FOR INNOVATION FOR CARE**
18 **AND PAYMENT.**

19 (a) IN GENERAL.—Subchapter I of chapter 17, as
20 amended by this title, is further amended by inserting
21 after section 1703D, as added by section 111, the fol-
22 lowing new section:

1 **“§1703E. Center for Innovation for Care and Pay-**
2 **ment**

3 “(a) IN GENERAL.—(1) There is established within
4 the Department a Center for Innovation for Care and Pay-
5 ment (in this section referred to as the “Center”).

6 “(2) The Secretary, acting through the Center, may
7 carry out such pilot programs the Secretary determines
8 to be appropriate to develop innovative approaches to test-
9 ing payment and service delivery models in order to reduce
10 expenditures while preserving or enhancing the quality of
11 care furnished by the Department.

12 “(3) The Secretary, acting through the Center, shall
13 test payment and service delivery models to determine
14 whether such models—

15 “(A) improve access to, and quality, timeliness,
16 and patient satisfaction of care and services; and

17 “(B) create cost savings for the Department.

18 “(4)(A) The Secretary shall test a model in a location
19 where the Secretary determines that the model will ad-
20 dresses deficits in care (including poor clinical outcomes
21 or potentially avoidable expenditures) for a defined popu-
22 lation.

23 “(B) The Secretary shall focus on models the Sec-
24 retary expects to reduce program costs while preserving
25 or enhancing the quality of care received by individuals
26 receiving benefits under this chapter.

1 “(C) The models selected may include those described
2 in section 1115A(b)(2)(B) of the Social Security Act (42
3 U.S.C. 1315a(b)(2)(B)).

4 “(5) In selecting a model for testing, the Secretary
5 may consider, in addition to other factors identified in this
6 subsection, the following factors:

7 “(A) Whether the model includes a regular
8 process for monitoring and updating patient care
9 plans in a manner that is consistent with the needs
10 and preferences of individuals receiving benefits
11 under this chapter.

12 “(B) Whether the model places the individual
13 receiving benefits under this chapter (including fam-
14 ily members and other caregivers of such individual)
15 at the center of the care team of such individual.

16 “(C) Whether the model uses technology or new
17 systems to coordinate care over time and across set-
18 tings.

19 “(D) Whether the model demonstrates effective
20 linkage with other public sector payers, private sec-
21 tor payers, or statewide payment models.

22 “(6)(A) Models tested under this section may not be
23 designed in such a way that would allow the United States
24 to recover or collect reasonable charges from a Federal
25 health care program for care or services furnished by the

1 Secretary to a veteran under pilot programs carried out
2 under this section.

3 “(B) In this paragraph, the term ‘Federal health care
4 program’ means—

5 “(i) an insurance program described in section
6 1811 of the Social Security Act (42 U.S.C. 1395e)
7 or established by section 1831 of such Act (42
8 U.S.C. 1395j); or

9 “(ii) a State plan for medical assistance ap-
10 proved under title XIX of such Act (42 U.S.C. 1396
11 et seq.); or

12 “(iii) a TRICARE program operated under sec-
13 tions 1075, 1075a, 1076, 1076a, 1076c, 1076d,
14 1076e, or 1076f of title 10.

15 “(b) DURATION.—Each pilot program carried out by
16 the Secretary under this section shall terminate no later
17 than five years after the date of the commencement of the
18 pilot program.

19 “(c) LOCATION.—The Secretary shall ensure that
20 each pilot program carried out under this section occurs
21 in an area or areas appropriate for the intended purposes
22 of the pilot program. To the extent practicable, the Sec-
23 retary shall ensure that the pilot programs are located in
24 geographically diverse areas of the United States.

1 “(d) BUDGET.—Funding for each pilot program car-
2 ried out by the Secretary under this section shall come
3 from appropriations—

4 “(1) provided in advance in appropriations acts
5 for the Veterans Health Administration; and

6 “(2) provided for information technology sys-
7 tems.

8 “(e) NOTICE.—The Secretary shall—

9 “(1) publish information about each pilot pro-
10 gram under this section in the Federal Register; and

11 “(2) take reasonable actions to provide direct
12 notice to veterans eligible to participate in such pilot
13 programs.

14 “(f) WAIVER OF AUTHORITIES.—(1) Subject to re-
15 porting under paragraph (2) and approval under para-
16 graph (3), in implementing a pilot program under this sec-
17 tion, the Secretary may waive such requirements in sub-
18 chapters I, II, and III of this chapter as the Secretary
19 determines necessary solely for the purposes of carrying
20 out this section with respect to testing models described
21 in subsection (a).

22 “(2) Before waiving any authority under paragraph
23 (1), the Secretary shall submit to the Speaker of the
24 House of Representatives, the minority leader of the
25 House of Representatives, the majority leader of the Sen-

1 ate, the minority leader of the Senate, and each standing
2 committee with jurisdiction under the rules of the Senate
3 and of the House of Representatives to report a bill to
4 amend the provision or provisions of law that would be
5 waived by the Department, a report describing in detail
6 the following:

7 “(A) The specific authorities to be waived
8 under the pilot program.

9 “(B) The standard or standards to be used in
10 the pilot program in lieu of the waived authorities.

11 “(C) The reasons for such waiver or waivers.

12 “(D) A description of the metric or metrics the
13 Secretary will use to determine the effect of the
14 waiver or waivers upon the access to and quality,
15 timeliness, or patient satisfaction of care and serv-
16 ices furnished through the pilot program.

17 “(E) The anticipated cost savings, if any, of the
18 pilot program.

19 “(F) The schedule for interim reports on the
20 pilot program describing the results of the pilot pro-
21 gram so far and the feasibility and advisability of
22 continuing the pilot program.

23 “(G) The schedule for the termination of the
24 pilot program and the submission of a final report
25 on the pilot program describing the result of the

1 pilot program and the feasibility and advisability of
2 making the pilot program permanent.

3 “(II) The estimated budget of the pilot pro-
4 gram.

5 “(3)(A) Upon receipt of a report submitted under
6 paragraph (2), each House of Congress shall provide cop-
7 ies of the report to the chairman and ranking member of
8 each standing committee with jurisdiction under the rules
9 of the House of Representatives or the Senate to report
10 a bill to amend the provision or provisions of law that
11 would be waived by the Department under this subsection.

12 “(B)(i) The waiver requested by the Secretary under
13 paragraph (2) shall be considered approved under this
14 paragraph if there is enacted into law a bill or joint resolu-
15 tion approving such request in its entirety. Such bill or
16 joint resolution shall be passed by recorded vote to reflect
17 the vote of each member of Congress thereon.

18 “(ii) The provisions of this paragraph are enacted by
19 Congress—

20 “(I) as an exercise of the rulemaking power of
21 the Senate and the House of Representatives and as
22 such shall be considered as part of the rules of each
23 House of Congress, and shall supersede other rules
24 only to the extent that they are inconsistent there-
25 with; and

1 “(II) with full recognition of the constitutional
2 right of either House of Congress to change the
3 rules (so far as they relate to the procedures of that
4 House) at any time, in the same manner, and to the
5 same extent as in the case of any other rule of that
6 House.

7 “(C) During the 60-calendar-day period beginning on
8 the date on which the Secretary submits the report de-
9 scribed in paragraph (2) to Congress, it shall be in order
10 as a matter of highest privilege in each House of Congress
11 to consider a bill or joint resolution, if offered by the ma-
12 jority leader of such House (or a designee), approving
13 such request in its entirety.

14 “(g) LIMITATIONS.—(1) The Secretary may not carry
15 out more than 10 pilot programs concurrently.

16 “(2)(A) Subject to subparagraph (B), the Sec-
17 retary may not expend more than \$50,000,000 in
18 any fiscal year from amounts under subsection (d).

19 “(B) The Secretary may expend more than the
20 amount in subparagraph (A) if—

21 “(i) the Secretary determines that the ad-
22 ditional expenditure is necessary to carry out
23 pilot programs under this section;

24 “(ii) the Secretary submits to the Commit-
25 tees on Veterans’ Affairs of the Senate and the

1 House of Representatives a report setting forth
2 the amount of the additional expenditure and a
3 justification for the additional expenditure; and

4 “(iii) the Chairmen of the Committees on
5 Veterans’ Affairs of the Senate and the House
6 of Representatives transmit to the Secretary a
7 letter approving of the additional expenditure.

8 “(3) The waiver provisions in subsection (f)
9 shall not apply unless the Secretary, in accordance
10 with the requirements in subsection (f), submits the
11 first proposal for a pilot program not later than 18
12 months after the date of the enactment of the Car-
13 ing for Our Veterans Act of 2018.

14 “(4) Notwithstanding section 502 of this title, deci-
15 sions by the Secretary under this section shall, consistent
16 with section 511 of this title, be final and conclusive and
17 may not be reviewed by any other official or by any court,
18 whether by an action in the nature of mandamus or other-
19 wise.

20 “(5)(A) If the Secretary determines that a pilot pro-
21 gram is not improving the quality of care or producing
22 cost savings, the Secretary shall—

23 “(i) propose a modification to the pilot program
24 in the interim report that shall also be considered a

1 report under subsection (f)(2) and shall be subject
2 to the terms and conditions of subsection (f)(2); or
3 “(ii) terminate such pilot program not later
4 than 30 days after submitting the interim report to
5 Congress.

6 “(B) If the Secretary terminates a pilot program
7 under subparagraph (A)(ii), for purposes of subpara-
8 graphs (F) and (G) of subsection (f)(2), such interim re-
9 port will also serve as the final report for that pilot pro-
10 gram.

11 “(h) EVALUATION AND REPORTING REQUIRE-
12 MENTS.—(1) The Secretary shall conduct an evaluation
13 of each model tested, which shall include, at a minimum,
14 an analysis of—

15 “(A) the quality of care furnished under the
16 model, including the measurement of patient-level
17 outcomes and patient-centeredness criteria deter-
18 mined appropriate by the Secretary; and

19 “(B) the changes in spending by reason of that
20 model.

21 “(2) The Secretary shall make the results of each
22 evaluation under this subsection available to the public in
23 a timely fashion and may establish requirements for other
24 entities participating in the testing of models under this
25 section to collect and report information that the Sec-

1 retary determines is necessary to monitor and evaluate
2 such models.

3 “(i) COORDINATION AND ADVICE.—(1) The Sec-
4 retary shall obtain advice from the Under Secretary for
5 Health and the Special Medical Advisory Group estab-
6 lished pursuant to section 7312 of this title in the develop-
7 ment and implementation of any pilot program operated
8 under this section.

9 “(2) In carrying out the duties under this section,
10 the Secretary shall consult representatives of relevant
11 Federal agencies, and clinical and analytical experts with
12 expertise in medicine and health care management. The
13 Secretary shall use appropriate mechanisms to seek input
14 from interested parties.

15 “(j) EXPANSION OF SUCCESSFUL PILOT PRO-
16 GRAMS.—Taking into account the evaluation under sub-
17 section (f), the Secretary may, through rulemaking, ex-
18 pand (including implementation on a nationwide basis) the
19 duration and the scope of a model that is being tested
20 under subsection (a) to the extent determined appropriate
21 by the Secretary, if—

22 “(1) the Secretary determines that such expan-
23 sion is expected to—

24 “(A) reduce spending without reducing the
25 quality of care; or

1 “(B) improve the quality of patient care
2 without increasing spending; and

3 “(2) the Secretary determines that such expan-
4 sion would not deny or limit the coverage or provi-
5 sion of benefits for individuals receiving benefits
6 under this chapter.”.

7 (b) CONFORMING AMENDMENT.—The table of sec-
8 tions at the beginning of such chapter, as amended by this
9 title, is further amended by inserting after the item relat-
10 ing to section 1703D the following new item:

“1703E. Center for Innovation for Care and Payment.”.

11 **SEC. 153. AUTHORIZATION TO PROVIDE FOR OPERATIONS**
12 **ON LIVE DONORS FOR PURPOSES OF CON-**
13 **DUCTING TRANSPLANT PROCEDURES FOR**
14 **VETERANS.**

15 (a) IN GENERAL.—Subchapter VIII of chapter 17 is
16 amended by adding at the end the following new section:
17 **“§ 1788. Transplant procedures with live donors and**
18 **related services**

19 “(a) IN GENERAL.—Subject to subsections (b) and
20 (c), in a case in which a veteran is eligible for a transplant
21 procedure from the Department, the Secretary may pro-
22 vide for an operation on a live donor to carry out such
23 procedure for such veteran, notwithstanding that the live
24 donor may not be eligible for health care from the Depart-
25 ment.

1 “(b) OTHER SERVICES.—Subject to the availability
2 of appropriations for such purpose, the Secretary shall
3 furnish to a live donor any care or services before and
4 after conducting the transplant procedure under sub-
5 section (a) that may be required in connection with such
6 procedure.

7 “(c) USE OF NON-DEPARTMENT FACILITIES.—In
8 carrying out this section, the Secretary may provide for
9 the operation described in subsection (a) on a live donor
10 and furnish to the live donor the care and services de-
11 scribed in subsection (b) at a non-Department facility pur-
12 suant to an agreement entered into by the Secretary under
13 this chapter. The live donor shall be deemed to be an indi-
14 vidual eligible for hospital care and medical services at a
15 non-Department facility pursuant to such an agreement
16 solely for the purposes of receiving such operation, care,
17 and services at the non-Department facility.”.

18 (b) CLERICAL AMENDMENT.—The table of sections
19 at the beginning of chapter 17 is amended by inserting
20 after the item relating to section 1787 the following new
21 item:

“1788. Transplant procedures with live donors and related services.”.

22 **Subtitle C—Family Caregivers**

23 **SEC. 161. EXPANSION OF FAMILY CAREGIVER PROGRAM OF** 24 **DEPARTMENT OF VETERANS AFFAIRS.**

25 (a) FAMILY CAREGIVER PROGRAM.—

1 (1) EXPANSION OF ELIGIBILITY.—

2 (A) IN GENERAL.—Subparagraph (B) of
3 subsection (a)(2) of section 1720G is amended
4 to read as follows:

5 “(B) for assistance provided under this sub-
6 section—

7 “(i) before the date on which the Secretary
8 submits to Congress a certification that the De-
9 partment has fully implemented the information
10 technology system required by section 162(a) of
11 the Caring for Our Veterans Act of 2018, has
12 a serious injury (including traumatic brain in-
13 jury, psychological trauma, or other mental dis-
14 order) incurred or aggravated in the line of
15 duty in the active military, naval, or air service
16 on or after September 11, 2001;

17 “(ii) during the two-year period beginning
18 on the date on which the Secretary submitted
19 to 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—

25 “(I) on or before May 7, 1975; or

1 “(II) on or after September 11, 2001;

2 or

3 “(iii) after the date that is two years after
4 the date on which the Secretary submits to
5 Congress the certification described in clause
6 (i), has a serious injury (including traumatic
7 brain injury, psychological trauma, or other
8 mental disorder) incurred or aggravated in the
9 line of duty in the active military, naval, or air
10 service; and”.

