

119TH CONGRESS  
2D SESSION

# H. R. 9237

To amend titles 10 and 38, United States Code, and other Federal laws, to improve benefits for veterans and the administration of the Department of Veterans Affairs.

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## IN THE HOUSE OF REPRESENTATIVES

JUNE 10, 2026

Mr. BOST (for himself, Mr. BILIRAKIS, Mr. HUDSON, Mr. LAWLER, Mr. VAN ORDEN, Mrs. MILLER-MEEKS, Mr. MURPHY, Mr. MCGUIRE, Mr. BARRITT, Mr. BERGMAN, Mr. BAIRD, Mr. MEUSER, Ms. KING-HINDS, Mrs. KIGGANS of Virginia, Mr. HAMADEH of Arizona, Mr. HILL of Arkansas, Mr. OBERNOLTE, Mr. EDWARDS, Mr. MOOLENAAR, Mr. TAYLOR, and Mr. KELLY of Pennsylvania) introduced the following bill; which was referred to the Committee on Veterans' Affairs, and in addition to the Committee on Armed Services, for a period to be subsequently determined by the Speaker, in each case for consideration of such provisions as fall within the jurisdiction of the committee concerned

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## A BILL

To amend titles 10 and 38, United States Code, and other Federal laws, to improve benefits for veterans and the administration of the Department of Veterans Affairs.

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 “Take Care of America’s Veterans Act”.

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

Sec. 1. Short title; table of contents.

TITLE I—COMPENSATION

Sec. 101. Major Richard Star Act.

Sec. 102. Love Lives On Act.

Sec. 103. Extension of increased dependency and indemnity compensation to surviving spouses of veterans who die from amyotrophic lateral sclerosis.

Sec. 104. Sharri Briley and Eric Edmundson Veterans Benefits Expansion Act of 2026.

Sec. 105. Claims: prohibition on denial solely for certain reason; improved efficiency of adjudications and appeals.

Sec. 106. Annual report on causes of death among veterans.

Sec. 107. Plan for use of automation tools to process claims under laws administered by the Secretary of Veterans Affairs.

Sec. 108. Reforms relating to Department of Veterans Affairs disability ratings.

Sec. 109. Improvements to temporary licensure requirements for contract health care professionals who perform medical disability examinations for the Department of Veterans Affairs.

Sec. 110. Disability examinations: study on access in rural areas; review of training; review of inadequate or unnecessary examinations.

Sec. 111. Improvements to processing and outreach regarding claims involving military sexual trauma.

Sec. 112. Independent assessment of notices that the Secretary of Veterans Affairs sends to claimants.

Sec. 113. Independent assessment of forms that the Secretary of Veterans Affairs sends to claimants.

TITLE II—EDUCATION AND ECONOMIC OPPORTUNITY

Sec. 201. Vets Opportunity Act.

Sec. 202. Improvements to process for making payments to automobile sellers for automobiles purchased for certain disabled veterans.

Sec. 203. Monthly housing stipend under the Post-9/11 Educational Assistance Program for individuals who pursue summer programs of education solely through distance learning.

Sec. 204. Clarification regarding inclusion of medically necessary automobile adaptations in Department of Veterans Affairs definition of “medical services”.

Sec. 205. Digital communications: Solid Start program; educational assistance.

Sec. 206. Improvements to Transition Assistance Program and Skillbridge.

Sec. 207. Transition Assistance Program: presentation in preseparation counseling to promote benefits available to veterans.

Sec. 208. Elimination of requirement that on-campus educational and vocational counseling is provided by certain Department of Veterans Affairs employees.

Sec. 209. Expansion of entitlement for payment for licensing or certification tests for veterans entitled to educational assistance.

- Sec. 210. Increase of amount of educational assistance paid by the Secretary of Veterans Affairs for first year of a full-time program of apprenticeship or other on-job training.
- Sec. 211. Improving emerging technology opportunities for veterans.

### TITLE III—HEALTH CARE

- Sec. 301. Extension and modification of transportation grant program of Department of Veterans Affairs.
- Sec. 302. Veteran Caregiver Reeducation, Reemployment, and Retirement Act.
- Sec. 303. Veterans TBI Breakthrough Exploration of Adaptive Care Opportunities Nationwide Act.
- Sec. 304. Department of Veterans Affairs assignment of traveling physicians to serve territories and possessions.
- Sec. 305. Inclusion of adaptive prostheses and terminal devices for sports and other recreational activities in medical services furnished to eligible veterans by the Secretary of Veterans Affairs.
- Sec. 306. Modifications to and reauthorization of Staff Sergeant Parker Gordon Fox Suicide Prevention Grant Program of Department of Veterans Affairs.
- Sec. 307. Reports on the use of hyperbaric oxygen therapy.
- Sec. 308. Department of Veterans Affairs pilot program to provide grants to mental health care providers for the provision of mental health care for veterans.
- Sec. 309. Furnishing of certain health services to veterans in the Freely Associated States.
- Sec. 310. Modification of Precision Medicine for Veterans Initiative; reporting on suicide by veterans and members of the Armed Forces.
- Sec. 311. Establishment of the Blast Overpressure Task Force of the Department of Veterans Affairs.
- Sec. 312. Extension of sharing of Department of Veterans Affairs and Department of Defense Health Care Resources; resource sharing oversight and implementation plan.
- Sec. 313. Timely reporting of the death of a veteran.
- Sec. 314. Expansion of access by veterans to critical access hospitals and affiliated clinics under the Veterans Community Care Program.
- Sec. 315. Pilot platform for services for veterans; collection from veterans of information related to social determinants of health.
- Sec. 316. Improvements to Department of Veterans Affairs prosthetic and rehabilitative items and service.
- Sec. 317. Improvement of submission of medical documentation to the Secretary of Veterans Affairs by community care providers.
- Sec. 318. Implementation of and report on efforts of Department of Veterans Affairs to improve health care appointment scheduling.
- Sec. 319. Pilot program on coordination of care between Department of Veterans Affairs and Medicare program.
- Sec. 320. Fisher House availability.
- Sec. 321. Agreements between medical facilities of Department of Veterans Affairs and rural medical facilities.
- Sec. 322. Study on quality of care difference between mental health and addiction therapy care provided by health care providers of Department of Veterans Affairs compared to non-Department providers.
- Sec. 323. Lactation spaces in medical centers of the Department of Veterans Affairs.

- Sec. 324. Research related to menopause, perimenopause, and mid-life women's health: report; plan.
- Sec. 325. Pilot program on provision of opioid rescue medications to veterans.
- Sec. 326. Establishment of Veterans Health Administration Policy Advisory Commission.
- Sec. 327. Access to health care.
- Sec. 328. Research on health conditions of descendants of toxic-exposed veterans.
- Sec. 329. Veterans Spinal Trauma Access to New Devices Act.
- Sec. 330. Department of Veterans Affairs pilot program to award grants for the provision of service dogs to veterans.
- Sec. 331. Authorization of major medical facility project of Department of Veterans Affairs for fiscal year 2027 in Manchester, New Hampshire.
- Sec. 332. Bowel and bladder care program of Department of Veterans Affairs.

#### TITLE IV—ORGANIZATION

- Sec. 401. Authorization of appropriations to the Office of Information and Technology of the Department of Veterans Affairs for certain purposes.
- Sec. 402. Establishment of Under Secretary for Management and Chief Financial Officer.
- Sec. 403. Department of Veterans Affairs acquisition reform and cost assessment.
- Sec. 404. Improvement of telephone communication by Department of Veterans Affairs.
- Sec. 405. Advancing Department of Veterans Affairs emergency response to crisis.
- Sec. 406. Membership of Department of Veterans Affairs Geriatrics and Gerontology Advisory Committee.
- Sec. 407. Scheduling of appointments under the Veterans Community Care Program.

#### TITLE V—MEMORIAL AFFAIRS

- Sec. 501. Expansion of eligibility for Department of Veterans Affairs memorial headstone or marker for certain individuals.
- Sec. 502. Department of Veterans Affairs provision of additional burial benefits when an urn or commemorative plaque is furnished.
- Sec. 503. Fallen Servicemembers Religious Heritage Restoration Program.

#### TITLE VI—VETERANS' ASSURING CRITICAL CARE EXPANSIONS TO SUPPORT SERVICEMEMBERS

##### Subtitle A—Improvement of Veterans Community Care Program

- Sec. 601. Codification of requirements for eligibility standards for access to community care from Department of Veterans Affairs.
- Sec. 602. Requirement that Secretary notify veterans of eligibility for care or denial of request for care under Veterans Community Care Program.
- Sec. 603. Consideration under Veterans Community Care Program of continuity of care and need for caregiver or attendant.
- Sec. 604. Discussion of telehealth options under Veterans Community Care Program.

- Sec. 605. Extension of deadline for submittal of claims by health care entities and providers under prompt payment standard.
- Sec. 606. Audit of representative sample of veterans receiving care and services under Veterans Community Care Program.
- Sec. 607. Information on wait time and drive time options for receipt of care by veterans.
- Sec. 608. Establishment of period during which a referral under Veterans Community Care Program remains valid.
- Sec. 609. Updates to contracting requirements under Veterans Community Care Program.
- Sec. 610. Publication of community care network sufficiency and payment waiver requests and approvals.
- Sec. 611. Requirements relating to quality of community care providers.
- Sec. 612. Provider training.
- Sec. 613. Oversight authority over community care.

#### Subtitle B—Mental Health Treatment Programs

- Sec. 621. Veteran participation in certain mental health programs.
- Sec. 622. Access to mental health residential rehabilitation treatment programs for veterans with spinal cord injury or disorder.

#### Subtitle C—Staffing Matters

- Sec. 631. Treatment of psychologists.
- Sec. 632. Mentorship program for executive leadership teams at medical centers of the Department of Veterans Affairs.
- Sec. 633. Requirement for equivalent role postings for vacant positions at Department of Veterans Affairs.
- Sec. 634. Improvements to Department of Veterans Affairs hiring processes.
- Sec. 635. Department of Veterans Affairs telework policy.
- Sec. 636. Expansion of reimbursement of continuing professional education expenses.
- Sec. 637. Department of Veterans Affairs personnel transparency.
- Sec. 638. Modification of authority of licensure of health care professionals providing treatment via telemedicine.
- Sec. 639. Provision of data on educational assistance programs of Veterans Health Administration.

#### Subtitle D—Optimization of Workforce

- Sec. 641. Department of Veterans Affairs strategic human capital plan.
- Sec. 642. Department of Veterans Affairs reduction in force notice requirement.
- Sec. 643. Detailed plans and justifications for reorganization of offices.
- Sec. 644. Rule of construction.

#### Subtitle E—Veterans Infrastructure and Transformation

- Sec. 651. Short title.
- Sec. 652. Modification of authority for sharing of health-care resources of Department of Veterans Affairs to include flexible space utilization and streamlined service agreements.
- Sec. 653. Use of commercial construction and facilities code and standards.
- Sec. 654. Feasibility study for full-service hospital of Department of Veterans Affairs in certain States.

- Sec. 655. Report on strategic plan for infrastructure and capital assets of Department of Veterans Affairs.
- Sec. 656. Permanent extension of pilot program on acceptance by the Department of Veterans Affairs of donated facilities and related improvements.
- Sec. 657. Authority to accept donations of construction services, minor construction or nonrecurring maintenance projects, and targeted contributions.
- Sec. 658. Report on use of additional authorities relating to recruitment and retention of personnel.
- Sec. 659. Reports on key capital asset investments, activities, and performance of Department of Veterans Affairs.
- Sec. 660. Development of streamlined procurement model; report.
- Sec. 661. Submission and notification of cost estimates for medical facility leases.
- Sec. 662. Report on capital asset and information technology needs of the research and development program of Department of Veterans Affairs.
- Sec. 663. Improving prevention, detection, and reporting of waste, fraud, and abuse in Department of Veterans Affairs capital asset projects and activities.
- Sec. 664. Report on long-term care physical infrastructure needs of Department of Veterans Affairs.

#### Subtitle F—Other Health Care Matters

- Sec. 671. Prescription, delivery, distribution, and dispensation of controlled substance medications by covered health care professionals of Department of Veterans Affairs via telemedicine.
- Sec. 672. Copayments for limited supplies of medications.
- Sec. 673. Plan on establishment of interactive, online self-service module for care.
- Sec. 674. Modification of requirements for Center for Innovation for Care and Payment of the Department of Veterans Affairs and transfer of authority.
- Sec. 675. Report on improvements to clinical appeals process.
- Sec. 676. Plan on increasing accessibility of care for veterans with spinal cord injury or disorder.

## 1           **TITLE I—COMPENSATION**

### 2   **SEC. 101. MAJOR RICHARD STAR ACT.**

3           (a) CONCURRENT RECEIPT GENERALLY.—Section  
 4 1414(b) of title 10, United States Code, is amended by  
 5 striking paragraph (2) and inserting the following new  
 6 paragraphs:

7                   “(2) COMBAT-RELATED DISABILITY RETIR-  
 8           EES.—

1           “(A) IN GENERAL.—A member retired  
2           under chapter 61 of this title with a combat-re-  
3           lated disability who is entitled for any month to  
4           retired pay under chapter 61 of this title and  
5           is also entitled for that month to veterans’ dis-  
6           ability compensation under title 38, is entitled  
7           to be paid both without regard to sections 5304  
8           and 5305 of title 38, as provided by subpara-  
9           graphs (B) and (C).

10          “(B) CAREER RETIREES.—In the case of a  
11          member retired under chapter 61 of this title  
12          who has a combat-related disability that is not  
13          a qualifying service-connected disability (as de-  
14          fined in subsection (a)(2)) and who, at the time  
15          of the member’s retirement, had 20 years or  
16          more of service otherwise creditable under sec-  
17          tion 1405 of this title or at least 20 years of  
18          service computed under section 12732 of this  
19          title, the member may receive, without regard  
20          to sections 5304 and 5305 of title 38, both—

21               “(i) the amount of retired pay to  
22               which the member would have been enti-  
23               tled under any other provision of law based  
24               on the member’s service in the uniformed

1 services if the member had not been retired  
2 under chapter 61 of this title; and

3 “(ii) veterans’ disability compensation  
4 under title 38.

5 “(C) DISABILITY RETIREES WITH LESS  
6 THAN 20 YEARS OF SERVICE.—In the case of a  
7 member retired under chapter 61 of this title  
8 with a combat-related disability and who, at the  
9 time of the member’s retirement, had less than  
10 20 years of service otherwise creditable under  
11 section 1405 of this title or less than 20 years  
12 of service computed under section 12732 of this  
13 title, the member may receive, without regard  
14 to sections 5304 and 5305 of title 38, the lesser  
15 of—

16 “(i) both—

17 “(I) the retired pay for which the  
18 member is eligible under chapter 61  
19 of this title; and

20 “(II) veterans’ disability com-  
21 pensation under title 38; or

22 “(ii) both—

23 “(I) an amount equal to the  
24 product of the retired pay base com-  
25 puted under section 1406(b) or 1407



1 of this title and the retired pay multi-  
 2 plier determined under section 1409  
 3 of this title, as such base pay and  
 4 multiplier would be computed if the  
 5 member had 20 years of service cred-  
 6 itable under section 1405 of this title;  
 7 and

8 “(II) veterans’ disability com-  
 9 pensation under title 38.

10 “(D) COMBAT-RELATED DISABILITY DE-  
 11 FINED.—In this paragraph, the term ‘combat-  
 12 related disability’ has the meaning given that  
 13 term in subsection (e) of section 1413a of this  
 14 title and as determined under the criteria and  
 15 procedures used for purposes of such section.

16 “(3) EXCLUSION OF OTHER RETIREES.—Sub-  
 17 section (a) does not apply to a member retired under  
 18 chapter 61 of this title if the member is not covered  
 19 by paragraph (1) or (2).”.

20 (b) TECHNICAL AND CONFORMING AMENDMENTS.—

21 (1) COORDINATION WITH COMBAT-RELATED  
 22 SPECIAL COMPENSATION PROGRAM.—Section  
 23 1414(d) of title 10, United States Code, is amended  
 24 by striking “qualified retiree under this section” and

1 inserting “qualified retiree under subsection (a) or is  
2 entitled to a payment under subsection (b)(2)”.

3 (2) AMENDMENTS REFLECTING END OF CON-  
4 CURRENT RECEIPT PHASE-IN PERIOD.—Section  
5 1414 of title 10, United States Code, is further  
6 amended—

7 (A) in subsection (a)(1)—

8 (i) by striking the second sentence;

9 and

10 (ii) by striking subparagraphs (A) and

11 (B);

12 (B) by striking subsection (c) and redesign-  
13 ating subsections (d) and (e) as subsections  
14 (c) and (d), respectively; and

15 (C) in subsection (d), as redesignated, by  
16 striking paragraphs (3) and (4).

17 (3) SECTION HEADING.—The heading of section  
18 1414 of such title is amended to read as follows:

19 **“§ 1414. Members eligible for retired pay who are also**  
20 **eligible for veterans’ disability compensa-**  
21 **tion: concurrent receipt”.**

22 (4) CONFORMING AMENDMENT.—Section  
23 1413a(f) of such title is amended by striking “Sub-  
24 section (d)” and inserting “Subsection (c)”.

1       (c) EFFECTIVE DATE.—The amendments made by  
2 this section shall take effect on January 1, 2027, and shall  
3 apply to payments for months beginning on or after that  
4 date.

5 **SEC. 102. LOVE LIVES ON ACT.**

6       (a) MODIFICATION OF ENTITLEMENT TO VETERANS  
7 DEPENDENCY AND INDEMNITY COMPENSATION FOR SUR-  
8 VIVING SPOUSES WHO REMARRY.—Section 103(d) of title  
9 38, United States Code, is amended—

10           (1) in paragraph (2)(B)—

11                   (A) by inserting “(i)” before “The remar-  
12 riage”;

13                   (B) in clause (i), as designated by subpara-  
14 graph (A), by striking “Notwithstanding the  
15 previous sentence” and inserting the following:

16           “(ii) Notwithstanding clause (i)”;

17                   (C) by adding at the end the following new  
18 clause:

19           “(iii) Notwithstanding clause (ii), the remarriage of  
20 a surviving spouse shall not bar the furnishing of benefits  
21 under section 1311 or 1562 of this title to the surviving  
22 spouse of a veteran.”;

23           (2) in paragraph (5)—

24                   (A) by striking subparagraph (A); and

1 (B) by renumbering subparagraphs (B)  
2 through (E) as subparagraphs (A) through (D),  
3 respectively.

4 (b) CONTINUED ELIGIBILITY FOR SURVIVOR BEN-  
5 EFIT PLAN FOR CERTAIN SURVIVING SPOUSES WHO RE-  
6 MARRY.—Section 1450(b)(2) of title 10, United States  
7 Code, is amended—

8 (1) by striking “An annuity” and inserting the  
9 following:

10 “(A) IN GENERAL.—(A) Subject to sub-  
11 paragraph (B), an annuity”; and

12 (2) by adding at the end the following new sub-  
13 paragraph:

14 “(B) TREATMENT OF SURVIVORS OF MEM-  
15 BERS WHO DIE ON ACTIVE DUTY.—The Sec-  
16 retary may not terminate payment of an annu-  
17 ity for a surviving spouse described in subpara-  
18 graph (A) or (B) of section 1448(d)(1) solely  
19 because that surviving spouse remarries. In the  
20 case of a surviving spouse who remarried before  
21 reaching age 55 and before the date of the en-  
22 actment of Take Care of America’s Veterans  
23 Act, the Secretary shall resume payment of the  
24 annuity to that surviving spouse—

1 “(i) except as provided by clause (ii),  
2 for each month that begins on or after the  
3 date that is one year after such date of en-  
4 actment; or

5 “(ii) on the first day of the first  
6 month beginning after such date of enact-  
7 ment, in the case of a surviving spouse  
8 who elected to transfer payment of that  
9 annuity to a surviving child or children  
10 under the provisions of section  
11 1448(d)(2)(B) of title 10, United States  
12 Code, as in effect on December 31, 2019.”.

13 (c) EXPANSION OF DEFINITION OF DEPENDENT  
14 UNDER TRICARE PROGRAM TO INCLUDE A REMARRIED  
15 WIDOW OR WIDOWER WHOSE SUBSEQUENT MARRIAGE  
16 HAS ENDED.—Section 1072(2) of title 10, United States  
17 Code, is amended—

18 (1) in subparagraph (H), by striking “; and”  
19 and inserting a semicolon;

20 (2) in subparagraph (I)(v), by striking the pe-  
21 riod at the end and inserting “; and”; and

22 (3) by adding at the end the following new sub-  
23 paragraph:

1                   “(J) a remarried widow or widower whose  
 2                   subsequent marriage has ended due to death,  
 3                   divorce, or annulment.”.

4 **SEC. 103. EXTENSION OF INCREASED DEPENDENCY AND IN-**  
 5 **DEMNITY COMPENSATION TO SURVIVING**  
 6 **SPOUSES OF VETERANS WHO DIE FROM**  
 7 **AMYOTROPHIC LATERAL SCLEROSIS.**

8           (a) EXTENSION.—Section 1311(a)(2) of title 38,  
 9 United States Code, is amended—

10                   (1) by inserting “(A)” before “The rate”; and

11                   (2) by adding at the end the following new sub-  
 12 paragraph:

13           “(B) A veteran whom the Secretary determines died  
 14 from amyotrophic lateral sclerosis shall be treated as a  
 15 veteran described in subparagraph (A) without regard for  
 16 how long the veteran had such disease prior to death.”.

17           (b) APPLICABILITY.—Subparagraph (B) of section  
 18 1311(a)(2) of title 38, United States Code, as added by  
 19 subsection (a), shall apply to a veteran who dies from  
 20 amyotrophic lateral sclerosis on or after October 1, 2022.

21 **SEC. 104. SHARRI BRILEY AND ERIC EDMUNDSON VET-**  
 22 **ERANS BENEFITS EXPANSION ACT OF 2026.**

23           (a) INCREASE IN RATES OF CERTAIN DISABILITY  
 24 COMPENSATION AND DEPENDENCY AND INDEMNITY

1 COMPENSATION UNDER LAWS ADMINISTERED BY SEC-  
2 RETARY OF VETERANS AFFAIRS.—

3 (1) INCREASE TO RATES OF WARTIME DIS-  
4 ABILITY COMPENSATION.—

5 (A) IN GENERAL.—Section 1114 of title  
6 38, United States Code, is amended by adding  
7 at the end the following new subsection:

8 “(u) In the case of a veteran eligible for a monthly  
9 aid and attendance allowance under subsection (r) or sub-  
10 section (t) of this section, the Secretary shall, in addition  
11 to the total amount of compensation for which the veteran  
12 is eligible under this section, pay the veteran a supple-  
13 mental monthly allowance at the rate of \$833.33.”.

14 (B) EFFECTIVE DATE; APPLICABILITY.—  
15 Subsection (u) of such section (as added by  
16 subparagraph (A)) shall take effect on Decem-  
17 ber 1, 2026, and shall apply to months begin-  
18 ning on or after such date.

19 (2) INCREASE TO RATES OF DEPENDENCY AND  
20 INDEMNITY COMPENSATION.—Section 5312 of such  
21 title is amended by adding at the end the following  
22 new subsection:

23 “(d)(1) Whenever there is an increase in benefit  
24 amounts payable under title II of the Social Security Act  
25 (42 U.S.C. 401 et seq.) as a result of a determination

1 made under section 215(i) of such Act (42 U.S.C. 415(i)),  
2 the Secretary shall, except as provided in paragraph (2),  
3 effective on the date of such increase in benefit amounts,  
4 increase the dollar amounts in effect for the payment of  
5 dependency and indemnity compensation by the Secretary  
6 under paragraph (1) and paragraph (3) of section 1311(a)  
7 of this title, as such amounts were in effect immediately  
8 before the date of such increase in benefit amounts pay-  
9 able under title II of the Social Security Act, by a percent-  
10 age equal to the sum of—

11           “(A) the percentage by which such benefit  
12       amounts are increased; and

13           “(B) one percent.

14       “(2) Whenever there is an increase under paragraph  
15 (1) in amounts in effect for the payment of dependency  
16 and indemnity compensation, the Secretary shall publish  
17 such amounts, as increased pursuant to such paragraph,  
18 in the Federal Register at the same time as the material  
19 required by section 215(i)(2)(D) of the Social Security Act  
20 (42 U.S.C. 415(i)(2)(D)) is published by reason of a de-  
21 termination under section 215(i) of such Act (42 U.S.C.  
22 415(i)).

23       “(3) The requirement to increase, pursuant to para-  
24 graph (1), the amounts in effect for the payment of de-  
25 pendency and indemnity compensation under paragraph



1 (1) and paragraph (3) of section 1311 (a) of this title by  
 2 the Secretary shall—

3 “(A) take effect on December 1, 2026, and  
 4 shall apply with respect to months beginning on or  
 5 after such date; and

6 “(B) terminate after the date on which the  
 7 third increase to such amounts pursuant to such  
 8 paragraph occurs.”.

9 (b) MODIFICATION OF WAIVERS OF FEES COL-  
 10 LECTED FOR HOUSING LOANS GUARANTEED, INSURED,  
 11 OR MADE BY THE SECRETARY OF VETERANS AFFAIRS.—  
 12 Section 3729(b)(2) of such title is amended, in the loan  
 13 fee table—

14 (1) in subparagraph (E), by striking “0.50”  
 15 both places it appears and inserting “1.42”; and

16 (2) in subparagraph (I), by striking “0.50”  
 17 each place it appears and inserting “1.0”.

18 (c) HOME AFFORDABILITY FOR GUARD AND RE-  
 19 SERVE.—

20 (1) ELIGIBILITY OF CERTAIN MEMBERS OF THE  
 21 RESERVE COMPONENTS AND THE NATIONAL GUARD  
 22 FOR GUARANTEED HOUSING LOANS.—

23 (A) EXPANDED DEFINITION OF “ACTIVE  
 24 DUTY” FOR PURPOSES OF HOUSING LOANS.—

25 Section 3701(b) of title 38, United States Code,

1 is amended by adding at the end the following  
2 new paragraph:

3 “(9) The term ‘active duty’ has the meanings  
4 as follows:

5 “(A) In the case of members of the regular  
6 components of the Armed Forces, the meaning  
7 given such term in section 101(21)(A).

