

[DISCUSSION DRAFT]

119<sup>TH</sup> CONGRESS  
2<sup>D</sup> SESSION

**H. R.** \_\_\_\_\_

To provide for the modernization of the electronic health record system and other health information technology activities and systems of the Department of Veterans Affairs, and for other purposes.

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IN THE HOUSE OF REPRESENTATIVES

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

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**A BILL**

To provide for the modernization of the electronic health record system and other health information technology activities and systems 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 “\_\_\_\_\_ Act”.

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

- Sec. 1. Short title; table of contents.
- Sec. 2. Definitions.

TITLE I—ELECTRONIC HEALTH RECORD SYSTEM AND HEALTH  
INFORMATION TECHNOLOGY MODERNIZATION

- Sec. 101. Modernization of Department of Veterans Affairs electronic health record system and health information technology.
- Sec. 102. Responsibility for electronic health record program and health information technology.

TITLE II—IMPLEMENTATION REQUIREMENTS

- Sec. 201. Veterans Health Administration baseline.
- Sec. 202. Requirements for electronic health record system implementation.
- Sec. 203. Conditional termination of Electronic Health Record Modernization Program.

TITLE III—REPORTING

- Sec. 301. Report on additional purposes.
- Sec. 302. Report on baseline of clinical workflows.
- Sec. 303. Report on health care quality metrics.
- Sec. 304. Report on support strategy for existing sites.
- Sec. 305. Report on resources required for future sites.
- Sec. 306. Report on alternative modernization strategies.
- Sec. 307. Annual report on efforts to maintain VistA electronic health record system.
- Sec. 308. Report on contract savings, services provided at no cost to the Department, and costs incurred.
- Sec. 309. Modification of quarterly reports.

TITLE IV—INDEPENDENT VERIFICATION AND VALIDATION OF  
MAJOR PROGRAMS

- Sec. 401. Independent verification and validation of major programs.

**1 SEC. 2. DEFINITIONS.**

2 In this Act:

3 (1) The term “appropriate congressional com-  
4 mittees” means—

5 (A) the Committee on Veterans’ Affairs  
6 and the Committee on Appropriations of the  
7 House of Representatives; and

1 (B) the Committee on Veterans' Affairs  
2 and the Committee on Appropriations of the  
3 Senate.

4 (2) The term "Electronic Health Record Mod-  
5 ernization Program" means any activities by the De-  
6 partment of Veterans Affairs to procure and imple-  
7 ment an electronic health record system to replace  
8 significant medical functions or applications of the  
9 Veterans Information Systems and Technology Ar-  
10 chitecture.

11 (3) The term "preliminary program activity"  
12 means an activity under the Electronic Health  
13 Record Modernization Program, including any local  
14 workshop, training, testing, or any other activity  
15 that is a direct precursor to the activation of the  
16 electronic health record system at a particular Vet-  
17 erans Health Administration facility.

1 **TITLE I—ELECTRONIC HEALTH**  
2 **RECORD SYSTEM AND**  
3 **HEALTH INFORMATION TECH-**  
4 **NOLOGY MODERNIZATION**

5 **SEC. 101. MODERNIZATION OF DEPARTMENT OF VETERANS**  
6 **AFFAIRS ELECTRONIC HEALTH RECORD SYS-**  
7 **TEM AND HEALTH INFORMATION TECH-**  
8 **NOLOGY.**

9 (a) IN GENERAL.—The Secretary of Veterans Affairs  
10 is authorized to carry out a program to modernize—

11 (1) the electronic health record system of the  
12 Department of Veterans Affairs, either by making  
13 changes to the Electronic Health Record Moderniza-  
14 tion Program, as in effect on the date of the enact-  
15 ment of this Act, or by establishing a new program;  
16 and

17 (2) other health information technology activi-  
18 ties and systems of the Department.

19 (b) PURPOSE OF MODERNIZATION PROGRAM.—If the  
20 Secretary carries out a program under subsection (a), the  
21 program shall be designed to fulfill the following purposes:

22 (1) To improve the quality of hospital care,  
23 medical services, and nursing home care furnished  
24 by the Department of Veterans Affairs, including—

1 (A) by improving health outcomes of pa-  
2 tients who receive such care and services;

3 (B) by improving the coordination of such  
4 care and services for such patients; and

5 (C) by improving timely access to such  
6 care and services for such patients;

7 (2) To increase the productivity, efficiency, sat-  
8 isfaction, and retention of employees of the Veterans  
9 Health Administration.

