

Calendar No. 273

115TH CONGRESS
1ST SESSION

S. 2193

To amend title 38, United States Code, to improve health care for veterans,
and for other purposes.

IN THE SENATE OF THE UNITED STATES

DECEMBER 5, 2017

Mr. ISAKSON, from the Committee on Veterans' Affairs, reported the following
original bill; which was read twice and placed on the calendar

A BILL

To amend title 38, United States Code, to improve health
care for veterans, 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 “Caring for our Veterans Act of 2017”.

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. References to title 38, United States Code.

TITLE I—DEVELOPING AN INTEGRATED HIGH-PERFORMING NETWORK

Subtitle A—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 guidelines and standards for quality.
- Sec. 105. Access to walk-in care.
- Sec. 106. Strategy regarding the Department of Veterans Affairs High-Performing 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-Department health care services to veterans.

Subtitle B—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.

Subtitle C—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.

Subtitle D—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.

Subtitle E—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.

TITLE II—IMPROVING DEPARTMENT OF VETERANS AFFAIRS HEALTH CARE DELIVERY

Subtitle A—Personnel Practices

PART I—ADMINISTRATION

- Sec. 201. Licensure of health care professionals of the Department of Veterans Affairs providing treatment via telemedicine.
- Sec. 202. Role of podiatrists in Department of Veterans Affairs.
- Sec. 203. Modification of treatment of certified clinical perfusionists of the Department.
- Sec. 204. Amending statutory requirements for the position of the Chief Officer of the Readjustment Counseling Service.
- Sec. 205. Technical amendment to appointment and compensation system for directors of medical centers and directors of Veterans Integrated Service Networks.
- Sec. 206. Identification and staffing of certain health care vacancies.
- Sec. 207. Department of Veterans Affairs personnel transparency.
- Sec. 208. Program on establishment of peer specialists in patient aligned care team settings within medical centers of Department of Veterans Affairs.
- Sec. 209. Pilot program on increasing the use of medical scribes to maximize the efficiency of physicians at medical facilities of the Department of Veterans Affairs.
- Sec. 210. Sense of Congress regarding Department of Veterans Affairs staffing levels.

PART II—EDUCATION AND TRAINING

- Sec. 211. Graduate medical education and residency.
- Sec. 212. Pilot program to establish or affiliate with graduate medical residency programs at facilities operated by Indian tribes, tribal organizations, and the Indian Health Service in rural areas.
- Sec. 213. Reimbursement of continuing professional education requirements for board certified advanced practice registered nurses.
- Sec. 214. Increase in maximum amount of debt that may be reduced under Education Debt Reduction Program of Department of Veterans Affairs.
- Sec. 215. Demonstration program on training and employment of alternative dental health care providers for dental health care services for veterans in rural and other underserved communities.

PART III—OTHER PERSONNEL MATTERS

- Sec. 221. Exception on limitation on awards and bonuses for recruitment, relocation, and retention.
- Sec. 222. Annual report on performance awards and bonuses awarded to certain high-level employees of the Department.
- Sec. 223. Authority to regulate additional pay for certain health care employees of the Department.
- Sec. 224. Modification of pay cap for nurses.

Subtitle B—Improvement of Underserved Facilities of the Department

- Sec. 231. 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. 232. Pilot program on tuition reimbursement and loan repayment for health care providers of the Department of Veterans Affairs at underserved facilities.
- Sec. 233. Program to furnish mobile deployment teams to underserved facilities.

Sec. 234. Inclusion of Vet Center employees in education debt reduction program of Department of Veterans Affairs.

Subtitle C—Construction and Leases

Sec. 241. Definition of major medical facility project and major medical facility lease.

Sec. 242. Facilitating sharing of medical facilities with other Federal agencies.

Sec. 243. Review of enhanced use leases.

Sec. 244. Authorization of certain major medical facility projects of the Department of Veterans Affairs.

Subtitle D—Other Health Care Matters

Sec. 251. Program on use of wellness programs as complementary approach to mental health care for veterans and family members of veterans.

Sec. 252. Authorization to provide for operations on live donors for purposes of conducting transplant procedures for veterans.

Sec. 253. Sense of the Senate.

TITLE III—FAMILY CAREGIVERS

Sec. 301. Expansion of family caregiver program of Department of Veterans Affairs.

Sec. 302. Implementation of information technology system of Department of Veterans Affairs to assess and improve the family caregiver program.

Sec. 303. Modifications to annual evaluation report on caregiver program of Department of Veterans Affairs.

TITLE IV—APPROPRIATION OF AMOUNTS

Sec. 401. Appropriation of amounts for health care from Department of Veterans Affairs.

Sec. 402. Appropriation of amounts for Veterans Choice Program.

1 SEC. 2. REFERENCES TO TITLE 38, UNITED STATES CODE.

2 Except as otherwise expressly provided, whenever in
3 this Act an amendment or repeal is expressed in terms
4 of an amendment to, or repeal of, a section or other provi-
5 sion, the reference shall be considered to be made to a
6 section or other provision of title 38, United States Code.

1 **TITLE I—DEVELOPING AN INTE-**
2 **GRATED HIGH-PERFORMING**
3 **NETWORK**

4 **Subtitle A—Establishing**
5 **Community Care Programs**

6 **SEC. 101. ESTABLISHMENT OF VETERANS COMMUNITY**
7 **CARE PROGRAM.**

8 (a) ESTABLISHMENT OF PROGRAM.—

9 (1) IN GENERAL.—Section 1703 is amended to
10 read as follows:

11 **“§ 1703. Veterans Community Care Program**

12 “(a) IN GENERAL.—(1) There is established a pro-
13 gram to furnish hospital care, medical services, and ex-
14 tended care services to covered veterans through health
15 care providers specified in subsection (c).

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

20 “(A) Ensuring the scheduling of medical ap-
21 pointments in a timely manner and the establish-
22 ment of a mechanism to receive medical records
23 from non-Department providers.

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

1 “(C) Ensuring coordination among regional
2 networks if the covered veteran accesses care and
3 services in a different network than the regional net-
4 work in which the covered veteran resides.

5 “(D) Ensuring that covered veterans do not ex-
6 perience a lapse resulting from errors or delays by
7 the Department or its contractors or an unusual or
8 excessive burden in accessing hospital care, medical
9 services, or extended care services.

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

12 “(1) is enrolled in the system of annual patient
13 enrollment established and operated under section
14 1705 of this title; or

15 “(2) is not enrolled in such system but is other-
16 wise entitled to hospital care, medical services, or ex-
17 tended care services under subsection (c)(2) of such
18 section.

19 “(c) HEALTH CARE PROVIDERS SPECIFIED.—Health
20 care providers specified in this subsection are the fol-
21 lowing:

22 “(1) Any health care provider that is partici-
23 pating in the Medicare program under title XVIII of
24 the Social Security Act (42 U.S.C. 1395 et seq.), in-

1 including any physician furnishing services under such
2 a program.

3 “(2) The Department of Defense.

4 “(3) The Indian Health Service.

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

8 “(5) Any health care provider not otherwise
9 covered under any of paragraphs (1) through (4)
10 that meets criteria established by the Secretary for
11 purposes of this section.

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

19 “(A) the Department does not offer the care or
20 services the veteran requires;

21 “(B) the Department does not operate a full-
22 service medical facility in the State in which the cov-
23 ered veteran resides;

24 “(C) the covered veteran was an eligible veteran
25 under section 101(b)(2)(B) of the Veterans Access,

1 Choice, and Accountability Act of 2014 (Public Law
2 113–146; 38 U.S.C. 1701 note) as of the day before
3 the date of the enactment of the Caring for our Vet-
4 erans Act of 2017; or

5 “(D) the covered veteran and the covered vet-
6 eran’s primary care provider agree that furnishing
7 care and services through a non-Department entity
8 or provider would be in the best medical interest of
9 the covered veteran based upon criteria developed by
10 the Secretary.

11 “(2) The Secretary shall ensure that the criteria de-
12 veloped under paragraph (1)(D) include consideration of
13 the following:

14 “(A) The distance between the covered veteran
15 and the facility that provides the hospital care, med-
16 ical services, or extended care services the veteran
17 needs.

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

20 “(C) The frequency that the hospital care, med-
21 ical services, or extended care services needs to be
22 furnished.

23 “(D) Whether an appointment for the hospital
24 care, medical services, or extended care services the
25 covered veteran requires is available from a health

1 care provider of the Department within the lesser
2 of—

3 “(i) the access guidelines for such hospital
4 care, medical services, or extended care services
5 as established by the Secretary; and

6 “(ii) a period determined by a health care
7 provider of the Department to be clinically nec-
8 essary for the receipt of such hospital care,
9 medical services, or extended care services.

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

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

21 “(ii) Whether the hospital care, medical
22 services, or extended care services sought by the
23 veteran is provided by a medical facility of the
24 Department that is reasonably accessible to a
25 covered veteran.

1 “(iii) Whether a medical condition of the
2 covered veteran affects the ability of the covered
3 veteran to travel.

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

10 “(v) Such other considerations as the Sec-
11 retary considers appropriate.

12 “(3) If the Secretary has determined that the Depart-
13 ment does not offer the care or services the covered vet-
14 eran requires under subparagraph (A) of paragraph (1),
15 that the Department does not operate a full-service med-
16 ical facility in the State in which the covered veteran re-
17 sides under subparagraph (B) of such paragraph, or that
18 the covered veteran is described under subparagraph (C)
19 of such paragraph, the decision to receive hospital care,
20 medical services, or extended care services under such sub-
21 paragraphs from a health care provider specified in sub-
22 section (c) shall be at the election of the veteran.

23 “(e) CONDITIONS UNDER WHICH CARE IS AUTHOR-
24 IZED TO BE FURNISHED THROUGH NON-DEPARTMENT
25 PROVIDERS.—(1)(A) The Secretary may furnish hospital

1 care, medical services, or extended care services through
2 a health care provider specified in subsection (c) to a cov-
3 ered veteran served by a medical service line of the De-
4 partment that the Secretary has determined is not pro-
5 viding care that meets such quality and access standards
6 as the Secretary shall develop.

7 “(B) In carrying out subparagraph (A), the Secretary
8 shall—

9 “(i) measure access of the medical service line
10 at a facility of the Department when compared with
11 the same medical service line at different Depart-
12 ment facilities; and

13 “(ii) measure quality at a medical service line
14 of a facility of the Department by comparing it with
15 two or more distinct and appropriate quality meas-
16 ures at non-Department medical service lines.

17 “(C)(i) The Secretary may not concurrently furnish
18 hospital care, medical services, or extended care services
19 under subparagraph (A) with respect to more than three
20 medical service lines described in such subparagraph at
21 any one health care facility of the Department.

22 “(ii) The Secretary may not concurrently furnish hos-
23 pital care, medical services, or extended care services
24 under subparagraph (A) with respect to more than 36

1 medical service lines nationally described in such subpara-
2 graph.

3 “(2) The Secretary may limit the types of hospital
4 care, medical services, or extended care services covered
5 veterans may receive under paragraph (1) because of an
6 access and quality deficiency of a medical service line in
7 terms of the length of time such care and services will
8 be available, the location at which such care and services
9 will be available, and the clinical care and services that
10 will be available.

11 “(3) The hospital care, medical services, and ex-
12 tended care services authorized under paragraph (1) with
13 respect to a medical service line shall cease when the reme-
14 diation described in subsection (g) with respect to such
15 medical service line is complete.

16 “(4) The Secretary shall publish in the Federal Reg-
17 ister, and shall take all reasonable steps to provide direct
18 notice to covered veterans affected under this subsection,
19 at least once each year stating the time period during
20 which such care and services will be available, the location
21 or locations where such care and services will be available,
22 and the clinical services available at each location under
23 this subsection in accordance with regulations the Sec-
24 retary shall prescribe.

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

6 “(f) REVIEW OF DECISIONS.—The review of any de-
7 cision under subsection (d) or (e) shall be subject to the
8 Department’s local clinical appeals process, and such deci-
9 sions may not be appealed to the Board of Veterans’ Ap-
10 peals.

11 “(g) REMEDIATION OF MEDICAL SERVICE LINES.—
12 (1) Not later than 30 days after determining under sub-
13 section (e)(1) that a medical service line of the Depart-
14 ment is providing hospital care, medical services, or ex-
15 tended care services that does not comply with the access
16 guidelines and meet the standards of quality established
17 by the Secretary, the Secretary shall submit to Congress
18 an assessment of the factors that led the Secretary to
19 make such determination and a plan with specific actions,
20 and the time to complete them, to be taken to comply with
21 such access guidelines and meet such standards of quality,
22 including the following:

23 “(A) Increasing personnel or temporary per-
24 sonnel assistance, including mobile deployment
25 teams.

1 “(B) Special hiring incentives, including the
2 Education Debt Reduction Program under sub-
3 chapter VII of chapter 76 of this title and recruit-
4 ment, relocation, and retention incentives.

5 “(C) Utilizing direct hiring authority.

6 “(D) Providing improved training opportunities
7 for staff.

8 “(E) Acquiring improved equipment.

9 “(F) Making structural modifications to the fa-
10 cility used by the medical service line.

11 “(G) Such other actions as the Secretary con-
12 siders appropriate.

13 “(2) In each assessment submitted under paragraph
14 (1) with respect to a medical service line, the Secretary
15 shall identify the individuals at the Central Office of the
16 Veterans Health Administration, the facility used by the
17 medical service line, and the central office of the relevant
18 Veterans Integrated Service Network who are responsible
19 for overseeing the progress of that medical service line in
20 complying with the access guidelines and meeting the
21 standards of quality established by the Secretary.

22 “(3) Not later than 180 days after submitting an as-
23 sessment under paragraph (1) with respect to a medical
24 service line, the Secretary shall submit to Congress a re-
25 port on the progress of that medical service line in com-

1 plying with the access guidelines and meeting the stand-
2 ards of quality established by the Secretary and any other
3 measures the Secretary will take to assist the medical
4 service line in complying with such access guidelines and
5 meeting such standards of quality.

6 “(4) Not less frequently than once each year, the Sec-
7 retary shall—

8 “(A) submit to Congress an analysis of the re-
9 mediation actions and costs of such actions taken
10 with respect to each medical service line with respect
11 to which the Secretary submitted an assessment and
12 plan under paragraph (1) in the preceding year, in-
13 cluding an update on the progress of each such med-
14 ical service line in meeting the quality and access
15 standards established by the Secretary and any
16 other actions the Secretary is undertaking to assist
17 the medical service line in complying with access
18 guidelines and meeting standards of quality as es-
19 tablished by the Secretary; and

20 “(B) publish such analysis on the Internet
21 website of the Department.

22 “(h) ACCESS GUIDELINES AND STANDARDS FOR
23 QUALITY.—(1) The Secretary shall establish access guide-
24 lines under section 1703B of this title and standards for
25 quality under section 1703C of this title for furnishing

1 hospital care, medical services, or extended care services
2 to a covered veteran for the purposes of subsections (d)
3 and (e).

4 “(2) The Secretary shall ensure that the access
5 guidelines and standards for quality required by sections
6 1703B and 1703C of this title provide covered veterans,
7 employees of the Department, and health care providers
8 in the network established under subsection (j) with rel-
9 evant comparative information that is clear, useful, and
10 timely, so that covered veterans can make informed deci-
11 sions regarding their health care.

12 “(3) The Secretary shall consult with all pertinent
13 Federal entities (including the Department of Defense, the
14 Department of Health and Human Services, and the Cen-
15 ters for Medicare & Medicaid Services), entities in the pri-
16 vate sector, and other nongovernmental entities in estab-
17 lishing access guidelines and standards for quality as re-
18 quired by sections 1703B and 1703C of this title.

19 “(4) Not later than 270 days after the date of the
20 enactment of the Caring for our Veterans Act of 2017,
21 the Secretary shall submit to the appropriate committees
22 of Congress a report detailing the access guidelines and
23 standards for quality established under sections 1703B
24 and 1703C of this title.

1 “(5) Not later than three years after the date on
2 which the Secretary establishes access guidelines and
3 standards for quality under paragraph (1) and not less
4 frequently than once every three years thereafter, the Sec-
5 retary shall—

6 “(A) conduct a review of such guidelines and
7 standards; and

8 “(B) submit to the appropriate committees of
9 Congress a report on the findings and any modifica-
10 tion to the access guidelines and standards for qual-
11 ity with respect to the review conducted under sub-
12 paragraph (A).

13 “(6) The Secretary shall ensure health care providers
14 specified under subsection (c) are able to meet the applica-
15 ble access guidelines and standards of quality established
16 by the Secretary.