8 “(B) In the case of members of the reserve  
9 components of the Armed Forces—

10 “(i) service on active duty (as defined  
11 in section 101(d) of title 10), inactive-duty  
12 training (as defined in section 101(d) of  
13 title 10), or annual training duty; or

14 “(ii) service on active duty under a  
15 call or order to active duty under section  
16 688, 12301(a), 12301(d), 12301(g),  
17 12301(h), 12302, 12304, 12304a, or  
18 12304b of title 10 or section 713 of title  
19 14, but not including inactive duty training  
20 (as defined in section 101(d) of title 10) or  
21 annual training duty.

22 “(C) In the case of a member of the Army  
23 National Guard of the United States or Air Na-  
24 tional Guard of the United States, in addition

1 to service described in subparagraph (B), full-  
2 time service—

3 “(i) in the National Guard of a State  
4 for the purpose of organizing, admin-  
5 istering, recruiting, instructing, or training  
6 the National Guard;

7 “(ii) in the National Guard when per-  
8 forming full-time National Guard duty (as  
9 defined in section 101 of title 32); or

10 “(iii) in the National Guard when per-  
11 forming active duty (as defined in section  
12 101 of title 32).”.

13 (B) RETROACTIVE APPLICABILITY TO  
14 SERVICE PERFORMED.—The amendments made  
15 by this subsection shall apply with respect to  
16 any service performed on or after September  
17 11, 2001.

18 (2) EXPANSION OF ELIGIBILITY FOR GUARAN-  
19 TEED HOUSING LOANS TO CERTAIN ADDITIONAL  
20 PERSONNEL UPON PAYMENT OF ADDITIONAL LOAN  
21 FEE.—

22 (A) EXPANSION TO INDIVIDUALS WITH AT  
23 LEAST 14 DAYS OF SERVICE.—Section 3701(b)  
24 of title 38, United States Code, is amended by

1           inserting after paragraph (7) the following new  
2           paragraph:

3           “(8) The term ‘veteran’ also includes, for pur-  
4           poses of home loans (subject to the additional loan  
5           fee in section 3729(b)(4)(J) of this title), an indi-  
6           vidual who—

7                   “(A) is not otherwise eligible for the bene-  
8                   fits of this chapter;

9                   “(B) has completed a total service of at  
10           least 14 days on active duty under paragraph  
11           (B) or (C) of paragraph (9); and

12                   “(C) following completion of such service,  
13           continued to serve until the completion of entry  
14           level and skill training (as defined in section  
15           3301(3) of this title).”.

16                   (B)       BASIC       ENTITLEMENT.—Section  
17           3702(a)(2) of title 38, United States Code, is  
18           amended by adding at the end the following:

19                   “(H) Each individual described in section  
20           3701(b)(8) of this title.”.

21                   (C) ADDITIONAL LOAN FEE FOR SUCH IN-  
22           DIVIDUALS.—Section 3729(b)(4) of title 38,  
23           United States Code, is amended by adding at  
24           the end the following new subparagraph:

1           “(J) In the case of a housing loan in which the  
2       veteran has eligibility under section 3701(b)(8) of  
3       this title and does not otherwise have eligibility, the  
4       loan fee table in paragraph (2) shall be applied to  
5       the veteran or other obligor (as applicable) by add-  
6       ing 1.00 to the percentage in the table.”.

7           (D) NOTIFICATION TO PERSONNEL.—The  
8       Secretary of Veterans Affairs shall provide in-  
9       formation about this benefit to the Secretary of  
10      Defense to ensure that each member of a re-  
11      serve component or a member of the Army Na-  
12      tional Guard of the United States or Air Na-  
13      tional Guard of the United States who com-  
14      pletes entry level and skill training (as defined  
15      in section 3301(3) of title 38, United States  
16      Code) after the date of the enactment of this  
17      Act is notified of their eligibility for housing  
18      loan benefits under chapter 37 of such title, in-  
19      cluding eligibility (subject to the additional loan  
20      fee) under section 3701(b)(8) of such title.

21 **SEC. 105. CLAIMS: PROHIBITION ON DENIAL SOLELY FOR**  
22 **CERTAIN REASON; IMPROVED EFFICIENCY**  
23 **OF ADJUDICATIONS AND APPEALS.**

24       (a) PROHIBITION ON DENIAL OF CLAIMS FOR BENE-  
25      FITS UNDER LAWS ADMINISTERED BY SECRETARY OF

1 VETERANS AFFAIRS ON SOLE BASIS THAT VETERAN  
2 FAILED TO APPEAR FOR CERTAIN MEDICAL EXAMINA-  
3 TION.—Subsection (d) of section 5103A of title 38, United  
4 States Code, is amended—

5 (1) in the heading, by striking “COMPENSATION  
6 CLAIMS” and inserting “CLAIMS FOR BENEFITS”;

7 (2) in paragraph (2), by striking “treat an ex-  
8 amination or opinion as being necessary to make a  
9 decision on a claim for purposes of” and inserting  
10 “provide for a medical examination or obtain a med-  
11 ical opinion under”; and

12 (3) by adding at the end the following new  
13 paragraph:

14 “(3) If a veteran fails to appear for a medical exam-  
15 ination provided by the Secretary in conjunction with a  
16 claim for a benefit under a law administered by the Sec-  
17 retary, the Secretary may not deny such claim on the sole  
18 basis that such veteran failed to appear for such medical  
19 examination.”.

20 (b) IMPROVEMENTS TO EFFICIENCY OF ADJUDICA-  
21 TIONS AND APPEALS OF CLAIMS FOR BENEFITS UNDER  
22 LAWS ADMINISTERED BY SECRETARY OF VETERANS AF-  
23 FAIRS.—

24 (1) ANNUAL REPORT ON LENGTH OF ADJU-  
25 DICATIONS.—

1 (A) IN GENERAL.—Section 5109B of title  
2 38, United States Code, is amended—

3 (i) by striking “The Secretary” and  
4 inserting “(a) IN GENERAL.—The Sec-  
5 retary”; and

6 (ii) by adding at the end the following  
7 new subsection:

8 “(b) ANNUAL REPORT.—The Secretary shall submit  
9 to the Committees on Veterans’ Affairs of the House of  
10 Representatives and the Senate an annual report that in-  
11 cludes, with respect to the period covered by the report—

12 “(1) the average length of time a claim (or an  
13 issue within a claim) that was remanded by the  
14 Board of Veterans’ Appeals was or has been pending  
15 before the Secretary after such remand;

16 “(2) the number of cases that advanced on the  
17 docket by reason of a motion that was filed under  
18 section 7107(b) of this title and on which the Board  
19 ruled, disaggregated by—

20 “(A) whether a motion was granted or de-  
21 nied; and

22 “(B) the reason provided for the motion;  
23 and

24 “(3) the number of appeals dismissed by the  
25 Board, disaggregated by—

1           “(A) whether or not the dismissal was by  
2           reason of the death of the appellant; and

3           “(B) in the case of a dismissal by reason  
4           of the death of the appellant, whether or not  
5           such death was a result of suicide.”.

6           (B) DEADLINE.—The Secretary of Vet-  
7           erans Affairs shall submit the first report re-  
8           quired by subsection (b) of section 5109B of  
9           such title (as added by subparagraph (A)) by  
10          not later than one year after the date of the en-  
11          actment of this Act.

12          (2) GUIDELINES FOR ADVANCEMENT OF CASES  
13          ON DOCKET OF BOARD.—Not later than one year  
14          after the date of the enactment of this Act, the Sec-  
15          retary of Veterans Affairs, in consultation with the  
16          Board of Veterans’ Appeals and the General Counsel  
17          of the Department of Veterans Affairs, shall pre-  
18          scribe guidelines for the advancement of a case on  
19          the docket of the Board on a motion for earlier con-  
20          sideration and determination under section  
21          7107(b)(3) of title 38, United States Code. Such  
22          guidelines shall include the type of evidence that  
23          may be submitted with the motion for the advance-  
24          ment of the case to show grounds for such a motion.



1           (3) REQUIREMENT TO TRACK CERTAIN CLAIMS  
2           FOR BENEFITS.—

3           (A) IN GENERAL.—Chapter 51 of title 38,  
4           United States Code, is amended by inserting  
5           after section 5109B the following new section:

6   **“§ 5109C. Requirement to track and maintain infor-**  
7                   **mation on certain claims for benefits; no-**  
8                   **tice of certain assignments**

9           “(a) IN GENERAL.—The Secretary shall use tech-  
10          nology to track and maintain information (including infor-  
11          mation with respect to timeliness) on—

12                  “(1) claims for benefits under the laws adminis-  
13          tered by the Secretary (including issues within such  
14          claims) that are—

15                          “(A) continuously pursued in accordance  
16          with—

17                                  “(i) sections 5104C(a) and 5110(a)(2)  
18                          of this title; or

19                                  “(ii) any other policy established by  
20                          the Secretary;

21                          “(B) filed in the National Work Queue (or  
22                          any successor system) but have not been as-  
23                          signed to an office of the Veterans Benefits Ad-  
24                          ministration for adjudication;

1           “(C) afforded expeditious treatment by the  
2           Veterans Benefits Administration pursuant to  
3           section 5109B of this title or any other policy  
4           established by the Secretary;

5           “(D) remanded by the Board of Veterans’  
6           Appeals to the Secretary pursuant to section  
7           7104 of this title; or

8           “(E) pending a hearing by the Board of  
9           Veterans’ Appeals under section 7107 of this  
10          title;

11          “(2) instances in which an adjudicator of the  
12          Veterans Benefits Administration does not comply  
13          with a relevant decision of the Board of Veterans’  
14          Appeals to remand a claim for benefits under the  
15          laws administered by the Secretary (or an issue  
16          within such a claim), including any such instance in  
17          which the relevant decision concerned a failure on  
18          the part of the agency of original jurisdiction to sat-  
19          isfy the duty of the Secretary to assist under section  
20          5103A of this title;

21          “(3) supplemental claims under section 5108 of  
22          this title that are filed—

23                 “(A) in accordance with section 5104C(a)  
24                 and section 5110(a)(2) of this title; and

1 “(B) after the date of the applicable final  
 2 decision of the Secretary with respect to a claim  
 3 for benefits under the laws administered by the  
 4 Secretary (or an issue within such a claim); and

5 “(4) first notices submitted to the Secretary of  
 6 the death of individuals in receipt of benefits under  
 7 the laws administered by the Secretary,  
 8 disaggregated by such individuals who were—

9 “(A) assigned a fiduciary; and

10 “(B) not assigned a fiduciary.

11 “(b) ANNUAL REPORT.—(1) The Secretary shall sub-  
 12 mit to the Committees on Veterans’ Affairs of the House  
 13 of Representatives and the Senate an annual report that  
 14 includes all information maintained and tracked pursuant  
 15 to subsection (a).

16 “(2) The first report required by paragraph (1) shall  
 17 be submitted by not later than one year after the date  
 18 of the enactment of the Take Care of America’s Veterans  
 19 Act.”.

20 (B) CLERICAL AMENDMENT.—The table of  
 21 sections at the beginning of such chapter is  
 22 amended by inserting after the item relating to  
 23 section 5109B the following new item:

“5109C. Requirement to track and maintain information on certain claims for  
 benefits; notice of certain assignments.”.

1           (4) IMPROVEMENTS TO BOARD OF VETERANS'  
2       APPEALS.—

3           (A) AUTHORITY TO AGGREGATE CERTAIN  
4       CLAIMS.—

5           (i) IN GENERAL.—Section 7104(a) of  
6       such title is amended by inserting after the  
7       second sentence the following new sen-  
8       tence: “If the Chairman of the Board de-  
9       termines that more than one appeal in-  
10      volves common questions of law or fact,  
11      the Chairman may aggregate such appeals  
12      to decide such questions of law or fact.”.

13          (ii) EFFECTIVE DATE.—The amend-  
14      ment made by clause (i) shall take effect  
15      on the date of the enactment of this Act  
16      and apply beginning on the date 90 days  
17      after the date on which the Secretary of  
18      Veterans Affairs submits to the Commit-  
19      tees on Veterans’ Affairs of the Senate and  
20      House of Representatives a copy of the  
21      policies and procedures required under  
22      paragraph (7)(D)(i)(II).

23          (iii) SUNSET.—The authority to ag-  
24      gregate appeals pursuant to clause (i) shall  
25      expire on the date that is three years after

1 the date on which the Secretary of Vet-  
2 erans Affairs completes the development of  
3 the policies and procedures required under  
4 paragraph (7)(D)(i)(II).

5 (B) REQUIREMENT TO ENSURE SUBSTAN-  
6 TIAL COMPLIANCE WITH CERTAIN DECISIONS.—

7 Such section is further amended—

8 (i) by redesignating subsection (f) as  
9 subsection (g); and

10 (ii) by inserting after subsection (e)  
11 the following new subsection (f):

12 “(f)(1) The Secretary, acting through a member of  
13 the Board, shall ensure substantial compliance with any  
14 decision of the Board to remand a claim.

15 “(2) The agency of original adjudication may waive  
16 the requirement under paragraph (1) with respect to a de-  
17 cision of the Board to remand a claim to the Secretary,  
18 if a member of the Board determines—

19 “(A) evidence added to the evidentiary record  
20 after the date of such decision is sufficient to resolve  
21 the issues underlying such decision; or

22 “(B) such decision was unnecessary.

23 “(3) If the Secretary waives such requirement, the  
24 applicable member of the Board shall include, pursuant

1 to subsection (d), a determination of such waiver in the  
2 decision of the Board.”.

3 (C) DEFINITION OF AGGREGATE; RE-  
4 PORT.—Such section is further amended by  
5 adding at the end the following new sub-  
6 sections:

7 “(h) Not later than three years after the date on  
8 which the Secretary of Veterans Affairs completes the de-  
9 velopment of the policies and procedures required under  
10 paragraph (7)(D)(i)(II), and every five years thereafter,  
11 the Secretary shall submit to the Committees on Veterans’  
12 Affairs of the Senate and House of Representatives a re-  
13 port on the aggregation of claims by the Board under sub-  
14 section (a). Each such report shall include—

15 “(1) an identification of each instance in which  
16 the Board aggregated appeals during the period cov-  
17 ered by the report, including, for each such instance,  
18 the number of appeals that were aggregated;

19 “(2) an assessment of whether the aggregation  
20 of appeals has contributed to improved efficiency at  
21 the Board with issuing decisions on appeals; and

22 “(3) such other matters as the Secretary deter-  
23 mines appropriate.

24 “(i) In this section, the term ‘aggregate’—

1 “(1) means any practice or procedure to collect  
 2 common issues, claims, or appeals by multiple par-  
 3 ties for the purposes of resolving such issues, claims,  
 4 or appeals; and

5 “(2) includes the use of joinder, consolidation,  
 6 intervention, class actions, and any other multiparty  
 7 proceedings.”.

8 (5) EXPANSION OF JURISDICTION OF COURT OF  
 9 APPEALS FOR VETERANS CLAIMS.—Section 7252 of  
 10 title 38, United States Code, is amended—

11 (A) by redesignating subsections (b) and  
 12 (c) as subsections (d) and (e), respectively; and

13 (B) by inserting after subsection (a) the  
 14 following new subsections:

15 “(b)(1) In an appeal over which the Court has juris-  
 16 diction pursuant to section 7266 of this title, if the appel-  
 17 lant files a request for class certification pursuant to the  
 18 rules prescribed by the Court pursuant to section 7264  
 19 of this title, the Court shall have supplemental jurisdiction  
 20 over any claim for benefits under the laws administered  
 21 by the Secretary—

22 “(A) filed by a claimant who satisfies the defi-  
 23 nition of the class contained in such request (includ-  
 24 ing a claimant who has filed a claim for benefits

1 under such laws that are specified in such request);  
2 and

3 “(B) regarding which—

4 “(i) the agency of original jurisdiction has  
5 issued a nonfinal decision; and

6 “(ii) the claimant has filed a notice of dis-  
7 agreement under section 5104C(a) or section  
8 7105 of this title, including any case in which  
9 a claimant has filed a supplemental claim with-  
10 in one year of a Board decision under section  
11 5110(a)(2)(D) and 5108 of this title following  
12 a notice of disagreement and decision of the  
13 Board.

14 “(2) A claimant may submit a request for administra-  
15 tive review of such a claim under section 5104C(a) of this  
16 title during the period beginning on the date on which the  
17 named claimant of the motion for class action review sub-  
18 mits to the Court a motion for class action review and  
19 ending on the date that is 60 days after the later of the  
20 following dates:

21 “(A) The date on which the Court issues a final  
22 decision with respect to such claim.

23 “(B) The date on which the Court issues a final  
24 decision with respect to such motion for class action  
25 review.



1       “(3) In the case of a claimant whose claim is decided  
2 by the Board during the period when the Court is review-  
3 ing the motion for class action review the deadline for such  
4 claimant to file an appeal to the Court with respect to  
5 the decision of the Board shall be tolled if the Court denies  
6 the motion for class action review.

7       “(c)(1) In the case of a claim for benefits under the  
8 laws administered by the Secretary, the Court may re-  
9 mand a matter to the Board of Veterans’ Appeals for the  
10 limited purpose of ordering the Board to address a ques-  
11 tion of law or fact if the Court determines the Board failed  
12 to—

13               “(A) address, in the relevant decision of the  
14 Board, an issue that—

15                       “(i) the claimant or the representative of  
16 the claimant raised; or

17                       “(ii) was reasonably raised by the evi-  
18 dentiary record of the claim; or

19               “(B) provide adequate reasons or bases for the  
20 decision of the Board with respect to such question.

21       “(2) The Court shall issue Rules that provide for  
22 each of the following:

23               “(A) When and how a party to an appeal (ei-  
24 ther the appellant or the Secretary) may request  
25 that the Court issue a limited remand.

1           “(B) The period of time within which the  
2           Board is required to issue a decision on the relevant  
3           question identified in a limited remand.

4           “(C) Guidelines for when the Court may grant  
5           a request for a limited remand.

6           “(D) Guidelines for when the Court may decide  
7           sua sponte to issue a limited remand without a re-  
8           quest from any party.

9           “(E) A requirement that the parties to an ap-  
10          peal for which a limited remand is issued provide no-  
11          tice to the Court when the Board issues its decision  
12          on the relevant question identified in the limited re-  
13          mand.

14          “(3) With respect to any matter remanded to the  
15          Board pursuant to paragraph (1), the Court shall—

16               “(A) retain jurisdiction over such matter; and

17               “(B) stay the proceedings of the Court on such  
18          matter until the date on which the Board issues the  
19          decision required by such remand.”.

20               (6) STUDY AND REPORT ON COMMON QUES-  
21          TIONS OF LAW OR FACT BEFORE BOARD OF VET-  
22          ERANS’ APPEALS.—

23                       (A) STUDY.—The Chairman of the Board  
24                       of Veterans’ Appeals shall carry out a study to  
25                       identify questions of law or fact the Board com-

1 monly considers when reviewing appeals pursu-  
2 ant to section 7104 of title 38, United States  
3 Code, for which precedential guidance would as-  
4 sist the Board in issuing final decisions on such  
5 appeals. The Chairman may use artificial intel-  
6 ligence and other technology in carrying out  
7 such study.

8 (B) REPORT.—Not later than one year  
9 after the date of the enactment of this Act, the  
10 Chairman of the Board of Veterans Appeals  
11 shall submit to the Committees on Veterans Af-  
12 fairs of the House of Representatives and the  
13 Senate a report that includes the findings of  
14 the study required by subparagraph (A).

15 (7) INDEPENDENT ASSESSMENT OF POTENTIAL  
16 MODIFICATIONS TO AUTHORITY OF BOARD OF VET-  
17 ERANS' APPEALS.—

18 (A) AGREEMENT.—Not later than 30 days  
19 after the date of the enactment of this Act, the  
20 Secretary of Veterans Affairs shall seek to enter  
21 into an agreement with an FFRDC under  
22 which the FFRDC shall conduct an assessment  
23 of the feasibility of modifying the authority of  
24 the Board of Veterans' Appeals established  
25 under chapter 71 of title 38, United States

1 Code, to permit the Board to issue precedential  
2 decisions with respect to questions of law or  
3 fact arising in matters before the Board.

4 (B) REPORT; BRIEFINGS.—If the Secretary  
5 fails to finalize an agreement with an FFRDC  
6 under subparagraph (A) before the date that is  
7 180 days after the date on which the Secretary  
8 enters negotiations with respect to such agree-  
9 ment, the Secretary shall—

10 (i) submit to the Committees on Vet-  
11 erans' Affairs of the House of Representa-  
12 tives and the Senate a report that in-  
13 cludes—

14 (I) an explanation of the reasons  
15 the Secretary failed to satisfy such re-  
16 quirement; and

17 (II) an estimate of the date on  
18 which the Secretary will finalize the  
19 agreement under subparagraph (A);  
20 and

21 (ii) not less frequently than once every  
22 60 days after the date on which the Sec-  
23 retary failed to satisfy such requirement,  
24 provide to the Committees on Veterans'  
25 Affairs of the House of Representatives

1           and the Senate a briefing on the progress  
2           of the Secretary toward finalizing such  
3           agreement.

4           (C) ASSESSMENT.—An FFRDC that en-  
5           ters into an agreement under subparagraph (A)  
6           shall, in consultation with veterans service orga-  
7           nizations, veterans’ and survivors’ advocate  
8           groups, relevant legal experts, and the Chair of  
9           the Administrative Conference of the United  
10          States (or the designee or designees of such  
11          Chair) submit to the Secretary a written assess-  
12          ment that includes the following:

13               (i) The determination of the FFRDC  
14               of whether modifying the authority of the  
15               Board to permit the Board to issue prece-  
16               dential decisions with respect to questions  
17               of law or fact arising in matters before the  
18               Board is feasible.

19               (ii) An assessment of the authority of  
20               the Board of Veterans’ Appeals to aggre-  
21               gate, for review, more than one appeal  
22               under chapter 71 of such title that involves  
23               common questions of law or fact pursuant  
24               to section 7104 of such title, as amended  
25               by paragraph (4)(A).

1 (iii)(I) The recommendations of the  
2 FFRDC with respect to rules or principles  
3 to which the Board should adhere when  
4 aggregating appeals for review pursuant to  
5 section 7104(a) of title 38, United States  
6 Code, as so amended, including—

7 (aa) whether the use of an opt-  
8 out system is appropriate in a class  
9 certification described in section  
10 7104(a) of title 38, United States  
11 Code, as amended;

12 (bb) whether aggregation de-  
13 scribed in clause (ii) is better carried  
14 out by one member, or a panel of  
15 members, of the Board;

16 (cc) whether such aggregation  
17 may be accomplished in accordance  
18 with section 7107 of title 38, United  
19 States Code; and

20 (dd) how an accredited represent-  
21 ative, attorney, or authorized agent  
22 may be selected to represent a class  
23 before the Board.

24 (II) The recommendations shall in-  
25 clude, but not be limited to, the following:

1 (aa) How the Board should pro-  
2 vide notice to claimants of the Board's  
3 intent to aggregate their claim.

4 (bb) This shall include standards  
5 for ensuring that information provided  
6 to claimants regarding aggregation is  
7 written in plain language and clearly  
8 explains the potential effects of aggre-  
9 gation on adjudication timelines, ap-  
10 peal rights, and participation options.

11 (cc) The options the Board  
12 should provide to claimants to opt out  
13 of participation in aggregation of their  
14 claim.

15 (dd) The rights of the claimants  
16 to appeal decisions that arise out of  
17 aggregation of claims, and whether or  
18 not such rights may be limited by ex-  
19 isting statute, regulation, or judicial  
20 decisions.

21 (ee) Safeguards to ensure that  
22 aggregation of appeals does not di-  
23 minish the requirement that each ap-  
24 peal be decided based on the indi-

vidual facts, evidence, and circumstances specific to the claimant.

(ff) Recommendations regarding quality review procedures and oversight mechanisms to monitor the impact of aggregation on claim accuracy, consistency, timeliness, and claimant outcomes.

(D) REPORT; IMPLEMENTATION.—

(i) IN GENERAL.—Not later than 90 days after the Secretary receives the assessment under subparagraph (C), the Secretary shall—

(I) submit to the Committees on Veterans' Affairs of the Senate and House of Representatives a copy of such assessment; and

(II) begin developing policies and procedures to implement the recommendations in the assessment with respect to the authority of the Board of Veterans' Appeals referred to in subparagraph (C).

(ii) DEADLINE.—The Secretary shall complete the development of the policies



1 and procedures required under clause  
2 (i)(II) and submit to the Committees on  
3 Veterans' Affairs of the Senate and House  
4 of Representatives a copy of such policies  
5 and procedures not later than six months  
6 after the date on which the Secretary be-  
7 gins developing such policies and proce-  
8 dures.

9 (E) DEFINITIONS.—In this paragraph:

10 (i) The term “FFRDC” means a fed-  
11 erally funded research and development  
12 center.

13 (ii) The term “veterans service organi-  
14 zation” means an organization recognized  
15 by the Secretary for the representation of  
16 veterans under section 5902 of title 38,  
17 United States Code.

