

[DISCUSSION DRAFT]

119TH CONGRESS  
1ST SESSION

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

To authorize the Secretary of Veterans Affairs to carry out a program to modernize the electronic health record system 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 authorize the Secretary of Veterans Affairs to carry out a program to modernize the electronic health record system 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 title may be cited as the  
5 “\_\_\_\_\_ Act of 2025”.

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

- Sec. 1. Short title; table of contents.
- Sec. 2. Definitions.
- Sec. 3. Modernization of Department of Veterans Affairs electronic health record system and health information technology.
- Sec. 4. Responsibility for electronic health record program and health information technology.
- Sec. 5. Protection of personal information.
- Sec. 6. Veterans Health Administration workflow baseline.
- Sec. 7. Quality metrics.
- Sec. 8. Report on additional purposes.
- Sec. 9. Reports on baseline of clinical workflows.
- Sec. 10. Report on health care quality metrics.
- Sec. 11. Report on resources required for future sites.
- Sec. 12. Annual report on efforts to maintain VistA electronic health record system.
- Sec. 13. Modification of quarterly reports.
- Sec. 14. Report on protection of personal information.
- Sec. 15. Report on organization and needs.
- Sec. 16. Report on governance, performance criteria, and readiness.

1 **SEC. 2. DEFINITIONS.**

2 In this title:

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

8 (B) the Committee on Veterans’ Affairs  
9 and the Committee on Appropriations of the  
10 Senate.

11 (2) The term “Electronic Health Record Mod-  
12 ernization Program” means any activities being car-  
13 ried out, as of the date of the enactment of this Act,  
14 by the Department of Veterans Affairs to procure  
15 and implement an electronic health record system to  
16 replace significant medical functions or applications

1 of the Veterans Information Systems and Tech-  
2 nology Architecture.

3 **SEC. 3. MODERNIZATION OF DEPARTMENT OF VETERANS**  
4 **AFFAIRS ELECTRONIC HEALTH RECORD SYS-**  
5 **TEM AND HEALTH INFORMATION TECH-**  
6 **NOLOGY.**

7 (a) IN GENERAL.—The Secretary of Veterans Affairs  
8 is authorized to carry out a program to modernize the  
9 electronic health record system of the Department of Vet-  
10 erans Affairs, either by making changes to the Electronic  
11 Health Record Modernization Program, as in effect on the  
12 date of the enactment of this Act, or by establishing a  
13 new program.

14 (b) PURPOSE OF MODERNIZATION PROGRAM.—If the  
15 Secretary carries out a program under subsection (a),  
16 such program shall be designed to fulfill the following pur-  
17 poses:

18 (1) To improve the quality of hospital care,  
19 medical services, and nursing home care furnished  
20 by the Department of Veterans Affairs, including—

21 (A) by improving the delivery of care con-  
22 sistent with quality and safety standards of the  
23 Department;

24 (B) by improving the coordination of such  
25 care and services for such patients; and

1 (C) by improving timely access to such  
2 care and services for such patients;

3 (2) To increase the productivity, efficiency, and  
4 satisfaction of employees of the Veterans Health Ad-  
5 ministration.

6 (3) To improve the experience of patients en-  
7 rolled in the patient enrollment system of the De-  
8 partment of Veterans Affairs under section 1705 of  
9 title 38, United States Code.

10 (4) To reduce unnecessary variation in care de-  
11 livery.

12 (5) To improve the quality, consistency, and  
13 management of—

14 (A) data created or received by the Vet-  
15 erans Health Administration, including such  
16 data related to or needed for benefits deter-  
17 minations by the Department; and

18 (B) data generated by or exchanged with a  
19 health care provider through which the Sec-  
20 retary furnishes such care and services under  
21 the laws administered by the Secretary.