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

23 “(2) In developing a tiered provider network of eligi-
24 ble providers under paragraph (1), the Secretary shall not
25 prioritize providers in a tier over providers in any other

1 tier in a manner that limits the choice of a covered veteran
2 in selecting a health care provider specified in subsection
3 (c) for receipt of hospital care, medical services, or ex-
4 tended care services under this section.

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

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

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

19 “(3)(A) The Secretary may terminate a contract with
20 an entity entered into under paragraph (1) at such time
21 and upon such notice to the entity as the Secretary may
22 specify for purposes of this section, if the Secretary noti-
23 fies the appropriate committees of Congress that, at a
24 minimum—

25 “(i) the entity—

1 “(I) failed to comply substantially with the
2 provisions of the contract or with the provisions
3 of this section and the regulations prescribed
4 under this section;

5 “(II) failed to comply with the access
6 guidelines or meet the standards of quality es-
7 tablished by the Secretary;

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

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

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

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

24 “(iii) it is reasonable to terminate the contract
25 based on coverage provided by contracts or sharing

1 agreements entered into under authorities other
2 than this section.

3 “(B) Nothing in subparagraph (A) may be construed
4 to restrict the authority of the Secretary to terminate a
5 contract entered into under paragraph (1) under any other
6 provision of law.

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

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

16 “(B) A description of the effect of such failure,
17 including with respect to cost, schedule, and require-
18 ments.

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

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

23 “(E) A description of any effect on the commu-
24 nity provider market for veterans in the affected
25 area.

1 “(5)(A) The Secretary shall instruct each entity
2 awarded a contract under paragraph (1) to recognize and
3 accept, on an interim basis, the credentials and qualifica-
4 tions of health care providers who are authorized to fur-
5 nished hospital care and medical services to veterans
6 under a community care program of the Department in
7 effect as of the day before the date of the enactment of
8 the Caring for our Veterans Act of 2017, including under
9 the Patient-Centered Community Care Program and the
10 Veterans Choice Program under section 101 of the Vet-
11 erans Access, Choice, and Accountability Act of 2014
12 (Public Law 113–146; 38 U.S.C. 1701 note), as qualified
13 providers under the program established under this sec-
14 tion.

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

18 “(i) With respect to a health care provider,
19 when the current certification agreement for the
20 health care provider expires.

21 “(ii) Whether the Department has enacted cer-
22 tification and eligibility criteria and regulatory pro-
23 cedures by which non-Department providers will be
24 authorized under this section.

1 “(6) The Secretary shall establish through regulation
 2 a system or systems for monitoring the quality of care pro-
 3 vided to covered veterans through a network under this
 4 subsection and for assessing the quality of hospital care,
 5 medical services, and extended care services furnished
 6 through such network before the renewal of the contract
 7 for such network.

8 “(k) PAYMENT RATES FOR CARE AND SERVICES.—
 9 (1) Except as provided in paragraph (2), and to the extent
 10 practicable, the rate paid for hospital care, medical serv-
 11 ices, or extended care services under any provision in this
 12 title may not exceed the rate paid by the United States
 13 to a provider of services (as defined in section 1861(u)
 14 of the Social Security Act (42 U.S.C. 1395x(u))) or a sup-
 15 plier (as defined in section 1861(d) of such Act (42 U.S.C.
 16 1395x(d))) under the Medicare program under title XI or
 17 title XVIII of the Social Security Act (42 U.S.C. 1301
 18 et seq.) for the same care or services.

19 “(2)(A) A higher rate than the rate paid by the
 20 United States as described in paragraph (1) may be nego-
 21 tiated with respect to the furnishing of care or services
 22 to a covered veteran who resides in a highly rural area.

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

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

6 “(4) With respect to furnishing hospital care, medical
7 services, or extended care services under this section in
8 a State with an All-Payer Model Agreement under section
9 1814(b)(3) of the Social Security Act (42 U.S.C.
10 1395f(b)(3)) that became effective on or after January 1,
11 2014, the Medicare payment rates under paragraph
12 (2)(A) shall be calculated based on the payment rates
13 under such agreement.

14 “(5) Notwithstanding paragraph (1), the Secretary
15 may incorporate, to the greatest extent practicable, the
16 use of value-based reimbursement models to promote the
17 provision of high-quality care.

18 “(6) With respect to hospital care, medical services,
19 or extended care services for which there is not a rate paid
20 under the Medicare program as described in paragraph
21 (1), the rate paid for such care or services shall be deter-
22 mined by the Secretary.

23 “(1) TREATMENT OF OTHER HEALTH CARE
24 PLANS.—(1) In any case in which a covered veteran is
25 furnished hospital care, medical services, or extended care

1 services under this section for a non-service-connected dis-
2 ability described in subsection (a)(2) of section 1729 of
3 this title, the Secretary shall recover or collect reasonable
4 charges for such care or services from a health care plan
5 described in paragraph (2) in accordance with such sec-
6 tion.

7 “(2) A health care plan described in this paragraph—

8 “(A) is an insurance policy or contract, medical
9 or hospital service agreement, membership or sub-
10 scription contract, or similar arrangement not ad-
11 ministered by the Secretary, under which hospital
12 care, medical services, or extended care services for
13 individuals are provided or the expenses of such care
14 or services are paid; and

15 “(B) does not include any such policy, contract,
16 agreement, or similar arrangement pursuant to title
17 XVIII or XIX of the Social Security Act (42 U.S.C.
18 1395 et seq.) or chapter 55 of title 10.

19 “(m) PAYMENT BY VETERAN.—A covered veteran
20 shall not pay a greater amount for receiving care or serv-
21 ices under this section than the amount the veteran would
22 pay for receiving the same or comparable care or services
23 at a medical facility of the Department or from a health
24 care provider of the Department.

1 “(n) MONITORING OF CARE PROVIDED.—(1)(A) Not
2 later than 540 days after the date of the enactment of
3 the Caring for our Veterans Act of 2017, and not less
4 frequently than annually thereafter, the Secretary shall
5 submit to appropriate committees of Congress a review of
6 the types and frequency of care sought under subsection
7 (d).

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

10 “(i) The top 25 percent of types of care and
11 services most frequently provided under subsection
12 (d) due to the Department not offering such care
13 and services.

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

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

18 “(iv) Any steps the Department took to provide
19 such care and services at a medical facility of the
20 Department.

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

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

1 “(A) With respect to hospital care, medical
2 services, and extended care services furnished
3 through provider networks established under sub-
4 section (j)—

5 “(i) compile data on the types of hospital
6 care, medical services, and extended care serv-
7 ices furnished through such networks and how
8 many patients used each type of care and serv-
9 ice;

10 “(ii) identify gaps in hospital care, medical
11 services, or extended care services furnished
12 through such networks;

13 “(iii) identify how such gaps may be fixed
14 through new contracts within such networks or
15 changes in the manner in which hospital care,
16 medical services, or extended care services are
17 furnished through such networks;

18 “(iv) assess the total amounts spent by the
19 Department on hospital care, medical services,
20 and extended care services furnished through
21 such networks;

22 “(v) assess the timeliness of the Depart-
23 ment in referring hospital care, medical serv-
24 ices, and extended care services to such net-
25 works; and

1 “(vi) assess the timeliness of such net-
2 works in—

3 “(I) accepting referrals; and

4 “(II) scheduling and completing ap-
5 pointments.

6 “(B) Report the number of medical service lines
7 the Secretary has determined under subsection
8 (e)(1) not to be providing hospital care, medical
9 services, or extended care services that comply with
10 the access guidelines or meet the standards of qual-
11 ity established by the Secretary.

12 “(C) Assess the use of academic affiliates and
13 centers of excellence of the Department to furnish
14 hospital care, medical services, and extended care
15 services to covered veterans under this section.

16 “(D) Assess the hospital care, medical services,
17 and extended care services furnished to covered vet-
18 erans under this section by medical facilities oper-
19 ated by Federal agencies other than the Depart-
20 ment.

21 “(3) Not later than 540 days after the date of the
22 enactment of the Caring for our Veterans Act of 2017 and
23 not less frequently than once each year thereafter, the Sec-
24 retary shall submit to the Committee on Veterans’ Affairs
25 of the Senate and the Committee on Veterans’ Affairs of

1 the House of Representatives a report on the information
 2 gathered under paragraph (2).

3 “(o) PROHIBITION ON CERTAIN LIMITATIONS.—The
 4 Secretary shall not limit the types of hospital care, medical
 5 services, or extended care services covered veterans may
 6 receive under this section if it is in the best interest of
 7 the veteran to receive such hospital care, medical services,
 8 or extended care services, as determined by the veteran
 9 and the veteran’s health care provider.

10 “(p) DEFINITIONS.—In this section:

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

13 “(A) the Committee on Veterans’ Affairs
 14 and the Committee on Appropriations of the
 15 Senate; and

16 “(B) the Committee on Veterans’ Affairs
 17 and the Committee on Appropriations of the
 18 House of Representatives.

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

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

“1703. Veterans Community Care Program.”.

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

4 (1) the date that is 30 days after the date on
5 which the Secretary of Veterans Affairs submits the
6 report required under section 101(q)(2) of the Vet-
7 erans Access, Choice, and Accountability Act of
8 2014 (Public Law 113–146; 38 U.S.C. 1701 note);
9 or

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

12 (c) REGULATIONS.—Not later than one year after the
13 date of the enactment of this Act, the Secretary of Vet-
14 erans Affairs shall promulgate regulations to carry out
15 section 1703 of title 38, United States Code, as amended
16 by subsection (a) of this section.

17 (d) CONTINUITY OF EXISTING AGREEMENTS.—

18 (1) IN GENERAL.—Notwithstanding section
19 1703 of title 38, United States Code, as amended by
20 subsection (a), the Secretary of Veterans Affairs
21 shall continue all contracts, memorandums of under-
22 standing, memorandums of agreements, and other
23 arrangements that were in effect on the day before
24 the date of the enactment of this Act between the
25 Department of Veterans Affairs and the American

1 Indian and Alaska Native health care systems as es-
2 tablished under the terms of the Department of Vet-
3 erans Affairs and Indian Health Service Memo-
4 randum of Understanding, signed October 1, 2010,
5 the National Reimbursement Agreement, signed De-
6 cember 5, 2012, and agreements entered into under
7 sections 102 and 103 of the Veterans Access,
8 Choice, and Accountability Act of 2014 (Public Law
9 113–146).

10 (2) MODIFICATIONS.—Paragraph (1) shall not
11 be construed to prohibit the Secretary and the par-
12 ties to the contracts, memorandums of under-
13 standing, memorandums of agreements, and other
14 arrangements described in such paragraph from
15 making such changes to such contracts, memoran-
16 dums of understanding, memorandums of agree-
17 ments, and other arrangements as may be otherwise
18 authorized pursuant to other provisions of law or the
19 terms of the contracts, memorandums of under-
20 standing, memorandums of agreements, and other
21 arrangements.

1 **SEC. 102. AUTHORIZATION OF AGREEMENTS BETWEEN DE-**
 2 **PARTMENT OF VETERANS AFFAIRS AND NON-**
 3 **DEPARTMENT PROVIDERS.**

4 (a) IN GENERAL.—Subchapter I of chapter 17 is
 5 amended by inserting after section 1703 the following new
 6 section:

7 **“§ 1703A. Agreements with eligible entities or pro-**
 8 **viders; certification processes**

9 “(a) AGREEMENTS AUTHORIZED.—(1)(A) When hos-
 10 pital care, a medical service, or an extended care service
 11 required by a veteran who is entitled to such care or serv-
 12 ice under this chapter is not feasibly available to the vet-
 13 eran from a facility of the Department or through a con-
 14 tract or sharing agreement entered into pursuant to an-
 15 other provision of law, the Secretary may furnish such
 16 care or service to such veteran by entering into an agree-
 17 ment under this section with an eligible entity or provider
 18 to provide such hospital care, medical service, or extended
 19 care service.

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

24 “(C) For purposes of subparagraph (A), hospital
 25 care, a medical service, or an extended care service may
 26 be considered not feasibly available to a veteran from a

1 facility of the Department or through a contract or shar-
2 ing agreement described in such subparagraph when the
3 Secretary determines the veteran's medical condition, the
4 travel involved, the nature of the care or services required,
5 or a combination of these factors make the use of a facility
6 of the Department or a contract or sharing agreement de-
7 scribed in such subparagraph impracticable or inadvisable.

8 “(D) A Veterans Care Agreement may be entered
9 into by the Secretary or any Department official author-
10 ized by the Secretary.

11 “(2)(A) Subject to subparagraph (B), the Secretary
12 shall review each Veterans Care Agreement of material
13 size, as determined by the Secretary or set forth in para-
14 graph (3), for hospital care, a medical service, or an ex-
15 tended care service to determine whether it is feasible and
16 advisable to provide such care or service within a facility
17 of the Department or by contract or sharing agreement
18 entered into pursuant to another provision of law and, if
19 so, take action to do so.

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

1 “(ii) If a Veterans Care Agreement has not been in
2 effect for at least six months by the date of the review
3 required by subparagraph (A), the agreement shall be re-
4 viewed during the next cycle required by subparagraph
5 (A), and such review shall serve as its review within the
6 first two years of its taking effect for purposes of clause
7 (i).

8 “(3)(A) In fiscal year 2018 and in each fiscal year
9 thereafter, in addition to such other Veterans Care Agree-
10 ments as the Secretary may determine are of material size,
11 a Veterans Care Agreement for the purchase of extended
12 care services that exceeds \$5,000,000 annually shall be
13 considered of material size.

14 “(B) From time to time, the Secretary may publish
15 a notice in the Federal Register to adjust the dollar
16 amount specified in subparagraph (A) to account for
17 changes in the cost of health care based upon recognized
18 health care market surveys and other available data.

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

21 “(1) any provider of services that has enrolled
22 and entered into a provider agreement under section
23 1866(a) of the Social Security Act (42 U.S.C.
24 1395cc(a)) and any physician or other supplier who
25 has enrolled and entered into a participation agree-

1 ment under section 1842(h) of such Act (42 U.S.C.
2 1395u(h));

3 “(2) any provider participating under a State
4 plan under title XIX of such Act (42 U.S.C. 1396
5 et seq.); or

6 “(3) any entity or provider not described in
7 paragraph (1) or (2) of this subsection that the Sec-
8 retary determines to be eligible pursuant to the cer-
9 tification process described in subsection (c).

10 “(c) ELIGIBLE ENTITY OR PROVIDER CERTIFI-
11 CATION PROCESS.—The Secretary shall establish by regu-
12 lation a process for the certification of eligible entities or
13 providers or recertification of eligible entities or providers
14 under this section. Such a process shall, at a minimum—

15 “(1) establish deadlines for actions on applica-
16 tions for certification;

17 “(2) set forth standards for an approval or de-
18 nial of certification, duration of certification, revoca-
19 tion of an eligible entity or provider’s certification,
20 and recertification of eligible entities or providers;

21 “(3) require the denial of certification if the
22 Secretary determines the eligible entity or provider
23 is excluded from participation in a Federal health
24 care program under section 1128 or section 1128A
25 of the Social Security Act (42 U.S.C. 1320a–7 or

1 1320a–7a) or is currently identified as an excluded
2 source on the System for Award Management Exclu-
3 sions list described in part 9 of title 48, Code of
4 Federal Regulations, and part 180 of title 2 of such
5 Code, or successor regulations;

6 “(4) establish procedures for screening eligible
7 entities or providers according to the risk of fraud,
8 waste, and abuse that are similar to the standards
9 under section 1866(j)(2)(B) of the Social Security
10 Act (42 U.S.C. 1395cc(j)(2)(B)) and section 9.104
11 of title 48, Code of Federal Regulations, or suc-
12 cessor regulations; and

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

17 “(d) RATES.—To the extent practicable, the rates
18 paid by the Secretary for hospital care, medical services,
19 and extended care services provided under a Veterans
20 Care Agreement shall be in accordance with the rates paid
21 by the United States under the Medicare program.

22 “(e) TERMS OF VETERANS CARE AGREEMENTS.—(1)
23 Pursuant to regulations promulgated under subsection
24 (k), the Secretary may define the requirements for pro-
25 viders and entities entering into agreements under this

1 section based upon such factors as the number of patients
2 receiving care or services, the number of employees em-
3 ployed by the entity or provider furnishing such care or
4 services, the amount paid by the Secretary to the provider
5 or entity, or other factors as determined by the Secretary.

