

115TH CONGRESS
2D SESSION

S. 2906

To establish a permanent community care program for veterans, to improve the recruitment of health care providers of the Department of Veterans Affairs, to improve construction by the Department, and for other purposes.

IN THE SENATE OF THE UNITED STATES

MAY 22, 2018

Mr. MANCHIN (for himself, Mrs. McCASKILL, Ms. STABENOW, Mr. Kaine, Mr. WARNER, Mr. MENENDEZ, Mr. DONNELLY, Ms. HARRIS, Ms. KLOBUCHAR, Mr. NELSON, Mr. VAN HOLLEN, Mrs. MURRAY, Mr. KING, Mr. JONES, Mr. SCHUMER, Mr. BROWN, Ms. BALDWIN, Mr. DURBIN, Ms. WARREN, Ms. SMITH, and Mr. MARKEY) introduced the following bill; which was read twice and referred to the Committee on Veterans' Affairs

A BILL

To establish a permanent community care program for veterans, to improve the recruitment of health care providers of the Department of Veterans Affairs, to improve construction by the Department, and for other purposes.

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

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

4 (a) SHORT TITLE.—This Act may be cited as the
5 “VA Maintaining Internal Systems and Strengthening In-

1 tegrated Outside Networks Act of 2018” or the “VA MIS-
 2 SION Act of 2018”.

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

- Sec. 1. Short title; table of contents.
- Sec. 2. References to title 38, United States Code.

TITLE I—CARING FOR OUR VETERANS

- Sec. 100. Short title.

Subtitle A—Developing an Integrated High-Performing Network

CHAPTER 1—ESTABLISHING COMMUNITY CARE PROGRAMS

- Sec. 101. Establishment of Veterans Community Care Program.
- Sec. 102. Authorization of agreements between Department of Veterans Affairs and non-Department providers.
- Sec. 103. Conforming amendments for State veterans homes.
- Sec. 104. Access standards and standards for quality.
- Sec. 105. Access to walk-in care.
- Sec. 106. Strategy regarding the Department of Veterans Affairs High-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.
- Sec. 109. Remediation of medical service lines.

CHAPTER 2—PAYING PROVIDERS AND IMPROVING COLLECTIONS

- Sec. 111. Prompt payment to providers.
- Sec. 112. Authority to pay for authorized care not subject to an agreement.
- Sec. 113. Improvement of authority to recover the cost of services furnished for non-service-connected disabilities.
- Sec. 114. Processing of claims for reimbursement through electronic interface.

CHAPTER 3—EDUCATION AND TRAINING PROGRAMS

- Sec. 121. Education program on health care options.
- Sec. 122. Training program for administration of non-Department of Veterans Affairs health care.
- Sec. 123. Continuing medical education for non-Department medical professionals.

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

- Sec. 131. Establishment of processes to ensure safe opioid prescribing practices by non-Department of Veterans Affairs health care providers.
- Sec. 132. Improving information sharing with community providers.
- Sec. 133. Competency standards for non-Department of Veterans Affairs health care providers.

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

CHAPTER 5—OTHER NON-DEPARTMENT HEALTH CARE MATTERS

- Sec. 141. Plans for Use of Supplemental Appropriations Required.
 Sec. 142. Veterans Choice Fund flexibility.
 Sec. 143. Sunset of Veterans Choice Program.
 Sec. 144. Conforming amendments.

Subtitle B—Improving Department of Veterans Affairs Health Care Delivery

- Sec. 151. Licensure of health care professionals of the Department of Veterans Affairs providing treatment via telemedicine.
 Sec. 152. Authority for Department of Veterans Affairs Center for Innovation for Care and Payment.
 Sec. 153. Authorization to provide for operations on live donors for purposes of conducting transplant procedures for veterans.

Subtitle C—Family Caregivers

- Sec. 161. Expansion of family caregiver program of Department of Veterans Affairs.
 Sec. 162. Implementation of information technology system of Department of Veterans Affairs to assess and improve the family caregiver program.
 Sec. 163. Modifications to annual evaluation report on caregiver program of Department of Veterans Affairs.

TITLE II—IMPROVEMENTS TO RECRUITMENT OF HEALTH CARE PROFESSIONALS

- Sec. 201. Designated scholarships for physicians and dentists under Department of Veterans Affairs Health Professional Scholarship Program.
 Sec. 202. Increase in maximum amount of debt that may be reduced under Education Debt Reduction Program of Department of Veterans Affairs.
 Sec. 203. Establishing the Department of Veterans Affairs Specialty Education Loan Repayment Program.
 Sec. 204. Veterans healing veterans medical access and scholarship program.
 Sec. 205. Bonuses for recruitment, relocation, and retention.
 Sec. 206. Inclusion of Vet Center employees in Education Debt Reduction Program of Department of Veterans Affairs.

TITLE III—HEALTH CARE IN UNDERSERVED AREAS

- Sec. 301. 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. 302. Pilot program to furnish mobile deployment teams to underserved facilities.
 Sec. 303. Pilot program on graduate medical education and residency.

TITLE IV—INFRASTRUCTURE MATTERS

- Sec. 401. Improvement to training of construction personnel.
 Sec. 402. Review of enhanced use leases.

Sec. 403. Assessment of health care furnished by the Department to veterans who live in the Pacific territories.

TITLE V—OTHER MATTERS

Sec. 501. Annual report on performance awards and bonuses awarded to certain high-level employees of the department.

Sec. 502. Role of podiatrists in Department of Veterans Affairs.

Sec. 503. Definition of major medical facility project.

Sec. 504. Authorization of certain major medical facility projects of the Department of Veterans Affairs.

Sec. 505. Department of Veterans Affairs personnel transparency.

Sec. 506. Program on establishment of peer specialists in patient aligned care team settings within medical centers of Department of Veterans Affairs.

Sec. 507. Department of Veterans Affairs medical scribe pilot program.

Sec. 508. Extension of requirement to collect fees for housing loans guaranteed by Secretary of Veterans Affairs.

Sec. 509. Extension of reduction in amount of pension furnished by Department of Veterans Affairs for certain veterans covered by Medicaid plans for services furnished by nursing facilities.

Sec. 510. Appropriation of amounts.

Sec. 511. Technical correction.

1 **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.

7 **TITLE I—CARING FOR OUR** 8 **VETERANS**

9 **SEC. 100. SHORT TITLE.**

10 This title may be cited as the “Caring for Our Vet-
11 erans Act of 2018”.

1 **Subtitle A—Developing an Inte-**
 2 **grated High-Performing Net-**
 3 **work**

4 **CHAPTER 1—ESTABLISHING COMMUNITY**
 5 **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 in care resulting from errors or
7 delays by the Department or its contractors or an
8 unusual or excessive burden in accessing hospital
9 care, medical services, or extended care services.

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

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

15 “(1) is enrolled in the system of annual patient
16 enrollment established and operated under section
17 1705 of this title; or

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

22 “(c) HEALTH CARE PROVIDERS SPECIFIED.—Health
23 care providers specified in this subsection are the fol-
24 lowing:

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

6 “(2) The Department of Defense.

7 “(3) The Indian Health Service.

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

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

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

22 “(A) the Department does not offer the care or
 23 services the veteran requires;

1 “(B) the Department does not operate a full-
2 service medical facility in the State in which the cov-
3 ered veteran resides;

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

10 “(ii) continues to reside in a location that would
11 qualify the veteran for eligibility under such section;
12 and

13 “(iii) either—

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

17 “(II) resides in a State not described in
18 subclause (I) and—

19 “(aa) received care or services under
20 this title in the year preceding the enact-
21 ment of the Caring for Our Veterans Act
22 of 2018; and

23 “(bb) is seeking care or services with-
24 in two years of the date of the enactment

1 of the Caring for Our Veterans Act of
2 2018;

3 “(D) the covered veteran has contacted the De-
4 partment to request care or services and the Depart-
5 ment is not able to furnish such care or services in
6 a manner that complies with designated access
7 standards developed by the Secretary under section
8 1703B of this title; or

9 “(E) the covered veteran and the covered vet-
10 eran’s referring clinician agree that furnishing care
11 and services through a non-Department entity or
12 provider would be in the best medical interest of the
13 covered veteran based upon criteria developed by the
14 Secretary.

15 “(2) The Secretary shall ensure that the criteria de-
16 veloped under paragraph (1)(E) include consideration of
17 the following:

18 “(A) The distance between the covered veteran
19 and the facility that provides the hospital care, med-
20 ical services, or extended care services the veteran
21 needs.

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

1 “(C) The frequency that the hospital care, med-
2 ical services, or extended care services needs to be
3 furnished.

4 “(D) The timeliness of available appointments
5 for the hospital care, medical services, or extended
6 care services the veteran needs.

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

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

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

23 “(iii) Whether a medical condition of the
24 covered veteran affects the ability of the covered
25 veteran to travel.

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

7 “(v) Such other considerations as the Sec-
8 retary considers appropriate.

9 “(3) If the Secretary has determined that the Depart-
10 ment does not offer the care or services the covered vet-
11 eran requires under subparagraph (A) of paragraph (1),
12 that the Department does not operate a full-service med-
13 ical facility in the State in which the covered veteran re-
14 sides under subparagraph (B) of such paragraph, that the
15 covered veteran is described under subparagraph (C) of
16 such paragraph, or that the Department is not able to fur-
17 nish care or services in a manner that complies with des-
18 ignated access standards developed by the Secretary under
19 section 1703B of this title under subparagraph (D) of
20 such paragraph, the decision to receive hospital care, med-
21 ical services, or extended care services under such sub-
22 paragraphs from a health care provider specified in sub-
23 section (c) shall be at the election of the veteran.

24 “(e) CONDITIONS UNDER WHICH CARE IS AUTHOR-
25 IZED TO BE FURNISHED THROUGH NON-DEPARTMENT

1 PROVIDERS.—(1)(A) The Secretary may furnish hospital
2 care, medical services, or extended care services through
3 a health care provider specified in subsection (c) to a cov-
4 ered veteran served by a medical service line of the De-
5 partment that the Secretary has determined is not pro-
6 viding care that complies with the standards for quality
7 the Secretary shall establish under section 1703C.

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

10 “(i) measure timeliness of the medical service
11 line at a facility of the Department when compared
12 with the same medical service line at different De-
13 partment facilities; and

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

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

23 “(ii) The Secretary may not concurrently furnish hos-
24 pital care, medical services, or extended care services
25 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) in terms of the
6 length of time such care and services will be available, the
7 location at which such care and services will be available,
8 and the clinical care and services that will be available.

9 “(3)(A) Except as provided for in subparagraph (B),
10 the hospital care, medical services, and extended care serv-
11 ices authorized under paragraph (1) with respect to a
12 medical service line shall cease when the remediation de-
13 scribed in section 1706A of this title with respect to such
14 medical service line is complete.

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

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

1 and the clinical services available at each location under
 2 this subsection in accordance with regulations the Sec-
 3 retary shall prescribe.

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

9 “(f) APPEAL BY VETERANS OF DECISIONS OF SEC-
 10 RETARY.—The review of any decision under subsection (d)
 11 or (e) shall be subject to the clinical appeals process of
 12 the Department, and such decisions may not be appealed
 13 to the Board of Veterans’ Appeals.

14 “(g) REVIEW OF DETERMINATIONS BY SEC-
 15 RETARY.—The Secretary shall review a determination of
 16 the Secretary to furnish hospital care, medical services,
 17 or extended care services to a covered veteran under this
 18 section not later than the day that is—

19 “(1) one year after the date of such determina-
 20 tion, in the case of a determination under subsection
 21 (d); or

22 “(2) 180 days after the date of such determina-
 23 tion, in the case of a determination under subsection
 24 (e).

1 “(h) TIERED NETWORK.—(1) To promote the provi-
2 sion of high-quality and high-value hospital care, medical
3 services, and extended care services under this section, the
4 Secretary may develop a tiered provider network of eligible
5 providers based on criteria established by the Secretary
6 for purposes of this section.

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

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

21 “(2)(A) To the extent practicable, the Secretary shall
22 ensure that covered veterans are able to make their own
23 appointments using advanced technology.

24 “(B) To the extent practicable, the Secretary shall
25 be responsible for the scheduling of appointments for hos-

1 pital care, medical services, and extended care services
 2 under this section.

3 “(3)(A) The Secretary may terminate a contract with
 4 an entity entered into under paragraph (1) at such time
 5 and upon such notice to the entity as the Secretary may
 6 specify for purposes of this section if the Secretary notifies
 7 the appropriate committees of Congress that, at a min-
 8 imum—

9 “(i) the entity—

10 “(I) failed to comply substantially with the
 11 provisions of the contract or with the provisions
 12 of this section and the regulations prescribed
 13 under this section;

14 “(II) failed to comply with the access
 15 standards or the standards for quality estab-
 16 lished by the Secretary;

17 “(III) is excluded from participation in a
 18 Federal health care program (as defined in sec-
 19 tion 1128B(f) of the Social Security Act (42
 20 U.S.C. 1320a–7b(f))) under section 1128 or
 21 1128A of the Social Security Act (42 U.S.C.
 22 1320a–7 and 1320a–7a);

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

1 “(V) has been convicted of a felony or
2 other serious offense under Federal or State
3 law and the continued participation of the enti-
4 ty would be detrimental to the best interests of
5 veterans or the Department;

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

8 “(iii) it is reasonable to terminate the contract
9 based on coverage provided by contracts or sharing
10 agreements entered into under authorities other
11 than this section.

12 “(B) Nothing in subparagraph (A) may be construed
13 to restrict the authority of the Secretary to terminate a
14 contract entered into under paragraph (1) under any other
15 provision of law.

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

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

1 “(B) A description of the effect of such failure,
2 including with respect to cost, schedule, and require-
3 ments.

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

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

8 “(E) A description of any effect on the commu-
9 nity provider market for veterans in the affected
10 area.

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

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

4 “(i) With respect to a health care provider,
 5 when the current certification agreement for the
 6 health care provider expires.

7 “(ii) Whether the Department has enacted cer-
 8 tification and eligibility criteria and regulatory pro-
 9 cedures by which non-Department providers will be
 10 authorized under this section.

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

17 “(j) PAYMENT RATES FOR CARE AND SERVICES.—

18 (1) Except as provided in paragraph (2), and to the extent
 19 practicable, the rate paid for hospital care, medical serv-
 20 ices, or extended care services under any provision in this
 21 title may not exceed the rate paid by the United States
 22 to a provider of services (as defined in section 1861(u)
 23 of the Social Security Act (42 U.S.C. 1395x(u))) or a sup-
 24 plier (as defined in section 1861(d) of such Act (42 U.S.C.
 25 1395x(d))) under the Medicare program under title XI or

1 title XVIII of the Social Security Act (42 U.S.C. 1301
2 et seq.), including section 1834 of such Act (42 U.S.C.
3 1395m), for the same care or services.

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

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

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

16 “(4) With respect to furnishing hospital care, medical
17 services, or extended care services under this section in
18 a State with an All-Payer Model Agreement under section
19 1814(b)(3) of the Social Security Act (42 U.S.C.
20 1395f(b)(3)) that became effective on or after January 1,
21 2014, the Medicare payment rates under paragraph
22 (2)(A) shall be calculated based on the payment rates
23 under such agreement.

24 “(5) Notwithstanding paragraph (1), the Secretary
25 may incorporate, to the extent practicable, the use of

1 value-based reimbursement models to promote the provi-
2 sion of high-quality care.

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

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

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

23 “(m) TRANSPLANT AUTHORITY FOR IMPROVED AC-
24 CESS.—(1) In the case of a covered veteran described in
25 paragraph (2), the Secretary shall determine whether to

1 authorize an organ or bone marrow transplant for that
2 covered veteran at a non-Department facility.

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

4 “(A) requires an organ or bone marrow trans-
5 plant; and

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

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

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

22 “(i) The top 25 percent of types of care and
23 services most frequently provided under subsection
24 (d) due to the Department not offering such care
25 and services.