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

1 (A) expressing the content and format of  
2 health data using a common language to im-  
3 prove the exchange of data within and outside  
4 the Department;

5 (B) ensuring that Department medical per-  
6 sonnel have access to integrated, computable,  
7 and comprehensive health records and health  
8 data of patients sufficient to enable the provi-  
9 sion of seamless care within and outside the  
10 Department;

11 (C) surpassing the capabilities achievable  
12 through bidirectional information exchange be-  
13 tween electronic health record systems or the  
14 exchange of read-only data; and

15 (D) planning for and effectuating the  
16 broadest possible implementation of interoper-  
17 ability and data standards, specifically with re-  
18 spect to the Fast Healthcare Interoperability  
19 Resources standard or successor standard, the  
20 evolution of such standards, and the obsoles-  
21 cence of such standards.

22 (7) To increase the amount of medical collec-  
23 tions in the Department of Veterans Affairs Medical  
24 Care Collections Fund established under section  
25 1729A of title 38, United States Code.

1           (8) To support and strengthen research and de-  
2       velopment activities, including such activities re-  
3       quired under section 7303 of title 38, United States  
4       Code.

5           (9) To protect the personal information, includ-  
6       ing personally identifiable information and protected  
7       health information, of veterans, patients, and other  
8       users of electronic health record systems and health  
9       information technology systems authorized under  
10      subsection (a) from cyber attacks, identity theft, and  
11      other cyber and security threats.

12          (10) Such other purposes as the Secretary may  
13      determine appropriate.

14 **SEC. 4. RESPONSIBILITY FOR ELECTRONIC HEALTH**  
15 **RECORD PROGRAM AND HEALTH INFORMA-**  
16 **TION TECHNOLOGY.**

17      (a) IN GENERAL.—If the Secretary of Veterans Af-  
18      fairs carries out a program with respect to the moderniza-  
19      tion of the electronic health record system of the Depart-  
20      ment of Veterans Affairs pursuant to section 3(a)—

21          (1) the Deputy Secretary of Veterans Affairs  
22      shall—

23              (A) be directly responsible to the Secretary  
24              for such electronic health record system mod-  
25              ernization;

1 (B) oversee such electronic health record  
2 system modernization;

3 (C) direct resources, subject to the avail-  
4 ability of appropriations, to the Office of Infor-  
5 mation and Technology, the Veterans Health  
6 Administration, or other organizational subdivi-  
7 sions of the Department to facilitate such mod-  
8 ernization;

9 (D) designate officials and offices within  
10 the Department as operationally responsible for  
11 such modernization, including a Program Exec-  
12 utive Director for Electronic Health Record  
13 Modernization; and

14 (E) coordinate with the Under Secretary of  
15 Veterans Affairs for Health and the Assistant  
16 Secretary of Veterans Affairs for Information  
17 and Technology;

18 (2) the Under Secretary for Health shall—

19 (A) have primary responsibility for deter-  
20 mining strategy and objectives of such mod-  
21 ernization;

22 (B) exercise responsibility for the imple-  
23 mentation and operation of any functions as-  
24 signed by the Deputy Secretary pursuant to  
25 paragraph (4);

1 (C) coordinate with the Deputy Secretary,  
2 the Program Executive Director designated  
3 pursuant to subparagraph (1)(D), and the As-  
4 sistant Secretary for Information and Tech-  
5 nology;

6 (3) the Assistant Secretary for Information and  
7 Technology shall—

8 (A) be responsible for carrying out the in-  
9 formation technology activities of the Depart-  
10 ment in accordance with—

11 (i) section 310 of title 38, United  
12 States Code;

13 (ii) chapter 35 of title 44, United  
14 States Code; and

15 (iii) subtitle III of title 40, United  
16 States Code;

17 (B) exercise responsibility for the imple-  
18 mentation and operation of any functions as-  
19 signed by the Deputy Secretary pursuant to  
20 paragraph (4);

21 (C) coordinate with the Deputy Secretary,  
22 the Program Executive Director designated  
23 pursuant to subparagraph (1)(D), and the  
24 Under Secretary for Health; and



