

118TH CONGRESS  
1ST SESSION

# S. 2649

To improve community care provided by the Department of Veterans Affairs,  
and for other purposes.

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IN THE SENATE OF THE UNITED STATES

JULY 27, 2023

Mr. TESTER introduced the following bill; which was read twice and referred  
to the Committee on Veterans' Affairs

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## A BILL

To improve community care provided by the Department  
of Veterans Affairs, and for other purposes.

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

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

4 (a) SHORT TITLE.—This Act may be cited as the  
5 “Making Community Care Work for Veterans Act of  
6 2023”.

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

Sec. 1. Short title; table of contents.

TITLE I—IMPROVEMENTS TO COMMUNITY CARE

- Sec. 101. Requirement that appointments for care or services under Community Care Program of Department of Veterans Affairs are timely scheduled.
- Sec. 102. Modifications to access standards for care furnished through Community Care Program of Department of Veterans Affairs.
- Sec. 103. Consideration of telehealth in determining whether an appointment can be scheduled within the access standards of the Department of Veterans Affairs.
- Sec. 104. Finality of decision by veteran and veteran's referring clinician.
- Sec. 105. Benefits for persons disabled by treatment under Community Care Program of Department of Veterans Affairs.
- Sec. 106. Extension of period for submittal of claims by health care entities and providers.
- Sec. 107. Program on self-referral of veterans for certain services under Veterans Community Care Program.
- Sec. 108. Report on referrals for non-Department of Veterans Affairs health care.
- Sec. 109. Requirement that health care providers under Community Care Program of Department of Veterans Affairs provide certain data.
- Sec. 110. High-compliance rating program for providers under Veterans Community Care Program of Department of Veterans Affairs.
- Sec. 111. Adoption of national interoperability standards between Department of Veterans Affairs and community care providers.
- Sec. 112. Analysis of feasibility and advisability of establishing a community care network for the provision of care to veterans in the Republic of the Philippines.
- Sec. 113. Pilot program on consolidating the community care dental treatment plan approval process of Department of Veterans Affairs.
- Sec. 114. Reviews of payment rate waivers under Veterans Community Care Program.
- Sec. 115. Comptroller General report on dentistry under Veterans Community Care Program.

## TITLE II—HEALTH CARE EMPLOYEES

- Sec. 201. Establishment of Start and Stay at VA program.
- Sec. 202. Expansion of period of payment under Employee Incentive Scholarship Program.
- Sec. 203. Mentorship program for executive leadership teams at medical centers of the Department of Veterans Affairs.

## TITLE III—OTHER HEALTH CARE MATTERS

- Sec. 301. Timing for scheduling of appointments at facilities of Department of Veterans Affairs.
- Sec. 302. Modification of requirements for standards for quality of care from Department of Veterans Affairs.
- Sec. 303. Mental Health Residential Rehabilitation Treatment Program of the Department of Veterans Affairs.
- Sec. 304. Electronic document submission option for the CHAMPVA program.
- Sec. 305. Review of workflows associated with processing referrals between facilities of the Veterans Health Administration.

# **TITLE I—IMPROVEMENTS TO COMMUNITY CARE**

## **SEC. 101. REQUIREMENT THAT APPOINTMENTS FOR CARE OR SERVICES UNDER COMMUNITY CARE PRO- GRAM OF DEPARTMENT OF VETERANS AF- FAIRS ARE TIMELY SCHEDULED.**

(a) IN GENERAL.—Section 1703 of title 38, United States Code, is amended—

(1) by redesignating subsections (m), (n), and

(o) as subsections (n), (o), and (p), respectively; and

(2) by inserting after subsection (l) the following new subsection (m):

“(m) SCHEDULING OF APPOINTMENTS.—(1) The Secretary shall ensure that an appointment for a covered veteran for care or services under this section—

“(A) in the case of a non-urgent appointment, is scheduled (but may occur at a later date) not later than seven days after the earlier of the date on which—

“(i) a clinician of the Department determines that the veteran requires care; or

“(ii) the veteran presents to the Department requesting care; and

1 “(B) in the case of an appointment for urgent  
2 care, is completed not later than 48 hours after the  
3 earlier of the date on which—

4 “(i) a clinician of the Department deter-  
5 mines that the veteran requires care; or

6 “(ii) the veteran presents to the Depart-  
7 ment requesting care.

8 “(2) Not less frequently than quarterly, the Secretary  
9 shall submit to the Committee on Veterans’ Affairs of the  
10 Senate and the Committee on Veterans’ Affairs of the  
11 House of Representatives a report on the average time it  
12 takes each medical facility of the Department to schedule  
13 appointments for care or services under this section, bro-  
14 ken out by primary care, mental health care, and each  
15 type of specialty care.

16 “(3)(A) Each medical facility of the Department for  
17 which any average time reported under paragraph (2) is  
18 more than seven days shall submit to the Under Secretary  
19 for Health, not later than 30 days after the date of the  
20 report—

21 “(i) an explanation for why such average time  
22 is more than seven days, which may include staffing  
23 shortages, insufficient network, surge of appoint-  
24 ments, and any other factor increasing such average  
25 time;

1 “(ii) a remediation plan to bring such average  
2 time to not more than seven days; and

3 “(iii) an explanation for how each issue speci-  
4 fied in clause (i) is being mitigated.

5 “(B) With respect to any explanation under subpara-  
6 graph (A)(i) that specifies insufficient network, the Under  
7 Secretary for Health shall—

8 “(i) consult with any third party administrator  
9 responsible for administering such network on how  
10 network insufficiency can be overcome; and

11 “(ii) examine whether the third party adminis-  
12 trator is meeting contractual obligations.”.

13 (b) EFFECTIVE DATE.—The Secretary of Veterans  
14 Affairs shall comply with the requirements under section  
15 1703(m)(1) of title 38, United States Code, as added by  
16 subsection (a)(2), by not later than 180 days after the  
17 date of the enactment of this Act.

18 **SEC. 102. MODIFICATIONS TO ACCESS STANDARDS FOR**  
19 **CARE FURNISHED THROUGH COMMUNITY**  
20 **CARE PROGRAM OF DEPARTMENT OF VET-**  
21 **ERANS AFFAIRS.**

22 (a) IN GENERAL.—Section 1703B of title 38, United  
23 States Code, is amended—

24 (1) by striking subsections (a) through (d) and  
25 inserting the following:

1       “(a) THRESHOLD ELIGIBILITY STANDARDS FOR AC-  
 2       CESS TO COMMUNITY CARE.—A covered veteran shall be  
 3       eligible to elect to receive, pursuant to subsection (d)(3)  
 4       of section 1703 of this title, non-Department hospital care,  
 5       medical services, or extended care services under such sec-  
 6       tion pursuant to subsection (d)(1)(D) of such section  
 7       using the following eligibility standards for access to com-  
 8       munity care:

9               “(1) With respect to primary care, mental  
 10       health care, or non-institutional extended care serv-  
 11       ices, if the Secretary cannot schedule an appoint-  
 12       ment for the covered veteran with a health care pro-  
 13       vider of the Department—

14               “(A) not more than 30 minutes average  
 15       driving time from the residence of the veteran;  
 16       and

17               “(B) not later than 20 days from the date  
 18       of request for such an appointment, unless a  
 19       later date has been agreed to by the veteran in  
 20       consultation with the health care provider, to  
 21       the first next available appointment date rel-  
 22       evant to the requested medical service.

23               “(2) With respect to specialty care or specialty  
 24       services, if the Secretary cannot schedule an ap-

1 pointment for the covered veteran with a health care  
 2 provider of the Department—

3 “(A) not more than 60 minutes average  
 4 driving time from the residence of the veteran;  
 5 and

6 “(B) not later than 28 days from the date  
 7 of request for such an appointment, unless a  
 8 later date has been agreed to by the veteran in  
 9 consultation with the health care provider, to  
 10 the first next available appointment date rel-  
 11 evant to the requested medical service.”;

12 (2) by redesignating subsections (e), (f), (g),  
 13 (h), and (i) as subsections (b), (c), (d), (e), and (f),  
 14 respectively;

15 (3) in subsection (b), as redesignated by para-  
 16 graph (2)—

17 (A) in the matter preceding paragraph (1),  
 18 by striking “Not later than 3 years after the  
 19 date on which the Secretary establishes access  
 20 standards under subsection (a) and not less fre-  
 21 quently than once every 3 years thereafter” and  
 22 inserting “REVIEW AND REPORT.—Not less fre-  
 23 quently than once every three years”;

24 (B) in paragraph (1), by striking “such  
 25 standards” and inserting “the eligibility stand-

1           ards for access to community care under sub-  
2           section (a)”; and

3                   (C) in paragraph (2), by striking “and any  
4           modification to the access standards with re-  
5           spect to the review conducted under paragraph  
6           (1)” and inserting “of such review and such  
7           recommendations as the Secretary may have  
8           with respect to such eligibility standards”;  
9           (4) in subsection (c), as so redesignated—

10                   (A) in paragraph (1)—

11                           (i) by striking “(1) Subject to para-  
12                           graph (3)” and inserting “REQUIREMENT  
13                           TO MEET STANDARDS.—(1) Subject to  
14                           paragraphs (3) and (4)”; and

15                           (ii) by inserting “and health care pro-  
16                           viders specified under section 1703(c) of  
17                           this title” before the period at the end;

18                   (B) in paragraph (2), by striking “The  
19           Secretary” and inserting “Subject to para-  
20           graphs (3) and (4), the Secretary”; and

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

23           “(4)(A) A health care provider specified under section  
24   1703(c) of this title that is furnishing care pursuant to  
25   a contract, agreement, or other arrangement between such

1 provider and the Secretary may request a waiver to the  
 2 requirement under this subsection to meet the access  
 3 standards established under subsection (a).

4 “(B) Any waiver requested by a health care provider  
 5 under subparagraph (A) must be requested in writing and  
 6 submitted to the Secretary for approval.

7 “(C) In evaluating a waiver request by a health care  
 8 provider under subparagraph (A), the Secretary shall con-  
 9 sider the factors specified under paragraph (3)(D) that  
 10 are relevant to the health care provider.”;

11 (5) in subsection (d)(1), as so redesignated, by  
 12 striking “(1) The Secretary” and inserting “PUBLI-  
 13 CATION.—(1) The Secretary”;

14 (6) in subsection (e)(1), as so redesignated, by  
 15 striking “(1) Consistent with” and inserting “DE-  
 16 TERMINATION REGARDING ELIGIBILITY.—(1) Con-  
 17 sistent with”; and

18 (7) in subsection (f), as so redesignated, by  
 19 striking “In this section” and inserting “DEFINI-  
 20 TIONS.—In this section”.

21 (b) CONFORMING AMENDMENTS.—Section 1703(d)  
 22 of such title is amended—

23 (1) in paragraph (1)(D), by striking “developed  
 24 by the Secretary”; and

1           (2) in paragraph (3), by striking “developed by  
2           the Secretary”.