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

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

5 “(iv) Any steps the Department took to provide
6 such care and services at a medical facility of the
7 Department.

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

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

12 “(A) With respect to hospital care, medical
13 services, and extended care services furnished
14 through provider networks established under sub-
15 section (i)—

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

21 “(ii) identify gaps in hospital care, medical
22 services, or extended care services furnished
23 through such networks;

24 “(iii) identify how such gaps may be fixed
25 through new contracts within such networks or

1 changes in the manner in which hospital care,
2 medical services, or extended care services are
3 furnished through such networks;

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

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

12 “(vi) assess the timeliness of such net-
13 works in—

14 “(I) accepting referrals; and

15 “(II) scheduling and completing ap-
16 pointments.

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

23 “(C) Assess the use of academic affiliates and
24 centers of excellence of the Department to furnish

1 hospital care, medical services, and extended care
2 services to covered veterans under this section.

3 “(D) Assess the hospital care, medical services,
4 and extended care services furnished to covered vet-
5 erans under this section by medical facilities oper-
6 ated by Federal agencies other than the Depart-
7 ment.

8 “(3) Not later than 540 days after the date of the
9 enactment of the Caring for Our Veterans Act of 2018,
10 and not less frequently than annually thereafter, the Sec-
11 retary shall submit to the Committee on Veterans’ Affairs
12 of the Senate and the Committee on Veterans’ Affairs of
13 the House of Representatives a report on the information
14 gathered under paragraph (2).

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

23 “(2) No provision in this section may be construed
24 to alter or modify any other provision of law establishing

1 specific eligibility criteria for certain hospital care, medical
 2 services, or extended care services.

3 “(p) DEFINITIONS.—In this section:

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

6 “(A) the Committee on Veterans’ Affairs
 7 and the Committee on Appropriations of the
 8 Senate; and

9 “(B) the Committee on Veterans’ Affairs
 10 and the Committee on Appropriations of the
 11 House of Representatives.

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

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

“1703. Veterans Community Care Program.”.

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

21 (1) the date that is 30 days after the date on
 22 which the Secretary of Veterans Affairs submits the
 23 report required under section 101(q)(2) of the Vet-
 24 erans Access, Choice, and Accountability Act of

1 2014 (Public Law 113–146; 38 U.S.C. 1701 note);
2 or

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

5 (c) REGULATIONS.—

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

11 (2) UPDATES.—

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

18 (B) FIRST UPDATE.—The first update
19 under subparagraph (A) shall occur not later
20 than 120 days after the date of the enactment
21 of this Act.

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

1 (i) the Committee on Veterans' Af-
2 fairs and the Committee on Appropriations
3 of the Senate; and

4 (ii) the Committee on Veterans' Af-
5 fairs and the Committee on Appropriations
6 of the House of Representatives.

7 (d) CONTINUITY OF EXISTING AGREEMENTS.—

8 (1) IN GENERAL.—Notwithstanding section
9 1703 of title 38, United States Code, as amended by
10 subsection (a), the Secretary of Veterans Affairs
11 shall continue all contracts, memorandums of under-
12 standing, memorandums of agreements, and other
13 arrangements that were in effect on the day before
14 the date of the enactment of this Act between the
15 Department of Veterans Affairs and the American
16 Indian and Alaska Native health care systems as es-
17 tablished under the terms of the Department of Vet-
18 erans Affairs and Indian Health Service Memo-
19 randum of Understanding, signed October 1, 2010,
20 the National Reimbursement Agreement, signed De-
21 cember 5, 2012, arrangements under section 405 of
22 the Indian Health Care Improvement Act (25 U.S.C.
23 1645), and agreements entered into under sections
24 102 and 103 of the Veterans Access, Choice, and

1 Accountability Act of 2014 (Public Law 113–146;
2 38 U.S.C. 1701 note).

3 (2) MODIFICATIONS.—Paragraph (1) shall not
4 be construed to prohibit the Secretary and the par-
5 ties to the contracts, memorandums of under-
6 standing, memorandums of agreements, and other
7 arrangements described in such paragraph from
8 making such changes to such contracts, memoran-
9 dums of understanding, memorandums of agree-
10 ments, and other arrangements as may be otherwise
11 authorized pursuant to other provisions of law or the
12 terms of the contracts, memorandums of under-
13 standing, memorandums of agreements, and other
14 arrangements.

15 **SEC. 102. AUTHORIZATION OF AGREEMENTS BETWEEN DE-**
16 **PARTMENT OF VETERANS AFFAIRS AND NON-**
17 **DEPARTMENT PROVIDERS.**

18 (a) IN GENERAL.—Subchapter I of chapter 17 is
19 amended by inserting after section 1703 the following new
20 section:

21 **“§ 1703A. Agreements with eligible entities or pro-**
22 **viders; certification processes**

23 “(a) AGREEMENTS AUTHORIZED.—(1)(A) When hos-
24 pital care, a medical service, or an extended care service
25 required by a veteran who is entitled to such care or serv-

1 ice under this chapter is not feasibly available to the vet-
2 eran from a facility of the Department or through a con-
3 tract or sharing agreement entered into pursuant to an-
4 other provision of law, the Secretary may furnish such
5 care or service to such veteran through an agreement
6 under this section with an eligible entity or provider to
7 provide such hospital care, medical service, or extended
8 care service.

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

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

23 “(D) A Veterans Care Agreement may be entered
24 into by the Secretary or any Department official author-
25 ized by the Secretary.

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

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

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

22 “(3)(A) In fiscal year 2019 and in each fiscal year
23 thereafter, in addition to such other Veterans Care Agree-
24 ments as the Secretary may determine are of material size,
25 a Veterans Care Agreement for the purchase of extended

1 care services that exceeds \$5,000,000 annually shall be
 2 considered of material size.

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

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

10 “(1) any provider of services that has enrolled
 11 and entered into a provider agreement under section
 12 1866(a) of the Social Security Act (42 U.S.C.
 13 1395cc(a)) and any physician or other supplier who
 14 has enrolled and entered into a participation agree-
 15 ment under section 1842(h) of such Act (42 U.S.C.
 16 1395u(h));

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

20 “(3) an Aging and Disability Resource Center,
 21 an area agency on aging, or a State agency (as de-
 22 fined in section 102 of the Older Americans Act of
 23 1965 (42 U.S.C. 3002));

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

4 “(5) any entity or provider not described in
 5 paragraph (1) or (2) that the Secretary determines
 6 to be eligible pursuant to the certification process
 7 described in subsection (c).

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

13 “(1) establish deadlines for actions on applica-
 14 tions for certification;

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

19 “(3) require the denial of certification if the
 20 Secretary determines the eligible entity or provider
 21 is excluded from participation in a Federal health
 22 care program under section 1128 or section 1128A
 23 of the Social Security Act (42 U.S.C. 1320a–7 or
 24 1320a–7a) or is currently identified as an excluded
 25 source on the System for Award Management Exclu-

1 sions list described in part 9 of title 48, Code of
 2 Federal Regulations, and part 180 of title 2 of such
 3 Code, or successor regulations;

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

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

15 “(d) RATES.—To the extent practicable, the rates
 16 paid by the Secretary for hospital care, medical services,
 17 and extended care services provided under a Veterans
 18 Care Agreement shall be in accordance with the rates paid
 19 by the United States under section 1703(j) of this title.

20 “(e) TERMS OF VETERANS CARE AGREEMENTS.—(1)
 21 Pursuant to regulations promulgated under subsection
 22 (k), the Secretary may define the requirements for pro-
 23 viders and entities entering into agreements under this
 24 section based upon such factors as the number of patients
 25 receiving care or services, the number of employees em-

1 ployed by the entity or provider furnishing such care or
2 services, the amount paid by the Secretary to the provider
3 or entity, or other factors as determined by the Secretary.

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

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

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

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

23 “(D) to bill the Department in accordance with
24 the methodology outlined in regulations prescribed
25 under this section;

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

6 “(F) to provide medical records to the Depart-
7 ment in the time frame and format specified by the
8 Department; and

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

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

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

23 “(A) has determined that the eligible entity or
24 provider failed to comply substantially with the pro-
25 visions of the Veterans Care Agreement, or with the

1 provisions of this section or regulations prescribed
2 under this section;

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

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

18 “(D) has determined that it is reasonable to
19 terminate the agreement based on the health care
20 needs of a veteran.

21 “(g) QUALITY OF CARE.—The Secretary shall estab-
22 lish a system or systems for monitoring the quality of care
23 provided to veterans through Veterans Care Agreements
24 and for assessing the quality of hospital care, medical
25 services, and extended care services furnished by eligible

1 entities and providers before the renewal of Veterans Care
2 Agreements.

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

7 “(2) Such procedures constitute the eligible entities’
8 and providers’ exhaustive and exclusive administrative
9 remedies.

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

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

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

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

4 “(B) a Federal contract for the acquisition of
5 goods or services for purposes of any provision of
6 Federal law governing Federal contracts for the ac-
7 quisition of goods or services except section 4706(d)
8 of title 41.

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

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

1 “(I) all provisions of law regarding integrity,
2 ethics, or fraud, or that subject a person to civil or
3 criminal penalties;

4 “(II) all provisions of law that protect against
5 employment discrimination or that otherwise ensure
6 equal employment opportunities; and

7 “(III) all provisions in this subchapter.

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

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

17 **SEC. 104. ACCESS STANDARDS AND STANDARDS FOR QUAL-**
18 **ITY.**

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

22 **“§ 1703B. Access standards**

23 “(a) IN GENERAL.—(1) The Secretary shall establish
24 access standards for furnishing hospital care, medical

1 services, or extended care services to covered veterans for
2 the purposes of section 1703(d) of this title.

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

7 “(b) COMPARATIVE INFORMATION.—The Secretary
8 shall ensure that the access standards established under
9 paragraph (1) provide covered veterans, employees of the
10 Department, and health care providers in the network es-
11 tablished under section 1703(i) of this title with relevant
12 comparative information that is clear, useful, and timely,
13 so that covered veterans can make informed decisions re-
14 garding their health care.

15 “(c) CONSULTATION.—The Secretary shall consult
16 with all pertinent Federal entities (including the Depart-
17 ment of Defense, the Department of Health and Human
18 Services, and the Centers for Medicare & Medicaid Serv-
19 ices), entities in the private sector, and other nongovern-
20 mental entities in establishing access standards under this
21 section.

22 “(d) REPORT.—(1) Not later than 270 days after the
23 date of the enactment of the Caring for Our Veterans Act
24 of 2018, the Secretary shall submit to the appropriate

1 committees of Congress a report detailing the access
2 standards established under this section.

3 “(2)(A) Before submitting the report required under
4 paragraph (1), the Secretary shall provide periodic up-
5 dates to the appropriate committees of Congress to con-
6 firm the Department’s progress towards developing the ac-
7 cess standards required by this section.

8 “(B) The first update under subparagraph (A) shall
9 occur not later than 120 days after the date of the enact-
10 ment of the Caring for Our Veterans Act of 2018.

11 “(3) Not later than 540 days after the date on which
12 the Secretary implements the access standards established
13 under subsection (a), the Secretary shall submit to the ap-
14 propriate committees of Congress a report detailing the
15 implementation of and compliance with such access stand-
16 ards by Department and non-Department entities or pro-
17 viders.

18 “(e) REVIEW OF STANDARDS.—Not later than three
19 years after the date on which the Secretary establishes ac-
20 cess standards under subsection (a) and not less fre-
21 quently than once every three years thereafter, the Sec-
22 retary shall—

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

24 “(2) submit to the appropriate committees of
25 Congress a report on the findings and any modifica-

1 tion to the access standards with respect to the re-
2 view conducted under paragraph (1).

3 “(f) COMPLIANCE WITH STANDARDS.—The Sec-
4 retary shall ensure health care providers specified under
5 section 1703(c) of this title are able to comply with the
6 applicable access standards established by the Secretary.

7 “(g) PUBLICATION OF STANDARDS.—The Secretary
8 shall publish in the Federal Register and on an internet
9 website of the Department the designated access stand-
10 ards established under this section for purposes of section
11 1703(d)(1)(D) of this title.

12 “(h) REQUEST FOR DETERMINATION OF ELIGI-
13 BILITY.—(1) Consistent with paragraphs (1)(D) and (3)
14 of section 1703(d) of this title, covered veterans may con-
15 tact the Department at any time to request a determina-
16 tion regarding whether they are eligible to receive care and
17 services from a non-Department entity or provider based
18 on the Department being unable to furnish such care and
19 services in a manner that complies with the designated
20 access standards established under this section.

21 “(2) The Secretary shall establish a process to review
22 such requests from covered veterans to determine wheth-
23 er—

24 “(A) the requested care is clinically necessary;
25 and

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

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

6 “(i) DEFINITIONS.—In this section:

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

9 “(A) the Committee on Veterans’ Affairs
 10 and the Committee on Appropriations of the
 11 Senate; and

12 “(B) the Committee on Veterans’ Affairs
 13 and the Committee on Appropriations of the
 14 House of Representatives.

15 “(2) The term ‘covered veterans’ means vet-
 16 erans described in section 1703(b) of this title.

17 **“§ 1703C. Standards for quality**

18 “(a) IN GENERAL.—(1) The Secretary shall establish
 19 standards for quality regarding hospital care, medical
 20 services, and extended care services furnished by the De-
 21 partment pursuant to this title, including through non-De-
 22 partment health care providers pursuant to section 1703
 23 of this title.

24 “(2) In establishing standards for quality under para-
 25 graph (1), the Secretary shall consider existing health

1 quality measures that are applied to public and privately
2 sponsored health care systems with the purpose of pro-
3 viding covered veterans relevant comparative information
4 to make informed decisions regarding their health care.

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

8 “(A) after consultation with veterans service or-
9 ganizations and other key stakeholders on survey de-
10 velopment or modification of an existing survey, a
11 survey of veterans who have used hospital care, med-
12 ical services, or extended care services furnished by
13 the Veterans Health Administration during the most
14 recent two-year period to assess the satisfaction of
15 the veterans with service and quality of care; and

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

18 “(i) Timely care.

19 “(ii) Effective care.

20 “(iii) Safety, including, at a minimum,
21 complications, readmissions, and deaths.

22 “(iv) Efficiency.

23 “(4) The Secretary shall consult with all pertinent
24 Federal entities (including the Department of Defense, the
25 Department of Health and Human Services, and the Cen-

ters for Medicare & Medicaid Services), entities in the private sector, and other nongovernmental entities in establishing standards for quality under this section.

“(5)(A) Not later than 270 days after the date of the enactment of the Caring for Our Veterans Act of 2018, the Secretary shall submit to the appropriate committees of Congress a report detailing the standards for quality established under this section.

“(B)(i) Before submitting the report required under subparagraph (A), the Secretary shall provide periodic updates to the appropriate committees of Congress to confirm the Department’s progress towards developing the standards for quality required by this section.

“(ii) The first update under clause (i) shall occur not later than 120 days after the date of the enactment of the Caring for Our Veterans Act of 2018.

“(b) PUBLICATION AND CONSIDERATION OF PUBLIC COMMENTS.—(1) Not later than one year after the date on which the Secretary establishes standards for quality under subsection (a), the Secretary shall publish the quality rating of medical facilities of the Department in the publicly available Hospital Compare website through the Centers for Medicare & Medicaid Services for the purpose of providing veterans with information that allows them

1 to compare performance measure information among De-
 2 partment and non-Department health care providers.

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

9 “(c) 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 ‘covered veterans’ means vet-
 19 erans described in section 1703(b) of this title.”.

20 (b) CLERICAL AMENDMENT.—The table of sections
 21 at the beginning of chapter 17, as amended by section
 22 102, is further amended by inserting after the item relat-
 23 ing to section 1703A the following new items:

“1703B. Access standards.

“1703C. Standards for quality.”.

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

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

4 **“§ 1725A. Access to walk-in care**

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

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

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

13 “(2) has received care under this chapter within
14 the 24-month period preceding the furnishing of
15 walk-in care under this section.