1           (4) the Deputy Secretary, in consultation with  
2           the Under Secretary for Health and the Assistant  
3           Secretary for Information and Technology, shall de-  
4           termine the distribution or assignment of respon-  
5           sibilities among the Under Secretary for Health, the  
6           Assistant Secretary for Information and Technology,  
7           and the Program Executive Director designated pur-  
8           suant to paragraph (1)(D) for—

- 9                   (A) defining and elaborating requirements;
- 10                  (B) implementation schedule;
- 11                  (C) system design and configuration;
- 12                  (D) workflow;
- 13                  (E) system usability;
- 14                  (F) change management;
- 15                  (G) training; and
- 16                  (H) other functions relevant to such mod-  
17                  ernization; and

18       (b) EXECUTIVE DIRECTOR.—With respect to the  
19       Electronic Health Record Modernization program and any  
20       program carried out pursuant to section 3(a), the Pro-  
21       gram Executive Director designated pursuant to sub-  
22       section (a)(1)(D) shall—

- 23                  (1) exercise responsibility for the implementa-  
24                  tion and operation of the functions assigned by the  
25                  Deputy Secretary pursuant to subsection (a)(1)(D);

1           (2) oversee work performed by contractors re-  
2       lated to such programs, in coordination with the  
3       Principal Executive Director of the Office of Acqui-  
4       sition, Logistics, and Construction; and

5           (3) coordinate with the Under Secretary for  
6       Health, the Assistant Secretary for Information and  
7       Technology, and any other relevant organizational  
8       subdivisions of the Department.

9       **SEC. 5. PROTECTION OF PERSONAL INFORMATION.**

10       (a) IN GENERAL.—Not later than one year after the  
11      date of the enactment of this Act, the Secretary of Vet-  
12      erans Affairs shall—

13           (1) ensure that each covered contract includes,  
14       or is modified to include, a clause prohibiting cov-  
15       ered information from being monetized, sold, or oth-  
16       erwise misused by any contractor, including any sub-  
17       contractor or affiliate thereof, or other non-Depart-  
18       ment of Veterans Affairs entity; and

19           (2) issue a directive or other policy providing  
20       guidance to employees and contractors of the De-  
21       partment on how to identify the monetization, sale,  
22       or misuse of covered information in order to ensure  
23       contractors are in compliance with clauses in covered  
24       contracts included pursuant to paragraph (1).

25       (b) DEFINITIONS.—In this section:

1           (1) The term “covered contract” means a con-  
2           tract of the Department of Veterans Affairs that  
3           provides for the handling of covered information and  
4           is entered into—

5                   (A) after the date of the enactment of this  
6           Act; or

7                   (B) before the date of the enactment of  
8           this Act and does not expire before the date of  
9           the enactment of this Act.

10          (2) The term “covered information”—

11                   (A) means protected health information or  
12           personally identifiable information, including  
13           such information that has been anonymized;  
14           and

15                   (B) includes information protected  
16           under—

17                           (i) section 552a of title 5, United  
18           States Code;

19                           (ii) section 5701 or 7332 of title 38  
20           United States Code;

21                           (iii) parts 160, 161, and 164 of title  
22           45, Code of Federal Regulations; and

23                           (iv) any other provision of law, as de-  
24           termined by the Secretary.

1   **SEC. 6. VETERANS HEALTH ADMINISTRATION WORKFLOW**

2                   **BASELINE.**

3           (a) ESTABLISHMENT.—The Under Secretary of Vet-  
4   erans Affairs for Health, shall—

5                   (1) conduct an enterprise inventory of core clin-  
6   ical and business processes relevant to the program  
7   described in section 3(a), including all workflows un-  
8   derlying such processes throughout the Veterans  
9   Health Administration;

10                  (2) evaluate and compare the workflows re-  
11   ferred to in paragraph (1) against relevant health  
12   care industry best practices and clinical practice  
13   guidelines; and

14                  (3) establish a baseline of clinical workflows for  
15   the Veterans Health Administration.

16           (b) INCORPORATION.—The Under Secretary for  
17   Health shall incorporate the baseline established under  
18   subsection (a)(3) into the program described in section  
19   3(a).