3 **SEC. 103. CONSIDERATION OF TELEHEALTH IN DETER-**  
4 **MINING WHETHER AN APPOINTMENT CAN BE**  
5 **SCHEDULED WITHIN THE ACCESS STAND-**  
6 **ARDS OF THE DEPARTMENT OF VETERANS**  
7 **AFFAIRS.**

8           Section 1703(d) of title 38, United States Code, is  
9 amended by adding at the end the following new para-  
10 graph:

11           “(4) In determining under paragraph (1)(D) whether  
12 the Department is able to furnish care or services in a  
13 manner that complies with the access standards estab-  
14 lished under section 1703B(a) of this title, for purposes  
15 of determining the availability of an appointment, a tele-  
16 health appointment will only be considered as an available  
17 appointment if the veteran accepts the use of telehealth  
18 by the Department.”.

19 **SEC. 104. FINALITY OF DECISION BY VETERAN AND VET-**  
20 **ERAN’S REFERRING CLINICIAN.**

21           Section 1703(d) of title 38, United States Code, as  
22 amended by section 103, is further amended by adding  
23 at the end the following new paragraph:

24           “(5)(A) Subject to subparagraph (B), an agreement  
25 by a covered veteran and the covered veteran’s referring

1 clinician under paragraph (1)(E) regarding the best med-  
 2 ical interest of the covered veteran is final and is not sub-  
 3 ject to review or approval by the Department.

4 “(B) A covered veteran and the covered veteran’s re-  
 5 ferring clinician may correct any errors made with respect  
 6 to an agreement described in subparagraph (A).”.

7 **SEC. 105. BENEFITS FOR PERSONS DISABLED BY TREAT-**  
 8 **MENT UNDER COMMUNITY CARE PROGRAM**  
 9 **OF DEPARTMENT OF VETERANS AFFAIRS.**

10 (a) IN GENERAL.—Subsection (a) of section 1151 of  
 11 title 38, United States Code, is amended—

12 (1) by redesignating paragraph (2) as para-  
 13 graph (3);

14 (2) in paragraph (1)(B), by striking “or” at the  
 15 end; and

16 (3) by inserting after paragraph (1) the fol-  
 17 lowing new paragraph (2):

18 “(2) the disability or death was caused by hos-  
 19 pital care, a medical service, or an extended care  
 20 service furnished the veteran by a non-Department  
 21 provider under section 1703 of this title and the  
 22 proximate cause of the disability or death was—

23 “(A) carelessness, negligence, lack of prop-  
 24 er skill, error in judgment, or similar instance  
 25 of fault on the part of the provider in fur-

1 nishing the hospital care, medical service, or ex-  
 2 tended care service; or

3 “(B) an event not reasonably foreseeable;  
 4 or”.

5 (b) OFFSET OF AWARDS.—Such section is amended  
 6 by adding at the end the following new subsection:

7 “(d) The amount of any judgment awarded to an in-  
 8 dividual in a civil action brought by the individual against  
 9 a non-Department provider in a court of competent juris-  
 10 diction for a disability or death caused by hospital care,  
 11 a medical service, or an extended care service furnished  
 12 by a non-Department provider as described in subsection  
 13 (a)(2) shall be offset by the amount of any compensation  
 14 awarded to the individual under such subsection for such  
 15 disability or death.”.

16 **SEC. 106. EXTENSION OF PERIOD FOR SUBMITTAL OF**  
 17 **CLAIMS BY HEALTH CARE ENTITIES AND**  
 18 **PROVIDERS.**

19 Section 1703D(b) of title 38, United States Code, is  
 20 amended by striking “180 days” and inserting “one year”.

21 **SEC. 107. PROGRAM ON SELF-REFERRAL OF VETERANS**  
 22 **FOR CERTAIN SERVICES UNDER VETERANS**  
 23 **COMMUNITY CARE PROGRAM.**

24 (a) IN GENERAL.—The Secretary of Veterans Affairs  
 25 shall carry out a program (in this section referred to as

1 the “Program”) under which the Secretary may furnish  
 2 outpatient services specified in subsection (b) through a  
 3 health care provider specified in section 1703(c) of title  
 4 38, United States Code, to a covered veteran who—

5 (1) is eligible for such services under criteria to  
 6 be established by the Secretary; and

7 (2) chooses to self-refer for such services.

8 (b) OUTPATIENT SERVICES SPECIFIED.—The out-  
 9 patient services specified in this subsection are the fol-  
 10 lowing:

11 (1) Vaccinations.

12 (2) Vision and hearing services.

13 (c) CONDITIONS UNDER WHICH SERVICES ARE PRO-  
 14 VIDED.—The Secretary shall provide services under the  
 15 Program under the same conditions as such services would  
 16 be required to be provided under section 1703(d) of title  
 17 38, United States Code.

18 (d) REPORT ON PROGRAM.—

19 (1) IN GENERAL.—Not later than two years  
 20 after the date of the enactment of this Act, and an-  
 21 nually thereafter, the Secretary shall submit to Con-  
 22 gress a report on the Program.

23 (2) ELEMENTS.—Each report required under  
 24 paragraph (1) shall include, for the one-year period  
 25 preceding the date of the report—

1 (A) the number of self-referrals made  
2 under the Program, disaggregated by type of  
3 services sought;

4 (B) an assessment of the timeliness of ap-  
5 pointments made under the Program as com-  
6 pared with the timeliness of other appointments  
7 made for the same service;

8 (C) an assessment of satisfaction of vet-  
9 erans with the Program;

10 (D) an assessment of the impact of the  
11 Program on the health of patients receiving  
12 services under the Program; and

13 (E) such recommendations as the Sec-  
14 retary may have for services to be added or re-  
15 moved from the Program.

16 (e) EFFECTIVE DATE.—This section shall take effect  
17 on the date that is one year after the date of the enact-  
18 ment of this Act.

19 (f) COVERED VETERAN DEFINED.—In this section,  
20 the term “covered veteran” means a veteran described in  
21 section 1703(b) of title 38, United States Code.

22 **SEC. 108. REPORT ON REFERRALS FOR NON-DEPARTMENT**  
23 **OF VETERANS AFFAIRS HEALTH CARE.**

24 Not later than 180 days after the date of the enact-  
25 ment of this Act, and not less frequently than monthly

1 thereafter, the Secretary of Veterans Affairs shall submit  
2 to the Committee on Veterans' Affairs of the Senate and  
3 the Committee on Veterans' Affairs of the House of Rep-  
4 resentatives a report containing, with respect to referrals  
5 for non-Department of Veterans Affairs health care origi-  
6 nating from medical facilities of the Department during  
7 the one-month period preceding the date of the report, a  
8 measurement of, for each such facility of the Depart-  
9 ment—

10 (1) the period of time between—

11 (A) the date that a clinician of the Depart-  
12 ment determines that a veteran requires care,  
13 or a veteran presents to the Department re-  
14 questing care, and the date that the referral for  
15 care is sent to a non-Department health care  
16 provider;

17 (B) the date that the referral for care is  
18 sent to a non-Department health care provider  
19 and the date that a non-Department health  
20 care provider accepts the referral;

21 (C) the date that a non-Department health  
22 care provider accepts the referral and the date  
23 that the referral to a non-Department health  
24 care provider is completed;

1 (D) the date that the referral to a non-De-  
 2 partment health care provider is completed and  
 3 the date that an appointment with a non-De-  
 4 partment health care provider is made; and

5 (E) the date that an appointment with a  
 6 non-Department health care provider is made  
 7 and the date that an appointment with a non-  
 8 Department health care provider occurs; and

9 (2) any other period of time that the Secretary  
 10 determines necessary to measure.

11 **SEC. 109. REQUIREMENT THAT HEALTH CARE PROVIDERS**  
 12 **UNDER COMMUNITY CARE PROGRAM OF DE-**  
 13 **PARTMENT OF VETERANS AFFAIRS PROVIDE**  
 14 **CERTAIN DATA.**

15 (a) IN GENERAL.—Beginning not later than one year  
 16 after the date of the enactment of this Act, the Secretary  
 17 of Veterans Affairs shall require that covered providers  
 18 submit to the Secretary, at such time and in such manner  
 19 as the Secretary may require, data required to be collected  
 20 and considered by the Secretary under section  
 21 1703C(a)(3) of title 38, United States Code.

22 (b) EXCLUSION OF COVERED PROVIDERS.—The Sec-  
 23 retary may not permit a covered provider to participate  
 24 in the Veterans Community Care Program under section  
 25 1703 of title 38, United States Code, if the provider has

1 not provided to the Secretary data required under sub-  
 2 section (a).

3 (c) OTHER PROVIDERS.—The Secretary shall encour-  
 4 age health care providers specified in section 1703(c) of  
 5 title 38, United States Code, that are not covered pro-  
 6 viders to submit to the Secretary, on a voluntary basis,  
 7 data described in subsection (a).

8 (d) TYPE OF DATA REQUIRED AND WAIVER.—

9 (1) TYPE OF DATA.—The Secretary shall deter-  
 10 mine the data required to be submitted by each type  
 11 of covered provider under subsection (a).

12 (2) WAIVER.—The Secretary may waive the re-  
 13 quirement to submit data under subsection (a) for a  
 14 particular type of covered provider if the Secretary  
 15 determines that the submittal by that type of pro-  
 16 vider of such data would—

17 (A) not be appropriate or relevant; or

18 (B) constitute too heavy of a burden on  
 19 the provider.

20 (e) LIST OF HIGH-PERFORMING PROVIDERS.—The  
 21 Secretary shall publish and maintain on a website of the  
 22 Department of Veterans Affairs that is available to the  
 23 public an up-to-date list of all health care providers that—

24 (1) have provided data described in subsection  
 25 (a); and

1           (2) are high-performing providers, as deter-  
 2           mined by the Secretary.

3           (f) COVERED PROVIDER DEFINED.—In this section,  
 4 the term “covered provider” means a health care provider  
 5 specified in section 1703(c) of title 38, United States  
 6 Code, that the Secretary determines has sufficient re-  
 7 sources to submit the data required under subsection (a)  
 8 at the time and in the manner required by the Secretary  
 9 under such subsection.

10 **SEC. 110. HIGH-COMPLIANCE RATING PROGRAM FOR PRO-**  
 11 **VIDERS UNDER VETERANS COMMUNITY CARE**  
 12 **PROGRAM OF DEPARTMENT OF VETERANS**  
 13 **AFFAIRS.**

14           (a) PROGRAM.—The Secretary of Veterans Affairs  
 15 shall establish a program under which the Secretary pro-  
 16 vides a rating of “High Compliance” for community care  
 17 providers that comply with the qualifications under sub-  
 18 section (b).

19           (b) PROVIDER QUALIFICATIONS.—The Secretary  
 20 shall provide a community care provider with a rating of  
 21 “High Compliance” pursuant to the program established  
 22 under subsection (a) if the provider—

23           (1) completes certain continuing medical edu-  
 24 cation courses provided by the VHA TRAIN pro-

1       gram or related to the Opioid Safety Initiative, as  
2       determined by the Secretary;

3           (2) sends to the specific authorizing office or  
4       designated Community Care Program office of the  
5       Veterans Health Administration the complete med-  
6       ical records and all required treatment documenta-  
7       tion, as identified by the Secretary, of not less than  
8       95 percent of the veterans treated by the provider  
9       under the Veterans Community Care Program under  
10      section 1703 of title 38, United States Code, not  
11      later than 15 days after the completion of treatment  
12      of such veterans; and

13           (3) complies with such other criteria as the Sec-  
14      retary may determine appropriate.

15      (c) FINANCIAL INCENTIVE.—The Secretary may pro-  
16      vide a financial incentive for community care providers  
17      with a “High Compliance” rating.