16 “(c) QUALIFYING NON-DEPARTMENT ENTITIES OR
17 PROVIDERS.—For purposes of this section, a qualifying
18 non-Department entity or provider is a non-Department
19 entity or provider that has entered into a contract or other
20 agreement with the Secretary to furnish services under
21 this section.

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

1 “(e) CONTINUITY OF CARE.—The Secretary shall en-
2 sure continuity of care for those eligible veterans who re-
3 ceive walk-in care services under this section, including
4 through the establishment of a mechanism to receive med-
5 ical records from walk-in care providers and provide perti-
6 nent patient medical records to providers of walk-in care.

7 “(f) FREQUENCY; COPAYMENTS.—(1) An eligible vet-
8 eran may only access walk-in care under this section for
9 not more than two episodes of hospital care or medical
10 services per year.

11 “(2)(A) The Secretary may require an eligible vet-
12 eran to pay the United States a copayment for each epi-
13 sode of hospital care or medical services provided under
14 this section if the eligible veteran would be required to
15 pay a copayment under this title.

16 “(B) An eligible veteran not required to pay a copay-
17 ment under this title may access walk-in care without a
18 copayment.

19 “(C) The amount of the copayments required under
20 this paragraph shall be prescribed by the Secretary by
21 rule.

22 “(3) Section 8153(c) of this title shall not apply to
23 this subsection.

24 “(g) REGULATIONS.—Not later than one year after
25 the date of the enactment of the Caring for Our Veterans

1 Act of 2018, the Secretary shall promulgate regulations
2 to carry out this section.

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

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

13 (c) CLERICAL AMENDMENT.—The table of sections
14 at the beginning of such chapter is amended by inserting
15 after the item related to section 1725 the following new
16 item:

“§1725A. Access to walk-in care.”.

17 **SEC. 106. STRATEGY REGARDING THE DEPARTMENT OF**
18 **VETERANS AFFAIRS HIGH-PERFORMING IN-**
19 **TEGRATED HEALTH CARE NETWORK.**

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

1 **“§ 7330C. Quadrennial Veterans Health Administra-**
2 **tion review**

3 “(a) MARKET AREA ASSESSMENTS.—(1) Not less
4 frequently than every four years, the Secretary shall per-
5 form market area assessments regarding the health care
6 services furnished under the laws administered by the Sec-
7 retary.

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

10 “(A) An assessment of the demand for health
11 care from the Department, disaggregated by geo-
12 graphic market areas as determined by the Sec-
13 retary, including the number of requests for health
14 care services under the laws administered by the
15 Secretary.

16 “(B) An inventory of the health care capacity
17 of the Department across the Department’s system
18 of facilities.

19 “(C) An assessment of the health care capacity
20 to be provided through contracted community care
21 providers and providers who entered into a provider
22 agreement with the Department under section
23 1703A of this title, including the number of pro-
24 viders, the geographic location of the providers, and
25 categories or types of health care services provided
26 by the providers.

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

4 “(E) An assessment of the health care capacity
5 of non-contracted providers where there is insuffi-
6 cient network supply.

7 “(F) An assessment of the health care capacity
8 of academic affiliates and other collaborations of the
9 Department as it relates to providing health care to
10 veterans.

11 “(G) An assessment of the effects on health
12 care capacity of the access standards and standards
13 for quality established under sections 1703B and
14 1703C of this title.

15 “(H) The number of appointments for health
16 care services under the laws administered by the
17 Secretary, disaggregated by—

18 “(i) appointments at facilities of the De-
19 partment; and

20 “(ii) appointments with non-Department
21 health care providers.

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

1 “(B) The Secretary also shall submit to the appro-
2 priate committees of Congress the market area assess-
3 ments completed by or being performed on the day before
4 the date of the enactment of the Caring for Our Veterans
5 Act of 2018.

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

8 “(i) determine the capacity of the health care
9 provider networks established under section 1703(i)
10 of this title;

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

13 “(iii) inform and assess the appropriateness of
14 the access standards established under section
15 1703B of this title and standards for quality under
16 section 1703C and to make recommendations for
17 any changes to such standards.

18 “(B) The Secretary shall ensure that the Department
19 budget for any fiscal year (as submitted with the budget
20 of the President under section 1105(a) of title 31) reflects
21 the findings of the Secretary with respect to the most re-
22 cent market area assessments under paragraph (1) and
23 health care utilization data from the Department and non-
24 Department entities or providers furnishing care and serv-

1 ices to covered veterans as described in section 1703(b)
 2 of this title.

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

10 “(A) the demand for health care from the De-
 11 partment, disaggregated by geographic area as de-
 12 termined by the Secretary;

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

15 “(C) the health care capacity to be provided
 16 through community care providers.

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

19 “(A) assess the access standards and standards
 20 for quality established under sections 1703B and
 21 1703C of this title;

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

24 “(C) assess the needs of the Department based
 25 on identified services that provide management of

1 conditions or disorders related to military service for
2 which there is limited experience or access in the na-
3 tional market, the overall health of veterans
4 throughout their lifespan, or other services as the
5 Secretary determines appropriate;

6 “(D) consult with key stakeholders within the
7 Department, the heads of other Federal agencies,
8 and other relevant governmental and nongovern-
9 mental entities, including State, local, and tribal
10 government officials, members of Congress, veterans
11 service organizations, private sector representatives,
12 academics, and other policy experts;

13 “(E) identify emerging issues, trends, problems,
14 and opportunities that could affect health care serv-
15 ices furnished under the laws administered by the
16 Secretary;

17 “(F) develop recommendations regarding both
18 short- and long-term priorities for health care serv-
19 ices furnished under the laws administered by the
20 Secretary;

21 “(G) after consultation with veterans service or-
22 ganizations and other key stakeholders on survey de-
23 velopment or modification of an existing survey, con-
24 sider a survey of veterans who have used hospital
25 care, medical services, or extended care services fur-

1 nished by the Veterans Health Administration dur-
2 ing the most recent two-year period to assess the
3 satisfaction of the veterans with service and quality
4 of care;

5 “(H) conduct a comprehensive examination of
6 programs and policies of the Department regarding
7 the delivery of health care services and the demand
8 of health care services for veterans in future years;

9 “(I) assess the remediation of medical service
10 lines of the Department as described in section
11 1706A of this title in conjunction with the utilization
12 of non-Department entities or providers to offset re-
13 mediation; and

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

16 “(c) RESPONSIBILITIES.—The Secretary shall be re-
17 sponsible for—

18 “(1) overseeing the transformation and organi-
19 zational change across the Department to achieve a
20 high-performing integrated health care network;

21 “(2) developing the capital infrastructure plan-
22 ning and procurement processes, whether minor or
23 major construction projects or leases; and

24 “(3) developing a multi-year budget process
25 that is capable of forecasting future year budget re-

1 quirements and projecting the cost of delivering
 2 health care services under such a high-performing
 3 integrated health care network.

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

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

9 “(2) the Committee on Veterans’ Affairs and
 10 the Committee on Appropriations of the House of
 11 Representatives.”.

12 (b) CLERICAL AMENDMENT.—The table of sections
 13 at the beginning of such chapter is amended by inserting
 14 after the item related to section 7330B the following new
 15 item:

“7330C. Quadrennial Veterans Health Administration review.”.

16 **SEC. 107. APPLICABILITY OF DIRECTIVE OF OFFICE OF**
 17 **FEDERAL CONTRACT COMPLIANCE PRO-**
 18 **GRAMS.**

19 (a) IN GENERAL.—Notwithstanding the treatment of
 20 certain laws under subsection (i) of section 1703A of title
 21 38, United States Code, as added by section 102 of this
 22 Act, Directive 2014–01 of the Office of Federal Contract
 23 Compliance Programs of the Department of Labor (effec-
 24 tive as of May 7, 2014) shall apply to any entity entering
 25 into an agreement under such section 1703A or section

1 1745 of such title, as amended by section 103 of this Act,
 2 in the same manner as such directive applies to sub-
 3 contractors under the TRICARE program for the dura-
 4 tion of the moratorium provided under such directive.

5 (b) APPLICABILITY PERIOD.—The directive described
 6 in subsection (a), and the moratorium provided under such
 7 directive, shall not be altered or rescinded before May 7,
 8 2019.

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

12 **SEC. 108. PREVENTION OF CERTAIN HEALTH CARE PRO-**
 13 **VIDERS FROM PROVIDING NON-DEPARTMENT**
 14 **HEALTH CARE SERVICES TO VETERANS.**

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

11 (a) IN GENERAL.—Subchapter I of chapter 17 is
 12 amended by inserting after section 1706 the following new
 13 section:

14 **“§ 1706A. Remediation of medical service lines**

15 “(a) IN GENERAL.—Not later than 30 days after de-
 16 termining under section 1703(e)(1) of this title that a
 17 medical service line of the Department is providing hos-
 18 pital care, medical services, or extended care services that
 19 does not comply with the standards for quality established
 20 by the Secretary, the Secretary shall submit to Congress
 21 an assessment of the factors that led the Secretary to
 22 make such determination and a plan with specific actions,
 23 and the time to complete them, to be taken to comply with
 24 such standards for quality, including the following:

1 “(1) Increasing personnel or temporary per-
2 sonnel assistance, including mobile deployment
3 teams.

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

8 “(3) Utilizing direct hiring authority.

9 “(4) Providing improved training opportunities
10 for staff.

11 “(5) Acquiring improved equipment.

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

14 “(7) Such other actions as the Secretary con-
15 siders appropriate.

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

1 “(c) INTERIM REPORTS.—Not later than 180 days
2 after submitting an assessment under subsection (a) with
3 respect to a medical service line, the Secretary shall sub-
4 mit to Congress a report on the progress of that medical
5 service line in complying with the standards for quality
6 established by the Secretary and any other measures the
7 Secretary will take to assist the medical service line in
8 complying with such standards for quality.

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

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

23 “(2) publish such analysis on the internet
24 website of the Department.”.

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 1706 the following new
 4 item:

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

5 **CHAPTER 2—PAYING PROVIDERS AND** 6 **IMPROVING COLLECTIONS**

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

8 (a) IN GENERAL.—Subchapter I of chapter 17 is
 9 amended by inserting after section 1703C, as added by
 10 section 104 of this Act, the following new section:

11 **“§ 1703D. Prompt payment standard**

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

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

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

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

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

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

21 “(2) Pursuant to regulations prescribed by the Sec-
22 retary, the Secretary shall bar a health care entity or pro-
23 vider from furnishing hospital care, medical services, and
24 extended care services under this chapter when the Sec-
25 retary determines the entity or provider has submitted to

1 the Secretary fraudulent health care claims for payment
2 by the Secretary.

3 “(d) OVERDUE CLAIMS.—(1) Any claim that has not
4 been denied with notice, made pending with notice, or paid
5 to the health care entity or provider by the Secretary shall
6 be overdue if the notice or payment is not received by the
7 entity provider within the time periods specified in sub-
8 section (a).

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

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

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

23 “(A) The amount paid in overdue claims de-
24 scribed in this subsection, disaggregated by the

1 amount of the overdue claim and the amount of in-
2 terest paid on such overdue claim.

3 “(B) The number of such overdue claims and
4 the average number of days late each claim was
5 paid, disaggregated by facility of the Department
6 and Veterans Integrated Service Network region.

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

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

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

21 “(f) INFORMATION AND DOCUMENTATION RE-
22 QUIRED.—(1) The Secretary shall provide to all health
23 care entities and providers participating in a program to
24 furnish hospital care, medical services, or extended care
25 services under this chapter a list of information and docu-

1 mentation that is required to establish a clean claim under
2 this section.

3 “(2) The Secretary shall consult with entities in the
4 health care industry, in the public and private sector, to
5 determine the information and documentation to include
6 in the list under paragraph (1).

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

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

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

20 “(B) a non-Department entity that specializes
21 in such processing for other Federal agency health
22 care systems.

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

1 “(A) a feasibility assessment to determine the
2 capacity of the Department to process such claims
3 in a timely manner; and

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

7 “(3) The review required under paragraph (2) shall
8 apply to claims for hospital care, medical services, or ex-
9 tended care services furnished under section 1703 of this
10 title that are processed by the Department.

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

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

1 “(i) DEFINITIONS.—In this section:

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

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

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

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

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

1 vider that furnished the care or service, submitted in
 2 such format as prescribed by the Secretary in regu-
 3 lations for the purpose of paying claims for care or
 4 services.

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

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

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

“1703D. Prompt payment standard.”.

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

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

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

24 “(a) IN GENERAL.—If, in the course of furnishing
 25 hospital care, a medical service, or an extended care serv-

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

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

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

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

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

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

24 (1) in subsection (a)—

1 (A) in paragraph (2)(A)—

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

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

6 (B) in paragraph (3)—

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

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

13 (2) in subsection (b)—

14 (A) in paragraph (1)—

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

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

19 (B) in paragraph (2)—

20 (i) in subparagraph (A)—

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

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

25 (ii) in subparagraph (B)—

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

4 (II) in clause (ii)—

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

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

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

13 (4) in subsection (h)—

14 (A) in paragraph (1)—

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

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

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

24 (B) in paragraph (2)—

- 1 (i) by striking “A veteran” and insert-
2 ing “An individual”;
3 (ii) by striking “a veteran” and in-
4 serting “an individual”; and
5 (iii) by striking “the veteran” and in-
6 serting “the individual”.

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

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

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

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

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

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

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

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

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

21 (1) teach veterans about—

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

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

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

7 (D) how to utilize the access standards
8 and standards for quality established under sec-
9 tions 1703B and 1703C of such title, as added
10 by section 104 of this Act;

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

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

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

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

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

6 (d) ANNUAL EVALUATION AND REPORT.—

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

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

17 (e) DEFINITIONS.—In this section:

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

21 (2) MEDICARE.—The term “Medicare” means
22 the Medicare program under title XVIII of such Act
23 (42 U.S.C. 1395 et seq.).

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

4 **SEC. 122. TRAINING PROGRAM FOR ADMINISTRATION OF**
5 **NON-DEPARTMENT OF VETERANS AFFAIRS**
6 **HEALTH CARE.**

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

12 (1) Reimbursement for non-Department emer-
13 gency room care.

14 (2) The Veterans Community Care Program
15 under section 1703 of title 38, United States Code,
16 as amended by section 101.

17 (3) Management of prescriptions pursuant to
18 improvements under section 131.

19 (b) ANNUAL EVALUATION AND REPORT.—The Sec-
20 retary shall—

21 (1) develop a method to evaluate the effective-
22 ness of the training program developed and imple-
23 mented under subsection (a);

24 (2) evaluate such program not less frequently
25 than once each year; and

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

5 **SEC. 123. CONTINUING MEDICAL EDUCATION FOR NON-DE-**
6 **PARTMENT MEDICAL PROFESSIONALS.**

7 (a) ESTABLISHMENT OF PROGRAM.—

8 (1) IN GENERAL.—The Secretary of Veterans
9 Affairs shall establish a program to provide con-
10 tinuing medical education material to non-Depart-
11 ment medical professionals.

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

15 (A) Identifying and treating common men-
16 tal and physical conditions of veterans and fam-
17 ily members of veterans.

18 (B) The health care system of the Depart-
19 ment of Veterans Affairs.

20 (C) Such other matters as the Secretary
21 considers appropriate.

22 (b) MATERIAL PROVIDED.—The continuing medical
23 education material provided to non-Department medical
24 professionals under the program established under sub-
25 section (a) shall be the same material provided to medical

1 professionals of the Department to ensure that all medical
2 professionals treating veterans have access to the same
3 materials, which supports core competencies throughout
4 the community.

5 (c) ADMINISTRATION OF PROGRAM.—

6 (1) IN GENERAL.—The Secretary shall admin-
7 ister the program established under subsection (a) to
8 participating non-Department medical professionals
9 through an internet website of the Department of
10 Veterans Affairs.