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

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

11 “(B) that payment by the Secretary under this
12 section on behalf of a veteran to a provider of serv-
13 ices or care shall, unless rejected and refunded by
14 the provider within 30 days of receipt, constitute
15 payment in full and extinguish any liability on the
16 part of the veteran for the treatment or care pro-
17 vided, and no provision of a contract, agreement, or
18 assignment to the contrary shall operate to modify,
19 limit, or negate this requirement;

20 “(C) to provide only the care and services au-
21 thorized by the Department under this section and
22 to obtain the prior written consent of the Depart-
23 ment to furnish care or services outside the scope of
24 such authorization;

1 “(D) to bill the Department in accordance with
2 the methodology outlined in regulations prescribed
3 under this section;

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

9 “(F) to provide medical records to the Depart-
10 ment in the time frame and format specified by the
11 Department; and

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

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

20 “(2) The Secretary may discontinue a Veterans Care
21 Agreement with an eligible entity or provider at such time
22 and upon such reasonable notice to the eligible entity or
23 provider as may be specified in regulations prescribed
24 under this section, if an official designated by the Sec-
25 retary—

1 “(A) has determined that the eligible entity or
2 provider failed to comply substantially with the pro-
3 visions of the Veterans Care Agreement, or with the
4 provisions of this section or regulations prescribed
5 under this section;

6 “(B) has determined the eligible entity or pro-
7 vider is excluded from participation in a Federal
8 health care program under section 1128 or section
9 1128A of the Social Security Act (42 U.S.C. 1320a-
10 7 or 1320a-7a) or is identified on the System for
11 Award Management Exclusions list as provided in
12 part 9 of title 48, Code of Federal Regulations, and
13 part 180 of title 2 of such Code, or successor regula-
14 tions;

15 “(C) has ascertained that the eligible entity or
16 provider has been convicted of a felony or other seri-
17 ous offense under Federal or State law and deter-
18 mines the eligible entity or provider’s continued par-
19 ticipation would be detrimental to the best interests
20 of veterans or the Department; or

21 “(D) has determined that it is reasonable to
22 terminate the agreement based on the health care
23 needs of a veteran.

24 “(g) QUALITY OF CARE.—The Secretary shall estab-
25 lish through regulation a system or systems for monitoring

1 the quality of care provided to veterans through Veterans
2 Care Agreements and for assessing the quality of hospital
3 care, medical services, and extended care services fur-
4 nished by eligible entities and providers before the renewal
5 of Veterans Care Agreements.

6 “(h) DISPUTES.—(1) The Secretary shall promulgate
7 administrative procedures for eligible entities and pro-
8 viders to present all disputes arising under or related to
9 Veterans Care Agreements.

10 “(2) Such procedures constitute the eligible entities’
11 and providers’ exhaustive and exclusive administrative
12 remedies.

13 “(3) Eligible entities or providers must first exhaust
14 such administrative procedures before seeking any judicial
15 review under section 1346 of title 28 (known as the ‘Tuck-
16 er Act’).

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

23 “(i) APPLICABILITY OF OTHER PROVISIONS OF
24 LAW.—(1) A Veterans Care Agreement may be authorized

1 by the Secretary or any Department official authorized by
 2 the Secretary, and such action shall not be treated as—

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

6 “(B) a Federal contract for the acquisition of
 7 goods or services for purposes of any provision of
 8 Federal law governing Federal contracts for the ac-
 9 quisition of goods or services.

10 “(2)(A) Except as provided in subparagraph (B), and
 11 unless otherwise provided in this section or regulations
 12 prescribed pursuant to this section, an eligible entity or
 13 provider that enters into an agreement under this section
 14 is not subject to, in the carrying out of the agreement,
 15 any law to which providers of services and suppliers under
 16 the Medicare program under title XVIII of the Social Se-
 17 curity Act (42 U.S.C. 1395 et seq.) are not subject.

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

20 “(i) all laws regarding integrity, ethics, or
 21 fraud, or that subject a person to civil or criminal
 22 penalties; and

23 “(ii) all laws that protect against employment
 24 discrimination or that otherwise ensure equal em-
 25 ployment opportunities.

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

7 “(j) PARITY OF TREATMENT.—Eligibility for hospital
 8 care, medical services, and extended care services fur-
 9 nished to any veteran pursuant to a Veterans Care Agree-
 10 ment shall be subject to the same terms as though pro-
 11 vided in a facility of the Department, and provisions of
 12 this chapter applicable to veterans receiving such care and
 13 services in a facility of the Department shall apply to vet-
 14 erans treated under this section.

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

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

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

21 **SEC. 103. CONFORMING AMENDMENTS FOR STATE VET-**
 22 **ERANS HOMES.**

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

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

4 (2) by adding at the end the following new
 5 paragraph:

6 “(4)(A) An agreement under this section may be au-
 7 thorized by the Secretary or any Department official au-
 8 thorized by the Secretary, and any such action is not an
 9 award for purposes of such laws that would otherwise re-
 10 quire the use of competitive procedures for the furnishing
 11 of hospital care, medical services, and extended care serv-
 12 ices.

13 “(B)(i) Except as provided in clause (ii), and unless
 14 otherwise provided in this section or regulations prescribed
 15 pursuant to this section, a State home that enters into
 16 an agreement under this section is not subject to, in the
 17 carrying out of the agreement, any provision of law to
 18 which providers of services and suppliers under the Medi-
 19 care program under title XVIII of the Social Security Act
 20 (42 U.S.C. 1395 et seq.) are not subject.

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

23 “(I) all provisions of law regarding integrity,
 24 ethics, or fraud, or that subject a person to civil or
 25 criminal penalties; and

1 “(II) all provisions of law that protect against
2 employment discrimination or that otherwise ensure
3 equal employment opportunities.

4 “(iii) Notwithstanding subparagraph (B)(ii)(I), a
5 State home that enters into an agreement under this sec-
6 tion may not be treated as a Federal contractor or subcon-
7 tractor for purposes of chapter 67 of title 41 (known as
8 the ‘McNamara-O’Hara Service Contract Act of 1965’).”.

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

13 **SEC. 104. ACCESS GUIDELINES AND STANDARDS FOR QUAL-**
14 **ITY.**

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

18 **“§ 1703B. Access guidelines**

19 “The Secretary shall consult with all pertinent Fed-
20 eral entities to examine health care access measurements
21 and establish localized benchmarking guidelines that can
22 inform provider and veteran clinical decisionmaking. The
23 Secretary shall establish such guidelines for all hospital
24 care, medical services, and extended care services fur-
25 nished or otherwise made available under laws adminis-

1 tered by the Secretary, including through non-Department
2 health care providers.

3 **“§ 1703C. Standards for quality**

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

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

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

20 “(A) after consultation with veterans service or-
21 ganizations and other key stakeholders on survey de-
22 velopment or modification of an existing survey, a
23 survey of veterans who have used hospital care, med-
24 ical services, or extended care services furnished by
25 the Veterans Health Administration during the most

1 recent two-year period to assess the satisfaction of
2 the veterans with service and quality of care; and

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

5 “(i) Timely care.

6 “(ii) Effective care.

7 “(iii) Safety, including, at a minimum,
8 complications, readmissions, and deaths.

9 “(iv) Efficiency.

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

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

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 guidelines.

“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 veterans who receive
10 walk-in care services under this section, including through
11 the establishment of a mechanism to receive medical
12 records from walk-in care providers and provide pertinent
13 patient medical records to providers of walk-in care.

14 “(f) COPAYMENTS.—(1)(A) The Secretary shall re-
15 quire all eligible veterans to pay the United States a co-
16 payment for each episode of hospital care and medical
17 service provided under this section if otherwise required
18 to pay a copayment under this title.

19 “(B) Those not required to pay a copayment under
20 this title may access walk-in care without a copayment for
21 the first two visits in a calendar year. For any additional
22 visits, a copayment at an amount determined by the Sec-
23 retary shall be paid.

24 “(C) For those veterans required to pay a copayment
25 under title 38, they are required to pay their regular co-

1 payment for their first two walk-in care visits in a cal-
2 endar year. For any additional visits, a higher copayment
3 at an amount determined by the Secretary shall be paid.

4 “(2) After the first two episodes of care furnished
5 to a veteran under this section, the Secretary may adjust
6 the copayment required of the veteran under this sub-
7 section based upon the priority group of enrollment of the
8 veteran, the number of episodes of care furnished to the
9 veteran during a year, and other factors the Secretary con-
10 siderers appropriate under this section.

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

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

16 “(g) REGULATIONS.—Not later than one year after
17 the date of the enactment of the Caring for our Veterans
18 Act of 2017, the Secretary shall promulgate regulations
19 to carry out this section.

20 “(h) WALK-IN CARE DEFINED.—In this section, the
21 term ‘walk-in care’ means non-emergent care provided by
22 a qualifying non-Department entity or provider that fur-
23 nishes episodic care and not longitudinal management of
24 conditions and is otherwise defined through regulations
25 the Secretary shall promulgate.”.

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

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

“§1725A. Access to walk-in care.”.

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

12 (a) MARKET AREA ASSESSMENTS.—

13 (1) IN GENERAL.—Not less frequently than
 14 every four years, the Secretary of Veterans Affairs
 15 shall perform market area assessments regarding the
 16 health care services furnished under the laws admin-
 17 istered by the Secretary.

18 (2) ELEMENTS.—Each market area assessment
 19 established under paragraph (1) shall include the
 20 following:

21 (A) An assessment of the demand for
 22 health care from the Department, disaggregated
 23 by geographic market areas as determined by
 24 the Secretary, including the number of requests

1 for health care services under the laws adminis-
2 tered by the Secretary.

3 (B) An inventory of the health care capac-
4 ity of the Department of Veterans Affairs
5 across the Department's system of facilities.

6 (C) An assessment of the health care ca-
7 pacity to be provided through contracted com-
8 munity care providers and providers who en-
9 tered into a provider agreement with the De-
10 partment under section 1703A of title 38,
11 United States Code, as added by section
12 102(a), including the number of providers, the
13 geographic location of the providers, and cat-
14 egories or types of health care services provided
15 by the providers.

16 (D) An assessment obtained from other
17 Federal direct delivery systems of their capacity
18 to provide health care to veterans.

19 (E) An assessment of the health care ca-
20 pacity of non-contracted providers where there
21 is insufficient network supply.

22 (F) An assessment of the health care ca-
23 pacity of academic affiliates and other collabo-
24 rations of the Department as it relates to pro-
25 viding health care to veterans.

1 (G) An assessment of the effects on health
 2 care capacity by the access guidelines and
 3 standards for quality established under section
 4 1703(h) of title 38, United States Code, as
 5 amended by section 101(a)(1).

6 (H) The number of appointments for
 7 health care services under the laws adminis-
 8 tered by the Secretary, disaggregated by—

9 (i) appointments at facilities of the
 10 Department of Veterans Affairs; and

11 (ii) appointments with non-Depart-
 12 ment health care providers.

13 (3) SUBMITTAL TO CONGRESS.—The Secretary
 14 shall submit to the appropriate committees of Con-
 15 gress the market area assessments established in
 16 paragraph (1).

17 (4) USE OF MARKET AREA ASSESSMENTS FOR
 18 INTEGRATED HEALTH CARE DELIVERY.—

19 (A) IN GENERAL.—The Secretary shall use
 20 the market area assessments established under
 21 paragraph (1) in determining the capacity of
 22 the health care provider networks established
 23 under section 1703(j) of title 38, United States
 24 Code, as amended by section 101(a)(1).

1 (B) BUDGET.—The Secretary shall ensure
2 that the Department budget for any fiscal year
3 (as submitted with the budget of the President
4 under section 1105(a) of title 31, United States
5 Code) reflects the findings of the Secretary with
6 respect to the most recent market area assess-
7 ments under paragraph (1).

8 (5) EFFECTIVE DATE.—The amendments made
9 by subsection (a) shall take effect on September 30,
10 2018.

11 (b) STRATEGIC PLAN TO MEET HEALTH CARE DE-
12 MAND.—

13 (1) IN GENERAL.—Not later than one year
14 after the date of the enactment of this Act and not
15 less frequently than once every four years thereafter,
16 the Secretary shall submit to the appropriate com-
17 mittees of Congress a strategic plan that specifies a
18 four-year forecast of—

19 (A) the demand for health care from the
20 Department, disaggregated by geographic area
21 as determined by the Secretary;

22 (B) the health care capacity to be provided
23 at each medical center of the Department; and

24 (C) the health care capacity to be provided
25 through community care providers.

1 (2) ELEMENTS.—In preparing the strategic
2 plan under paragraph (1), the Secretary shall—

3 (A) consider the access guidelines and
4 standards for quality established under section
5 1703(h) of title 38, United States Code, as
6 amended by section 101(a)(1);

7 (B) consider the market area assessments
8 established under subsection (a);

9 (C) consider the needs of the Department
10 based on identified services that provide man-
11 agement of conditions or disorders related to
12 military service for which there is limited expe-
13 rience or access in the national market, the
14 overall health of veterans throughout their life-
15 span, or other services as the Secretary deter-
16 mines appropriate;

17 (D) consult with key stakeholders within
18 the Department, the heads of other Federal
19 agencies, and other relevant governmental and
20 nongovernmental entities, including State, local,
21 and tribal government officials, members of
22 Congress, veterans service organizations, pri-
23 vate sector representatives, academics, and
24 other policy experts;

1 (E) identify emerging issues, trends, prob-
 2 lems, and opportunities that could affect health
 3 care services furnished under the laws adminis-
 4 tered by the Secretary;

5 (F) develop recommendations regarding
 6 both short- and long-term priorities for health
 7 care services furnished under the laws adminis-
 8 tered by the Secretary;

9 (G) after consultation with veterans service
 10 organizations and other key stakeholders on
 11 survey development or modification of an exist-
 12 ing survey, consider a survey of veterans who
 13 have used hospital care, medical services, or ex-
 14 tended care services furnished by the Veterans
 15 Health Administration during the most recent
 16 two-year period to assess the satisfaction of the
 17 veterans with service and quality of care; and

18 (H) consider such other matters as the
 19 Secretary considers appropriate.

20 (c) APPROPRIATE COMMITTEES OF CONGRESS DE-
 21 FINED.—In this section, the term “appropriate commit-
 22 tees of Congress” means—

23 (1) the Committee on Veterans’ Affairs and the
 24 Committee on Appropriations of the Senate; and

1 (2) the Committee on Veterans' Affairs and the
2 Committee on Appropriations of the House of Rep-
3 resentatives.

4 **SEC. 107. APPLICABILITY OF DIRECTIVE OF OFFICE OF**
5 **FEDERAL CONTRACT COMPLIANCE PRO-**
6 **GRAMS.**

7 (a) IN GENERAL.—Notwithstanding the treatment of
8 certain laws under subsection (i) of section 1703A of title
9 38, United States Code, as added by section 102 of this
10 Act, Directive 2014–01 of the Office of Federal Contract
11 Compliance Programs of the Department of Labor (effec-
12 tive as of May 7, 2014) shall apply to any entity entering
13 into an agreement under such section 1703A or section
14 1745 of such title, as amended by section 103, in the same
15 manner as such directive applies to subcontractors under
16 the TRICARE program for the duration of the morato-
17 rium provided under such directive.

18 (b) APPLICABILITY PERIOD.—The directive described
19 in subsection (a), and the moratorium provided under such
20 directive, shall not be altered or rescinded before May 7,
21 2019.

22 (c) TRICARE PROGRAM DEFINED.—In this section,
23 the term “TRICARE program” has the meaning given
24 that term in section 1072 of title 10, United States Code.

1 **SEC. 108. PREVENTION OF CERTAIN HEALTH CARE PRO-**
2 **VIDERS FROM PROVIDING NON-DEPARTMENT**
3 **HEALTH CARE SERVICES TO VETERANS.**

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

10 (1) was removed from employment with the De-
11 partment of Veterans Affairs due to conduct that
12 violated a policy of the Department relating to the
13 delivery of safe and appropriate health care; or
14 (2) violated the requirements of a medical li-
15 cense of the health care provider that resulted in the
16 loss of such medical license.

17 (b) PERMISSIVE ACTION.—On and after the date that
18 is one year after the date of the enactment of this Act,
19 the Secretary may deny, revoke, or suspend the eligibility
20 of a health care provider to provide non-Department
21 health care services if the Secretary determines such ac-
22 tion is necessary to immediately protect the health, safety,
23 or welfare of veterans and the health care provider is
24 under investigation by the medical licensing board of a
25 State in which the health care provider is licensed or prac-
26 tices.

1 (c) SUSPENSION.—The Secretary shall suspend the
2 eligibility of a health care provider to provide non-Depart-
3 ment health care services to veterans if the health care
4 provider is suspended from serving as a health care pro-
5 vider of the Department.

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

11 (1) The aggregate number of health care pro-
12 viders denied or suspended under this section from
13 participation in providing non-Department health
14 care services.

15 (2) An evaluation of any impact on access to
16 health care for patients or staffing shortages in pro-
17 grams of the Department providing non-Department
18 health care services.

19 (3) An explanation of the coordination of the
20 Department with the medical licensing boards of
21 States in implementing this section, the amount of
22 involvement of such boards in such implementation,
23 and efforts by the Department to address any con-
24 cerns raised by such boards with respect to such im-
25 plementation.