10 (3) To improve the experience of patients en-  
11 rolled in the patient enrollment system of the De-  
12 partment of Veterans Affairs under section 1705 of  
13 title 38, United States Code.

14 (4) To reduce unnecessary variation, including  
15 by consolidating instances of the Veterans Health  
16 Information Systems and Technology Architecture,  
17 Computerized Patient Record System, and any other  
18 electronic health record system of the Department to  
19 as few as once instance.

20 (5) To improve the quality, consistency, and  
21 management of—

22 (A) health data by the Veterans Health  
23 Administration;

24 (B) data related to or needed for benefits  
25 determinations by the Department; and

1 (C) health or other data generated by or  
2 exchanged with a health care provider through  
3 which the Secretary furnishes such care and  
4 services under section 1703 of title 38, United  
5 States Code.

6 (6) To increase the interoperability of the elec-  
7 tronic health record systems and health information  
8 technology systems of the Department by—

9 (A) expressing the content and format of  
10 health data using a common language to im-  
11 prove the exchange of data within and outside  
12 the Department;

13 (B) ensuring that Department clinicians  
14 have access to integrated, computable, and com-  
15 prehensive health records and health data of  
16 patients sufficient to enable the provision of  
17 seamless care within and outside the Depart-  
18 ment;

19 (C) surpassing the capabilities achievable  
20 through bidirectional information exchange be-  
21 tween electronic health record systems or the  
22 exchange of read-only data; and

23 (D) planning for and effectuating the  
24 broadest possible implementation of data stand-  
25 ards, specifically with respect to the Fast

1 Healthcare Interoperability Resources standard  
2 or successor standard, the evolution of such  
3 standards, and the obsolescence of such stand-  
4 ards.

5 (7) To increase the amount of medical collec-  
6 tions in the Department of Veterans Affairs Medical  
7 Care Collections Fund established under section  
8 1729A of title 38, United States Code;

9 (8) To support and strengthen research and de-  
10 velopment activities, including such activities re-  
11 quired under section 7381 of title 38, United States  
12 Code.

13 (9) To protect the personal health information  
14 and personal identifying information of veterans or  
15 other users of systems electronic health record sys-  
16 tems and health information technology systems au-  
17 thorized under subsection (a) from cyber attacks,  
18 identity theft, and other cyber and security threats.

19 (10) Such other purposes as the Secretary may  
20 determine appropriate.

21 **SEC. 102. RESPONSIBILITY FOR ELECTRONIC HEALTH**  
22 **RECORD PROGRAM AND HEALTH INFORMA-**  
23 **TION TECHNOLOGY.**

24 (a) IN GENERAL.—If the Secretary carries out a pro-  
25 gram under subsection (a) of section 101, the Under Sec-

1   retary of Veterans Affairs for Health shall be responsible  
2   for carrying out such program to fulfill the purposes under  
3   subsection (b) of such section, except that—

4           (1) with respect to the modernization of the  
5           electronic health record system of the Department  
6           pursuant to section 101(a)(1)—

7                   (A) funds appropriated to the Veterans  
8                   Electronic Health Record account shall only be  
9                   available to the Office of the Deputy Secretary  
10                  of Veterans Affairs, to be administered by that  
11                  Office; and

12                  (B) the Assistant Secretary of Veterans  
13                  Affairs for Information and Technology shall be  
14                  responsible for carrying out the information  
15                  technology activities of the Department in ac-  
16                  cordance with—

17                           (i) section 310 of title 38, United  
18                           States Code;

19                           (ii) chapter 35 of title 44, United  
20                           States Code; and

21                           (iii) subtitle III of title 40, United  
22                           States Code; and

23           (2) with respect to the modernization of other  
24           health information technology activities and systems  
25           of the Department pursuant to section 101(a)(2),

1 the Assistant Secretary for Information and Tech-  
2 nology shall be responsible for carrying out the in-  
3 formation technology activities of Department in ac-  
4 cordance with—

5 (A) section 310 of title 38, United States  
6 Code;

7 (B) chapter 35 of title 44, United States  
8 Code; and

9 (C) subtitle III of title 40, United States  
10 Code.

11 (b) EXECUTIVE DIRECTOR.—

12 (1) IN GENERAL.—The Executive Director of  
13 the Electronic Health Record Modernization Pro-  
14 gram shall report to the Under Secretary of Vet-  
15 erans Affairs for Health.