11 (B) PUBLICATION IN FEDERAL REG-
12 ISTER.—Not later than 30 days after the date
13 on which the Secretary of Veterans Affairs sub-
14 mits to Congress the certification described in
15 subsection (a)(2)(B)(i) of section 1720G of
16 such title, as amended by subparagraph (A) of
17 this paragraph, the Secretary shall publish the
18 date specified in such subsection in the Federal
19 Register.

20 (2) EXPANSION OF NEEDED SERVICES IN ELI-
21 GIBILITY CRITERIA.—Subsection (a)(2)(C) of such
22 section is amended—

23 (A) in clause (ii), by striking “; or” and in-
24 serting a semicolon;

1 (B) by redesignating clause (iii) as clause
2 (iv); and

3 (C) by inserting after clause (ii) the fol-
4 lowing new clause (iii):

5 “(iii) a need for regular or extensive in-
6 struction or supervision without which the abil-
7 ity of the veteran to function in daily life would
8 be seriously impaired; or”.

9 (3) EXPANSION OF SERVICES PROVIDED.—Sub-
10 section (a)(3)(A)(ii) of such section is amended—

11 (A) in subclause (IV), by striking “; and”
12 and inserting a semicolon;

13 (B) in subclause (V), by striking the period
14 at the end and inserting “; and”; and

15 (C) by adding at the end the following new
16 subclause:

17 “(VI) through the use of contracts with, or
18 the provision of grants to, public or private en-
19 tities—

20 “(aa) financial planning services relat-
21 ing to the needs of injured veterans and
22 their caregivers; and

23 “(bb) legal services, including legal
24 advice and consultation, relating to the

1 needs of injured veterans and their care-
2 givers.”.

3 (4) MODIFICATION OF STIPEND CALCULA-
4 TION.—Subsection (a)(3)(C) of such section is
5 amended—

6 (A) by redesignating clause (iii) as clause
7 (iv); and

8 (B) by inserting after clause (ii) the fol-
9 lowing new clause (iii):

10 “(iii) In determining the amount and degree of per-
11 sonal care services provided under clause (i) with respect
12 to an eligible veteran whose need for personal care services
13 is based in whole or in part on a need for supervision or
14 protection under paragraph (2)(C)(ii) or regular instruc-
15 tion or supervision under paragraph (2)(C)(iii), the Sec-
16 retary shall take into account the following:

17 “(I) The assessment by the family caregiver of
18 the needs and limitations of the veteran.

19 “(II) The extent to which the veteran can func-
20 tion safely and independently in the absence of such
21 supervision, protection, or instruction.

22 “(III) The amount of time required for the
23 family caregiver to provide such supervision, protec-
24 tion, or instruction to the veteran.”.

1 (5) PERIODIC EVALUATION OF NEED FOR CER-
2 TAIN SERVICES.—Subsection (a)(3) of such section
3 is amended by adding at the end the following new
4 subparagraph:

5 “(D) In providing instruction, preparation, and train-
6 ing under subparagraph (A)(i)(I) and technical support
7 under subparagraph (A)(i)(II) to each family caregiver
8 who is approved as a provider of personal care services
9 for an eligible veteran under paragraph (6), the Secretary
10 shall periodically evaluate the needs of the eligible veteran
11 and the skills of the family caregiver of such veteran to
12 determine if additional instruction, preparation, training,
13 or technical support under those subparagraphs is nec-
14 essary.”.

15 (6) USE OF PRIMARY CARE TEAMS.—Subsection
16 (a)(5) of such section is amended, in the matter pre-
17 ceding subparagraph (A), by inserting “(in collabo-
18 ration with the primary care team for the eligible
19 veteran to the maximum extent practicable)” after
20 “evaluate”.

21 (7) ASSISTANCE FOR FAMILY CAREGIVERS.—
22 Subsection (a) of such section is amended by adding
23 at the end the following new paragraph:

24 “(11)(A) In providing assistance under this sub-
25 section to family caregivers of eligible veterans, the Sec-

1 retary may enter into contracts, provider agreements, and
2 memoranda of understanding with Federal agencies,
3 States, and private, nonprofit, and other entities to pro-
4 vide such assistance to such family caregivers.

5 “(B) The Secretary may provide assistance under
6 this paragraph only if such assistance is reasonably acces-
7 sible to the family caregiver and is substantially equivalent
8 or better in quality to similar services provided by the De-
9 partment.

10 “(C) The Secretary may provide fair compensation
11 to Federal agencies, States, and other entities that provide
12 assistance under this paragraph.”.

13 (b) MODIFICATION OF DEFINITION OF PERSONAL
14 CARE SERVICES.—Subsection (d)(4) of such section is
15 amended—

16 (1) in subparagraph (A), by striking “inde-
17 pendent”;

18 (2) by redesignating subparagraph (B) as sub-
19 paragraph (D); and

20 (3) by inserting after subparagraph (A) the fol-
21 lowing new subparagraphs:

22 “(B) Supervision or protection based on
23 symptoms or residuals of neurological or other
24 impairment or injury.

1 “(C) Regular or extensive instruction or
2 supervision without which the ability of the vet-
3 eran to function in daily life would be seriously
4 impaired.”.

5 **SEC. 162. IMPLEMENTATION OF INFORMATION TECH-**
6 **NOLOGY SYSTEM OF DEPARTMENT OF VET-**
7 **ERANS AFFAIRS TO ASSESS AND IMPROVE**
8 **THE FAMILY CAREGIVER PROGRAM.**

9 (a) IMPLEMENTATION OF NEW SYSTEM.—

10 (1) IN GENERAL.—Not later than October 1,
11 2018, the Secretary of Veterans Affairs shall imple-
12 ment an information technology system that fully
13 supports the Program and allows for data assess-
14 ment and comprehensive monitoring of the Program.

15 (2) ELEMENTS OF SYSTEM.—The information
16 technology system required to be implemented under
17 paragraph (1) shall include the following:

18 (A) The ability to easily retrieve data that
19 will allow all aspects of the Program (at the
20 medical center and aggregate levels) and the
21 workload trends for the Program to be assessed
22 and comprehensively monitored.

23 (B) The ability to manage data with re-
24 spect to a number of caregivers that is more

1 than the number of caregivers that the Sec-
2 retary expects to apply for the Program.

3 (C) The ability to integrate the system
4 with other relevant information technology sys-
5 tems of the Veterans Health Administration.

6 (b) ASSESSMENT OF PROGRAM.—Not later than 180
7 days after implementing the system described in sub-
8 section (a), the Secretary shall, through the Under Sec-
9 retary for Health, use data from the system and other rel-
10 evant data to conduct an assessment of how key aspects
11 of the Program are structured and carried out.

12 (c) ONGOING MONITORING OF AND MODIFICATIONS
13 TO PROGRAM.—

14 (1) MONITORING.—The Secretary shall use the
15 system implemented under subsection (a) to monitor
16 and assess the workload of the Program, including
17 monitoring and assessment of data on—

18 (A) the status of applications, appeals, and
19 home visits in connection with the Program;
20 and

21 (B) the use by caregivers participating in
22 the Program of other support services under
23 the Program such as respite care.

24 (2) MODIFICATIONS.—Based on the monitoring
25 and assessment conducted under paragraph (1), the

1 Secretary shall identify and implement such modi-
2 fications to the Program as the Secretary considers
3 necessary to ensure the Program is functioning as
4 intended and providing veterans and caregivers par-
5 ticipating in the Program with services in a timely
6 manner.

7 (d) REPORTS.—

8 (1) INITIAL REPORT.—

9 (A) IN GENERAL.—Not later than 90 days
10 after the date of the enactment of this Act, the
11 Secretary shall submit to the Committee on
12 Veterans' Affairs of the Senate, the Committee
13 on Veterans' Affairs of the House of Represent-
14 atives, and the Comptroller General of the
15 United States a report that includes—

16 (i) the status of the planning, develop-
17 ment, and deployment of the system re-
18 quired to be implemented under subsection
19 (a), including any changes in the timeline
20 for the implementation of the system; and

21 (ii) an assessment of the needs of
22 family caregivers of veterans described in
23 subparagraph (B), the resources needed
24 for the inclusion of such family caregivers
25 in the Program, and such changes to the

1 Program as the Secretary considers nec-
2 essary to ensure the successful expansion
3 of the Program to include such family
4 caregivers.

5 (B) VETERANS DESCRIBED.—Veterans de-
6 scribed in this subparagraph are veterans who
7 are eligible for the Program under clause (ii) or
8 (iii) of section 1720G(a)(2)(B) of title 38,
9 United States Code, as amended by section
10 161(a)(1) of this title, solely due to a serious
11 injury (including traumatic brain injury, psy-
12 chological trauma, or other mental disorder) in-
13 curred or aggravated in the line of duty in the
14 active military, naval, or air service before Sep-
15 tember 11, 2001.

16 (2) NOTIFICATION BY COMPTROLLER GEN-
17 ERAL.—The Comptroller General shall review the re-
18 port submitted under paragraph (1) and notify the
19 Committee on Veterans' Affairs of the Senate and
20 the Committee on Veterans' Affairs of the House of
21 Representatives with respect to the progress of the
22 Secretary in—

23 (A) fully implementing the system required
24 under subsection (a); and

1 (B) implementing a process for using such
2 system to monitor and assess the Program
3 under subsection (c)(1) and modify the Pro-
4 gram as considered necessary under subsection
5 (c)(2).

6 (3) FINAL REPORT.—

7 (A) IN GENERAL.—Not later than October
8 1, 2019, the Secretary shall submit to the Com-
9 mittee on Veterans' Affairs of the Senate, the
10 Committee on Veterans' Affairs of the House of
11 Representatives, and the Comptroller General a
12 report on the implementation of subsections (a)
13 through (c).

14 (B) ELEMENTS.—The report required by
15 subparagraph (A) shall include the following:

16 (i) A certification by the Secretary
17 that the information technology system de-
18 scribed in subsection (a) has been imple-
19 mented.

20 (ii) A description of how the Secretary
21 has implemented such system.

22 (iii) A description of the modifications
23 to the Program, if any, that were identified
24 and implemented under subsection (c)(2).

1 (iv) A description of how the Sec-
2 retary is using such system to monitor the
3 workload of the Program.

4 (e) DEFINITIONS.—In this section:

5 (1) ACTIVE MILITARY, NAVAL, OR AIR SERV-
6 ICE.—The term “active military, naval, or air serv-
7 ice” has the meaning given that term in section 101
8 of title 38, United States Code.

9 (2) PROGRAM.—The term “Program” means
10 the program of comprehensive assistance for family
11 caregivers under section 1720G(a) of title 38,
12 United States Code, as amended by section 161 of
13 this title.

14 **SEC. 163. MODIFICATIONS TO ANNUAL EVALUATION RE-**
15 **PORT ON CAREGIVER PROGRAM OF DEPART-**
16 **MENT OF VETERANS AFFAIRS.**

17 (a) BARRIERS TO CARE AND SERVICES.—Subpara-
18 graph (A)(iv) of section 101(c)(2) of the Caregivers and
19 Veterans Omnibus Health Services Act of 2010 (Public
20 Law 111–163; 38 U.S.C. 1720G note) is amended by in-
21 serting “, including a description of any barriers to access-
22 ing and receiving care and services under such programs”
23 before the semicolon.

(b) SUFFICIENCY OF TRAINING FOR FAMILY CARE-
GIVER PROGRAM.—Subparagraph (B) of such section is
amended—

(1) in clause (i), by striking “; and” and insert-
ing a semicolon;

(2) in clause (ii), by striking the period at the
end and inserting “; and”; and

(3) by adding at the end the following new
clause:

“(iii) an evaluation of the sufficiency
and consistency of the training provided to
family caregivers under such program in
preparing family caregivers to provide care
to veterans under such program.”.

TITLE II—VA ASSET AND INFRASTRUCTURE REVIEW

Subtitle A—Asset and Infrastructure Review

SEC. 201. SHORT TITLE.

This subtitle may be cited as the “VA Asset and In-
frastructure Review Act of 2018”.

SEC. 202. THE COMMISSION.

(a) ESTABLISHMENT.—There is established an inde-
pendent commission to be known as the “Asset and Infra-

1 structure Review Commission” (in this subtitle referred
2 to as the “Commission”).

3 (b) DUTIES.—The Commission shall carry out the
4 duties specified for it in this subtitle.

5 (c) APPOINTMENT.—

6 (1) IN GENERAL.—

7 (A) APPOINTMENT.—The Commission
8 shall be composed of 9 members appointed by
9 the President, by and with the advice and con-
10 sent of the Senate.

11 (B) TRANSMISSION OF NOMINATIONS.—
12 The President shall transmit to the Senate the
13 nominations for appointment to the Commission
14 not later than May 31, 2021.

15 (2) CONSULTATION IN SELECTION PROCESS.—
16 In selecting individuals for nominations for appoint-
17 ments to the Commission, the President shall con-
18 sult with—

19 (A) the Speaker of the House of Rep-
20 resentatives;

21 (B) the majority leader of the Senate;

22 (C) the minority leader of the House of
23 Representatives;

24 (D) the minority leader of the Senate; and

1 (E) congressionally chartered, membership
2 based veterans service organizations concerning
3 the appointment of three members.

4 (3) DESIGNATION OF CHAIR.—At the time the
5 President nominates individuals for appointment to
6 the Commission under paragraph (1)(B), the Presi-
7 dent shall designate one such individual who shall
8 serve as Chair of the Commission and one such indi-
9 vidual who shall serve as Vice Chair of the Commis-
10 sion.

11 (4) MEMBER REPRESENTATION.—In nomi-
12 nating individuals under this subsection, the Presi-
13 dent shall ensure that—

14 (A) veterans, reflecting current demo-
15 graphics of veterans enrolled in the system of
16 annual patient enrollment under section 1705
17 of title 38, United States Code, are adequately
18 represented in the membership of the Commis-
19 sion;

20 (B) at least one member of the Commis-
21 sion has experience working for a private inte-
22 grated health care system that has annual gross
23 revenues of more than \$50,000,000;

24 (C) at least one member has experience as
25 a senior manager for an entity specified in

1 clause (ii), (iii), or (iv) of section 101(a)(1)(B)
2 of the Veterans Access, Choice, and Account-
3 ability Act of 2014 (Public Law 113–146; 38
4 U.S.C. 1701 note);

5 (D) at least one member—

6 (i) has experience with capital asset
7 management for the Federal Government;
8 and

9 (ii) is familiar with trades related to
10 building and real property, including con-
11 struction, engineering, architecture, leas-
12 ing, and strategic partnerships; and

13 (E) at least three members represent con-
14 gressionally chartered, membership-based, vet-
15 erans service organizations.

16 (d) MEETINGS.—

17 (1) IN GENERAL.—The Commission shall meet
18 only during calendar years 2022 and 2023.

19 (2) PUBLIC NATURE OF MEETINGS AND PRO-
20 CEEDINGS.—

21 (A) PUBLIC MEETINGS.—Each meeting of
22 the Commission shall be open to the public.

23 (B) OPEN PARTICIPATION.—All the pro-
24 ceedings, information, and deliberations of the

1 Commission shall be available for review by the
2 public.

3 (e) VACANCIES.—A vacancy in the Commission shall
4 be filled in the same manner as the original appointment,
5 but the individual appointed to fill the vacancy shall serve
6 only for the unexpired portion of the term for which the
7 individual's predecessor was appointed.