20           (c) MONITORING AND CONTROL OF VARIATIONS.—  
21   The Under Secretary for Health shall—

22                   (1) establish a process to monitor and control  
23   variations from the baseline established under sub-  
24   section (a)(3); and

25                   (2) evaluate progress relative to such baseline.

1 (d) STANDARDS.—The Under Secretary for Health  
2 shall establish national standards for the Veterans Health  
3 Administration, pertaining to the implementation and  
4 adoption of the electronic health record system, for—

5 (1) order sets;

6 (2) user roles;

7 (3) medical devices;

8 (4) system interfaces and connectivity of med-  
9 ical devices; and

10 (5) any clinical process not described in sub-  
11 section (a) that the Under Secretary for Health de-  
12 termines appropriate.

13 **SEC. 7. QUALITY METRICS.**

14 (a) ESTABLISHMENT.—Not later than 90 days after  
15 the date of the enactment of this Act, the Secretary of  
16 Veterans Affairs, acting through the Under Secretary of  
17 Veterans Affairs for Health, shall establish standard  
18 health care quality metrics for purposes of evaluating the  
19 provision of health care during the implementation and  
20 adoption of the electronic health record system. Such  
21 metrics shall—

22 (1) be uniform in composition;

23 (2) take into account relevant differences in  
24 size, complexity, and market composition of facilities  
25 of the Veterans Health Administration;

1           (3) incorporate the Strategic Analytics for Im-  
2           provement and Learning Value Model of the Depart-  
3           ment, any other relevant methodology, or any suc-  
4           cessor methodology; and

5           (4) reflect the purposes referred to in section  
6           3(b).

7           (b) STRATEGIC ANALYTICS FOR IMPROVEMENT AND  
8           LEARNING VALUE MODEL.—Upon the enactment of this  
9           Act, the Secretary shall continue making publicly available  
10          the results of the Strategic Analytics for Improvement and  
11          Learning Value Model with respect to all medical facilities  
12          where the electronic health record system pursuant to the  
13          Electronic Health Record Modernization Program is ac-  
14          tive.

15   **SEC. 8. REPORT ON ADDITIONAL PURPOSES.**

16          If the Secretary determines any purpose to be appro-  
17          priate pursuant to section 3(b)(10), not later than 30 days  
18          after the date of such determination, the Secretary shall  
19          submit to the appropriate congressional committees a re-  
20          port that includes a description of such purpose.

21   **SEC. 9. REPORTS ON BASELINE OF CLINICAL WORKFLOWS.**

22          (a) BASELINE.—Not later than 90 days after the  
23          date on which the Secretary establishes a baseline of clin-  
24          ical workflows pursuant to section 6(a)(3), the Secretary

1 shall submit to the appropriate congressional committees  
2 a report that includes an identification of such baseline.

3 (b) STANDARDS.—Not later than 90 days after the  
4 date on which the Secretary establishes the national stand-  
5 ards pursuant to section 6(d), the Secretary shall submit  
6 to the appropriate congressional committees a report that  
7 describes such standards.

8 **SEC. 10. REPORT ON HEALTH CARE QUALITY METRICS.**

9 Not later than 90 days after the date on which the  
10 Secretary establishes the health care quality metrics de-  
11 scribed in section 7(a), the Secretary shall submit to the  
12 appropriate congressional committees a report that in-  
13 cludes an identification of such metrics.

14 **SEC. 11. REPORT ON RESOURCES REQUIRED FOR FUTURE**  
15 **SITES.**

16 Not later than 90 days before a medical facility is  
17 scheduled to implement the electronic health record sys-  
18 tem pursuant to the Electronic Health Record Moderniza-  
19 tion Program, the Secretary shall submit to the appro-  
20 priate congressional committees a report provided by the  
21 director of the medical facility, in consultation with the  
22 chief of staff of the medical facility and the director of  
23 the Veterans Integrated Service Network in which such  
24 medical facility is located. Such report shall include a de-  
25 tailed description of the resources provided to the medical

1 facility, and the estimated resources still required, to im-  
2 plement such system successfully, including with respect  
3 to—

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

12 **SEC. 12. ANNUAL REPORT ON EFFORTS TO MAINTAIN VISTA**  
13 **ELECTRONIC HEALTH RECORD SYSTEM.**

14 (a) IN GENERAL.—Not later than 120 days after the  
15 first day of each fiscal year that begins after the date of  
16 the enactment of this Act until the date specified in sub-  
17 section (c), the Secretary shall submit to the appropriate  
18 congressional committees a report on the Veterans Infor-  
19 mation Systems and Technology Architecture.