16 (2) RESPONSIBILITIES.—The duties of the Ex-  
17 ecutive Director are—

18 (A) managing the dependencies, respon-  
19 sibilities, or operational needs of the Electronic  
20 Health Record Modernization program and any  
21 program carried out pursuant to section  
22 101(a)(1);

23 (B) managing the requirements, schedule,  
24 planning, design, workflows, usability, change

1 management, training, and other activities of  
2 such programs;

3 (C) overseeing work performed by contrac-  
4 tors related to such programs; and

5 (D) coordinating with other offices and en-  
6 tities of the Department and relevant offices  
7 and entities within the Veterans Health Admin-  
8 istration as necessary to accomplish the respon-  
9 sibilities under subparagraphs (A) and (B).

10 (c) CLINICAL CHAMPION.—

11 (1) IN GENERAL.—The position of functional  
12 champion of the Electronic Health Record Mod-  
13 ernization Program shall be known after the date of  
14 the enactment of this Act as the “Clinical Cham-  
15 pion”. If the Secretary carries out a program under  
16 section 101(a)(1), the Clinical Champion shall carry  
17 out the duties referred to in paragraph (2) with re-  
18 spect to the program described in subsection (a)(1).  
19 The Clinical Champion shall report to the Under  
20 Secretary of Veterans Affairs for Health.

21 (2) DUTIES.—The duties of the Clinical Cham-  
22 pion are—

23 (A) to be the lead clinical executive of the  
24 Department to guide and address clinical and

1 functional initiatives to support medical per-  
2 sonnel of the Department; and

3 (B) to carry out such additional duties as  
4 the Under Secretary of Veterans Affairs for  
5 Health may prescribe.

6 (d) CHIEF DIGITAL HEALTH OFFICER.—There is es-  
7 tablished in the Department of Veterans Affairs a Chief  
8 Digital Health Officer. Such Officer shall be responsible  
9 for—

10 (1) coordinating the activities of the Veterans  
11 Health Administration in carrying out section  
12 101(a)(2);

13 (2) coordinating preexisting and future health  
14 informatics activities and functions;

15 (3) coordinating with the Office of Information  
16 and Technology of the Department and any other  
17 relevant offices of the Department regarding the  
18 prioritization, investment in, and deployment of  
19 health information technology;

20 (4) in coordination with the Assistant Secretary  
21 for Information and Technology and the Executive  
22 Director of the Electronic Health Record Moderniza-  
23 tion Program, developing a health information tech-  
24 nology strategy for the Department;

1 (5) maintaining, and ensuring that relevant  
2 governance structures maintain, the baseline estab-  
3 lished in section 201(a); and

4 (6) such other responsibilities as prescribed by  
5 the Under Secretary of Veterans Affairs for Health.

6 (e) DEPUTY CHIEF INFORMATION OFFICER.—

7 (1) IN GENERAL.—There is in the Office of In-  
8 formation and Technology of the Department of Vet-  
9 erans Affairs a Deputy Chief Information Officer,  
10 who shall report to the Assistant Secretary for In-  
11 formation and Technology and Chief Information  
12 Officer. The Deputy Chief Information Officer shall  
13 be accountable for any information technology activi-  
14 ties carried out pursuant to the programs described  
15 in paragraphs (1) and (2) of subsection (a).

16 (2) DUTIES.—The duties of the Deputy Chief  
17 Information Officer are—

18 (A) organizing all functions of the Office  
19 of Information and Technology to support such  
20 programs described in paragraphs (1) and (2)  
21 of subsection (a);

22 (B) coordinating with Chief Digital Health  
23 Officer; and

24 (C) responsibility for cybersecurity, system  
25 stability and uptime, system performance, ticket

1 resolution, and integration with relevant sys-  
2 tems and activities carried out pursuant to the  
3 programs described in paragraphs (1) and (2)  
4 of subsection (a) and the other platforms, sys-  
5 tems, and services of the Department, other  
6 Federal agencies, and non-Federal entities de-  
7 termined appropriate by the Secretary with re-  
8 spect to such programs.

## 9 **TITLE II—IMPLEMENTATION**

### 10 **REQUIREMENTS**

#### 11 **SEC. 201. VETERANS HEALTH ADMINISTRATION BASELINE.**

12 (a) ESTABLISHMENT.—The Secretary of Veterans  
13 Affairs, acting through the Under Secretary of Veterans  
14 Affairs for Health, shall—

15 (1) conduct an enterprise audit of existing clin-  
16 ical workflows throughout the Veterans Health Ad-  
17 ministration;

18 (2) evaluate and compare the clinical workflows  
19 described in paragraph (1) against industry best  
20 practices; and

21 (3) establish a baseline of clinical workflows for  
22 the Veterans Health Administration.