18      (d) PROGRAM PROMOTION.—The Secretary shall es-  
19      tablish a plan to promote the program established under  
20      subsection (a) and encourage the participation of commu-  
21      nity care providers in such program.

22      (e) PUBLICATION OF LIST.—

23           (1) INITIAL PUBLICATION.—The Secretary shall  
24      publish on a publicly available website of the Vet-  
25      erans Health Administration a list of community

1 care providers that earn a “High Compliance” rat-  
 2 ing pursuant to the program established under sub-  
 3 section (a).

4 (2) UPDATE.—The Secretary shall update the  
 5 list required under paragraph (1) not less frequently  
 6 than weekly.

7 (f) REPORT.—Not later than one year after the es-  
 8 tablishment of the program under subsection (a), and an-  
 9 nually thereafter, the Secretary shall submit to the Com-  
 10 mittee on Veterans’ Affairs of the Senate and the Com-  
 11 mittee on Veterans’ Affairs of the House of Representa-  
 12 tives a report on the program, including—

13 (1) the courses under the VHA TRAIN pro-  
 14 gram or the Opioid Safety Initiative determined by  
 15 the Secretary for purposes of subsection (b)(1); and

16 (2) the status of the plans of the Secretary for  
 17 promotion under subsection (c) of the program es-  
 18 tablished under subsection (a).

19 (g) DEFINITIONS.—In this section:

20 (1) COMMUNITY CARE PROVIDER.—The term  
 21 “community care provider” means a health care pro-  
 22 vider specified in subsection (c) of section 1703 of  
 23 title 38, United States Code, that is participating in  
 24 the Veterans Community Care Program under such  
 25 section.

1           (2) OPIOID SAFETY INITIATIVE.—The term  
 2           “Opioid Safety Initiative” means programs, proc-  
 3           esses, and guidelines of the Veterans Health Admin-  
 4           istration related to the management of opioid ther-  
 5           apy and chronic pain.

6           (3) VHA TRAIN PROGRAM.—The term “VHA  
 7           TRAIN program” means the free program of the  
 8           Veterans Health Administration that offers veteran-  
 9           specific continuing medical education courses, or  
 10          successor similar program.

11 **SEC. 111. ADOPTION OF NATIONAL INTEROPERABILITY**  
 12 **STANDARDS BETWEEN DEPARTMENT OF VET-**  
 13 **ERANS AFFAIRS AND COMMUNITY CARE PRO-**  
 14 **VIDERS.**

15          (a) IN GENERAL.—The Secretary of Veterans Af-  
 16          fairs, in consultation with the Secretary of Health and  
 17          Human Services, the Administrator of the Centers for  
 18          Medicare & Medicaid Services, and the National Coordi-  
 19          nator for Health Information Technology, shall create and  
 20          implement a plan for the Department of Veterans Affairs  
 21          to adopt national interoperability standards for the elec-  
 22          tronic coordination of care and transfer of health informa-  
 23          tion (including information relating to dental health) be-  
 24          tween the Department and community care providers for

1 the purposes of health care scheduling, provisioning, co-  
2 ordination, and quality assessment.

3 (b) EXCEPTIONS AND ACCOMMODATIONS FOR PRO-  
4 VIDERS WITH FEWER PATIENTS.—The plan required to  
5 be created and implemented under subsection (a) shall in-  
6 clude appropriate exceptions and accommodations for  
7 community care providers, especially providers in rural  
8 areas and smaller providers, who see fewer patients under  
9 the laws administered by the Secretary of Veterans Affairs  
10 and who have not adopted electronic health records to en-  
11 sure those providers have the option to share health infor-  
12 mation with the Department of Veterans Affairs via non-  
13 electronic methods.

14 (c) REPORTS.—

15 (1) REPORT ON PLAN.—Not later than one year  
16 after the date of the enactment of this Act, the Sec-  
17 retary of Veterans Affairs shall submit to Congress  
18 a report on the plan required under subsection (a),  
19 which shall include—

20 (A) a gap analysis between current inter-  
21 operability standards in use between the De-  
22 partment of Veterans Affairs and community  
23 care providers and opportunities and advance-  
24 ments in care delivery and coordination and re-  
25 lated matters using available current standards

1 and standards under development within the  
2 Federal and non-Federal health care sector, in-  
3 cluding an analysis of participation by the De-  
4 partment and community care providers in the  
5 Trusted Exchange Framework and Common  
6 Agreement;

7 (B) recommendations for further develop-  
8 ment of interoperability standards;

9 (C) a proposed timeline for adopting inter-  
10 operability standards under such plan by both  
11 the Department and community care providers;  
12 and

13 (D) an indication of any resources or legis-  
14 lative authorities the Secretary may request  
15 from Congress to develop and implement adop-  
16 tion of interoperability standards under such  
17 plan.

18 (2) REPORT ON IMPLEMENTATION.—Not later  
19 than 18 months after the date of the enactment of  
20 this Act, and every 180 days thereafter until the  
21 date that is four years after the date of the enact-  
22 ment of this Act, the Secretary shall submit to Con-  
23 gress a report on the implementation and revision of  
24 the plan required under subsection (a), which shall  
25 include—

1 (A) updates on current gaps in interoper-  
 2 ability standards in use between the Depart-  
 3 ment and community care providers and rec-  
 4 ommendations for further development of such  
 5 standards; and

6 (B) updates on implementation of the plan  
 7 and adoption of the plan by community care  
 8 providers and the Department.

9 (d) COMMUNITY CARE PROVIDER DEFINED.—In this  
 10 section, the term “community care provider” means a non-  
 11 Department health care provider providing care (including  
 12 dental care)—

13 (1) under section 1703 of title 38, United  
 14 States Code;

15 (2) pursuant to a Veterans Care Agreement  
 16 under section 1703A of such title; or

17 (3) under any other law administered by the  
 18 Secretary.

19 **SEC. 112. ANALYSIS OF FEASIBILITY AND ADVISABILITY OF**  
 20 **ESTABLISHING A COMMUNITY CARE NET-**  
 21 **WORK FOR THE PROVISION OF CARE TO VET-**  
 22 **ERANS IN THE REPUBLIC OF THE PHIL-**  
 23 **IPPINES.**

24 (a) IN GENERAL.—Not later than one year after the  
 25 date of the enactment of this Act, the Secretary of Vet-

1 erans Affairs shall complete an analysis of the feasibility  
2 and advisability of establishing a community care network  
3 for the provision of care to veterans in the Republic of  
4 the Philippines.

5 (b) REPORT.—Not later than 180 days after the com-  
6 pletion of the analysis conducted under subsection (a), the  
7 Secretary shall submit to the Committee on Veterans' Af-  
8 fairs of the Senate and the Committee on Veterans' Af-  
9 fairs of the House of Representatives a report that in-  
10 cludes the following:

11 (1) The results of such analysis.

12 (2) An assessment of the number of veterans  
13 residing in the Republic of the Philippines who are  
14 eligible for the Foreign Medical Program.

15 (3) An assessment of the staffing needs and as-  
16 sociated costs of establishing a community care net-  
17 work in the Republic of the Philippines.

18 (4) An assessment of the infrastructure needs  
19 and associated costs of establishing a community  
20 care network in the Republic of the Philippines.

21 (5) An assessment of the challenges of estab-  
22 lishing a community care network in the Republic of  
23 the Philippines.

24 (6) An assessment of how the Secretary would  
25 determine payment rates for providers participating

1 in a community care network in the Republic of the  
 2 Philippines to account for variances in medical costs  
 3 in the Republic of the Philippines.

4 (7) An assessment of the impact of a commu-  
 5 nity care network in the Republic of the Philippines  
 6 on the timeliness of reimbursement of providers  
 7 under the Foreign Medical Program.

8 (8) Such other elements as the Secretary con-  
 9 siders appropriate.

10 (c) FOREIGN MEDICAL PROGRAM DEFINED.—In this  
 11 section, the term “Foreign Medical Program” means the  
 12 program under which the Secretary of Veterans Affairs  
 13 provides hospital care and medical services under section  
 14 1724 of title 38, United States Code.

15 **SEC. 113. PILOT PROGRAM ON CONSOLIDATING THE COM-**  
 16 **MUNITY CARE DENTAL TREATMENT PLAN AP-**  
 17 **PROVAL PROCESS OF DEPARTMENT OF VET-**  
 18 **ERANS AFFAIRS.**

19 (a) IN GENERAL.—Commencing not later than 180  
 20 days after the date of the enactment of this Act, the Sec-  
 21 retary of Veterans Affairs shall carry out a two-year pilot  
 22 program (in this section referred to as the pilot program)  
 23 to test the efficacy of—

24 (1) hiring general dentists at the facility level to  
 25 manage approval by the Department of Veterans Af-

1       fairs of treatment plans requested by dental pro-  
2       viders in providing community care; and

3               (2) hiring dental specialists at the Veterans In-  
4       tegrated Service Network level to aid in approving  
5       treatment plans for specialty dental care requested  
6       by dental providers in providing community care.

7       (b) LOCATIONS.—The Secretary shall select not fewer  
8       than two Veterans Integrated Service Networks of the De-  
9       partment at which to carry out the pilot program.

10       (c) REPORTS.—

11               (1) INITIAL REPORT.—Not later than one year  
12       after the commencement of the pilot program, the  
13       Secretary shall submit to the Committee on Vet-  
14       erans' Affairs of the Senate and the Committee on  
15       Veterans' Affairs of the House of Representatives a  
16       report on the pilot program, including—

17               (A) an identification of the Veterans Inte-  
18       grated Service Networks participating in the  
19       pilot program;

20               (B) a description of the implementation of  
21       the pilot program;

22               (C) an identification of any barriers or  
23       challenges to implementing the pilot program;

24               (D) aggregated feedback with respect to  
25       the pilot program from dentists of the Depart-

ment in Veterans Integrated Service Networks participating in the pilot program; and

(E) aggregated feedback from dental providers providing community care within Veterans Integrated Service Networks participating in the pilot program regarding any changes in the timeliness of treatment plan approvals by the Department.

(2) FINAL REPORT.—Not later than 90 days before the completion of the pilot program, the Secretary shall submit to the Committee on Veterans’ Affairs of the Senate and the Committee on Veterans’ Affairs of the House of Representatives a report on the pilot program that—

(A) includes the matters required under paragraph (1);

(B) includes recommendations on whether the pilot program should be continued or adopted throughout the Department; and

(C) indicates whether the Secretary requests action by Congress to make the pilot program permanent.

(d) COMMUNITY CARE DEFINED.—In this section, the term “community care” means dental care provided—

1           (1) under section 1703 of title 38, United  
2 States Code; or

3           (2) pursuant to a Veterans Care Agreement  
4 under section 1703A of such title.

5 **SEC. 114. REVIEWS OF PAYMENT RATE WAIVERS UNDER**  
6 **VETERANS COMMUNITY CARE PROGRAM.**

7           (a) IN GENERAL.—Not later than 180 days after the  
8 date of the enactment of this Act, and annually thereafter,  
9 the Secretary of Veterans Affairs shall—

10           (1) conduct a review of payment rate waivers  
11 for third party administrators under the Veterans  
12 Community Care Program under section 1703 of  
13 title 38, United States Code, to identify whether  
14 those waivers are helping to alleviate community-  
15 specific challenges, including scarcity of medical  
16 services associated with access to care; and

17           (2) submit to Congress a report on the results  
18 of the review.