18 (c) IMPROVEMENTS TO SYSTEM FOR ADJUDICATION  
19 OF CLAIMS FOR BENEFITS UNDER LAWS ADMINISTERED  
20 BY SECRETARY OF VETERANS AFFAIRS.—

21 (1) PROGRAM FOR QUALITY ASSURANCE IN DE-  
22 CISIONS OF BOARD OF VETERANS' APPEALS; PER-  
23 FORMANCE REVIEWS.—

1           (A) IN GENERAL.—Section 7101 of title  
2           38, United States Code, is amended by adding  
3           at the end the following new subsection:

4           “(f)(1) The Chairman shall carry out a program to  
5           ensure quality in the decisions of the Board. Under such  
6           program, the Chairman shall—

7           “(A) develop policies and procedures for—

8           “(i) measuring quality in such decisions;

9           “(ii) maintaining data and identifying  
10          trends with respect to—

11          “(I) errors in such decisions;

12          “(II) errors in decisions remanded or  
13          returned to the Board by the Court of Ap-  
14          peals for Veterans Claims; and

15          “(III) specific members of the Board  
16          that issued decisions that were subse-  
17          quently vacated by the Court of Appeals  
18          for Veterans Claims; and

19          “(iii) ensuring any such decision of the  
20          Board to remand a claim for a benefit under a  
21          law administered by the Secretary is necessary  
22          under any applicable law or regulation;

23          “(B) with respect to a claim for such a benefit  
24          that is remanded to the Board by the Court of Ap-  
25          peals for Veterans Claims—

1           “(i) inform any employee of the Board re-  
2           sponsible for drafting the decision of the Board  
3           with respect to such claim that such decision  
4           was remanded;

5           “(ii) provide any such employee with a  
6           copy of the relevant order of the Court of Ap-  
7           peals for Veterans Claims (including a copy of  
8           any accompanying joint motion for remand);  
9           and

10          “(iii) provide incentives to such employees  
11          to review such relevant orders and joint motions  
12          for remand; and

13          “(C) ensure, to the maximum extent prac-  
14          ticable, that any error identified by the Board under  
15          such program is corrected before the date on which  
16          the Board issues the final decision associated with  
17          such error.

18          “(2) In developing policies and procedures to measure  
19          quality in decisions of the Board pursuant to clause (i)  
20          of subparagraph (A) of paragraph (1), the Chairman shall  
21          consider the data and trends maintained and identified  
22          pursuant to clause (ii) of such subparagraph.

23          “(3) The Chairman may use technology, including ar-  
24          tificial intelligence, to maintain such data and identify  
25          such trends.

1       “(4) The Secretary shall submit to the Committees  
2 on Veterans’ Affairs of the House of Representatives and  
3 the Senate an annual report on the program required by  
4 this subsection that includes, with respect to the period  
5 covered by the report, an identification of—

6               “(A) elements, if any of the process of the  
7 Board for reviewing an appeal under this chapter  
8 that lead to errors in decisions of the Board; and

9               “(B) the most common reasons that a claim for  
10 a benefit under a law administered by the Secretary  
11 was remanded to such Board by the Court of Ap-  
12 peals for Veterans Claims.”.

13               (B) DEADLINE.—The Secretary shall sub-  
14 mit the first report required by paragraph (2)  
15 of such section (as added by subparagraph (A))  
16 by not later than one year after the date of the  
17 enactment of this Act.

18               (2) TRAINING PROGRAM FOR CERTAIN EMPLOY-  
19 EES OF BOARD OF VETERANS’ APPEALS; PERFORM-  
20 ANCE REVIEWS.—

21               (A) TRAINING PROGRAM.—

22                       (i) IN GENERAL.—Chapter 71 of such  
23 title (as amended by paragraph (1)) is fur-  
24 ther amended by inserting after section  
25 7101A the following new section:

1 **“§ 7101B. Training program for members of Board on**  
2 **timely and correct adjudication of ap-**  
3 **peals**

4 “(a) IN GENERAL.—The Secretary, in conjunction  
5 with the Chairman of the Board of Veterans’ Appeals,  
6 shall develop and carry out a program to provide Members  
7 of the Board training on timely and correct adjudication  
8 of appeals under this chapter.

9 “(b) REQUIRED CONSIDERATIONS.—In carrying out  
10 the program required by subsection (a), the Secretary  
11 shall consider the following:

12 “(1) Feedback, if any, from members of the  
13 Board and covered employees with respect to such  
14 program.

15 “(2) Data on errors in decisions of the Board  
16 maintained pursuant to the program for quality as-  
17 surance required by subsection (f) of section 7101 of  
18 this title.

19 “(3) Any decision of the Court of Appeals for  
20 Veterans Claims to remand a claim for benefits  
21 under the laws administered by the Secretary to the  
22 Board for further action, including a joint motion to  
23 remand such claim.

24 “(c) ASSESSMENTS OF EFFECTIVENESS.—The Sec-  
25 retary, in conjunction with the Chairman of the Board of  
26 Veterans’ Appeals, shall develop a method to assess, on

1 an annual basis, the effectiveness of the training program  
2 under this section. In developing such method, the Sec-  
3 retary shall consider best practices for assessing the effec-  
4 tiveness of training programs, including the Kirkpatrick  
5 evaluation model.

6 “(d) REPORT.—The Secretary shall submit to the  
7 Committees on Veterans’ Affairs of the House of Rep-  
8 resentatives and the Senate an annual report on the pro-  
9 gram required by subsection (a) that includes, with respect  
10 to the period covered by the report—

11 “(1) a statement of the topics of the training  
12 provided pursuant to this section, disaggregated  
13 by—

14 “(A) mandatory training; and

15 “(B) non-mandatory training; and

16 “(2) the results of the assessment of the effec-  
17 tiveness of such program required under subsection  
18 (c).

19 “(e) COVERED EMPLOYEE DEFINED.—In this sec-  
20 tion, the term ‘covered employee’ means an employee of  
21 the Board who is—

22 “(1) not a member of the Board; and

23 “(2) responsible for drafting decisions of the  
24 Board.”.

1                   (ii) CLERICAL AMENDMENT.—The  
 2                   table of sections at the beginning of such  
 3                   chapter is amended by inserting after the  
 4                   item relating to section 7101A the fol-  
 5                   lowing new item:

“7101B. Training program for Members of Board on timely and correct  
 adjudication of appeals.”.

6                   (B) PERFORMANCE REVIEWS OF MEMBERS  
 7                   OF THE BOARD.—Section 7101A of such title is  
 8                   amended—

9                   (i) in subparagraph (B) of subsection  
 10                  (c)(1) by striking “not less often than once  
 11                  every three years” and inserting “not less  
 12                  often than annually”; and

13                  (ii) by adding at the end the following  
 14                  new subsection:

15               “(h)(1) With respect to any performance review of  
 16               a covered employee, the Secretary may not consider the  
 17               timeliness or quality of work of any Member of the Board.

18               “(2) In this subsection, the term ‘covered employee’  
 19               has the meaning given such term in section 7101B of this  
 20               title.”.

21               (3) DECISIONS OF BOARD TO REMAND.—

22               (A) INFORMATION RELATING TO DECISIONS TO REMAND.—Section 7104 of such title  
 23               is amended in subsection (d)—  
 24               is amended in subsection (d)—

1 (i) by redesignating paragraphs (1)  
2 through (3) as paragraphs (2) through (4),  
3 respectively; and

4 (ii) by inserting before paragraph (2)  
5 (as so redesignated), the following new  
6 paragraph:

7 “(1) with respect to a claim that the Board re-  
8 mands for further action, a statement of the specific  
9 reasons such claim was remanded, including any  
10 failure on the part of the Secretary to comply with—

11 “(A) the Secretary’s duty to assist under  
12 section 5103A of this title; and

13 “(B) the Secretary’s duty to notify under  
14 section 5103 of this title;”.

15 (B) NOTICE OF REMANDED DECISION FOR  
16 CERTAIN EMPLOYEES.—Such section is further  
17 amended in—

18 (i) subsection (e)—

19 (I) by redesignating paragraphs  
20 (1) through (3) as subparagraphs (A)  
21 through (C), respectively;

22 (II) by striking “After” and in-  
23 serting “(1) After”; and

24 (III) by adding at the end the  
25 following new paragraph:



1       “(2) If, pursuant to a decision on an appeal, the  
 2 Board remands a claim for a benefit under a law adminis-  
 3 tered by the Secretary for further action, the Secretary  
 4 shall, to the maximum extent practicable, issue a copy of  
 5 such decision to each employee of the Veterans Benefits  
 6 Administration who committed the error resulting in the  
 7 decision of the Board to remand, when applicable.”; and

8                       (ii) in subsection (g), as redesignated  
 9                       by section 3(d)(2)(A), by striking “under  
 10                       subsection (e)” and inserting “under para-  
 11                       graph (1) of subsection (e)”.

12               (4) ANNUAL REPORTS FOR BOARD OF VET-  
 13 ERANS’ APPEALS.—

14               (A) IN GENERAL.—Chapter 71 of title 38,  
 15 United States Code, is amended by inserting  
 16 after section 7114 the following new section:

17 **“§ 7115. Annual report on Board of Veterans’ Appeals**

18       “The Chairman of the Board shall submit to the  
 19 Committees on Veterans’ Affairs of the House of Rep-  
 20 resentatives and the Senate an annual report that in-  
 21 cludes, for each decision of the Board to remand a claim  
 22 for a benefit under a law administered by the Secretary  
 23 to the Secretary for further adjudication during the period  
 24 covered by the report, a statement of the reasons for such  
 25 decision of the Board, disaggregated by decisions on—

1 “(1) claims with a rating decision dated on or  
2 after February 19, 2019; and

3 “(2) claims with a rating decision dated before  
4 such date.”.

5 (B) DEADLINES.—The Secretary shall sub-  
6 mit the first reports required by subsections (a)  
7 and (b) of section 7115 of such title (as added  
8 by paragraph (1)) by not later than one year  
9 after the date of the enactment of this Act.

10 (C) CLERICAL AMENDMENT.—The table of  
11 sections at the beginning of such chapter is  
12 amended by inserting after the item relating to  
13 section 7114 the following new item:

“7115. Annual report on Board of Veterans’ Appeals”.

14 (5) PLAN FOR IMPROVEMENTS TO QUALITY IN  
15 DECISIONS OF BOARD.—

16 (A) IN GENERAL.—Not later than six  
17 months after the date of the enactment of this  
18 Act, the Secretary of Veterans Affairs, in con-  
19 sultation with the Chairman of the Board of  
20 Veterans’ Appeals and the head of the Office of  
21 Administrative Review of the Veterans Benefits  
22 Administration, shall develop a plan to—

23 (i) improve the quality of decisions of  
24 the Board to remand, pursuant to section  
25 7104 of title 38, United States Code,

1 claims for a benefit under a law adminis-  
2 tered by the Secretary to the Secretary for  
3 further action; and

4 (ii) mitigate the number of such deci-  
5 sions that are unnecessary under any ap-  
6 plicable law or regulation.

7 (B) REPORT.—The Secretary shall submit  
8 to the Committees on Veterans' Affairs of the  
9 House of Representatives and the Senate a re-  
10 port on such plan by not later than six months  
11 after the date of the enactment of this Act.

12 (d) NOTICE OF AVOIDABLE DEFERRALS OF CLAIMS  
13 FOR BENEFITS UNDER LAWS ADMINISTERED BY THE  
14 SECRETARY OF VETERANS AFFAIRS; STUDY AND REPORT  
15 ON CERTAIN OPINIONS OF DEPARTMENT OF VETERANS  
16 AFFAIRS OFFICE OF GENERAL COUNSEL.—

17 (1) NOTICE OF AVOIDABLE DEFERRALS.—Not  
18 later than one year after the date of the enactment  
19 of this Act, the Secretary of Veterans Affairs shall  
20 develop policies, procedures, and technological capa-  
21 bilities to ensure that each employee of the Veterans  
22 Benefits Administration that commits an avoidable  
23 deferral with respect to a claim for benefits under  
24 the laws administered by the Secretary of Veterans  
25 Affairs in the National Work Queue is notified of

1 any avoidable deferrals that such employee commits  
2 with respect to the same claim.

3 (2) STUDY AND REPORT ON CERTAIN OGC OPIN-  
4 IONS.—

5 (A) STUDY.—Not later than one year after  
6 the date of the enactment of this Act, the Sec-  
7 retary of Veterans Affairs, in consultation with  
8 the Office of the General Counsel of the De-  
9 partment of Veterans Affairs and the Chairman  
10 of the Board of Veterans' Appeals, shall com-  
11 plete a study to identify—

12 (i) issues about which an opinion from  
13 the Office of the General Counsel of the  
14 Department would foster consistency in the  
15 decisions of the Secretary with respect to  
16 claims for benefits under the laws adminis-  
17 tered by the Secretary; and

18 (ii) issues raised in appeals of such  
19 decisions to the United States Court of  
20 Appeals for Veterans Claims before the  
21 date of the enactment of this Act about  
22 which the Office of the General Counsel  
23 has had inconsistent opinions in matters  
24 involving substantially similar questions of  
25 law or fact.

(B) REPORT.—Not later than one year after the date of the enactment of this Act, the Secretary of Veterans Affairs shall submit to the Committees on Veterans’ Affairs of the Senate and House of Representatives a report that includes—

(i) the findings of the study required by subparagraph (A);

(ii) a statement of which issues identified pursuant to such study about which the Office of the General Counsel of the Department intends to publish an opinion; and

(iii) a timeline for the publication of any such opinion.

**SEC. 106. ANNUAL REPORT ON CAUSES OF DEATH AMONG VETERANS.**

(a) IN GENERAL.—Subchapter II of chapter 5 of title 38, United States Code, is amended by adding at the end the following new section:

**“§ 534. Annual report on causes of death among veterans**

“(a) IN GENERAL.—The Secretary shall submit to the Committees on Veterans’ Affairs of the House of Rep-

1 representatives and the Senate an annual report that contains  
2 data and information on causes of death among veterans.

3 “(b) ELEMENTS.—Such report shall include—

4 “(1) for each veteran that died during the pe-  
5 riod covered by the report an identification of—

6 “(A) whether such veteran had a service-  
7 connected disability rated as total;

8 “(B) the primary cause of death;

9 “(C) the secondary cause of death, if appli-  
10 cable; and

11 “(D) the manner of death;

12 “(2) for each primary cause of death identified  
13 pursuant to paragraph (1), a statement of the total  
14 number of veterans that died from such primary  
15 cause of death during the period covered by the re-  
16 port; and

17 “(3) for each manner of death identified pursu-  
18 ant to paragraph (1), a statement of the total num-  
19 ber of veterans that died in such manner during the  
20 period covered by the report.

21 “(c) SUNSET.—This section shall terminate on the  
22 date that is five years after the date of the enactment of  
23 the Take Care of America’s Veterans Act.”.

24 (b) CLERICAL AMENDMENT.—The table of sections  
25 at the beginning of chapter 5 of such title is amended by

1 inserting after the item relating to section 533 the fol-  
2 lowing new item:

“534. Annual report on causes of death among veterans”.

3 **SEC. 107. PLAN FOR USE OF AUTOMATION TOOLS TO PROC-**  
4 **ESS CLAIMS UNDER LAWS ADMINISTERED BY**  
5 **THE SECRETARY OF VETERANS AFFAIRS.**

6 (a) IN GENERAL.—Not later than one year after the  
7 date of the enactment of this Act, the Secretary of Vet-  
8 erans Affairs shall submit to the Committees on Veterans’  
9 Affairs of the Senate and House of Representatives the  
10 plan of the Secretary to make available, to the maximum  
11 extent practicable, an automation tool described in sub-  
12 section (b) to elements of the Department of Veterans Af-  
13 fairs for the purpose of processing claims under laws ad-  
14 ministered by the Secretary.

15 (b) AUTOMATION TOOL DESCRIBED.—An automa-  
16 tion tool described in this subsection is a technology devel-  
17 oped for the Compensation Service of the Veterans Bene-  
18 fits Administration that—

19 (1) automates the retrieval of the service record  
20 or health records of a veteran;

21 (2) compiles evidence relevant to the determina-  
22 tion of a claim for benefits under laws administered  
23 by the Secretary;

24 (3) provides automated decision support rel-  
25 evant to such a determination;

1           (4) automates information sharing between  
2       Federal agencies; and

3           (5) assists in generating correspondence regard-  
4       ing such a claim.

5       (c) ANALYSIS.—In developing the plan required  
6       under subsection (a), the Secretary shall conduct an anal-  
7       ysis of each of the following:

8           (1) The feasibility and benefits of the use of an  
9       automation tool described in subsection (b) by ele-  
10      ments of the Department for the purpose of proc-  
11      essing claims under laws administered by the Sec-  
12      retary.

13          (2) Any modification to an existing automation  
14      tool that could render such tool usable for such pur-  
15      pose by such an element.

16          (3) Any requirement of any such element per-  
17      taining to such purpose that cannot be addressed by  
18      using an automation tool.

19          (4) The extent to which the technology offices  
20      of such elements may need to collaborate with the  
21      technology office responsible for developing an auto-  
22      mation tool in the course of the development and use  
23      of the tool by the element for such purpose.



1           (5) A timeline for modifying and implementing  
2           any automation tool for use by such elements for  
3           such purpose.

4           (d) PRIORITY.—In providing or expanding an auto-  
5           mation tool described in subsection (b) to elements of the  
6           Department pursuant to the plan required under sub-  
7           section (a), the Secretary shall give priority to the fol-  
8           lowing elements:

9           (1) The Compensation Service.

10          (2) The Pension and Fiduciary Service of the  
11          Veterans Benefits Administration.

12          (3) The Education Service of the Veterans Ben-  
13          efits Administration.

14          (4) Program offices of the Veterans Benefits  
15          Administration, as determined by the Secretary.

16          (5) The Debt Management Center.

17          (6) The Board of Veterans' Appeals.

18          (e) OTHER REQUIREMENTS RELATING TO TECH-  
19          NOLOGY AT DEPARTMENT OF VETERANS AFFAIRS.—

20          (1) AUTOMATIC NOTICES REGARDING BENEFITS  
21          FOR CERTAIN CHILDREN OF VETERANS.—

22                 (A) IN GENERAL.—Not later than one year  
23                 after the date of the enactment of this Act, the  
24                 Secretary of Veterans Affairs shall implement  
25                 policies, processes, and technological capabili-

ties, including in the National Work Queue (or successor system), to ensure that, in the case of any covered situation, a claims processors is made aware of, and assigned to address, such covered situation.

(B) DEFINITIONS.—In this subsection:

(i) The term “covered situation” means—

(I) any increase in the amount of dependency compensation paid to a beneficiary for a child under the laws administered by the Secretary; and

(II) any educational assistance paid to the child of a veteran under the laws administered by the Secretary.

(ii) The term “child” has the meaning given such term in section 101(4)(A)(iii) of title 38, United States Code.

(2) CORRECT LABELING OF DOCUMENTS.—Not later than one year after the date of the enactment of this Act, the Secretary shall submit to the Committees on Veterans’ Affairs of the Senate and House of Representatives a plan to ensure that documents in the Veterans Benefits Management Sys-

1       tem (or any successor system) are correctly labeled  
2       when such documents are uploaded, including when  
3       such documents are labeled using automation tools.

4 **SEC. 108. REFORMS RELATING TO DEPARTMENT OF VET-**  
5 **ERANS AFFAIRS DISABILITY RATINGS.**

6       (a) RATINGS FOR SLEEP APNEA.—

7           (1) IN GENERAL.—The Secretary of Veterans  
8       Affairs shall revise the schedule for rating disabili-  
9       ties adopted and applied under section 1155 of title  
10      38, United States Code, as follows:

11           (A) A grade of disability of 0 percent shall  
12      be assigned for sleep apnea syndrome when the  
13      syndrome is asymptomatic, with or without  
14      treatment.

15           (B) A grade of disability of 10 percent  
16      shall be assigned for sleep apnea syndrome  
17      when treatment yields incomplete relief.

18           (C) A grade of disability of 50 percent  
19      shall be assigned for sleep apnea syndrome only  
20      if—

21           (i) treatment is either ineffective or  
22      the veteran is unable to use the prescribed  
23      treatment due to comorbid conditions; and

24           (ii) there is no end-organ damage.

1 (D) A grade of disability of 100 percent  
2 shall be assigned for sleep apnea syndrome only  
3 if there is also end-organ damage.

4 (2) QUALIFYING COMORBID CONDITIONS.—For  
5 purposes of paragraph (1)(C)(i), a comorbid condi-  
6 tion is a condition that, in the opinion of a qualified  
7 medical provider, directly impedes or prevents the  
8 use of, or implementation of, a recognized form of  
9 treatment intervention normally shown to be effec-  
10 tive.

11 (b) RATINGS FOR TINNITUS.—The Secretary of Vet-  
12 erans Affairs shall revise the schedule for rating disabil-  
13 ities adopted and applied under section 1155 of title 38,  
14 United States Code, as follows:

15 (1) Except as provided in paragraph (2),  
16 tinnitus may not be assigned a separate compensable  
17 disability rating.

18 (2) A grade of disability of 10 percent shall be  
19 assigned for tinnitus only when tinnitus is diagnosed  
20 as associated with service-connected (as defined in  
21 section 101(16) of title 38, United States Code)  
22 hearing loss that is otherwise noncompensable under  
23 the laws administered by the Secretary.

24 (c) APPLICABILITY.—

1           (1) IN GENERAL.—The revisions to the sched-  
2           ule for rating disabilities adopted and applied under  
3           section 1155 of title 38, United States Code, made  
4           pursuant to this section shall apply with respect to  
5           claims filed after the date of the enactment of this  
6           Act.

7           (2) PROTECTION OF EXISTING RATINGS.—The  
8           revisions to the schedule for rating disabilities made  
9           pursuant to this section may not serve as the basis  
10          for reducing, discontinuing, or otherwise adversely  
11          affecting compensation that was in effect on the day  
12          before the date of the enactment of this Act.

13 **SEC. 109. IMPROVEMENTS TO TEMPORARY LICENSURE RE-**  
14 **QUIREMENTS FOR CONTRACT HEALTH CARE**  
15 **PROFESSIONALS WHO PERFORM MEDICAL**  
16 **DISABILITY EXAMINATIONS FOR THE DE-**  
17 **PARTMENT OF VETERANS AFFAIRS.**

18          (a) EXPANSION.—Section 504 of the Veterans' Bene-  
19          fits Improvements Act of 1996 (Public Law 104–275; 38  
20          U.S.C. 5101 note), as amended by paragraph (1) of sub-  
21          section (a) of section 2002 of the Johnny Isakson and  
22          David P. Roe, M.D. Veterans Health Care and Benefits  
23          Improvement Act of 2020 (Public Law 116–315; 38  
24          U.S.C. 5101 note), is further amended, subject to the sun-

1 set in paragraph (4) of such subsection, by striking para-  
2 graph (2) of subsection (c) and inserting the following:

3           “(2) HEALTH CARE PROFESSIONAL DE-  
4       SCRIBED.—A health care professional described in  
5       this paragraph is a person who is eligible for ap-  
6       pointment to a position in the Veterans Health Ad-  
7       ministration covered by section 7402(b) of title 38,  
8       United States Code, who—

9           “(A) has a current and unrestricted license  
10       to practice the health care profession for which  
11       they are licensed;

12           “(B) is not barred from practicing such  
13       health care profession in any State, the District  
14       of Columbia, or a Commonwealth, territory, or  
15       possession of the United States; and

16           “(C) is performing authorized duties for  
17       the Department pursuant to a contract entered  
18       into under subsection (a).

19           “(3) SOURCE OF FUNDS.—Expenses of carrying  
20       out this section, including payments for examination  
21       travel and incidental expenses under the terms and  
22       conditions set forth by section 111 of this title, shall  
23       be reimbursed to the accounts available for the gen-  
24       eral operating expenses of the Veterans Benefits Ad-  
25       ministration and information technology systems

1 from amounts available to the Secretary for payment  
2 of compensation and pensions.

3 “(4) MECHANISM FOR TRANSMITTAL OF EVI-  
4 DENCE INTRODUCED BY APPLICANTS DURING EX-  
5 AMINATIONS.—The Secretary shall establish a mech-  
6 anism whereby a health care professional who con-  
7 ducts medical examinations or opinions under sec-  
8 tion 5103A(d) of this title may transmit to a vet-  
9 eran’s claims file, evidence introduced by the appli-  
10 cant during a medical examination or in conjunction  
11 with a medical opinion that examiner used to inform  
12 such medical examination or opinion.”.

13 (b) DELAYED SUNSET OF AMENDMENT.—Paragraph  
14 (4) of subsection (a) of section 2002 of the Johnny Isak-  
15 son and David P. Roe, M.D. Veterans Health Care and  
16 Benefits Improvement Act of 2020 (Public Law 116–315;  
17 38 U.S.C. 5101 note) is amended by striking “On the date  
18 that is five years after the date of the enactment of this  
19 Act” and inserting “On September 30, 2033”.

20 (c) CONFORMING AMENDMENT.—Paragraph (2) of  
21 such subsection is amended by striking “physicians assist-  
22 ants, nurse practitioners, audiologists, and psychologists”  
23 and inserting “health care professionals”.

24 (d) REPORT.—Not later than 15 months after the  
25 date of the enactment of this Act, the Secretary of Vet-

1 erans Affairs shall submit to the Committees on Veterans'  
2 Affairs of the Senate and House of Representatives a re-  
3 port regarding the use of the authority under section 504  
4 of the Veterans' Benefits Improvements Act of 1996 (Pub-  
5 lic Law 104–275; 38 U.S.C. 5101 note), as temporarily  
6 amended by section 2002(a)(1) of the Johnny Isakson and  
7 David P. Roe, M.D. Veterans Health Care and Benefits  
8 Improvement Act of 2020 (Public Law 116–315; 38  
9 U.S.C. 5101 note) and this section. Such report shall in-  
10 clude, with respect to the one-year period after the date  
11 of the enactment of this Act, the following elements:

12           (1) The number of examinations conducted pur-  
13           suant to a contract under such authority.

14           (2) The cost, timeliness, and legal adequacy of  
15           such examinations, disaggregated by—

16                   (A) health care professional; and

17                   (B) contract.

18           (3) The number of such examinations con-  
19           ducted in each State, the District of Columbia, or a  
20           Commonwealth, territory, or possession of the  
21           United States.

22           (4) The numbers of each kind of health care  
23           professionals who conducted such examinations.

24           (5) The number of examinations that were erro-  
25           neously conducted by a health care professional—



1 (A) without such a contract; or

2 (B) unauthorized to enter into such a con-  
3 tract.

4 (6) The plan of the Secretary to correct errors  
5 in the use of such authority.