1 (4) Such recommendations as the Comptroller
2 General considers appropriate regarding harmo-
3 nizing eligibility criteria between health care pro-
4 viders of the Department and health care providers
5 eligible to provide non-Department health care serv-
6 ices.

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

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

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

16 (3) purchased through the Medical Community
17 Care account of the Department; or

18 (4) purchased with amounts deposited in the
19 Veterans Choice Fund under section 802 of the Vet-
20 erans Access, Choice, and Accountability Act of
21 2014.

1 **Subtitle B—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 Act, 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.—In processing a claim
 9 for compensation for hospital care, medical services, or ex-
 10 tended care services furnished by a health care entity or
 11 provider under this chapter, the Secretary shall act
 12 through—

13 “(1) 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 “(2) a non-Department entity that specializes
 17 in such processing for other Federal agency health
 18 care systems.

19 “(h) REPORT ON ENCOUNTER DATA SYSTEM.—(1)
 20 Not later than 90 days after the date of the enactment
 21 of the Caring for our Veterans Act of 2017, the Secretary
 22 shall submit to the appropriate committees of Congress
 23 a report on the feasibility and advisability of adopting a
 24 funding mechanism similar to what is utilized by other
 25 Federal agencies to allow a contracted entity to act as a

1 fiscal intermediary for the Federal Government to dis-
2 tribute, or pass through, Federal Government funds for
3 certain non-underwritten hospital care, medical services,
4 or extended care services.

5 “(2) The Secretary may coordinate with the Depart-
6 ment of Defense, the Department of Health and Human
7 Services, and the Department of the Treasury in devel-
8 oping the report required by paragraph (1).

9 “(i) DEFINITIONS.—In this section:

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

12 “(A) the Committee on Veterans’ Affairs
13 and the Committee on Appropriations of the
14 Senate; and

15 “(B) the Committee on Veterans’ Affairs
16 and the Committee on Appropriations of the
17 House of Representatives.

18 “(2) The term ‘clean electronic claim’ means
19 the transmission of data for purposes of payment of
20 covered health care expenses that is submitted to the
21 Secretary which contains substantially all of the re-
22 quired data elements necessary for accurate adju-
23 dication, without obtaining additional information
24 from the entity or provider that furnished the care
25 or service, submitted in such format as prescribed by

1 the Secretary in regulations for the purpose of pay-
2 ing claims for care or services.

3 “(3) The term ‘clean paper claim’ means a
4 paper claim for payment of covered health care ex-
5 penses that is submitted to the Secretary which con-
6 tains substantially all of the required data elements
7 necessary for accurate adjudication, without obtain-
8 ing additional information from the entity or pro-
9 vider that furnished the care or service, submitted in
10 such format as prescribed by the Secretary in regu-
11 lations for the purpose of paying claims for care or
12 services.

13 “(4) The term ‘fraudulent claims’ means the in-
14 tentional and deliberate misrepresentation of a mate-
15 rial fact or facts by a health care entity or provider
16 made to induce the Secretary to pay a claim that
17 was not legally payable to that provider. This term,
18 as used in this section, shall not include a good faith
19 interpretation by a health care entity or provider of
20 utilization, medical necessity, coding, and billing re-
21 quirements of the Secretary.

22 “(5) The term ‘health care entity or provider’
23 includes any non-Department health care entity or
24 provider, but does not include any Federal health
25 care entity or provider.”.

1 (b) CLERICAL AMENDMENT.—The table of sections
 2 at the beginning of such chapter is amended by inserting
 3 after the item related to section 1703C, as added by sec-
 4 tion 104 of this Act, the following new item:

“1703D. Prompt payment standard.”.

5 **SEC. 112. AUTHORITY TO PAY FOR AUTHORIZED CARE NOT**
 6 **SUBJECT TO AN AGREEMENT.**

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

9 **“§ 8159. Authority to pay for services authorized but**
 10 **not subject to an agreement**

11 “(a) IN GENERAL.—If, in the course of furnishing
 12 hospital care, a medical service, or an extended care serv-
 13 ice authorized by the Secretary and pursuant to a con-
 14 tract, agreement, or other arrangement with the Sec-
 15 retary, a provider who is not a party to the contract,
 16 agreement, or other arrangement furnishes hospital care,
 17 a medical service, or an extended care service that the Sec-
 18 retary considers necessary, the Secretary may compensate
 19 the provider for the cost of such care or service.

20 “(b) NEW CONTRACTS AND AGREEMENTS.—The
 21 Secretary shall take reasonable efforts to enter into a con-
 22 tract, agreement, or other arrangement with a provider
 23 described in subsection (a) to ensure that future care and
 24 services authorized by the Secretary and furnished by the

1 provider are subject to such a contract, agreement, or
 2 other arrangement.”.

3 (b) CLERICAL AMENDMENT.—The table of sections
 4 at the beginning of such chapter is amended by inserting
 5 after the item relating to section 8158 the following new
 6 item:

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

7 **SEC. 113. IMPROVEMENT OF AUTHORITY TO RECOVER THE**
 8 **COST OF SERVICES FURNISHED FOR NON-**
 9 **SERVICE-CONNECTED DISABILITIES.**

10 (a) BROADENING SCOPE OF APPLICABILITY.—Sec-
 11 tion 1729 is amended—

12 (1) in subsection (a)—

13 (A) in paragraph (2)(A)—

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

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

18 (B) in paragraph (3)—

19 (i) in the matter preceding subpara-
 20 graph (A), by striking “the veteran” and
 21 inserting “the individual”; and

22 (ii) in subparagraph (A), by striking
 23 “the veteran’s” and inserting “the individ-
 24 ual’s”;

1 (2) in subsection (b)—

2 (A) in paragraph (1)—

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

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

7 (B) in paragraph (2)—

8 (i) in subparagraph (A)—

9 (I) by striking “the veteran” and
10 inserting “the individual”; and

11 (II) by striking “the veteran’s”
12 and inserting “the individual’s”; and

13 (ii) in subparagraph (B)—

14 (I) in clause (i), by striking “the
15 veteran” and inserting “the indi-
16 vidual”; and

17 (II) in clause (ii)—

18 (aa) by striking “the vet-
19 eran” and inserting “the indi-
20 vidual”; and

21 (bb) by striking “the vet-
22 eran’s” each place it appears and
23 inserting “the individual’s”;

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

1 (4) in subsection (h)—

2 (A) in paragraph (1)—

3 (i) in the matter preceding subpara-
4 graph (A), by striking “a veteran” and in-
5 serting “an individual”;

6 (ii) in subparagraph (A), by striking
7 “the veteran” and inserting “the indi-
8 vidual”; and

9 (iii) in subparagraph (B), by striking
10 “the veteran” and inserting “the indi-
11 vidual”; and

12 (B) in paragraph (2)—

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

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

17 (iii) by striking “the veteran” and in-
18 serting “the individual”.

19 (b) MODIFICATION OF AUTHORITY.—Subsection
20 (a)(1) of such section is amended by striking “(1) Sub-
21 ject” and all that follows through the period and inserting
22 the following: “(1) Subject to the provisions of this sec-
23 tion, in any case in which the United States is required
24 by law to furnish or pay for care or services under this
25 chapter for a non-service-connected disability described in

1 paragraph (2) of this subsection, the United States has
2 the right to recover or collect from a third party the rea-
3 sonable charges of care or services so furnished or paid
4 for to the extent that the recipient or provider of the care
5 or services would be eligible to receive payment for such
6 care or services from such third party if the care or serv-
7 ices had not been furnished or paid for by a department
8 or agency of the United States.”

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

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

15 **SEC. 114. PROCESSING OF CLAIMS FOR REIMBURSEMENT**
16 **THROUGH ELECTRONIC INTERFACE.**

17 The Secretary of Veterans Affairs may enter into an
18 agreement with a third-party entity to process, through
19 the use of an electronic interface, claims for reimburse-
20 ment for health care provided under the laws administered
21 by the Secretary.

Subtitle C—Education and Training Programs

SEC. 121. EDUCATION PROGRAM ON HEALTH CARE OP- TIONS.

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

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

(1) teach veterans about—

(A) eligibility criteria for care from the Department set forth under sections 1703, as amended by section 101 of this Act, and 1710 of title 38, United States Code;

(B) priority groups for enrollment in the system of annual patient enrollment under section 1705(a) of such title;

(C) the copayments and other financial obligations, if any, required of certain individuals for certain services; and

(D) how to utilize the access guidelines and standards for quality established under sections 1703B and 1703C of such title.

1 (2) teach veterans about the interaction be-
2 tween health insurance (including private insurance,
3 Medicare, Medicaid, the TRICARE program, the In-
4 dian Health Service, tribal health programs, and
5 other forms of insurance) and health care from the
6 Department; and

7 (3) provide veterans with information on what
8 to do when they have a complaint about health care
9 received from the Department (whether about the
10 provider, the Department, or any other type of com-
11 plaint).

12 (c) ACCESSIBILITY.—In developing the education
13 program under this section, the Secretary shall ensure
14 that materials under such program are accessible —

15 (1) to veterans who may not have access to the
16 Internet; and

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

20 (d) ANNUAL EVALUATION AND REPORT.—

21 (1) EVALUATION.—The Secretary shall develop
22 a method to evaluate the effectiveness of the edu-
23 cation program under this section and evaluate the
24 program using the method not less frequently than
25 once each year.

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

6 (e) DEFINITIONS.—In this section:

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

10 (2) MEDICARE.—The term “Medicare” means
 11 the Medicare program under title XVIII of such Act
 12 (42 U.S.C. 1395 et seq.).

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

16 **SEC. 122. TRAINING PROGRAM FOR ADMINISTRATION OF**
 17 **NON-DEPARTMENT OF VETERANS AFFAIRS**
 18 **HEALTH CARE.**

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

24 (1) Reimbursement for non-Department emer-
 25 gency room care.

1 (2) The Veterans Community Care Program
 2 under section 1703 of such title, as amended by sec-
 3 tion 101.

4 (3) Management of prescriptions pursuant to
 5 improvements under section 131.

6 (b) ANNUAL EVALUATION AND REPORT.—The Sec-
 7 retary shall—

8 (1) develop a method to evaluate the effective-
 9 ness of the training program developed and imple-
 10 mented under subsection (a);

11 (2) evaluate such program not less frequently
 12 than once each year; and

13 (3) not less frequently than once each year,
 14 submit to Congress the findings of the Secretary
 15 with respect to the most recent evaluation carried
 16 out under paragraph (2).

17 **SEC. 123. CONTINUING MEDICAL EDUCATION FOR NON-DE-**
 18 **PARTMENT MEDICAL PROFESSIONALS.**

19 (a) ESTABLISHMENT OF PROGRAM.—

20 (1) IN GENERAL.—The Secretary of Veterans
 21 Affairs shall establish a program to provide con-
 22 tinuing medical education material to non-Depart-
 23 ment medical professionals.

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

4 (A) Identifying and treating common men-
5 tal and physical conditions of veterans and fam-
6 ily members of veterans.

7 (B) The health care system of the Depart-
8 ment of Veterans Affairs.

9 (C) Such other matters as the Secretary
10 considers appropriate.

11 (b) MATERIAL PROVIDED.—The continuing medical
12 education material provided to non-Department medical
13 professionals under the program established under sub-
14 section (a) shall be the same material provided to medical
15 professionals of the Department to ensure that all medical
16 professionals treating veterans have access to the same
17 materials, which supports core competencies throughout
18 the community.

19 (c) ADMINISTRATION OF PROGRAM.—

20 (1) IN GENERAL.—The Secretary shall admin-
21 ister the program established under subsection (a) to
22 participating non-Department medical professionals
23 through an Internet website of the Department of
24 Veterans Affairs.

1 (2) CURRICULUM AND CREDIT PROVIDED.—The
2 Secretary shall determine the curriculum of the pro-
3 gram and the number of hours of credit to provide
4 to participating non-Department medical profes-
5 sionals for continuing medical education.

6 (3) ACCREDITATION.—The Secretary shall en-
7 sure that the program is accredited in as many
8 States as practicable.

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

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

14 (B) Such medical credentialing organiza-
15 tions as the Secretary considers appropriate.

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

19 (6) MONITORING, EVALUATION, AND REPORT.—
20 The Secretary shall monitor the utilization of the
21 program established under subsection (a), evaluate
22 its effectiveness, and report to Congress on utiliza-
23 tion and effectiveness not less frequently than once
24 each year.

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

9 **Subtitle D—Other Matters Relating**
 10 **to Non-Department of Veterans**
 11 **Affairs Providers**

12 **SEC. 131. ESTABLISHMENT OF PROCESSES TO ENSURE**
 13 **SAFE OPIOID PRESCRIBING PRACTICES BY**
 14 **NON-DEPARTMENT OF VETERANS AFFAIRS**
 15 **HEALTH CARE PROVIDERS.**

16 (a) RECEIPT AND REVIEW OF GUIDELINES.—The
 17 Secretary of Veterans Affairs shall ensure that all covered
 18 health care providers are provided a copy of and certify
 19 that they have reviewed the evidence-based guidelines for
 20 prescribing opioids set forth by the Opioid Safety Initia-
 21 tive of the Department of Veterans Affairs under sections
 22 911(a)(2) and 912(c) of the Jason Simcakoski Memorial
 23 and Promise Act (Public Law 114–198; 38 U.S.C. 1701
 24 note) before first providing care under the laws adminis-

1 tered by the Secretary and at any time when those guide-
2 lines are modified thereafter.

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

10 (c) SUBMITTAL OF PRESCRIPTIONS.—

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

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

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

22 (2) RESPONSIBILITY OF DEPARTMENT FOR RE-
23 CORDING AND MONITORING.—In carrying out para-
24 graph (1) and upon the receipt by the Department

1 of the prescription for opioids to veterans under laws
2 administered by the Secretary, the Secretary shall—

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

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

9 (3) EXCEPTION.—

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

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

21 (ii)(I) following an inquiry into the
22 matter, a pharmacy of the Department no-
23 tifies the health care provider that it can-
24 not fill the prescription in a timely man-
25 ner; or

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

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

18 (C) REPORT.—

19 (i) IN GENERAL.—Not less frequently
20 than quarterly, the Secretary shall submit
21 to the Committee on Veterans' Affairs of
22 the Senate and the Committee on Vet-
23 erans' Affairs of the House of Representa-
24 tives a report evaluating the compliance of
25 covered health care providers with the re-

1 quirements under this paragraph and set-
2 ting forth data on the use by health care
3 providers of exceptions under subpara-
4 graph (A) and notices under subparagraph
5 (B).

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

10 (I) The number of exceptions
11 used under subparagraph (A) and no-
12 tices received under subparagraph
13 (B).

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

19 (III) The identification of any
20 covered health care providers that,
21 based on criteria prescribed by the
22 Secretary, are determined by the Sec-
23 retary to be statistical outliers regard-
24 ing the use of exceptions under sub-
25 paragraph (A).

1 (d) USE OF OPIOID SAFETY INITIATIVE GUIDE-
2 LINES.—

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

20 (2) INCLUSION IN CONTRACTS.—The Secretary
21 shall ensure that any contracts entered into by the
22 Secretary with third parties involved in admin-
23 istering programs that provide care in the commu-
24 nity to veterans under the laws administered by the
25 Secretary specifically grant the authority set forth in

1 paragraph (1) to such third parties and to the direc-
 2 tors described in that paragraph, as the case may
 3 be.

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

11 (1) violate the requirements of a medical license
 12 of the health care provider; or

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

15 (f) COVERED HEALTH CARE PROVIDER DEFINED.—
 16 In this section, the term “covered health care provider”
 17 means a non-Department of Veterans Affairs health care
 18 provider who provides health care to veterans under the
 19 laws administered by the Secretary of Veterans Affairs.

20 **SEC. 132. IMPROVING INFORMATION SHARING WITH COM-**
 21 **MUNITY PROVIDERS.**

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

24 “(H)(i) To a non-Department entity (including
 25 private entities and other Federal agencies) for pur-

1 poses of providing health care, including hospital
 2 care, medical services, and extended care services, to
 3 patients.

4 “(ii) An entity to which a record is disclosed
 5 under this subparagraph may not disclose or use
 6 such record for a purpose other than that for which
 7 the disclosure was made.

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

21 **SEC. 133. COMPETENCY STANDARDS FOR NON-DEPART-**
 22 **MENT OF VETERANS AFFAIRS HEALTH CARE**
 23 **PROVIDERS.**

24 (a) ESTABLISHMENT OF STANDARDS AND REQUIRE-
 25 MENTS.—The Secretary of Veterans Affairs shall establish

1 standards and requirements for the provision of care by
2 non-Department of Veterans Affairs health care providers
3 in clinical areas for which the Department of Veterans Af-
4 fairs has special expertise, including post-traumatic stress
5 disorder, military sexual trauma-related conditions, and
6 traumatic brain injuries.