11 (2) CURRICULUM AND CREDIT PROVIDED.—The
12 Secretary shall determine the curriculum of the pro-
13 gram and the number of hours of credit to provide
14 to participating non-Department medical profes-
15 sionals for continuing medical education.

16 (3) ACCREDITATION.—The Secretary shall en-
17 sure that the program is accredited in as many
18 States as practicable.

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

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

24 (B) Such medical credentialing organiza-
25 tions as the Secretary considers appropriate.

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

4 (6) MONITORING, EVALUATION, AND REPORT.—
5 The Secretary shall monitor the utilization of the
6 program established under subsection (a), evaluate
7 its effectiveness, and report to Congress on utiliza-
8 tion and effectiveness not less frequently than once
9 each year.

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

1 **CHAPTER 4—OTHER MATTERS RELATING**
2 **TO NON-DEPARTMENT OF VETERANS**
3 **AFFAIRS PROVIDERS**

4 **SEC. 131. ESTABLISHMENT OF PROCESSES TO ENSURE**
5 **SAFE OPIOID PRESCRIBING PRACTICES BY**
6 **NON-DEPARTMENT OF VETERANS AFFAIRS**
7 **HEALTH CARE PROVIDERS.**

8 (a) RECEIPT AND REVIEW OF GUIDELINES.—The
9 Secretary of Veterans Affairs shall ensure that all covered
10 health care providers are provided a copy of and certify
11 that they have reviewed the evidence-based guidelines for
12 prescribing opioids set forth by the Opioid Safety Initia-
13 tive of the Department of Veterans Affairs.

14 (b) INCLUSION OF MEDICAL HISTORY AND CURRENT
15 MEDICATIONS.—The Secretary shall implement a process
16 to ensure that, if care of a veteran by a covered health
17 care provider is authorized under the laws administered
18 by the Secretary, the document authorizing such care in-
19 cludes the available and relevant medical history of the
20 veteran and a list of all medications prescribed to the vet-
21 eran as known by the Department.

22 (c) SUBMITTAL OF MEDICAL RECORDS AND PRE-
23 SCRIPTIONS.—

24 (1) IN GENERAL.—The Secretary shall, con-
25 sistent with section 1703(a)(2)(A) of title 38, United

1 States Code, as amended by section 101 of this Act,
2 and section 1703A(e)(2)(F) of such title, as added
3 by section 102 of this Act, require each covered
4 health care provider to submit medical records of
5 any care or services furnished, including records of
6 any prescriptions for opioids, to the Department in
7 the timeframe and format specified by the Secretary.

8 (2) RESPONSIBILITY OF DEPARTMENT FOR RE-
9 CORDING AND MONITORING.—In carrying out para-
10 graph (1) and upon the receipt by the Department
11 of the medical records described in paragraph (1),
12 the Secretary shall—

13 (A) ensure the Department is responsible
14 for the recording of the prescription in the elec-
15 tronic health record of the veteran; and

16 (B) enable other monitoring of the pre-
17 scription as outlined in the Opioid Safety Initia-
18 tive of the Department.

19 (3) REPORT.—Not less frequently than annu-
20 ally, the Secretary shall submit to the Committee on
21 Veterans' Affairs of the Senate and the Committee
22 on Veterans' Affairs of the House of Representatives
23 a report evaluating the compliance of covered health
24 care providers with the requirements under this sec-
25 tion.

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

3 (1) IN GENERAL.—If the Secretary determines
4 that the opioid prescribing practices of a covered
5 health care provider, when treating veterans, satisfy
6 a condition described in paragraph (3), the Sec-
7 retary shall take such action as the Secretary con-
8 siders appropriate to ensure the safety of all vet-
9 erans receiving care from that health care provider,
10 including removing or directing the removal of any
11 such health care provider from provider networks or
12 otherwise refusing to authorize care of veterans by
13 such health care provider in any program authorized
14 under the laws administered by the Secretary.

15 (2) INCLUSION IN CONTRACTS.—The Secretary
16 shall ensure that any contracts, agreements, or other
17 arrangements entered into by the Secretary with
18 third parties involved in administering programs
19 that provide care in the community to veterans
20 under the laws administered by the Secretary spe-
21 cifically grant the authority set forth in paragraph
22 (1) to such third parties and to the Secretary, as the
23 case may be.

24 (3) CONDITIONS FOR EXCLUSION OR LIMITA-
25 TION.—The Secretary shall take such action as is

1 considered appropriate under paragraph (1) when
 2 the opioid prescribing practices of a covered health
 3 care provider when treating veterans—

4 (A) conflict with or are otherwise incon-
 5 sistent with the standards of appropriate and
 6 safe care;

7 (B) violate the requirements of a medical
 8 license of the health care provider; or

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

11 (e) COVERED HEALTH CARE PROVIDER DEFINED.—
 12 In this section, the term “covered health care provider”
 13 means a non-Department of Veterans Affairs health care
 14 provider who provides health care to veterans under the
 15 laws administered by the Secretary of Veterans Affairs,
 16 but does not include a health care provider employed by
 17 another agency of the Federal Government.

18 **SEC. 132. IMPROVING INFORMATION SHARING WITH COM-**
 19 **MUNITY PROVIDERS.**

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

22 “(H)(i) To a non-Department entity (including
 23 private entities and other Federal agencies) for pur-
 24 poses of providing health care, including hospital
 25 care, medical services, and extended care services, to

1 patients or performing other health care-related ac-
 2 tivities or functions.

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

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

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

23 (a) ESTABLISHMENT OF STANDARDS AND REQUIRE-
 24 MENTS.—The Secretary of Veterans Affairs shall establish
 25 standards and requirements for the provision of care by

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

6 (b) CONDITION FOR ELIGIBILITY TO FURNISH
7 CARE.—(1) Each non-Department of Veterans Affairs
8 health care provider shall, to the extent practicable as de-
9 termined by the Secretary or otherwise provided for in
10 paragraph (2), meet the standards and requirements es-
11 tablished pursuant to subsection (a) before furnishing care
12 pursuant to a contract, agreement, or other arrangement
13 with the Department of Veterans Affairs. Non-Depart-
14 ment of Veterans Affairs health care providers furnishing
15 care pursuant to a contract, agreement, or other arrange-
16 ment shall, to the extent practicable as determined by the
17 Secretary, fulfill training requirements established by the
18 Secretary on how to deliver evidence-based treatments in
19 the clinical areas for which the Department of Veterans
20 Affairs has special expertise.

21 (2) Each non-Department of Veterans Affairs health
22 care provider who enters into a contract, agreement, or
23 other arrangement after the effective date identified in
24 subsection (c) shall, to the extent practicable, meet the
25 standards and requirements established pursuant to sub-

1 section (a) within 6 months of the contract, agreement,
 2 or other arrangement taking effect.

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

6 **SEC. 134. DEPARTMENT OF VETERANS AFFAIRS PARTICIPA-**
 7 **TION IN NATIONAL NETWORK OF STATE-**
 8 **BASED PRESCRIPTION DRUG MONITORING**
 9 **PROGRAMS.**

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

12 **“§ 1730B. Access to State prescription drug moni-**
 13 **toring programs**

14 “(a) ACCESS TO PROGRAMS.—(1) Any licensed health
 15 care provider or delegate of such a provider shall be con-
 16 sidered an authorized recipient or user for the purpose of
 17 querying and receiving data from the national network of
 18 State-based prescription drug monitoring programs to
 19 support the safe and effective prescribing of controlled
 20 substances to covered patients.

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

22 “(A) licensed health care providers or delegates
 23 of such providers shall query such network in ac-
 24 cordance with applicable regulations and policies of
 25 the Veterans Health Administration; and

1 “(B) notwithstanding any general or specific
 2 provision of law, rule, or regulation of a State, no
 3 State may restrict the access of licensed health care
 4 providers or delegates of such providers from access-
 5 ing that State’s prescription drug monitoring pro-
 6 grams.

7 “(3) No State shall deny or revoke the license, reg-
 8 istration, or certification of a licensed health care provider
 9 or delegate who otherwise meets that State’s qualifications
 10 for holding the license, registration, or certification on the
 11 basis that the licensed health care provider or delegate
 12 queried or received data, or attempted to query or receive
 13 data, from the national network of State-based prescrip-
 14 tion drug monitoring programs under this section.

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

17 “(1) receives a prescription for a controlled sub-
 18 stance; and

19 “(2) is not receiving palliative care or enrolled
 20 in hospice care.

21 “(c) DEFINITIONS.—In this section:

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

1 “(2) The term ‘delegate’ means a person or
2 automated system accessing the national network of
3 State-based prescription monitoring programs at the
4 direction or under the supervision of a licensed
5 health care provider.

6 “(3) The term ‘licensed health care provider’
7 means a health care provider employed by the De-
8 partment who is licensed, certified, or registered
9 within any State to fill or prescribe medications
10 within the scope of his or her practice as a Depart-
11 ment employee.

12 “(4) The term ‘national network of State-based
13 prescription monitoring programs’ means an inter-
14 connected nation-wide system that facilitates the
15 transfer to State prescription drug monitoring pro-
16 gram data across State lines.

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

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

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

1 **CHAPTER 5—OTHER NON-DEPARTMENT**
2 **HEALTH CARE MATTERS**

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

5 Whenever the Secretary of Veterans Affairs submits
6 to Congress a request for supplemental appropriations or
7 any other appropriation outside the standard budget proc-
8 ess to address a budgetary issue affecting the Department
9 of Veterans Affairs, the Secretary shall, not later than 45
10 days before the date on which such budgetary issue would
11 start affecting a program or service, submit to Congress
12 a justification for the request, including a plan that details
13 how the Secretary intends to use the requested appropria-
14 tion and how long the requested appropriation is expected
15 to meet the needs of the Department and certification that
16 the request was made using an updated and sound actu-
17 arial 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 on March 1, 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 the date that
 24 is one year after the date of the enactment of the Caring
 25 for Our Veterans Act of 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 **Subtitle B—Improving Department** 11 **of Veterans Affairs Health Care** 12 **Delivery**

13 **SEC. 151. LICENSURE OF HEALTH CARE PROFESSIONALS** 14 **OF THE DEPARTMENT OF VETERANS AF-** 15 **FAIRS PROVIDING TREATMENT VIA TELE-** 16 **MEDICINE.**

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

20 **“§ 1730C. Licensure of health care professionals pro-** 21 **viding treatment via telemedicine**

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

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

5 “(b) COVERED HEALTH CARE PROFESSIONALS.—

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

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

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

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

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

21 “(c) PROPERTY OF FEDERAL GOVERNMENT.—Sub-
 22 section (a) shall apply to a covered health care professional
 23 providing treatment to a patient regardless of whether the
 24 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 “(f) STATE DEFINED.—In this section, the term
19 ‘State’ means a State, as defined in section 101(20) of
20 this title, or a political subdivision of a State.”.

21 (b) CLERICAL AMENDMENT.—The table of sections
22 at the beginning of such chapter is amended by inserting
23 after the item relating to section 1730B, as added by sec-
24 tion 134, the following new item:

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

1 (c) REPORT ON TELEMEDICINE.—

2 (1) IN GENERAL.—Not later than one year
3 after the earlier of the date on which services pro-
4 vided under section 1730B of title 38, United States
5 Code, as added by subsection (a), first occur or reg-
6 ulations are promulgated to carry out such section,
7 the Secretary of Veterans Affairs shall submit to the
8 Committee on Veterans' Affairs of the Senate and
9 the Committee on Veterans' Affairs of the House of
10 Representatives a report on the effectiveness of the
11 use of telemedicine by the Department of Veterans
12 Affairs.

13 (2) ELEMENTS.—The report required by para-
14 graph (1) shall include an assessment of the fol-
15 lowing:

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

18 (B) The satisfaction of health care pro-
19 viders in providing telemedicine furnished by
20 the Department.

21 (C) The effect of telemedicine furnished by
22 the Department on the following:

23 (i) The ability of veterans to access
24 health care, whether from the Department

1 or from non-Department health care pro-
2 viders.

3 (ii) The frequency of use by veterans
4 of telemedicine.

5 (iii) The productivity of health care
6 providers.

7 (iv) Wait times for an appointment
8 for the receipt of health care from the De-
9 partment.

10 (v) The use by veterans of in-person
11 services at Department facilities and non-
12 Department facilities.

13 (D) The types of appointments for the re-
14 ceipt of telemedicine furnished by the Depart-
15 ment that were provided during the one-year
16 period preceding the submittal of the report.

17 (E) The number of appointments for the
18 receipt of telemedicine furnished by the Depart-
19 ment that were requested during such period,
20 disaggregated by medical facility.

21 (F) Savings by the Department, if any, in-
22 cluding travel costs, from furnishing health care
23 through the use of telemedicine during such pe-
24 riod.

1 **SEC. 152. AUTHORITY FOR DEPARTMENT OF VETERANS AF-**
2 **FAIRS CENTER FOR INNOVATION FOR CARE**
3 **AND PAYMENT.**

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

8 **“§ 1703E. Center for Innovation for Care and Pay-**
9 **ment**

10 “(a) IN GENERAL.—(1) There is established within
11 the Department a Center for Innovation for Care and Pay-
12 ment (in this section referred to as the ‘Center’).

13 “(2) The Secretary, acting through the Center, may
14 carry out such pilot programs the Secretary determines
15 to be appropriate to develop innovative approaches to test-
16 ing payment and service delivery models in order to reduce
17 expenditures while preserving or enhancing the quality of
18 care furnished by the Department.

19 “(3) The Secretary, acting through the Center, shall
20 test payment and service delivery models to determine
21 whether such models—

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

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

25 “(4)(A) The Secretary shall test a model in a location
26 where the Secretary determines that the model will ad-

1 dresses deficits in care (including poor clinical outcomes
2 or potentially avoidable expenditures) for a defined popu-
3 lation.

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

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

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

14 “(A) Whether the model includes a regular
15 process for monitoring and updating patient care
16 plans in a manner that is consistent with the needs
17 and preferences of individuals receiving benefits
18 under this chapter.

19 “(B) Whether the model places the individual
20 receiving benefits under this chapter (including fam-
21 ily members and other caregivers of such individual)
22 at the center of the care team of such individual.

23 “(C) Whether the model uses technology or new
24 systems to coordinate care over time and across set-
25 tings.

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

4 “(6)(A) Models tested under this section may not be
5 designed in such a way that would allow the United States
6 to recover or collect reasonable charges from a Federal
7 health care program for care or services furnished by the
8 Secretary to a veteran under pilot programs carried out
9 under this section.

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

12 “(i) an insurance program described in section
13 1811 of the Social Security Act (42 U.S.C. 1395c)
14 or established by section 1831 of such Act (42
15 U.S.C. 1395j);

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

19 “(iii) a TRICARE program operated under sec-
20 tion 1075, 1075a, 1076, 1076a, 1076c, 1076d,
21 1076e, or 1076f of title 10.

22 “(b) DURATION.—Each pilot program carried out by
23 the Secretary under this section shall terminate not later
24 than five years after the date of the commencement of the
25 pilot program.

1 “(c) LOCATION.—The Secretary shall ensure that
2 each pilot program carried out under this section occurs
3 in an area or areas appropriate for the intended purposes
4 of the pilot program. To the extent practicable, the Sec-
5 retary shall ensure that the pilot programs are located in
6 geographically diverse areas of the United States.

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

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

12 “(2) provided for information technology sys-
13 tems.

14 “(e) NOTICE.—The Secretary shall—

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

17 “(2) take reasonable actions to provide direct
18 notice to veterans eligible to participate in such pilot
19 programs.

20 “(f) WAIVER OF AUTHORITIES.—(1) Subject to re-
21 porting under paragraph (2) and approval under para-
22 graph (3), in implementing a pilot program under this sec-
23 tion, the Secretary may waive such requirements in sub-
24 chapters I, II, and III of this chapter as the Secretary
25 determines necessary solely for the purposes of carrying

1 out this section with respect to testing models described
2 in subsection (a).