6 **SEC. 110. DISABILITY EXAMINATIONS: STUDY ON ACCESS IN**  
7 **RURAL AREAS; REVIEW OF TRAINING; RE-**  
8 **VIEW OF INADEQUATE OR UNNECESSARY EX-**  
9 **AMINATIONS.**

10 (a) STUDY ON IMPROVEMENTS TO DEPARTMENT OF  
11 VETERANS AFFAIRS COVERED MEDICAL DISABILITY EX-  
12 AMINATIONS IN RURAL AREAS.—

13 (1) STUDY REQUIRED.—Not later than one  
14 year after the date of the enactment of this Act, the  
15 Secretary of Veterans Affairs shall complete a study  
16 on access by veterans who reside in rural and highly  
17 rural areas to covered medical disability examina-  
18 tions.

19 (2) ELEMENTS.—

20 (A) IN GENERAL.—The study conducted  
21 under paragraph (1) shall include the following:

22 (i) A comparison of the average num-  
23 ber of days to complete covered medical  
24 disability examinations, disaggregated by  
25 type of examination, for veterans who re-

1 side in rural and highly rural areas com-  
2 pared to an average time for veterans who  
3 reside in other areas to complete a covered  
4 medical disability examination, by either  
5 contractors or employees of the Depart-  
6 ment.

7 (ii) A root cause analysis of dif-  
8 ferences identified pursuant to clause (i).

9 (iii) The plan of the Secretary for the  
10 following year to improve access described  
11 in paragraph (1), which shall include a  
12 plan for the pursuit of a commercial or in-  
13 dustry-standard solution or technology that  
14 could enable housebound veterans or vet-  
15 erans who live in rural areas to receive ex-  
16 aminations without traveling long dis-  
17 tances.

18 (B) NUMBER OF DAYS TO COMPLETE DE-  
19 FINED.—For purposes of subparagraph (A)(i),  
20 the term “number of days to complete” means  
21 the number of days in the period—

22 (i) beginning on the date on which a  
23 contractor or employee of the Department  
24 received a request from the Secretary to

1                   conduct a covered medical disability exam-  
2                   ination; and

3                   (ii) ending on the date on which the  
4                   examination was completed.

5           (3) REPORT ON STUDY.—Not later than one  
6   year after the date of the enactment of this Act, the  
7   Secretary shall submit to the Committee on Vet-  
8   erans’ Affairs of the Senate and the Committee on  
9   Veterans’ Affairs of the House of Representatives a  
10  report on the findings of the Secretary with respect  
11  to the study completed under paragraph (1).

12           (4) DEFINITIONS.—In this subsection:

13                   (A) The term “covered medical disability  
14                   examination” means a medical nexus examina-  
15                   tion or medical opinion for the purposes of ad-  
16                   judicating a claim for a benefit under chapter  
17                   11 or 15 of title 38, United States Code, re-  
18                   gardless of whether conducted by an employee  
19                   or a contractor of the Department.

20                   (B) The terms “rural” and “highly rural”  
21                   have the meanings given those terms under the  
22                   rural-urban commuting areas coding system of  
23                   the Department of Agriculture.

1 (b) REVIEW OF TRAINING FOR VETERANS SERVICE  
2 REPRESENTATIVES AND RATING VETERANS SERVICE  
3 REPRESENTATIVES.—

4 (1) REVIEW REQUIRED.—The Secretary of Vet-  
5 erans Affairs shall conduct a comprehensive review  
6 of the training provided to Veterans Service Rep-  
7 resentatives (VSRs) and Rating Veterans Service  
8 Representatives (RVSRs) regarding covered medical  
9 disability examinations for the purpose of claims ad-  
10 judication.

11 (2) SCOPE OF REVIEW.—The review shall in-  
12 clude, at minimum, an evaluation of training and  
13 policies relating to—

14 (A) assessing the adequacy of covered med-  
15 ical disability examinations for claims adjudica-  
16 tion;

17 (B) determining the necessity of medical  
18 disability examinations where claims can be ad-  
19 judicated based on existing evidence without or-  
20 dering additional examinations;

21 (C) relevant statutes, judicial decisions,  
22 regulations, and Department policies, includ-  
23 ing—

24 (i) the duty to assist claimants;

1 (ii) evidentiary standards regarding  
2 causation;

3 (iii) required elements and standards  
4 for covered medical disability examinations,  
5 including the need for reasoned medical  
6 opinions; and

7 (iv) the absence of statutory or regu-  
8 latory presumptions of service connection  
9 in covered medical disability examinations;  
10 and

11 (D) input from impacted Department em-  
12 ployees, including duly appointed labor rep-  
13 resentatives.

14 (3) SECOND-LEVEL REVIEW FOR NEW EMPLOY-  
15 EES.—The Secretary shall evaluate the effectiveness  
16 of current policies requiring a second level of review  
17 of claims decisions made by new Veterans Service  
18 Representatives and Rating Veterans Service Rep-  
19 resentatives before such employees are authorized to  
20 order covered medical disability examinations, in-  
21 cluding any applicable accuracy thresholds.

22 (4) REPORT TO CONGRESS.—Not later than  
23 180 days after the date of the enactment of this Act,  
24 the Secretary shall submit to the Committee on Vet-  
25 erans' Affairs of the Senate and the Committee on

Veterans' Affairs of the House of Representatives a report detailing the findings of the Secretary with respect to the review conducted under paragraph (1), the data used by the Secretary to support such findings, and such recommendations as the Secretary may have for improvements to training or policies.

(5) COMPTROLLER GENERAL OF THE UNITED STATES REVIEW OF FINDINGS.—Not later than 180 days after the date on which the Secretary submits the report under paragraph (4), the Comptroller General of the United States shall conduct a review of the findings and recommendations contained in the report.

(6) MODIFICATION OF REPORTS BY THE BOARD OF VETERANS' APPEALS AND UNITED STATES COURT OF APPEALS FOR VETERANS CLAIMS.—

(A) BOARD OF VETERANS' APPEALS.—Section 7101(d)(2) of title 38, United States Code, is amended—

(i) in subparagraph (F), by striking “; and” and inserting a semicolon;

(ii) in subparagraph (G), by striking the period at the end and inserting “; and”; and

1 (iii) by adding at the end the fol-  
2 lowing new subparagraph:

3 “(H) a summary of recurring issues that  
4 result in the Board remanding appeals back to  
5 the agency of original jurisdiction.”.

6 (B) UNITED STATES COURT OF APPEALS  
7 FOR VETERANS CLAIMS.—Section 7288(b) of  
8 title 38, United States Code, is amended by  
9 adding at the end the following new paragraph:

10 “(16) A summary of recurring issues that re-  
11 sult in remands.”.

12 (7) DEFINITION OF COVERED MEDICAL DIS-  
13 ABILITY EXAMINATION.—In this subsection, the  
14 term “covered medical disability examination”  
15 means a medical examination or medical opinion  
16 that the Secretary determines necessary for the pur-  
17 poses of adjudicating a claim for a benefit under  
18 chapter 11 or 15 of title 38, United States Code, re-  
19 gardless of whether conducted by an employee or a  
20 contractor of the Department.

21 (c) REVIEW AND PRIORITY PROCESSING OF CLAIMS  
22 WITH INADEQUATE OR UNNECESSARY EXAMINATIONS.—

23 (1) REVIEW.—Not later than 1 year after the  
24 date of the enactment of this Act and not less fre-  
25 quently than once every three months thereafter, the

1 Secretary of Veterans Affairs shall review a random  
2 and representative sample of all covered medical dis-  
3 ability examinations completed during the previous  
4 three-month period.

5 (2) FURTHER SAMPLE REQUIREMENTS.—Under  
6 each review required by paragraph (1), the Secretary  
7 shall ensure the review includes—

8 (A) a statistically significant sample of  
9 covered medical disability examinations com-  
10 pleted by employees of the Department of Vet-  
11 erans Affairs; and

12 (B) a statistically significant sample of  
13 covered medical disability examinations com-  
14 pleted by each contractor that provides such ex-  
15 aminations for the Department.

16 (3) ANALYSIS.—Under each review required by  
17 paragraph (1), the Secretary shall—

18 (A) analyze the samples specified in para-  
19 graph (2); and

20 (B) pursuant to such analysis, identify—

21 (i) the percentage of examinations  
22 that were adequate for purposes of adjudi-  
23 cating the particular claim for a benefit  
24 under chapter 11 or 15 of title 38, United



1 States Code, for which the examination  
2 was ordered by the Department; and

3 (ii) the percentage of examinations  
4 considered overdeveloped for purposes of  
5 adjudicating claims for a benefit under  
6 chapter 11 or 15 of title 38, United States  
7 Code, for which the examination was or-  
8 dered by the Department.

9 (4) PRIORITY PROCESSING.—

10 (A) IN GENERAL.—Except as provided for  
11 in subparagraph (B), if during a review under  
12 paragraph (1) the Secretary finds any covered  
13 medical disability examination to be not ade-  
14 quate for adjudicating a claim, the Secretary  
15 shall ensure the claimant examined by that ex-  
16 amination—

17 (i) receives another examination, if  
18 necessary, on a priority basis; and

19 (ii) receives priority processing for the  
20 entirety of impacted claim.

21 (B) EXCEPTION.—The Secretary is not re-  
22 quired to furnish an additional examination  
23 under subparagraph (A) if the Secretary deter-  
24 mines such an examination to be unnecessary  
25 for purposes of adjudicating the claim.

1           (5) COMPTROLLER GENERAL OF THE UNITED  
2       STATES STUDY.—The Comptroller General of the  
3       United States shall conduct a review of the method-  
4       ology and effectiveness of the Departments review  
5       required in paragraph (1).

6           (6) COVERED MEDICAL DISABILITY EXAMINA-  
7       TION DEFINED.—In this subsection, the term “cov-  
8       ered medical disability examination” means a med-  
9       ical examination or opinion for the purposes of adju-  
10      dicating a claim for a benefit under chapter 11 or  
11      15 of title 38, United States Code, regardless of  
12      whether conducted by an employee or a contractor of  
13      the Department.

14      (d) REVIEW AND PLAN REGARDING DEPARTMENT  
15   OF VETERANS AFFAIRS SCHEDULING OF MEDICAL EX-  
16   AMINATIONS.—

17           (1) REVIEW REQUIRED.—Not later than one  
18      year after the date of the enactment of this Act, the  
19      Secretary of Veterans Affairs shall complete a review  
20      of scheduling request tools, contracts, and systems  
21      used by employees and contractors of the Depart-  
22      ment of Veterans Affairs to order and conduct med-  
23      ical disability examinations.

24           (2) PLAN REQUIRED.—Not later than one year  
25      after the date of the enactment of this Act, the Sec-

1       retary shall submit to the Committee on Veterans'  
2       Affairs of the Senate and the Committee on Vet-  
3       erans' Affairs of the House of Representatives a  
4       plan to ensure the following:

5               (A) Systems and processes used by the De-  
6       partment enable seamless and clear communica-  
7       tion of requirements between the claims proc-  
8       essors who request medical disability examina-  
9       tions and the persons who conduct such exami-  
10      nations, including through a contract.

11             (B) Medical disability examiners, including  
12      through a contract, have access to the medical  
13      records and claims information they need to  
14      conduct exams that are adequate for purposes  
15      of rating claims for benefits under laws admin-  
16      istered by the Secretary.

17             (C) Claimants or appellants for whom a  
18      medical disability examination is requested of  
19      the Department have agency in determining  
20      when and where the examination is conducted.

21             (D) Claimants or appellants for whom a  
22      medical disability examination is requested of  
23      the Department have a seamless experience  
24      when scheduling their examinations without re-  
25      gard to who conducts the examinations.

1           (E) The Department conducts customer  
 2           satisfaction and experience surveys of claimants  
 3           or appellants who attend medical disability ex-  
 4           aminations provided under laws administered by  
 5           the Secretary.

6 **SEC. 111. IMPROVEMENTS TO PROCESSING AND OUTREACH**  
 7                   **REGARDING CLAIMS INVOLVING MILITARY**  
 8                   **SEXUAL TRAUMA.**

9           (a) EVALUATION OF CLAIMS INVOLVING MILITARY  
 10       SEXUAL TRAUMA.—

11           (1) IN GENERAL.—Subchapter VI of chapter 11  
 12           of such title is amended by inserting after section  
 13           1166 the following new section:

14 **“§ 1166A. Evaluation of claims involving military sex-**  
 15                   **ual trauma**

16           “(a) NOTICE AND OPPORTUNITY TO SUPPLY EVI-  
 17       DENCE.—The Secretary may not deny a claim of a veteran  
 18       for compensation under this chapter for military sexual  
 19       trauma without first—

20           “(1) advising the veteran of the evidence that  
 21           would constitute credible corroborating evidence of  
 22           the military sexual trauma; and

23           “(2) allowing the veteran an opportunity to fur-  
 24           nish such corroborating evidence.

1       “(b) POINT OF CONTACT.—The Secretary shall en-  
2       sure that each document provided to a veteran relating  
3       to a claim for compensation under this chapter for a mili-  
4       tary sexual trauma includes contact information for an ap-  
5       propriate point of contact with the Department.

6       “(c) SPECIALIZED TEAMS.—The Secretary shall en-  
7       sure that all claims for compensation under this chapter  
8       for a military sexual trauma are reviewed and processed  
9       by a specialized team established under section 1166 of  
10      this title.

11           “(1) The Secretary shall ensure that not less  
12      than annually, the policies and procedures employed  
13      by the specialized team established under section  
14      1166 of this title are reviewed by medical or mental  
15      health professionals as the Secretary considers ap-  
16      propriate to determine whether the current standard  
17      of evidentiary review for acceptable documentation  
18      adequately evaluates the likelihood a military sexual  
19      trauma occurred.

20           “(2) The Secretary shall also conduct periodic  
21      quality reviews of claims processed by the specialized  
22      teams established under section 1166 to identify in-  
23      consistencies, training deficiencies, or procedural  
24      shortcomings and implement corrective actions as  
25      appropriate.”.

1 (2) OUTREACH.—

2 (A) IN GENERAL.—Not later than 180  
3 days after the date of the enactment of this  
4 Act, the Secretary of Veterans Affairs shall im-  
5 plement, with input from the veteran commu-  
6 nity, an informative outreach program for vet-  
7 erans regarding the standard of proof for eval-  
8 uation of claims relating to military sexual  
9 trauma, including requirements for a medical  
10 examination and opinion.

11 (B) TARGETED OUTREACH.—In imple-  
12 menting the program under subparagraph (A),  
13 the Secretary shall, to the extent practicable,  
14 target outreach to veterans who submitted a  
15 claim relating to military sexual trauma that  
16 was denied.

17 (3) CLERICAL AMENDMENT.—The table of sec-  
18 tions at the beginning of chapter 11 of such title is  
19 amended by inserting after the item relating to sec-  
20 tion 1166 the following new item:

“1166A. Evaluation of claims involving military sexual trauma.”.

21 (b) COMMUNICATIONS FROM THE DEPARTMENT OF  
22 VETERANS AFFAIRS TO INDIVIDUALS WHO HAVE EXPE-  
23 RIENCED MILITARY SEXUAL TRAUMA.—

24 (1) REVIEW WORKING GROUP.—

1           (A) IN GENERAL.—The Secretary of Vet-  
2           erans Affairs shall establish a working group to  
3           review correspondence relating to military sex-  
4           ual trauma.

5           (B) MEMBERSHIP.—The working group  
6           established under subparagraph (A) shall be  
7           composed of members who shall be appointed  
8           by the Secretary from among employees of the  
9           Department of Veterans Affairs who are ex-  
10          perts in military sexual trauma and mental  
11          health, of whom—

12                 (i) one or more shall be appointed  
13                 from among mental health providers of the  
14                 Veterans Health Administration;

15                 (ii) one or more shall be appointed  
16                 from among experts on sexual assault and  
17                 sexual harassment of the Veterans Benefits  
18                 Administration; and

19                 (iii) one or more shall be appointed  
20                 from among experts on sexual assault and  
21                 sexual harassment of the Board of Vet-  
22                 erans' Appeals.

23          (C) DUTIES.—The working group estab-  
24          lished under subparagraph (A) shall—

1 (i) review standard correspondence,  
2 which may include templates for notices  
3 under sections 5103, 5104, 5104B, and  
4 7104 of title 38, United States Code, from  
5 the Department to individuals who have  
6 experienced military sexual trauma for sen-  
7 sitivity; and

8 (ii) ensure that the correspondence—

9 (I) treats such individuals with  
10 dignity and respect; and

11 (II) does not re-traumatize such  
12 individuals.

13 (D) INDIVIDUAL WHO HAS EXPERIENCED  
14 MILITARY SEXUAL TRAUMA DEFINED.—In this  
15 subsection, the term “individual who has experi-  
16 enced military sexual trauma” means—

17 (i) an individual who has filed a claim  
18 for compensation under chapter of title 38,  
19 United States Code, relating to military  
20 sexual trauma;

21 (ii) a veteran who has been awarded  
22 compensation under such chapter relating  
23 to military sexual trauma; or

24 (iii) a member of the Armed Forces  
25 (including a member of the National



1                   Guard or Reserves), a former member of  
2                   the Armed Forces, or a veteran who is re-  
3                   ceiving care from the Department relating  
4                   to military sexual trauma.

5                   (2) CONTENTS OF CERTAIN WRITTEN COMMU-  
6                   NICATIONS TO INDIVIDUALS WHO HAVE EXPERI-  
7                   ENCED MILITARY SEXUAL TRAUMA.—

8                   (A) NOTICE TO CLAIMANTS OF REQUIRED  
9                   INFORMATION AND EVIDENCE.—Section 5103  
10                  of title 38, United States Code, is amended by  
11                  adding at the end the following new subsection:

12               “(c) WRITTEN COMMUNICATIONS TO INDIVIDUALS  
13 WHO HAVE EXPERIENCED MILITARY SEXUAL TRAU-  
14 MA.—

15               “(1) The Secretary shall ensure that any writ-  
16               ten communication under this section from the De-  
17               partment to an individual who has experienced mili-  
18               tary sexual trauma includes each of the following:

19                       “(A) Contact information for each of the  
20                       following:

21                               “(i) The military sexual trauma coor-  
22                               dinator of the Veterans Benefits Adminis-  
23                               tration.

1                   “(ii) The military sexual trauma coor-  
2                   dinator of the Veterans Health Adminis-  
3                   tration.

4                   “(iii) The Veterans Crisis Line.

5                   “(iv) The facility of the Veterans  
6                   Health Administration closest to where the  
7                   individual resides.

8                   “(v) The Readjustment Counseling  
9                   Service location closest to where the indi-  
10                  vidual resides.

11                  “(B) Information on the eligibility of the  
12                  individual for services provided through the Re-  
13                  adjustment Counseling Service location de-  
14                  scribed in subparagraph (A)(v).

15                  “(2) In this subsection:

16                  “(A) The term ‘individual who has experi-  
17                  enced military sexual trauma’ means—

18                         “(i) an individual who has filed a  
19                         claim for compensation under chapter 11  
20                         of this title relating to military sexual  
21                         trauma;

22                         “(ii) a veteran who has been awarded  
23                         compensation under such chapter relating  
24                         to military sexual trauma; or

1                   “(iii) a member of the Armed Forces  
2                   (including a member of the National  
3                   Guard or Reserves), a former member of  
4                   the Armed Forces, or a veteran who is re-  
5                   ceiving care from the Department relating  
6                   to military sexual trauma.

7                   “(B) The term ‘military sexual trauma’  
8                   has the meaning given that term in section  
9                   1166(d)(2) of this title.

10                  “(C) The term ‘Veterans Crisis Line’  
11                  means the toll-free hotline for veterans estab-  
12                  lished under section 1720F(h) of this title.”.

13                  (B) DECISIONS AND NOTICES OF DECI-  
14                  SIONS.—Section 5104 of title 38, United States  
15                  Code, is amended by adding at the end the fol-  
16                  lowing new subsection:

17                  “(e)(1) The Secretary shall ensure that any written  
18                  communication under this section from the Department  
19                  to an individual who has experienced military sexual trau-  
20                  ma includes each of the following:

21                  “(A) Contact information for each of the fol-  
22                  lowing:

23                         “(i) The military sexual trauma coordi-  
24                         nator of the Veterans Health Administration.

25                         “(ii) The Veterans Crisis Line.

1           “(iii) The facility of the Veterans Health  
2           Administration closest to where the individual  
3           resides.

4           “(iv) The Readjustment Counseling Service  
5           location closest to where the individual resides.

6           “(B) Information on the eligibility of the indi-  
7           vidual for services provided through the Readjust-  
8           ment Counseling Service location described in sub-  
9           paragraph (A)(iv).

10          “(2) The Secretary shall ensure that any written  
11          communication under this section from the Department  
12          to an individual who has experienced military sexual trau-  
13          ma that includes notification of an award of compensation  
14          under chapter 11 of this title relating to military sexual  
15          trauma includes—

16               “(A) the contact information described in para-  
17               graph (1); and

18               “(B) the contact information for the military  
19               sexual trauma coordinator of the Veterans Benefits  
20               Administration.

21          “(3) In this subsection:

22               “(A) The term ‘individual who has experienced  
23               military sexual trauma’ means—

1 “(i) an individual who has filed a claim for  
2 compensation under chapter 11 of this title re-  
3 lating to military sexual trauma;

4 “(ii) a veteran who has been awarded com-  
5 pensation under such chapter relating to mili-  
6 tary sexual trauma; or

7 “(iii) a member of the Armed Forces (in-  
8 cluding a member of the National Guard or Re-  
9 serves), a former member of the Armed Forces,  
10 or a veteran who is receiving care from the De-  
11 partment relating to military sexual trauma.

12 “(B) The term ‘military sexual trauma’ has the  
13 meaning given that term in section 1166(d)(2) of  
14 this title.

15 “(C) The term ‘Veterans Crisis Line’ means the  
16 toll-free hotline for veterans established under sec-  
17 tion 1720F(h) of this title.”.

18 (C) HIGHER-LEVEL REVIEW BY THE AGEN-  
19 CY OF ORIGINAL JURISDICTION.—Section  
20 5104B of title 38, United States Code, is  
21 amended by adding at the end the following  
22 new subsection:

23 “(f) WRITTEN COMMUNICATIONS TO INDIVIDUALS  
24 WHO HAVE EXPERIENCED MILITARY SEXUAL TRAU-  
25 MA.—

1           “(1) The Secretary shall ensure that any writ-  
2       ten communication under this section from the De-  
3       partment to an individual who has experienced mili-  
4       tary sexual trauma includes each of the following:

5           “(A) Contact information for each of the  
6       following:

7           “(i) The military sexual trauma coor-  
8       dinator of the Veterans Health Adminis-  
9       tration.

10          “(ii) The Veterans Crisis Line.

11          “(iii) The facility of the Veterans  
12       Health Administration closest to where the  
13       individual resides.

14          “(iv) The Readjustment Counseling  
15       Service location closest to where the indi-  
16       vidual resides.

17          “(B) Information on the eligibility of the  
18       individual for services provided through the Re-  
19       adjustment Counseling Service location de-  
20       scribed in subparagraph (A)(iv).

21          “(2) The Secretary shall ensure that any writ-  
22       ten communication under this section from the De-  
23       partment to an individual who has experienced mili-  
24       tary sexual trauma that includes notification of an

1       award of compensation under chapter 11 of this title  
2       relating to military sexual trauma includes—

3               “(A) the contact information described in  
4       paragraph (1); and

5               “(B) the contact information for the mili-  
6       tary sexual trauma coordinator of the Veterans  
7       Benefits Administration.

8       “(3) In this subsection:

9               “(A) The term ‘individual who has experi-  
10      enced military sexual trauma’ means—

11               “(i) an individual who has filed a  
12      claim for compensation under chapter 11  
13      of this title relating to military sexual  
14      trauma;

15               “(ii) a veteran who has been awarded  
16      compensation under such chapter relating  
17      to military sexual trauma; or

18               “(iii) a member of the Armed Forces  
19      (including a member of the National  
20      Guard or Reserves), a former member of  
21      the Armed Forces, or a veteran who is re-  
22      ceiving care from the Department relating  
23      to military sexual trauma.

1           “(B) The term ‘military sexual trauma’  
2           has the meaning given that term in section  
3           1166(d)(2) of this title.

4           “(C) The term ‘Veterans Crisis Line’  
5           means the toll-free hotline for veterans estab-  
6           lished under section 1720F(h) of this title.”.

7           (D) BOARD OF VETERANS’ APPEALS.—Sec-  
8           tion 7104 of title 38, United States Code, is  
9           amended by adding at the end the following  
10          new subsection:

11         “(g)(1) The Secretary shall ensure that any written  
12         communication under this section from the Department  
13         to an individual who has experienced military sexual trau-  
14         ma include each of the following:

15                 “(A) Contact information for each of the fol-  
16         lowing:

17                         “(i) The military sexual trauma coordi-  
18                         nator of the Veterans Health Administration.

19                         “(ii) The Veterans Crisis Line.

20                         “(iii) The facility of the Veterans Health  
21                         Administration closest to where the individual  
22                         resides.

23                         “(iv) The Readjustment Counseling Service  
24                         location closest to where the individual resides.



1           “(B) Information on the eligibility of the indi-  
2           vidual for services provided through the Readjust-  
3           ment Counseling Service location described in sub-  
4           paragraph (A)(iv).

5           “(2) The Secretary shall ensure that any written  
6           communication under this section from the Department  
7           to an individual who has experienced military sexual trau-  
8           ma that includes notification of an award of compensation  
9           under chapter 11 of this title relating to military sexual  
10          trauma includes—

11           “(A) the contact information described in para-  
12          graph (1); and

13           “(B) the contact information for the military  
14          sexual trauma coordinator of the Veterans Benefits  
15          Administration.

16          “(3) In this subsection:

17           “(A) The term ‘individual who has experienced  
18          military sexual trauma’ means—

19           “(i) an individual who has filed a claim for  
20          compensation under chapter 11 of this title re-  
21          lating to military sexual trauma;

22           “(ii) a veteran who has been awarded com-  
23          pensation under such chapter relating to mili-  
24          tary sexual trauma; or

1           “(iii) a member of the Armed Forces (in-  
2           cluding a member of the National Guard or Re-  
3           serves), a former member of the Armed Forces,  
4           or a veteran who is receiving care from the De-  
5           partment relating to military sexual trauma.