23 (b) INCORPORATION.—The Secretary, acting through  
24 the Under Secretary of Veterans Affairs for Health, shall

1 incorporate the baseline established in subsection (a) into  
2 the program described in section 101(a)(1).

3 (c) MONITORING AND CONTROL OF VARIATIONS.—

4 The Secretary, acting through the Under Secretary of Vet-  
5 erans Affairs for Health, shall establish a process to mon-  
6 itor and control variations from the baseline established  
7 in subsection (a).

8 **SEC. 202. REQUIREMENTS FOR ELECTRONIC HEALTH**  
9 **RECORD SYSTEM IMPLEMENTATION.**

10 (a) METRICS.—

11 (1) ESTABLISHMENT.—Not later than 30 days  
12 after the date of the enactment of this Act, the Sec-  
13 retary of Veterans Affairs, acting through the Under  
14 Secretary of Veterans Affairs for Health, shall es-  
15 tablish health care quality metrics for purposes of  
16 evaluating the electronic health record system. Such  
17 metrics shall—

18 (A) take into account relevant differences  
19 in size, complexity, and market composition of  
20 facilities of the Veterans Health Administra-  
21 tion;

22 (B) incorporate the Strategic Analytics for  
23 Improvement and Learning Value Model of the  
24 Department, or any successor methodology; and

1 (C) reflect the purposes referred to in sec-  
2 tion 101(b).

3 (2) STRATEGIC ANALYTICS FOR IMPROVEMENT  
4 AND LEARNING VALUE MODEL.—Immediately upon  
5 the date of the enactment of this Act, the Secretary  
6 shall resume making publicly available the results of  
7 the Strategic Analytics for Improvement and Learn-  
8 ing Value Model with respect to all medical facilities  
9 where the electronic health record system pursuant  
10 to the Electronic Health Record Modernization Pro-  
11 gram is active.

12 (b) LIMITATION ON IMPLEMENTATION OF ELEC-  
13 TRONIC HEALTH RECORD MODERNIZATION PROGRAM.—  
14 The Secretary may not implement the electronic health  
15 record system pursuant to the Electronic Health Record  
16 Modernization Program at a Department medical facility  
17 where such system is not active as of date of enactment  
18 unless the director of the facility, in consultation with the  
19 chief of staff of the facility, submits to the Secretary, and  
20 the Secretary transmits to the appropriate congressional  
21 committees, written certification that—

22 (1) the build and configuration of the electronic  
23 health record, as proposed to be carried out at such  
24 medical facility, are accurate and complete;

1           (2) the staff and infrastructure of such facility  
2           are adequately prepared to receive such system;

3           (3) the facility and the Department have taken  
4           appropriate action to mitigate any adverse effects of  
5           the implementation of such system on health out-  
6           comes, coordination of care, wait times, patient safe-  
7           ty, or veteran experience at such medical facility;  
8           and

9           (4) such system has demonstrated 99.9 percent  
10          uptime for four consecutive months prior to such  
11          certification.

12 **SEC. 203. CONDITIONAL TERMINATION OF ELECTRONIC**  
13                   **HEALTH RECORD MODERNIZATION PRO-**  
14                   **GRAM.**

15          (a) IN GENERAL.—Beginning on the date that is two  
16          years after the date of the enactment of this Act, the Sec-  
17          retary of Veterans Affairs may not exercise any option pe-  
18          riods or optional tasks or extend any contracts to carry  
19          out the Electronic Health Record Modernization Program,  
20          unless before the date that is two years after the date of  
21          enactment of this Act—

22               (1) the Secretary submits to the appropriate  
23               congressional committees a certification, including  
24               supporting data, that the metrics described in sec-  
25               tion 202(a) show consistent improvement in each

1 measurement period during the period beginning on  
2 the date of the enactment of this Act and ending on  
3 the date on which the certification under this para-  
4 graph is made; and

5 (2) the directors of at least two facilities classi-  
6 fied by the Department as having category 1 com-  
7 plexity have submitted the certification described in  
8 section 202(b)(2) and have implemented the elec-  
9 tronic health record system pursuant to the Elec-  
10 tronic Health Record Modernization Program at  
11 such facilities.