19           (b) INCLUSION IN RATE REVIEW.—Each review re-  
20 quired under subsection (a) shall include—

21           (1) a review of the total number of payment  
22 rate waivers requested for each region, including the  
23 number granted, denied, or withdrawn;

24           (2) the process for review of payment rate waiv-  
25 ers;

1           (3) the average time to process payment rate  
2       waivers in each region;

3           (4) the impact of payment rate waivers granted  
4       in a region on access to care in that region; and

5           (5) trends identified by the Secretary with re-  
6       spect to payment rate waivers.

7       **SEC. 115. COMPTROLLER GENERAL REPORT ON DENTISTRY**  
8                       **UNDER VETERANS COMMUNITY CARE PRO-**  
9                       **GRAM.**

10       Not later than one year after the date of the enact-  
11       ment of this Act, the Comptroller General of the United  
12       States shall submit to the Committee on Veterans' Affairs  
13       of the Senate and the Committee on Veterans' Affairs of  
14       the House of Representatives a report on dental care fur-  
15       nished by the Secretary of Veterans Affairs under the Vet-  
16       erans Community Care Program under section 1703 of  
17       title 38, United States Code, to include a review of—

18           (1) the impact current reimbursement rates  
19       provided by the Department of Veterans Affairs to  
20       dental providers under such program have on—

21                       (A) the availability of dental care for vet-  
22       erans; and

23                       (B) the ability of third party administra-  
24       tors of provider networks under such program

1 to meet their contractual obligations for net-  
2 work adequacy;

3 (2) the satisfaction of dental providers pro-  
4 viding dental care under such program with the  
5 processes of the Department for approving dental  
6 care under such program; and

7 (3) the current processes of the Department for  
8 approving emergent dental care under such program.

## 9 **TITLE II—HEALTH CARE** 10 **EMPLOYEES**

### 11 **SEC. 201. ESTABLISHMENT OF START AND STAY AT VA PRO-** 12 **GRAM.**

13 (a) IN GENERAL.—Chapter 76 of title 38, United  
14 States Code, is amended by adding at the end the fol-  
15 lowing new subchapter:

#### 16 **“Subchapter X—Start and Stay at VA** 17 **Program**

#### 18 **“§ 7699C. Start and Stay at VA Program**

19 “(a) IN GENERAL.—As part of the Educational As-  
20 sistance Program, the Secretary shall carry out a program  
21 under this subchapter to provide—

22 “(1) scholarships under section 7699C–1 of this  
23 title; and

24 “(2) lump sum education debt reduction under  
25 section 7699C–2 of this title.

1       “(b) NAME OF PROGRAM.—The program under this  
 2 subchapter shall be known as the Start and Stay at VA  
 3 Program (in this subchapter referred to as the ‘Program’).

4       **“§ 7699C–1. Scholarships**

5       “(a) COVERED COSTS.—A scholarship provided to an  
 6 individual under the Program shall consist of payment of  
 7 reasonable education expenses of the individual for a  
 8 course of education or training described in subsection  
 9 (b)(3), including tuition, fees, books, and laboratory ex-  
 10 penses.

11       “(b) ELIGIBILITY.—An individual is eligible to re-  
 12 ceive a scholarship under the Program if the individual—

13               “(1) is an employee of the Department serving  
 14 as a medical support assistant, advanced medical  
 15 support assistant, lead medical support assistant, or  
 16 supervisory medical support assistant;

17               “(2) as of the date on which the individual sub-  
 18 mits an application for participation in the Program,  
 19 has been continuously employed by the Department  
 20 in one or more of the positions specified in para-  
 21 graph (1) for a period of not less than two years;

22               “(3) has been accepted for enrollment or is en-  
 23 rolled as a student in a course of education or train-  
 24 ing—

1           “(A) listed as a requirement for any short-  
 2           age occupation position, as determined by the  
 3           Secretary;

4           “(B) related to business, health care ad-  
 5           ministration, or human resources; or

6           “(C) completion of which results in any  
 7           other degree or certification that the Secretary  
 8           considers appropriate for purposes of the Pro-  
 9           gram; and

10          “(4) has a record of employment with the De-  
 11          partment that, in the judgment of the Secretary,  
 12          demonstrates a high likelihood that the individual  
 13          will be successful in completing such course of edu-  
 14          cation or training and in gaining employment in a  
 15          field related to such course of education or training.

16          “(c) PERIOD OF OBLIGATED SERVICE.—

17               “(1) AGREEMENT.—

18               “(A) IN GENERAL.—An agreement be-  
 19               tween the Secretary and a participant under the  
 20               Program who seeks a scholarship under this  
 21               section, in addition to the requirements set  
 22               forth in section 7604 of this title, shall include  
 23               the following:

24                       “(i) The agreement of the Secretary  
 25                       to provide the participant with a scholar-

1 ship under the Program for a specified  
2 number of school years, which may not ex-  
3 ceed the credit equivalent of four full  
4 school years, during which the participant  
5 pursues a course of education or training  
6 described in subsection (b)(3) that meets  
7 the requirements set forth in section  
8 7602(a) of this title.

9 “(ii) Subject to subparagraph (B), the  
10 agreement of the participant to serve as a  
11 full-time employee in the Department in a  
12 position described in subsection (b)(3)(A)  
13 for a period of time, not less than one  
14 year, that is equal to the period of the  
15 course of education or training for which a  
16 scholarship is provided under this section  
17 (in this section referred to as the ‘period of  
18 obligated service’ of the participant).

19 “(B) PART-TIME STUDENTS.—In the case  
20 of a participant who is a part-time student dur-  
21 ing a school year with respect to which a schol-  
22 arship is provided to the participant under this  
23 section, the period of obligated service of the  
24 participant incurred during that school year  
25 shall be reduced in accordance with the propor-

tion that the number of credit hours carried by the participant in that school year bears to the number of credit hours required to be carried by a full-time student in the course of education or training pursued by the participant during that school year, but in no event may the total period of obligated service of the participant be reduced to less than one year.

“(2) SERVICE COMMENCEMENT DATE.—

“(A) IN GENERAL.—Except as provided in subparagraph (F) of (G), not later than 60 days before the service commencement date of a participant under this section, the Secretary shall notify the participant of that service commencement date. That date is the beginning of the period of obligated service of the participant.

“(B) DOCTORS AND SIMILAR HEALTH CARE PROFESSIONALS.—In the case of a participant receiving a degree from a school of medicine, osteopathy, dentistry, optometry, or podiatry, the service commencement date of the participant is the date the participant becomes licensed to practice medicine, osteopathy, den-

1 tistry, optometry, or podiatry, as the case may  
 2 be, in a State.

3 “(C) NURSES.—In the case of a partici-  
 4 pant receiving a degree from a school of nurs-  
 5 ing, the service commencement date of the par-  
 6 ticipant is the later of—

7 “(i) the course completion date of the  
 8 participant; or

9 “(ii) the date the participant becomes  
 10 licensed as a registered nurse in a State.

11 “(D) OTHER HEALTH CARE PROFES-  
 12 SIONALS.—In the case of a participant not cov-  
 13 ered by subparagraph (B) or (C), the service  
 14 commencement date of the participant is the  
 15 later of—

16 “(i) the course completion date of the  
 17 participant; or

18 “(ii) the date the participant meets  
 19 any applicable licensure or certification re-  
 20 quirements.

21 “(E) TREATMENT OF PART-TIME STU-  
 22 DENTS.—The Secretary shall specify the service  
 23 commencement date for participants who were  
 24 part-time students, which shall include terms as

1 similar as practicable to the terms set forth in  
2 subparagraphs (B) through (D).

3 “(F) SERVICE DURING COURSE OF EDU-  
4 CATION OR TRAINING.—A participant may serve  
5 the period of obligated service of the partici-  
6 pant, or any portion of such period of obligated  
7 service, during the period in which the partici-  
8 pant is enrolled as a student in a course of edu-  
9 cation or training under subsection (b)(3) if the  
10 participant is employed in a position described  
11 in subparagraph (A) of such subsection.

12 “(G) SERVICE FOLLOWING LICENSURE OR  
13 ONGOING TRAINING.—With respect to a partici-  
14 pant who is licensed but may enter a residency  
15 or similar training program, the Secretary may  
16 adjust the beginning of the period of obligated  
17 service of the participant to begin following  
18 completion of the residency or similar training  
19 program.

20 “(H) COURSE COMPLETION DATE DE-  
21 FINED.—In this section, the term ‘course com-  
22 pletion date’ means the date on which a partici-  
23 pant under this section completes the course of  
24 education or training of the participant under  
25 this section.

1 “(d) LIABILITY FOR BREACH OF AGREEMENT.—

2 “(1) LIABILITY DURING COURSE OF EDUCATION  
3 OR TRAINING.—

4 “(A) IN GENERAL.—Except as provided in  
5 paragraph (3), a participant under this section  
6 shall be liable to the United States for the  
7 amount that has been paid to or on behalf of  
8 the participant under the agreement under sub-  
9 section (c)(1) if any of the following occurs:

10 “(i) The participant fails to maintain  
11 an acceptable level of academic standing in  
12 the educational institution in which the  
13 participant is enrolled (as determined by  
14 the educational institution pursuant to di-  
15 rection by the Secretary).

16 “(ii) The participant is dismissed  
17 from such educational institution for dis-  
18 ciplinary reasons.

19 “(iii) The participant voluntarily ter-  
20 minates the course of education or training  
21 in such educational institution before the  
22 completion of such course of education or  
23 training.

1           “(iv) The participant, as applicable,  
 2           during a period of time determined by the  
 3           Secretary—

4           “(I) fails to become licensed to  
 5           practice medicine, osteopathy, den-  
 6           tistry, podiatry, or optometry in a  
 7           State;

8           “(II) fails to become licensed as  
 9           a registered nurse in a State; or

10          “(III) in the case of any other  
 11          health-care personnel who is not cov-  
 12          ered under subclause (I) or (II), fails  
 13          to meet any applicable licensure or  
 14          certification requirement.

15          “(B) IN LIEU OF SERVICE OBLIGATION.—

16          Liability under this paragraph is in lieu of any  
 17          period of obligated service arising under the  
 18          agreement of the participant under subsection  
 19          (c)(1).

20          “(2) LIABILITY DURING PERIOD OF OBLIGATED  
 21          SERVICE.—Except as provided in paragraph (3), if a  
 22          participant under this section breaches the agree-  
 23          ment under subsection (c)(1) by failing for any rea-  
 24          son to complete the period of obligated service of the

participant, the United States shall be entitled to recover from the participant an amount equal to—

“(A) the total amount paid under this section to the participant; multiplied by

“(B) a fraction—

“(i) the numerator of which is—

“(I) the total number of months in the period of obligated service of the participant; minus

“(II) the number of months served by the participant; and

“(ii) the denominator of which is the total number of months in the period of obligated service of the participant.

“(3) LIMITATION ON LIABILITY FOR REDUCTION IN FORCE.—Liability shall not arise under paragraph (1) or (2) in the case of a individual covered by either such paragraph if the individual does not obtain, or fails to maintain, employment as an employee of the Department due to staffing changes approved by the Secretary.