3 “(2) Before waiving any authority under paragraph
4 (1), the Secretary shall submit to the Speaker of the
5 House of Representatives, the minority leader of the
6 House of Representatives, the majority leader of the Sen-
7 ate, the minority leader of the Senate, and each standing
8 committee with jurisdiction under the rules of the Senate
9 and of the House of Representatives to report a bill to
10 amend the provision or provisions of law that would be
11 waived by the Department, a report describing in detail
12 the following:

13 “(A) The specific authorities to be waived
14 under the pilot program.

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

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

18 “(D) A description of the metric or metrics the
19 Secretary will use to determine the effect of the
20 waiver or waivers upon the access to and quality,
21 timeliness, or patient satisfaction of care and serv-
22 ices furnished through the pilot program.

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

1 “(F) The schedule for interim reports on the
2 pilot program describing the results of the pilot pro-
3 gram so far and the feasibility and advisability of
4 continuing the pilot program.

5 “(G) The schedule for the termination of the
6 pilot program and the submission of a final report
7 on the pilot program describing the result of the
8 pilot program and the feasibility and advisability of
9 making the pilot program permanent.

10 “(H) The estimated budget of the pilot pro-
11 gram.

12 “(3)(A) Upon receipt of a report submitted under
13 paragraph (2), each House of Congress shall provide cop-
14 ies of the report to the chairman and ranking member of
15 each standing committee with jurisdiction under the rules
16 of the House of Representatives or the Senate to report
17 a bill to amend the provision or provisions of law that
18 would be waived by the Department under this subsection.

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

1 “(ii) The provisions of this paragraph are enacted by
2 Congress—

3 “(I) as an exercise of the rulemaking power of
4 the Senate and the House of Representatives and as
5 such shall be considered as part of the rules of each
6 House of Congress, and shall supersede other rules
7 only to the extent that they are inconsistent there-
8 with; and

9 “(II) with full recognition of the constitutional
10 right of either House of Congress to change the
11 rules (so far as they relate to the procedures of that
12 House) at any time, in the same manner, and to the
13 same extent as in the case of any other rule of that
14 House.

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

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

1 “(2)(A) Subject to subparagraph (B), the Secretary
2 may not expend more than \$50,000,000 in any fiscal year
3 from amounts under subsection (d).

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

6 “(i) the Secretary determines that the addi-
7 tional expenditure is necessary to carry out pilot
8 programs under this section;

9 “(ii) the Secretary submits to the Committees
10 on Veterans’ Affairs of the Senate and the House of
11 Representatives a report setting forth the amount of
12 the additional expenditure and a justification for the
13 additional expenditure; and

14 “(iii) the Chairmen of the Committees on Vet-
15 erans’ Affairs of the Senate and the House of Rep-
16 resentatives transmit to the Secretary a letter ap-
17 proving of the additional expenditure.

18 “(3) The waiver provisions in subsection (f) shall not
19 apply unless the Secretary, in accordance with the require-
20 ments in subsection (f), submits the first proposal for a
21 pilot program not later than 18 months after the date of
22 the enactment of the Caring for Our Veterans Act of
23 2018.

24 “(4) Notwithstanding section 502 of this title, deci-
25 sions by the Secretary under this section shall, consistent

1 with section 511 of this title, be final and conclusive and
2 may not be reviewed by any other official or by any court,
3 whether by an action in the nature of mandamus or other-
4 wise.

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

8 “(i) propose a modification to the pilot program
9 in the interim report that shall also be considered a
10 report under subsection (f)(2) and shall be subject
11 to the terms and conditions of subsection (f)(2); or

12 “(ii) terminate such pilot program not later
13 than 30 days after submitting the interim report to
14 Congress.

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

20 “(h) EVALUATION AND REPORTING REQUIRE-
21 MENTS.—(1) The Secretary shall conduct an evaluation
22 of each model tested, which shall include, at a minimum,
23 an analysis of—

24 “(A) the quality of care furnished under the
25 model, including the measurement of patient-level

1 outcomes and patient-centeredness criteria deter-
2 mined appropriate by the Secretary; and

3 “(B) the changes in spending by reason of that
4 model.

5 “(2) The Secretary shall make the results of each
6 evaluation under this subsection available to the public in
7 a timely fashion and may establish requirements for other
8 entities participating in the testing of models under this
9 section to collect and report information that the Sec-
10 retary determines is necessary to monitor and evaluate
11 such models.

12 “(i) COORDINATION AND ADVICE.—(1) The Sec-
13 retary shall obtain advice from the Under Secretary for
14 Health and the Special Medical Advisory Group estab-
15 lished pursuant to section 7312 of this title in the develop-
16 ment and implementation of any pilot program operated
17 under this section.

18 “(2) In carrying out the duties under this section,
19 the Secretary shall consult representatives of relevant
20 Federal agencies, and clinical and analytical experts with
21 expertise in medicine and health care management. The
22 Secretary shall use appropriate mechanisms to seek input
23 from interested parties.

24 “(j) EXPANSION OF SUCCESSFUL PILOT PRO-
25 GRAMS.—Taking into account the evaluation under sub-

1 section (h), the Secretary may, through rulemaking, ex-
 2 pand (including implementation on a nationwide basis) the
 3 duration and the scope of a model that is being tested
 4 under subsection (a) to the extent determined appropriate
 5 by the Secretary, if—

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

8 “(A) reduce spending without reducing the
 9 quality of care; or

10 “(B) improve the quality of patient care
 11 without increasing spending; and

12 “(2) the Secretary determines that such expan-
 13 sion would not deny or limit the coverage or provi-
 14 sion of benefits for individuals receiving benefits
 15 under this chapter.”.

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

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

20 **SEC. 153. AUTHORIZATION TO PROVIDE FOR OPERATIONS**
 21 **ON LIVE DONORS FOR PURPOSES OF CON-**
 22 **DUCTING TRANSPLANT PROCEDURES FOR**
 23 **VETERANS.**

24 (a) IN GENERAL.—Subchapter VIII of chapter 17 is
 25 amended by adding at the end the following new section:

1 **“§ 1788. Transplant procedures with live donors and**
2 **related services**

3 “(a) IN GENERAL.—Subject to subsections (b) and
4 (c), in a case in which a veteran is eligible for a transplant
5 procedure from the Department, the Secretary may pro-
6 vide for an operation on a live donor to carry out such
7 procedure for such veteran, notwithstanding that the live
8 donor may not be eligible for health care from the Depart-
9 ment.

10 “(b) OTHER SERVICES.—Subject to the availability
11 of appropriations for such purpose, the Secretary shall
12 furnish to a live donor any care or services before and
13 after conducting the transplant procedure under sub-
14 section (a) that may be required in connection with such
15 procedure.

16 “(c) USE OF NON-DEPARTMENT FACILITIES.—In
17 carrying out this section, the Secretary may provide for
18 the operation described in subsection (a) on a live donor
19 and furnish to the live donor the care and services de-
20 scribed in subsection (b) at a non-Department facility pur-
21 suant to an agreement entered into by the Secretary under
22 this chapter. The live donor shall be deemed to be an indi-
23 vidual eligible for hospital care and medical services at a
24 non-Department facility pursuant to such an agreement
25 solely for the purposes of receiving such operation, care,
26 and services at the non-Department facility.”.

1 (b) CLERICAL AMENDMENT.—The table of sections
 2 at the beginning of such chapter is amended by inserting
 3 after the item relating to section 1787 the following new
 4 item:

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

5 **Subtitle C—Family Caregivers**

6 **SEC. 161. EXPANSION OF FAMILY CAREGIVER PROGRAM OF** 7 **DEPARTMENT OF VETERANS AFFAIRS.**

8 (a) FAMILY CAREGIVER PROGRAM.—

9 (1) EXPANSION OF ELIGIBILITY.—

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

13 “(B) for assistance provided under this sub-
 14 section—

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

“(ii) during the two-year period beginning on the date on which the Secretary submitted to Congress the certification described in clause (i), has a serious injury (including traumatic brain injury, psychological trauma, or other mental disorder) incurred or aggravated in the line of duty in the active military, naval, or air service—

“(I) on or before May 7, 1975; or

“(II) on or after September 11, 2001;

or

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

(B) PUBLICATION IN FEDERAL REGISTER.—Not later than 30 days after the date on which the Secretary of Veterans Affairs submits to Congress the certification described in subsection (a)(2)(B)(i) of section 1720G of title 38, United States Code, as amended by sub-

1 paragraph (A), the Secretary shall publish the
2 date specified in such subsection in the Federal
3 Register.

4 (2) EXPANSION OF NEEDED SERVICES IN ELI-
5 GIBILITY CRITERIA.—Subsection (a)(2)(C) of such
6 section is amended—

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

9 (B) by redesignating clause (iii) as clause
10 (iv); and

11 (C) by inserting after clause (ii) the fol-
12 lowing new clause (iii):

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

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

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

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

23 (C) by adding at the end the following new
24 subclause:

1 “(VI) through the use of contracts with, or
 2 the provision of grants to, public or private en-
 3 tities—

4 “(aa) financial planning services relat-
 5 ing to the needs of injured veterans and
 6 their caregivers; and

7 “(bb) legal services, including legal
 8 advice and consultation, relating to the
 9 needs of injured veterans and their care-
 10 givers.”.

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

14 (A) by redesignating clause (iii) as clause
 15 (iv); and

16 (B) by inserting after clause (ii) the fol-
 17 lowing new clause (iii):

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

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

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

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

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

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

23 (6) USE OF PRIMARY CARE TEAMS.—Subsection
24 (a)(5) of such section is amended, in the matter pre-
25 ceding subparagraph (A), by inserting “(in collabo-

1 ration with the primary care team for the eligible
2 veteran to the maximum extent practicable)” after
3 “evaluate”.

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

7 “(11)(A) In providing assistance under this sub-
8 section to family caregivers of eligible veterans, the Sec-
9 retary may enter into contracts, provider agreements, and
10 memoranda of understanding with Federal agencies,
11 States, and private, nonprofit, and other entities to pro-
12 vide such assistance to such family caregivers.

13 “(B) The Secretary may provide assistance under
14 this paragraph only if such assistance is reasonably acces-
15 sible to the family caregiver and is substantially equivalent
16 or better in quality to similar services provided by the De-
17 partment.

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

21 (b) MODIFICATION OF DEFINITION OF PERSONAL
22 CARE SERVICES.—Subsection (d)(4) of such section is
23 amended—

24 (1) in subparagraph (A), by striking “inde-
25 pendent”;

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

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

5 “(B) Supervision or protection based on
6 symptoms or residuals of neurological or other
7 impairment or injury.

8 “(C) Regular or extensive instruction or
9 supervision without which the ability of the vet-
10 eran to function in daily life would be seriously
11 impaired.”.

12 **SEC. 162. IMPLEMENTATION OF INFORMATION TECH-**
13 **NOLOGY SYSTEM OF DEPARTMENT OF VET-**
14 **ERANS AFFAIRS TO ASSESS AND IMPROVE**
15 **THE FAMILY CAREGIVER PROGRAM.**

16 (a) IMPLEMENTATION OF NEW SYSTEM.—

17 (1) IN GENERAL.—Not later than October 1,
18 2018, the Secretary of Veterans Affairs shall imple-
19 ment an information technology system that fully
20 supports the Program and allows for data assess-
21 ment and comprehensive monitoring of the Program.

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

1 (A) The ability to easily retrieve data that
2 will allow all aspects of the Program (at the
3 medical center and aggregate levels) and the
4 workload trends for the Program to be assessed
5 and comprehensively monitored.

6 (B) The ability to manage data with re-
7 spect to a number of caregivers that is more
8 than the number of caregivers that the Sec-
9 retary expects to apply for the Program.

10 (C) The ability to integrate the system
11 with other relevant information technology sys-
12 tems of the Veterans Health Administration.

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

19 (c) ONGOING MONITORING OF AND MODIFICATIONS
20 TO PROGRAM.—

21 (1) MONITORING.—The Secretary shall use the
22 system implemented under subsection (a) to monitor
23 and assess the workload of the Program, including
24 monitoring and assessment of data on—

1 (A) the status of applications, appeals, and
2 home visits in connection with the Program;
3 and

4 (B) the use by caregivers participating in
5 the Program of other support services under
6 the Program such as respite care.

7 (2) MODIFICATIONS.—Based on the monitoring
8 and assessment conducted under paragraph (1), the
9 Secretary shall identify and implement such modi-
10 fications to the Program as the Secretary considers
11 necessary to ensure the Program is functioning as
12 intended and providing veterans and caregivers par-
13 ticipating in the Program with services in a timely
14 manner.

15 (d) REPORTS.—

16 (1) INITIAL REPORT.—

17 (A) IN GENERAL.—Not later than 90 days
18 after the date of the enactment of this Act, the
19 Secretary shall submit to the Committee on
20 Veterans' Affairs of the Senate, the Committee
21 on Veterans' Affairs of the House of Represent-
22 atives, and the Comptroller General of the
23 United States a report that includes—

24 (i) the status of the planning, develop-
25 ment, and deployment of the system re-

1 quired to be implemented under subsection
2 (a), including any changes in the timeline
3 for the implementation of the system; and
4 (ii) an assessment of the needs of
5 family caregivers of veterans described in
6 subparagraph (B), the resources needed
7 for the inclusion of such family caregivers
8 in the Program, and such changes to the
9 Program as the Secretary considers nec-
10 essary to ensure the successful expansion
11 of the Program to include such family
12 caregivers.

13 (B) VETERANS DESCRIBED.—Veterans de-
14 scribed in this subparagraph are veterans who
15 are eligible for the Program under clause (ii) or
16 (iii) of section 1720G(a)(2)(B) of title 38,
17 United States Code, as amended by section
18 161(a)(1) of this Act, solely due to a serious in-
19 jury (including traumatic brain injury, psycho-
20 logical trauma, or other mental disorder) in-
21 curred or aggravated in the line of duty in the
22 active military, naval, or air service before Sep-
23 tember 11, 2001.

24 (2) NOTIFICATION BY COMPTROLLER GEN-
25 ERAL.—The Comptroller General shall review the re-

1 port submitted under paragraph (1) and notify the
2 Committee on Veterans' Affairs of the Senate and
3 the Committee on Veterans' Affairs of the House of
4 Representatives with respect to the progress of the
5 Secretary in—

6 (A) fully implementing the system required
7 under subsection (a); and

8 (B) implementing a process for using such
9 system to monitor and assess the Program
10 under subsection (c)(1) and modify the Pro-
11 gram as considered necessary under subsection
12 (c)(2).

13 (3) FINAL REPORT.—

14 (A) IN GENERAL.—Not later than October
15 1, 2019, the Secretary shall submit to the Com-
16 mittee on Veterans' Affairs of the Senate, the
17 Committee on Veterans' Affairs of the House of
18 Representatives, and the Comptroller General a
19 report on the implementation of subsections (a)
20 through (c).

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

23 (i) A certification by the Secretary
24 that the information technology system de-

1 scribed in subsection (a) has been imple-
2 mented.

3 (ii) A description of how the Secretary
4 has implemented such system.

5 (iii) A description of the modifications
6 to the Program, if any, that were identified
7 and implemented under subsection (c)(2).

8 (iv) A description of how the Sec-
9 retary is using such system to monitor the
10 workload of the Program.

11 (e) DEFINITIONS.—In this section:

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

16 (2) PROGRAM.—The term “Program” means
17 the program of comprehensive assistance for family
18 caregivers under section 1720G(a) of title 38,
19 United States Code, as amended by section 161 of
20 this Act.

21 **SEC. 163. MODIFICATIONS TO ANNUAL EVALUATION RE-**
22 **PORT ON CAREGIVER PROGRAM OF DEPART-**
23 **MENT OF VETERANS AFFAIRS.**

24 (a) BARRIERS TO CARE AND SERVICES.—Subpara-
25 graph (A)(iv) of section 101(c)(2) of the Caregivers and

1 Veterans Omnibus Health Services Act of 2010 (Public
2 Law 111–163; 38 U.S.C. 1720G note) is amended by in-
3 serting “, including a description of any barriers to access-
4 ing and receiving care and services under such programs”
5 before the semicolon.