12 (b) RULE OF CONSTRUCTION.—Nothing in this sec-  
13 tion may be construed to require the Secretary to termi-  
14 nate any contract, task order, modification, or other simi-  
15 lar instrument under the Electronic Health Record Mod-  
16 ernization Program before the expiration of the period of  
17 performance of such contract, task order, modification, or  
18 other similar instrument.

## 19 **TITLE III—REPORTING**

### 20 **SEC. 301. REPORT ON ADDITIONAL PURPOSES.**

21 If the Secretary determines any purpose to be appro-  
22 priate pursuant to section 101(b)(10), not later than 30  
23 days after the date of such determination, the Secretary  
24 shall submit to the appropriate congressional committees  
25 a report that includes a description of such purpose.

1 **SEC. 302. REPORT ON BASELINE OF CLINICAL WORKFLOWS.**

2 Not later than 30 days after the date on which the  
3 Secretary establishes a baseline of clinical workflows pur-  
4 suant to section 201(a)(3), the Secretary shall submit to  
5 the appropriate congressional committees a report that in-  
6 cludes an identification of such baseline.

7 **SEC. 303. REPORT ON HEALTH CARE QUALITY METRICS.**

8 Not later than 30 days after the date on which the  
9 Secretary establishes the health care quality metrics de-  
10 scribed in section 202(a), the Secretary shall submit to  
11 the appropriate congressional committees a report that in-  
12 cludes an identification of such metrics.

13 **SEC. 304. REPORT ON SUPPORT STRATEGY FOR EXISTING**  
14 **SITES.**

15 (a) IN GENERAL.—Not later than **[90 days]** after  
16 the date of the enactment of this Act, the Secretary shall  
17 submit to the appropriate congressional committees a re-  
18 port on the strategy of the Department to enable each  
19 medical facility of the Department where the electronic  
20 health record system implemented pursuant to the Elec-  
21 tronic Health Record Modernization Program is active as  
22 of the date of enactment of this Act to meet or exceed  
23 the operational levels of such medical center prior to im-  
24 plementing such system with respect to the purposes de-  
25 scribed in paragraphs (1), (2), (3), and (7) of section  
26 101(b). Such report shall include a budget, or revisions

1 to an existing budget, if any, for each such facility to im-  
2 plement such strategy, including with respect to costs re-  
3 lated to—

- 4 (1) training;
- 5 (2) additional staff;
- 6 (3) technical support;
- 7 (4) support contracts;
- 8 (5) mitigation strategies; and
- 9 (6) any other resources determined necessary  
10 by the director of the facility.

11 (b) INPUT.—The report described in subsection (a)  
12 shall be developed with input from the directors of each  
13 such medical facility and the directors of each Veterans  
14 Integrated Service Network in which each such medical  
15 facility is located.

16 **SEC. 305. REPORT ON RESOURCES REQUIRED FOR FUTURE**  
17 **SITES.**

18 Not later than 180 days before a medical facility is  
19 scheduled to implement the electronic health record sys-  
20 tem pursuant to the Electronic Health Record Moderniza-  
21 tion Program, the Secretary shall submit to the appro-  
22 priate congressional committees a report provided by the  
23 director of the medical facility, in consultation with the  
24 chief of staff of the medical facility and the director of  
25 the Veterans Integrated Service Network in which such

1 medical facility is located. Such report shall include a de-  
2 tailed description of the resources provided to the medical  
3 facility, and the resources still required, to implement such  
4 system successfully, including with respect to—

5 (1) funding;

6 (2) training;

7 (3) additional staff;

8 (4) technical support;

9 (5) support contracts;

10 (6) mitigation strategies; and

11 (7) any other resources determined necessary

12 by the director of the facility.

13 **SEC. 306. REPORT ON ALTERNATIVE MODERNIZATION**  
14 **STRATEGIES.**

15 (a) IN GENERAL.—Not later than 1 year after com-  
16 pleting the baseline required under section 201(a), the  
17 Secretary, in consultation with the Under Secretary of  
18 Veterans Affairs for Health, the Executive Director of the  
19 Electronic Health Record Modernization Program, and  
20 the Assistant Secretary of Veterans Affairs for Informa-  
21 tion and Technology, shall submit to the appropriate con-  
22 gressional committees a report that includes a description  
23 of not fewer than two alternative strategies to the Elec-  
24 tronic Health Record Modernization Program to carry out  
25 the program described in section 101(a) and the purposes

1 described in section 101(b) in the event that each certifi-  
2 cation referred to in paragraphs (1), (2), and (3) of sec-  
3 tion 203(a) are not made.