6           “(B) The term ‘military sexual trauma’ has the  
7           meaning given that term in section 1166(d)(2) of  
8           this title.

9           “(C) The term ‘Veterans Crisis Line’ means the  
10          toll-free hotline for veterans established under sec-  
11          tion 1720F(h) of this title.”.

12          (c) STUDY ON TRAINING AND PROCESSING RELAT-  
13          ING TO CLAIMS FOR DISABILITY COMPENSATION RELAT-  
14          ING TO MILITARY SEXUAL TRAUMA.—

15               (1) STUDY REQUIRED.—The Secretary of Vet-  
16          erans Affairs shall conduct a study on—

17                   (A) the quality of training provided to per-  
18                   sonnel of the Department of Veterans Affairs  
19                   who review claims for disability compensation  
20                   under chapter 11 of title 38, United States  
21                   Code, for disabilities relating to military sexual  
22                   trauma; and

23                   (B) the quality of the procedures of the  
24                   Department for reviewing the accuracy of the  
25                   processing of such claims.

1           (2) ELEMENTS.—The study required by sub-  
2       section (a) shall include the following:

3           (A) With respect to the quality of training  
4       described in paragraph (1) of such subsection:

5           (i) Whether the Department ensures  
6       personnel complete such training on time.

7           (ii) Whether the training has resulted  
8       in improvements to the processing of  
9       claims described in such subsection and  
10      issue-based accuracy.

11          (iii) Such recommendations as the  
12      Secretary may have for improving the  
13      training.

14          (B) With respect to the quality of proce-  
15      dures described in paragraph (2) of such sub-  
16      section:

17          (i) Whether the procedures of the De-  
18      partment for reviewing the accuracy of the  
19      processing of claims described in such sub-  
20      section comport with generally accepted  
21      statistical methodologies to ensure reason-  
22      able accuracy of such reviews.

23          (ii) Whether such procedures ade-  
24      quately include mechanisms to correct er-  
25      rors found in such reviews.

1 (iii) A summary of quality assurance  
2 reviews and reports conducted as part of  
3 such procedures.

4 (iv) Such recommendations as the  
5 Secretary may have for improving such  
6 procedures.

7 (3) REPORT REQUIRED.—Not later than one  
8 year after the date of the enactment of this Act, the  
9 Secretary shall submit to the Committee on Vet-  
10 erans' Affairs of the Senate and the Committee on  
11 Veterans' Affairs of the House of Representatives a  
12 report detailing the findings of the Secretary with  
13 respect to the study conducted under paragraph (1).

14 (d) ANNUAL SPECIAL FOCUS REVIEW OF CLAIMS  
15 FOR DISABILITY COMPENSATION FOR DISABILITIES RE-  
16 LATING TO MILITARY SEXUAL TRAUMA.—

17 (1) ANNUAL SPECIAL FOCUS REVIEW.—

18 (A) IN GENERAL.—Each year, the Under  
19 Secretary for Benefits of the Department of  
20 Veterans Affairs shall conduct a special focus  
21 review on the accuracy of the processing of  
22 claims for disability compensation under chap-  
23 ter 11 of title 38, United States Code, for dis-  
24 abilities relating to military sexual trauma.

1 (B) ELEMENTS.—Each review conducted  
2 under subparagraph (A) shall include a review  
3 of the following:

4 (i) A statistically significant, nation-  
5 ally representative sample of all claims for  
6 benefits under the laws administered by  
7 the Secretary of Veterans Affairs relating  
8 to military sexual trauma filed during the  
9 fiscal year preceding the fiscal year in  
10 which the report is submitted.

11 (ii) The accuracy of each decision  
12 made with respect to each claim described  
13 in clause (i).

14 (iii) The types of benefit entitlement  
15 errors found, disaggregated by category.

16 (iv) Trends from year to year.

17 (v) Training completion rates for per-  
18 sonnel of the Department who process  
19 claims described in subparagraph (A).

20 (2) REPROCESSING OF CLAIMS.—If the Under  
21 Secretary finds, pursuant to a special focus review  
22 conducted under paragraph (1)(A), that an error  
23 was made with respect to the entitlement of a vet-  
24 eran to a benefit under the laws administered by the  
25 Secretary, the Secretary shall return the relevant

1 claim of the veteran to the appropriate office of the  
2 Department for reprocessing to ensure that the vet-  
3 eran receives an accurate decision with respect to  
4 the claim.

5 (3) REPORT.—Section 5501(b) of the Johnny  
6 Isakson and David P. Roe, M.D. Veterans Health  
7 Care and Benefits Improvement Act of 2020 (Public  
8 Law 116–315; 134 Stat. 5048) is amended—

9 (A) in paragraph (1), by striking “through  
10 2027” and inserting “until the date described  
11 in section 109(d)(4) of the Take Care of Amer-  
12 ica’s Veterans Act”; and

13 (B) in paragraph (2), by adding at the end  
14 the following new subparagraph:

15 “(I) The findings of the most recent spe-  
16 cial focus review conducted under subsection  
17 (d)(1)(A) of section 109 of the Take Care of  
18 America’s Veterans Act, including—

19 “(i) the elements under subsection  
20 (d)(1)(B) of such section;

21 “(ii) the number of claims returned  
22 for reprocessing under subsection (d)(2) of  
23 such section; and

24 “(iii) the number of claims described  
25 in clause (ii) for which the decision relat-

1                   ing to service-connection or entitlement to  
2                   compensation changed as a result of re-  
3                   processing the claim.”.

4                   (4) SUNSET.—On the date that is 5 years after  
5                   the enactment of this Act, paragraph (1)(A) shall  
6                   cease to be in effect.

7                   (e) WORKING GROUP ON MEDICAL EXAMINATIONS  
8                   FOR CLAIMS FOR DISABILITY COMPENSATION FOR DIS-  
9                   ABILITIES RELATING TO MILITARY SEXUAL TRAUMA.—

10                  (1) IN GENERAL.—Not later than 90 days after  
11                  the date of the enactment of this Act, the Secretary  
12                  of Veterans Affairs shall establish a working group  
13                  on medical examinations for claims for disability  
14                  compensation under chapter 11 of title 38, United  
15                  States Code, for disabilities relating to military sex-  
16                  ual trauma (in this section referred to as the “work-  
17                  ing group”).

18                  (2) MEMBERSHIP.—The working group shall be  
19                  composed of the following:

20                         (A) Staff of the operations center for mili-  
21                         tary sexual trauma of the Department of Vet-  
22                         erans Affairs who have experience reviewing the  
23                         quality of medical examinations in support of  
24                         claims for disability compensation under chap-  
25                         ter 11 of title 38, United States Code.

1 (B) Staff of the Medical Disability Exam-  
2 ination Office of the Department.

3 (C) Veterans service officers who have ex-  
4 perience with claims described in paragraph (1).

5 (D) Medical examiners who have experi-  
6 ence with such claims.

7 (E) Staff of the Veterans Experience Of-  
8 fice of the Department.

9 (F) Such other individuals as the Secretary  
10 considers appropriate.

11 (3) DUTIES.—Not later than 180 days after the  
12 date of the enactment of this Act, the working group  
13 shall—

14 (A) review the quality of medical examina-  
15 tions described in paragraph (1);

16 (B) review the feasibility of minimizing re-  
17 examinations for conditions relating to military  
18 sexual trauma; and

19 (C) submit to the Under Secretary for  
20 Benefits of the Department and the Secretary  
21 recommendations on how to—

22 (i) eliminate re-traumatization of indi-  
23 viduals who file claims described in para-  
24 graph (1); and



1 (ii) reduce the overdevelopment of  
2 such claims.

3 (4) REPORT.—Not later than one year after the  
4 date of the enactment of this Act, the Secretary  
5 shall submit to Congress a report that includes the  
6 following:

7 (A) The views of the working group on ef-  
8 forts by the Department to eliminate re-trau-  
9 matization of individuals who file claims de-  
10 scribed in subsection (a).

11 (B) Legislative proposals to improve the  
12 experience of such individuals in pursuing such  
13 claims.

14 (C) The recommendations submitted under  
15 paragraph (3)(C).

16 (D) The plan of the Under Secretary for  
17 Benefits of the Department and the Secretary  
18 to implement such recommendations.

19 (5) REVIEW AND IMPLEMENTATION.—Not later  
20 than one year after the date of the enactment of this  
21 Act, the Under Secretary for Benefits of the Depart-  
22 ment and the Secretary shall—

23 (A) review the recommendations submitted  
24 under paragraph (3)(C); and

1 (B) implement the recommendations that,  
2 as determined by the Under Secretary and the  
3 Secretary, would improve the claims process for  
4 individuals who file claims described in para-  
5 graph (1).

6 (f) MILITARY SEXUAL TRAUMA CLAIMS PERFORM-  
7 ANCE DASHBOARD.—

8 (1) ESTABLISHMENT.—The Secretary of Vet-  
9 erans Affairs shall establish an interactive perform-  
10 ance dashboard displaying information about claims  
11 relating to military sexual trauma submitted to the  
12 Secretary for benefits under laws administered by  
13 the Secretary.

14 (2) ELEMENTS.—The dashboard established  
15 pursuant to paragraph (1) shall cover the following:

16 (A) Claims relating to military sexual trau-  
17 ma submitted to the Secretary for benefits  
18 under laws administered by the Secretary that  
19 have been submitted, completed, or appealed,  
20 including appeals pending at the agency of ju-  
21 risdiction and at the Board of Veterans' Ap-  
22 peals.

23 (B) For comparison purposes with sub-  
24 paragraph (A), claims not relating to military  
25 sexual trauma submitted to the Secretary for

1           benefits under laws administered by the Sec-  
2           retary that have been submitted, completed, or  
3           appealed.

4           (C) Overall, cumulative information relat-  
5           ing to claims relating to military sexual trauma  
6           submitted to the Secretary for benefits under  
7           laws administered by the Secretary, including  
8           the following:

9                   (i) Average number of days a claim is  
10                  pending review.

11                  (ii) Average number of days for com-  
12                  pleted adjudication.

13                  (iii) Total number of pending claims,  
14                  disaggregated by whether the claims have  
15                  been partially adjudicated or not adju-  
16                  dicated at all.

17                  (iv) Total number of claims com-  
18                  pletely adjudicated.

19                  (v) Of the number specified in clause  
20                  (iv), the percentage that were approved,  
21                  denied, or appealed.

22           (D) The total number of claims relating to  
23           military sexual trauma submitted to the Sec-  
24           retary for benefits under laws administered by  
25           the Secretary.

1           (E) The methods used for submittal of  
2           claims relating to military sexual trauma to the  
3           Secretary for benefits under laws administered  
4           by the Secretary.

5           (F) The most frequent reasons the Sec-  
6           retary denies a claim relating to military sexual  
7           trauma submitted to the Secretary for a benefit  
8           under a law administered by the Secretary.

9           (G) The most frequent conditions or dis-  
10          abilities for which a claim relating to military  
11          sexual trauma is denied.

12          (H) The most frequent conditions or dis-  
13          abilities for which a claim relating to military  
14          sexual trauma is submitted to the Secretary for  
15          disability compensation under chapter 11 of  
16          title 38, United States Code, including the  
17          grant rate for such contentions.

18          (3) ADDITIONAL RESOURCE INFORMATION.—  
19          The Secretary shall make available via the perform-  
20          ance dashboard established pursuant to subsection  
21          (a) the following information:

22                (A) Veterans Crisis Line contact informa-  
23                tion.

1 (B) Information regarding the availability  
2 of services from military sexual trauma coordi-  
3 nators of the Veterans Health Administration.

4 (C) Information regarding the availability  
5 of services from military sexual trauma coordi-  
6 nators of the Veterans Benefits Administration.

7 (D) Information on availability of special-  
8 ized care, services, and benefits from the De-  
9 partment for individuals who have experienced  
10 military sexual trauma.

11 (E) Such additional information as the  
12 Secretary considers appropriate.

13 (4) AVAILABILITY.—The Secretary shall ensure  
14 that the dashboard established pursuant to para-  
15 graph (1) is available to the public from the website  
16 of the Department of Veterans Affairs and is up-  
17 dated not less frequently than once every 30 days.

18 (5) REPORTING REQUIREMENTS.—(A) Not later  
19 than 2 years after the date of the enactment of this  
20 Act, the Secretary shall submit to the Committee on  
21 Veterans' Affairs of the Senate and the Committee  
22 on Veterans' Affairs of the House of Representatives  
23 a report detailing—

24 (i) the annual cost to implement the dash-  
25 board required by paragraph (2);

1 (ii) areas for improvement of the dash-  
2 board; and

3 (iii) such additional information as the  
4 Secretary considers appropriate.

5 (B) Not later than 180 days after the date of  
6 the enactment of this Act, the Secretary shall com-  
7 mence providing, on a quarterly basis, to the Com-  
8 mittee on Veterans' Affairs of the Senate and the  
9 Committee on Veterans' Affairs of the House of  
10 Representatives a quarterly briefing on the Depart-  
11 ment's processing of military sexual trauma-related  
12 claims.

13 (6) DEFINITION.—In this section, the term  
14 “military sexual trauma” has the meaning given  
15 such term in section 1166(d)(2) of title 38, United  
16 States Code.

17 **SEC. 112. INDEPENDENT ASSESSMENT OF NOTICES THAT**  
18 **THE SECRETARY OF VETERANS AFFAIRS**  
19 **SENDS TO CLAIMANTS.**

20 (a) AGREEMENT.—Not later than 30 days after the  
21 date of the enactment of this Act, the Secretary of Vet-  
22 erans Affairs shall seek to enter into an agreement with  
23 an FFRDC for an assessment of notices that the Sec-  
24 retary sends to claimants.

1 (b) ASSESSMENT.—An FFRDC that enters into an  
2 agreement under subsection (a) shall submit to the Sec-  
3 retary a written assessment of such notices. The assess-  
4 ment shall include the following:

5 (1) The determination of the FFRDC, made in  
6 consultation with covered entities, whether each such  
7 notice may be feasibly altered to reduce paper con-  
8 sumption by, and costs to, the Federal Government.

9 (2) The recommendations of the FFRDC re-  
10 garding how the Secretary may make such notices  
11 clearer to claimants, better organized, and more con-  
12 cise.

13 (c) REPORT; IMPLEMENTATION.—Not later than 90  
14 days after the Secretary receives the assessment under  
15 subsection (b), the Secretary shall—

16 (1) submit to the Committees on Veterans' Af-  
17 fairs of the Senate and House of Representatives a  
18 copy of such assessment; and

19 (2) implement the recommendations in the as-  
20 sessment that are in compliance with the laws ad-  
21 ministered by the Secretary.

22 (d) DEADLINE FOR IMPLEMENTATION.—The Sec-  
23 retary shall complete the implementation of such rec-  
24 ommendations pursuant to subsection (c)(2) by not later

1 than one year after the date on which the Secretary com-  
 2 mences such implementation.

3 (e) DEFINITIONS.—In this section:

4 (1) The term “FFRDC” means a federally  
 5 funded research and development center.

6 (2) The term “covered entities” includes—

7 (A) the Secretary of Veterans Affairs;

8 (B) an expert in laws administered by the  
 9 Secretary of Veterans Affairs;

10 (C) a veterans service organization recog-  
 11 nized under section 5902 of title 38, United  
 12 States Code;

13 (D) an entity that advocates for veterans;  
 14 and

15 (E) an entity that advocates for the sur-  
 16 vivors of veterans.

17 (3) The terms “claimant” and “notice” have  
 18 the meanings given such terms in section 5100 of  
 19 title 38, United States Code.

20 **SEC. 113. INDEPENDENT ASSESSMENT OF FORMS THAT**  
 21 **THE SECRETARY OF VETERANS AFFAIRS**  
 22 **SENDS TO CLAIMANTS.**

23 (a) AGREEMENT.—Not later than 30 days after the  
 24 date of the enactment of this Act, the Secretary of Vet-  
 25 erans Affairs shall seek to enter into an agreement with



1 an FFRDC for an assessment of forms that the Secretary  
2 sends to claimants.

3 (b) ASSESSMENT.—An FFRDC that enters into an  
4 agreement under subsection (a) shall submit to the Sec-  
5 retary a written assessment, made in consultation with  
6 covered entities, of such forms. The assessment shall in-  
7 clude the recommendations of the FFRDC regarding how  
8 the Secretary may make such forms clearer to claimants  
9 and better organized.

10 (c) REPORT; IMPLEMENTATION.—Not later than 90  
11 days after the Secretary receives the assessment under  
12 subsection (b), the Secretary shall—

13 (1) submit to the Committees on Veterans' Af-  
14 fairs of the Senate and House of Representatives a  
15 copy of such assessment; and

16 (2) implement the recommendations in the as-  
17 sessment that are in compliance with the laws ad-  
18 ministered by the Secretary.

19 (d) DEADLINE FOR IMPLEMENTATION.—The Sec-  
20 retary shall complete the implementation of such rec-  
21 ommendations pursuant to subsection (c)(2) by not later  
22 than two years after the date on which the Secretary com-  
23 mences such implementation.

24 (e) DEFINITIONS.—In this section:

1           (1) The term “FFRDC” means a federally  
2 funded research and development center.

3           (2) The term “covered entities” includes—

4                   (A) the Secretary of Veterans Affairs;

5                   (B) an expert in laws administered by the  
6 Secretary of Veterans Affairs;

7                   (C) a veterans service organization recog-  
8 nized under section 5902 of title 38, United  
9 States Code;

10                  (D) an entity that advocates for veterans;  
11 and

12                  (E) an entity that advocates for survivors  
13 of veterans.

14           (3) The term “claimant” has the meaning given  
15 such term in section 5100 of title 38, United States  
16 Code.

## 17           **TITLE II—EDUCATION AND** 18           **ECONOMIC OPPORTUNITY**

### 19   **SEC. 201. VETS OPPORTUNITY ACT.**

20           (a) REPAYMENT OF MEMBERS OF THE ARMED  
21 FORCES FOR CONTRIBUTIONS TOWARDS POST-9/11 EDU-  
22 CATIONAL ASSISTANCE: TIMING; MECHANISM FOR INDIV-  
23 IDUALS NOT ELIGIBLE FOR A MONTHLY HOUSING STI-  
24 PEND.—

1           (1) IN GENERAL.—Subsection (f) of section  
2       3327 of title 38, United States Code, is amended—

3           (A) in paragraph (3), by striking “to-  
4       gether” and all that follows through “before”  
5       and inserting “not later than 60 days after”;  
6       and

7           (B) by adding at the end the following new  
8       paragraph:

9       “(4) ADDITIONAL ASSISTANCE FOR AN INDI-  
10      VIDUAL NOT ELIGIBLE FOR A MONTHLY HOUSING  
11      STIPEND.—In the case of an individual making an  
12      election under subsection (a) who is described by  
13      subparagraph (A), (C), or (E) of paragraph (1) of  
14      that subsection, and who is not eligible for a month-  
15      ly stipend payable under section 3313(c) of this title,  
16      the educational assistance payable to the individual  
17      under this chapter shall be paid—

18           “(A) in a lump sum calculated by multi-  
19      plying—

20           “(i) the total amount of contributions  
21      described in paragraph (1)(A) with regards  
22      to such individual; and

23           “(ii) the sum of the number of  
24      months described in subclauses (I) and (II)

1 of paragraph (1)(B)(i) with regards to  
2 such individual; and

3 “(B) to the individual not later than 60  
4 days after the exhaustion of the individual’s en-  
5 titlement to educational assistance under this  
6 chapter.”.

7 (2) TECHNICAL CORRECTIONS AND CON-  
8 FORMING AMENDMENT.—Such subsection is further  
9 amended—

10 (A) by striking “paragraphs (2) through  
11 (7)” and inserting “paragraphs (2) through  
12 (6)”; and

13 (B) in paragraph (1), in the heading, by  
14 inserting “FOR AN INDIVIDUAL ELIGIBLE FOR A  
15 MONTHLY HOUSING STIPEND” after “ADDI-  
16 TIONAL ASSISTANCE”.

17 (3) EFFECTIVE DATE.—The amendments made  
18 by this section shall take effect on August 1, 2027.

19 (b) TREATMENT OF CERTAIN INDEPENDENT STUDY  
20 PROGRAMS UNDER EDUCATIONAL ASSISTANCE PRO-  
21 GRAMS OF DEPARTMENT OF VETERANS AFFAIRS.—

22 (1) IN GENERAL.—Section  
23 3680A(a)(4)(A)(ii)(III) of such title is amended—

1 (A) by inserting “that requires regular and  
2 substantive interaction between students and  
3 instructors” after “course of study”;

4 (B) in item (aa), by striking “; or” and in-  
5 serting a semicolon;

6 (C) in item (bb), by striking “; and” and  
7 inserting “; or”; and

8 (D) by adding at the end by following new  
9 item:

10 “(cc) an institution of high-  
11 er education, as such term is de-  
12 fined in section 102 of the High-  
13 er Education Act of 1965 (20  
14 U.S.C. 1002), that is approved to  
15 participate or is participating in  
16 the student financial assistance  
17 programs authorized by title IV  
18 of that Act; and”.

19 (2) APPLICABILITY.—The amendment made by  
20 paragraph (1) shall apply with respect to a quarter,  
21 semester, or term, as applicable, that begins on or  
22 after August 1, 2027.

23 (3) OVERSIGHT.—During the first six years be-  
24 ginning on the date of enactment of this Act, the  
25 Secretary, in coordination with State approving

1 agencies, shall, every two years, conduct risk-based  
2 surveys or reviews of institutions approved pursuant  
3 to section 3680A(a)(4)(A)(ii)(III)(cc) of title 38,  
4 United States Code, as added by paragraph (1).

5 (4) GAO REPORT.—Not later than 3 years  
6 after the date of enactment of this Act, the Comp-  
7 troller General of the United States shall submit to  
8 the Committees on Veterans’ Affairs of the Senate  
9 and House of Representatives a report on the over-  
10 sight and implementation of the amendments made  
11 by paragraph (1), including—

12 (A) the effectiveness of oversight activities  
13 conducted by the Department of Veterans Af-  
14 fairs and State approving agencies;

15 (B) institutional compliance with applica-  
16 ble requirements under chapter 36 of title 38,  
17 United States Code;

18 (C) participation and outcomes of veterans  
19 enrolled in programs approved pursuant to sec-  
20 tion 3680A(a)(4)(A)(ii)(III)(cc) of such title, as  
21 added by paragraph (1); and

22 (D) any recommendations to improve over-  
23 sight, program integrity, or educational out-  
24 comes for veterans.

1           (5) APPLICABILITY.—To the extent practicable  
2           for any program requiring practical, laboratory, clin-  
3           ical, shop, or hands on competencies, the online por-  
4           tion of instruction may not substitute for the super-  
5           vised in person training necessary to demonstrate  
6           such competencies.

7           (c) ABSENCE FROM CERTAIN EDUCATION DUE TO  
8           CERTAIN SERVICE.—

9           (1) OPTIONS.—Section 3691A of such title is  
10          amended by striking paragraph (1) of subsection (a)  
11          and inserting the following:

12          “(1) A covered member may, after receiving orders  
13          to enter a period of covered service—

14               “(A) withdraw from covered education;

15               “(B) take a leave of absence from covered edu-  
16          cation; or

17               “(C) subject to subsection (d), enter into an  
18          agreement with the institution concerned to complete  
19          a course of covered education to the satisfaction of  
20          such institution concerned.”.

21          (2) CONFORMING AMENDMENT.—Such sub-  
22          section is further amended, in paragraph (2)(A), by  
23          striking “or takes a leave of absence” and inserting  
24          “, takes a leave of absence, or enters into an agree-  
25          ment”.

1           (3) AGREEMENT.—Such section is further  
2 amended—

3           (A) by redesignating subsection (d) as sub-  
4 section (e); and

5           (B) by inserting, after subsection (c), the  
6 following new subsection (d):

7       “(d) AGREEMENT WITH INSTITUTION CON-  
8 CERNED.—A covered member may enter into an agree-  
9 ment under subsection (a) only if the covered member has  
10 completed at least half of a course of covered education.”.

11       (4) SECTION HEADING.—Such section is further  
12 amended by striking the heading and inserting “**Ab-**  
13 **sence from certain education due to cer-**  
14 **tain service**”.

15       (5) TABLE OF SECTIONS.—The table of sections  
16 at the beginning of chapter 36 of such title is  
17 amended by striking the item relating to section  
18 3691A and inserting the following new item:

“3691A. Absence from certain education due to certain service.”.

19       (d) DEPARTMENT OF VETERANS AFFAIRS COMPLI-  
20 ANCE SURVEYS.—Section 3693 of such title is amended—

21       (1) in subsection (c)—

22           (A) by striking “not more than 10 busi-  
23 ness days of notice”;

24           (B) by striking “this section.” and insert-  
25 ing “this section—”; and



1 (C) by adding at the end the following new  
2 paragraphs:

3 “(1) in the case of an educational institution or  
4 training establishment with a time stamp database  
5 collection feature, not fewer than 10, and not more  
6 than 15, business days of notice; and

7 “(2) in the case of any other educational insti-  
8 tution or training establishment, not more than 10  
9 business days of notice.”; and

10 (2) by striking subsection (d) and inserting the  
11 following new subsection (d):

12 “(d) DEFINITIONS.—In this section:

13 “(1) The terms ‘educational institution’ and  
14 ‘training establishment’ have the meanings given  
15 such terms in section 3452 of this title.

16 “(2) The term ‘school certifying official’ means  
17 an employee of an educational institution with pri-  
18 mary responsibility for certifying veteran enrollment  
19 at the educational institution.”.

20 (e) NOTIFICATION OF SCHOOL CERTIFYING OFFI-  
21 CIALS OF HANDBOOK UPDATES.—

22 (1) IN GENERAL.—Not later than 14 business  
23 days after updating the school certifying official  
24 handbook of the Department of Veterans Affairs,

1 the Secretary of Veterans Affairs shall provide no-  
2 tice to all school certifying officials of such update.