8 (f) PAY.—

9 (1) IN GENERAL.—Members of the Commission
10 shall serve without pay.

11 (2) OFFICERS OR EMPLOYEES OF THE UNITED
12 STATES.—Each member of the Commission who is
13 an officer or employee of the United States shall
14 serve without compensation in addition to that re-
15 ceived for service as an officer or employee of the
16 United States.

17 (3) TRAVEL EXPENSES.—Members shall receive
18 travel expenses, including per diem in lieu of subsist-
19 ence, in accordance with sections 5702 and 5703 of
20 title 5, United States Code.

21 (g) DIRECTOR OF STAFF.—

22 (1) APPOINTMENT.—The Commission shall ap-
23 point a Director who—

24 (A) has not served as an employee of the
25 Department of Veterans Affairs during the one-

1 year period preceding the date of such appoint-
2 ment; and

3 (B) is not otherwise barred or prohibited
4 from serving as Director under Federal ethics
5 laws and regulations, by reason of post-employ-
6 ment conflict of interest.

7 (2) RATE OF PAY.—The Director shall be paid
8 at the rate of basic pay payable for level IV of the
9 Executive Schedule under section 5315 of title 5,
10 United States Code.

11 (h) STAFF.—

12 (1) PAY OF PERSONNEL.—Subject to para-
13 graphs (2) and (3), the Director, with the approval
14 of the Commission, may appoint and fix the pay of
15 additional personnel.

16 (2) EXEMPTION FROM CERTAIN REQUIRE-
17 MENTS.—The Director may make such appoint-
18 ments without regard to the provisions of title 5,
19 United States Code, governing appointments in the
20 competitive service, and any personnel so appointed
21 may be paid without regard to the provisions of
22 chapter 51 and subchapter III of chapter 53 of that
23 title relating to classification and General Schedule
24 pay rates, except that an individual so appointed
25 may not receive pay in excess of the annual rate of

1 basic pay payable for GS-15 of the General Sched-
2 ule.

3 (3) DETAILEES.—

4 (A) LIMITATION ON NUMBER.—Not more
5 than two-thirds of the personnel employed by or
6 detailed to the Commission may be on detail
7 from the Department of Veterans Affairs.

8 (B) PROFESSIONAL ANALYSTS.—Not more
9 than half of the professional analysts of the
10 Commission staff may be persons detailed from
11 the Department of Veterans Affairs to the
12 Commission.

13 (C) PROHIBITION ON DETAIL OF CERTAIN
14 PERSONNEL.—A person may not be detailed
15 from the Department of Veterans Affairs to the
16 Commission if, within 6 months before the de-
17 tail is to begin, that person participated person-
18 ally and substantially in any matter within the
19 Department of Veterans Affairs concerning the
20 preparation of recommendations regarding fa-
21 cilities of the Veterans Health Administration.

22 (4) AUTHORITY TO REQUEST DETAILED PER-
23 SONNEL.—Subject to paragraph (3), the head of any
24 Federal department or agency, upon the request of
25 the Director, may detail any of the personnel of that

1 department or agency to the Commission to assist
2 the Commission in carrying out its duties under this
3 subtitle.

4 (5) INFORMATION FROM FEDERAL AGENCIES.—

5 The Commission may secure directly from any Fed-
6 eral agency such information the Commission con-
7 siders necessary to carry out this subtitle. Upon re-
8 quest of the Chair, the head of such agency shall
9 furnish such information to the Commission.

10 (i) OTHER AUTHORITY.—

11 (1) TEMPORARY AND INTERMITTENT SERV-
12 ICES.—The Commission may procure by contract, to
13 the extent funds are available, the temporary or
14 intermittent services of experts or consultants pursu-
15 ant to section 3109 of title 5, United States Code.

16 (2) LEASING AND ACQUISITION OF PROP-
17 ERTY.—To the extent funds are available, the Com-
18 mission may lease real property and acquire personal
19 property either of its own accord or in consultation
20 with the General Services Administration.

21 (j) TERMINATION.—The Commission shall terminate
22 on December 31, 2023.

23 (k) PROHIBITION AGAINST RESTRICTING COMMU-
24 NICATIONS.—

1 (1) IN GENERAL.—Except as provided in para-
2 graph (2), no person may restrict an employee of the
3 Department of Veterans Affairs in communicating
4 with the Commission.

5 (2) UNLAWFUL COMMUNICATIONS.—Paragraph
6 (1) does not apply to a communication that is un-
7 lawful.

8 **SEC. 203. PROCEDURE FOR MAKING RECOMMENDATIONS.**

9 (a) SELECTION CRITERIA.—

10 (1) PUBLICATION.—The Secretary shall, not
11 later than February 1, 2021, and after consulting
12 with veterans service organizations, publish in the
13 Federal Register and transmit to the Committees on
14 Veterans' Affairs of the Senate and the House of
15 Representatives the criteria proposed to be used by
16 the Department of Veterans Affairs in assessing and
17 making recommendations regarding the moderniza-
18 tion or realignment of facilities of the Veterans
19 Health Administration under this subtitle. Such cri-
20 teria shall include the preferences of veterans re-
21 garding health care furnished by the Department.

22 (2) PUBLIC COMMENT.—The Secretary shall
23 provide an opportunity for public comment on the
24 proposed criteria under paragraph (1) for a period
25 of at least 90 days and shall include notice of that

1 opportunity in the publication required under such
2 paragraph.

3 (3) PUBLICATION OF FINAL CRITERIA.—The
4 Secretary shall, not later than May 31, 2021, pub-
5 lish in the Federal Register and transmit to the
6 Committees on Veterans' Affairs of the Senate and
7 the House of Representatives the final criteria to be
8 used in making recommendations regarding the clo-
9 sure, modernization, or realignment of facilities of
10 the Veterans Health Administration under this sub-
11 title.

12 (b) RECOMMENDATIONS OF THE SECRETARY.—

13 (1) PUBLICATION IN FEDERAL REGISTER.—The
14 Secretary shall, not later than January 31, 2022,
15 and after consulting with veterans service organiza-
16 tions, publish in the Federal Register and transmit
17 to the Committees on Veterans' Affairs of the Sen-
18 ate and the House of Representatives and to the
19 Commission a report detailing the recommendations
20 regarding the modernization or realignment of facili-
21 ties of the Veterans Health Administration on the
22 basis of the final criteria referred to in subsection
23 (a)(2) that are applicable.

1 (2) FACTORS FOR CONSIDERATION.—In making
2 recommendations under this subsection, the Sec-
3 retary shall consider each of the following factors:

4 (A) The degree to which any health care
5 delivery or other site for providing services to
6 veterans reflect the metrics of the Department
7 of Veterans Affairs regarding market area
8 health system planning.

9 (B) The provision of effective and efficient
10 access to high-quality health care and services
11 for veterans.

12 (C) The extent to which the real property
13 that no longer meets the needs of the Federal
14 Government could be reconfigured, repurposed,
15 consolidated, realigned, exchanged, outleased,
16 replaced, sold, or disposed.

17 (D) The need of the Veterans Health Ad-
18 ministration to acquire infrastructure or facili-
19 ties that will be used for the provision of health
20 care and services to veterans.

21 (E) The extent to which the operating and
22 maintenance costs are reduced through consoli-
23 dating, colocating, and reconfiguring space, and
24 through realizing other operational efficiencies.

1 (F) The extent and timing of potential
2 costs and savings, including the number of
3 years such costs or savings will be incurred, be-
4 ginning with the date of completion of the pro-
5 posed recommendation.

6 (G) The extent to which the real property
7 aligns with the mission of the Department of
8 Veterans Affairs.

9 (H) The extent to which any action would
10 impact other missions of the Department (in-
11 cluding education, research, or emergency pre-
12 paredness).

13 (I) Local stakeholder inputs and any fac-
14 tors identified through public field hearings.

15 (J) The assessments under paragraph (3).

16 (K) The extent to which the Veterans
17 Health Administration has appropriately staffed
18 the medical facility, including determinations
19 whether there has been insufficient resource al-
20 location or deliberate understaffing.

21 (L) Any other such factors the Secretary
22 determines appropriate.

23 (3) CAPACITY AND COMMERCIAL MARKET AS-
24 SESSMENTS.—

1 (A) ASSESSMENTS.—The Secretary shall
2 assess the capacity of each Veterans Integrated
3 Service Network and medical facility of the De-
4 partment to furnish hospital care or medical
5 services to veterans under chapter 17 of title
6 38, United States Code. Each such assessment
7 shall—

8 (i) identify gaps in furnishing such
9 care or services at such Veterans Inte-
10 grated Service Network or medical facility;

11 (ii) identify how such gaps can be
12 filled by—

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

17 (II) making changes in the way
18 such care and services are furnished
19 at such Veterans Integrated Service
20 Network or medical facility, includ-
21 ing—

22 (aa) extending hours of op-
23 eration;

24 (bb) adding personnel; or

1 (cc) expanding space
2 through the construction, leasing,
3 or sharing of health care facili-
4 ties;

5 (III) the building or realignment
6 of Department resources or personnel;

7 (iii) forecast, based on future projec-
8 tions and historical trends, both the short-
9 and long-term demand in furnishing care
10 or services at such Veterans Integrated
11 Service Network or medical facility and as-
12 sess how such demand affects the needs to
13 use such network providers;

14 (iv) include a commercial health care
15 market assessment of designated
16 catchment areas in the United States con-
17 ducted by a non-governmental entity; and

18 (v) consider the unique ability of the
19 Federal Government to retain a presence
20 in an area otherwise devoid of commercial
21 health care providers or from which such
22 providers are at risk of leaving.

23 (B) CONSULTATION.—In carrying out the
24 assessments under subparagraph (A), the Sec-
25 retary shall consult with veterans service orga-

1 nizations and veterans served by each such Vet-
2 erans Integrated Service Network and medical
3 facility.

4 (C) SUBMITTAL.—The Secretary shall sub-
5 mit such assessments to the Committees on
6 Veterans' Affairs of the House of Representa-
7 tives and the Senate with the recommendations
8 of the Secretary under this subsection and
9 make the assessments publicly available.

10 (4) SUMMARY OF SELECTION PROCESS.—The
11 Secretary shall include, with the list of recommenda-
12 tions published and transmitted pursuant to para-
13 graph (1), a summary of the selection process that
14 resulted in the recommendation for each facility of
15 the Veterans Health Administration, including a jus-
16 tification for each recommendation. The Secretary
17 shall transmit the matters referred to in the pre-
18 ceding sentence not later than 7 days after the date
19 of the transmittal to the Committees on Veterans'
20 Affairs of the Senate and the House of Representa-
21 tives and the Commission of the report referred to
22 in paragraph (1).

23 (5) TREATMENT OF FACILITIES.—In assessing
24 facilities of the Veterans Health Administration, the
25 Secretary shall consider all such facilities equally

1 without regard to whether the facility has been pre-
2 viously considered or proposed for reuse, closure,
3 modernization, or realignment by the Department of
4 Veterans Affairs.

5 (6) AVAILABILITY OF INFORMATION TO CON-
6 GRESS.—In addition to making all information used
7 by the Secretary to prepare the recommendations
8 under this subsection available to Congress (includ-
9 ing any committee or Member of Congress), the Sec-
10 retary shall also make such information available to
11 the Commission and the Comptroller General of the
12 United States.

13 (7) CERTIFICATION OF ACCURACY.—

14 (A) IN GENERAL.—Each person referred to
15 in subparagraph (B), when submitting informa-
16 tion to the Secretary or the Commission con-
17 cerning the modernization or realignment of a
18 facility of the Veterans Health Administration,
19 shall certify that such information is accurate
20 and complete to the best of that person's knowl-
21 edge and belief.

22 (B) COVERED PERSONS.—Subparagraph
23 (A) applies to the following persons:

24 (i) Each Under Secretary of the De-
25 partment of Veterans Affairs.

1 (ii) Each director of a Veterans Inte-
2 grated Service Network.

3 (iii) Each director of a medical center
4 of the Department of Veterans Affairs.

5 (iv) Each director of a program office
6 of the Department of Veterans Affairs.

7 (v) Each person who is in a position
8 the duties of which include personal and
9 substantial involvement in the preparation
10 and submission of information and rec-
11 ommendations concerning the moderniza-
12 tion or realignment of facilities of the Vet-
13 erans Health Administration.

14 (c) REVIEW AND RECOMMENDATIONS BY THE COM-
15 MISSION.—

16 (1) PUBLIC HEARINGS.—

17 (A) IN GENERAL.—After receiving the rec-
18 ommendations from the Secretary pursuant to
19 subsection (b), the Commission shall conduct
20 public hearings on the recommendations.

21 (B) LOCATIONS.—The Commission shall
22 conduct public hearings in regions affected by a
23 recommendation of the Secretary to close a fa-
24 cility of the Veterans Health Administration.
25 To the greatest extent practicable, the Commis-

1 sion shall conduct public hearings in regions af-
2 fected by a recommendation of the Secretary to
3 modernize or realign such a facility.

4 (C) REQUIRED WITNESSES.—Witnesses at
5 each public hearing shall include at a min-
6 imum—

7 (i) a veteran—

8 (I) enrolled under section 1705
9 of title 38, United States Code; and

10 (II) identified by a local veterans
11 service organization; and

12 (ii) a local elected official.

13 (2) TRANSMITTAL TO PRESIDENT.—

14 (A) IN GENERAL.—The Commission shall,
15 not later than January 31, 2023, transmit to
16 the President a report containing the Commis-
17 sion's findings and conclusions based on a re-
18 view and analysis of the recommendations made
19 by the Secretary, together with the Commis-
20 sion's recommendations, for modernizations and
21 realignments of facilities of the Veterans Health
22 Administration.

23 (B) AUTHORITY TO MAKE CHANGES TO
24 RECOMMENDATIONS.—Subject to subparagraph
25 (C), in making its recommendations, the Com-

1 mission may change any recommendation made
2 by the Secretary if the Commission—

3 (i) determines that the Secretary devi-
4 ated substantially from the final criteria
5 referred to in subsection (a)(2) in making
6 such recommendation;

7 (ii) determines that the change is con-
8 sistent with the final criteria referred to in
9 subsection (a)(2);

10 (iii) publishes a notice of the proposed
11 change in the Federal Register not less
12 than 45 days before transmitting its rec-
13 ommendations to the President pursuant
14 to subparagraph (A); and

15 (iv) conducts public hearings on the
16 proposed change.

17 (3) JUSTIFICATION FOR CHANGES.—The Com-
18 mission shall explain and justify in its report sub-
19 mitted to the President pursuant to paragraph (2)
20 any recommendation made by the Commission that
21 is different from the recommendations made by the
22 Secretary pursuant to subsection (b). The Commis-
23 sion shall transmit a copy of such report to the
24 Committees on Veterans' Affairs of the Senate and
25 the House of Representatives on the same date on

1 which it transmits its recommendations to the Presi-
2 dent under paragraph (2).