“(e) PAYMENT OF AMOUNTS AND LIMITATIONS.—

“(1) TOTAL AMOUNT FOR A SCHOOL YEAR.—

The total amount of a scholarship payable to a participant under this section—

1           “(A) may not exceed \$20,000 for the  
2           equivalent of one year of full-time coursework  
3           in a course of education or training; or

4           “(B) in the case of a participant who is a  
5           part-time student, may not exceed an amount  
6           that bears the same ratio to the amount that  
7           would be paid under subparagraph (A) if the  
8           student were a full-time student in the course  
9           of education or training being pursued by the  
10          participant as the coursework carried by the  
11          participant compares to full-time coursework in  
12          that course of education or training.

13          “(2) MAXIMUM NUMBER OF SCHOOL YEARS.—

14                 “(A) TOTAL YEARS.—The number of  
15                 school years for which a scholarship may be  
16                 paid to a participant under this section may not  
17                 exceed eight school years.

18                 “(B) FULL-TIME EQUIVALENT.—A partici-  
19                 pant may not receive a scholarship under this  
20                 section for more than the equivalent of four  
21                 years of full-time coursework.

22          “(3) MAXIMUM TOTAL AMOUNT.—The total  
23          amount paid to or on behalf of a participant through  
24          a scholarship under this section may not exceed  
25          \$80,000.

1           “(4) PAYMENT OF EDUCATIONAL EXPENSES BY  
 2       EDUCATIONAL INSTITUTIONS.—The Secretary may  
 3       arrange with an educational institution in which a  
 4       participant under this section is enrolled for the pay-  
 5       ment of education expenses under subsection (a).  
 6       Such payments may be made without regard to sub-  
 7       sections (a) and (b) of section 3324 of title 31.

8   **“§ 7699C–2. Lump sum education debt reduction**

9       “(a) COVERED COSTS.—Lump sum education debt  
 10      reduction provided by the Secretary under this section to  
 11      an individual shall consist of payment of principal and in-  
 12      terest under a loan, the proceeds of which were used by  
 13      or on behalf of that individual to pay costs relating to a  
 14      course of education or training, including tuition expenses  
 15      and other reasonable educational expenses, including fees,  
 16      books, laboratory expenses, and reasonable living ex-  
 17      penses.

18       “(b) ELIGIBILITY.—An individual is eligible to re-  
 19      ceive lump sum education debt repayment under this sec-  
 20      tion if the individual—

21           “(1) owes any amount of principal and interest  
 22           under a loan, the proceeds of which were used by or  
 23           on behalf of that individual to pay costs relating to  
 24           a course of education or training;

1           “(2) commits to a period of obligated service  
2           under subsection (d); and

3           “(3) has been offered employment in the De-  
4           partment in the position of a medical support assist-  
5           ant, advanced medical support assistant, lead med-  
6           ical support assistant, or supervisory medical sup-  
7           port assistant.

8           “(c) PAYMENTS.—

9           “(1) IN GENERAL.—A lump sum education debt  
10          reduction payment under this section shall consist of  
11          a payment to a participant under this section of an  
12          amount not to exceed the lesser of—

13                 “(A) the principal and interest on loans  
14                 described in subsection (a) that is outstanding  
15                 for such participant at the time of the payment;  
16                 or

17                 “(B) \$40,000.

18          “(2) PROOF OF USE OF AMOUNTS.—Partici-  
19          pants under this section in receipt of a lump sum  
20          education debt reduction payment under this section  
21          must provide proof of payment verifying the full  
22          lump sum payment received was paid to the lender  
23          for the loan held by such participant not later than  
24          45 days after receiving the lump sum payment.

25          “(d) PERIOD OF OBLIGATED SERVICE.—

1           “(1) IN GENERAL.—In exchange for a one-time  
 2           lump sum education debt payment under this sec-  
 3           tion, a participant under this section shall agree to  
 4           be employed for not less than three years at the De-  
 5           partment (in this section referred to as the ‘period  
 6           of obligated service’).

7           “(2) POSITIONS OF EMPLOYMENT.—

8                   “(A) MEDICAL SUPPORT.—Not fewer than  
 9           two of the years of the period of obligated serv-  
 10          ice of a participant under this section shall be  
 11          served in the position of medical support assist-  
 12          ant, advanced medical support assistant, lead  
 13          medical support assistant, or supervisory med-  
 14          ical support assistant of the Department.

15                   “(B) HARD-TO-HIRE OR HARD-TO-RE-  
 16          CRUIT.—The remainder of any period of obli-  
 17          gated service not covered under subparagraph  
 18          (A) shall be served in a hard-to-hire or hard-to-  
 19          recruit position as determined by the Secretary.

20          “(e) LIABILITY DURING PERIOD OF OBLIGATED  
 21          SERVICE.—

22                   “(1) IN GENERAL.—Except as provided in para-  
 23          graph (2), if a participant under this section fails to  
 24          complete the period of obligated service of the par-  
 25          ticipant for any reason, the United States shall be

1 entitled to recover from the participant an amount  
2 equal to—

3 “(A) the total amount paid under this sec-  
4 tion to the participant; multiplied by

5 “(B) a fraction—

6 “(i) the numerator of which is—

7 “(I) the total number of months  
8 in the period of obligated service of  
9 the participant; minus

10 “(II) the number of months  
11 served by the participant; and

12 “(ii) the denominator of which is the  
13 total number of months in the period of  
14 obligated service of the participant.

15 “(2) EXCEPTION.—Liability shall not arise  
16 under paragraph (1) in the case of an individual cov-  
17 ered by that paragraph if the individual does not ob-  
18 tain, or fails to maintain, employment as an em-  
19 ployee of the Department due to staffing changes  
20 approved by the Secretary.

21 **“§ 7699C-3. Administration**

22 “(a) OUTREACH.—

23 “(1) IN GENERAL.—The Secretary shall develop  
24 an outreach program to Tribal Colleges and Univer-  
25 sities, historically Black colleges and universities,

1 high schools in rural areas, community colleges,  
 2 transition assistance programs for members of the  
 3 Armed Forces transitioning to civilian life, and  
 4 spouses of such members to provide information  
 5 about the Program.

6 “(2) TRIBAL COLLEGE OR UNIVERSITY DE-  
 7 FINED.—In this subsection, the term ‘Tribal College  
 8 or University’ has the meaning given that term  
 9 under section 316 of the Higher Education Act of  
 10 1965 (20 U.S.C. 1059c).

11 “(b) MENTORS.—The Secretary shall ensure that a  
 12 mentor or mentors are available for each individual par-  
 13 ticipating in the Program at the facility at which the indi-  
 14 vidual is employed.

15 **“§ 7699C–4. Limitation**

16 “No individual may receive both a scholarship under  
 17 section 7699C–1 of this title and a lump sum education  
 18 debt reduction under section 7699C–2 of this title.

19 **“§ 7699C–5. Termination**

20 “The authority to carry out the Program shall termi-  
 21 nate on the date that is 10 years after the date of the  
 22 enactment of the Making Community Care Work for Vet-  
 23 erans Act of 2023.”.

1 (b) CLERICAL AMENDMENT.—The table of sections  
 2 at the beginning of such chapter is amended by adding  
 3 at the end the following:

“SUBCHAPTER X—START AND STAY AT VA PROGRAM

“Sec.

“7699C. Start and Stay at VA Program.

“7699C–1. Scholarships.

“7699C–2. Lump sum education debt reduction.

“7699C–3. Administration.

“7699C–4. Limitation.

“7699C–5. Termination.”.

4 (c) CONFORMING AMENDMENTS.—

5 (1) ESTABLISHMENT OF PROGRAM.—Section  
 6 7601(a) of such title is amended—

7 (A) in paragraph (6), by striking “and”;

8 (B) in paragraph (7), by striking the pe-  
 9 riod and inserting “; and”; and

10 (C) by adding at the end the following new  
 11 paragraph:

12 “(8) the program to provide scholarships and  
 13 lump sum education debt reduction provided for in  
 14 subchapter X of this chapter.”.

15 (2) ELIGIBILITY.—Section 7602 of such title is  
 16 amended—

17 (A) in subsection (a)(1)—

18 (i) by striking “or IX” and inserting

19 “IX, or X”;

1 (ii) by striking “or for which a schol-  
 2 arship” and inserting “for which a scholar-  
 3 ship”; and

4 (iii) by inserting “or for which a  
 5 scholarship or lump sum education debt re-  
 6 duction may be provided under subchapter  
 7 X of this chapter,” before “as the case  
 8 may be”; and

9 (B) in subsection (b), by striking “or IX”  
 10 and inserting “IX, or X”.

11 (3) APPLICATION.—Section 7603(a)(1) of such  
 12 title is amended by striking “or IX” and inserting  
 13 “IX, or X”.

14 (4) TERMS OF AGREEMENT.—Section 7604 of  
 15 such title is amended by striking “or IX” each place  
 16 it appears and inserting “IX, or X”.

17 (5) ANNUAL REPORT.—Section 7632 of such  
 18 title is amended—

19 (A) in paragraph (1), by striking “and the  
 20 Readjustment Counseling Service Scholarship  
 21 Program” and inserting “the Readjustment  
 22 Counseling Service Scholarship Program, and  
 23 the Start and Stay at VA Program”; and

24 (B) in paragraph (4), by striking “and per  
 25 participant in the Readjustment Counseling

1           Service Scholarship Program” and inserting  
 2           “per participant in the Readjustment Coun-  
 3           seling Service Scholarship Program, and per  
 4           participant in the Start and Stay at VA Pro-  
 5           gram”.

6 **SEC. 202. EXPANSION OF PERIOD OF PAYMENT UNDER EM-**  
 7                   **PLOYEE INCENTIVE SCHOLARSHIP PRO-**  
 8                   **GRAM.**

9           Section 7673(c) of title 38, United States Code, is  
 10 amended—

11           (1) in paragraph (1) by striking “six” and in-  
 12           serting “eight”; and

13           (2) in paragraph (2) by striking “three” and in-  
 14           serting “four”.

15 **SEC. 203. MENTORSHIP PROGRAM FOR EXECUTIVE LEAD-**  
 16                   **ERSHIP TEAMS AT MEDICAL CENTERS OF**  
 17                   **THE DEPARTMENT OF VETERANS AFFAIRS.**

18           (a) IN GENERAL.—The Secretary of Veterans Affairs  
 19 may establish a program to connect covered individuals  
 20 (in this section referred to as “mentees”) with peer men-  
 21 tors to facilitate sharing of best practices and leadership  
 22 experiences and to foster opportunities to develop knowl-  
 23 edge and skills required to lead successfully at medical fa-  
 24 cilities of the Department (in this section referred to as  
 25 the “mentorship program”).

1 (b) COVERED INDIVIDUAL DEFINED.—In this sec-  
2 tion, the term “covered individual” means—

3 (1) an individual in the position of Facility Di-  
4 rector, Chief of Staff, Associate Director of Patient  
5 Care Services, Associate Director, Assistant Direc-  
6 tor, or Deputy Director at a medical center of the  
7 Department; or

8 (2) any other employee of the Department who  
9 is determined by the Secretary to be an executive  
10 leader at a medical center of the Department.

11 (c) ELIGIBILITY.—The following employees of the  
12 Department are eligible for participation as mentees in the  
13 mentorship program:

14 (1) An employee appointed to a position as a  
15 covered individual on or after the date of the enact-  
16 ment of this Act.