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

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

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

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

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

1 **TITLE II—IMPROVEMENTS TO**
 2 **RECRUITMENT OF HEALTH**
 3 **CARE PROFESSIONALS**

4 **SEC. 201. DESIGNATED SCHOLARSHIPS FOR PHYSICIANS**
 5 **AND DENTISTS UNDER DEPARTMENT OF VET-**
 6 **ERANS AFFAIRS HEALTH PROFESSIONAL**
 7 **SCHOLARSHIP PROGRAM.**

8 (a) SCHOLARSHIPS FOR PHYSICIANS AND DEN-
 9 TISTS.—Section 7612(b) is amended by adding at the end
 10 the following new paragraph:

11 “(6)(A) Of the scholarships awarded under this sub-
 12 chapter, the Secretary shall ensure that not less than 50
 13 scholarships are awarded each year to individuals who are
 14 accepted for enrollment or enrolled (as described in section
 15 7602 of this title) in a program of education or training
 16 leading to employment as a physician or dentist until such
 17 date as the Secretary determines that the staffing short-
 18 age of physicians and dentists in the Department is less
 19 than 500.

20 “(B) After such date, the Secretary shall ensure that
 21 of the scholarships awarded under this subchapter, a num-
 22 ber of scholarships is awarded each year to individuals re-
 23 ferred to in subparagraph (A) in an amount equal to not
 24 less than ten percent of the staffing shortage of physicians

1 and dentists in the Department, as determined by the Sec-
2 retary.

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

7 “(i) The Secretary’s agreement to provide the
8 participant with a scholarship under this subchapter
9 for a specified number (from two to four) of school
10 years during which the participant is pursuing a
11 course of education or training leading to employ-
12 ment as a physician or dentist.

13 “(ii) The participant’s agreement to serve as a
14 full-time employee in the Veterans Health Adminis-
15 tration for a period of time (hereinafter in this sub-
16 chapter referred to as the ‘period of obligated serv-
17 ice’) of 18 months for each school year or part
18 thereof for which the participant was provided a
19 scholarship under the Scholarship Program.

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

23 “(E) On an annual basis, the Secretary shall provide
24 to appropriate educational institutions informational ma-

1 terial about the availability of scholarships under this
2 paragraph.”.

3 (b) BREACH OF AGREEMENT.—Section 7617(b) is
4 amended—

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

7 (2) by inserting after paragraph (3) the fol-
8 lowing new paragraph (4):

9 “(4) In the case of a participant who is enrolled
10 in a program or education or training leading to em-
11 ployment as a physician, the participant fails to suc-
12 cessfully complete post-graduate training leading to
13 eligibility for board certification in a specialty.”.

14 (c) EXTENSION OF PROGRAM.—Section 7619 is
15 amended by striking “December 31, 2019” and inserting
16 “December 31, 2033”.

17 **SEC. 202. INCREASE IN MAXIMUM AMOUNT OF DEBT THAT**
18 **MAY BE REDUCED UNDER EDUCATION DEBT**
19 **REDUCTION PROGRAM OF DEPARTMENT OF**
20 **VETERANS AFFAIRS.**

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

23 (1) by striking “\$120,000” and inserting
24 “\$200,000”; and

1 (2) by striking “\$24,000” and inserting
2 “\$40,000”.

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. 203. ESTABLISHING THE DEPARTMENT OF VETERANS**
 7 **AFFAIRS SPECIALTY EDUCATION LOAN RE-**
 8 **PAYMENT PROGRAM.**

9 (a) IN GENERAL.—Chapter 76 is amended by insert-
 10 ing after subchapter VII the following new subchapter:

11 “SUBCHAPTER VIII—SPECIALTY EDUCATION
 12 LOAN REPAYMENT PROGRAM

13 “§ 7691. **Establishment**

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

21 “§ 7692. **Purpose**

22 “The purpose of the Specialty Education Loan Re-
 23 payment Program is to assist, through the establishment
 24 of an incentive program for certain individuals employed
 25 in the Veterans Health Administration, in meeting the

1 staffing needs of the Veterans Health Administration for
 2 physicians in medical specialties for which the Secretary
 3 determines recruitment or retention of qualified personnel
 4 is difficult.

5 **“§ 7693. Eligibility; preferences; covered costs**

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

9 “(1) is hired under section 7401 of this title to
 10 work in an occupation described in section 7692 of
 11 this title;

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

18 “(3) is—

19 “(A) recently graduated from an accredited
 20 medical or osteopathic school and matched to
 21 an accredited residency program in a medical
 22 specialty described in section 7692 of this title;
 23 or

24 “(B) a physician in training in a medical
 25 specialty described in section 7692 of this title

1 with more than two years remaining in such
2 training.

3 “(b) PREFERENCES.—In selecting individuals for
4 participation in the Specialty Education Loan Repayment
5 Program under this subchapter, the Secretary may give
6 preference to the following:

7 “(1) Individuals who are, or will be, partici-
8 pating in residency programs in health care facili-
9 ties—

10 “(A) located in rural areas;

11 “(B) operated by Indian tribes, tribal orga-
12 nizations, or the Indian Health Service; or

13 “(C) affiliated with underserved health
14 care facilities of the Department.

15 “(2) Veterans.

16 “(c) COVERED COSTS.—For purposes of subsection
17 (a)(2), costs relating to a course of education or training
18 include—

19 “(1) tuition expenses;

20 “(2) all other reasonable educational expenses,
21 including expenses for fees, books, equipment, and
22 laboratory expenses; and

23 “(3) reasonable living expenses.

1 **“§ 7694. Specialty education loan repayment**

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

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

11 “(c) MAXIMUM AMOUNT; WAIVER.—(1) The amount
12 of payments made for a participant under the Specialty
13 Education Loan Repayment Program may not exceed
14 \$160,000 over a total of four years of participation in the
15 Program, of which not more than \$40,000 of such pay-
16 ments may be made in each year of participation in the
17 Program.

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

24 “(B) A participant described in this subparagraph is
25 a participant in the Program who the Secretary deter-
26 mines serves in a position for which there is a shortage

1 of qualified employees by reason of either the location or
2 the requirements of the position.

3 **“§ 7695. Choice of location**

4 “Each participant in the Specialty Education Loan
5 Repayment Program who completes residency may select,
6 from a list of medical facilities of the Veterans Health Ad-
7 ministration provided by the Secretary, at which such fa-
8 cility the participant will work in a medical specialty de-
9 scribed in section 7692 of this title.

10 **“§ 7696. Term of obligated service**

11 “(a) IN GENERAL.—In addition to any requirements
12 under section 5379(c) of title 5, a participant in the Spe-
13 cialty Education Loan Repayment Program must agree,
14 in writing and before the Secretary may make any pay-
15 ment to or for the participant, to—

16 “(1) obtain a license to practice medicine in a
17 State;

18 “(2) successfully complete post-graduate train-
19 ing leading to eligibility for board certification in a
20 specialty;

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

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

5 “(b) FELLOWSHIP.—In the case of a participant who
 6 receives an accredited fellowship in a medical specialty
 7 other than a medical specialty described in section 7692
 8 of this title, the Secretary, on written request of the par-
 9 ticipant, may delay the term of obligated service under
 10 subsection (a) for the participant until after the partici-
 11 pant completes the fellowship, but in no case later than
 12 60 days after completion of such fellowship.

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

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

19 “(A) ‘A’ is the amount the employee owes the
 20 Federal Government.

21 “(B) ‘B’ is the sum of all payments to or for
 22 the participant under the Specialty Education Loan
 23 Repayment Program.

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

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

3 **“§ 7697. Relationship to Educational Assistance Pro-**
4 **gram**

5 “Assistance under the Specialty Education Loan Re-
6 payment Program may be in addition to other assistance
7 available to individuals under the Educational Assistance
8 Program.”.

9 (b) CONFORMING AND TECHNICAL AMENDMENTS.—

10 (1) CONFORMING AMENDMENTS.—

11 (A) Section 7601(a) is amended—

12 (i) in paragraph (4), by striking
13 “and”;

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

16 (iii) by adding at the end the fol-
17 lowing new paragraph:

18 “(6) the specialty education loan repayment
19 program provided for in subchapter VIII of this
20 chapter.”.

21 (B) Section 7603(a)(1) is amended by
22 striking “or VI” and inserting “VI, or VIII”.

23 (C) Section 7604 is amended by striking
24 “or VI” each place it appears and inserting
25 “VI, or VIII”.

1 (D) Section 7631 is amended—

2 (i) in subsection (a)(1)—

3 (I) by striking “and” after
4 “scholarship amount,”; and

5 (II) by inserting “, and the max-
6 imum specialty education loan repay-
7 ment amount” after “reduction pay-
8 ments amount”; and

9 (ii) in subsection (b) by adding at the
10 end the following new paragraph:

11 “(7) The term ‘specialty education loan repay-
12 ment amount’ means the maximum amount of spe-
13 cialty education loan repayment payments payable to
14 or for a participant in the Department of Veterans
15 Affairs Specialty Education Loan Repayment Pro-
16 gram under subchapter VIII of this chapter, as spec-
17 ified in section 7694(c)(1) of this title and as pre-
18 viously adjusted (if at all) in accordance with this
19 section.”.

20 (E) Section 7632 is amended—

21 (i) in paragraph (1), by striking “and
22 the Education Debt Reduction Program”
23 and inserting “the Education Debt Reduc-
24 tion Program, and the Specialty Education
25 Loan Repayment Program”; and

1 (ii) in paragraph (4), by striking “and
 2 per participant in the Education Debt Re-
 3 duction Program” and inserting “per par-
 4 ticipant in the Education Debt Reduction
 5 Program, and per participant in the Spe-
 6 cialty Education Loan Repayment Pro-
 7 gram”.

8 (2) TABLE OF SECTIONS.—The table of sections
 9 at the beginning of chapter 76 is amended by insert-
 10 ing after the items relating to subchapter VII the
 11 following:

“SUBCHAPTER VIII—SPECIALTY EDUCATION LOAN REPAYMENT PROGRAM

“Sec.

“7691. Establishment.

“7692. Purpose.

“7693. Eligibility; preferences; covered costs.

“7694. Specialty education loan repayment.

“7695. Choice of location.

“7696. Term of obligated service.

“7697. Relationship to Educational Assistance Program.”.

12 (c) NEEDS OF THE VHA.—In making determinations
 13 each year under section 7692 of title 38, United States
 14 Code, as added by subsection (a), the Secretary of Vet-
 15 erans Affairs shall consider the anticipated needs of the
 16 Veterans Health Administration during the period two to
 17 six years in the future.

18 (d) PREFERENCE.—In granting preference under
 19 section 7693 of title 38, United States Code, as added by
 20 subsection (a), the Secretary of Veterans Affairs shall de-
 21 termine whether a facility of the Department of Veterans

1 Affairs is underserved based on the criteria developed
2 under section 301 of this Act.

3 (e) OFFER DEADLINE.—In the case of an applicant
4 who applies before receiving a residency match and whom
5 the Secretary of Veterans Affairs selects for participation
6 in the Specialty Education Loan Repayment Program
7 under subchapter VIII of title 38, United States Code, as
8 added by subsection (a), the Secretary shall offer partici-
9 pation to the applicant not later than 28 days after—

10 (1) the applicant matches with a residency in a
11 medical specialty described in section 7692 of title
12 38, United States Code, as added by subsection (a);
13 and

14 (2) such match is published.

15 (f) PUBLICITY.—The Secretary of Veterans Affairs
16 shall take such steps as the Secretary determines are ap-
17 propriate to publicize the Specialty Education Loan Re-
18 payment Program established under subchapter VIII of
19 chapter 76 of title 38, United States Code, as added by
20 subsection (a).

21 **SEC. 204. VETERANS HEALING VETERANS MEDICAL ACCESS**
22 **AND SCHOLARSHIP PROGRAM.**

23 (a) ESTABLISHMENT.—The Secretary of Veterans
24 Affairs, acting through the Office of Academic Affiliations
25 of the Department of Veterans Affairs, shall carry out a

1 pilot program under which the Secretary shall provide
2 funding for the medical education of a total of 18 eligible
3 veterans. Such funding shall be provided for two veterans
4 enrolled in each covered medical school in accordance with
5 this section.

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

9 (1) have been discharged from the Armed
10 Forces not more than ten years before the date of
11 application for admission to a covered medical
12 school;

13 (2) not be entitled to educational assistance
14 under chapter 30, 31, 32, 33, 34, or 35 of title 38,
15 United States Code, or chapter 1606 or 1607 of title
16 10, United States Code;

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

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

22 (5) meet the minimum admissions criteria for
23 the covered medical school to which the veteran ap-
24 plies; and

1 (6) enter into an agreement described in sub-
2 section (d).

3 (c) AWARD OF FUNDING.—

4 (1) IN GENERAL.—Each covered medical school
5 that opts to participate in the program under this
6 section shall reserve two seats in the entering class
7 of 2019 for eligible veterans who receive funding
8 under such program. Such funding shall be awarded
9 to the two eligible veterans with the highest admis-
10 sions rankings for such class at such school.

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

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

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

17 (C) fees associated with the National Resi-
18 dency Match Program;

19 (D) two away rotations performed during
20 the fourth year at a Department of Veterans
21 Affairs medical facility; and

22 (E) a monthly stipend for the four-year pe-
23 riod during which the veteran is enrolled in
24 medical school in an amount to be determined
25 by the Secretary.

1 (3) DISTRIBUTION OF FUNDING.—In the event
2 that two or more eligible veterans do not apply for
3 admission at one of the covered medical schools for
4 the entering class of 2019, the Secretary shall dis-
5 tribute the available funding to eligible veterans who
6 applied for admission at other covered medical
7 schools.

8 (d) AGREEMENT.—

9 (1) TERMS OF AGREEMENT.—Each eligible vet-
10 eran who accepts funding for medical education
11 under this section shall enter into an agreement with
12 the Secretary that provides that the veteran
13 agrees—

14 (A) to maintain enrollment and attendance
15 in the medical school;

16 (B) while enrolled in such medical school,
17 to maintain an acceptable level of academic
18 standing (as determined by the medical school
19 under regulations prescribed by the Secretary);

20 (C) to complete post-graduate training
21 leading to eligibility for board certification in a
22 speciality applicable to the Department of Vet-
23 erans Affairs, as determined by the Secretary;

1 (D) after completion of medical school, to
2 obtain a license to practice medicine in a State;
3 and

4 (E) after completion of medical school and
5 post-graduate training, to serve as a full-time
6 clinical practice employee in the Veterans
7 Health Administration for a period of four
8 years.

9 (2) BREACH OF AGREEMENT.—If an eligible
10 veteran who accepts funding under this section
11 breaches the terms of the agreement described in
12 paragraph (1), the United States shall be entitled to
13 recover damages in an amount equal to the total
14 amount of such funding received by the veteran.

15 (e) RULE OF CONSTRUCTION.—Nothing in this sec-
16 tion shall be construed to prevent any covered medical
17 school from accepting more than two eligible veterans for
18 the entering class of 2019.

19 (f) REPORT TO CONGRESS.—Not later than Decem-
20 ber 31, 2020, and annually thereafter for the subsequent
21 three years, the Secretary shall submit to Congress a re-
22 port on the pilot program under this section. Such report
23 shall include the evaluation of the Secretary of the success
24 of the pilot program, including the number of veterans
25 who received funding under the program who matriculated

1 and an evaluation of the academic progress of such vet-
2 erans.

3 (g) COVERED MEDICAL SCHOOLS.—In this section,
4 the term “covered medical school” means any of the fol-
5 lowing.

6 (1) The Teague-Cranston medical schools, con-
7 sisting of—

8 (A) Texas A&M College of Medicine;

9 (B) Quillen College of Medicine at East
10 Tennessee State University;

11 (C) Boonshoft School of Medicine at
12 Wright State University;

13 (D) Joan C. Edwards School of Medicine
14 at Marshall University; and

15 (E) University of South Carolina School of
16 Medicine.