3 (4) PROVISION OF INFORMATION TO CON-
4 GRESS.—After the Commission transmits its report
5 to the President, the Commission shall promptly
6 provide, upon request, to any Member of Congress,
7 information used by the Commission in making its
8 recommendations.

9 (d) REVIEW BY THE PRESIDENT.—

10 (1) REPORT.—The President shall, not later
11 than February 15, 2023, transmit to the Commis-
12 sion and to the Congress a report containing the
13 President's approval or disapproval of the Commis-
14 sion's recommendations.

15 (2) PRESIDENTIAL APPROVAL.—If the Presi-
16 dent approves all the recommendations of the Com-
17 mission, the President shall transmit a copy of such
18 recommendations to the Congress, together with a
19 certification of such approval.

20 (3) PRESIDENTIAL DISAPPROVAL.—If the
21 President disapproves the recommendations of the
22 Commission, in whole or in part, the President shall
23 transmit to the Commission and the Congress, not
24 later than March 1, 2023, the reasons for that dis-
25 approval. The Commission, after consideration of the

1 President's reasons for disapproval, shall then trans-
2 mit to the President, not later than March 15, 2023,
3 a report containing—

4 (A) the Commission's findings and conclu-
5 sions based on a review and analysis of those
6 reasons for disapproval provided by the Presi-
7 dent; and

8 (B) recommendations that the Commission
9 determines are appropriate for modernizations
10 and realignments of facilities of the Veterans
11 Health Administration.

12 (4) TRANSMITTAL OF RECOMMENDATIONS TO
13 CONGRESS.—If the President approves all rec-
14 ommendations of the Commission transmitted to the
15 President under paragraph (3), the President shall
16 transmit a copy of such recommendations to the
17 Congress, together with a certification of such ap-
18 proval.

19 (5) FAILURE TO TRANSMIT.—If the President
20 does not transmit to the Congress an approval and
21 certification described in paragraph (2) or (4) by
22 March 30, 2023, the process by which facilities of
23 the Veterans Health Administration may be selected
24 for modernization or realignment under this subtitle
25 shall be terminated.

1 **SEC. 204. ACTIONS REGARDING INFRASTRUCTURE AND FA-**
2 **CILITIES OF THE VETERANS HEALTH ADMIN-**
3 **ISTRATION.**

4 (a) **IN GENERAL.**—Subject to subsection (b), the Sec-
5 retary shall begin to implement the recommended mod-
6 ernizations and realignments in the report under section
7 203(d) not later than three years after the date on which
8 the President transmits such report to Congress. In any
9 fiscal year, such implementation includes—

10 (1) the planning of modernizations and realign-
11 ments of facilities of the Veterans Health Adminis-
12 tration as recommended in such report; and

13 (2) providing detailed information on the budg-
14 et for such modernizations or realignments in docu-
15 ments submitted to Congress by the Secretary in
16 support of the President's budget for that fiscal
17 year.

18 (b) **CONGRESSIONAL DISAPPROVAL.**—

19 (1) **IN GENERAL.**—The Secretary may not carry
20 out any modernization or realignment recommended
21 by the Commission in a report transmitted from the
22 President pursuant to section 203(d) if a joint reso-
23 lution is enacted, in accordance with the provisions
24 of section 207, disapproving such recommendations
25 of the Commission before the earlier of—

1 (A) the end of the 45-day period beginning
2 on the date on which the President transmits
3 such report; or

4 (B) the adjournment of Congress sine die
5 for the session during which such report is
6 transmitted.

7 (2) COMPUTATION OF PERIOD.—For purposes
8 of paragraph (1) and subsections (a) and (c) of sec-
9 tion 207, the days on which either House of Con-
10 gress is not in session because of an adjournment of
11 more than three days to a day certain shall be ex-
12 cluded in the computation of a period.

13 **SEC. 205. IMPLEMENTATION.**

14 (a) IN GENERAL.—

15 (1) MODERNIZING AND REALIGNING FACILI-
16 TIES.—In modernizing or realigning any facility of
17 the Veterans Health Administration under this sub-
18 title, the Secretary may—

19 (A) take such actions as may be necessary
20 to modernize or realign any such facility, in-
21 cluding the alteration of such facilities, the ac-
22 quisition of such land, the leasing or construc-
23 tion of such replacement facilities, the disposi-
24 tion of such land or facilities, the performance
25 of such activities, and the conduct of such ad-

1 vance planning and design as may be required
2 to transfer functions from a facility of the Vet-
3 erans Health Administration to another such
4 facility, and may use for such purpose funds in
5 the Account or funds appropriated to the De-
6 partment of Veterans Affairs for such purposes;

7 (B) carry out activities for the purposes of
8 environmental mitigation, abatement, or res-
9 toration at any such facility; and shall use for
10 such purposes funds in the Account;

11 (C) reimburse other Federal agencies for
12 actions performed at the request of the Sec-
13 retary with respect to any such closure or re-
14 alignment, and may use for such purpose funds
15 in the Account or funds appropriated to the De-
16 partment of Veterans Affairs and available for
17 such purpose; and

18 (D) exercise the authority of the Secretary
19 under subchapter V of chapter 81 of title 38,
20 United States Code.

21 (2) ENVIRONMENTAL RESTORATION; HISTORIC
22 PRESERVATION.—In carrying out any closure or re-
23 alignment under this subtitle, the Secretary, with re-
24 gards to any property made excess to the needs of
25 the Department of Veterans Affairs as a result of

1 such closure or realignment, shall carry out, as soon
2 as possible with funds available for such purpose,
3 any of the following for which the Secretary is re-
4 sponsible:

5 (A) Environmental mitigation.

6 (B) Environmental abatement.

7 (C) Environmental restoration.

8 (D) Compliance with historic preservation
9 requirements.

10 (b) MANAGEMENT AND DISPOSAL OF PROPERTY.—

11 (1) EXISTING DISPOSAL AUTHORITIES.—To
12 transfer or dispose of surplus real property or infra-
13 structure located at any facility of the Veterans
14 Health Administration that is modernized or re-
15 aligned under this title, the Secretary may exercise
16 the authorities of the Secretary under subchapters I
17 and II of chapter 81 of title 38, United States Code,
18 or the authorities delegated to the Secretary by the
19 Administrator of General Services under subchapter
20 III of chapter 5 of title 40, United States Code.

21 (2) EFFECTS ON LOCAL COMMUNITIES.—

22 (A) CONSULTATION WITH STATE AND
23 LOCAL GOVERNMENT.—Before any action may
24 be taken with respect to the disposal of any
25 surplus real property or infrastructure located

1 at any facility of the Veterans Health Adminis-
2 tration to be closed or realigned under this sub-
3 title, the Secretary of Veterans Affairs shall
4 consult with the Governor of the State and the
5 heads of the local governments concerned for
6 the purpose of considering any plan for the use
7 of such property by the local community con-
8 cerned.

9 (B) TREATMENT OF ROADS.—If infra-
10 structure or a facility of the Veterans Health
11 Administration to be closed or realigned under
12 this subtitle includes a road used for public ac-
13 cess through, into, or around the facility, the
14 Secretary—

15 (i) shall consult with the Government
16 of the State and the heads of the local gov-
17 ernments concerned for the purpose of con-
18 sidering the continued availability of the
19 road for public use after the recommended
20 action is complete; and

21 (ii) may exercise the authority of the
22 Secretary under section 8108 of title 38,
23 United States Code.

24 (3) LEASES; CERCLA.—

25 (A) LEASE AUTHORITY.—

1 (i) TRANSFER TO REDEVELOPMENT
2 AUTHORITY FOR LEASE.—The Secretary
3 may transfer title to a facility of the Vet-
4 erans Health Administration approved for
5 closure or realignment under this subtitle
6 (including property at a facility of the Vet-
7 erans Health Administration approved for
8 realignment which will be retained by the
9 Department of Veterans Affairs or another
10 Federal agency after realignment) to the
11 redevelopment authority for the facility if
12 the redevelopment authority agrees to
13 lease, directly upon transfer, one or more
14 portions of the property transferred under
15 this subparagraph to the Secretary or to
16 the head of another department or agency
17 of the Federal Government.

18 (ii) TERM OF LEASE.—A lease under
19 clause (i) shall be for a term of not to ex-
20 ceed 50 years, but may provide for options
21 for renewal or extension of the term by the
22 department or agency concerned.

23 (iii) LIMITATION.—A lease under
24 clause (i) may not require rental payments
25 by the United States.

1 (iv) TREATMENT OF REMAINDERED
2 LEASE TERMS.—A lease under clause (i)
3 shall include a provision specifying that if
4 the department or agency concerned ceases
5 requiring the use of the leased property be-
6 fore the expiration of the term of the lease,
7 the remainder of the lease term may be
8 satisfied by the same or another depart-
9 ment or agency of the Federal Government
10 using the property for a use similar to the
11 use under the lease. Exercise of the au-
12 thority provided by this clause shall be
13 made in consultation with the redevelop-
14 ment authority concerned.

15 (v) FACILITY SERVICES.—Notwith-
16 standing clause (iii), if a lease under clause
17 (i) involves a substantial portion of the fa-
18 cility, the department or agency concerned
19 may obtain facility services for the leased
20 property and common area maintenance
21 from the redevelopment authority or the
22 redevelopment authority's assignee as a
23 provision of the lease. The facility services
24 and common area maintenance shall be
25 provided at a rate no higher than the rate

1 charged to non-Federal tenants of the
2 transferred property. Facility services and
3 common area maintenance covered by the
4 lease shall not include—

5 (I) municipal services that a
6 State or local government is required
7 by law to provide to all landowners in
8 its jurisdiction without direct charge;
9 or

10 (II) firefighting or security-guard
11 functions.

12 (B) APPLICATION OF CERCLA.—The provi-
13 sions of section 120(h) of the Comprehensive
14 Environmental Response, Compensation, and
15 Liability Act of 1980 (42 U.S.C. 9620(h)) shall
16 apply to any transfer of real property under
17 this paragraph.

18 (C) ADDITIONAL TERMS AND CONDI-
19 TIONS.—The Secretary may require any addi-
20 tional terms and conditions in connection with
21 a transfer under this paragraph as such Sec-
22 retary considers appropriate to protect the in-
23 terests of the United States.

24 (4) APPLICATION OF MCKINNEY-VENTO HOME-
25 LESS ASSISTANCE ACT.—Nothing in this subtitle

1 shall limit or otherwise affect the application of the
2 provisions of the McKinney-Vento Homeless Assist-
3 ance Act (42 U.S.C. 11301 et seq.) to facilities of
4 the Veterans Health Administration closed under
5 this subtitle.

6 (c) APPLICABILITY OF NATIONAL ENVIRONMENTAL
7 POLICY ACT OF 1969.—

8 (1) IN GENERAL.—The provisions of the Na-
9 tional Environmental Policy Act of 1969 (42 U.S.C.
10 4321 et seq.) shall not apply to the actions of the
11 President, the Commission, and, except as provided
12 in paragraph (2), the Department of Veterans Af-
13 fairs in carrying out this subtitle.

14 (2) DEPARTMENT OF VETERANS AFFAIRS.—

15 (A) COVERED ACTIVITIES.—The provisions
16 of the National Environmental Policy Act of
17 1969 shall apply to actions of the Department
18 of Veterans Affairs under this subtitle—

19 (i) during the process of property dis-
20 posal; and

21 (ii) during the process of relocating
22 functions from a facility of the Veterans
23 Health Administration being closed or re-
24 aligned to another facility after the receiv-

1 ing facility has been selected but before the
2 functions are relocated.

3 (B) OTHER ACTIVITIES.—In applying the
4 provisions of the National Environmental Policy
5 Act of 1969 to the processes referred to in sub-
6 paragraph (A), the Secretary shall not have to
7 consider—

8 (i) the need for closing or realigning
9 the facility of the Veterans Health Admin-
10 istration as recommended by the Commis-
11 sion;

12 (ii) the need for transferring functions
13 to any facility of the Veterans Health Ad-
14 ministration which has been selected as the
15 receiving facility; or

16 (iii) facilities of the Veterans Health
17 Administration alternative to those rec-
18 ommended or selected.

19 (d) WAIVER.—

20 (1) RESTRICTIONS ON USE OF FUNDS.—The
21 Secretary may close or realign facilities of the Vet-
22 erans Health Administration under this subtitle
23 without regard to any provision of law restricting
24 the use of funds for closing or realigning facilities of

1 the Veterans Health Administration included in any
2 appropriation or authorization Act.

3 (2) RESTRICTIONS ON AUTHORITIES.—The Sec-
4 retary may close or realign facilities of the Veterans
5 Health Administration under this subtitle without
6 regard to the restrictions of section 8110 of title 38,
7 United States Code.

8 (c) TRANSFER AUTHORITY IN CONNECTION WITH
9 PAYMENT OF ENVIRONMENTAL REMEDIATION COSTS.—

10 (1) IN GENERAL.—

11 (A) TRANSFER BY DEED.—Subject to
12 paragraph (2) of this subsection and section
13 120(h) of the Comprehensive Environmental
14 Response, Compensation, and Liability Act of
15 1980 (42 U.S.C. 9620(h)), the Secretary may
16 enter into an agreement to transfer by deed a
17 facility of the Veterans Health Administration
18 with any person who agrees to perform all envi-
19 ronmental restoration, waste management, and
20 environmental compliance activities that are re-
21 quired for the property or facilities under Fed-
22 eral and State laws, administrative decisions,
23 agreements (including schedules and mile-
24 stones), and concurrences.

1 (B) ADDITIONAL TERMS OR CONDI-
2 TIONS.—The Secretary may require any addi-
3 tional terms and conditions in connection with
4 an agreement authorized by subparagraph (A)
5 as the Secretary considers appropriate to pro-
6 tect the interests of the United States.

7 (2) LIMITATION.—A transfer of a facility of the
8 Veterans Health Administration may be made under
9 paragraph (1) only if the Secretary certifies to Con-
10 gress that—

11 (A) the costs of all environmental restora-
12 tion, waste management, and environmental
13 compliance activities otherwise to be paid by the
14 Secretary with respect to the facility of the Vet-
15 erans Health Administration are equal to or
16 greater than the fair market value of the prop-
17 erty or facilities to be transferred, as deter-
18 mined by the Secretary; or

19 (B) if such costs are lower than the fair
20 market value of the facility of the Veterans
21 Health Administration, the recipient of such
22 transfer agrees to pay the difference between
23 the fair market value and such costs.

24 (3) PAYMENT BY THE SECRETARY FOR CER-
25 TAIN TRANSFERS.—In the case of a facility of the

1 Veterans Health Administration covered by a certifi-
2 cation under paragraph (2)(A), the Secretary may
3 pay the recipient of such facility an amount equal to
4 the lesser of—

5 (A) the amount by which the costs in-
6 curred by the recipient of the facility of the
7 Veterans Health Administration for all environ-
8 mental restoration, waste, management, and en-
9 vironmental compliance activities with respect
10 to such facility exceed the fair market value of
11 such property as specified in such certification;
12 or

13 (B) the amount by which the costs (as de-
14 termined by the Secretary) that would other-
15 wise have been incurred by the Secretary for
16 such restoration, management, and activities
17 with respect to such facility of the Veterans
18 Health Administration exceed the fair market
19 value of property as so specified.