17 (2) A covered individual employed at a medical  
18 center of the Department (regardless of appointment  
19 commencement date) that meets one or more of the  
20 following criteria:

21 (A) Reports poor performance, as defined  
22 by the Secretary, on the Strategic Analytics for  
23 Improvement and Learning Value Model of the  
24 Department, or successor similar model.

1 (B) Reports data under section  
2 1703C(a)(3) of title 38, United States Code, as  
3 published on the Access to Care website of the  
4 Department, or successor similar website,  
5 that—

6 (i) does not consistently meet the level  
7 reported in the community surrounding  
8 such medical center, as determined by the  
9 Secretary; or

10 (ii) does not meet a threshold level de-  
11 termined by the Secretary.

12 (C) Has one or more recommendations  
13 from a report by the Office of Inspector Gen-  
14 eral of the Department of Veterans Affairs that  
15 is still open more than one year after the report  
16 was published.

17 (3) A covered individual employed at a medical  
18 center of the Department (regardless of appointment  
19 commencement date) who is recommended by the di-  
20 rector of the Veterans Integrated Service Network  
21 overseeing such medical center.

22 (d) CRITERIA FOR PEER MENTORS.—Each peer  
23 mentor to be paired with a mentee under subsection (a)  
24 shall meet each of the following criteria:

1           (1) Previous or current employment in the same  
2           position title as the mentee.

3           (2) Employment in that position for not less  
4           than two years.

5           (3) Employment at a medical center of the De-  
6           partment that reports—

7                   (A) above average performance, as defined  
8                   by the Secretary, on the Strategic Analytics for  
9                   Improvement and Learning Value Model of the  
10                  Department, or successor similar model; and

11                  (B) data under section 1703C(a)(3) of title  
12                  38, United States Code, as published on the Ac-  
13                  cess to Care website of the Department, or suc-  
14                  cessor similar website, that exceeds the level re-  
15                  ported in the community surrounding such  
16                  medical center, as determined by the Secretary.

17          (e) REPORT.—Not later than one year after the date  
18          of the enactment of this Act, and annually thereafter for  
19          an additional three years, the Secretary shall submit to  
20          the Committee on Veterans' Affairs of the Senate and the  
21          Committee on Veterans' Affairs of the House of Rep-  
22          resentatives a report on the mentorship program, includ-  
23          ing—

1 (1) the number of mentees and peer mentors  
 2 participating in the mentorship program,  
 3 disaggregated by medical center of the Department;

4 (2) the number of mentor-mentee pairings initi-  
 5 ated under each of the eligibility criteria outlined in  
 6 paragraphs (1), (2), and (3) of subsection (c), in-  
 7 cluding information on any circumstances in which  
 8 multiple criteria under such paragraphs were met;

9 (3) a description of the actions taken by the  
 10 Department to encourage communication between  
 11 mentees and peer mentors;

12 (4) aggregated feedback from participants in  
 13 the mentorship program; and

14 (5) the turnover rate for covered individuals.

## 15 **TITLE III—OTHER HEALTH CARE** 16 **MATTERS**

### 17 **SEC. 301. TIMING FOR SCHEDULING OF APPOINTMENTS AT** 18 **FACILITIES OF DEPARTMENT OF VETERANS** 19 **AFFAIRS.**

20 (a) IN GENERAL.—Subchapter I of chapter 17 of title  
 21 38, United States Code, is amended by inserting after sec-  
 22 tion 1706A the following new section:

1 **“§ 1706B. Requirements for timing of scheduling of**  
 2 **appointments at Department facilities**

3 “The Secretary shall ensure that an appointment for  
 4 a veteran for care or services under this chapter from a  
 5 facility of the Department—

6 “(1) in the case of a non-urgent appointment,  
 7 is scheduled (but may occur at a later date) not  
 8 later than seven days after the earlier of the date on  
 9 which—

10 “(A) a clinician of the Department deter-  
 11 mines that the veteran requires care; or

12 “(B) the veteran presents to the Depart-  
 13 ment requesting care; and

14 “(2) in the case of an appointment for urgent  
 15 care, is completed not later than 48 hours after the  
 16 earlier of the date on which—

17 “(A) a clinician of the Department deter-  
 18 mines that the veteran requires care; or

19 “(B) the veteran presents to the Depart-  
 20 ment requesting care.”.

21 (b) CLERICAL AMENDMENT.—The table of sections  
 22 at the beginning of such subchapter is amended by insert-  
 23 ing after the item relating to section 1706A the following  
 24 new item:

“1706B. Requirements for timing of scheduling of appointments at Department facilities.”.

1       (c) EFFECTIVE DATE.—The Secretary of Veterans  
 2       Affairs shall comply with the requirements under section  
 3       1706B of title 38, United States Code, as added by sub-  
 4       section (a), by not later than 180 days after the date of  
 5       the enactment of this Act.

6       **SEC. 302. MODIFICATION OF REQUIREMENTS FOR STAND-**  
 7                               **ARDS FOR QUALITY OF CARE FROM DEPART-**  
 8                               **MENT OF VETERANS AFFAIRS.**

9       (a) IN GENERAL.—Subsection (a) of section 1703C  
 10      of title 38, United States Code, is amended—

11               (1) in paragraph (2)—

12                       (A) by striking “In establishing” and in-  
 13                       serting “(A) In establishing”; and

14                       (B) by adding at the end the following new  
 15                       subparagraph:

16               “(B) The Secretary shall ensure that the standards  
 17      for quality established under paragraph (1) are com-  
 18      parable to industry standards to ensure there is adequate  
 19      data transference between care furnished by the Depart-  
 20      ment and care furnished by a non-Department provider.”;

21               (2) in paragraph (3)—

22                       (A) in subparagraph (A), by striking “;  
 23                       and” and inserting a semicolon;

24                       (B) in subparagraph (B)—

(i) in the matter preceding clause (i),  
by striking “to the following:” and insert-  
ing “to—”;

(ii) in clause (i)—

(I) by striking “Timely” and in-  
serting “timely”; and

(II) by striking the period at the  
end and inserting a semicolon;

(iii) in clause (ii)—

(I) by striking “Effective” and  
inserting “effective”; and

(II) by striking the period at the  
end and inserting a semicolon;

(iv) in clause (iii)—

(I) by striking “Safety” and in-  
serting “safety”; and

(II) by striking the period at the  
end and inserting a semicolon;

(v) in clause (iv)—

(I) by striking “Efficiency” and  
inserting “efficiency”; and

(II) by striking the period at the  
end and inserting “; and”; and

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

1 “(v) equitable care; and”; and

2 (C) by adding at the end the following new  
3 subparagraph:

4 “(C) measurements of standards for quality  
5 that include measurements of—

6 “(i) the degree to which care is furnished  
7 uniquely to patient needs;

8 “(ii) workforce safety;

9 “(iii) employee engagement;

10 “(iv) safety culture;

11 “(v) outcomes on patient quality of life;

12 and

13 “(vi) such other matters as the Secretary  
14 considers appropriate.”;

15 (3) in paragraph (4), by striking “and the Cen-  
16 ters for Medicare & Medicaid Services” and inserting  
17 “the Centers for Medicare & Medicaid Services, and  
18 the Indian Health Service”; and

19 (4) by striking paragraph (5) and inserting the  
20 following new paragraphs:

21 “(5) When collecting, considering, and applying data  
22 related to patient care for purposes of establishing stand-  
23 ards for quality under paragraph (1), the Secretary shall  
24 ensure no metric is being over or under analyzed.

1 “(6) In establishing standards for quality under para-  
2 graph (1), the Secretary shall—

3 “(A) utilize the most current practices in ex-  
4 tracting and analyzing relevant data;

5 “(B) utilize all relevant data available to the  
6 Secretary;

7 “(C) ensure the most efficient use of time and  
8 resources related to the use of data scientists em-  
9 ployed by the Department; and

10 “(D) collaborate, as appropriate, with entities  
11 specified in paragraph (4).

12 “(7)(A) Not later than five years after the submittal  
13 of the report required by section 302(d)(2)(B) of the Mak-  
14 ing Community Care Work for Veterans Act of 2023, and  
15 not less frequently than once every five years thereafter,  
16 the Secretary shall update the standards for quality estab-  
17 lished under paragraph (1) pursuant to the requirements  
18 for the establishment of such standards under this sub-  
19 section.

20 “(B) Not later than 30 days after any update under  
21 subparagraph (A) of standards for quality established  
22 under paragraph (1), the Secretary shall submit to the ap-  
23 propriate committees of Congress a report on such up-  
24 dated standards for quality.”.

1 (b) PUBLICATION AND CONSIDERATION OF PUBLIC  
2 COMMENTS.—Subsection (b) of such section is amended—

3 (1) in paragraph (1)—

4 (A) by striking “Not later than 1 year  
5 after the date on which the Secretary estab-  
6 lishes standards for quality under subsection  
7 (a)” and inserting “Not less frequently than  
8 once every three years”; and

9 (B) by inserting “pursuant to standards  
10 for quality under subsection (a)” after “medical  
11 facilities of the Department”; and

12 (2) in paragraph (2), by inserting “or updates”  
13 after “establishes”.

14 (c) REPORT.—Not later than one year after the date  
15 of the enactment of this Act, the Secretary of Veterans  
16 Affairs shall submit to the appropriate committees of Con-  
17 gress a report on—

18 (1) how the Secretary has consulted with enti-  
19 ties specified in paragraph (4) of section 1703C(a)  
20 of title 38, United States Code, before the date of  
21 the enactment of this Act in establishing standards  
22 for quality under such section;

23 (2) how the Secretary has continued to consult  
24 with those entities on and after such date of enact-  
25 ment; and

1           (3) how the Secretary intends to leverage data  
2       sciences to improve standards for quality care fur-  
3       nished by the Department of Veterans Affairs.

4       (d) INITIAL UPDATE TO QUALITY CARE METRICS.—

5           (1) REPORT.—Not later than one year after the  
6       date of the enactment of this Act, the Secretary of  
7       Veterans Affairs shall submit to the appropriate  
8       committees of Congress a report on how the Sec-  
9       retary plans to implement the amendments made by  
10      subsections (a) and (b).

11          (2) IMPLEMENTATION.—Not later than two  
12      years after the date of the enactment of this Act, the  
13      Secretary shall—

14           (A) implement the amendments made by  
15           subsections (a) and (b), including by updating  
16           the standards for quality established under sec-  
17           tion 1703C(a)(1) of title 38, United States  
18           Code; and

19           (B) submit to the appropriate committees  
20           of Congress a report detailing the standards for  
21           quality updated pursuant to such amendments.

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

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

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

6   **SEC. 303. MENTAL HEALTH RESIDENTIAL REHABILITATION**  
7                   **TREATMENT PROGRAM OF THE DEPART-**  
8                   **MENT OF VETERANS AFFAIRS.**

9       (a) GENERAL REQUIREMENTS.—

10           (1) DEADLINE.—The Secretary of Veterans Af-  
11       fairs shall fulfill each requirement under this section  
12       by not later than one year after the date of the en-  
13       actment of this Act, unless otherwise specified.

14           (2) GUIDANCE.—The Secretary shall update the  
15       guidance of the Department of Veterans Affairs on  
16       the operation of the Mental Health Residential Re-  
17       habilitation Treatment Program (in this section re-  
18       ferred to as the “Program”) to reflect each of the  
19       requirements under subsections (b) through (h).