17 (2) Charles R Drew University of Medicine and
18 Science.

19 (3) Howard University College of Medicine.

20 (4) Meharry Medical College.

21 (5) Morehouse School of Medicine.

1 **SEC. 205. BONUSES FOR RECRUITMENT, RELOCATION, AND**
2 **RETENTION.**

3 Section 705(a) of the Veterans Access, Choice, and
4 Accountability Act of 2014 (Public Law 113–146; 38
5 U.S.C. 703 note) is amended—

6 (1) in paragraph (1), by striking
7 “\$230,000,000” and inserting “\$250,000,000, of
8 which not less than \$20,000,000 shall be for recruit-
9 ment, relocation, and retention bonuses”; and

10 (2) in paragraph (2), by striking
11 “\$225,000,000” and inserting “\$290,000,000, of
12 which not less than \$20,000,000 shall be for recruit-
13 ment, relocation, and retention bonuses”.

14 **SEC. 206. INCLUSION OF VET CENTER EMPLOYEES IN EDU-**
15 **CATION DEBT REDUCTION PROGRAM OF DE-**
16 **PARTMENT OF VETERANS AFFAIRS.**

17 (a) IN GENERAL.—The Secretary of Veterans Affairs
18 shall ensure that clinical staff working at Vet Centers are
19 eligible to participate in the Education Debt Reduction
20 Program of the Department of Veterans Affairs under
21 subchapter VII of chapter 76 of title 38, United States
22 Code.

23 (b) REPORT.—Not later than one year after the date
24 of the enactment of this Act, the Secretary shall submit
25 to the Committee on Veterans’ Affairs of the Senate and
26 the Committee on Veterans’ Affairs of the House of Rep-

1 representatives a report on the number of participants in the
 2 Education Debt Reduction Program of the Department
 3 under such subchapter who work at Vet Centers.

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

7 **TITLE III—HEALTH CARE IN** 8 **UNDERSERVED AREAS**

9 **SEC. 301. DEVELOPMENT OF CRITERIA FOR DESIGNATION** 10 **OF CERTAIN MEDICAL FACILITIES OF THE** 11 **DEPARTMENT OF VETERANS AFFAIRS AS UN-** 12 **DERSERVED FACILITIES AND PLAN TO AD-** 13 **DRESS PROBLEM OF UNDERSERVED FACILI-** 14 **TIES.**

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

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

24 (1) The ratio of veterans to health care pro-
 25 viders of the Department of Veterans Affairs for a

1 standardized geographic area surrounding the facil-
2 ity, including a separate ratio for general practi-
3 tioners and specialists.

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

6 (3) Whether the local community is medically
7 underserved.

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

9 (5) Whether the facility is meeting the wait-
10 time goals of the Department.

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

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

20 (d) ANNUAL PLAN TO ADDRESS UNDERSERVED FA-
21 CILITIES.—

22 (1) PLAN REQUIRED.—Not later than one year
23 after the date of the enactment of this Act and not
24 less frequently than once each year thereafter, the
25 Secretary shall submit to Congress a plan to address

1 the problem of underserved facilities of the Depart-
2 ment, as designated pursuant to criteria developed
3 under subsection (a).

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

6 (A) Increasing personnel or temporary per-
7 sonnel assistance, including mobile deployment
8 teams furnished under section 302.

9 (B) Providing special hiring incentives, in-
10 cluding under the Education Debt Reduction
11 Program under subchapter VII of chapter 76 of
12 title 38, United States Code, and recruitment,
13 relocation, and retention incentives.

14 (C) Using direct hiring authority.

15 (D) Improving training opportunities for
16 staff.

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

19 **SEC. 302. PILOT PROGRAM TO FURNISH MOBILE DEPLOY-**
20 **MENT TEAMS TO UNDERSERVED FACILITIES.**

21 (a) IN GENERAL.—The Secretary of Veterans Affairs
22 shall carry out a pilot program to furnish mobile deploy-
23 ment teams of medical personnel to underserved facilities.

1 (b) ELEMENTS.—In furnishing mobile deployment
2 teams under subsection (a), the Secretary shall consider
3 the following elements:

4 (1) The medical positions of greatest need at
5 underserved facilities.

6 (2) The size and composition of teams to be de-
7 ployed.

8 (3) Such other elements as the Secretary con-
9 siders necessary for effective oversight of the pro-
10 gram established under subsection (a).

11 (c) USE OF ANNUAL ANALYSIS.—The Secretary shall
12 use the results of the annual analysis conducted under sec-
13 tion 301(c) to form mobile deployment teams under sub-
14 section (a) that are composed of the most needed medical
15 personnel for underserved facilities.

16 (d) REPORTING.—

17 (1) PROGRESS REPORT.—Not later than one
18 year after the date of the enactment of this Act, the
19 Secretary shall submit a report to Congress on the
20 implementation of the pilot program under this sec-
21 tion.

22 (2) FINAL REPORT.—Not later than the termi-
23 nation of the pilot program under this section, the
24 Secretary shall submit a final report to Congress

1 that contains the recommendations of the Secretary
2 regarding the feasibility and advisability of—

3 (A) extending or expanding the pilot pro-
4 gram; and

5 (B) making the pilot program (or any as-
6 pect thereof) permanent.

7 (e) DURATION.—The pilot program under this sec-
8 tion shall terminate three years after the date of the enact-
9 ment of this Act.

10 (f) UNDERSERVED FACILITY DEFINED.—In this sec-
11 tion, the term “underserved facility” means a medical cen-
12 ter, ambulatory care facility, or community based out-
13 patient clinic of the Department of Veterans Affairs des-
14 ignated by the Secretary of Veterans Affairs as under-
15 served pursuant to criteria developed under section 301.

16 **SEC. 303. PILOT PROGRAM ON GRADUATE MEDICAL EDU-**
17 **CATION AND RESIDENCY.**

18 (a) ESTABLISHMENT.—

19 (1) IN GENERAL.—Subject to paragraph (5),
20 the Secretary of Veterans Affairs shall establish a
21 pilot program to establish medical residency posi-
22 tions authorized under section 301(b)(2) of the Vet-
23 erans Access, Choice, and Accountability Act of
24 2014 (Public Law 113–146; 38 U.S.C. 7302 note)
25 at covered facilities.

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

3 (A) A health care facility of the Depart-
4 ment of Veterans Affairs.

5 (B) A health care facility operated by an
6 Indian tribe or a tribal organization, as those
7 terms are defined in section 4 of the Indian
8 Self-Determination and Education Assistance
9 Act (25 U.S.C. 5304).

10 (C) A health care facility operated by the
11 Indian Health Service.

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

15 (E) A health care facility operated by the
16 Department of Defense.

17 (F) Such other health care facility as the
18 Secretary considers appropriate for purposes of
19 this section.

20 (3) AGREEMENTS.—To carry out the pilot pro-
21 gram under this section, the Secretary may enter
22 into agreements with entities that operate covered
23 facilities in which the Secretary places residents
24 under paragraph (1).

1 (4) PARAMETERS FOR LOCATION, AFFILIATE
2 SPONSOR, AND DURATION.—When determining in
3 which covered facilities to place residents under
4 paragraph (1), the Secretary shall consider the ex-
5 tent to which there is a clinical need for providers
6 in an area, as determined by the following:

7 (A) The ratio of veterans to health care
8 providers of the Department for a standardized
9 geographic area surrounding a facility, includ-
10 ing a separate ratio for general practitioners
11 and specialists.

12 (B) The range of clinical specialties of pro-
13 viders in standardized geographic areas sur-
14 rounding a facility.

15 (C) Whether the specialty of a provider is
16 included in the most recent staffing shortage
17 determination of the Department under section
18 7412 of title 38, United States Code.

19 (D) Whether the local community is des-
20 ignated by the Secretary of Veterans Affairs as
21 underserved pursuant to criteria developed
22 under section 301.

23 (E) Whether the facility is located in a
24 community that is designated by the Secretary
25 of Health and Human Services as a health pro-

1 fessional shortage area under section 332 of the
2 Public Health Service Act (42 U.S.C. 254e).

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

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

8 (5) PRIORITY IN PLACEMENTS.—During the
9 pilot program under this section, the Secretary shall
10 place not fewer than 100 residents in covered facili-
11 ties—

12 (A) operated by the Indian Health Service;

13 (B) operated by an Indian tribe;

14 (C) operated by a tribal organization; or

15 (D) located in communities designated by
16 the Secretary as underserved pursuant to cri-
17 teria developed under section 301.

18 (6) STIPENDS AND BENEFITS.—The Secretary
19 may pay stipends and provide benefits for residents
20 in positions under paragraph (1), regardless of
21 whether they have been assigned in a Department
22 facility.

23 (b) REIMBURSEMENT.—If a covered facility estab-
24 lishes a new residency program in which the Secretary
25 places a resident under the pilot program, the Secretary

1 shall reimburse that covered facility for costs of the fol-
2 lowing:

3 (1) Curriculum development.

4 (2) Recruitment and retention of faculty.

5 (3) Accreditation of the program by the Accred-
6 itation Council for Graduate Medical Education.

7 (4) The portion of faculty salaries attributable
8 to duties under an agreement under subsection
9 (a)(3).

10 (5) Expenses relating to educating a resident
11 under the pilot program.

12 (c) REPORTING.—

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 until
16 the termination of the pilot program, the Secretary
17 shall submit to Congress a report on the implemen-
18 tation of the pilot program.

19 (2) ELEMENTS.—Each report submitted under
20 paragraph (1) shall include the following with regard
21 to the immediately preceding year, and in compari-
22 son to the year immediately preceding that year:

23 (A) The number of veterans who received
24 care from residents under the pilot program.

1 (B) The number of veterans who received
2 care from each resident per position described
3 in subsection (a)(1) under the pilot program.

4 (C) The number of veterans who received
5 care from residents under the pilot program ex-
6 pressed as a percentage of all individuals who
7 received care from such residents.

8 (D) The number of clinical appointments
9 for veterans conducted by each resident under
10 the pilot program.

11 (E) The number of clinical appointments
12 for veterans conducted by residents per position
13 described in subsection (a)(1) under the pilot
14 program.

15 (F) The number of clinical appointments
16 for veterans expressed as a percentage of all
17 clinical appointments conducted by residents
18 under the pilot program.

19 (G) The number of positions described in
20 subsection (a)(1) at each covered facility under
21 the pilot program.

22 (H) For each position described in sub-
23 section (a)(1) in a residency program affiliated
24 with a health care facility of the Department,
25 the time a resident under the pilot program

1 spent training at that facility of the Depart-
2 ment, expressed as a percentage of the total
3 training time for that resident position.

4 (I) For each residency program affiliated
5 with a health care facility of the Department,
6 the time all residents under the pilot program
7 spent training at that facility of the Depart-
8 ment, expressed as a percentage of the total
9 training time for those residents.

10 (J) The time that all residents under the
11 pilot program who are assigned to programs af-
12 filiated with health care facilities of the Depart-
13 ment spent training at facilities of the Depart-
14 ment, expressed as a percentage of the total
15 training time for those residents.

16 (K) The cost to the Department of Vet-
17 erans Affairs under the pilot program in the
18 year immediately preceding the report and since
19 the beginning of the pilot program.

20 (L) The cost to the Department of Vet-
21 erans Affairs per resident placed under the pilot
22 program at each covered facility.

23 (M) The number of residents under the
24 pilot program hired by the Secretary to work in
25 the Veterans Health Administration after com-

pletion of residency in the year immediately preceding the report and since the beginning of the pilot program.

(N) The medical specialties pursued by residents under the pilot program.

(d) DURATION.—The pilot program under this section shall terminate on August 7, 2024.

TITLE IV—INFRASTRUCTURE MATTERS

SEC. 401. IMPROVEMENT TO TRAINING OF CONSTRUCTION PERSONNEL.

Subsection (g) of section 8103 is amended to read as follows:

“(g)(1)(A) Not later than September 30, 2019, the Secretary shall implement the covered training curriculum and the covered certification program.

“(B) In designing and implementing the covered training curriculum and the covered certification program under subparagraph (A), the Secretary shall use as models existing training curricula and certification programs that have been established under chapter 87 of title 10, as determined relevant by the Secretary.

“(2) The Secretary may develop the training curriculum under paragraph (1)(A) in a manner that provides such training in any combination of—

1 “(A) training provided in person;

2 “(B) training provided over an internet website;

3 or

4 “(C) training provided by another department
5 or agency of the Federal Government.

6 “(3) The Secretary may develop the certification pro-
7 gram under paragraph (1)(A) in a manner that uses—

8 “(A) one level of certification; or

9 “(B) more than one level of certification, as de-
10 termined appropriate by the Secretary with respect
11 to the level of certification for different grades of the
12 General Schedule.

13 “(4) The Secretary may enter into a contract with
14 an appropriate entity to provide the covered training cur-
15 riculum and the covered certification program under para-
16 graph (1)(A).

17 “(5)(A) Not later than September 30, 2020, the Sec-
18 retary shall ensure that the majority of employees subject
19 to the covered certification program achieve the certifi-
20 cation or the appropriate level of certification pursuant to
21 paragraph (3), as the case may be.

22 “(B) After carrying out subparagraph (A), the Sec-
23 retary shall ensure that each employee subject to the cov-
24 ered certification program achieves the certification or the

1 appropriate level of certification pursuant to paragraph
2 (3), as the case may be, as quickly as practicable.

3 “(6) In this subsection:

4 “(A) The term ‘covered certification program’
5 means, with respect to employees of the Department
6 who are members of occupational series relating to
7 construction or facilities management, or employees
8 of the Department who award or administer con-
9 tracts for major construction, minor construction, or
10 nonrecurring maintenance, including as contract
11 specialists or contracting officers’ representatives, a
12 program to certify knowledge and skills relating to
13 construction or facilities management and to ensure
14 that such employees maintain adequate expertise re-
15 lating to industry standards and best practices for
16 the acquisition of design and construction services.

17 “(B) The term ‘covered training curriculum’
18 means, with respect to employees specified in sub-
19 paragraph (A), a training curriculum relating to
20 construction or facilities management.”.

21 **SEC. 402. REVIEW OF ENHANCED USE LEASES.**

22 Paragraph (6) of section 8162(b) is amended to read
23 as follows:

24 “(6) The Director of the Office of Management and
25 Budget shall review each enhanced-use lease before the

1 lease goes into effect to determine whether the lease is
2 in compliance with paragraph (5).”.

3 **SEC. 403. ASSESSMENT OF HEALTH CARE FURNISHED BY**
4 **THE DEPARTMENT TO VETERANS WHO LIVE**
5 **IN THE PACIFIC TERRITORIES.**

6 (a) IN GENERAL.—Not later than 180 days after the
7 date of the enactment of this Act, the Secretary of Vet-
8 erans Affairs shall submit to the Committee on Veterans’
9 Affairs of the Senate and the Committee on Veterans’ Af-
10 fairs of the House of Representatives a report regarding
11 health care furnished by the Department of Veterans Af-
12 fairs to veterans who live in the Pacific territories.

13 (b) ELEMENTS.—The report under subsection (a)
14 shall include assessments of the following:

15 (1) The ability of the Department to furnish to
16 veterans who live in the Pacific territories the fol-
17 lowing:

18 (A) Hospital care.

19 (B) Medical services.

20 (C) Mental health services.

21 (D) Geriatric services.

22 (2) The feasibility of establishing a community-
23 based outpatient clinic of the Department in any Pa-
24 cific territory that does not contain such a clinic.

1 (c) DEFINITION.—In this section, the term “Pacific
2 territories” means American Samoa, Guam, and the
3 Northern Mariana Islands.