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

- 22 (1) the operation and maintenance costs and
- 23 development and enhancement costs for the most re-
- 24 cent fiscal year that ended before the date of the
- 25 submission of the report;



1           (2) the planned operation and maintenance ef-  
2           forts and development and enhancement efforts dur-  
3           ing the fiscal year during which the report is sub-  
4           mitted and subsequent fiscal years;

5           (3) the projected operation and maintenance  
6           and development and enhancement costs for the nine  
7           fiscal years following the fiscal year during which  
8           the report is submitted;

9           (4) a list of modules, applications, or systems  
10          within the Veterans Information Systems and Tech-  
11          nology Architecture—

12                 (A) that have been retired or have been, or  
13                 are planned to be, subsumed by other systems  
14                 or applications; or

15                 (B) that the Department plans to retire  
16                 during the fiscal year or in a future fiscal year;  
17                 or

18                 (C) for which there is no plan to retire or  
19                 subsume;

20          (5) a list of applications or systems to be devel-  
21          oped within, significantly modernized, or integrated  
22          with, the Veterans Information Systems and Tech-  
23          nology Architecture during the fiscal year during  
24          which the report is submitted or during any future  
25          fiscal year;

1           (6) a list of current, scheduled activity and as-  
2           sociated costs towards achieving certification as a  
3           certified electronic health record technology pursu-  
4           ant to the program under section 3001(c) of the  
5           Public Health Service Act (42 U.S.C. 300jj-11(c));  
6           and

7           (7) a report on the stability of the system, in-  
8           cluding—

9                   (A) outage-free time;

10                   (B) incident-free time; and

11                   (C) user interruptions across all instances  
12           of the Veterans Information Systems and Tech-  
13           nology Architecture during the two previous fis-  
14           cal years.

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. 13. MODIFICATION OF QUARTERLY REPORTS.**

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

21           (1) in subsection (b)—

22                   (A) by redesignating paragraphs (1)  
23           through (6) as subparagraphs (A) through (F),  
24           respectively;

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

5 “(1) IN GENERAL.—Not later than 30 days”;  
6 and

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

8 “(2) ADDITIONAL MATTERS TO BE IN-  
9 CLUDED.—The Secretary shall include with any up-  
10 date submitted under paragraph (1) on or after the  
11 date of enactment of the  
12 \_\_\_\_\_ Act of 2025  
13 with respect to the quarter covered by the report,  
14 the following:

15 “(A) Data on user adoption and employee  
16 satisfaction with the electronic health record  
17 system implemented pursuant to the Electronic  
18 Health Record Modernization program or suc-  
19 cessor system implemented pursuant to section  
20 3(a) of the  
21 \_\_\_\_\_ Act of  
22 2025, including training on such system, using  
23 surveys of the Department and surveys con-  
24 ducted for the Department.

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.

22                   “(F) A list of any credits, reimbursements,  
23                   or monies provided by a contractor under the  
24                   Electronic Health Record Modernization pro-  
25                   gram or invoice deductions or withholdings

1 taken by the Department from such contractor  
2 in the reporting period to include due to failure  
3 to meet the terms of a service level agreement  
4 or other terms and conditions of the contract.”;  
5 and

6 (2) in subsection (d)(2)(C)—

7 (A) by striking “or dispute, and” and in-  
8 serting “dispute, cure notice, letter of concern,  
9 or other official communication by the Depart-  
10 ment to a contractor concerning contract non-  
11 compliance or corrective action, the official re-  
12 sponse of the contractor, and”; and

13 (B) by striking “or dispute (as” and in-  
14 serting “dispute, cure notice, letter of concern,  
15 or other official communication concerning con-  
16 tract noncompliance and the official response of  
17 the contractor (as”.