4 (b) ALTERNATIVE STRATEGIES.—The alternative  
5 strategies included in the report shall include—

6 (1) a strategy of modernizing the Veterans  
7 Health Information Systems and Technology Archi-  
8 tecture in conjunction with other health information  
9 technology activities and systems;

10 (2) a strategy of implementing a commercial  
11 electronic health record system, other than the sys-  
12 tem terminated pursuant to section 203, in conjunc-  
13 tion with other health information technology activi-  
14 ties and systems; and

15 (3) any other strategy the Secretary determines  
16 appropriate.

17 (c) REQUIREMENTS.—For each alternative strategy  
18 included in the report, the Secretary shall include—

19 (1) a description of how the strategy incor-  
20 porates the baseline required under section 201(a);

21 (2) an indication of what combination of an  
22 electronic health record system and other health in-  
23 formation technology activities and systems will be  
24 used to fulfill the purposes described in section  
25 101(b); and

1           (3) a notional schedule for the implementation  
2 of the strategy;

3           (4) a preliminary life cycle cost estimate for the  
4 implementation of the strategy, including what, if  
5 any, costs incurred during the implementation of the  
6 Electronic Health Record Modernization program  
7 may be recovered or investments made during the  
8 implementation of such program may be reused;

9           (5) an explanation of how the strategy, if imple-  
10 mented, would achieve the purposes described in sec-  
11 tion 101(b);

12           (6) a description of any improvements in gov-  
13 ernance, management, and oversight made by the  
14 Department or proposed to be made with respect to  
15 a program to carry out an alternative strategy;

16           (7) an analysis of the feasibility of imple-  
17 menting the strategy;

18           (8) an analysis of the level of risk to taxpayers  
19 and the Department to implement the strategy as  
20 well as strategies to mitigate any such risks; and

21           (9) an analysis of the strengths and weaknesses  
22 of the strategy.

1 **SEC. 307. ANNUAL REPORT ON EFFORTS TO MAINTAIN**  
2 **VISTA ELECTRONIC HEALTH RECORD SYS-**  
3 **TEM.**

4 (a) IN GENERAL.—Not later than 90 days after the  
5 first day of each fiscal year that begins after the date of  
6 the enactment of this Act until the date specified in sub-  
7 section (c), the Secretary shall submit to the appropriate  
8 congressional committees a report on the Veterans Infor-  
9 mation Systems and Technology Architecture.

10 (b) CONTENTS OF REPORT.—The report required by  
11 subsection (a) shall include—

12 (1) the operation and maintenance costs and  
13 development and enhancement costs for the most re-  
14 cent fiscal year that ended before the date of the  
15 submission of the report;

16 (2) the planned operation and maintenance ef-  
17 forts and development and enhancement efforts dur-  
18 ing the fiscal year during which the report is sub-  
19 mitted and subsequent fiscal years;

20 (3) the projected operation and maintenance  
21 and development and enhancement costs for the nine  
22 fiscal years following the fiscal year during which  
23 the report is submitted;

24 (4) a list of modules, applications, or systems  
25 within the Veterans Information Systems and Tech-  
26 nology Architecture—

1 (A) that have been retired or have been, or  
2 are planned to be, subsumed by other systems  
3 or applications; or

4 (B) that the Department plans to retire  
5 during the fiscal year or in a future fiscal year;  
6 or

7 (C) for which there is no plan to retire or  
8 subsume.

9 (5) a list of applications or systems to be devel-  
10 oped within, significantly modernized, or integrated  
11 with the Veterans Information Systems and Tech-  
12 nology Architecture during the fiscal year during  
13 which the report is submitted or during any future  
14 fiscal year.

15 (c) TERMINATION.—The date specified in this sub-  
16 section is the date that is 10 years after the date of the  
17 enactment of this Act.