3 (2) SCHOOL CERTIFYING OFFICIAL DEFINED.—

4 The term “school certifying official” means an em-  
5 ployee of an educational institution with primary re-  
6 sponsibility for certifying veteran enrollment at the  
7 educational institution.

8 **SEC. 202. IMPROVEMENTS TO PROCESS FOR MAKING PAY-**  
9 **MENTS TO AUTOMOBILE SELLERS FOR AUTO-**  
10 **MOBILES PURCHASED FOR CERTAIN DIS-**  
11 **ABLED VETERANS.**

12 (a) TIMELINESS OF PAYMENTS.—Section 3902 of  
13 title 38, United States Code, is amended, in subsection  
14 (a)—

15 (1) by inserting “(1)” before “The Secretary”;  
16 and

17 (2) by adding at the end the following new  
18 paragraph:

19 “(2) The Secretary shall—

20 “(A) make payments under this section in com-  
21 pliance with regulations prescribed under section  
22 3903(a) of title 31, except that no interest penalties  
23 shall be required to be paid under this section; and

24 “(B) in the case of any payment under this sec-  
25 tion that is not processed during the period of 30

1       days following receipt by the Secretary of the final  
2       invoice for such payment, the Secretary shall publish  
3       in the Federal Register the number of days required  
4       to process the payment.”.

5       (b) CENTRALIZATION OF PROCESS FOR MAKING PAY-  
6       MENTS.—Such section is amended by adding at the end  
7       the following new subsection:

8       “(f)(1) The Secretary shall process payments under  
9       this section through one office of the Department that the  
10      Secretary determines has the capacity and expertise to  
11      make such payments in compliance with regulations de-  
12      scribed in subsection (a)(2).

13      “(2) The Secretary shall accurately track and resolve  
14      payments due to sellers under this section that are more  
15      than 90 days overdue.”.

16      (c) REPORTING.—The Secretary of Veterans Affairs  
17      shall submit to the Committees on Veterans’ Affairs of  
18      the Senate and House of Representatives, and publish on  
19      a publicly accessible website of the Department of Vet-  
20      erans Affairs, four semiannual reports after the date of  
21      the enactment of this Act, regarding the administration  
22      of section 3902 of title 38, United States Code, as amend-  
23      ed by this section. Each such report shall include, with  
24      respect to the period of six months preceding the date of  
25      the report, the following elements:

1           (1) The average and median number of days  
2           between receipt of a invoice for payment under such  
3           section by the Claims Intake Center of the Depart-  
4           ment and the day when the Secretary makes such  
5           payment, disaggregated by whether the claim was  
6           under review or being processed by—

7                       (A) the Veterans Health Administration;

8                       (B) the Veterans Benefits Administration;

9                       or

10                      (C) the seller.

11           (2) Improvements to information technology of  
12           the Department that the Secretary determines would  
13           reduce the time required for such review or proc-  
14           essing.

15           (d) GAO REPORT; BRIEFING.—

16                      (1) REPORT.—Not later than 180 days after  
17           the day the Secretary completes centralization under  
18           subsection (f) of section 3902 of title 38, United  
19           States Code, as added by this section, the Comp-  
20           troller General of the United States shall review  
21           such centralization and publish a report containing  
22           the results of such review. Such report shall include  
23           the determinations of the Comptroller General re-  
24           garding the following:

1 (A) The capacity of the office determined  
2 by the Secretary under such subsection, to  
3 carry out processing described in such sub-  
4 section, including—

5 (i) a comprehensive assessment of em-  
6 ployees of the Department who carry out  
7 chapter 39 of such title;

8 (ii) a comprehensive skills assessment  
9 indicating what resources the Secretary re-  
10 quires to otherwise improve such cen-  
11 tralization, including additional funds, em-  
12 ployees, or contractors; and

13 (iii) a review of systems of informa-  
14 tion technology, including systems in use  
15 or to be acquired, to carry out such cen-  
16 tralization.

17 (B) Recommendations to improve such  
18 processing.

19 (C) Estimated costs to the United States  
20 to implement such recommendations.

21 (2) BRIEFING.—Not later than 30 days after  
22 publishing the report under paragraph (1), the  
23 Comptroller General shall provide to the Committees  
24 on Veterans' Affairs of the House of Representatives  
25 and Senate a briefing on such report. Such briefing

1 shall include any response from the Secretary to the  
 2 Comptroller General regarding the recommendations  
 3 in the report.

4 **SEC. 203. MONTHLY HOUSING STIPEND UNDER THE POST-**  
 5 **9/11 EDUCATIONAL ASSISTANCE PROGRAM**  
 6 **FOR INDIVIDUALS WHO PURSUE SUMMER**  
 7 **PROGRAMS OF EDUCATION SOLELY**  
 8 **THROUGH DISTANCE LEARNING.**

9 (a) IN GENERAL.—Section 3313(c)(1)(B) of title 38,  
 10 United States Code, is amended—

11 (1) in clause (i), by striking “and (iii)” and in-  
 12 serting “, (iii), and (iv)”;

13 (2) by redesignating clause (iv) as clause (v);  
 14 and

15 (3) by inserting after clause (iii) the following  
 16 new clause (iv):

17 “(iv) In the case of an individual pur-  
 18 suing, solely through distance learning, a  
 19 program of education that is shorter than  
 20 12 weeks during the summer, for each  
 21 month the individual pursues the program  
 22 of education, a monthly housing stipend  
 23 equal to the product of—

24 “(I) the national average of the  
 25 monthly amount of the basic allow-

1           ance for housing payable under sec-  
 2           tion 403 of title 37 for a member with  
 3           dependents in pay grade E-5, multi-  
 4           plied by

5                   “(II) the lesser of—

6                           “(aa) 1.0 and

7                           “(bb) the number of course  
 8                   hours borne by the individual in  
 9                   pursuit of the program of edu-  
 10                  cation, divided by the minimum  
 11                  number of course hours required  
 12                  for full-time pursuit of the pro-  
 13                  gram of education, rounded to  
 14                  the nearest multiple of 10.”.

15       (b) EFFECTIVE DATE.—The amendments made by  
 16       subsection (a) shall apply to a program of education begin-  
 17       ning on or after August 1, 2027.

18       **SEC. 204. CLARIFICATION REGARDING INCLUSION OF**  
 19                   **MEDICALLY NECESSARY AUTOMOBILE ADAP-**  
 20                   **TATIONS IN DEPARTMENT OF VETERANS AF-**  
 21                   **FAIRS DEFINITION OF “MEDICAL SERVICES”.**

22       Section 1701(6)(I) of title 38, United States Code,  
 23       is amended to read as follows:

“(I) The provision of any medically necessary automobile adaptations for driver or passenger use, including—

“(i) ramp and kneeling systems;

“(ii) raised doors or lowered floors;

“(iii) raised roofs;

“(iv) air conditioning;

“(v) occupied and unoccupied mobility lifts;

“(vi) ingress or egress accessibility modifications;

“(vii) wheelchair tiedowns; and

“(viii) adapted seating.”.

**SEC. 205. DIGITAL COMMUNICATIONS: SOLID START PROGRAM; EDUCATIONAL ASSISTANCE.**

(a) IMPROVEMENT TO CERTAIN OUTREACH UNDER SOLID START PROGRAM OF DEPARTMENT OF VETERANS AFFAIRS.—Section 6320(b) of title 38, United States Code, is amended—

(1) in paragraph (1)(B)—

(A) by striking “calling” and inserting “communicating with”; and

(B) by inserting “through the use of tailored lines of communication, including mailings, text messaging, virtual chatting, and other



1           electronic forms of messaging” after “Armed  
2           Forces”; and

3           (2) in paragraph (2), by striking “tailored mail-  
4           ings” and inserting “tailored lines of communica-  
5           tion, including mailings, text messaging, virtual  
6           chatting, and other electronic forms of messaging,”.

7           (b) DEPARTMENT OF VETERANS AFFAIRS USE OF  
8           TAILORED LINES OF COMMUNICATION FOR CORRESPOND-  
9           ENCE RELATING TO EDUCATIONAL ASSISTANCE BENE-  
10          FITS.—Section 3680 of title 38, United States Code, is  
11          amended by adding at the end the following new sub-  
12          section:

13          “(i)(1) The Secretary shall provide a mechanism by  
14          which an eligible veteran or eligible person may use tai-  
15          lored lines of communication to send and receive cor-  
16          respondence with the Department of Veterans related to  
17          entitlement to and use of educational assistance benefits  
18          under the laws administered by the Secretary. The Sec-  
19          retary shall ensure that an eligible veteran or eligible per-  
20          son is provided with an opportunity to opt into sending  
21          and receiving such correspondence using such lines of  
22          communication rather than by mail.

23          “(2) The Secretary shall provide to eligible veterans  
24          and eligible persons who are enrolled in a course or pro-  
25          gram of education or training notice of the opportunity

1 to opt in to sending and receiving correspondence using  
 2 tailored lines of communication pursuant to paragraph  
 3 (1).

4 “(3) In this subsection, the term ‘tailored lines of  
 5 communication’ includes mailings, text messaging, virtual  
 6 chatting, and other electronic forms of messaging.”.

7 **SEC. 206. IMPROVEMENTS TO TRANSITION ASSISTANCE**  
 8 **PROGRAM AND SKILLBRIDGE.**

9 (a) TRANSITION ASSISTANCE PROGRAM: AMEND-  
 10 MENTS; PILOT PROGRAM; REPORTS.—

11 (1) SPECIAL OPERATIONS FORCES.—Subsection  
 12 (a) of section 1142 of title 10, United States Code,  
 13 is amended, in paragraph (1), by inserting “(includ-  
 14 ing each member of the special operations forces)”  
 15 after “armed forces”.

16 (2) REQUIREMENT OF PRESEPARATION COUN-  
 17 SELING: NUMBER OF DAYS.—Such subsection is fur-  
 18 ther amended, in paragraph (1)—

19 (A) by inserting “(A)” before “Within”;  
 20 and

21 (B) by adding at the end the following new  
 22 subparagraph:

23 “(B) The Secretary concerned shall ensure that  
 24 a member described in subparagraph (A) receives  
 25 preseparation counseling in the following amounts:

1           “(i) In the case of a member who has ac-  
2           cepted an offer of full-time employment, or has  
3           enrolled in a program of education or vocational  
4           training, that shall commence after the member  
5           separates, retires, or is discharged, not fewer  
6           than three days.

7           “(ii) In the case of a member other than  
8           a member described in clause (i), not fewer  
9           than five days.”.

10          (3) REPEAT ATTENDANCE.—Such subsection is  
11          further amended by adding at the end the following  
12          new paragraph:

13               “(6) A member who received preseparation  
14               counseling under this section may, before separation,  
15               retirement, or discharge, request to receive, on a  
16               space-available basis, such preseparation counseling  
17               a second time.”.

18          (4) PATHWAYS: STANDARDIZATION; ESTABLISH-  
19          MENT OF PATHWAY FOR MEMBERS OF THE RESERVE  
20          COMPONENTS.—Such section is further amended, in  
21          paragraph (1) of subsection (c), in the matter pre-  
22          ceding subparagraph (A)(1)—

23               (A) by striking “Each Secretary con-  
24               cerned” and inserting “The Secretaries of De-  
25               fense and Homeland Security”; and

1 (B) by striking “pathways for members of  
2 the military department concerned” and insert-  
3 ing “pathways, standardized across the armed  
4 forces”.

5 (5) PATHWAYS: RECORD OF PATHWAY ASSIGN-  
6 MENT.—Such subsection is further amended by add-  
7 ing at the end the following new paragraph:

8 “(4) The Secretary concerned shall ensure that  
9 the pathway in which a member is placed, and the  
10 reasons for such placement, are noted in the service  
11 record of such member.”.

12 (6) COORDINATION BETWEEN DEPARTMENTS  
13 OF DEFENSE, VETERANS AFFAIRS, AND LABOR.—  
14 Such section is further amended, in subsection (d)—

15 (A) by striking the heading and inserting  
16 “TRANSMISSION OF CERTAIN INFORMATION TO  
17 OTHER DEPARTMENTS”;

18 (B) by inserting “(1)” before “In the  
19 case”; and

20 (C) by adding at the end the following new  
21 paragraphs:

22 “(2) Before a member described in subsection  
23 (a) separates, retires, or is discharged, the Secretary  
24 concerned shall transmit to the Secretary of Vet-

1       erans Affairs the Department of Defense Form DD–  
2       2648 regarding such member.

3           “(3)(A) In the case of a member described in  
4       subsection (a) whom the Secretary determined as  
5       tier 3 status the Secretary concerned shall, before  
6       the member separates, retires, or is discharged, pro-  
7       vide such member with the contact information of an  
8       employee of the Department of Veterans Affairs and  
9       an employee of the Department of Labor; and

10          “(B) Each employee described in subparagraph  
11       (A) shall contact the member described in such sub-  
12       paragraph not later than 60 days after such member  
13       separates, retires, or is discharged.

14          “(C) The Secretary of Veterans Affairs and the  
15       Secretary of Labor shall each submit to the Commit-  
16       tees on Armed Services and on Veterans’ Affairs of  
17       the Senate and House of Representatives an annual  
18       report that identifies the number of times, and rea-  
19       sons why, an employee of the department under the  
20       jurisdiction of such Secretary failed to carry out  
21       subparagraph (B) in the year preceding the date of  
22       the report.

23          “(D) The Secretary of Defense and Secretary  
24       of Homeland Security shall prescribe regulations to  
25       ensure that, for purposes of this paragraph, each

1 Secretary concerned uses the same definition of the  
2 term ‘at risk for a difficult transition to civilian  
3 life’.”.

4 (7) REPORT.—Not later than two years after  
5 the date of the enactment of this Act and annually  
6 thereafter for four years, the Secretary of Defense  
7 shall submit to the Committees on Armed Services,  
8 and the Committees on Veterans’ Affairs, of the  
9 Senate and House of Representatives, a report on  
10 data recorded with such tracking system during the  
11 year preceding the date of such report. Such a re-  
12 port shall include a list of the seven military installa-  
13 tions located inside the continental United States,  
14 and three military installations located outside the  
15 continental United States, where members are least  
16 likely to receive preseparation counseling in accord-  
17 ance with such time periods.

18 (A) The number of members who, in the  
19 course of such preseparation counseling, were  
20 referred to another Federal agency or depart-  
21 ment.

22 (B) The Federal agencies or departments  
23 to which members were so referred.

1           (C) The number of members who should  
2           have been, but were not, so referred, and rea-  
3           sons why such referrals did not occur.

4           (D) The number of members who receive  
5           such preseparation counseling and apply for un-  
6           employment compensation under subchapter II  
7           of chapter 85 of title 5, United States Code.

8           (E) The total amount of such unemploy-  
9           ment compensation paid to members separating  
10          from the Armed Forces.

11          (F) The frequency with which the com-  
12          mander of the military installation received a  
13          briefing regarding attendance of members in ac-  
14          cordance with statutory requirements of the  
15          Transition Assistance Program.

16          (8) CONTRACTING: STANDARDIZATION.—Such  
17          section is further amended by adding at the end the  
18          following new subsection:

19          “(f) CONTRACTING.—A Secretary concerned may  
20          enter into an agreement with an entity under which such  
21          entity shall provide preseparation counseling under this  
22          section. If more than one Secretary seeks to enter into  
23          such an agreement, such Secretaries concerned shall, to  
24          the extent practicable, seek to enter into such agreements  
25          with the same entity.”.

1 (9) ANNUAL REPORT ON TAP PARTICIPATION.—

2 The frequency with which the commander of the  
3 military installation received a briefing regarding at-  
4 tendance of members in accordance with statutory  
5 requirements of the Transition Assistance Program.

6 (b) SKILLBRIDGE: GAO STUDY.—

7 (1) STUDY REQUIRED.—The Comptroller Gen-  
8 eral of the United States shall conduct a study of  
9 the Skillbridge programs under section 1143(e) of  
10 title 10, United States Code.

11 (2) REPORT.—Not later than two years after  
12 the date of the enactment of this Act, the Comp-  
13 troller General shall submit to the Committees on  
14 Armed Services, and the Committees on Veterans'  
15 Affairs, of the Senate and House of Representatives,  
16 a report regarding such study. Such report shall in-  
17 clude observations and recommendations of the  
18 Comptroller regarding, with respect to members and  
19 employers who participate in Skillbridge—

20 (A) differences in criteria for participation  
21 between the Armed Forces;

22 (B) other differences in Skillbridge pro-  
23 grams between the Armed Forces;

24 (C) best practices in Skillbridge programs  
25 across the Armed Forces, including—



- 1 (i) the selection of employers; and  
2 (ii) the development of contracts; and  
3 (D) the feasibility of making Skillbridge  
4 programs uniform across the Armed Forces.

5 **SEC. 207. TRANSITION ASSISTANCE PROGRAM: PRESEN-**  
6 **TATION IN PRESEPARATION COUNSELING TO**  
7 **PROMOTE BENEFITS AVAILABLE TO VET-**  
8 **ERANS.**

9 (a) IN GENERAL.—Section 1142(b) of title 10,  
10 United States Code, is amended by adding at the end the  
11 following new paragraph:

12 “(20) A presentation that promotes the benefits  
13 available to veterans under the laws administered by  
14 the Secretary of Veterans Affairs. Such presen-  
15 tation—

16 “(A) shall be standardized;

17 “(B) shall, before implementation, be re-  
18 viewed and approved by the Secretary of Vet-  
19 erans Affairs and Secretary of Defense in col-  
20 laboration with veterans service organizations  
21 that provide claims assistance under the bene-  
22 fits delivery at discharge program of the De-  
23 partment of Veterans Affairs;

24 “(C) shall be submitted by the Secretary of  
25 Veterans Affairs to the Committees on Vet-

1           erans' Affairs and Armed Services of the Sen-  
2           ate and the House of Representatives for review  
3           at least 90 days before implementation;

4           “(D) where available, shall be presented  
5           with the participation of—

6                   “(i) an employee or representative of  
7                   the Department of Veterans Affairs as-  
8                   sisted by a representative of a veterans  
9                   service organization recognized under sec-  
10                  tion 5902 of title 38; or

11                  “(ii) an employee or representative of  
12                  the Department of Veterans Affairs as-  
13                  sisted by an individual recognized under  
14                  section 5903 of such title and authorized  
15                  by the Secretary concerned to so partici-  
16                  pate;

17           “(E) shall include information on how a  
18           veterans service organization may assist the  
19           member in filing a claim described in paragraph  
20           (19);

21           “(F) may not encourage the member to  
22           join a particular veterans service organization;  
23           and

24           “(G) may not be longer than one hour.”.

1 (b) ANNUAL REPORT.—Not less frequently than once  
2 each year after the date of the enactment of this Act, the  
3 Secretary of Veterans Affairs shall submit, to the Commit-  
4 tees on Armed Services of the Senate and House of Rep-  
5 resentatives, and to the Committees on Veterans’ Affairs  
6 of the Senate and House of Representatives, a report  
7 that—

8 (1) identifies each veterans service organization  
9 that participated in a presentation under paragraph  
10 (20) of section 1142(b) of title 10, United States  
11 Code, as added by subsection (a);

12 (2) contains the number of members of the  
13 Armed Forces who attended such presentations; and

14 (3) includes any recommendations of the Sec-  
15 retary regarding changes to such presentation or to  
16 such paragraph.

17 **SEC. 208. ELIMINATION OF REQUIREMENT THAT ON-CAM-**  
18 **PUS EDUCATIONAL AND VOCATIONAL COUN-**  
19 **SELING IS PROVIDED BY CERTAIN DEPART-**  
20 **MENT OF VETERANS AFFAIRS EMPLOYEES.**

21 (a) IN GENERAL.—Section 3697B(a) of title 38,  
22 United States Code, is amended—

23 (1) by striking the second sentence;

24 (2) by inserting “(1)” before “The Secretary”;

25 and

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

3           “(2) Any individual providing services under para-  
4 graph (1) on behalf of the Department who is not an em-  
5 ployee of the Department shall be subject to the same  
6 oversight, training, and accountability standards applica-  
7 ble to Department employees providing such services.”.

8           (b) EXPANSION OF VETSUCCESS ON CAMPUS PRO-  
9 GRAM TO AT LEAST ONE LOCATION IN EACH STATE.—

10           (1) IN GENERAL.—The Secretary of Veterans  
11 Affairs shall ensure that the VetSuccess on Campus  
12 program of the Department of Veterans Affairs is  
13 located in every State.

14           (2) COUNSELORS.—In carrying out paragraph  
15 (1), the Secretary shall ensure that at least one  
16 counselor of the VetSuccess on Campus program is  
17 located in each State, notwithstanding the number  
18 of individuals in a State or at an educational institu-  
19 tion who may qualify to participate in the program.

20           (3) PREFERENCE.—In carrying out this sec-  
21 tion, the Secretary shall give preference to edu-  
22 cational institutions that have the largest popu-  
23 lations of students who are pursuing programs of  
24 education at such institutions with educational as-

1       sistance provided under laws administered by the  
2       Secretary.

3               (4) STATE DEFINED.—In this section, the term  
4       “State” has the meaning given such term in section  
5       101 of title 38, United States Code.

6       **SEC. 209. EXPANSION OF ENTITLEMENT FOR PAYMENT FOR**  
7                       **LICENSING OR CERTIFICATION TESTS FOR**  
8                       **VETERANS ENTITLED TO EDUCATIONAL AS-**  
9                       **SISTANCE.**

10       Section 3315 of title 38, United States Code, is  
11   amended—

12               (1) in subsection (a), by striking “educational  
13       assistance under this chapter” and inserting “cov-  
14       ered assistance”;

15               (2) in subsection (b)(3), by striking “under this  
16       chapter” and inserting “with respect to covered as-  
17       sistance”;

18               (3) in subsection (c), in the matter preceding  
19       paragraph (1), by striking “under this chapter” and  
20       inserting “with respect to covered assistance”; and

21               (4) by adding at the end the following new sub-  
22       section:

23       “(d) WARNINGS.—Before providing any payment to  
24   or on behalf of an individual described in subsection (a),  
25   the Secretary shall provide notice to the individual a warn-

1 ing that use of entitlement under this section for a licens-  
 2 ing or certification test may not lead to a license or certifi-  
 3 cation.

4 “(e) COVERED ASSISTANCE DEFINED.—In this sec-  
 5 tion, the term ‘covered assistance’ means educational as-  
 6 sistance available under—

7 “(1) this chapter, chapter 30 of this title, chap-  
 8 ter 35 of this title, or chapter 1606 of title 10; or

9 “(2) any other provision of law providing edu-  
 10 cational assistance to a veteran, or to another indi-  
 11 vidual in connection with the service of a veteran in  
 12 the Armed Forces.”.

13 **SEC. 210. INCREASE OF AMOUNT OF EDUCATIONAL ASSIST-**  
 14 **ANCE PAID BY THE SECRETARY OF VET-**  
 15 **ERANS AFFAIRS FOR FIRST YEAR OF A FULL-**  
 16 **TIME PROGRAM OF APPRENTICESHIP OR**  
 17 **OTHER ON-JOB TRAINING.**

18 Section 3313(g)(3)(B) of title 38, United States  
 19 Code, is amended—

20 (1) in the matter preceding clause (i), by insert-  
 21 ing “using educational assistance under this chap-  
 22 ter”; and

23 (2) in clause (i)(II), by striking “80 percent”  
 24 and inserting “100 percent”.

1 **SEC. 211. IMPROVING EMERGING TECHNOLOGY OPPORTU-**  
 2 **NITIES FOR VETERANS.**

3 (a) INCLUSION OF EMERGING TECHNOLOGIES IN  
 4 HIGH TECHNOLOGY PROGRAM.—

5 (1) IN GENERAL.—Section 3699C of title 38,  
 6 United States Code, is amended—

7 (A) in the section heading by striking  
 8 “**High technology**” and inserting “**High**  
 9 **technology and emerging tech-**  
 10 **nology**”;

11 (B) by striking “high technology” and in-  
 12 serting “high technology or emerging tech-  
 13 nology” each place such term appears; and

14 (C) in subsection (c)(4) by adding at the  
 15 end the following new subparagraph:

16 “(E) Such criteria shall also identify which tech-  
 17 nologies of critical importance, such as artificial intel-  
 18 ligence and semiconductor manufacturing, shall be treated  
 19 as emerging technologies for purposes of this section.”.

20 (2) CLERICAL AMENDMENT.—The table of sec-  
 21 tions at the beginning of chapter 36 of such title is  
 22 amended by striking the item relating to section  
 23 3699C and inserting the following new item:

“3699C. High technology and emerging technology program.”.

24 (3) CONFORMING AMENDMENTS.—Section  
 25 3680A of title 38, United States Code, is amended

1 in subsections (a)(4)(B) and (d)(8) by striking “high  
2 technology” each place such term appears and in-  
3 serting “high technology or emerging technology”.

4 (b) EMPLOYMENT RATE CALCULATION FOR VET-  
5 TEC HIGH TECHNOLOGY AND EMERGING TECHNOLOGY  
6 PROGRAM.—Section 3699C of title 38, United States  
7 Code, is amended—

8 (1) in subsection (f)—

9 (A) in the matter preceding paragraph (1)  
10 by inserting after “House of Representatives”  
11 the following: “, and make available to the pub-  
12 lic,”; and

13 (B) in paragraph (3) by adding at the end  
14 the following: “Such rate shall be calculated as  
15 a fraction, the denominator of which is the  
16 number of covered individuals who completed  
17 such a program during such year and the nu-  
18 merator of which is the number of individuals  
19 counted in the denominator who are employed  
20 on the date that is 180 days after the date on  
21 which the individual completed the program,  
22 and expressed as a percentage. Notwithstanding  
23 the previous sentence, the numerator shall not  
24 count a case in which the individual is employed  
25 by the same organization that was the provider



1 of the individual’s program of education or a  
 2 case in which the individual is employed, by a  
 3 parent or affiliate of such organization, as an  
 4 instructor for a substantially similar program of  
 5 education. To the maximum extent practicable,  
 6 the Secretary shall also report the rates of full-  
 7 time employment, part-time employment, and  
 8 self-employment.”; and

9 (2) in subsection (g) by adding at the end the  
 10 following new paragraph:

11 “(3) The Secretary on an ongoing basis shall solicit,  
 12 collect, and analyze feedback about the program from cov-  
 13 ered individuals who participate in the program and from  
 14 the GI Bill School Feedback Tool. The Secretary shall use  
 15 such feedback to evaluate and improve the implementation  
 16 of the program.”.