20       (b) REFERRAL AND ADMISSION.—

21           (1) REFERRAL.—

22           (A) STANDARDIZED PROCESS.—The Sec-  
23       retary shall establish a standardized consulta-  
24       tion requirement or other process for referrals  
25       to the Program.

1 (B) TIMELINESS STANDARDS.—The Sec-  
2 retary shall specify timeliness standards for re-  
3 sponding to referrals and completing screenings  
4 for the Program, including for when priority  
5 admission is requested, from—

6 (i) providers of the Department;

7 (ii) non-Department providers; and

8 (iii) veteran patients (self-referrals).

9 (2) SCREENING OF PRIORITY VETERANS.—

10 (A) IN GENERAL.—For any veteran who  
11 meets priority admission standards under the  
12 Program during a screening for the Program,  
13 the Secretary shall admit the veteran not later  
14 than 72 hours after the time at which the vet-  
15 eran was screened.

16 (B) OTHER ADMISSION OPTIONS.—With  
17 respect to a veteran specified in subparagraph  
18 (A), if there are no available bed spaces for ad-  
19 mission under the Program at the facility of the  
20 Department or within the Veterans Integrated  
21 Service Network nearest to the residence of the  
22 veteran within the 72-hour period specified in  
23 such subparagraph, the Secretary shall offer  
24 the veteran a choice of care—

1 (i) at another facility of the Depart-  
2 ment anywhere in the United States that  
3 can admit the veteran within such period;  
4 or

5 (ii) at a non-Department residential  
6 care facility in the community that can  
7 admit the veteran within such period  
8 and—

9 (I) has a contract or agreement  
10 with the Department in place; or

11 (II) will enter into such a con-  
12 tract or agreement prior to furnishing  
13 such care.

14 (3) ADMISSION.—The Secretary shall specify  
15 timeliness standards for the admission of a veteran  
16 into the Program, or the referral of a veteran to a  
17 non-Department residential care facility in the com-  
18 munity, upon making an admission decision with re-  
19 spect to the veteran.

20 (4) PERFORMANCE METRICS.—

21 (A) IN GENERAL.—The Secretary shall de-  
22 velop metrics to track, and shall subsequently  
23 track, the performance of the Department, and  
24 contractors of the Department that provide res-  
25 idential care to veterans, in meeting—

1 (i) the requirements for referral to the  
 2 Program under paragraph (1) and any  
 3 other provision of law;

4 (ii) the requirements for screening for  
 5 the Program and other admission options  
 6 under paragraph (2); and

7 (iii) the requirements for timely ad-  
 8 mission to the Program under paragraph  
 9 (3).

10 (B) ELEMENTS.—The metrics developed  
 11 under subparagraph (A) shall include metrics  
 12 for tracking performance with respect to rou-  
 13 tine and priority access under the Program.

14 (c) PLACEMENT; TRANSPORTATION.—

15 (1) LOCATIONS; START DATES.—If the Sec-  
 16 retary determines that a veteran is in need of resi-  
 17 dential care under the Program, the Secretary shall  
 18 provide the veteran with a list of locations that  
 19 meet—

20 (A) the care needs of the veteran, includ-  
 21 ing applicable treatment tracks; and

22 (B) the clinically indicated best start date  
 23 for the veteran to receive care, taking into ac-  
 24 count the preferences of the veteran.

1           (2) WAIT TIMES.—The Secretary shall make  
2           every effort to limit the time a veteran waits for  
3           placement into the Program, including by offering  
4           the veteran placement at one or more locations out-  
5           side of the area of the home facility of the veteran  
6           or the home Veterans Integrated Service Network of  
7           the veteran, or at a non-Department residential care  
8           facility, if there are no other options that meet the  
9           care needs of the veteran and are consistent with the  
10          policy of the Department on wait times for access to  
11          care under the Program.

12          (3) TRANSPORTATION COVERAGE.—The Sec-  
13          retary shall provide transportation or pay for or re-  
14          imburse the costs of transportation for any veteran  
15          who is admitted into the Program and needs trans-  
16          portation assistance—

17                (A) from the residence of the veteran or a  
18                facility of the Department or authorized non-  
19                Department facility that does not provide such  
20                care to another such facility that provides resi-  
21                dential care covered under the Program; and

22                (B) back to the residence of the veteran  
23                after the conclusion of the Program, if applica-  
24                ble.

1 (d) CONSIDERATIONS.—In making screening, admis-  
 2 sion, and placement decisions under the Program, the Sec-  
 3 retary shall consider the input and preferences of the vet-  
 4 eran and the treating clinicians of the veteran, including  
 5 with respect to wait times, the program specialty, subtype,  
 6 or treatment track offered to the veteran, and the geo-  
 7 graphic placement of the veteran, including family- or oc-  
 8 cupation-related preferences or circumstances.

9 (e) APPEALS.—

10 (1) IN GENERAL.—The Secretary shall develop  
 11 a national policy and associated procedures under  
 12 which a veteran, a representative of a veteran, or a  
 13 provider who refers a veteran to the Program, in-  
 14 cluding a provider of the Department or a non-De-  
 15 partment provider, may file an appeal if the veteran  
 16 is denied admission into the Program or is accepted  
 17 into the Program but is not offered bed placement  
 18 in a timely manner.

19 (2) TIMELINESS STANDARDS FOR REVIEW.—

20 (A) IN GENERAL.—The national policy and  
 21 procedures developed under paragraph (1) for  
 22 appeals described in such paragraph shall in-  
 23 clude timeliness standards for the Department  
 24 to review and make a decision on such an ap-  
 25 peal.

1 (B) PRIORITY ADMISSION.—The Secretary  
2 shall review and respond to all appeals related  
3 to priority admission to the Program not later  
4 than 72 hours after receiving the appeal.

5 (C) ROUTINE ADMISSION.—The Secretary  
6 shall review and respond to all appeals related  
7 to routine admission to the Program not later  
8 than five business days after receiving the ap-  
9 peal.

10 (3) PUBLIC GUIDANCE.—The Secretary shall  
11 develop, and make available to the public, guidance  
12 on how a veteran, a representative of the veteran, or  
13 a referring provider of the veteran can file an ap-  
14 peal—

15 (A) if the veteran is denied admission into  
16 the Program;

17 (B) if the veteran is admitted into the Pro-  
18 gram and the first date on which the veteran  
19 may enter the Program does not comply with  
20 the wait time standards established by the De-  
21 partment and under this section for purposes of  
22 priority or routine admission into the Program;  
23 or

24 (C) with respect to such other factors as  
25 the Secretary may specify.

1 (f) TRACKING OF AVAILABILITY AND WAIT TIMES.—

2 (1) IN GENERAL.—The Secretary shall create a  
3 method for tracking availability and wait times  
4 under the Program across all facilities and Veterans  
5 Integrated Service Networks of the Department  
6 throughout the United States.

7 (2) AVAILABILITY OF INFORMATION.—The Sec-  
8 retary shall make the information tracked under  
9 paragraph (1) available in real time to—

10 (A) the mental health treatment coordina-  
11 tors at each facility of the Department;

12 (B) the leadership of each medical center  
13 of the Department;

14 (C) the leadership of each Veterans Inte-  
15 grated Service Network; and

16 (D) the Office of the Under Secretary for  
17 Health of the Department.

18 (g) TRAINING AND OVERSIGHT.—

19 (1) TRAINING.—

20 (A) IN GENERAL.—The Secretary shall up-  
21 date and implement training for all staff of the  
22 Department involved in the Program regarding  
23 referrals, screening, admission, placement deci-  
24 sions, and appeals for the Program, including

1 all changes to processes and guidance under the  
2 Program required by this section.

3 (B) VETERANS AWAITING ADMISSION.—

4 The training under subparagraph (A) shall in-  
5 clude procedures for the care of veterans await-  
6 ing admission into the Program and commu-  
7 nication with such veterans and their referring  
8 providers.

9 (C) TIMING OF TRAINING.—

10 (i) IN GENERAL.—The Secretary shall  
11 require the training under subparagraph  
12 (A) to be completed by staff required to  
13 complete such training—

14 (I) upon being first employed in  
15 a position that includes work involving  
16 the Program; and

17 (II) not less frequently than an-  
18 nually.

19 (ii) TRACKING.—The Secretary shall  
20 track completion of training required  
21 under clause (i) by staff required to com-  
22 plete such training and ensure its comple-  
23 tion as required under such clause.

24 (2) OVERSIGHT STANDARDS.—The Secretary  
25 shall review and revise oversight standards for the

1 leadership of the Veterans Integrated Service Net-  
2 works to ensure that facilities and staff of the De-  
3 partment are adhering to the policy of the Program  
4 on access to care.

5 (h) CARE COORDINATION AND FOLLOW-UP CARE.—

6 (1) CONTINUITY OF CARE.—The Secretary shall  
7 ensure each veteran who is screened for admission to  
8 the Program is offered, and provided if agreed upon,  
9 care options during the period between screening of  
10 the veteran and admission of the veteran to the Pro-  
11 gram to ensure the veteran does not experience any  
12 lapse in care.

13 (2) CARE COORDINATION FOR SUBSTANCE USE  
14 DISORDER.—For a veteran being treated for sub-  
15 stance use disorder, the Secretary shall—

16 (A) ensure there is a care plan in place  
17 during the period between any detoxification  
18 services or inpatient care received by the vet-  
19 eran and admission of the veteran to the Pro-  
20 gram; and

21 (B) communicate that care plan to the vet-  
22 eran, the primary care provider of the veteran,  
23 and the facility of the Program where the vet-  
24 eran is or will be residing.

25 (3) CARE PLANNING PRIOR TO DISCHARGE.—

1           (A) IN GENERAL.—The Secretary, in con-  
2           sultation with the veteran and the treating pro-  
3           viders of the veteran in the Program, shall en-  
4           sure the completion of a care plan prior to the  
5           veteran being discharged from the Program.

6           (B) MATTERS TO BE INCLUDED.—The  
7           care plan required under subparagraph (A) for  
8           a veteran shall include details on the course of  
9           treatment for the veteran following completion  
10          of treatment under the Program, including any  
11          needed follow-up care.

12          (C) SHARING OF CARE PLAN.—The care  
13          plan required under subparagraph (A) shall be  
14          shared with the veteran, the primary care pro-  
15          vider of the veteran, and any other providers  
16          with which the veteran consents to sharing the  
17          plan.

18          (D) DISCHARGE FROM NON-DEPARTMENT  
19          FACILITY.—Upon discharge of a veteran under  
20          the Program from a non-Department facility,  
21          the facility shall share with the Department all  
22          care records maintained by the facility with re-  
23          spect to the veteran and shall work in consulta-  
24          tion with the Department on the care plan of  
25          the veteran required under subparagraph (A).

1 (i) REPORTS TO CONGRESS.—

2 (1) REPORT ON CHANGES MADE TO PRO-  
3 GRAM.—

4 (A) IN GENERAL.—Not later than two  
5 years after the date of the enactment of this  
6 Act, the Secretary shall submit to the Com-  
7 mittee on Veterans' Affairs of the Senate and  
8 the Committee on Veterans' Affairs of the  
9 House of Representatives a report on changes  
10 made to the guidance, operation, and oversight  
11 of the Program to fulfill the requirements of  
12 this section.