4 **TITLE V—OTHER MATTERS**

5 **SEC. 501. ANNUAL REPORT ON PERFORMANCE AWARDS** 6 **AND BONUSES AWARDED TO CERTAIN HIGH-** 7 **LEVEL EMPLOYEES OF THE DEPARTMENT.**

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

10 **“§ 726. Annual report on performance awards and bo-** 11 **nuses awarded to certain high-level em-** 12 **ployees**

13 “(a) IN GENERAL.—Not later than 100 days after
14 the end of each fiscal year, the Secretary shall submit to
15 the appropriate committees of Congress a report that con-
16 tains, for the most recent fiscal year ending before the
17 submittal of the report, a description of all performance
18 awards or bonuses awarded to each of the following:

19 “(1) Regional Office Director of the Depart-
20 ment.

21 “(2) Director of a Medical Center of the De-
22 partment.

23 “(3) Director of a Veterans Integrated Service
24 Network.

25 “(4) Senior executive of the Department.

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

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

6 “(2) The job title of the individual awarded the
 7 award or bonus.

8 “(3) The location where the individual awarded
 9 the award or bonus works.

10 “(c) DEFINITIONS.—In this section:

11 “(1) The term ‘appropriate committees of Con-
 12 gress’ means the Committees on Veterans’ Affairs
 13 and Appropriations of the Senate and House of Rep-
 14 resentatives.

15 “(2) The term ‘senior executive’ means—

16 “(A) a career appointee; or

17 “(B) an individual—

18 “(i) in an administrative or executive
 19 position; and

20 “(ii) appointed under section 7306(a)
 21 or section 7401(1) of this title.

22 “(3) The term ‘career appointee’ has the mean-
 23 ing given that term in section 3132(a) of title 5.”.

24 (b) CLERICAL AMENDMENT.—The table of sections
 25 at the beginning of such chapter is amended by inserting

1 after the item relating to section 725 the following new
 2 item:

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

3 **SEC. 502. ROLE OF PODIATRISTS IN DEPARTMENT OF VET-**
 4 **ERANS AFFAIRS.**

5 (a) INCLUSION AS PHYSICIAN.—

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

9 **“§ 7413. Treatment of podiatrists; clinical oversight**
 10 **standards**

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

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

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

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

5 (b) MODIFICATION AND CLARIFICATION OF PAY
 6 GRADE.—

7 (1) GRADE.—The list in section 7404(b) is
 8 amended—

9 (A) by striking “PHYSICIAN AND DEN-
 10 TIST SCHEDULE” and inserting “PHYSI-
 11 CIAN AND SURGEON (MD/DO),
 12 PODIATRIC SURGEON (DPM), AND DEN-
 13 TIST AND ORAL SURGEON (DDS, DMD)
 14 SCHEDULE”;

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

17 (C) by striking “PODIATRIST, CHIRO-
 18 PRACTOR, AND” and inserting “CHIRO-
 19 PRACTOR AND”.

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

1 **SEC. 503. DEFINITION OF MAJOR MEDICAL FACILITY**
2 **PROJECT.**

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

9 (b) MODIFICATION OF DEFINITION OF MAJOR MED-
10 ICAL FACILITY PROJECT.—Paragraph (3) of section
11 8104(a) is amended to read as follows:

12 “(3) For purposes of this subsection, the term ‘major
13 medical facility project’ means a project for the construc-
14 tion, alteration, or acquisition of a medical facility involv-
15 ing a total expenditure of more than \$20,000,000, but
16 such term does not include an acquisition by exchange,
17 nonrecurring maintenance projects of the Department, or
18 the construction, alteration, or acquisition of a shared
19 Federal medical facility for which the Department’s esti-
20 mated share of the project costs does not exceed
21 \$20,000,000.”.

22 **SEC. 504. AUTHORIZATION OF CERTAIN MAJOR MEDICAL**
23 **FACILITY PROJECTS OF THE DEPARTMENT**
24 **OF VETERANS AFFAIRS.**

25 (a) AUTHORIZATION.—The Secretary of Veterans Af-
26 fairs may carry out the following major medical facility

1 project, to be carried out in an amount not to exceed the
2 amount specified for that project: Construction of the new
3 East Bay Community Based Outpatient Clinic and all as-
4 sociated site work, utilities, parking, and landscaping, con-
5 struction of the Central Valley Engineering and Logistics
6 support facility, and enhanced flood plain mitigation at the
7 Central Valley and East Bay Community Based Out-
8 patient Clinics as part of the realignment of medical facili-
9 ties in Livermore, California, in an amount not to exceed
10 \$117,300,000.

11 (b) AUTHORIZATION OF APPROPRIATIONS FOR CON-
12 STRUCTION.—There is authorized to be appropriated to
13 the Secretary of Veterans Affairs for fiscal year 2018 or
14 the year in which funds are appropriated for the Construc-
15 tion, Major Projects account, \$117,300,000 for the project
16 authorized in subsection (a).

17 (c) SUBMITTAL OF INFORMATION.—Not later than
18 90 days after the date of the enactment of this Act, for
19 the project authorized in subsection (a), the Secretary of
20 Veterans Affairs shall submit to the Committee on Vet-
21 erans' Affairs of the Senate and the Committee on Vet-
22 erans' Affairs of the House of Representatives the fol-
23 lowing information:

1 (1) A line item accounting of expenditures re-
 2 lating to construction management carried out by
 3 the Department of Veterans Affairs for such project.

4 (2) The future amounts that are budgeted to be
 5 obligated for construction management carried out
 6 by the Department for such project.

7 (3) A justification for the expenditures de-
 8 scribed in paragraph (1) and the future amounts de-
 9 scribed in paragraph (2).

10 (4) Any agreement entered into by the Sec-
 11 retary regarding a non-Department of Veterans Af-
 12 fairs Federal entity providing management services
 13 relating to such project, including reimbursement
 14 agreements and the costs to the Department for
 15 such services.

16 **SEC. 505. DEPARTMENT OF VETERANS AFFAIRS PER-**
 17 **SONNEL TRANSPARENCY.**

18 (a) PUBLICATION OF STAFFING AND VACANCIES.—

19 (1) WEBSITE REQUIRED.—Subject to para-
 20 graph (2) and not later than 90 days after the date
 21 of the enactment of this Act, the Secretary of Vet-
 22 erans Affairs shall make publicly available on an
 23 Internet website of the Department of Veterans Af-
 24 fairs the following information, which shall, subject
 25 to subparagraph (D), be displayed by departmental

1 component or, in the case of information relating to
2 Veterans Health Administration positions, by med-
3 ical facility:

4 (A) The number of personnel encumbering
5 positions.

6 (B) The number of accessions and separa-
7 tion actions processed during the quarter pre-
8 ceeding the date of the publication of the infor-
9 mation.

10 (C) The number of vacancies, by occupa-
11 tion.

12 (D) The percentage of new hires for the
13 Department who were hired within the time-to-
14 hire target of the Office of Personnel Manage-
15 ment, disaggregated by administration.

16 (2) EXCEPTIONS.—The Secretary may withhold
17 from publication under paragraph (1) information
18 relating to law enforcement, information security, or
19 such positions in the Department that the Secretary
20 determines to be sensitive.

21 (3) UPDATE OF INFORMATION.—The Secretary
22 shall update the information on the website required
23 under paragraph (1) on a quarterly basis.

24 (4) TREATMENT OF CONTRACTOR POSITIONS.—
25 Any Department of Veterans Affairs position that is

1 filled with a contractor may not be treated as a De-
 2 partment position for purposes of the information
 3 required to be published under paragraph (1).

4 (5) INSPECTOR GENERAL REVIEW.—On a semi-
 5 annual basis, the Inspector General of the Depart-
 6 ment shall review the administration of the website
 7 required under paragraph (1) and make rec-
 8 ommendations relating to the improvement of such
 9 administration.

10 (b) REPORT TO CONGRESS.—The Secretary of Vet-
 11 erans Affairs shall submit to Congress an annual report
 12 on the steps the Department is taking to achieve full staff-
 13 ing capacity. Each such report shall include the amount
 14 of additional funds necessary to enable the Department
 15 to reach full staffing capacity.

16 **SEC. 506. PROGRAM ON ESTABLISHMENT OF PEER SPE-**
 17 **CIALISTS IN PATIENT ALIGNED CARE TEAM**
 18 **SETTINGS WITHIN MEDICAL CENTERS OF DE-**
 19 **PARTMENT OF VETERANS AFFAIRS.**

20 (a) PROGRAM REQUIRED.—The Secretary of Vet-
 21 erans Affairs shall carry out a program to establish not
 22 fewer than two peer specialists in patient aligned care
 23 teams at medical centers of the Department of Veterans
 24 Affairs to promote the use and integration of services for

1 mental health, substance use disorder, and behavioral
2 health in a primary care setting.

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

6 (1) Not later than May 31, 2019, at not fewer
7 than 15 medical centers of the Department.

8 (2) Not later than May 31, 2020, at not fewer
9 than 30 medical centers of the Department.

10 (c) SELECTION OF LOCATIONS.—

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

13 (A) Not fewer than five shall be medical
14 centers of the Department that are designated
15 by the Secretary as polytrauma centers.

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

19 (2) CONSIDERATIONS.—In selecting medical
20 centers for the program under paragraph (1), the
21 Secretary shall consider the feasibility and advis-
22 ability of selecting medical centers in the following
23 areas:

24 (A) Rural areas and other areas that are
25 underserved by the Department.

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

3 (C) Areas representing different geo-
4 graphic locations, such as census tracts estab-
5 lished by the Bureau of the Census.

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

9 (1) the needs of female veterans are specifically
10 considered and addressed; and

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

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

19 (f) REPORTS.—

20 (1) PERIODIC REPORTS.—

21 (A) IN GENERAL.—Not later than 180
22 days after the date of the enactment of this
23 Act, and not less frequently than once every
24 180 days thereafter until the Secretary deter-
25 mines that the program is being carried out at

1 the last location to be selected under subsection
2 (c), the Secretary shall submit to Congress a
3 report on the program.

4 (B) ELEMENTS.—Each report required by
5 subparagraph (A) shall, with respect to the
6 180-day period preceding the submittal of the
7 report, include the following:

8 (i) The findings and conclusions of
9 the Secretary with respect to the program.

10 (ii) An assessment of the benefits of
11 the program to veterans and family mem-
12 bers of veterans.

13 (iii) An assessment of the effective-
14 ness of peer specialists in engaging under
15 subsection (e) with health care providers in
16 the community and veterans served by
17 those providers.

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

1 **SEC. 507. DEPARTMENT OF VETERANS AFFAIRS MEDICAL**
2 **SCRIBE PILOT PROGRAM.**

3 (a) IN GENERAL.—The Secretary of Veterans Affairs
4 shall carry out a two-year pilot program under which the
5 Secretary shall increase the use of medical scribes at De-
6 partment of Veterans Affairs medical centers.

7 (b) LOCATIONS.—The Secretary shall carry out the
8 pilot program at ten medical centers of the Department
9 as follows:

10 (1) At least four such medical centers located
11 in rural areas.

12 (2) At least four such medical centers located
13 in urban areas.

14 (3) Two such medical centers located in areas
15 with need for increased access or increased effi-
16 ciency, as determine by the Secretary.

17 (c) MEDICAL SCRIBES.—

18 (1) HIRING.—Under the pilot program the Sec-
19 retary shall—

20 (A) hire 20 new Department of Veterans
21 Affairs term employees as medical scribes; and

22 (B) seek to enter into contracts with ap-
23 propriate entities for the employment of 20 ad-
24 ditional medical scribes.

25 (2) DISTRIBUTION.—The Secretary shall assign
26 four medical scribes to each of the ten medical cen-

1 ters of the Department where the Secretary carries
2 out the pilot program as follows:

3 (A) Two scribes shall be assigned to each
4 of two physicians.

5 (B) Thirty percent of the scribes shall be
6 employed in the provision of emergency care.

7 (C) Seventy percent of the scribes shall be
8 employed in the provision of speciality care in
9 specialties with the longest patient wait times
10 or lowest efficiency ratings, as determined by
11 the Secretary.

12 (d) REPORTS.—

13 (1) REPORTS TO CONGRESS.—Not later than
14 180 days after the commencement of the pilot pro-
15 gram required under this section, and every 180
16 days thereafter for the duration of the pilot pro-
17 gram, the Secretary of Veterans Affairs shall submit
18 to Congress a report on the pilot program. Each
19 such report shall include each of the following:

20 (A) A separate analysis of each the fol-
21 lowing with respect to medical scribes employed
22 by the Department of Veterans Affairs and
23 medical scribes performing Department of Vet-
24 erans Affairs functions under a contract:

25 (i) Provider efficiency.

1 (ii) Patient satisfaction.

2 (iii) Average wait time.

3 (iv) The number of patients seen per
4 day by each physician or practitioner.

5 (v) The amount of time required to
6 hire and train an employee to perform
7 medical scribe functions under the pilot
8 program.

9 (B) Metrics and data for analyzing the ef-
10 fects of the pilot program, including an evalua-
11 tion of each of the elements under clauses (i)
12 through (iv) of subparagraph (A) at medical
13 centers who employed scribes under the pilot
14 program for an appropriate period preceding
15 the hiring of such scribes.

16 (2) COMPTROLLER GENERAL REPORT.—Not
17 later than 90 days after the termination of the pilot
18 program under this section, the Comptroller General
19 of the United States shall submit to Congress a re-
20 port on the pilot program. Such report shall include
21 a comparison of the pilot program with similar pro-
22 grams carried out in the private sector.

23 (e) DEFINITIONS.—In this section:

24 (1) The term “medical scribe” means an unli-
25 censed individual hired to enter information into the

1 electronic health record or chart at the direction of
 2 a physician or licensed independent practitioner
 3 whose responsibilities include the following:

4 (A) Assisting the physician or practitioner
 5 in navigating the electronic health record.

6 (B) Responding to various messages as di-
 7 rected by the physician or practitioner.

8 (C) Entering information into the elec-
 9 tronic health record, as directed by the physi-
 10 cian or practitioner.

11 (2) The terms “urban” and “rural” have the
 12 meanings given such terms under the rural-urban
 13 commuting codes developed by the Secretary of Agri-
 14 culture and the Secretary of Health and Human
 15 Services.

16 (f) FUNDING.—The pilot program under this section
 17 shall be carried out using amounts otherwise authorized
 18 to be appropriated for the Department of Veterans Af-
 19 fairs. No additional amounts are authorized to be appro-
 20 priated to carry out such program.

21 **SEC. 508. EXTENSION OF REQUIREMENT TO COLLECT FEES**
 22 **FOR HOUSING LOANS GUARANTEED BY SEC-**
 23 **RETARY OF VETERANS AFFAIRS.**

24 Section 3729(b)(2) is amended by striking “2027”
 25 each place it appears and inserting “2028”.

1 **SEC. 509. EXTENSION OF REDUCTION IN AMOUNT OF PEN-**
2 **SION FURNISHED BY DEPARTMENT OF VET-**
3 **ERANS AFFAIRS FOR CERTAIN VETERANS**
4 **COVERED BY MEDICAID PLANS FOR SERV-**
5 **ICES FURNISHED BY NURSING FACILITIES.**

6 Section 5503(d)(7) is amended by striking “Sep-
7 tember 30, 2027” and inserting “September 30, 2028”.

8 **SEC. 510. APPROPRIATION OF AMOUNTS.**

9 (a) VETERANS CHOICE PROGRAM.—There is author-
10 ized to be appropriated, and is appropriated, to the Sec-
11 retary of Veterans Affairs, out of any funds in the Treas-
12 ury not otherwise appropriated, \$5,200,000,000 to be de-
13 posited in the Veterans Choice Fund under section 802
14 of the Veterans Access, Choice, and Accountability Act of
15 2014 (Public Law 113–146; 38 U.S.C. 1701 note).

16 (b) AVAILABILITY OF AMOUNTS.—The amounts ap-
17 propriated under subsection (a) shall be available for obli-
18 gation or expenditure without fiscal year limitation.

19 **SEC. 511. TECHNICAL CORRECTION.**

20 Section 1712I of title 38, United States Code, is re-
21 designated as section 1720I of such title.