## 17 **TITLE III—HEALTH CARE**

### 18 **SEC. 301. EXTENSION AND MODIFICATION OF TRANSPOR-** 19 **TATION GRANT PROGRAM OF DEPARTMENT** 20 **OF VETERANS AFFAIRS.**

21 Section 307 of the Caregivers and Veterans Omnibus  
 22 Health Services Act of 2010 (Public Law 111–163; 38  
 23 U.S.C. 1710 note) is amended—

24 (1) in subsection (a)—

1 (A) in paragraph (2), by adding at the end  
2 the following new subparagraphs:

3 “(C) Indian tribes.

4 “(D) Tribal organizations.

5 “(E) Native Hawaiian organizations.

6 “(F) County veterans service organiza-  
7 tions.”;

8 (B) in paragraph (3), in the matter pre-  
9 ceding subparagraph (A), by striking “State  
10 veterans service agency or veterans service or-  
11 ganization awarded” and inserting “recipient  
12 of”; and

13 (C) by amending paragraph (4) to read as  
14 follows:

15 “(4) MAXIMUM AMOUNT.—

16 “(A) IN GENERAL.—Except as provided in  
17 subparagraphs (B) and (C), the amount of a  
18 grant under this section may not exceed  
19 \$50,000.

20 “(B) OFF-ROAD COMMUNITIES.—In the  
21 case of a county that has more than five com-  
22 munities that are off the road system, the  
23 amount of a grant awarded with respect to that  
24 county under this section may be increased by

1 an amount not to exceed 50 percent of the  
2 amount specified in subparagraph (A).

3 “(C) PURCHASING A VEHICLE.—

4 “(i) AMOUNT.—The amount of a  
5 grant awarded under this section to a re-  
6 cipient may be increased by not more than  
7 \$80,000 if the recipient is purchasing a ve-  
8 hicle to comply with requirements under  
9 the Americans with Disabilities Act of  
10 1990 (42 U.S.C. 12101 et seq.) in carrying  
11 out this section.

12 “(ii) LIMITATIONS.—The Secretary  
13 may prescribe limitations on the number of  
14 vehicles purchased by each recipient under  
15 this section.”;

16 (2) by striking subsection (d);

17 (3) by redesignating subsections (b) and (c) as  
18 subsections (d) and (e), respectively;

19 (4) by inserting after subsection (a) the fol-  
20 lowing new subsections:

21 “(b) ADDITIONAL SERVICES.—

22 “(1) NEARBY RURAL AREAS.—In addition to  
23 providing innovative transportation options to vet-  
24 erans in highly rural areas, a recipient of a grant  
25 under this section may use amounts provided under

1 the grant to provide innovative transportation op-  
2 tions to veterans in nearby rural areas.

3 “(2) PRIORITY.—A recipient of a grant under  
4 this section shall prioritize the provision of innova-  
5 tive transportation options to veterans in highly  
6 rural areas, and shall demonstrate to the Secretary  
7 such priority, and may only provide services under  
8 paragraph (1) to veterans in nearby rural areas if—

9 “(A) it does not impede the services pro-  
10 vided to veterans in highly rural areas; and

11 “(B) the grantee has excess capacity and  
12 resources available to provide such services to  
13 veterans in nearby rural areas.

14 “(c) ELIGIBILITY OF PREVIOUS AREAS.—Areas eligi-  
15 ble for assistance under the grant program under this sec-  
16 tion on the day before the date of the enactment of the  
17 Supporting Rural Veterans Access to Healthcare Services  
18 Act shall remain eligible for such assistance on and after  
19 such date of enactment.”; and

20 (5) in subsection (e), as redesignated by para-  
21 graph (2)—

22 (A) by redesignating paragraph (2) as  
23 paragraph (5); and

24 (B) by striking paragraph (1) and insert-  
25 ing the following:

1           “(1) INDIAN TRIBE; TRIBAL ORGANIZATION.—  
2       The terms ‘Indian tribe’ and ‘Tribal organization’  
3       have the meanings given those terms in section 4 of  
4       the Indian Self-Determination and Education Assist-  
5       ance Act (25 U.S.C. 5304).

6           “(2) NATIVE HAWAIIAN ORGANIZATION.—The  
7       term ‘Native Hawaiian organization’ has the mean-  
8       ing given that term in section 6207 of the Elemen-  
9       tary and Secondary Education Act of 1965 (20  
10      U.S.C. 7517).

11          “(3) NEARBY.—The term ‘nearby’, with respect  
12      to a rural area, includes rural areas adjacent to a  
13      highly rural area and rural areas geographically be-  
14      tween the highly rural area and the nearest Depart-  
15      ment of Veterans Affairs medical center.

16          “(4) RURAL; HIGHLY RURAL.—The terms  
17      ‘rural’ and ‘highly rural’ have the meanings given  
18      those terms under the Rural-Urban Commuting  
19      Areas (RUCA) coding system of the Department of  
20      Agriculture.”.

21   **SEC. 302. VETERAN CAREGIVER REEDUCATION, REEMPLOY-**  
22                           **MENT, AND RETIREMENT ACT.**

23      (a) EXTENSION OF PERIOD OF MEDICAL CARE COV-  
24      ERAGE FOR CAREGIVERS DESIGNATED AS PRIMARY PRO-  
25      VIDERS OF PERSONAL CARE SERVICES FOR VETERANS.—

1 Section 1781(a)(4) of title 38, United States Code, is  
2 amended by inserting before the comma at the end the  
3 following: “, including during the 180-day period following  
4 discharge from the program under section 1720G(a) of  
5 this title unless the designation of the individual was re-  
6 voked due to fraud, abuse, mistreatment, or other mis-  
7 conduct”.

8 (b) EMPLOYMENT AND OTHER BENEFITS FOR CARE-  
9 GIVERS DESIGNATED AS PRIMARY PROVIDERS OF PER-  
10 SONAL CARE SERVICES FOR VETERANS.—

11 (1) EMPLOYMENT ASSISTANCE.—Section  
12 1720G of title 38, United States Code, is amended  
13 by adding at the end the following new subsection:  
14 “(e) EMPLOYMENT ASSISTANCE.—(1) The Secretary  
15 shall, subject to paragraph (2), provide to an individual  
16 designated as a primary provider of personal care services  
17 under subsection (a)(7)(A) employment assistance as fol-  
18 lows:

19 “(A) Reimbursement of fees associated with  
20 certifications or relicensure necessary for such em-  
21 ployment.

22 “(B) For purposes of gaining credit for con-  
23 tinuing professional education requirements, access  
24 to training modules of the Department at no cost.

1           “(C) In consultation with the Secretary of De-  
2       fense and the Secretary of Labor, access to existing  
3       employment assistance resources and programs as  
4       considered appropriate.

5       “(2) An individual described in paragraph (1) shall  
6       have access to assistance described in such paragraph—

7           “(A) while participating in the program estab-  
8       lished under subsection (a)(1); and

9           “(B) during the 180-day period following the  
10      date on which the individual is no longer partici-  
11      pating in such program unless the designation of  
12      such individual under subsection (a)(7)(A) was re-  
13      voked for fraud, abuse, mistreatment, or other mis-  
14      conduct.

15      “(3) The maximum lifetime amount that may be re-  
16      imbursed for an individual under paragraph (1)(A) is  
17      \$1,000.”.

18           (2) EXPANSION OF AVAILABLE SERVICES.—  
19      Subsection (a)(3)(A)(ii) of such section is amend-  
20      ed—

21           (A) in subclause (V), by striking “; and”  
22           and inserting a semicolon;

23           (B) in subclause (VI)—

1 (i) in the matter preceding item (aa),  
2 by inserting “or agreements” after “con-  
3 tracts”;

4 (ii) in item (aa), by inserting “, in-  
5 cluding retirement planning services,”  
6 after “services”; and

7 (iii) in item (bb), by striking the pe-  
8 riod at the end and inserting “; and”; and

9 (C) by adding at the end the following new  
10 subclause:

11 “(VII) such instruction, preparation, train-  
12 ing, and support as the Secretary considers ap-  
13 propriate to assist in transitioning away from  
14 caregiving during the 180-day period following  
15 the date on which the family caregiver is no  
16 longer participating in the program required by  
17 paragraph (1), unless such designation was re-  
18 voked for fraud, abuse, or mistreatment, or  
19 other misconduct.”.

20 (3) ASSISTANCE RETURNING TO WORKFORCE.—

21 Subclause (VI) of such subsection is further amend-  
22 ed—

23 (A) in item (aa), by striking “; and” and  
24 inserting a semicolon; and



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

3 “(cc) assistance returning to the  
4 workforce upon discharge or dismissal  
5 from the program required by paragraph  
6 (1) unless such designation was revoked  
7 for fraud, abuse, mistreatment, or other  
8 misconduct; and”.

9 (4) BEREAVEMENT COUNSELING AND SUP-  
10 PORT.—Subsection (a)(3)(A)(i)(III) of such section  
11 is amended by inserting before the semicolon the fol-  
12 lowing: “, including bereavement counseling and  
13 support following the death of the eligible veteran”.

14 (5) STUDY ON PROVISION OF RETURNSHIP PRO-  
15 GRAM.—

16 (A) IN GENERAL.—Not later than one year  
17 after the date of the enactment of this Act, the  
18 Secretary of Veterans Affairs, in partnership  
19 with the Secretary of Labor, shall complete a  
20 study on the feasibility and advisability of con-  
21 ducting a returnship program to assist individ-  
22 uals who are designated as a primary provider  
23 of personal care services under section  
24 1720G(a)(7)(A) of title 38, United States Code,

1 or who were discharged from such program, in  
2 returning to the workforce.

3 (B) REPORT.—Not later than 180 days  
4 after completion of the study under subpara-  
5 graph (A), the Secretary shall submit to the  
6 Committee on Veterans' Affairs of the Senate  
7 and the Committee on Veterans' Affairs of the  
8 House of Representatives a report on the study.

9 (6) STUDY ON INCORPORATING FORMER CARE-  
10 GIVERS INTO WORKFORCE OF DEPARTMENT OF VET-  
11 ERANS AFFAIRS.—

12 (A) IN GENERAL.—Not later than one year  
13 after the date of the enactment of this Act, the  
14 Secretary of Veterans Affairs shall complete a  
15 study on barriers and incentives to hiring indi-  
16 viduals who were designated as a primary pro-  
17 vider of personal care services under section  
18 1720G(a)(7)(A) of title 38, United States Code,  
19 at facilities of the Department of Veterans Af-  
20 fairs to address staffing needs.

21 (B) REPORT.—Not later than 180 days  
22 after completion of the study under subpara-  
23 graph (A), the Secretary shall submit to the  
24 Committee on Veterans' Affairs of the Senate  
25 and the Committee on Veterans' Affairs of the

1 House of Representatives a report on the study,  
2 which shall include—

3 (i) a plan for increasing employment  
4 opportunities at facilities of the Depart-  
5 ment for individuals who were designated  
6 as a primary provider of personal care  
7 services under section 1720G(a)(7)(A) of  
8 title 38, United States Code; and

9 (ii) such recommendations for legisla-  
10 tive or administrative action as the Sec-  
11 retary considers appropriate.

12 (c) COMPTROLLER GENERAL REPORT ON EFFORTS  
13 OF DEPARTMENT OF VETERANS AFFAIRS IN SUPPORTING  
14 FAMILY CAREGIVERS TRANSITIONING AWAY FROM  
15 CAREGIVING.—Not later than two years after the date of  
16 the enactment of this Act, the Comptroller General of the  
17 United States shall submit to Congress a report assessing  
18 the efforts of the Secretary of Veterans Affairs to support  
19 individuals serving as family caregivers under section  
20 1720G(a) of title 38, United States Code, in transitioning  
21 away from caregiving, either by assisting those individuals  
22 with retirement planning or returning to work.

23 (d) REPORT ON FEASIBILITY AND ADVISABILITY OF  
24 ESTABLISHING A RETIREMENT PLAN OR RETIREMENT  
25 SAVINGS FOR FAMILY CAREGIVERS OF CERTAIN VET-

1 ERANS.—Not later than one year after the date of the en-  
 2 actment of this Act, the Secretary of Veterans Affairs, in  
 3 consultation with the Secretary of the Treasury and the  
 4 heads of such other relevant entities as the Secretary of  
 5 Veterans Affairs determines necessary, shall submit to  
 6 Congress a report on the feasibility and advisability of,  
 7 for individuals serving as family caregivers under section  
 8 1720G(a) of title 38, United States Code—

9           (1) establishing an individual retirement plan  
 10       (as defined in section 7701(a)(37) of the Internal  
 11       Revenue Code of 1986 (26 U.S.C. 7701(a)(37))) or  
 12       similar retirement plan; or

13           (2) permitting such individuals to join an al-  
 14       ready established pathway to retirement savings.

15 **SEC. 303. VETERANS TBI BREAKTHROUGH EXPLORATION**  
 16 **OF ADAPTIVE CARE OPPORTUNITIES NATION-**  
 17 **WIDE ACT.**

18       (a) DEPARTMENT OF VETERANS AFFAIRS GRANT  
 19 PROGRAM FOR SUPPLEMENTAL NEUROREHABILITATION  
 20 APPROACHES TO CHRONIC MILD TBI TREATMENT.—

21           (1) GRANT PROGRAM.—

22               (A) IN GENERAL.—The Secretary of Vet-  
 23       erans Affairs shall carry out a three-year pro-  
 24       gram (to be known as the “TBI Innovation  
 25       Grant Program”) under which the Secretary

1 shall award grants to eligible entities described  
2 in paragraph (2) for the development, imple-  
3 mentation, and evaluation of approaches and  
4 methodologies for prospective randomized con-  
5 trol trials for neurorehabilitation treatments for  
6 the treatment of chronic mild traumatic brain  
7 injury (in this Act referred to as “mTBI”) in  
8 veterans.

9 (B) RELATIONSHIP TO OTHER DEPART-  
10 MENT ACTIVITIES.—The grant program re-  
11 quired under subparagraph (A) shall be carried  
12 out in a manner that—

13 (i) supplements, and does not sup-  
14 plant, other clinical care and research of  
15 the Department of Veterans Affairs relat-  
16 ing to mTBI; and

17 (ii) facilitates, as practicable, coordi-  
18 nation with Veterans Health Administra-  
19 tion facilities for referral, continuity of  
20 care, and dissemination of findings.

21 (2) ELIGIBLE ENTITIES DESCRIBED.—An eligi-  
22 ble entity described in this paragraph is any of the  
23 following:

24 (A) A nonprofit organization with dem-  
25 onstrated capability to conduct clinical trials

1           and    to    deliver    or    research    effective  
2           neurorehabilitation treatments for mTBI, in-  
3           cluding through patient care delivery.

4                 (B) An academic institution that conducts  
5           significant research on mTBI and has dem-  
6           onstrated capability to conduct clinical trials re-  
7           lating to neurorehabilitation treatments.

8                 (C) A non-Department health care pro-  
9           vider with expertise in neurorehabilitative thera-  
10          pies and demonstrated capability to conduct  
11          clinical trials and to evaluate mTBI treatments  
12          through patient care delivery.

13                (D) A partnership or consortium of two or  
14          more entities described in subparagraphs (A)  
15          through (C).

16               (3) USE OF FUNDS.—An eligible entity in re-  
17          ceipt of a grant under this subsection shall use such  
18          grant to support activities that include—

19                   (A) designing and testing novel or integra-  
20          tive treatments for mTBI that prioritize pa-  
21          tient-centered care, including non-pharma-  
22          cological therapies;

23                   (B) conducting clinical studies and assess-  
24          ments to measure the effectiveness of funded  
25          approaches to—

1 (i) improve mental health outcomes  
2 among veterans;

3 (ii) reduce suicidality, and common  
4 risk factors for completing suicide, includ-  
5 ing depression and substance use disorders  
6 among veterans; and

7 (iii) mitigate long-term effects of  
8 mTBI and, to the extent outcomes are col-  
9 lected under the applicable clinical pro-  
10 tocol, measure durability of outcomes at  
11 approximately six months following com-  
12 pletion of treatment;

13 (C) providing training for clinicians and  
14 outreach to veterans and their families to im-  
15 prove awareness and accessibility of innovative  
16 mTBI treatments, including information on  
17 available Department resources and pathways  
18 to access such resources; and

19 (D) establishing partnerships with commu-  
20 nity organizations, academic institutions, and  
21 health care facilities, including, as practicable,  
22 coordination with Veterans Health Administra-  
23 tion facilities to facilitate referral of eligible vet-  
24 erans, continuity of care, and dissemination of  
25 aggregate findings.

1           (4) LIMITATION ON GRANT AMOUNT.—The Sec-  
2       retary may not award an eligible entity a grant  
3       under this section in an amount that exceeds  
4       \$5,000,000 for any fiscal year.

5           (5) PROGRAM ADMINISTRATION.—

6           (A) APPLICATIONS.—An eligible entity de-  
7       siring a grant under this subsection shall sub-  
8       mit to the Secretary an application in such  
9       form, at such time, and containing such infor-  
10      mation and assurances as the Secretary deter-  
11      mines appropriate, including a detailed descrip-  
12      tion of—

13                   (i) activities proposed to be conducted  
14                   using the grant;

15                   (ii) expected outcomes of such activi-  
16                   ties;

17                   (iii) plans for evaluating the effective-  
18                   ness of such activities;

19                   (iv) how the eligible entity will coordi-  
20                   nate, as practicable, with Veterans Health  
21                   Administration facilities for referral and  
22                   continuity of care for veterans who partici-  
23                   pate in activities carried out using grant  
24                   funds, and for dissemination of aggregate  
25                   findings;



1 (v) the budget of the entity for the  
2 use of the grant, including a narrative jus-  
3 tification and an identification of the esti-  
4 mated amount of grant funds to be used  
5 for administrative or overhead costs; and

6 (vi) assurances of compliance with ap-  
7 plicable Federal laws and regulations relat-  
8 ing to human subjects protections and pa-  
9 tient safety.

10 (B) PRIORITY.—In awarding grants under  
11 this subsection, the Secretary shall give priority  
12 to eligible entities that have demonstrated the  
13 capacity to coordinate with the Department to  
14 facilitate referral and continuity of care for vet-  
15 erans who participate in activities carried out  
16 using grant funds.

17 (C) PERIODIC REPORTS.—As a condition  
18 of receiving a grant under this section, an eligi-  
19 ble entity shall, not less frequently than annu-  
20 ally during the grant period and not later than  
21 180 days after the end of the grant period, sub-  
22 mit to the Secretary a report that includes, with  
23 respect to the period covered by the report—

24 (i) a description of how the eligible  
25 entity used such grant;

1 (ii) a summary of the progress of ac-  
2 tivities funded with amounts from such  
3 grant;

4 (iii) measured outcomes relating to  
5 such activities;

6 (iv) a detailed accounting of expendi-  
7 tures of grant funds, including administra-  
8 tive or overhead costs;

9 (v) to the extent collected under the  
10 applicable clinical protocol or in the ordi-  
11 nary course of care, a description of any  
12 adverse events and serious adverse events,  
13 including self-harm or suicide-related  
14 events; and

15 (vi) a description of actions taken  
16 pursuant to the coordination plan de-  
17 scribed in subparagraph (A)(iv).

18 (D) OVERSIGHT; ANNUAL EVALUATIONS.—

19 The Secretary shall—

20 (i) ensure rigorous oversight of the  
21 grant program under this section, includ-  
22 ing by monitoring financial compliance and  
23 timely receipt of the reports required under  
24 subparagraph (B); and

1                   (ii) on an annual basis until the ter-  
2                   mination date specified in paragraph  
3                   (9)(A), evaluate the efficacy of activities  
4                   carried out using grant funds based on the  
5                   reports submitted under subparagraph (B)  
6                   and other appropriate information.

7                   (E) RULE OF CONSTRUCTION.—Nothing in  
8                   this section shall be construed to authorize the  
9                   Secretary to require prior approval of, or  
10                  changes to, any clinical protocol, study design,  
11                  outcome measures, or follow-up schedule of an  
12                  eligible entity that receives a grant under this  
13                  section, except as necessary to ensure compli-  
14                  ance with applicable Federal laws and regula-  
15                  tions relating to human subjects protections  
16                  and patient safety.

17                  (F) ENFORCEMENT AUTHORITY.—The  
18                  Secretary may suspend, modify, or terminate a  
19                  grant awarded under this section, if the Sec-  
20                  retary determines that the recipient of such  
21                  grant has failed to comply with reporting re-  
22                  quirements under subparagraph (B) or other  
23                  applicable terms and conditions of the grant.

24                  (6) AVAILABLE AMOUNTS; AUTHORIZATION OF  
25                  APPROPRIATIONS.—

1           (A) AVAILABLE AMOUNTS.—The Secretary  
2           may carry out the program under this section  
3           using amounts available to the Secretary for  
4           general mental health care programs, if the use  
5           of such amounts supplements, and does not  
6           supplant, amounts otherwise available for De-  
7           partment mental health and traumatic brain in-  
8           jury programs.

9           (B) AUTHORIZATION OF APPROPRIA-  
10          TIONS.—There is authorized to be appropriated  
11          to the Secretary \$10,000,000 for each of fiscal  
12          years 2026 through 2028 to carry out this sec-  
13          tion.

14         (7) DURATION; ANNUAL REVIEW.—

15           (A) DURATION.—The authority of the Sec-  
16           retary to carry out the grant program under  
17           this section shall terminate on the date that is  
18           three years after the date of the enactment of  
19           this Act, except that the Secretary may con-  
20           tinue to use amounts made available to carry  
21           out this section after such date solely for the  
22           purpose of administering activities and obliga-  
23           tions incurred before such termination date.

24           (B) ANNUAL REVIEW.—During such three-  
25           year period, the Secretary shall, on an annual

1 basis, review the effectiveness of the grant pro-  
2 gram to determine the potential of such grant  
3 program for continuation or expansion.

4 (b) DEPARTMENT OF VETERANS AFFAIRS GRANT  
5 PROGRAM FOR INDEPENDENT THIRD-PARTY RESEARCH  
6 STUDIES AND TREATMENT WITH RESPECT TO SUPPLE-  
7 MENTAL NEUROREHABILITATION TREATMENTS FOR  
8 MTBI.—

9 (1) ESTABLISHMENT.—The Secretary of Vet-  
10 erans Affairs shall establish and carry out a re-  
11 search grant program to award grants to eligible en-  
12 tities described in paragraph (2) to be used to carry  
13 out studies and applied programs on approaches and  
14 methodologies for the treatment of mTBI in vet-  
15 erans.

16 (2) ELIGIBLE ENTITIES DESCRIBED.—An eligi-  
17 ble entity described in this paragraph is any of the  
18 following:

19 (A) A nonprofit organization that has dem-  
20 onstrated the capability to conduct clinical  
21 trials and to evaluate traumatic brain injury  
22 treatments through patient care delivery.

23 (B) An academic institution that conducts  
24 significant research on traumatic brain injury  
25 and has demonstrated the capability to conduct

1 clinical trials relating to neurorehabilitation  
2 treatments.

3 (C) A partnership or consortium of two or  
4 more entities described in subparagraphs (A)  
5 and (B).

6 (3) APPLICATIONS.—An eligible entity desiring  
7 a grant under this section shall submit to the Sec-  
8 retary an application in such form, at such time,  
9 and containing such information and assurances as  
10 the Secretary determines appropriate, including a  
11 summary of—

12 (A) the research and treatment activities  
13 proposed to be carried out using grant funds;

14 (B) the methodology to be used for such  
15 activities;

16 (C) the expected outcomes of such activi-  
17 ties;

18 (D) how the eligible entity will coordinate,  
19 as practicable, with Veterans Health Adminis-  
20 tration facilities for referral and continuity of  
21 care for veterans who participate in activities  
22 carried out using grant funds, and for dissemi-  
23 nation of aggregate findings;

24 (E) the budget of the entity for the use of  
25 the grant, including a narrative justification

1 and an identification of the estimated amount  
2 of grant funds to be used for administrative or  
3 overhead costs; and

4 (F) assurances of compliance with applica-  
5 ble Federal laws and regulations relating to  
6 human subjects protections and patient safety.

7 (4) ADMINISTRATION.—

8 (A) GRANT CATEGORIES.—In carrying out  
9 the grant program under this subsection, each  
10 fiscal year the Secretary shall—

11 (i) subject to the requirement under  
12 subparagraph (B), award four grants for  
13 exploratory or pilot research and treatment  
14 projects, each of which shall be in an  
15 amount of not more than \$625,000; and

16 (ii) award five grants for collaborative  
17 or multidisciplinary research and treat-  
18 ment initiatives, each of which shall be in  
19 an amount of not more than \$1,500,000.

20 (B) PRIORITY.—Of the grants awarded  
21 under subparagraph (A)(i), the Secretary shall  
22 award not fewer than three to nonprofit organi-  
23 zations.

24 (C) ENFORCEMENT AUTHORITY.—The  
25 Secretary may suspend, modify, or terminate a

1 grant awarded under this subsection, if the Sec-  
2 retary determines that the recipient of such  
3 grant has failed to comply with the applicable  
4 terms and conditions of the grant.