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

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

3 **SEC. 141. PLANS FOR USE OF SUPPLEMENTAL APPROPRIA-**
4 **TIONS REQUIRED.**

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

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

19 Section 802 of the Veterans Access, Choice, and Ac-
20 countability Act of 2014 (Public Law 113–146; 38 U.S.C.
21 1701 note) is amended—

22 (1) in subsection (c)—

23 (A) in paragraph (1), by striking “by para-
24 graph (3)” and inserting “in paragraphs (3)
25 and (4)”; and

1 (B) by adding at the end the following new
 2 paragraph:

3 “(4) PERMANENT AUTHORITY FOR OTHER
 4 USES.—Beginning in fiscal year 2019, amounts re-
 5 maining in the Veterans Choice Fund may be used
 6 to furnish hospital care, medical services, and ex-
 7 tended care services to individuals pursuant to chap-
 8 ter 17 of title 38, United States Code, at non-De-
 9 partment facilities, including pursuant to non-De-
 10 partment provider programs other than the program
 11 established by section 101. Such amounts shall be
 12 available in addition to amounts available in other
 13 appropriations accounts for such purposes.”; and

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

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

18 Subsection (p) of section 101 of the Veterans Access,
 19 Choice, and Accountability Act of 2014 (Public Law 113–
 20 146; 38 U.S.C. 1701 note) is amended to read as follows:

21 “(p) AUTHORITY TO FURNISH CARE AND SERV-
 22 ICES.—The Secretary may not use the authority under
 23 this section to furnish care and services after December
 24 31, 2018.”.

1 **SEC. 144. CONFORMING AMENDMENTS.**

2 (a) IN GENERAL.—

3 (1) TITLE 38.—Title 38, United States Code, is
4 amended—

5 (A) in section 1712(a)—

6 (i) in paragraph (3), by striking
7 “under clause (1), (2), or (5) of section
8 1703(a) of this title” and inserting “or en-
9 tered an agreement”; and

10 (ii) in paragraph (4)(A), by striking
11 “under the provisions of this subsection
12 and section 1703 of this title”;

13 (B) in section 1712A(e)(1)—

14 (i) by inserting “or agreements” after
15 “contracts”; and

16 (ii) by striking “(under sections
17 1703(a)(2) and 1710(a)(1)(B) of this
18 title)”; and

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

22 (2) SOCIAL SECURITY ACT.—Section
23 1866(a)(1)(L) of the Social Security Act (42 U.S.C.
24 1395cc(a)(1)(L)) is amended by striking “under sec-
25 tion 1703” and inserting “under chapter 17”.

1 (3) VETERANS’ BENEFITS IMPROVEMENTS ACT
 2 OF 1994.—Section 104(a)(4)(A) of the Veterans’
 3 Benefits Improvements Act of 1994 (Public Law
 4 103–446; 38 U.S.C. 1117 note) is amended by strik-
 5 ing “in section 1703” and inserting “in sections
 6 1703A, 8111, and 8153”.

7 (b) EFFECTIVE DATE.—The amendments made by
 8 subsection (a) shall take effect on the date described in
 9 section 101(b).

10 **TITLE II—IMPROVING DEPART-**
 11 **MENT OF VETERANS AFFAIRS**
 12 **HEALTH CARE DELIVERY**

13 **Subtitle A—Personnel Practices**

14 **PART I—ADMINISTRATION**

15 **SEC. 201. LICENSURE OF HEALTH CARE PROFESSIONALS**
 16 **OF THE DEPARTMENT OF VETERANS AF-**
 17 **FAIRS PROVIDING TREATMENT VIA TELE-**
 18 **MEDICINE.**

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

21 **“§ 1730B. Licensure of health care professionals pro-**
 22 **viding treatment via telemedicine**

23 “(a) IN GENERAL.—Notwithstanding any provision
 24 of law regarding the licensure of health care professionals,
 25 a covered health care professional may practice the health

1 care profession of the health care professional at any loca-
 2 tion in any State, regardless of where the covered health
 3 care professional or the patient is located, if the covered
 4 health care professional is using telemedicine to provide
 5 treatment to an individual under this chapter.

6 “(b) COVERED HEALTH CARE PROFESSIONALS.—

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

9 “(1) is an employee of the Department ap-
 10 pointed under the authority under section 7306,
 11 7401, 7405, 7406, or 7408 of this title or title 5;

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

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

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

22 “(c) PROPERTY OF FEDERAL GOVERNMENT.—Sub-
 23 section (a) shall apply to a covered health care professional
 24 providing treatment to a patient regardless of whether the
 25 covered health care professional or patient is located in

1 a facility owned by the Federal Government during such
2 treatment.

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

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

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

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

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

22 (c) REPORT ON TELEMEDICINE.—

23 (1) IN GENERAL.—Not later than one year
24 after the earlier of the date on which services pro-

1 vided under section 1730B of title 38, United States
2 Code, as added by subsection (a), first occur or reg-
3 ulations are promulgated to carry out such section,
4 the Secretary of Veterans Affairs shall submit to the
5 Committee on Veterans' Affairs of the Senate and
6 the Committee on Veterans' Affairs of the House of
7 Representatives a report on the effectiveness of the
8 use of telemedicine by the Department of Veterans
9 Affairs.

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

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

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

18 (C) The effect of telemedicine furnished by
19 the Department on the following:

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

24 (ii) The frequency of use by veterans
25 of telemedicine.

1 (iii) The productivity of health care
2 providers.

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

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

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

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

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

21 **SEC. 202. ROLE OF PODIATRISTS IN DEPARTMENT OF VET-**
22 **ERANS AFFAIRS.**

23 (a) INCLUSION AS PHYSICIAN.—

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

4 **“§ 7413. Treatment of podiatrists; clinical oversight**
 5 **standards**

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

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

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

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

23 (b) MODIFICATION AND CLARIFICATION OF PAY
 24 GRADE.—

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

3 (A) by striking “PHYSICIAN AND DEN-
 4 TIST SCHEDULE” and inserting “PHYSI-
 5 CIAN AND SURGEON (MD/DO),
 6 PODIATRIC SURGEON (DPM), AND DEN-
 7 TIST AND ORAL SURGEON (DDS, DMD)
 8 SCHEDULE”;

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

11 (C) by striking “PODLATRIST, CHIRO-
 12 PRACTOR, AND” and inserting “CHIRO-
 13 PRACTOR AND”.

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

19 **SEC. 203. MODIFICATION OF TREATMENT OF CERTIFIED**
 20 **CLINICAL PERFUSIONISTS OF THE DEPART-**
 21 **MENT.**

22 (a) APPOINTMENT.—Section 7401(1) is amended by
 23 inserting “certified clinical perfusionists,” after “physician
 24 assistants,”.

1 (b) INCREASES IN RATES OF BASIC PAY.—Section
 2 7455(c)(1) is amended by inserting “certified clinical
 3 perfusionists,” after “pharmacists,”.

4 **SEC. 204. AMENDING STATUTORY REQUIREMENTS FOR THE**
 5 **POSITION OF THE CHIEF OFFICER OF THE**
 6 **READJUSTMENT COUNSELING SERVICE.**

7 Section 7309(b)(2) is amended—

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

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

12 **SEC. 205. TECHNICAL AMENDMENT TO APPOINTMENT AND**
 13 **COMPENSATION SYSTEM FOR DIRECTORS OF**
 14 **MEDICAL CENTERS AND DIRECTORS OF VET-**
 15 **ERANS INTEGRATED SERVICE NETWORKS.**

16 Section 7404(d) is amended by striking “Except”
 17 and inserting “Except for positions described in section
 18 7401(4) of this title and except”.

19 **SEC. 206. IDENTIFICATION AND STAFFING OF CERTAIN**
 20 **HEALTH CARE VACANCIES.**

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

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

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

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

7 (1) whether the Department has complied with
 8 the requirements under subsection (a); and

9 (2) if the Secretary has not complied with such
 10 requirements—

11 (A) how many vacancies described in sub-
 12 section (a) remain; and

13 (B) why the Department was unable to fill
 14 such vacancies.

15 **SEC. 207. DEPARTMENT OF VETERANS AFFAIRS PER-**
 16 **SONNEL TRANSPARENCY.**

17 (a) PUBLICATION OF STAFFING AND VACANCIES.—

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

1 (A) The number of personnel encumbering
2 positions.

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

7 (C) The number of vacancies, by occupa-
8 tion.

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

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

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

23 (4) INSPECTOR GENERAL REVIEW.—On a semi-
24 annual basis, the Inspector General of the Depart-
25 ment shall review the administration of the website

1 required under paragraph (1) and make rec-
2 ommendations relating to the improvement of such
3 administration.

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

10 **SEC. 208. PROGRAM ON ESTABLISHMENT OF PEER SPE-**
11 **CIALISTS IN PATIENT ALIGNED CARE TEAM**
12 **SETTINGS WITHIN MEDICAL CENTERS OF DE-**
13 **PARTMENT OF VETERANS AFFAIRS.**

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

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

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

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

3 (c) SELECTION OF LOCATIONS.—

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

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

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

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

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

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

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

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

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

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

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

14 (f) REPORTS.—

15 (1) PERIODIC REPORTS.—

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

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

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

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

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

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

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

1 **SEC. 209. PILOT PROGRAM ON INCREASING THE USE OF**
2 **MEDICAL SCRIBES TO MAXIMIZE THE EFFI-**
3 **CIENCY OF PHYSICIANS AT MEDICAL FACILI-**
4 **TIES OF THE DEPARTMENT OF VETERANS AF-**
5 **FAIRS.**

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

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

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

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

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

23 (d) CONTRACTS.—

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

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

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

9 (e) COLLECTION OF DATA.—

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

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

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

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

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

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

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

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

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

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

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

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

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

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

7 (f) REPORT.—

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

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

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

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

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

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

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

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

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

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

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

16 **SEC. 210. SENSE OF CONGRESS REGARDING DEPARTMENT**
17 **OF VETERANS AFFAIRS STAFFING LEVELS.**

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

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

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

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

4 **PART II—EDUCATION AND TRAINING**

5 **SEC. 211. GRADUATE MEDICAL EDUCATION AND RESI-**
 6 **DENCY.**

7 (a) INCREASE IN NUMBER OF GRADUATE MEDICAL
 8 EDUCATION RESIDENCY POSITIONS.—

9 (1) IN GENERAL.—The Secretary of Veterans
 10 Affairs shall increase the number of graduate med-
 11 ical education residency positions at covered facilities
 12 by up to 1,500 positions in the 10-year period begin-
 13 ning on the date of the enactment of this Act.

14 (2) COVERED FACILITIES.—For purposes of
 15 this section, a covered facility is any of the following:

16 (A) A facility of the Department of Vet-
 17 erans Affairs.

18 (B) A facility operated by an Indian tribe
 19 or a tribal organization, as those terms are de-
 20 fined in section 4 of the Indian Self-Determina-
 21 tion and Education Assistance Act (25 U.S.C.
 22 5304).

23 (C) A facility operated by the Indian
 24 Health Service.

1 (D) A Federally-qualified health center, as
2 defined in section 1905(l)(2)(B) of the Social
3 Security Act (42 U.S.C. 1396d(l)(2)(B)).

4 (E) A community health center.

5 (F) A facility operated by the Department
6 of Defense.

7 (G) Such other health care facility as the
8 Secretary considers appropriate for purposes of
9 this section.

10 (3) STIPENDS AND BENEFITS.—The Secretary
11 may pay stipends and provide benefits for residents
12 in positions under paragraph (1), regardless of
13 whether they have been assigned in a Department
14 facility.

15 (4) PARAMETERS FOR LOCATION, AFFILIATE
16 SPONSOR, AND DURATION.—When determining char-
17 acteristics of residency positions under paragraph
18 (1), the Secretary shall consider the extent to which
19 there is a clinical need for providers, as determined
20 by the following:

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

1 (B) Whether the local community is medi-
2 cally underserved.

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

5 (D) Such other criteria as the Secretary
6 considers important in determining which facili-
7 ties are not adequately serving area veterans.

8 (5) PARAMETERS FOR TYPES OF SPECIAL-
9 TIES.—When determining the types of specialties to
10 be included in residency positions under paragraph
11 (1), the Secretary shall consider the following:

12 (A) The types of specialties that improve
13 the quality and coverage of medical services
14 provided to veterans.

15 (B) The range of clinical specialties cov-
16 ered by providers in standardized geographic
17 areas surrounding facilities.

18 (C) Whether the specialty is included in
19 the most recent staffing shortage determination
20 of the Department under section 7412 of title
21 38, United States Code.

22 (b) APPLICATION TO PARTICIPATE.—To participate
23 as a resident in one of the positions increased under sub-
24 section (a)(1), an individual shall submit to the Secretary
25 an application therefor together with an agreement de-

1 scribed in subsection (d) under which the participant
2 agrees to serve a period of obligated service in the Vet-
3 erans Health Administration as provided in the agreement
4 in return for payment of stipend and benefit support as
5 provided in the agreement.

6 (c) SELECTION.—

7 (1) IN GENERAL.—An individual becomes a
8 participant in a residency program under this sec-
9 tion upon the Secretary's approval of the individual's
10 application under subsection (b) and the Secretary's
11 acceptance of the agreement under subsection (d) (if
12 required).

13 (2) NOTICE.—Upon the Secretary's approval of
14 an individual's participation in the program under
15 paragraph (1), the Secretary shall promptly notify
16 the individual of that approval. Such notice shall be
17 in writing.

18 (d) AGREEMENT.—

19 (1) IN GENERAL.—An agreement between the
20 Secretary and a resident in a position under sub-
21 section (a)(1) shall be in writing and shall be signed
22 by the resident containing such terms as the Sec-
23 retary may specify.

24 (2) REQUIREMENTS.—The agreement must
25 specify the terms of the service obligation resulting

1 from participating as a resident under this section,
2 including by requiring a service obligation equal to
3 the number of years of stipend and benefit support.

4 (e) CONDITIONS OF EMPLOYMENT.—The Secretary
5 may prescribe the conditions of employment of individuals
6 appointed to positions under subsection (a)(1), including
7 necessary training, and the customary amount and terms
8 of pay for such positions during the period of such employ-
9 ment and training.

10 (f) OBLIGATED SERVICE.—

11 (1) IN GENERAL.—Each individual appointed to
12 a position under subsection (a)(1) shall provide serv-
13 ice as a full-time employee of the Department for
14 the period of obligated service provided in the agree-
15 ment of the participant entered into under sub-
16 section (d). Such service shall be provided in the
17 full-time clinical practice of such participant's pro-
18 fession or in another health care position in an as-
19 signment or location determined by the Secretary.

20 (2) COMMENCEMENT DATE.—Not later than 60
21 days before the date on which an individual com-
22 mences serving in a position under subsection (a)(1),
23 the Secretary shall notify the individual of such
24 date. Such date shall be the first day of the individ-
25 ual's period of obligated service.

(g) BREACH OF AGREEMENT: LIABILITY.—

(1) PENALTY.—An individual appointed under this section to a position under subsection (a)(1) (other than an individual who is liable under paragraph (2)) who fails to accept payment, or instructs the educational institution in which the individual is enrolled not to accept payment, in whole or in part, for a residency under the agreement entered into under subsection (d) of this title shall be liable to the United States for liquidated damages in the amount of \$1,500. Such liability is in addition to any period of obligated service or other obligation or liability under the agreement.

(2) LIABILITY.—

(A) IN GENERAL.—An individual appointed to a position under subsection (a)(1) shall be liable to the United States for the amount which has been paid to or on behalf of the individual under the agreement if any of the following occurs:

(i) The individual is dismissed from the position for disciplinary reasons.

(ii) The individual voluntarily terminates the residency before the completion of such course of training.

1 (iii) The individual loses the individ-
 2 ual's license, registration, or certification
 3 to practice the individual's health care pro-
 4 fession in a State.

5 (B) LIABILITY SUPPLANTS SERVICE OBLI-
 6 GATION.—Liability under this paragraph is in
 7 lieu of any service obligation arising under the
 8 individual's agreement under subsection (d).