20 (4) DISCLOSURE.—As part of an agreement
21 under paragraph (1), the Secretary shall disclose to
22 the person to whom the facility of the Veterans
23 Health Administration will be transferred any infor-
24 mation of the Secretary regarding the environmental
25 restoration, waste management, and environmental

1 compliance activities described in paragraph (1) that
2 relate to the facility of the Veterans Health Admin-
3 istration. The Secretary shall provide such informa-
4 tion before entering into the agreement.

5 (5) APPLICABILITY OF CERTAIN ENVIRON-
6 MENTAL LAWS.—Nothing in this subsection shall be
7 construed to modify, alter, or amend the Com-
8 prehensive Environmental Response, Compensation,
9 and Liability Act of 1980 (42 U.S.C. 9601 et seq.)
10 or the Solid Waste Disposal Act (42 U.S.C. 6901 et
11 seq.).

12 **SEC. 206. DEPARTMENT OF VETERANS AFFAIRS ASSET AND**
13 **INFRASTRUCTURE REVIEW ACCOUNT.**

14 (a) ESTABLISHMENT.—There is hereby established in
15 the ledgers of the Treasury an account to be known as
16 the “Department of Veterans Affairs Asset and Infra-
17 structure Review Account” which shall be administered by
18 the Secretary as a single account.

19 (b) CREDITS TO ACCOUNT.—There shall be credited
20 to the Account the following:

21 (1) Funds authorized for and appropriated to
22 the Account.

23 (2) Proceeds received from the lease, transfer,
24 or disposal of any property at a facility of the Vet-

1 erans Health Administration closed or realigned
2 under this subtitle.

3 (c) USE OF ACCOUNT.—The Secretary may use the
4 funds in the Account only for the following purposes:

5 (1) To carry out this subtitle.

6 (2) To cover property management and disposal
7 costs incurred at facilities of the Veterans Health
8 Administration closed, modernized, or realigned
9 under this subtitle.

10 (3) To cover costs associated with supervision,
11 inspection, overhead, engineering, and design of con-
12 struction projects undertaken under this subtitle,
13 and subsequent claims, if any, related to such activi-
14 ties.

15 (4) Other purposes that the Secretary deter-
16 mines support the mission and operations of the De-
17 partment of Veterans Affairs.

18 (d) CONSOLIDATED BUDGET JUSTIFICATION DIS-
19 PLAY FOR ACCOUNT.—

20 (1) CONSOLIDATED BUDGET INFORMATION RE-
21 QUIRED.—The Secretary shall establish a consoli-
22 dated budget justification display in support of the
23 Account that for each fiscal year—

1 (A) details the amount and nature of cred-
2 its to, and expenditures from, the Account dur-
3 ing the preceding fiscal year;

4 (B) separately details the environmental
5 remediation costs associated with facility of the
6 Veterans Health Administration for which a
7 budget request is made;

8 (C) specifies the transfers into the Account
9 and the purposes for which these transferred
10 funds will be further obligated, to include care-
11 taker and environment remediation costs associ-
12 ated with each facility of the Veterans Health
13 Administration; and

14 (D) details any intra-budget activity trans-
15 fers within the Account that exceeded
16 \$1,000,000 during the preceding fiscal year or
17 that are proposed for the next fiscal year and
18 will exceed \$1,000,000.

19 (2) SUBMISSION.—The Secretary shall include
20 the information required by paragraph (1) in the
21 materials that the Secretary submits to Congress in
22 support of the budget for a fiscal year submitted by
23 the President pursuant to section 1105 of title 31,
24 United States Code.

1 (c) CLOSURE OF ACCOUNT; TREATMENT OF REMAIN-
2 ING FUNDS.—

3 (1) CLOSURE.—The Account shall be closed at
4 the time and in the manner provided for appropria-
5 tion accounts under section 1555 of title 31, United
6 States Code, except that unobligated funds which re-
7 main in the Account upon closure shall be held by
8 the Secretary of the Treasury until transferred to
9 the Secretary of Veterans Affairs by law after the
10 Committees on Veterans' Affairs of the Senate and
11 the House of Representatives receive the final report
12 transmitted under paragraph (2).

13 (2) FINAL REPORT.—No later than 60 days
14 after the closure of the Account under paragraph
15 (1), the Secretary shall transmit to the Committees
16 on Veterans' Affairs of the Senate and the House of
17 Representatives and the Committees on Appropria-
18 tions of the House of Representatives and the Sen-
19 ate a report containing an accounting of—

20 (A) all the funds credited to and expended
21 from the Account or otherwise expended under
22 this subtitle; and

23 (B) any funds remaining in the Account.

1 **SEC. 207. CONGRESSIONAL CONSIDERATION OF COMMIS-**
2 **SION REPORT.**

3 (a) **DISAPPROVAL RESOLUTION.**—For purposes of
4 section 204(b), the term “joint resolution” means only a
5 joint resolution which is introduced within the 5-day pe-
6 riod beginning on the date on which the President trans-
7 mits the report to the Congress under section 203(d),
8 and—

9 (1) which does not have a preamble;

10 (2) the matter after the resolving clause of
11 which is as follows: “that Congress disapproves the
12 recommendations of the VHA Asset and Infrastruc-
13 ture Review Commission as submitted by the Presi-
14 dent on _____”, the blank space being filled with
15 the appropriate date; and

16 (3) the title of which is as follows: “Joint reso-
17 lution disapproving the recommendations of the
18 VHA Asset and Infrastructure Review Commis-
19 sion.”.

20 (b) **CONSIDERATION IN THE HOUSE OF REPRESENT-**
21 **ATIVES.**—

22 (1) **REPORTING AND DISCHARGE.**—Any com-
23 mittee of the House of Representatives to which a
24 joint resolution is referred shall report it to the
25 House without amendment not later than 15 legisla-
26 tive days after the date of introduction thereof. If a

1 committee fails to report the joint resolution within
2 that period, the committee shall be discharged from
3 further consideration of the joint resolution.

4 (2) PROCEEDING TO CONSIDERATION.—It shall
5 be in order at any time after the third legislative day
6 after each committee authorized to consider a joint
7 resolution has reported or has been discharged from
8 consideration of a joint resolution, to move to pro-
9 ceed to consider the joint resolution in the House.
10 All points of order against the motion are waived.
11 Such a motion shall not be in order after the House
12 has disposed of a motion to proceed on a joint reso-
13 lution addressing a particular submission. The pre-
14 vious question shall be considered as ordered on the
15 motion to its adoption without intervening motion.
16 The motion shall not be debatable. A motion to re-
17 consider the vote by which the motion is disposed of
18 shall not be in order.

19 (3) CONSIDERATION.—The joint resolution
20 shall be considered as read. All points of order
21 against the joint resolution and against its consider-
22 ation are waived. The previous question shall be con-
23 sidered as ordered on the joint resolution to its pas-
24 sage without intervening motion except two hours of
25 debate equally divided and controlled by the pro-

1 ponent and an opponent. A motion to reconsider the
2 vote on passage of the joint resolution shall not be
3 in order.

4 (c) CONSIDERATION IN THE SENATE.—

5 (1) REFERRAL.—A joint resolution introduced
6 in the Senate shall be referred to the Committee on
7 Veterans' Affairs.

8 (2) REPORTING AND DISCHARGE.—Any com-
9 mittee of the Senate to which a joint resolution is
10 referred shall report it to the Senate without amend-
11 ment not later than 15 session days after the date
12 of introduction of a joint resolution described in sub-
13 section (a). If a committee fails to report the joint
14 resolution within that period, the committee shall be
15 discharged from further consideration of the joint
16 resolution and the joint resolution shall be placed on
17 the calendar.

18 (3) FLOOR CONSIDERATION.—

19 (A) IN GENERAL.—Notwithstanding Rule
20 XXII of the Standing Rules of the Senate, it is
21 in order at any time after the third session day
22 on which the Committee on Veterans' Affairs
23 has reported or has been discharged from con-
24 sideration of a joint resolution described in sub-
25 section (a) (even though a previous motion to

1 the same effect has been disagreed to) to move
2 to proceed to the consideration of the joint reso-
3 lution, and all points of order against the joint
4 resolution (and against consideration of the
5 joint resolution) are waived. The motion to pro-
6 ceed is not debatable. The motion is not subject
7 to a motion to postpone. A motion to reconsider
8 the vote by which the motion is agreed to or
9 disagreed to shall not be in order. If a motion
10 to proceed to the consideration of the resolution
11 is agreed to, the joint resolution shall remain
12 the unfinished business until disposed of.

13 (B) CONSIDERATION.—Consideration of
14 the joint resolution, and on all debatable mo-
15 tions and appeals in connection therewith, shall
16 be limited to not more than 2 hours, which
17 shall be divided equally between the majority
18 and minority leaders or their designees. A mo-
19 tion further to limit debate is in order and not
20 debatable. An amendment to, or a motion to
21 postpone, or a motion to proceed to the consid-
22 eration of other business, or a motion to recom-
23 mit the joint resolution is not in order.

24 (C) VOTE ON PASSAGE.—If the Senate has
25 voted to proceed to a joint resolution, the vote

1 on passage of the joint resolution shall occur
2 immediately following the conclusion of consid-
3 eration of the joint resolution, and a single
4 quorum call at the conclusion of the debate if
5 requested in accordance with the rules of the
6 Senate.

7 (D) RULINGS OF THE CHAIR ON PROCE-
8 DURE.—Appeals from the decisions of the Chair
9 relating to the application of the rules of the
10 Senate, as the case may be, to the procedure re-
11 lating to a joint resolution shall be decided
12 without debate.

13 (d) AMENDMENT NOT IN ORDER.—A joint resolution
14 of disapproval considered pursuant to this section shall not
15 be subject to amendment in either the House of Rep-
16 resentatives or the Senate.

17 (e) COORDINATION WITH ACTION BY OTHER
18 HOUSE.—

19 (1) IN GENERAL.—If, before passing the joint
20 resolution, one House receives from the other a joint
21 resolution—

22 (A) the joint resolution of the other House
23 shall not be referred to a committee; and

24 (B) the procedure in the receiving House
25 shall be the same as if no joint resolution had

1 been received from the other House until the
2 vote on passage, when the joint resolution re-
3 ceived from the other House shall supplant the
4 joint resolution of the receiving House.

5 (2) TREATMENT OF JOINT RESOLUTION OF
6 OTHER HOUSE.—If the Senate fails to introduce or
7 consider a joint resolution under this section, the
8 joint resolution of the House shall be entitled to ex-
9 pedited floor procedures under this section.

10 (3) TREATMENT OF COMPANION MEASURES.—
11 If, following passage of the joint resolution in the
12 Senate, the Senate then receives the companion
13 measure from the House of Representatives, the
14 companion measure shall not be debatable.

15 (f) RULES OF THE HOUSE OF REPRESENTATIVES
16 AND SENATE.—This section is enacted by Congress—

17 (1) as an exercise of the rulemaking power of
18 the Senate and House of Representatives, respec-
19 tively, and as such it is deemed a part of the rules
20 of each House, respectively, but applicable only with
21 respect to the procedure to be followed in that
22 House in the case of a joint resolution, and it super-
23 sedes other rules only to the extent that it is incon-
24 sistent with such rules; and

(2) with full recognition of the constitutional right of either House to change the rules (so far as relating to the procedure of that House) at any time, in the same manner, and to the same extent as in the case of any other rule of that House.

SEC. 208. OTHER MATTERS.

(a) ONLINE PUBLICATION OF COMMUNICATIONS.—

(1) IN GENERAL.—Not later than 24 hours after the transmission or receipt of any communication under this subtitle that is transmitted or received by a party specified in paragraph (2), the Secretary of Veterans Affairs shall publish such communication online.

(2) PARTIES SPECIFIED.—The parties specified under this paragraph are the following:

(A) The Secretary of Veterans Affairs.

(B) The Commission.

(C) The President.

(b) CONTINUATION OF EXISTING CONSTRUCTION PROJECTS AND PLANNING.—During activities that the Commission, President, or Congress carry out under this subtitle, the Secretary of Veterans Affairs may not stop, solely because of such activities—

(1) a construction or leasing project of the Veterans Health Administration;

1 (2) long term planning regarding infrastructure
2 and assets of the Veterans Health Administration;
3 or

4 (3) budgetary processes for the Veterans
5 Health Administration.

6 (c) RECOMMENDATIONS FOR FUTURE ASSET RE-
7 VIEWS.—The Secretary of Veterans Affairs may, after
8 consulting with veterans service organizations, include in
9 budget submissions the Secretary submits after the termi-
10 nation of the Commission recommendations for future
11 such commissions or other capital asset realignment and
12 management processes.

13 **SEC. 209. DEFINITIONS.**

14 In this subtitle:

15 (1) The term “Account” means the Department
16 of Veterans Affairs Asset and Infrastructure Review
17 Account established by section 206(a).

18 (2) The term “Commission” means the Com-
19 mission established by section 202.

20 (3) The term “date of approval”, with respect
21 to a modernization or realignment of a facility of the
22 Veterans Health Administration, means the date on
23 which the authority of Congress to disapprove a rec-
24 ommendation of modernization or realignment, as

1 the case may be, of such facility under this subtitle
2 expires.

3 (4) The term “facility of the Veterans Health
4 Administration”—

5 (A) means any land, building, structure, or
6 infrastructure (including any medical center,
7 nursing home, domiciliary facility, outpatient
8 clinic, center that provides readjustment coun-
9 seling, or leased facility) that is—

10 (i) under the jurisdiction of the De-
11 partment of Veterans Affairs;

12 (ii) under the control of the Veterans
13 Health Administration; and

14 (iii) not under the control of the Gen-
15 eral Services Administration; or

16 (B) with respect to a colocated facility of
17 the Department of Veterans Affairs, includes
18 any land, building, or structure—

19 (i) under the jurisdiction of the De-
20 partment of Veterans Affairs;

21 (ii) under the control of another ad-
22 ministration of the Department of Vet-
23 erans Affairs; and

24 (iii) not under the control of the Gen-
25 eral Services Administration.

1 (5) The term “infrastructure” means improve-
2 ments to land other than buildings or structures.

3 (6) The term “modernization” includes—

4 (A) any action, including closure, required
5 to align the form and function of a facility of
6 the Veterans Health Administration to the pro-
7 vision of modern day health care, including util-
8 ities and environmental control systems;

9 (B) the construction, purchase, lease, or
10 sharing of a facility of the Veterans Health Ad-
11 ministration; and

12 (C) realignments, disposals, exchanges, col-
13 laborations between the Department of Vet-
14 erans Affairs and other Federal entities, and
15 strategic collaborations between the Depart-
16 ment and non-Federal entities, including tribal
17 organizations.

18 (7) The term “realignment”, with respect to a
19 facility of the Veterans Health Administration, in-
20 cludes—

21 (A) any action that changes the numbers
22 of or relocates services, functions, and per-
23 sonnel positions;

24 (B) disposals or exchanges between the
25 Department of Veterans Affairs and other Fed-

1 eral entities, including the Department of De-
2 fense; and

3 (C) strategic collaborations between the
4 Department of Veterans Affairs and non-Fed-
5 eral entities, including tribal organizations.