18 **SEC. 308. REPORT ON CONTRACT SAVINGS, SERVICES PRO-**  
19 **VIDED AT NO COST TO THE DEPARTMENT,**  
20 **AND COSTS INCURRED.**

21 Not later than 90 days after the date of the enact-  
22 ment of this Act, the Secretary shall submit to the appro-  
23 priate congressional committees a report that includes—

24 (1) a list of supplies or services and cor-  
25 responding prices, costs, or values provided by a con-

1 tractor under the Electronic Health Record Mod-  
2 ernization program to the Department without com-  
3 pensation since the award of such contract;

4 (2) a list of any credits or reimbursements  
5 given by a contractor under the Electronic Health  
6 Record Modernization program or invoice deductions  
7 or withholdings taken by the Department from such  
8 contractor since the award of such contract; and

9 (3) the actual costs incurred or estimated costs  
10 to be incurred by medical facilities where the elec-  
11 tronic health record system pursuant to the Elec-  
12 tronic Health Record Modernization Program is ac-  
13 tive as of the date of enactment of this Act as a re-  
14 sult of such system, including with respect to—

15 (A) training;

16 (B) additional staff;

17 (C) technical support;

18 (D) support contracts;

19 (E) mitigation strategies;

20 (F) reduced collections;

21 (G) lost productivity;

22 (H) increased reliance on community care;

23 or

24 (I) other costs identified by the director of  
25 such facility.

1 **SEC. 309. MODIFICATION OF QUARTERLY REPORTS.**

2 Section 503 of the Veterans Benefits and Transition  
3 Act of 2018 (Public Law 115–407) is amended—

4 (1) in subsection (b)—

5 (A) by redesignating paragraphs (1)  
6 through (6) as subparagraphs (A) through (F),  
7 respectively;

8 (B) in the matter preceding subparagraph  
9 (A), as redesignated by paragraph (1), by strik-  
10 ing “Not later than 30 days” and inserting the  
11 following:

12 “(1) IN GENERAL.—Not later than 30 days”;

13 and

14 (C) by adding at the end the following:

15 “(2) ADDITIONAL MATTERS TO BE IN-  
16 CLUDED.—The Secretary shall include with any up-  
17 date submitted under paragraph (1) on or after the  
18 date of enactment of this Act, with respect to the  
19 quarter covered by the report, the following:

20 “(A) Data on employee satisfaction with  
21 the electronic health record system implemented  
22 pursuant to the Electronic Health Record Mod-  
23 ernization program or successor system imple-  
24 mented pursuant to section 101(a)(1), including  
25 training on such system, using surveys of the  
26 Department and industry standard surveys.

1           “(B) Data on employee retention and turn-  
2           over at medical facilities where such electronic  
3           health record system is in use.

4           “(C) Data on downtime, performance dis-  
5           ruptions, or impaired functionality of such elec-  
6           tronic health record system including—

7                   “(i) cause;

8                   “(ii) length;

9                   “(iii) responsible entity; and

10                   “(iv) corrective actions planned or  
11           taken.

12           “(D) Data on the impact of such system  
13           on revenue and collections at medical facilities  
14           where such electronic health record system is in  
15           use, including—

16                   “(i) planned revenue and collections;

17                   “(ii) actual revenue and collections;

18                   and

19                   “(iii) steps planned or taken to  
20           achieve planned revenue and collections.

21           “(E) Data on ticket resolution.”; and

22           (2) in subsection (d)(2)(C)—

23                   (A) by striking “or dispute, and” and in-  
24           serting “dispute, cure notice, letter of concern,  
25           or other communication by the Department to

1 a contractor concerning contract noncompliance  
2 or corrective action and”; and

3 (B) by striking “or dispute (as” and in-  
4 serting “dispute, cure notice, letter of concern,  
5 or other communication concerning contract  
6 noncompliance (as”.

7 **TITLE IV—INDEPENDENT**  
8 **VERIFICATION AND VALIDA-**  
9 **TION OF MAJOR PROGRAMS**

10 **SEC. 401. INDEPENDENT VERIFICATION AND VALIDATION**  
11 **OF MAJOR PROGRAMS.**

12 (a) CONTRACTING AUTHORITY.—Not later than 90  
13 days after the date of the enactment of this Act, the Sec-  
14 retary of Veterans Affairs shall seek to enter into one or  
15 more contracts using competitive procedures with one or  
16 more entities to carry out the functions described in sub-  
17 section (c).

18 (b) ELIGIBILITY.—

19 (1) IN GENERAL.—An entity is not eligible to  
20 be awarded a contract under this section unless the  
21 Chief Acquisition Officer of the Department deter-  
22 mines, at the time of evaluation of offers submitted  
23 under subsection (a), that the entity is currently  
24 performing or has performed, during the preceding

1 five-year period, not fewer than three prime con-  
2 tracts for—

3 (A) the independent verification and vali-  
4 dation of major systems; or

5 (B) the independent verification and vali-  
6 dation of the acquisition of major systems.