9 (h) RECOVERY.—

10 (1) IN GENERAL.—If an individual breaches the
 11 individuals's agreement under subsection (d) by fail-
 12 ing (for any reason) to complete such individual's
 13 period of obligated service, the United States shall
 14 be entitled to recover from the individual an amount
 15 equal to the product of—

16 (A) three;

17 (B) the sum of—

18 (i) the amounts paid under this sec-
 19 tion to or on behalf of the individual; and

20 (ii) the interest on such amounts that
 21 would be payable if at the time the
 22 amounts were paid they were loans bearing
 23 interest at the maximum legal prevailing
 24 rate, as determined by the Treasurer of
 25 the United States; and

1 (C) the quotient of—

2 (i) the difference between—

3 (I) the total number of months in
4 the individual's period of obligated
5 service; and

6 (II) the number of months of
7 such period served by the individual;
8 and

9 (ii) the total number of months in the
10 individual's period of obligated service.

11 (2) PERIOD OF RECOVERY.—Any amount which
12 the United States is entitled to recover under this
13 subsection shall be paid to the United States not
14 later than the date that is one year after the date
15 of the breach of the agreement.

16 (i) ANNUAL REPORT.—

17 (1) IN GENERAL.—Not later than one year
18 after the date of the enactment of this Act and not
19 less frequently than once each year thereafter, the
20 Secretary shall submit to the appropriate committees
21 of Congress a report on the implementation of this
22 section during the previous year.

23 (2) CONTENTS.—Each report submitted under
24 paragraph (1) shall include, for the period covered
25 by the report, the following:

1 (A) The number of positions described in
2 subsection (a) that were filled.

3 (B) The location of each such position.

4 (C) The academic affiliate associated with
5 each such position.

6 (D) A description of the challenges faced
7 in filling the positions described in subsection
8 (a) and the actions the Secretary has taken to
9 address such challenges.

10 (3) APPROPRIATE COMMITTEES OF CONGRESS
11 DEFINED.—In this subsection, the term “appro-
12 priate committees of Congress” means—

13 (A) the Committee on Veterans’ Affairs
14 and the Committee on Appropriations of the
15 Senate; and

16 (B) the Committee on Veterans’ Affairs
17 and the Committee on Appropriations of the
18 House of Representatives.

19 **SEC. 212. PILOT PROGRAM TO ESTABLISH OR AFFILIATE**
20 **WITH GRADUATE MEDICAL RESIDENCY PRO-**
21 **GRAMS AT FACILITIES OPERATED BY INDIAN**
22 **TRIBES, TRIBAL ORGANIZATIONS, AND THE**
23 **INDIAN HEALTH SERVICE IN RURAL AREAS.**

24 (a) PILOT PROGRAM REQUIRED.—The Secretary of
25 Veterans Affairs, in consultation with the Director of the

1 Indian Health Service and such other persons as the Sec-
2 retary considers appropriate, shall carry out a pilot pro-
3 gram—

4 (1) to establish graduate medical education
5 residency training programs at covered facilities; or

6 (2) to affiliate with established programs de-
7 scribed in paragraph (1).

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

10 (1)(A) described in subparagraph (B) or (C) of
11 section 211(a)(2); or

12 (B) with an agreement with the Department de-
13 scribed in section 101(d)(1); and

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

15 (c) LOCATIONS.—

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

20 (2) CRITERIA.—The Secretary shall establish
21 criteria for selecting covered facilities under para-
22 graph (1).

23 (d) DURATION.—The Secretary shall carry out the
24 pilot program during the eight-year period beginning on

1 the date that is 180 days after the date of the enactment
2 of this Act.

3 (e) REIMBURSEMENT OF COSTS.—The Secretary
4 shall reimburse each covered facility participating in the
5 pilot program for the following costs associated with the
6 pilot program:

7 (1) Curriculum development.

8 (2) Recruitment, training, supervision, and re-
9 tention of residents and faculty.

10 (3) Accreditation of programs of education
11 under the pilot program by the Accreditation Coun-
12 cil for Graduate Medical Education (ACGME) or the
13 American Osteopathic Association (AOA).

14 (4) The portion of faculty salaries attributable
15 to activities relating to carrying out the pilot pro-
16 gram.

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

19 (6) Stipends and benefits.

20 (f) PERIOD OF OBLIGATED SERVICE.—

21 (1) IN GENERAL.—The Secretary shall enter
22 into an agreement with each individual who partici-
23 pates in the pilot program under which such indi-
24 vidual agrees to serve under the same terms as es-
25 tablished under section 211.

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

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

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

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

23 (A) with respect to service at a covered fa-
24 cility, concurrently with any period of obligated

1 service required of the individual by the Indian
2 Health Service; and

3 (B) with respect to service at a facility of
4 the Department of Veterans Affairs, concu-
5 rently with any period of obligated service re-
6 quired of the individual by the Department.

7 (g) TREATMENT OF PARTICIPANTS.—A residency po-
8 sition into which a participant in the pilot program is
9 placed as part of the pilot program shall be considered
10 a position referred to in section 211(a)(1) for purposes
11 of the limitation on number of new positions authorized
12 under such section.

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

19 (1) expanding the pilot program to additional
20 locations; and

21 (2) making the pilot program or any aspect of
22 the pilot program permanent.

1 **SEC. 213. REIMBURSEMENT OF CONTINUING PROFES-**
2 **SIONAL EDUCATION REQUIREMENTS FOR**
3 **BOARD CERTIFIED ADVANCED PRACTICE**
4 **REGISTERED NURSES.**

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

7 **“§ 7411. Reimbursement of continuing professional**
8 **education expenses**

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

14 (b) CLERICAL AMENDMENT.—The table of sections
15 at the beginning of chapter 74 is amended by striking the
16 item relating to section 7411 and inserting the following
17 new item:

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

18 **SEC. 214. INCREASE IN MAXIMUM AMOUNT OF DEBT THAT**
19 **MAY BE REDUCED UNDER EDUCATION DEBT**
20 **REDUCTION PROGRAM OF DEPARTMENT OF**
21 **VETERANS AFFAIRS.**

22 (a) INCREASE IN AMOUNT.—Section 7683(d)(1) is
23 amended—

24 (1) by striking “\$120,000” and inserting
25 “\$240,000”; and

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

3 (b) STUDY.—

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

7 (A) conduct a study on the demand for
8 education debt reduction under subchapter VII
9 of chapter 76 of title 38, United States Code;
10 and

11 (B) submit to the Committee on Veterans’
12 Affairs of the Senate and the Committee on
13 Veterans’ Affairs of the House of Representa-
14 tives a report on the findings of the Secretary
15 with respect to the study carried out under sub-
16 paragraph (A).

17 (2) CONSIDERATIONS.—In carrying out the
18 study required by paragraph (1)(A), the Secretary
19 shall consider the following:

20 (A) The total number of vacancies within
21 the Veterans Health Administration whose ap-
22 plicants are eligible to participate in the Edu-
23 cation Debt Reduction Program pursuant to
24 section 7682(a) of such title.

1 (B) The types of medical professionals in
2 greatest demand in the United States.

3 (C) Projections by the Secretary of the
4 numbers and types of medical professions that
5 meet the needs of veterans.

6 **SEC. 215. DEMONSTRATION PROGRAM ON TRAINING AND**
7 **EMPLOYMENT OF ALTERNATIVE DENTAL**
8 **HEALTH CARE PROVIDERS FOR DENTAL**
9 **HEALTH CARE SERVICES FOR VETERANS IN**
10 **RURAL AND OTHER UNDERSERVED COMMU-**
11 **NITIES.**

12 (a) DEMONSTRATION PROGRAM AUTHORIZED.—The
13 Secretary of Veterans Affairs may carry out a demonstra-
14 tion program to establish programs to train and employ
15 alternative dental health care providers in order to in-
16 crease access to dental health care services for veterans
17 who are entitled to such services from the Department of
18 Veterans Affairs and reside in rural and other underserved
19 communities.

20 (b) PRIORITY.—The Secretary shall prioritize the es-
21 tablishment of programs under the demonstration pro-
22 gram under this section in States that do not have a facil-
23 ity of the Department that offers on-site dental services.

24 (c) TELEHEALTH.—For purposes of alternative den-
25 tal health care providers and other dental care providers

1 who are licensed to provide clinical care, dental services
 2 provided under the demonstration program under this sec-
 3 tion may be administered by such providers through tele-
 4 health-enabled collaboration and supervision when appro-
 5 priate and feasible.

6 (d) AUTHORIZATION OF APPROPRIATIONS.—There
 7 are authorized to be appropriated to the Secretary such
 8 sums as are necessary to carry out the demonstration pro-
 9 gram under this section.

10 (e) ALTERNATIVE DENTAL HEALTH CARE PRO-
 11 VIDERS DEFINED.—In this section, the term “alternative
 12 dental health care providers” has the meaning given that
 13 term in section 340G–1(a)(2) of the Public Health Service
 14 Act (42 U.S.C. 256g–1(a)(2)).

15 **PART III—OTHER PERSONNEL MATTERS**

16 **SEC. 221. EXCEPTION ON LIMITATION ON AWARDS AND BO-** 17 **NUSES FOR RECRUITMENT, RELOCATION,** 18 **AND RETENTION.**

19 Section 705(a) of the Veterans Access, Choice, and
 20 Accountability Act of 2014 (Public Law 113–146; 38
 21 U.S.C. 703 note) is amended, in the matter preceding
 22 paragraph (1), by inserting “other than recruitment, relo-
 23 cation, or retention incentives,” after “title 38, United
 24 States Code,”.

1 **SEC. 222. ANNUAL REPORT ON PERFORMANCE AWARDS**
2 **AND BONUSES AWARDED TO CERTAIN HIGH-**
3 **LEVEL EMPLOYEES OF THE DEPARTMENT.**

4 (a) IN GENERAL.—Chapter 7 is amended by adding
5 at the end the following new section:

6 **“§ 726. Annual report on performance awards and bo-**
7 **nuses awarded to certain high-level em-**
8 **ployees**

9 “(a) IN GENERAL.—Not later than 30 days after the
10 end of each fiscal year, the Secretary shall submit to the
11 appropriate committees of Congress a report that con-
12 tains, for the most recent fiscal year ending before the
13 submittal of the report, a description of the performance
14 awards and bonuses awarded to Regional Office Directors
15 of the Department, Directors of Medical Centers of the
16 Department, and Directors of Veterans Integrated Service
17 Networks.

18 “(b) ELEMENTS.—Each report submitted under sub-
19 section (a) shall include the following with respect to each
20 performance award or bonus awarded to an individual de-
21 scribed in such subsection:

22 “(1) The amount of each award or bonus.

23 “(2) The job title of the individual awarded the
24 award or bonus.

25 “(3) The location where the individual awarded
26 the award or bonus works.

1 “(c) APPROPRIATE COMMITTEES OF CONGRESS.—In
 2 this section, the term ‘appropriate committees of Con-
 3 gress’ means—

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

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

9 (b) CLERICAL AMENDMENT.—The table of sections
 10 at the beginning of chapter 7 is amended by inserting
 11 after the item relating to section 725 the following new
 12 item:

“726. Annual report on performance awards and bonuses awarded to certain
 high-level employees.”.

13 **SEC. 223. AUTHORITY TO REGULATE ADDITIONAL PAY FOR**
 14 **CERTAIN HEALTH CARE EMPLOYEES OF THE**
 15 **DEPARTMENT.**

16 Section 7454 is amended by adding at the end the
 17 following new subsection:

18 “(d) In this section, the term ‘compensation’ includes
 19 all compensation earned by employees when performing
 20 duties authorized by the Secretary or when the employee
 21 is approved to use annual, sick, family medical, military,
 22 or court leave or during any other paid absence for which
 23 pay is not already regulated.”.

1 **SEC. 224. MODIFICATION OF PAY CAP FOR NURSES.**

2 Paragraph (2) of section 7451(c) is amended to read
3 as follows:

4 “(2)(A) The maximum rate of basic pay for any
5 grade for health-care personnel positions referred to in
6 paragraphs (1) and (3) of section 7401 of this title (other
7 than the positions of physician, dentist, and registered
8 nurse) may not exceed the rate of basic pay established
9 for positions in level IV of the Executive Schedule under
10 section 5315 of title 5.

11 “(B) Pursuant to an adjustment under subsection
12 (d), the maximum rate of basic pay for a registered nurse
13 serving as a nurse executive or a grade for the position
14 of certified registered nurse anesthetist may exceed the
15 rate of basic pay established for positions in level IV of
16 the Executive Schedule under section 5315 of title 5 but
17 may not exceed the rate of basic pay established for posi-
18 tions in level I of the Executive Schedule under section
19 5312 of title 5.

20 “(C) Pursuant to an adjustment under subsection
21 (d), the maximum rate of basic pay for all registered
22 nurses not described in subparagraph (B) may exceed the
23 rate of basic pay established for positions in level IV of
24 the Executive Schedule under section 5315 of title 5 but
25 may not exceed the rate of basic pay established for posi-

1 tions in level III of the Executive Schedule under section
2 5314 of title 5.”.

3 **Subtitle B—Improvement of Under-**
4 **served Facilities of the Depart-**
5 **ment**

6 **SEC. 231. DEVELOPMENT OF CRITERIA FOR DESIGNATION**
7 **OF CERTAIN MEDICAL FACILITIES OF THE**
8 **DEPARTMENT OF VETERANS AFFAIRS AS UN-**
9 **DERSERVED FACILITIES AND PLAN TO AD-**
10 **DRESS PROBLEM OF UNDERSERVED FACILI-**
11 **TIES.**

12 (a) IN GENERAL.—Not later than 180 days after the
13 date of the enactment of this Act, the Secretary of Vet-
14 erans Affairs shall develop criteria to designate medical
15 centers, ambulatory care facilities, and community based
16 outpatient clinics of the Department of Veterans Affairs
17 as underserved facilities.

18 (b) CONSIDERATION.—Criteria developed under sub-
19 section (a) shall include consideration of the following with
20 respect to a facility:

21 (1) The ratio of veterans to health care pro-
22 viders of the Department of Veterans Affairs for a
23 standardized geographic area surrounding the facil-
24 ity, including a separate ratio for general practi-
25 tioners and specialists.

1 (2) The range of clinical specialties covered by
2 such providers in such area.

3 (3) Whether the local community is medically
4 underserved.

5 (4) The type, number, and age of open consults.

6 (5) Whether the facility is meeting the wait-
7 time goals of the Department.

8 (6) Such other criteria as the Secretary con-
9 siders important in determining which facilities are
10 not adequately serving area veterans.

11 (c) ANALYSIS OF FACILITIES.—Not less frequently
12 than annually, directors of Veterans Integrated Service
13 Networks of the Department shall perform an analysis to
14 determine which facilities within that Veterans Integrated
15 Service Network qualify as underserved facilities pursuant
16 to criteria developed under subsection (a).

17 (d) ANNUAL PLAN TO ADDRESS UNDERSERVED FA-
18 CILITIES.—

19 (1) PLAN REQUIRED.—Not later than one year
20 after the date of the enactment of this Act and not
21 less frequently than once each year, the Secretary
22 shall submit to Congress a plan to address the prob-
23 lem of underserved facilities of the Department, as
24 designated pursuant to criteria developed under sub-
25 section (a).

(2) CONTENTS.—Each plan submitted under paragraph (1) shall address the following:

(A) Increasing personnel or temporary personnel assistance, including mobile deployment teams furnished under section 233.

(B) Providing special hiring incentives, including under the Education Debt Reduction Program under subchapter VII of chapter 76 of title 38, United States Code, and recruitment, relocation, and retention incentives.

(C) Using direct hiring authority.

(D) Improving training opportunities for staff.

(E) Such other actions as the Secretary considers appropriate.

**SEC. 232. PILOT PROGRAM ON TUITION REIMBURSEMENT
AND LOAN REPAYMENT FOR HEALTH CARE
PROVIDERS OF THE DEPARTMENT OF VET-
ERANS AFFAIRS AT UNDERSERVED FACILI-
TIES.**

(a) IN GENERAL.—Not later than 90 days after the date of the enactment of this Act, the Secretary of Veterans Affairs shall commence a pilot program to assess the feasibility and advisability of providing incentives to individuals to work at underserved facilities of the Vet-

1 erans Health Administration by providing tuition reim-
2 bursement and loan repayment to medical students and
3 health care providers who commit to serving in under-
4 served facilities selected under subsection (c).

5 (b) DURATION.—The Secretary shall carry out the
6 pilot program during the six-year period beginning on the
7 date of the commencement of the pilot program.

8 (c) SELECTION OF LOCATIONS.—

9 (1) IN GENERAL.—The Secretary shall select
10 not fewer than three medical centers and seven am-
11 bulatory care facilities or community based out-
12 patient clinics of the Department to participate in
13 the pilot program.

14 (2) RURAL AND HIGHLY RURAL AREAS.—Not
15 fewer than two of the medical centers and five of the
16 ambulatory care facilities or community based out-
17 patient clinics selected under paragraph (1) shall be
18 in States or United States territories that are among
19 the ten States or United States territories with—

20 (A) the highest percentage of land des-
21 ignated as highly rural pursuant to the rural-
22 urban commuting area codes set forth by the
23 Department of Agriculture; or

1 (B) the highest percentage of enrolled vet-
 2 erans living in rural, highly rural, or insular is-
 3 land areas.