6 (8) The term “redevelopment authority”, in the
7 case of a facility of the Veterans Health Administra-
8 tion closed or modernized under this subtitle, means
9 any entity (including an entity established by a
10 State or local government) recognized by the Sec-
11 retary of Veterans Affairs as the entity responsible
12 for developing the redevelopment plan with respect
13 to the facility or for directing the implementation of
14 such plan.

15 (9) The term “redevelopment plan” in the case
16 of a facility of the Veterans Health Administration
17 to be closed or realigned under this subtitle, means
18 a plan that—

19 (A) is agreed to by the local redevelopment
20 authority with respect to the facility; and

21 (B) provides for the reuse or redevelop-
22 ment of the real property and personal property
23 of the facility that is available for such reuse
24 and redevelopment as a result of the closure or
25 realignment of the facility.

1 (10) The term “Secretary” means the Secretary
2 of Veterans Affairs.

3 (11) The term “tribal organization” has the
4 meaning given such term in section 3765 of title 38,
5 United States Code.

6 **Subtitle B—Other Infrastructure**
7 **Matters**

8 **SEC. 211. IMPROVEMENT TO TRAINING OF CONSTRUCTION**
9 **PERSONNEL.**

10 Subsection (g) of section 8103 of title 38, United
11 States Code, is amended to read as follows:

12 “(g)(1)(A) Not later than September 30 of the fiscal
13 year following the fiscal year during which the VA Asset
14 and Infrastructure Review Act of 2018 is enacted, the Sec-
15 retary shall implement the covered training curriculum
16 and the covered certification program.

17 “(B) In designing and implementing the covered
18 training curriculum and the covered certification program
19 under paragraph (1), the Secretary shall use as models
20 existing training curricula and certification programs that
21 have been established under chapter 87 of title 10, United
22 States Code, as determined relevant by the Secretary.

23 “(2) The Secretary may develop the training cur-
24 riculum under paragraph (1)(A) in a manner that provides
25 such training in any combination of—

1 “(A) training provided in person;

2 “(B) training provided over an internet website;

3 or

4 “(C) training provided by another department
5 or agency of the Federal Government.

6 “(3) The Secretary may develop the certification pro-
7 gram under paragraph (1)(A) in a manner that uses—

8 “(A) one level of certification; or

9 “(B) more than one level of certification, as de-
10 termined appropriate by the Secretary with respect
11 to the level of certification for different grades of the
12 General Schedule.

13 “(4) The Secretary may enter into a contract with
14 an appropriate entity to provide the covered training cur-
15 riculum and the covered certification program under para-
16 graph (1)(A).

17 “(5)(A) Not later than September 30 of the second
18 fiscal year following the fiscal year during which the VA
19 Asset and Infrastructure Review Act of 2018 is enacted,
20 the Secretary shall ensure that the majority of employees
21 subject to the covered certification program achieve the
22 certification or the appropriate level of certification pursu-
23 ant to paragraph (3), as the case may be.

24 “(B) After carrying out subparagraph (A), the Sec-
25 retary shall ensure that each employee subject to the cov-

1 covered certification program achieves the certification or the
2 appropriate level of certification pursuant to paragraph
3 (3), as the case may be, as quickly as practicable.

4 “(6) In this subsection:

5 “(A) The term ‘covered certification program’
6 means, with respect to employees of the Department
7 of Veterans Affairs who are members of occupational
8 series relating to construction or facilities manage-
9 ment, or employees of the Department who award or
10 administer contracts for major construction, minor
11 construction, or nonrecurring maintenance, including
12 as contract specialists or contracting officers’ rep-
13 resentatives, a program to certify knowledge and
14 skills relating to construction or facilities manage-
15 ment and to ensure that such employees maintain
16 adequate expertise relating to industry standards
17 and best practices for the acquisition of design and
18 construction services.

19 “(B) The term ‘covered training curriculum’
20 means, with respect to employees specified in sub-
21 paragraph (A), a training curriculum relating to
22 construction or facilities management.”.

23 **SEC. 212. REVIEW OF ENHANCED USE LEASES.**

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

1 “(6) The Office of Management and Budget shall re-
2 view each enhanced-use lease before the lease goes into
3 effect to determine whether the lease is in compliance with
4 paragraph (5).”.

5 **SEC. 213. ASSESSMENT OF HEALTH CARE FURNISHED BY**
6 **THE DEPARTMENT TO VETERANS WHO LIVE**
7 **IN THE PACIFIC TERRITORIES.**

8 (a) **IN GENERAL.**—Not later than 180 days after the
9 date of the enactment of this Act, the Secretary of Vet-
10 erans Affairs shall submit to the Committees on Veterans’
11 Affairs of the Senate and the House of Representatives
12 a report regarding health care furnished by the Depart-
13 ment of Veterans Affairs to veterans who live in the Pa-
14 cific territories.

15 (b) **ELEMENTS.**—The report under subsection (a)
16 shall include assessments of the following:

17 (1) The ability of the Department to furnish to
18 veterans who live in the Pacific territories the fol-
19 lowing:

20 (A) Hospital care.

21 (B) Medical services.

22 (C) Mental health services.

23 (D) Geriatric services.

1 (2) The feasibility of establishing a community-
2 based outpatient clinic of the Department in any Pa-
3 cific territory that does not contain such a facility.

4 (c) DEFINITION.—In this section, the term “Pacific
5 territories” means American Samoa, Guam, and the
6 Northern Mariana Islands.

7 **TITLE III—IMPROVEMENTS TO**
8 **RECRUITMENT OF HEALTH**
9 **CARE PROFESSIONALS**

10 **SEC. 301. 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. 302. INCREASE IN MAXIMUM AMOUNT OF DEBT THAT**
2 **MAY BE REDUCED UNDER EDUCATION DEBT**
3 **REDUCTION PROGRAM OF DEPARTMENT OF**
4 **VETERANS AFFAIRS.**

5 (a) INCREASE IN AMOUNT.—Section 7683(d)(1) is
6 amended—

7 (1) by striking “\$120,000” and inserting
8 “\$200,000”; and

9 (2) by striking “\$24,000” and inserting
10 “\$40,000”.

11 (b) STUDY.—

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

15 (A) conduct a study on the demand for
16 education debt reduction under subchapter VII
17 of chapter 76 of title 38, United States Code;
18 and

19 (B) submit to the Committee on Veterans’
20 Affairs of the Senate and the Committee on
21 Veterans’ Affairs of the House of Representa-
22 tives a report on the findings of the Secretary
23 with respect to the study carried out under sub-
24 paragraph (A).

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

4 (A) The total number of vacancies within
5 the Veterans Health Administration whose ap-
6 plicants are eligible to participate in the Edu-
7 cation Debt Reduction Program pursuant to
8 section 7682(a) of such title.

9 (B) The types of medical professionals in
10 greatest demand in the United States.

11 (C) Projections by the Secretary of the
12 numbers and types of medical professions that
13 meet the needs of veterans.

14 **SEC. 303. ESTABLISHING THE DEPARTMENT OF VETERANS**
15 **AFFAIRS SPECIALTY EDUCATION LOAN RE-**
16 **PAYMENT PROGRAM.**

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

20 **“SUBCHAPTER VIII—SPECIALTY EDUCATION**
21 **LOAN REPAYMENT PROGRAM**

22 **“§ 7691. Establishment**

23 “As part of the Educational Assistance Program, the
24 Secretary may carry out a student loan repayment pro-
25 gram under section 5379 of title 5. The program shall be

1 known as the Department of Veterans Affairs Specialty
2 Education Loan Repayment Program (in this chapter re-
3 ferred to as the ‘Specialty Education Loan Repayment
4 Program’).

5 **“§ 7692. Purpose**

6 “The purpose of the Specialty Education Loan Re-
7 payment Program is to assist, through the establishment
8 of an incentive program for certain individuals employed
9 in the Veterans Health Administration, in meeting the
10 staffing needs of the Veterans Health Administration for
11 physicians in medical specialties for which the Secretary
12 determines recruitment or retention of qualified personnel
13 is difficult.

14 **“§ 7693. Eligibility; preferences; covered costs**

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

18 “(1) is hired under section 7401 of this title to
19 work in an occupation described in section 7692 of
20 this title;

21 “(2) owes any amount of principal or interest
22 under a loan, the proceeds of which were used by or
23 on behalf of that individual to pay costs relating to
24 a course of education or training which led to a de-

1 gree that qualified the individual for the position re-
2 ferred to in paragraph (1); and

3 “(3) is—

4 “(A) recently graduated from an accredited
5 medical or osteopathic school and matched to
6 an accredited residency program in a medical
7 specialty described in section 7692 of this title;
8 or

9 “(B) a physician in training in a medical
10 specialty described in section 7692 of this title
11 with more than two years remaining in such
12 training.

13 “(b) PREFERENCES.—In selecting individuals for
14 participation in the Specialty Education Loan Repayment
15 Program under this subchapter, the Secretary may give
16 preference to the following:

17 “(1) Individuals who are, or will be, partici-
18 pating in residency programs in health care facili-
19 ties—

20 “(A) located in rural areas;

21 “(B) operated by Indian tribes, tribal orga-
22 nizations, or the Indian Health Service; or

23 “(C) affiliated with underserved health
24 care facilities of the Department.

25 “(2) Veterans.

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

4 “(1) tuition expenses;

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

8 “(3) reasonable living expenses.

9 **“§ 7694. Specialty education loan repayment**

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

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

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

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

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

12 **“§ 7695. Choice of location**

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

19 **“§ 7696. Term of obligated service**

20 “(a) IN GENERAL.—In addition to any requirements
21 under section 5379(c) of title 5, a participant in the Spe-
22 cialty Education Loan Repayment Program must agree,
23 in writing and before the Secretary may make any pay-
24 ment to or for the participant, to—

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

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

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

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

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

23 “(c) PENALTY.—(1) An employee who does not com-
24 plete a period of obligated service under this section shall
25 owe the Federal Government an amount determined in ac-

1 accordance with the following formula: $A=B \times ((T-S) \div T)$

2 .

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

4 “(A) ‘A’ is the amount the employee owes the
5 Federal Government.

6 “(B) ‘B’ is the sum of all payments to or for
7 the participant under the Specialty Education Loan
8 Repayment Program.

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

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

13 **“§ 7697. Relationship to Educational Assistance Pro-**
14 **gram**

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

19 (b) CONFORMING AND TECHNICAL AMENDMENTS.—

20 (1) CONFORMING AMENDMENTS.—

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

23 (i) in paragraph (4), by striking
24 “and”;

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

3 (iii) by adding at the end the fol-
4 lowing new paragraph:

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

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

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

14 (D) Section 7631 of title 38, United States
15 Code, is amended—

16 (i) in subsection (a)(1)—

17 (I) by striking “and” after
18 “scholarship amount”; and

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

23 (ii) in subsection (b) by adding at the
24 end the following new paragraph:

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

9 (E) Section 7632 of title 38, United States
10 Code, is amended—

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

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

23 (2) TABLE OF SECTIONS.—The table of sections
24 at the beginning of chapter 76 of such title is

1 amended by inserting after the items relating to sub-
2 chapter VII the following:

“SUBCHAPTER VIII—SPECIALTY EDUCATION LOAN REPAYMENT PROGRAM

“Sec.

“7691. Establishment.

“7692. Purpose.

“7693. Eligibility; preferences; covered costs.

“7694. Specialty education loan repayment.

“7695. Choice of location.

“7696. Term of obligated service.

“7697. Relationship to Educational Assistance Program.”.

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

9 (d) PREFERENCE.—In granting preference under
10 section 7693 of title 38, United States Code, as enacted
11 by subsection (a), the Secretary of Veterans Affairs shall
12 determine whether a facility of the Department is under-
13 served based on the criteria developed under section 401
14 of this Act.

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

1 (1) the applicant matches with a residency in a
2 medical specialty described in section 7692 of title
3 38, United States Code, as enacted by subsection
4 (a); and

5 (2) such match is published.

6 (f) PUBLICITY.—The Secretary of Veterans Affairs
7 shall take such steps as the Secretary determines are ap-
8 propriate to publicize the Specialty Education Loan Re-
9 payment Program established under subchapter VIII of
10 chapter 76 of title 38, United States Code, as enacted by
11 subsection (a).

12 **SEC. 304. VETERANS HEALING VETERANS MEDICAL ACCESS**
13 **AND SCHOLARSHIP PROGRAM.**

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

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

1 (1) have been discharged from the Armed
2 Forces not more than ten years before the date of
3 application for admission to a covered medical
4 school;

5 (2) not be entitled to educational assistance
6 under chapter 30, 31, 32, 33, 34, or 35 of title 38,
7 United States Code, or chapter 1606 or 1607 of title
8 10, United States Code;

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

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

14 (5) meet the minimum admissions criteria for
15 the covered medical school to which the veteran ap-
16 plies; and

17 (6) enter into an agreement described in sub-
18 section (c).

19 (c) AWARD OF FUNDING.—

20 (1) IN GENERAL.—Each covered medical school
21 that opts to participate in the program under this
22 section shall reserve two seats in the entering class
23 of 2019 for eligible veterans who receive funding
24 under such program. Such funding shall be awarded

1 to the two eligible veterans with the highest admis-
2 sions rankings for such class at such school.

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

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

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

9 (C) fees associated with the National Resi-
10 dency Match Program;

11 (D) two away rotations performed during
12 the fourth year at a Department of Veterans
13 Affairs medical facility; and

14 (E) a monthly stipend for the four-year pe-
15 riod during which the veteran is enrolled in
16 medical school in an amount to be determined
17 by the Secretary.

18 (3) DISTRIBUTION OF FUNDING.—In the event
19 that two or more eligible veterans do not apply for
20 admission at one of the covered medical schools for
21 the entering class of 2019, the Secretary shall dis-
22 tribute the available funding to eligible veterans who
23 applied for admission at other covered medical
24 schools.

25 (d) AGREEMENT.—

1 (1) TERMS OF AGREEMENT.—Each eligible vet-
2 eran who accepts funding for medical education
3 under this section shall enter into an agreement with
4 the Secretary that provides that the veteran
5 agrees—

6 (A) to maintain enrollment and attendance
7 in the medical school;

8 (B) while enrolled in such medical school,
9 to maintain an acceptable level of academic
10 standing (as determined by the medical school
11 under regulations prescribed by the Secretary);

12 (C) to complete post-graduate training
13 leading to eligibility for board certification in a
14 speciality applicable to the Department of Vet-
15 erans Affairs, as determined by the Secretary;

16 (D) after completion of medical school, to
17 obtain a license to practice medicine in a State;
18 and

19 (E) after completion of medical school and
20 post-graduate training, to serve as a full-time
21 clinical practice employee in the Veterans
22 Health Administration for a period of four
23 years.

24 (2) BREACH OF AGREEMENT.—If an eligible
25 veteran who accepts funding under this section

1 breaches the terms of the agreement described in
2 paragraph (1), the United States shall be entitled to
3 recover damages in an amount equal to the total
4 amount of such funding received by the veteran.