7 (2) LIMITATION.—The Secretary shall ensure  
8 that an entity awarded a contract under this section  
9 does not perform the functions specified in sub-  
10 section (c) with respect to a project or system of the  
11 Department or organizational subdivision of the De-  
12 partment if such entity is performing or has per-  
13 formed, during the five-year period preceding the  
14 date of such award, a covered contract—

15 (A) for such project or system; or

16 (B) for the Department or such organiza-  
17 tional subdivision of the Department.

18 (3) CONSIDERATION REGARDING FUTURE PRO-  
19 CUREMENTS.—A contracting officer of the Depart-  
20 ment shall consider the requirements of this sub-  
21 section when implementing the organizational con-  
22 flict of interest mitigation procedures under subpart  
23 9.5 of title 48, Code of Federal Regulations, with re-  
24 spect to future procurements in which an entity  
25 awarded under subsection (a) is an offeror.

1           (c) FUNCTIONS.—The functions specified in this sub-  
2 section are the following:

3           (1) The independent verification and validation  
4 of each major information technology project—

5                 (A) when functionality is initially imple-  
6 mented with respect to such major information  
7 technology project;

8                 (B) at the conclusion of such project; and

9                 (C) at any other intervals during such  
10 project selected by the Chief Acquisition Officer  
11 of the Department.

12           (2) The independent verification and validation  
13 of other projects of the Department selected by the  
14 Chief Acquisition Officer of the Department, at in-  
15 tervals selected by the Chief Acquisition Officer.

16           (3) With respect to any project or system of the  
17 Department selected by the Chief Acquisition Officer  
18 of the Department the evaluation of—

19                 (A) testing conducted by the Department  
20 or other testing entity;

21                 (B) technical architecture or design, in-  
22 cluding data management;

23                 (C) development processes;

24                 (D) stability;

1           (E) integration or interoperability with  
2           other systems, including an assessment of data  
3           quality;

4           (F) adoption and use; and

5           (G) management, including governance,  
6           costs, and schedules.

7       (d) TRANSMITTAL TO CONGRESS.—

8           (1) IN GENERAL.—Not later than 30 days after  
9           the date on which an independent verification and  
10          validation is performed pursuant to subsection  
11          (c)(1), the Secretary shall transmit to the appro-  
12          priate congressional committees a copy of such inde-  
13          pendent verification and validation.

14          (2) VERIFICATION AND VALIDATION AND EVAL-  
15          UATIONS.—Not later than 30 days after the date on  
16          which the Committee on Veterans' Affairs of the  
17          Senate or the House of Representatives requests a  
18          copy of any independent verification and validation  
19          under subsection (c)(2) or evaluation under sub-  
20          section (c)(3), the Secretary shall transmit to such  
21          committee a copy of such verification and validation  
22          or evaluation.

23          (3) ORGANIZATIONAL CONFLICT OF INTEREST  
24          MITIGATION PLANS.—Not later than 30 days after  
25          the date on which the Committee on Veterans' Af-

1       fairs of the Senate or the House of Representatives  
2       requests a copy of any organizational conflict of in-  
3       terest mitigation plan submitted by an offeror pur-  
4       suant to subsection (b)(3), the Secretary shall trans-  
5       mit to such committee a copy of such plan.

6       (e) FUNDING.—The Chief Financial Officer of the  
7       Department shall ensure, to the extent practicable, that  
8       each organizational subdivision of the Department that  
9       enters into a contract under subsection (a) proportionally  
10      contributes amounts to fund each such contract.

11      (f) DEFINITIONS.—In this section:

12           (1) The term “covered contract” means a prime  
13      contract or subcontract for—

14           (A) professional or management consulting  
15      services; or

16           (B) advisory and assistance services.

17           (2) The term “independent verification and val-  
18      idation” means a comprehensive review, analysis,  
19      and testing or assessment of software or hardware,  
20      as applicable, performed by an entity awarded a con-  
21      tract under subsection (a) to—

22           (A) verify that the requirements of a  
23      project or system are correctly defined; and

1 (B) validate that the project or system cor-  
2 rectly implements the required functionality and  
3 applicable security requirements.

4 (3) The term “major information technology  
5 project” has the meaning given such term in section  
6 8171(5) of title 38, United States Code.

7 (4) The term “major system” has the meaning  
8 given such term in section 2.101 of title 48, Code  
9 of Federal Regulations (or a successor regulation).