4 (3) STATES.—Facilities selected under para-
 5 graph (1) shall be located in not fewer than eight
 6 different States.

7 (d) USE OF AMOUNTS.—Of the amounts used to pro-
 8 vide tuition reimbursement or loan repayment under the
 9 pilot program—

10 (1) one-half shall be used to provide tuition re-
 11 imbursement or loan repayment for individuals prac-
 12 ticing in a general practice position; and

13 (2) one-half shall be used to provide tuition re-
 14 imbursement or loan repayment for individuals prac-
 15 ticing—

16 (A) in a specialist position; or

17 (B) in an occupation, other than a position
 18 described in paragraph (1), included in the
 19 most recent staffing shortage determination of
 20 the Department under section 7412 of title 38,
 21 United States Code.

22 (e) TUITION REIMBURSEMENT.—Under the pilot pro-
 23 gram, the Secretary may provide to an individual attend-
 24 ing medical school and seeking a degree as a Doctor of
 25 Medicine or a Doctor of Osteopathic Medicine full tuition

1 reimbursement in exchange for a five-year commitment to
2 serve at an underserved facility selected under subsection
3 (c).

4 (f) STUDENT LOAN REPAYMENT.—Under the pilot
5 program, in exchange for a three-year commitment to
6 serve at an underserved facility selected under subsection
7 (c), the Secretary may provide—

8 (1) to an individual currently serving as a
9 health care provider at an underserved facility, an
10 amount not to exceed \$30,000 to apply to any re-
11 maining student loan debt of the individual; and

12 (2) to an individual other than an individual de-
13 scribed in paragraph (1), an amount not to exceed
14 \$50,000 to apply to any remaining student loan debt
15 of the individual.

16 (g) BREACH.—An individual who participates in the
17 pilot program and fails to satisfy a period of obligated
18 service under subsection (d) or (e) shall be liable to the
19 United States, in lieu of such obligated service, for the
20 amount that has been paid or is payable to or on behalf
21 of the individual under the pilot program, reduced by the
22 proportion that the number of days served for completion
23 of the period of obligated service bears to the total number
24 of days in the period of obligated service of such indi-
25 vidual.

1 (h) EXPEDITED HIRING.—The Secretary shall ensure
2 that the hiring of individuals to serve in the Department
3 under the pilot program is conducted in an expedited man-
4 ner.

5 (i) CONTINUATION IN PILOT PROGRAM.—An indi-
6 vidual participating in the pilot program in an occupation
7 included in a staffing shortage determination of the De-
8 partment under section 7412 of title 38, United States
9 Code, may continue participating in the pilot program not-
10 withstanding that the occupation is no longer included in
11 such determination under such section.

12 (j) ANNUAL REPORT.—

13 (1) IN GENERAL.—Not later than one year
14 after the date of the enactment of this Act and not
15 less frequently than once each year thereafter, the
16 Secretary shall submit to Congress a report on the
17 pilot program.

18 (2) CONTENTS.—Each report submitted under
19 paragraph (1) shall include the following:

20 (A) The number of participants, including
21 number receiving tuition reimbursement and
22 student loan repayment.

23 (B) The number of facilities where partici-
24 pants are located.

1 (C) The number of individuals who have
2 applied to participate in the pilot program.

3 (D) A list of the five most common occupa-
4 tions of the participants in the pilot program,
5 other than general practice.

6 (k) DEFINITIONS.—In this section:

7 (1) ENROLLED VETERAN.—The term “enrolled
8 veteran” means a veteran who is enrolled in the sys-
9 tem of annual patient enrollment established and op-
10 erated under section 1705(a) of title 38, United
11 States Code.

12 (2) UNDERSERVED FACILITY.—The term “un-
13 derserved facility” means a medical center, ambula-
14 tory care facility, or community based outpatient
15 clinic of the Department of Veterans Affairs des-
16 ignated by the Secretary of Veterans Affairs pursu-
17 ant to criteria developed under section 231.

18 **SEC. 233. PROGRAM TO FURNISH MOBILE DEPLOYMENT**
19 **TEAMS TO UNDERSERVED FACILITIES.**

20 (a) IN GENERAL.—The Secretary of Veterans Affairs
21 shall establish a program to furnish mobile deployment
22 teams of medical personnel to underserved facilities.

23 (b) ELEMENTS.—In furnishing mobile deployment
24 teams under subsection (a), the Secretary shall consider
25 the following elements:

(3) Such other elements as the Secretary considers necessary for effective oversight of the program established under subsection (a).

(d) UNDERSERVED FACILITY DEFINED.—In this section, the term “underserved facility” means a medical center, ambulatory care facility, or community based outpatient clinic of the Department of Veterans Affairs designated by the Secretary of Veterans Affairs pursuant to criteria developed under section 231.

(a) IN GENERAL.—The Secretary of Veterans Affairs shall ensure that clinical staff working at Vet Centers are eligible to participate in the education debt reduction pro-

1 gram of the Department of Veterans Affairs under sub-
 2 chapter VII of chapter 76 of title 38, United States Code.

3 (b) REPORT.—Not later than one year after the date
 4 of the enactment of this Act, the Secretary shall submit
 5 to the Committee on Veterans’ Affairs of the Senate and
 6 the Committee on Veterans’ Affairs of the House of Rep-
 7 resentatives a report on the number of participants in the
 8 education debt reduction program of the Department
 9 under such subchapter who work at Vet Centers.

10 (c) VET CENTER DEFINED.—In this section, the
 11 term “Vet Center” has the meaning given that term in
 12 section 1712A(h) of title 38, United States Code.

13 **Subtitle C—Construction and** 14 **Leases**

15 **SEC. 241. DEFINITION OF MAJOR MEDICAL FACILITY** 16 **PROJECT AND MAJOR MEDICAL FACILITY** 17 **LEASE.**

18 (a) MODIFICATION OF DEFINITION OF MEDICAL FA-
 19 CILITY.—Section 8101(3) is amended by striking “Sec-
 20 retary” and all that follows through “nursing home,” and
 21 inserting “Secretary, or as otherwise authorized by law,
 22 for the provision of health-care services (including hos-
 23 pital, outpatient clinic, nursing home,”.

24 (b) MODIFICATION OF DEFINITIONS OF MAJOR MED-
 25 ICAL FACILITY PROJECT AND MAJOR MEDICAL FACILITY

1 LEASE.—Paragraph (3) of section 8104(a) is amended to
2 read as follows:

3 “(3) For purposes of this subsection:

4 “(A) The term ‘major medical facility project’
5 means a project for the construction, alteration, or
6 acquisition of a medical facility involving a total ex-
7 penditure of more than \$20,000,000, but such term
8 does not include an acquisition by exchange, non-re-
9 curring maintenance projects of the Department, or
10 the construction, alteration, or acquisition of a
11 shared Federal medical facility for which the De-
12 partment’s estimated share of the project costs does
13 not exceed \$20,000,000.

14 “(B) The term ‘major medical facility lease’
15 means a lease for space for use as a new medical fa-
16 cility at an average annual rental equal to or greater
17 than the dollar threshold for leases procured through
18 the General Services Administration under section
19 3307(a)(2) of title 40, which shall be subject to an-
20 nual adjustment in accordance with section 3307(h)
21 of such title.”.

1 **SEC. 242. FACILITATING SHARING OF MEDICAL FACILITIES**
2 **WITH OTHER FEDERAL AGENCIES.**

3 (a) IN GENERAL.—Subchapter I of chapter 81 is
4 amended by inserting after section 8111A the following
5 new section:

6 **“§ 8111B. Authority to plan, design, construct, or**
7 **lease a shared medical facility**

8 “(a) IN GENERAL.—(1) The Secretary may enter
9 into agreements with other Federal agencies for the plan-
10 ning, designing, constructing, or leasing of shared medical
11 facilities with the goal of improving access to, and quality
12 and cost effectiveness of, health care provided by the De-
13 partment and other Federal agencies.

14 “(2) Facilities planned, designed, constructed, or
15 leased under paragraph (1) shall be managed by the
16 Under Secretary for Health.

17 “(b) TRANSFER OF AMOUNTS TO OTHER FEDERAL
18 AGENCIES.—(1) The Secretary may transfer to another
19 Federal agency amounts appropriated to the Department
20 for ‘Construction, Minor Projects’ for use for the plan-
21 ning, design, or construction of a shared medical facility
22 if the estimated share of the project costs to be borne by
23 the Department does not exceed the threshold for a major
24 medical facility project under section 8104(a)(3)(A) of this
25 title.

1 “(2) The Secretary may transfer to another Federal
2 agency amounts appropriated to the Department for ‘Con-
3 struction, Major Projects’ for use for the planning, design,
4 or construction of a shared medical facility if—

5 “(A) the estimated share of the project costs to
6 be borne by the Department is more than the
7 threshold for a major medical facility project under
8 subsection (a)(3)(A) of section 8104 of this title;
9 and

10 “(B) the requirements for such a project under
11 such section have been met.

12 “(3) The Secretary may transfer to another Federal
13 agency amounts appropriated to the applicable appropria-
14 tions account of the Department for the purpose of leasing
15 space for a shared medical facility if the estimated share
16 of the lease costs to be borne by the Department does not
17 exceed the threshold for a major medical facility lease
18 under section 8104(a)(3)(B) of this title.

19 “(c) TRANSFER OF AMOUNTS TO DEPARTMENT.—(1)
20 Amounts transferred to the Department by another Fed-
21 eral agency for the necessary expenses of planning, design-
22 ing, or constructing a shared medical facility for which
23 the estimated share of the project costs to be borne by
24 the Department does not exceed the threshold for a major
25 medical facility project under section 8104(a)(3)(A) of this

1 title may be deposited in the ‘Construction, Minor
2 Projects’ account of the Department and used for such
3 necessary expenses.

4 “(2) Amounts transferred to the Department by an-
5 other Federal agency for the necessary expenses of plan-
6 ning, designing, or constructing a shared medical facility
7 for which the estimated share of the project costs to be
8 borne by the Department is more than the threshold for
9 a major medical facility project under section
10 8104(a)(3)(A) of this title may be deposited in the ‘Con-
11 struction, Major Projects’ account of the Department and
12 used for such necessary expenses if the requirements for
13 such project under section 8104 of this title have been
14 met.

15 “(3) Amounts transferred to the Department by an-
16 other Federal agency for the purpose of leasing space for
17 a shared medical facility may be credited to the applicable
18 appropriations account of the Department and shall be
19 available without fiscal year limitation.

20 “(4) Amounts transferred under paragraphs (1) and
21 (2) shall be available for the same time period as amounts
22 in the account to which those amounts are transferred.”.

23 (b) CLERICAL AMENDMENT.—The table of sections
24 at the beginning of such chapter is amended by inserting

1 after the item relating to section 8111A the following new
 2 item:

“8111B. Authority to plan, design, construct, or lease a shared medical facility.”.

3 **SEC. 243. REVIEW OF ENHANCED USE LEASES.**

4 Section 8162(b)(6) is amended to read as follows:

5 “(6) The Office of Management and Budget shall re-
 6 view each enhanced-use lease before the lease goes into
 7 effect to determine whether the lease is in compliance with
 8 paragraph (5).”.

9 **SEC. 244. AUTHORIZATION OF CERTAIN MAJOR MEDICAL**
 10 **FACILITY PROJECTS OF THE DEPARTMENT**
 11 **OF VETERANS AFFAIRS.**

12 (a) AUTHORIZATION.—The Secretary of Veterans Af-
 13 fairs may carry out the following major medical facility
 14 project, to be carried out in an amount not to exceed the
 15 amount specified for that project: Construction of the new
 16 East Bay Community Based Outpatient Clinic and all as-
 17 sociated site work, utilities, parking, and landscaping, con-
 18 struction of the Central Valley Engineering and Logistics
 19 support facility, and enhanced flood plain mitigation at the
 20 Central Valley and East Bay Community Based Out-
 21 patient Clinics as part of the realignment of medical facili-
 22 ties in Livermore, California, in an amount not to exceed
 23 \$117,300,000.

1 (b) AUTHORIZATION OF APPROPRIATIONS FOR CON-
2 STRUCTION.—There is authorized to be appropriated to
3 the Secretary of Veterans Affairs for fiscal year 2018 or
4 the year in which funds are appropriated for the Construc-
5 tion, Major Projects account, \$117,300,000 for the project
6 authorized in subsection (a).

7 (c) SUBMITTAL OF INFORMATION.—Not later than
8 90 days after the date of the enactment of this Act, for
9 the project authorized in section (a), the Secretary of Vet-
10 erans Affairs shall submit to the Committee on Veterans’
11 Affairs of the Senate and the Committee on Veterans’ Af-
12 fairs of the House of Representatives the following infor-
13 mation:

14 (1) A line item accounting of expenditures re-
15 lating to construction management carried out by
16 the Department of Veterans Affairs for such project.

17 (2) The future amounts that are budgeted to be
18 obligated for construction management carried out
19 by the Department for such project.

20 (3) A justification for the expenditures de-
21 scribed in paragraph (1) and the future amounts de-
22 scribed in paragraph (2).

23 (4) Any agreement entered into by the Sec-
24 retary regarding a non-Department of Veterans Af-
25 fairs Federal entity providing management services

1 relating to such project, including reimbursement
 2 agreements and the costs to the Department for
 3 such services.

4 **Subtitle D—Other Health Care** 5 **Matters**

6 **SEC. 251. PROGRAM ON USE OF WELLNESS PROGRAMS AS**
 7 **COMPLEMENTARY APPROACH TO MENTAL**
 8 **HEALTH CARE FOR VETERANS AND FAMILY**
 9 **MEMBERS OF VETERANS.**

10 (a) PROGRAM REQUIRED.—

11 (1) IN GENERAL.—The Secretary of Veterans
 12 Affairs shall carry out a program through the award
 13 of grants to public or private nonprofit entities to
 14 assess the feasibility and advisability of using
 15 wellness programs to complement the provision of
 16 mental health care to veterans and family members
 17 eligible for counseling under section 1712A(a)(1)(C)
 18 of title 38, United States Code.

19 (2) MATTERS TO BE ADDRESSED.—The pro-
 20 gram shall be carried out so as to assess the fol-
 21 lowing:

22 (A) Means of improving coordination be-
 23 tween Federal, State, local, and community pro-
 24 viders of health care in the provision of mental

1 health care to veterans and family members de-
2 scribed in paragraph (1).

3 (B) Means of enhancing outreach, and co-
4 ordination of outreach, by and among providers
5 of health care referred to in subparagraph (A)
6 on the mental health care services available to
7 veterans and family members described in para-
8 graph (1).

9 (C) Means of using wellness programs of
10 providers of health care referred to in subpara-
11 graph (A) as complements to the provision by
12 the Department of Veterans Affairs of mental
13 health care to veterans and family members de-
14 scribed in paragraph (1).

15 (D) Whether wellness programs described
16 in subparagraph (C) are effective in enhancing
17 the quality of life and well-being of veterans
18 and family members described in paragraph
19 (1).

20 (E) Whether wellness programs described
21 in subparagraph (C) are effective in increasing
22 the adherence of veterans described in para-
23 graph (1) to the primary mental health services
24 provided such veterans by the Department.

1 (F) Whether wellness programs described
2 in subparagraph (C) have an impact on the
3 sense of wellbeing of veterans described in para-
4 graph (1) who receive primary mental health
5 services from the Department.

6 (G) Whether wellness programs described
7 in subparagraph (C) are effective in encour-
8 aging veterans receiving health care from the
9 Department to adopt a more healthy lifestyle.

10 (b) DURATION.—The Secretary shall carry out the
11 program for a period of three years beginning on the date
12 that is one year after the date of the enactment of this
13 Act.

14 (c) LOCATIONS.—The Secretary shall carry out the
15 program at facilities of the Department providing mental
16 health care services to veterans and family members de-
17 scribed in subsection (a)(1).

18 (d) GRANT PROPOSALS.—

19 (1) IN GENERAL.—A public or private nonprofit
20 entity seeking the award of a grant under this sec-
21 tion shall submit an application therefor to the Sec-
22 retary in such form and in such manner as the Sec-
23 retary may require.

1 (2) APPLICATION CONTENTS.—Each application
2 submitted under paragraph (1) shall include the fol-
3 lowing:

4 (A) A plan to coordinate activities under
5 the program, to the extent possible, with Fed-
6 eral, State, and local providers of services for
7 veterans to enhance the following:

8 (i) Awareness by veterans of benefits
9 and health care services provided by the
10 Department.

11 (ii) Outreach efforts to increase the
12 use by veterans of services provided by the
13 Department.