5 (e) RULE OF CONSTRUCTION.—Nothing in this sec-
6 tion shall be construed to prevent any covered medical
7 school from accepting more than two eligible veterans for
8 the entering class of 2019.

9 (f) REPORT TO CONGRESS.—Not later than Decem-
10 ber 31, 2020, and annually thereafter for the subsequent
11 three years, the Secretary shall submit to Congress a re-
12 port on the pilot program under this section. Such report
13 shall include the evaluation of the Secretary of the success
14 of the pilot program, including the number of veterans
15 who received funding under the program who matriculated
16 and an evaluation of the academic progress of such vet-
17 erans.

18 (g) COVERED MEDICAL SCHOOLS.—In this section,
19 the term “covered medical school” means any of the fol-
20 lowing.

21 (1) The Teague-Cranston medical schools, con-
22 sisting of—

23 (A) Texas A&M College of Medicine;

24 (B) Quillen College of Medicine at East
25 Tennessee State University;

1 (C) Boonshoft School of Medicine at
2 Wright State University;

3 (D) Joan C. Edwards School of Medicine
4 at Marshall University; and

5 (E) University of South Carolina School of
6 Medicine.

7 (2) Charles R Drew University of Medicine and
8 Science.

9 (3) Howard University College of Medicine.

10 (4) Meharry Medical College.

11 (5) Morehouse School of Medicine.

12 **SEC. 305. BONUSES FOR RECRUITMENT, RELOCATION, AND**
13 **RETENTION.**

14 Section 705(a) of the Veterans Access, Choice, and
15 Accountability Act of 2014 (Public Law 113–146; 38
16 U.S.C. 703 note) is amended—

17 (1) in paragraph (1), by striking
18 “\$230,000,000” and inserting “\$250,000,000, of
19 which not less than \$20,000,000 shall be for recruit-
20 ment, relocation, and retention bonuses”; and

21 (2) in paragraph (2), by striking
22 “\$225,000,000” and inserting “\$290,000,000, of
23 which not less than \$20,000,000 shall be for recruit-
24 ment, relocation, and retention bonuses”.

1 **SEC. 306. INCLUSION OF VET CENTER EMPLOYEES IN EDU-**
2 **CATION DEBT REDUCTION PROGRAM OF DE-**
3 **PARTMENT OF VETERANS AFFAIRS.**

4 (a) IN GENERAL.—The Secretary of Veterans Affairs
5 shall ensure that clinical staff working at Vet Centers are
6 eligible to participate in the Education Debt Reduction
7 Program of the Department of Veterans Affairs under
8 subchapter VII of chapter 76 of title 38, United States
9 Code.

10 (b) REPORT.—Not later than one year after the date
11 of the enactment of this Act, the Secretary shall submit
12 to the Committee on Veterans' Affairs of the Senate and
13 the Committee on Veterans' Affairs of the House of Rep-
14 resentatives a report on the number of participants in the
15 Education Debt Reduction Program of the Department
16 under such subchapter who work at Vet Centers.

17 (c) VET CENTER DEFINED.—In this section, the
18 term “Vet Center” has the meaning given that term in
19 section 1712A(h) of title 38, United States Code.

1 **TITLE IV—HEALTH CARE IN**
2 **UNDERSERVED AREAS**

3 **SEC. 401. DEVELOPMENT OF CRITERIA FOR DESIGNATION**
4 **OF CERTAIN MEDICAL FACILITIES OF THE**
5 **DEPARTMENT OF VETERANS AFFAIRS AS UN-**
6 **DERSERVED FACILITIES AND PLAN TO AD-**
7 **DRESS PROBLEM OF UNDERSERVED FACILI-**
8 **TIES.**

9 (a) IN GENERAL.—Not later than 180 days after the
10 date of the enactment of this Act, the Secretary of Vet-
11 erans Affairs shall develop criteria to designate medical
12 centers, ambulatory care facilities, and community based
13 outpatient clinics of the Department of Veterans Affairs
14 as underserved facilities.

15 (b) CONSIDERATION.—Criteria developed under sub-
16 section (a) shall include consideration of the following with
17 respect to a facility:

18 (1) The ratio of veterans to health care pro-
19 viders of the Department of Veterans Affairs for a
20 standardized geographic area surrounding the facil-
21 ity, including a separate ratio for general practi-
22 tioners and specialists.

23 (2) The range of clinical specialties covered by
24 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 407 of this Act.

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. 402. PILOT PROGRAM TO FURNISH MOBILE DEPLOY-**
15 **MENT TEAMS TO UNDERSERVED FACILITIES.**

16 (a) IN GENERAL.—The Secretary of Veterans Affairs
17 shall carry out a pilot program to furnish mobile deploy-
18 ment teams of medical personnel to underserved facilities.

19 (b) ELEMENTS.—In furnishing mobile deployment
20 teams under subsection (a), the Secretary shall consider
21 the following elements:

22 (1) The medical positions of greatest need at
23 underserved facilities:

24 (2) The size and composition of teams to be de-
25 ployed.

1 (3) Such other elements as the Secretary con-
2 siders necessary for effective oversight of the pro-
3 gram established under subsection (a).

4 (c) USE OF ANNUAL ANALYSIS.—The Secretary shall
5 use the results of the annual analysis conducted under sec-
6 tion 401(c) of this Act to form mobile deployment teams
7 under subsection (a) that are composed of the most needed
8 medical personnel for underserved facilities.

9 (d) REPORTING.—

10 (1) PROGRESS REPORT.—Not later than one
11 year after the date of the enactment of this Act, the
12 Secretary shall submit a report to Congress on the
13 implementation of the pilot program under this sec-
14 tion.

15 (2) FINAL REPORT.—Not later than the termi-
16 nation of the pilot program under this section, the
17 Secretary shall submit a final report to Congress
18 that contains the recommendations of the Secretary
19 regarding the feasibility and advisability of—

20 (A) extending or expanding the pilot pro-
21 gram; and

22 (B) making the pilot program (or any as-
23 pect thereof) permanent.

1 (e) DURATION.—The pilot program under this sec-
2 tion shall terminate three years after the date of the enact-
3 ment of this Act.

4 (f) UNDERSERVED FACILITY DEFINED.—In this sec-
5 tion, the term “underserved facility” means a medical cen-
6 ter, ambulatory care facility, or community based out-
7 patient clinic of the Department of Veterans Affairs des-
8 ignated by the Secretary of Veterans Affairs as under-
9 served pursuant to criteria developed under section 401
10 of this Act.

11 **SEC. 403. PILOT PROGRAM ON GRADUATE MEDICAL EDU-**
12 **CATION AND RESIDENCY.**

13 (a) ESTABLISHMENT.—

14 (1) IN GENERAL.—Subject to paragraph (5),
15 the Secretary of Veterans Affairs shall establish a
16 pilot program to establish medical residency posi-
17 tions authorized under section 301(b)(2) of the Vet-
18 erans Access, Choice, and Accountability Act of
19 2014 (Public Law 113-146; 38 U.S.C. 7302 note) at
20 covered facilities.

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

23 (A) A health care facility of the Depart-
24 ment of Veterans Affairs.

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

6 (C) A health care facility operated by the
7 Indian Health Service.

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

11 (E) A health care facility operated by the
12 Department of Defense.

13 (F) Such other health care facility as the
14 Secretary considers appropriate for purposes of
15 this section.

16 (3) AGREEMENTS.—To carry out the pilot pro-
17 gram under this section, the Secretary may enter
18 into agreements with entities that operate covered
19 facilities in which the Secretary places residents
20 under paragraph (1).

21 (4) PARAMETERS FOR LOCATION, AFFILIATE
22 SPONSOR, AND DURATION.—When determining in
23 which covered facilities to place residents under
24 paragraph (1), the Secretary shall consider the ex-

1 tent to which there is a clinical need for providers
2 in an area, as determined by the following:

3 (A) The ratio of veterans to health care
4 providers of the Department for a standardized
5 geographic area surrounding a facility, includ-
6 ing a separate ratio for general practitioners
7 and specialists.

8 (B) The range of clinical specialties of pro-
9 viders in standardized geographic areas sur-
10 rounding a facility.

11 (C) Whether the specialty of a provider is
12 included in the most recent staffing shortage
13 determination of the Department under section
14 7412 of title 38, United States Code.

15 (D) Whether the local community is des-
16 ignated by the Secretary of Veterans Affairs as
17 underserved pursuant to criteria developed
18 under section 401 of this Act.

19 (E) Whether the facility is located in a
20 community that is designated by the Secretary
21 of Health and Human Services as a health pro-
22 fessional shortage area under section 332 of the
23 Public Health Service Act (42 U.S.C. 254e).

24 (F) Whether the facility is located in a
25 rural or remote area.

1 (G) Such other criteria as the Secretary
2 considers important in determining which facili-
3 ties are not adequately serving area veterans.

4 (5) PRIORITY IN PLACEMENTS.—During the
5 pilot program under this section, the Secretary shall
6 place no fewer than 100 residents in covered facili-
7 ties—

8 (A) operated by the Indian Health Service;

9 (B) operated by an Indian tribe;

10 (C) operated by a tribal organization; or

11 (D) located in communities designated by
12 the Secretary as underserved pursuant to cri-
13 teria developed under section 401 of this Act.

14 (6) STIPENDS AND BENEFITS.—The Secretary
15 may pay stipends and provide benefits for residents
16 in positions under paragraph (1), regardless of
17 whether they have been assigned in a Department
18 facility.

19 (b) REIMBURSEMENT.—If a covered facility estab-
20 lishes a new residency program in which the Secretary
21 places a resident under the pilot program, the Secretary
22 shall reimburse that covered facility for costs of the fol-
23 lowing:

24 (1) Curriculum development.

25 (2) Recruitment and retention of faculty.

1 (3) Accreditation of the program by the Accred-
2 itation Council for Graduate Medical Education.

3 (4) The portion of faculty salaries attributable
4 to duties under an agreement subsection (a)(3).

5 (5) Expenses relating to educating a resident
6 under the pilot program.

7 (c) REPORTING.—

8 (1) IN GENERAL.—Not later than one year
9 after the date of the enactment of this Act and not
10 less frequently than once each year thereafter until
11 the termination of the pilot program, the Secretary
12 shall submit to Congress a report on the implemen-
13 tation of the pilot program.

14 (2) ELEMENTS.—Each report submitted under
15 paragraph (1) shall include the following with regard
16 to the immediately preceding year, and in compari-
17 son to the year immediately preceding that year:

18 (A) The number of veterans who received
19 care from residents under the pilot program.

20 (B) The number of veterans who received
21 care from each resident per position described
22 in subsection (a)(1) under the pilot program.

23 (C) The number of veterans who received
24 care from residents under the pilot program ex-

1 pressed as a percentage of all individuals who
2 received care from such residents.

3 (D) The number of clinical appointments
4 for veterans conducted by each resident under
5 the pilot program.

6 (E) The number of clinical appointments
7 for veterans conducted by residents per position
8 described in subsection (a)(1) under the pilot
9 program.

10 (F) The number of clinical appointments
11 for veterans expressed as a percentage of all
12 clinical appointments conducted by residents
13 under the pilot program.

14 (G) The number of positions described in
15 subsection (a)(1) at each covered facility under
16 the pilot program.

17 (H) For each position described in sub-
18 section (a)(1) in a residency program affiliated
19 with a health care facility of the Department,
20 the time a resident under the pilot program
21 spent training at that facility of the Depart-
22 ment, expressed as a percentage of the total
23 training time for that resident position.

24 (I) For each residency program affiliated
25 with a health care facility of the Department,

1 the time all residents under the pilot program
2 spent training at that facility of the Depart-
3 ment, expressed as a percentage of the total
4 training time for those residents.

5 (J) The time that all residents under the
6 pilot program who are assigned to programs af-
7 filiated with health care facilities of the Depart-
8 ment spent training at facilities of the Depart-
9 ment, expressed as a percentage of the total
10 training time for those residents.

11 (K) The cost to the Department of Vet-
12 erans Affairs under the pilot program in the
13 year immediately preceding the report and since
14 the beginning of the pilot program.

15 (L) The cost to the Department of Vet-
16 erans Affairs per resident placed under the pilot
17 program at each covered facility.

18 (M) The number of residents under the
19 pilot program hired by the Secretary to work in
20 the Veterans Health Administration after com-
21 pletion of residency in the year immediately
22 preceding the report and since the beginning of
23 the pilot program.

24 (N) The medical specialties pursued by
25 residents under the pilot program.

1 (d) DURATION.—The pilot program under this sec-
2 tion shall terminate on August 7, 2024.

3 **TITLE V—OTHER MATTERS**

4 **SEC. 501. ANNUAL REPORT ON PERFORMANCE AWARDS** 5 **AND BONUSES AWARDED TO CERTAIN HIGH-** 6 **LEVEL EMPLOYEES OF THE DEPARTMENT:**

7 (a) IN GENERAL.—Chapter 7 of title 38, United
8 States Code, is amended by adding at the end the fol-
9 lowing new section:

10 **“§ 726. Annual report on performance awards and bo-** 11 **nuses awarded to certain high-level em-** 12 **ployees**

13 “(a) IN GENERAL.—Not later than 100 days after
14 the end of each fiscal year, the Secretary shall submit to
15 the appropriate committees of Congress a report that con-
16 tains, for the most recent fiscal year ending before the
17 submittal of the report, a description of all performance
18 awards or bonuses awarded to each of the following:

19 “(1) Regional Office Director of the Depart-
20 ment.

21 “(2) Director of a Medical Center of the De-
22 partment.

23 “(3) Director of a Veterans Integrated Service
24 Network.

25 “(4) Senior executive of the Department.

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

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

6 “(2) The job title of the individual awarded the
7 award or bonus.

8 “(3) The location where the individual awarded
9 the award or bonus works.

10 “(c) DEFINITIONS.—In this section:

11 “(1) The term ‘appropriate committees of Con-
12 gress’ means the Committees on Veterans’ Affairs
13 and Appropriations of the Senate and House of Rep-
14 resentatives.

15 “(2) The term ‘senior executive’ means—

16 “(A) a career appointee; or

17 “(B) an individual—

18 “(i) in an administrative or executive
19 position; and

20 “(ii) appointed under section 7306(a)
21 or section 7401(1) of this title.

22 “(3) The term ‘career appointee’ has the mean-
23 ing given that term in section 3132(a) of title 5,
24 United States Code.”.

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

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

SEC. 502. ROLE OF PODIATRISTS IN DEPARTMENT OF VETERANS AFFAIRS.

(a) INCLUSION AS PHYSICIAN.—

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

“§ 7413. Treatment of podiatrists; clinical oversight standards

“(a) PODIATRISTS.—Except as provided by subsection (b), a doctor of podiatric medicine who is appointed as a podiatrist under section 7401(1) of this title is eligible for any supervisory position in the Veterans Health Administration to the same degree that a physician appointed under such section is eligible for the position.