13 (B) FUNDING.—The report required by  
14 subparagraph (A) shall—

15 (i) examine how care provided to vet-  
16 erans under the Program is funded, includ-  
17 ing care provided through—

18 (I) facilities of the Department;

19 and

20 (II) non-Department facilities;

21 (ii) assess whether costs of the Pro-  
22 gram, including for residential care pro-  
23 vided through facilities of the Department  
24 and non-Department facilities, serve as a  
25 disincentive to placement in the Program;

1 (iii) identify the average cost of a stay  
2 under the Program, including total stay  
3 average and daily average, at—

4 (I) a facility of the Department;

5 and

6 (II) a non-Department facility;

7 and

8 (iv) include such recommendations as  
9 the Secretary may have for legislative or  
10 administrative action to address any fund-  
11 ing constraints or disincentives for use of  
12 the Program.

13 (C) ACTIONS TAKEN TO ADDRESS REC-  
14 OMMENDATIONS.—

15 (i) IN GENERAL.—The Secretary shall  
16 include with the report required by sub-  
17 paragraph (A) a description of actions  
18 taken by the Department to address the  
19 findings and recommendations by the Sec-  
20 retary contained in the report under sec-  
21 tion 503(c) of the STRONG Veterans Act  
22 of 2022 (division V of Public Law 117–  
23 328).

1 (ii) ACTIONS TO BE INCLUDED.—Ac-  
 2 tions to be included under clause (i) shall  
 3 include—

4 (I) any new locations of the Pro-  
 5 gram added;

6 (II) any beds added at existing  
 7 facilities of the Program; and

8 (III) any additional treatment  
 9 tracks or gender-specific programs  
 10 created or added at facilities of the  
 11 Department.

12 (2) ANNUAL REPORT ON OPERATION OF PRO-  
 13 GRAM.—

14 (A) IN GENERAL.—Not later than one year  
 15 after submitting the report required by para-  
 16 graph (1)(A), and not less frequently than an-  
 17 nually thereafter, the Secretary shall submit to  
 18 the Committee on Veterans' Affairs of the Sen-  
 19 ate and the Committee on Veterans' Affairs of  
 20 the House of Representatives a report on the  
 21 operation of the Program.

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

24 (i) The number of veterans served by  
 25 the Program, disaggregated by—

1 (I) Veterans Integrated Service  
2 Network in which the veteran receives  
3 care;

4 (II) facility, including facilities of  
5 the Department and non-Department  
6 facilities, at which the veteran receives  
7 care;

8 (III) type of residential rehabili-  
9 tation treatment care received by the  
10 veteran under the Program;

11 (IV) gender of the veteran; and

12 (V) race or ethnicity of the vet-  
13 eran.

14 (ii) Wait times under the Program for  
15 the most recent year data is available,  
16 disaggregated by—

17 (I) treatment track or specificity  
18 of residential rehabilitation treatment  
19 care sought by the veteran;

20 (II) gender of the veteran;

21 (III) State or territory in which  
22 the veteran is located;

23 (IV) Veterans Integrated Service  
24 Network in which the veteran is lo-  
25 cated; and

1 (V) facility of the Department at  
2 which the veteran seeks care.

3 (iii) A list of all locations of the Pro-  
4 gram and number of bed spaces at each  
5 such location, disaggregated by residential  
6 rehabilitation treatment care or treatment  
7 track provided under the Program at such  
8 location.

9 (iv) A list of any new Program loca-  
10 tions added or removed and any bed spaces  
11 added or removed during the one-year pe-  
12 riod preceding the date of the report.

13 (v) Average cost of a stay under the  
14 Program, including total stay average and  
15 daily average, at—

16 (I) a facility of the Department;  
17 and

18 (II) a non-Department facility.

19 (vi) A review of staffing needs and  
20 gaps with respect to the Program.

21 (vii) Any recommendations for  
22 changes to the operation of the Program,  
23 including any policy changes, guidance  
24 changes, training changes, or other  
25 changes.

1 (j) GOVERNMENT ACCOUNTABILITY OFFICE REVIEW  
 2 ON ACCESS TO CARE UNDER THE PROGRAM.—

3 (1) IN GENERAL.—Not later than two years  
 4 after the date of the enactment of this Act, the  
 5 Comptroller General of the United States shall re-  
 6 view access to care under the Program for veterans  
 7 in need of residential mental health care and sub-  
 8 stance use disorder care.

9 (2) ELEMENTS.—The review required by para-  
 10 graph (1) shall include the following:

11 (A) A review of wait times under the Pro-  
 12 gram, disaggregated by—

13 (i) treatment track or specificity of  
 14 residential rehabilitation treatment care  
 15 needed;

16 (ii) gender of the veteran;

17 (iii) home State of the veteran;

18 (iv) home Veterans Integrated Service  
 19 Network of the veteran; and

20 (v) wait times for—

21 (I) facilities of the Department;

22 and

23 (II) non-Department facilities.

1 (B) A review of policy and training of the  
2 Department on screening, admission, and place-  
3 ment under the Program.

4 (C) A review of the rights of veterans and  
5 referring providers to appeal admission deci-  
6 sions under the Program and how the Depart-  
7 ment adjudicates appeals.

8 (D) A review of how the preferences of a  
9 veteran admitted to the Program are taken into  
10 consideration when determining the facility at  
11 which the veteran will be placed in the Pro-  
12 gram.

13 (E) A review of staffing and staffing needs  
14 and gaps of the Program, including with re-  
15 spect to—

16 (i) mental health providers and coor-  
17 dinators at the facility level;

18 (ii) staff of Program facilities; and

19 (iii) overall administration of the Pro-  
20 gram at the national level.

21 (F) Recommendations for improvement of  
22 access by veterans to care under the Program,  
23 including with respect to—

24 (i) any new sites or types of programs  
25 needed or in development;

- 1 (ii) changes in training or policy;
- 2 (iii) changes in communications with
- 3 veterans; and
- 4 (iv) oversight of the Program by the
- 5 Department.

6 (k) DEFINITIONS.—In this section:

7 (1) MENTAL HEALTH RESIDENTIAL REHABILI-  
8 TATION TREATMENT PROGRAM.—The term “Mental  
9 Health Residential Rehabilitation Treatment Pro-  
10 gram”—

11 (A) means the array of programs and serv-  
12 ices of the Department that comprise residen-  
13 tial care for mental health and substance use  
14 disorders; and

15 (B) includes the programs designated as of  
16 the date of the enactment of this Act as domi-  
17 ciliary residential rehabilitation treatment pro-  
18 grams.

19 (2) TREATMENT TRACK.—The term “treatment  
20 track” means a specialized treatment program that  
21 is provided to a subset of veterans in the Program  
22 who receive the same or similar intensive treatment  
23 and rehabilitative services.

24 (3) UNITED STATES.—The term “United  
25 States” means the 50 States, the District of Colum-

1       bia, the Commonwealth of Puerto Rico, Guam, the  
2       Virgin Islands, American Samoa, and any other  
3       commonwealth, territory, or possession of the United  
4       States.

5   **SEC. 304. ELECTRONIC DOCUMENT SUBMISSION OPTION**  
6                   **FOR THE CHAMPVA PROGRAM.**

7       (a) **ONLINE PORTAL.**—Not later than 18 months  
8   after the date of the enactment of this Act, the Secretary  
9   of Veterans Affairs shall publish an online portal allow-  
10   ing—

11               (1) individuals applying for medical care under  
12       section 1781 of title 38, United States Code, the  
13       ability to—

14                   (A) submit application materials electroni-  
15               cally;

16                   (B) view the status of their application on-  
17               line; and

18                   (C) select their preferred method of com-  
19       munication regarding their application, which  
20       the Department of Veterans Affairs shall use  
21       upon their first attempt to contact the indi-  
22       vidual if there are any issues with their applica-  
23       tion;

1           (2) individuals applying for or receiving medical  
2       care under such section the ability to submit elec-  
3       tronically—

4           (A) documentation regarding other health  
5       insurance certification;

6           (B) documentation regarding school enroll-  
7       ment certification; and

8           (C) any other documentation required to  
9       apply for or continue coverage under such sec-  
10      tion; and

11          (3) individuals receiving medical care under  
12      such section and providers of medical care under  
13      such section the ability to—

14           (A) submit medical claims documentation  
15      electronically;

16           (B) request reprocessing of a denied claim  
17      electronically; and

18           (C) file a reconsideration or appeal of a  
19      claim electronically.

20          (b) CONTRACT.—The Secretary may enter into a con-  
21      tract with a non-Department entity to carry out sub-  
22      section (a).

23          (c) OUTREACH.—Upon the implementation of the on-  
24      line portal required under subsection (a), the Secretary  
25      shall conduct outreach to ensure individuals eligible for

1 care under section 1781 of title 38, United States Code,  
2 and providers of such care are aware of the portal.

3 (d) RULE OF CONSTRUCTION.—Nothing in this sec-  
4 tion shall be construed to limit the ability of the Secretary  
5 to collect application materials relating to medical care  
6 under section 1781 of title 38, United States Code, by  
7 mail or by fax.

8 (e) REPORTS.—

9 (1) IN GENERAL.—Not later than 270 days  
10 after the date of the enactment of this Act, and  
11 every 180 days thereafter for three years, the Sec-  
12 retary shall submit to the Committee on Veterans'  
13 Affairs of the Senate and the Committee on Vet-  
14 erans' Affairs of the House of Representatives a re-  
15 port on the progress of implementation of the online  
16 portal required under subsection (a).

17 (2) ELEMENTS.—Each report required under  
18 paragraph (1) shall include—

19 (A) whether a contract with a non-Depart-  
20 ment entity was procured to carry out sub-  
21 section (a) and, if so, information on which en-  
22 tity or entities to which the contract was award-  
23 ed;

24 (B) the number of applications for medical  
25 care under section 1781 of title 38, United

1 States Code, that are currently pending,  
 2 disaggregated by whether they were received—

3 (i) by mail;

4 (ii) by fax; or

5 (iii) electronically;

6 (C) a description of efforts taken by the  
 7 Department to conduct outreach under sub-  
 8 section (c); and

9 (D) an assessment of user satisfaction with  
 10 the new online portal required under subsection  
 11 (a).

12 **SEC. 305. REVIEW OF WORKFLOWS ASSOCIATED WITH**  
 13 **PROCESSING REFERRALS BETWEEN FACILI-**  
 14 **TIES OF THE VETERANS HEALTH ADMINIS-**  
 15 **TRATION.**

16 (a) IN GENERAL.—The Secretary of Veterans Affairs  
 17 shall conduct a review of the workflows directly associated  
 18 with processing referrals of patients between facilities of  
 19 the Veterans Health Administration to identify specific  
 20 delays or bottlenecks in such referrals.

21 (b) INCLUSION OF CONSULT MANAGEMENT RE-  
 22 VIEW.—The review required under subsection (a) shall in-  
 23 clude—

24 (1) a review of the interfacility consult manage-  
 25 ment guidance of the Veterans Health Administra-

1       tion that assists facilities in setting up a workflow  
2       for consults between facilities; and

3           (2) a review of the roles and responsibilities of  
4       the individuals involved in the consult management  
5       process in managing those consults, including the  
6       role of the referral coordination team.

7       (c) REPORT.—Not later than 180 days after the date  
8       of the enactment of this Act, the Secretary shall submit  
9       to Congress a report on the results of the review conducted  
10      under subsection (a).

○