14 (iii) Educational efforts to inform vet-
15 erans of the benefits of a healthy and ac-
16 tive lifestyle.

17 (B) A statement of understanding from
18 the entity submitting the application that, if se-
19 lected, such entity will be required to report to
20 the Secretary periodically on standardized data
21 and other performance data necessary to evalu-
22 ate individual outcomes and to facilitate evalua-
23 tions among entities participating in the pro-
24 gram.

1 (C) Other requirements that the Secretary
2 may prescribe.

3 (e) GRANT USES.—

4 (1) IN GENERAL.—A public or private nonprofit
5 entity awarded a grant under this section shall use
6 the award for purposes prescribed by the Secretary.

7 (2) ELIGIBLE VETERANS AND FAMILY.—In car-
8 rying out the purposes prescribed by the Secretary
9 in paragraph (1), a public or private nonprofit entity
10 awarded a grant under this section shall use the
11 award to furnish services only to individuals speci-
12 fied in section 1712A(a)(1)(C) of title 38, United
13 States Code.

14 (f) REPORTS.—

15 (1) PERIODIC REPORTS.—

16 (A) IN GENERAL.—Not later than 180
17 days after the date of the commencement of the
18 program, and every 180 days thereafter, the
19 Secretary shall submit to Congress a report on
20 the program.

21 (B) REPORT ELEMENTS.—Each report re-
22 quired by subparagraph (A) shall include the
23 following:

24 (i) The findings and conclusions of
25 the Secretary with respect to the program

1 during the 180-day period preceding the
2 report.

3 (ii) An assessment of the benefits of
4 the program to veterans and their family
5 members during the 180-day period pre-
6 ceding the report.

7 (2) FINAL REPORT.—Not later than 180 days
8 after the end of the program, the Secretary shall
9 submit to Congress a report detailing the rec-
10 ommendations of the Secretary as to the advisability
11 of continuing or expanding the program.

12 (g) WELLNESS DEFINED.—In this section, the term
13 “wellness” has the meaning given that term in regulations
14 prescribed by the Secretary.

15 **SEC. 252. AUTHORIZATION TO PROVIDE FOR OPERATIONS**
16 **ON LIVE DONORS FOR PURPOSES OF CON-**
17 **DUCTING TRANSPLANT PROCEDURES FOR**
18 **VETERANS.**

19 (a) IN GENERAL.—Subchapter VIII of chapter 17 is
20 amended by adding at the end the following new section:

21 **“§ 1788. Transplant procedures with live donors and**
22 **related services**

23 “(a) IN GENERAL.—Subject to subsections (b) and
24 (c), in a case in which a veteran is eligible for a transplant
25 procedure from the Department, the Secretary may pro-

1 vide for an operation on a live donor to carry out such
 2 procedure for such veteran, notwithstanding that the live
 3 donor may not be eligible for health care from the Depart-
 4 ment.

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

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

22 (b) CLERICAL AMENDMENT.—The table of sections
 23 at the beginning of chapter 17 is amended by inserting
 24 after the item relating to section 1787 the following new
 25 item:

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

1 **SEC. 253. SENSE OF THE SENATE.**

2 It is the sense of the Senate that—

3 (1) a strong and fully resourced Veterans
4 Health Administration is necessary to effectively
5 serve our veterans community;

6 (2) veterans overwhelmingly report that they
7 are satisfied with the care they receive at facilities
8 operated by the Administration;

9 (3) research has shown that the Administration
10 produces as good or better outcomes for its patients
11 than private health care systems; and

12 (4) the Senate opposes any effort that would
13 weaken the Administration or put the Administra-
14 tion on a path toward privatization.

15 **TITLE III—FAMILY CAREGIVERS**

16 **SEC. 301. EXPANSION OF FAMILY CAREGIVER PROGRAM OF**
17 **DEPARTMENT OF VETERANS AFFAIRS.**

18 (a) FAMILY CAREGIVER PROGRAM.—

19 (1) EXPANSION OF ELIGIBILITY.—

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

23 “(B) for assistance provided under this sub-
24 section—

25 “(i) before the date on which the Secretary
26 submits to Congress a certification that the De-

1 partment has fully implemented the information
2 technology system required by section 302(a) of
3 the Caring for our Veterans Act of 2017, has
4 a serious injury (including traumatic brain in-
5 jury, psychological trauma, or other mental dis-
6 order) incurred or aggravated in the line of
7 duty in the active military, naval, or air service
8 on or after September 11, 2001;

9 “(ii) during the two-year period beginning
10 on the date on which the Secretary submitted
11 to Congress the certification described in clause
12 (i), has a serious injury (including traumatic
13 brain injury, psychological trauma, or other
14 mental disorder) incurred or aggravated in the
15 line of duty in the active military, naval, or air
16 service—

17 “(I) on or before May 7, 1975; or

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

19 or

20 “(iii) after the date that is two years after
21 the date on which the Secretary submits to
22 Congress the certification described in clause
23 (i), has a serious injury (including traumatic
24 brain injury, psychological trauma, or other
25 mental disorder) incurred or aggravated in the

1 line of duty in the active military, naval, or air
2 service; and”.

3 (B) PUBLICATION IN FEDERAL REG-
4 ISTER.—Not later than 30 days after the date
5 on which the Secretary of Veterans Affairs sub-
6 mits to Congress the certification described in
7 subsection (a)(2)(B)(i) of section 1720G of
8 such title, as amended by subparagraph (A) of
9 this paragraph, the Secretary shall publish the
10 date specified in such subsection in the Federal
11 Register.

12 (2) EXPANSION OF NEEDED SERVICES IN ELI-
13 GIBILITY CRITERIA.—Subsection (a)(2)(C) of such
14 section is amended—

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

17 (B) by redesignating clause (iii) as clause
18 (iv); and

19 (C) by inserting after clause (ii) the fol-
20 lowing new clause (iii):

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

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

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

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

7 (C) by adding at the end the following new
8 subclause:

9 “(VI) through the use of contracts with, or
10 the provision of grants to, public or private en-
11 tities—

12 “(aa) financial planning services relat-
13 ing to the needs of injured veterans and
14 their caregivers; and

15 “(bb) legal services, including legal
16 advice and consultation, relating to the
17 needs of injured veterans and their care-
18 givers.”.

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

22 (A) by redesignating clause (iii) as clause
23 (iv); and

24 (B) by inserting after clause (ii) the fol-
25 lowing new clause (iii):

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

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

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

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

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

20 “(D) In providing instruction, preparation, and train-
 21 ing under subparagraph (A)(i)(I) and technical support
 22 under subparagraph (A)(i)(II) to each family caregiver
 23 who is approved as a provider of personal care services
 24 for an eligible veteran under paragraph (6), the Secretary
 25 shall periodically evaluate the needs of the eligible veteran

1 and the skills of the family caregiver of such veteran to
2 determine if additional instruction, preparation, training,
3 or technical support under those subparagraphs is nec-
4 essary.”.

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

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

14 “(11)(A) In providing assistance under this sub-
15 section to family caregivers of eligible veterans, the Sec-
16 retary may enter into contracts, provider agreements, and
17 memoranda of understanding with Federal agencies,
18 States, and private, nonprofit, and other entities to pro-
19 vide such assistance to such family caregivers.

20 “(B) The Secretary may provide assistance under
21 this paragraph only if such assistance is reasonably acces-
22 sible to the family caregiver and is substantially equivalent
23 or better in quality to similar services provided by the De-
24 partment.

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

4 (b) MODIFICATION OF DEFINITION OF PERSONAL
5 CARE SERVICES.—Subsection (d)(4) of such section is
6 amended—

7 (1) in subparagraph (A), by striking “inde-
8 pendent”;

9 (2) by redesignating subparagraph (B) as sub-
10 paragraph (D); and

11 (3) by inserting after subparagraph (A) the fol-
12 lowing new subparagraphs:

13 “(B) Supervision or protection based on
14 symptoms or residuals of neurological or other
15 impairment or injury.

16 “(C) Regular or extensive instruction or
17 supervision without which the ability of the vet-
18 eran to function in daily life would be seriously
19 impaired.”.

20 **SEC. 302. IMPLEMENTATION OF INFORMATION TECH-**
21 **NOLOGY SYSTEM OF DEPARTMENT OF VET-**
22 **ERANS AFFAIRS TO ASSESS AND IMPROVE**
23 **THE FAMILY CAREGIVER PROGRAM.**

24 (a) IMPLEMENTATION OF NEW SYSTEM.—

1 (1) IN GENERAL.—Not later than June 1,
2 2018, the Secretary of Veterans Affairs shall imple-
3 ment an information technology system that fully
4 supports the Program and allows for data assess-
5 ment and comprehensive monitoring of the Program.

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

9 (A) The ability to easily retrieve data that
10 will allow all aspects of the Program (at the
11 medical center and aggregate levels) and the
12 workload trends for the Program to be assessed
13 and comprehensively monitored.

14 (B) The ability to manage data with re-
15 spect to a number of caregivers that is more
16 than the number of caregivers that the Sec-
17 retary expects to apply for the Program.

18 (C) The ability to integrate the system
19 with other relevant information technology sys-
20 tems of the Veterans Health Administration.

21 (b) ASSESSMENT OF PROGRAM.—Not later than 180
22 days after implementing the system described in sub-
23 section (a), the Secretary shall, through the Under Sec-
24 retary for Health, use data from the system and other rel-

1 evant data to conduct an assessment of how key aspects
2 of the Program are structured and carried out.

3 (c) ONGOING MONITORING OF AND MODIFICATIONS
4 TO PROGRAM.—

5 (1) MONITORING.—The Secretary shall use the
6 system implemented under subsection (a) to monitor
7 and assess the workload of the Program, including
8 monitoring and assessment of data on—

9 (A) the status of applications, appeals, and
10 home visits in connection with the Program;
11 and

12 (B) the use by caregivers participating in
13 the Program of other support services under
14 the Program such as respite care.

15 (2) MODIFICATIONS.—Based on the monitoring
16 and assessment conducted under paragraph (1), the
17 Secretary shall identify and implement such modi-
18 fications to the Program as the Secretary considers
19 necessary to ensure the Program is functioning as
20 intended and providing veterans and caregivers par-
21 ticipating in the Program with services in a timely
22 manner.

23 (d) REPORTS.—

24 (1) INITIAL REPORT.—

1 (A) IN GENERAL.—Not later than 90 days
2 after the date of the enactment of this Act, the
3 Secretary shall submit to the Committee on
4 Veterans' Affairs of the Senate, the Committee
5 on Veterans' Affairs of the House of Represent-
6 atives, and the Comptroller General of the
7 United States a report that includes—

8 (i) the status of the planning, develop-
9 ment, and deployment of the system re-
10 quired to be implemented under subsection
11 (a), including any changes in the timeline
12 for the implementation of the system; and

13 (ii) an assessment of the needs of
14 family caregivers of veterans described in
15 subparagraph (B), the resources needed
16 for the inclusion of such family caregivers
17 in the Program, and such changes to the
18 Program as the Secretary considers nec-
19 essary to ensure the successful expansion
20 of the Program to include such family
21 caregivers.

22 (B) VETERANS DESCRIBED.—Veterans de-
23 scribed in this subparagraph are veterans who
24 are eligible for the Program under clause (ii) or
25 (iii) of section 1720G(a)(2)(B) of title 38,

1 United States Code, as amended by section
2 301(a)(1) of this Act, solely due to a serious in-
3 jury (including traumatic brain injury, psycho-
4 logical trauma, or other mental disorder) in-
5 curred or aggravated in the line of duty in the
6 active military, naval, or air service before Sep-
7 tember 11, 2001.

8 (2) NOTIFICATION BY COMPTROLLER GEN-
9 ERAL.—The Comptroller General shall review the re-
10 port submitted under paragraph (1) and notify the
11 Committee on Veterans' Affairs of the Senate and
12 the Committee on Veterans' Affairs of the House of
13 Representatives with respect to the progress of the
14 Secretary in—

15 (A) fully implementing the system required
16 under subsection (a); and

17 (B) implementing a process for using such
18 system to monitor and assess the Program
19 under subsection (c)(1) and modify the Pro-
20 gram as considered necessary under subsection
21 (c)(2).

22 (3) FINAL REPORT.—

23 (A) IN GENERAL.—Not later than June 1,
24 2019, the Secretary shall submit to the Com-
25 mittee on Veterans' Affairs of the Senate, the

1 Committee on Veterans' Affairs of the House of
2 Representatives, and the Comptroller General a
3 report on the implementation of subsections (a)
4 through (c).

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

7 (i) A certification by the Secretary
8 with respect to whether the information
9 technology system described in subsection
10 (a) has been implemented.

11 (ii) A description of how the Secretary
12 has implemented such system.

13 (iii) A description of the modifications
14 to the Program, if any, that were identified
15 and implemented under subsection (c)(2).

16 (iv) A description of how the Sec-
17 retary is using such system to monitor the
18 workload of the Program.

19 (e) DEFINITIONS.—In this section:

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

24 (2) PROGRAM.—The term “Program” means
25 the program of comprehensive assistance for family

1 caregivers under section 1720G(a) of title 38,
 2 United States Code, as amended by section 301 of
 3 this Act.

4 **SEC. 303. MODIFICATIONS TO ANNUAL EVALUATION RE-**
 5 **PORT ON CAREGIVER PROGRAM OF DEPART-**
 6 **MENT OF VETERANS AFFAIRS.**

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

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

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

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

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

23 “(iii) an evaluation of the sufficiency
 24 and consistency of the training provided to
 25 family caregivers under such program in

preparing family caregivers to provide care
to veterans under such program.”.

TITLE IV—APPROPRIATION OF AMOUNTS

SEC. 401. APPROPRIATION OF AMOUNTS FOR HEALTH CARE FROM DEPARTMENT OF VETERANS AF- FAIRS.

(a) IN GENERAL.—There is authorized to be appro-
priated, and is appropriated, to the Secretary of Veterans
Affairs, out of any funds in the Treasury not otherwise
appropriated, \$1,000,000,000 to carry out subsection (c).

(b) AVAILABILITY OF AMOUNTS.—The amount ap-
propriated under subsection (a) shall be available for obli-
gation or expenditure without fiscal year limitation.

(c) USE OF AMOUNTS.—The amount appropriated
under subsection (a) shall be used by the Secretary to
carry out the following:

(1) Subchapters II and VII of chapter 76 of
title 38, United States Code;

(2) The program to increase the number of
graduate medical education residency positions of
the Department under sections 211 and 212; and

(3) Section 221.

(d) FUNDING PLAN.—Not later than 60 days after
the date of the enactment of this Act, the Secretary shall

1 submit to the appropriate committees of Congress a fund-
2 ing plan describing how the Secretary intends to use the
3 amount appropriated under subsection (a).

4 (e) SUPPLEMENT NOT SUPPLANT.—Amounts appro-
5 priated under subsection (a) for purposes of carrying out
6 subchapters II and VII of chapter 76 of title 38, United
7 States Code, shall supplement, not supplant, amounts oth-
8 erwise made available to the Secretary to carry out such
9 subchapters.

10 (f) REPORT.—Not later than one year after the date
11 of the enactment of this Act, the Secretary shall submit
12 to the appropriate committees of Congress a report on how
13 the Secretary has obligated the amount appropriated
14 under subsection (a) as of the date of the submittal of
15 the report.

16 (g) APPROPRIATE COMMITTEES OF CONGRESS DE-
17 FINED.—In this section, the term “appropriate commit-
18 tees of Congress” means—

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

21 (2) the Committee on Veterans’ Affairs and the
22 Committee on Appropriations of the House of Rep-
23 resentatives.

1 **SEC. 402. APPROPRIATION OF AMOUNTS FOR VETERANS**

2 **CHOICE PROGRAM.**

3 (a) IN GENERAL.—There is authorized to be appro-
4 priated, and is appropriated, to the Secretary of Veterans
5 Affairs, out of any funds in the Treasury not otherwise
6 appropriated, \$4,000,000,000 to be deposited in the Vet-
7 erans Choice Fund under section 802 of the Veterans Ac-
8 cess, Choice, and Accountability Act of 2014 (Public Law
9 113–146; 38 U.S.C. 1701 note).

10 (b) AVAILABILITY.—The amount appropriated under
11 subsection (a) shall remain available until expended pursu-
12 ant to section 802(c)(4) of the Veterans Access, Choice,
13 and Accountability Act of 2014 (Public Law 113–146; 38
14 U.S.C. 1701 note) as added by section 142.

Calendar No. 273

115TH CONGRESS
1ST Session

S. 2193

A BILL

To amend title 38, United States Code, to improve health care for veterans, and for other purposes.

DECEMBER 5, 2017

Read twice and placed on the calendar