“(b) ESTABLISHMENT OF CLINICAL OVERSIGHT STANDARDS.—The Secretary, in consultation with appropriate stakeholders, shall establish standards to ensure that specialists appointed in the Veterans Health Administration to supervisory positions do not provide direct clin-

1 ical oversight for purposes of peer review or practice eval-
2 uation for providers of other clinical specialties.”.

3 (2) CLERICAL AMENDMENT.—The table of sec-
4 tions at the beginning of chapter 74 is amended by
5 inserting after the item relating to section 7412 the
6 following new item:

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

7 (b) MODIFICATION AND CLARIFICATION OF PAY
8 GRADE.—

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

11 (A) by striking “PHYSICIAN AND DEN-
12 TIST SCHEDULE” and inserting “PHYSI-
13 CIAN AND SURGEON (MD/DO),
14 PODIATRIC SURGEON (DPM), AND DEN-
15 TIST AND ORAL SURGEON (DDS, DMD)
16 SCHEDULE”;

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

19 (C) by striking “PODIATRIST, CHIRO-
20 PRACTOR, AND” and inserting “CHIRO-
21 PRACTOR AND”.

22 (2) APPLICATION.—The amendments made by
23 paragraph (1) shall apply with respect to a pay pe-
24 riod of the Department of Veterans Affairs begin-

1 ning on or after the date that is 30 days after the
2 date of the enactment of this Act.

3 **SEC. 503. DEFINITION OF MAJOR MEDICAL FACILITY**
4 **PROJECT.**

5 (a) MODIFICATION OF DEFINITION OF MEDICAL FA-
6 CILITY.—Section 8101(3) is amended by striking “Sec-
7 retary” and all that follows through “nursing home,” and
8 inserting “Secretary, or as otherwise authorized by law,
9 for the provision of health-care services (including hos-
10 pital, outpatient clinic, nursing home,”.

11 (b) MODIFICATION OF DEFINITION OF MAJOR MED-
12 ICAL FACILITY PROJECT.—Paragraph (3) of section
13 8104(a) is amended to read as follows:

14 “(3) For purposes of this subsection, the term ‘major
15 medical facility project’ means a project for the construc-
16 tion, alteration, or acquisition of a medical facility involv-
17 ing a total expenditure of more than \$20,000,000, but
18 such term does not include an acquisition by exchange,
19 non-recurring maintenance projects of the Department, or
20 the construction, alteration, or acquisition of a shared
21 Federal medical facility for which the Department’s esti-
22 mated share of the project costs does not exceed
23 \$20,000,000.”.

1 **SEC. 504. AUTHORIZATION OF CERTAIN MAJOR MEDICAL**
2 **FACILITY PROJECTS OF THE DEPARTMENT**
3 **OF VETERANS AFFAIRS.**

4 (a) **AUTHORIZATION.**—The Secretary of Veterans Af-
5 fairs may carry out the following major medical facility
6 project, to be carried out in an amount not to exceed the
7 amount specified for that project: Construction of the new
8 East Bay Community Based Outpatient Clinic and all as-
9 sociated site work, utilities, parking, and landscaping, con-
10 struction of the Central Valley Engineering and Logistics
11 support facility, and enhanced flood plain mitigation at the
12 Central Valley and East Bay Community Based Out-
13 patient Clinics as part of the realignment of medical facili-
14 ties in Livermore, California, in an amount not to exceed
15 \$117,300,000.

16 (b) **AUTHORIZATION OF APPROPRIATIONS FOR CON-**
17 **STRUCTION.**—There is authorized to be appropriated to
18 the Secretary of Veterans Affairs for fiscal year 2018 or
19 the year in which funds are appropriated for the Construc-
20 tion, Major Projects account, \$117,300,000 for the project
21 authorized in subsection (a).

22 (c) **SUBMITTAL OF INFORMATION.**—Not later than
23 90 days after the date of the enactment of this Act, for
24 the project authorized in subsection (a), the Secretary of
25 Veterans Affairs shall submit to the Committee on Vet-
26 erans' Affairs of the Senate and the Committee on Vet-

1 erans' Affairs of the House of Representatives the fol-
2 lowing information:

3 (1) A line item accounting of expenditures re-
4 lating to construction management carried out by
5 the Department of Veterans Affairs for such project.

6 (2) The future amounts that are budgeted to be
7 obligated for construction management carried out
8 by the Department for such project.

9 (3) A justification for the expenditures de-
10 scribed in paragraph (1) and the future amounts de-
11 scribed in paragraph (2).

12 (4) Any agreement entered into by the Sec-
13 retary regarding a non-Department of Veterans Af-
14 fairs Federal entity providing management services
15 relating to such project, including reimbursement
16 agreements and the costs to the Department for
17 such services.

18 **SEC. 505. DEPARTMENT OF VETERANS AFFAIRS PER-**
19 **SONNEL TRANSPARENCY.**

20 (a) PUBLICATION OF STAFFING AND VACANCIES.—

21 (1) WEBSITE REQUIRED.—Subject to para-
22 graph (2) and not later than 90 days after the date
23 of the enactment of this Act, the Secretary of Vet-
24 erans Affairs shall make publicly available on an
25 Internet website of the Department of Veterans Af-

1 fairs the following information, which shall, subject
2 to subparagraph (D), be displayed by departmental
3 component or, in the case of information relating to
4 Veterans Health Administration positions, by med-
5 ical facility:

6 (A) The number of personnel encumbering
7 positions.

8 (B) The number of accessions and separa-
9 tion actions processed during the quarter pre-
10 ceding the date of the publication of the infor-
11 mation.

12 (C) The number of vacancies, by occupa-
13 tion.

14 (D) The percentage of new hires for the
15 Department who were hired within the time-to-
16 hire target of the Office of Personnel Manage-
17 ment, disaggregated by administration.

18 (2) EXCEPTIONS.—The Secretary may withhold
19 from publication under paragraph (1) information
20 relating to law enforcement, information security, or
21 such positions in the Department that the Secretary
22 determines to be sensitive.

23 (3) UPDATE OF INFORMATION.—The Secretary
24 shall update the information on the website required
25 under paragraph (1) on a quarterly basis.

1 (4) TREATMENT OF CONTRACTOR POSITIONS.—

2 Any Department of Veterans Affairs position that is
3 filled with a contractor may not be treated as a De-
4 partment position for purposes of the information
5 required to be published under paragraph (1).

6 (5) INSPECTOR GENERAL REVIEW.—On a semi-
7 annual basis, the Inspector General of the Depart-
8 ment shall review the administration of the website
9 required under paragraph (1) and make rec-
10 ommendations relating to the improvement of such
11 administration.

12 (b) REPORT TO CONGRESS.—The Secretary of Vet-
13 erans Affairs shall submit to Congress an annual report
14 on the steps the Department is taking to achieve full staff-
15 ing capacity. Each such report shall include the amount
16 of additional funds necessary to enable the Department
17 to reach full staffing capacity.

18 **SEC. 506. PROGRAM ON ESTABLISHMENT OF PEER SPE-**
19 **CIALISTS IN PATIENT ALIGNED CARE TEAM**
20 **SETTINGS WITHIN MEDICAL CENTERS OF DE-**
21 **PARTMENT OF VETERANS AFFAIRS.**

22 (a) PROGRAM REQUIRED.—The Secretary of Vet-
23 erans Affairs shall carry out a program to establish not
24 fewer than two peer specialists in patient aligned care
25 teams at medical centers of the Department of Veterans

1 Affairs to promote the use and integration of services for
2 mental health, substance use disorder, and behavioral
3 health in a primary care setting.

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

7 (1) Not later than May 31, 2019, at not fewer
8 than 15 medical centers of the Department.

9 (2) Not later than May 31, 2020, at not fewer
10 than 30 medical centers of the Department.

11 (c) SELECTION OF LOCATIONS.—

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

14 (A) Not fewer than five shall be medical
15 centers of the Department that are designated
16 by the Secretary as polytrauma centers.

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

20 (2) CONSIDERATIONS.—In selecting medical
21 centers for the program under paragraph (1), the
22 Secretary shall consider the feasibility and advis-
23 ability of selecting medical centers in the following
24 areas:

1 (A) Rural areas and other areas that are
2 underserved by the Department.

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

5 (C) Areas representing different geo-
6 graphic locations, such as census tracts estab-
7 lished by the Bureau of the Census.

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

11 (1) the needs of female veterans are specifically
12 considered and addressed; and

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

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

21 (f) REPORTS.—

22 (1) PERIODIC REPORTS.—

23 (A) IN GENERAL.—Not later than 180
24 days after the date of the enactment of this
25 Act, and not less frequently than once every

1 180 days thereafter until the Secretary deter-
2 mines that the program is being carried out at
3 the last location to be selected under subsection
4 (e), the Secretary shall submit to Congress a
5 report on the program.

6 (B) ELEMENTS.—Each report required by
7 subparagraph (A) shall, with respect to the
8 180-day period preceding the submittal of the
9 report, include the following:

10 (i) The findings and conclusions of
11 the Secretary with respect to the program.

12 (ii) An assessment of the benefits of
13 the program to veterans and family mem-
14 bers of veterans.

15 (iii) An assessment of the effective-
16 ness of peer specialists in engaging under
17 subsection (e) with health care providers in
18 the community and veterans served by
19 those providers.

20 (2) FINAL REPORT.—Not later than 180 days
21 after the Secretary determines that the program is
22 being carried out at the last location to be selected
23 under subsection (e), the Secretary shall submit to
24 Congress a report detailing the recommendations of

1 the Secretary as to the feasibility and advisability of
2 expanding the program to additional locations.

3 **SEC. 507. DEPARTMENT OF VETERANS AFFAIRS MEDICAL**
4 **SCRIBE PILOT PROGRAM.**

5 (a) IN GENERAL.—The Secretary of Veterans Affairs
6 shall carry out a two-year pilot program under which the
7 Secretary shall increase the use of medical scribes at De-
8 partment of Veterans Affairs medical centers.

9 (b) LOCATIONS.—The Secretary shall carry out the
10 pilot program at the 10 medical centers of the Department
11 as follows:

12 (1) At least four such medical centers located
13 in rural areas.

14 (2) At least four such medical centers located
15 in urban areas.

16 (3) Two such medical centers located in areas
17 with need for increased access or increased effi-
18 ciency, as determine by the Secretary.

19 (c) MEDICAL SCRIBES.—

20 (1) HIRING.—Under the pilot program the Sec-
21 retary shall—

22 (A) hire 20 new Department of Veterans
23 Affairs term employees as medical scribes; and

1 (B) seek to enter into contracts with ap-
2 propriate entities for the employment of 20 ad-
3 ditional medical scribes.

4 (2) DISTRIBUTION.—The Secretary shall assign
5 four medical scribes to each of the 10 medical cen-
6 ters of the Department where the Secretary carries
7 out the pilot program as follows:

8 (A) Two scribes shall be assigned to each
9 of two physicians.

10 (B) Thirty percent of the scribes shall be
11 employed in the provision of emergency care.

12 (C) Seventy percent of the scribes shall be
13 employed in the provision of speciality care in
14 specialties with the longest patient wait times
15 or lowest efficiency ratings, as determined by
16 the Secretary.

17 (d) REPORTS.—

18 (1) REPORTS TO CONGRESS.—Not later than
19 180 days after the commencement of the pilot pro-
20 gram required under this section, and every 180
21 days thereafter for the duration of the pilot pro-
22 gram, the Secretary of Veterans Affairs shall submit
23 to Congress a report on the pilot program. Each
24 such report shall include each of the following:

1 (A) A separate analysis of each the fol-
2 lowing with respect to medical scribes employed
3 by the Department of Veterans Affairs and
4 medical scribes performing Department of Vet-
5 erans Affairs functions under a contract:

6 (i) Provider efficiency.

7 (ii) Patient satisfaction.

8 (iii) Average wait time.

9 (iv) The number of patients seen per
10 day by each physician or practitioner.

11 (v) The amount of time required to
12 hire and train an employee to perform
13 medical scribe functions under the pilot
14 program.

15 (B) Metrics and data for analyzing the ef-
16 fects of the pilot program, including an evalua-
17 tion of the each of the elements under clauses
18 (i) through (iv) of subparagraph (A) at medical
19 centers who employed scribes under the pilot
20 program for an appropriate period preceding
21 the hiring of such scribes.

22 (2) COMPTROLLER GENERAL REPORT.—Not
23 later than 90 days after the termination of the pilot
24 program under this section, the Comptroller General
25 of the United States shall submit to Congress a re-

1 port on the pilot program. Such report shall include
2 a comparison of the pilot program with similar pro-
3 grams carried out in the private sector.

4 (e) DEFINITIONS.—In this section:

5 (1) The term “medical scribe” means an unli-
6 censed individual hired to enter information into the
7 electronic health record or chart at the direction of
8 a physician or licensed independent practitioner
9 whose responsibilities include the following:

10 (A) Assisting the physician or practitioner
11 in navigating the electronic health record.

12 (B) Responding to various messages as di-
13 rected by the physician or practitioner.

14 (C) Entering information into the elec-
15 tronic health record, as directed by the physi-
16 cian or practitioner.

17 (2) The terms “urban” and “rural” have the
18 meanings given such terms under the rural-urban
19 commuting codes developed by the Secretary of Agri-
20 culture and the Secretary of Health and Human
21 Services.

22 (f) FUNDING.—The pilot program under this section
23 shall be carried out using amounts otherwise authorized
24 to be appropriated for the Department of Veterans Af-

1 fairs. No additional amounts are authorized to be appro-
2 priated to carry out such program.

3 **SEC. 508. EXTENSION OF REQUIREMENT TO COLLECT FEES**
4 **FOR HOUSING LOANS GUARANTEED BY SEC-**
5 **RETARY OF VETERANS AFFAIRS.**

6 Section 3729(b)(2) of title 38, United States Code,
7 is amended by striking “2027” each place it appears and
8 inserting “2028”.

9 **SEC. 509. EXTENSION OF REDUCTION IN AMOUNT OF PEN-**
10 **SION FURNISHED BY DEPARTMENT OF VET-**
11 **ERANS AFFAIRS FOR CERTAIN VETERANS**
12 **COVERED BY MEDICAID PLANS FOR SERV-**
13 **ICES FURNISHED BY NURSING FACILITIES.**

14 Section 5503(d)(7) of title 38, United States Code,
15 is amended by striking “September 30, 2027” and insert-
16 ing “September 30, 2028”.

17 **SEC. 510. APPROPRIATION OF AMOUNTS.**

18 (a) VETERANS CHOICE PROGRAM.—There is author-
19 ized to be appropriated, and is appropriated, to the Sec-
20 retary of Veterans Affairs, out of any funds in the Treas-
21 ury not otherwise appropriated, \$5,200,000,000 to be de-
22 posited in the Veterans Choice Fund under section 802
23 of the Veterans Access, Choice, and Accountability Act of
24 2014 (Public Law 113–146; 38 U.S.C. 1701 note).

1 (b) AVAILABILITY OF AMOUNTS.—The amounts ap-
2 propriated under subsection (a) shall be available for obli-
3 gation or expenditure without fiscal year limitation.

4 **SEC. 511. TECHNICAL CORRECTION.**

5 Section 1712I of title 38, United States Code, is re-
6 designated as section 1720I of such title.