18 **SEC. 14. REPORT ON PROTECTION OF PERSONAL INFORMA-**  
19 **TION.**

20 Not later than one year after the date of the enact-  
21 ment of this Act, the Secretary of Veterans Affairs shall  
22 submit to the appropriate congressional committees a re-  
23 port that includes—

24 (1) a copy of the contract clause required by  
25 section 5(a);

1 (2) the guidance required by section 5(b); and

2 (3) a summary of any other actions taken to

3 comply with section 5.

4 **SEC. 15. REPORT ON ORGANIZATION AND NEEDS.**

5 (a) CONGRESSIONAL NOTICE REGARDING CERTAIN

6 ACTIONS.—

7 (1) IN GENERAL.—Not later than 90 days after  
8 the date on which an official of the Department of  
9 Veterans Affairs takes an action specified in para-  
10 graph (2), the Secretary of Veterans Affairs shall  
11 submit to the appropriate congressional committees  
12 notice of such action.

13 (2) ACTION SPECIFIED.—An action specified in  
14 this paragraph is any of the following:

15 (A) The designation of any official or of-  
16 fice by the Deputy Secretary of Veterans Af-  
17 fairs pursuant to section 4(a)(1)(A)(iv).

18 (B) The designation of any responsibility  
19 by the Deputy Secretary pursuant to section  
20 4(a)(1)(D).

21 (C) Any action related to the reorganiza-  
22 tion of a program pursuant to section 4(a)(1)  
23 or (2).

24 (b) REPORT ON NECESSARY LEGISLATIVE  
25 CHANGES.—Not later than one year after the date of the

1 enactment of this Act, the Secretary shall submit to the  
2 appropriate congressional committees a report that in-  
3 cludes a description of any legislative changes the Sec-  
4 retary determines are necessary in order to carry out the  
5 responsibilities of the Secretary with respect to the pro-  
6 grams described in section 3(a), regarding—

- 7 (1) organization;
- 8 (2) hiring or compensation authorities;
- 9 (3) appropriations; or
- 10 (4) related matters, as determined by the Sec-  
11 retary.

12 **SEC. 16. REPORT ON GOVERNANCE, PERFORMANCE CRI-**  
13 **TERIA, AND READINESS.**

14 Not later than 90 days after the date of the enact-  
15 ment of this Act, the Secretary of Veterans Affairs shall  
16 submit to the appropriate congressional committees a re-  
17 port describing the following:

- 18 (1) The clinical decision making structure of  
19 the Department of Veterans Affairs and efforts to  
20 achieve a more uniform clinical decision making  
21 structure, pertaining to the Electronic Health  
22 Record Modernization Program, including—
  - 23 (A) new service requirements;
  - 24 (B) workflow decisions;
  - 25 (C) change requests; and

1 (D) interface needs.

2 (2) The criteria or metrics used by the Sec-  
3 retary to measure improvements in the Electronic  
4 Health Record Modernization Program with respect  
5 to—

6 (A) end user experience;

7 (B) system stability;

8 (C) training;

9 (D) help desk ticket management; configu-  
10 ration; and

11 (E) any other criteria or metrics deter-  
12 mined appropriate by the Secretary.

13 (3) The most recent data reported pursuant to  
14 criteria or metrics described in paragraph (2) from  
15 each facility of the Veterans Health Administration  
16 using the electronic health record system imple-  
17 mented pursuant to the Electronic Health Record  
18 Modernization Program.

19 (4) A description of steps being taken by the  
20 Secretary to achieve performance goals relevant to  
21 criteria or metrics described in paragraph (2).

22 (5) The standard readiness task list used in fa-  
23 cilities of the Veterans Health Administration to  
24 prepare for implementation of the electronic health



- 1 record system pursuant to the Electronic Health
- 2 Record Modernization Program.