5 (5) AGREEMENT WITH INDEPENDENT ORGANI-  
6 ZATION.—

7 (A) IN GENERAL.—The Secretary shall  
8 seek to enter into an agreement with an inde-  
9 pendent organization that is not a component of  
10 the Department and that has demonstrated ex-  
11 pertise in randomized controlled trials,  
12 neurorehabilitation outcomes evaluation, and re-  
13 search integrity, under which the organization  
14 agrees to—

15 (i) administer the research grant pro-  
16 gram under this subsection;

17 (ii) carry out studies and implement  
18 efforts that include—

19 (I) analyzing data from mTBI  
20 treatment methodologies developed  
21 pursuant to the research grant pro-  
22 gram to assess the effect, among vet-  
23 erans, of such methodologies on en-  
24 hanced brain health outcomes, mental  
25 health, and long-term recovery, in-



1 including, to the extent outcomes are  
2 collected under the applicable clinical  
3 protocol, durability of outcomes at ap-  
4 proximately six months following com-  
5 pletion of treatment;

6 (II) identifying data-driven best  
7 practices and providing recommenda-  
8 tions for further research or clinical  
9 application, including recommenda-  
10 tions for dissemination to Veterans  
11 Health Administration clinicians and  
12 facilities (as appropriate); and

13 (III) randomized, controlled clin-  
14 ical trials to—

15 (aa) validate and deliver  
16 treatments;

17 (bb) establish a standard of  
18 care; and

19 (cc) improve access to such  
20 treatments for veterans;

21 (iii) submit to the Secretary not less  
22 frequently than annually a report describ-  
23 ing activities carried out under this sec-  
24 tion, including outcome data and method-  
25 ology; and

1 (iv) make available to the Secretary  
2 all data and findings from the grants made  
3 under this section, consistent with applica-  
4 ble Federal law, regulation, and Depart-  
5 ment policies relating to patient protec-  
6 tions, data security, and privacy.

7 (B) RULE OF CONSTRUCTION.—Nothing in  
8 this section shall be construed to authorize the  
9 Secretary, or an independent organization that  
10 enters into an agreement with the Secretary  
11 under subparagraph (A), to require prior ap-  
12 proval of, or changes to, any clinical protocol,  
13 study design, outcome measures, or follow-up  
14 schedule established by an eligible entity that  
15 receives a grant under this section, except as  
16 necessary to ensure compliance with applicable  
17 Federal laws and regulations relating to human  
18 subjects protections and patient safety.

19 (C) REPORT.—An agreement under sub-  
20 paragraph (A) shall include a requirement that  
21 the independent organization submits to Con-  
22 gress and the Secretary a comprehensive report  
23 that includes—

24 (i) the findings of the studies required  
25 under such agreement;

1 (ii) recommendations with respect to  
2 the expansion of successful TBI treatment  
3 methodologies and standard of care rec-  
4 ommendations, if any, developed pursuant  
5 to the research grant program; and

6 (iii) to the extent available from the  
7 reports and study materials of grant recipi-  
8 ents, a summary of—

9 (I) the durability of outcomes at  
10 approximately six months following  
11 completion of treatment, if collected  
12 under the applicable clinical protocol;

13 (II) adverse events and serious  
14 adverse events, including self-harm or  
15 suicide-related events, if collected  
16 under the applicable clinical protocol  
17 or in the ordinary course of care; and

18 (III) aggregate expenditures of  
19 grant funds, including administrative  
20 or overhead costs.

21 (D) SURVEYS.—The Secretary may con-  
22 duct surveys of any independent organization  
23 that enters into an agreement with the Sec-  
24 retary under subparagraph (A) in order to as-  
25 sess the effectiveness of such organization in

1 administering the research grant program  
2 under this subsection.

3 (6) AVAILABLE AMOUNTS; AUTHORIZATION OF  
4 APPROPRIATIONS.—

5 (A) AVAILABLE AMOUNTS.—The Secretary  
6 may use amounts available to the Secretary for  
7 the operating budget of the National Center for  
8 Posttraumatic Stress Disorder to carry out the  
9 research grant program under this subsection,  
10 if the use of such amounts supplements, and  
11 does not supplant, amounts otherwise available  
12 for Department programs and services.

13 (B) AUTHORIZATION OF APPROPRIA-  
14 TIONS.—There is authorized to be appropriated  
15 to the Secretary \$10,000,000 for each of fiscal  
16 years 2026 through 2028 to carry out this sub-  
17 section.

18 (7) TERMINATION DATE.—The authority of the  
19 Secretary to carry out the research grant program  
20 under this section shall terminate on the date that  
21 is three years after the date of the enactment of this  
22 Act.

23 (c) REPORTS TO CONGRESS.—Not later than two  
24 years after the date on which the Secretary commences  
25 the research grant program under subsection (a), and on

1 an annual basis thereafter until the termination date spec-  
2 ified in paragraph (8) of such subsection, the Secretary  
3 shall submit to Congress a report on the grant programs  
4 under subsections (a) and (b). Each such report shall in-  
5 clude—

6 (1) the findings of the studies under subsection  
7 (a)(6)(B);

8 (2) a description of any agreement entered into  
9 by the Secretary under subsection (b)(5)(A);

10 (3) recommendations of the Secretary with re-  
11 spect to policy and programmatic improvements to  
12 services of the Department to treat mTBI among  
13 veterans;

14 (4) any findings derived from surveys conducted  
15 under subsection (b)(5)(D), including any rec-  
16 ommendations of the Secretary for improvements to  
17 the structure, oversight, administration, or perform-  
18 ance of the independent organization that enters  
19 into an agreement with the Secretary under sub-  
20 section (b)(5)(A); and

21 (5) such other matters as the Secretary deter-  
22 mines appropriate.

23 (d) DEFINITIONS.—In this section:

24 (1) The terms “chronic mild traumatic brain in-  
25 jury” and “mTBI” mean a mild traumatic brain in-

1 jury with symptoms that persist for not fewer than  
 2 six months after the inciting injury, as determined  
 3 using validated clinical criteria.

4 (2) The term “nonprofit organization”—

5 (A) means an organization described in  
 6 section 501(c)(3) of the Internal Revenue Code  
 7 of 1986 and exempt from taxation under sec-  
 8 tion 501(a) of such Code; and

9 (B) includes such an organization that is a  
 10 hospital, nonprofit health system, academic  
 11 medical center, or clinic that delivers  
 12 neurorehabilitation care or conducts clinical re-  
 13 search relating to mTBI.

14 (3) The term “veteran” has the meaning given  
 15 such term in section 101 of title 38, United States  
 16 Code.

17 **SEC. 304. DEPARTMENT OF VETERANS AFFAIRS ASSIGN-**  
 18 **MENT OF TRAVELING PHYSICIANS TO SERVE**  
 19 **TERRITORIES AND POSSESSIONS.**

20 (a) IN GENERAL.—Subchapter I of chapter 74 of title  
 21 38, United States Code, is amended by adding at the end  
 22 the following new section:

23 **“§ 7415. Traveling physicians**

24 “(a) IN GENERAL.—(1) The Secretary may assign a  
 25 physician appointed under section 7401 or section 7431

1 of this title to serve as a traveling physician for a period  
2 of not more than one year at a time. A physician assigned  
3 to serve as a traveling physician under this section may  
4 be assigned to provide health care to veterans residing in  
5 American Samoa, Guam, the Commonwealth of the North-  
6 ern Mariana Islands, the Commonwealth of Puerto Rico,  
7 the Virgin Islands of the United States, or any other terri-  
8 tory or possession of the United States at Department fa-  
9 cilities or other approved facilities located in such territory  
10 or possession.

11 “(2) The Secretary may assign multiple physicians  
12 to serve as traveling physicians under this section and may  
13 assign each such physician to serve in a specific territory  
14 or possession.

15 “(b) COORDINATION OF CARE.—In providing care  
16 under this section, traveling physicians shall coordinate  
17 with non-Department medical providers to the extent  
18 practicable and necessary to ensure high quality and co-  
19 ordinated care for veterans receiving hospital care and  
20 medical services.

21 “(c) PAY.—In addition to pay under section 7431 of  
22 this title, the Secretary shall provide a relocation or reten-  
23 tion bonus to traveling physicians under this section. Such  
24 relocation or retention bonus shall be substantially similar  
25 to a relocation or retention bonus offered under section

1 7410(a) of this title, as the Secretary considers appro-  
2 priate.”.

3 (b) CLERICAL AMENDMENT.—The table of sections  
4 at the beginning of such chapter is amended by inserting  
5 after the item relating to section 7414 the following new  
6 item:

“7415. Traveling physicians.”.

7 (c) TECHNICAL AND CONFORMING AMENDMENTS.—  
8 Title 38, United States Code, is further amended as fol-  
9 lows:

10 (1) In section 7410(a)(1), by—

11 (A) by striking “retention allowances” and  
12 inserting “retention bonuses”; and

13 (B) by striking the second comma after  
14 “section 7401(1) of this title”; and

15 (2) In section 7431(e)(5)(B), by striking “re-  
16 tention allowances” and inserting “retention bo-  
17 nuses”.

18 **SEC. 305. INCLUSION OF ADAPTIVE PROSTHESES AND TER-**  
19 **MINAL DEVICES FOR SPORTS AND OTHER**  
20 **RECREATIONAL ACTIVITIES IN MEDICAL**  
21 **SERVICES FURNISHED TO ELIGIBLE VET-**  
22 **ERANS BY THE SECRETARY OF VETERANS AF-**  
23 **FAIRS.**

24 Section 1701 of title 38, United States Code, is  
25 amended, in paragraph (6)(F)(i), by inserting “(including



1 adaptive prostheses and terminal devices for sports and  
 2 other recreational activities that are determined to be  
 3 clinically appropriate by the Secretary)” after “artificial  
 4 limbs”.

5 **SEC. 306. MODIFICATIONS TO AND REAUTHORIZATION OF**  
 6 **STAFF SERGEANT PARKER GORDON FOX SUI-**  
 7 **CIDE PREVENTION GRANT PROGRAM OF DE-**  
 8 **PARTMENT OF VETERANS AFFAIRS.**

9 (a) COORDINATION BY SECRETARY.—Subsection (b)  
 10 of section 201 of the Commander John Scott Hannon Vet-  
 11 erans Mental Health Care Improvement Act of 2019  
 12 (Public Law 116–171; 38 U.S.C. 1720F note) is amended  
 13 by striking the second sentence.

14 (b) USE OF GRANT FUNDS.—Subsection (c) of such  
 15 section is amended—

16 (1) in the subsection heading, by inserting “;  
 17 USE OF GRANT FUNDS” after “GRANTS”; and

18 (2) by adding at the end the following new  
 19 paragraphs:

20 “(3) RENEWAL OF GRANT AMOUNTS.—

21 “(A) IN GENERAL.—In determining wheth-  
 22 er to renew a grant awarded under this section  
 23 to an eligible entity, the Secretary shall con-  
 24 sider, among such other factors as the Sec-  
 25 retary may consider appropriate—

1 “(i) the compliance by the eligible en-  
2 tity in administering pre- and post-inter-  
3 vention assessments required under sub-  
4 section (e)(6); and

5 “(ii) any demonstrated improvements  
6 in participant outcomes.

7 “(B) ADDITIONAL AMOUNTS.—Based on a  
8 consideration of the factors described in sub-  
9 paragraph (A), the Secretary may award  
10 amounts, not to exceed \$250,000 per grantee  
11 per fiscal year, to a grantee in addition to the  
12 maximum amount under paragraph (2)(A)  
13 based on a performance-based metric estab-  
14 lished by the Secretary.”.

15 (c) PRIORITY FOR NEW RECIPIENTS.—Subsection  
16 (d) of such section is amended—

17 (1) in the subsection heading, by striking “and  
18 Preference” and inserting “, Preference, and Pri-  
19 ority”;

20 (2) in paragraph (1)(A)—

21 (A) in clause (iv), by striking the semi-  
22 colon at the end and inserting “; and”;

23 (B) by striking clause (v); and

24 (C) by redesignating clause (vi) as clause  
25 (v); and

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

3           “(3) PRIORITY FOR NEW RECIPIENTS.—To the  
4 maximum extent practicable, the Secretary shall  
5 prioritize grants for eligible entities that have satis-  
6 fied the requirements provided under subsection (f)  
7 and are located in States in which a grant has not  
8 been awarded under this section.”.

9           (d) REQUIREMENTS FOR RECEIPT OF GRANTS.—  
10 Subsection (e) of such section is amended—

11           (1) in paragraph (3)—

12                 (A) by redesignating subparagraphs (B)  
13 and (C) as subparagraphs (C) and (D), respec-  
14 tively; and

15                 (B) by inserting after subparagraph (A)  
16 the following new subparagraph (B):

17                 “(B) coordinate with the Secretary to de-  
18 velop a plan for communication between the en-  
19 tity and local mental health providers of the  
20 Department regarding whether veterans receiv-  
21 ing assistance under this section from the entity  
22 are attending appointments to ensure continuity  
23 of care;”;

24           (2) by adding at the end the following new  
25 paragraph:

1           “(6) ASSESSMENTS.—An eligible entity receiv-  
2           ing a grant under this section shall conduct a pre-  
3           and post-intervention assessment with respect to  
4           each eligible individual who receives suicide preven-  
5           tion services pursuant to such grant across all rel-  
6           evant metrics, as determined by the Secretary.

7           “(7) METRICS AND OUTCOMES.—An eligible en-  
8           tity receiving a grant under this section shall collect  
9           and submit to the Secretary such metrics and out-  
10          come data as the Secretary may require, including—

11               “(A) throughput measures, including the  
12               number of veterans screened, referred, con-  
13               nected to care, and retained in services under  
14               the grant program;

15               “(B) reductions in severity scale measure-  
16               ments, including reductions in suicidality identi-  
17               fied through applicable inventories or assess-  
18               ments; and

19               “(C) such other quantifiable metrics as the  
20               Secretary determines appropriate.”.

21          (e) TRAINING AND TECHNICAL ASSISTANCE.—Sub-  
22          section (g) of such section is amended—

23               (1) in paragraph (1)—

1 (A) in the matter preceding subparagraph  
2 (A), by inserting “, or interested in receiving  
3 such grants,” after “this section”; and

4 (B) in subparagraph (A), by inserting “,  
5 including training on how to properly use the  
6 Columbia Protocol (also known as the Colum-  
7 bia-Suicide Severity Rating Scale (C-SSRS))  
8 and other screening tools selected by the Sec-  
9 retary” after “management”; and

10 (2) by adding at the end the following new  
11 paragraphs:

12 “(3) TRAINING FOR DEPARTMENT EMPLOY-  
13 EES.—The Secretary shall provide training to em-  
14 ployees of the Department as the Secretary con-  
15 siders appropriate on the grant program under this  
16 section.”.

17 (f) BRIEFING FOR LOCAL VAMCS.—Subsection (h)  
18 of such section is amended by adding at the end the fol-  
19 lowing new paragraph:

20 “(5) BRIEFING FOR LOCAL VAMCS.—Not less  
21 frequently than once per year, unless the Secretary  
22 determines that such frequency is not advisable, the  
23 Secretary shall provide, to the appropriate personnel  
24 of each medical center of the Department identified  
25 on the grantee’s application under this section, a

1        briefing about the grant program under this section  
2        in order to improve coordination between such re-  
3        cipient and personnel.”.

4        (g) DURATION.—Subsection (j) of such section is  
5        amended by striking “September 30, 2026” and inserting  
6        “September 30, 2029”.

7        (h) REPORTS.—Subsection (k)(2) is amended—

8                (1) in the paragraph heading, by striking  
9        “FINAL REPORT” and inserting “ANNUAL RE-  
10       REPORTS”; and

11                (2) in subparagraph (B)—

12                        (A) by redesignating clauses (iii) and (iv)  
13        as (v) and (vi), respectively; and

14                        (B) by adding the following new clauses  
15        (iii) and (iv):

16                        “(iii) A description of the Secretary’s  
17                        compliance with the requirement to train  
18                        employees of the Department under sub-  
19                        section (g)(3).

20                        “(iv) An optional description and in-  
21                        clusion of subjective or narrative stories of  
22                        community or individual impact to allow  
23                        grant recipients to share meaningful ac-  
24                        complishments.”.

1 (i) REFERRAL FOR CARE.—Subsection (m) of such  
2 section is amended by adding at the end the following new  
3 paragraph:

4 “(4) REQUIRED RESPONSE OR ACTION.—(A) If  
5 the Secretary receives a referral under paragraph  
6 (1) for additional care, the Secretary shall review  
7 such referral and contact the veteran not later than  
8 72-hours following the referral.

9 “(B) If the Secretary receives a referral under  
10 paragraph (2) for emergent suicide care, the Sec-  
11 retary shall review such referral and contact the vet-  
12 eran not later than 24 hours following the referral  
13 by such entity under subsection (m)(1).”.

14 (j) REAUTHORIZATION.—Subsection (p) of such sec-  
15 tion is amended—

16 (1) by striking “section a total” and inserting  
17 “section—

18 “(1) a total”;

19 (2) by striking the period at the end and insert-  
20 ing “; and”; and

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

23 “(2) a total of \$200,000,000 for fiscal years  
24 2027 through 2029.”.

1 (k) TECHNICAL CORRECTION TO DEFINITIONS.—

2 Subsection (q)(5) of such section is amended, in the first  
3 sentence—

4 (1) by striking “Medical services” and inserting  
5 “The term ‘emergency treatment’ means medical  
6 services”; and

7 (2) by striking “was rendered” and inserting  
8 “rendered”.

9 (l) IDENTIFICATION OF DEMAND FOR OTHER SERV-  
10 ICES AND SUPPORT.—Subsection (e) of such section, as  
11 amended, is further amended—

12 (1) by redesignating paragraphs (5) and (6) as  
13 (6) and (7), respectively; and

14 (2) by adding after paragraph (4) the following  
15 new paragraph:

16 “(5) DEMAND FOR OTHER SERVICES AND SUP-  
17 PORT.—An entity receiving a grant under this sec-  
18 tion shall submit to the Secretary information con-  
19 cerning—

20 “(A) the number of individuals seeking  
21 services from the entity who are not eligible in-  
22 dividuals and the most common reason such in-  
23 dividuals are not eligible individuals;

24 “(B) a description of the types of services  
25 that eligible individuals or individuals described



1 in subparagraph (A) require based on any  
2 screening conducted by the entity; and

3 “(C) any actions taken by the entity to  
4 provide the services described in subparagraph  
5 (B) or to refer the individual or eligible indi-  
6 vidual to another entity for the receipt of such  
7 services.”.

8 (m) SUICIDE PREVENTION SERVICES.—

9 (1) REQUIRED USE OF CERTAIN SCREENING  
10 PROTOCOL.—Subsection (q)(11)(A)(ii) of such sec-  
11 tion is amended by adding at the end the following  
12 new sentence: “In the case of a recipient of a grant  
13 awarded under this section on or after the date of  
14 the enactment of the Take Care of America’s Vet-  
15 erans Act, such screening shall be Columbia Protocol  
16 (also known as the Columbia-Suicide Severity Rating  
17 Scale (C–SSRS)) or the Patient Health Question-  
18 naire–9 (PHQ9), or a successor screening tool se-  
19 lected by the Secretary.”;

20 (2) TRANSPORTATION.—Subsection (q)(11)(A)  
21 of such section is amended—

22 (A) by redesignating clause (xi) as clause  
23 (xii); and

24 (B) by inserting after clause (x) the fol-  
25 lowing new clause:

1 “(xi) Transportation and rideshare  
2 services for eligible individuals to use for  
3 appointments.”.

4 (n) ELIGIBLE INDIVIDUALS.—Subsection (q)(4)(C)  
5 of such section is amended by striking “clauses (i) through  
6 (iv)” and inserting “clauses (i) through (vi)”.

7 (o) EFFECTIVE DATE.—The amendments made by  
8 this section shall take effect on—

9 (1) the effective date of award following the  
10 date the Secretary publishes a notice of funding op-  
11 portunity for the program required by section 201(a)  
12 of the Commander John Scott Hannon Veterans  
13 Mental Health Care Improvement Act of 2019 (Pub-  
14 lic Law 116–171; (38 U.S.C. 1720F)), if the Sec-  
15 retary determines such amendments do not require  
16 rulemaking; or

17 (2) the effective date of award following the  
18 date the Secretary publishes a notice of funding op-  
19 portunity following the effective date of subsequent  
20 rulemaking, if the Secretary determines such amend-  
21 ments do require rulemaking.

22 **SEC. 307. REPORTS ON THE USE OF HYPERBARIC OXYGEN**  
23 **THERAPY.**

24 (a) GAO REPORT ON THE USE OF HYPERBARIC OX-  
25 YGEN THERAPY TO TREAT TRAUMATIC BRAIN INJURY

1 AND POST-TRAUMATIC STRESS DISORDER.—Not later  
2 than one year after the date of the enactment of this Act,  
3 the Comptroller General of the United States shall submit  
4 to the Committees on Veterans’ Affairs of the Senate and  
5 House of Representatives an update to the report titled  
6 “Research on Hyperbaric Oxygen Therapy to Treat Trau-  
7 matic Brain Injury and Post-Traumatic Stress Disorder”  
8 (GAO-16-154). Such report shall include the assessment  
9 of the Comptroller General of clinical trials conducted,  
10 since the publication of such report—

11 (1) regarding the use of hyperbaric oxygen  
12 therapy to treat traumatic brain injury and post-  
13 traumatic stress disorder; and

14 (2) by—

15 (A) the Secretary of Veterans Affairs;

16 (B) the Secretary of Defense; and

17 (C) private entities.

18 (b) FOLLOW-UP STUDY.—

19 (1) IN GENERAL.—Not later than 180 days  
20 after the date of the enactment of this Act, the Sec-  
21 retary shall conduct a systematic review of published  
22 research literature on the off-label use of hyperbaric  
23 oxygen therapy to treat post-traumatic stress dis-  
24 order and traumatic brain injury among veterans  
25 and nonveterans.

1           (2) ELEMENTS.—The review conducted under  
2 paragraph (1) shall include the following:

3           (A) An analysis of available research lit-  
4 erature published after the review completed  
5 pursuant to section 702 of the Commander  
6 John Scott Hannon Veterans Mental Health  
7 Care Improvement Act (Public Law 116–171);

8           (B) An assessment of the current param-  
9 eters for research on the use by the Department  
10 of Veterans Affairs of hyperbaric oxygen ther-  
11 apy, including—

12               (i) tests and questionnaires used to  
13 determine the efficacy of such therapy; and

14               (ii) metrics for determining the suc-  
15 cess of such therapy.

16           (C) A comparative analysis of tests and  
17 questionnaires used to study post-traumatic  
18 stress disorder and traumatic brain injury in  
19 other research conducted by the Department of  
20 Veterans Affairs, other Federal agencies, and  
21 entities outside the Federal Government.

22           (D) A market assessment of available  
23 hyperbaric oxygen therapy facilities or units  
24 within facilities to assess the most effective lo-  
25 cations and practices, including—

1 (i) an analysis of whether multi-per-  
2 son chambers could reduce per-veteran  
3 costs;

4 (ii) an analysis of areas with lower  
5 prices compared to a national average; and

6 (iii) an identification of not fewer  
7 than two VISNs in which the provision or  
8 furnishing of hyperbaric oxygen therapy  
9 would benefit the most number of veterans  
10 at the lowest cost to the Department.

11 **SEC. 308. DEPARTMENT OF VETERANS AFFAIRS PILOT PRO-**  
12 **GRAM TO PROVIDE GRANTS TO MENTAL**  
13 **HEALTH CARE PROVIDERS FOR THE PROVI-**  
14 **SION OF MENTAL HEALTH CARE FOR VET-**  
15 **ERANS.**

16 (a) ESTABLISHMENT.—The Secretary of Veterans  
17 Affairs shall carry out a three-year pilot program under  
18 which the Secretary shall make grants to eligible mental  
19 health care providers for the provision of mental health  
20 care, including evidence-based mental health care delivered  
21 in person or via telehealth.

22 (b) ELIGIBILITY.—To be eligible to receive a grant  
23 under the pilot program, a mental health care provider  
24 shall—

25 (1) be a non-profit organization;

1           (2) have operated at least one outpatient men-  
2           tal health facility in the United States for a contin-  
3           uous period of at least three years;

4           (3) be licensed or certified under applicable  
5           state law to provide outpatient mental health serv-  
6           ices;

7           (4) be accredited by—

8                 (A) the Joint Commission on Accreditation  
9                 of Healthcare Organizations;

10                (B) the Commission on Accreditation of  
11                Rehabilitation Facilities; or

12                (C) any other nationally recognized accred-  
13                iting body the Secretary determines appro-  
14                priate; and

15           (5) submit to the Secretary an application that  
16           includes such information and assurances as the  
17           Secretary may require, including—

18                 (A) an identification of the outpatient fa-  
19                 cility or facilities where the mental health care  
20                 services will be provided;

21                 (B) a plan for providing clinicians at each  
22                 facility in receipt of grant funds with units of  
23                 continuing education with respect to veterans  
24                 issues; and

1 (C) an identification of the percentage of  
2 the operating budget for each such facility that  
3 was provided through Federal grants during the  
4 fiscal year preceding the year during which the  
5 application is submitted.

6 (c) USE OF FUNDS.—

7 (1) IN GENERAL.—The recipient of a grant  
8 under the pilot program shall use the grant—

9 (A) to deliver evidence-based mental health  
10 care for veterans in person or via telehealth.

11 (B) to operate or expand an existing out-  
12 patient mental health facility or establish a new  
13 outpatient mental health facility for the purpose  
14 of providing such care;

15 (C) to encourage veterans who are eligible  
16 for enrollment in the patient enrollment system  
17 under section 1705 of title 38, United States  
18 Code, to enroll in such system and to receive  
19 medical services furnished by the Department  
20 of Veterans Affairs;

21 (D) to support activities necessary to de-  
22 liver or sustain care, including—

23 (i) outreach;

24 (ii) care coordination;

25 (iii) veteran engagement;

- 1 (iv) clinician training;
- 2 (v) implementation support; and
- 3 (vi) program evaluation; and

4 (E) to support continuous quality improve-  
5 ment and outcomes measurement activities, in-  
6 cluding the collection and reporting of clinical  
7 outcomes and operational metrics; and

8 (F) to support activities of the program  
9 that are not billable, reimbursable, or otherwise  
10 authorized by law, including—

- 11 (i) outreach;
- 12 (ii) care coordination;
- 13 (iii) engagement;
- 14 (iv) implementation support; and
- 15 (v) program evaluation; and

16 (G) to provide services to individuals for  
17 which reimbursement is not otherwise available,  
18 including such individuals who are—

- 19 (i) uninsured;
- 20 (ii) ineligible for health care furnished  
21 by the Department of Veterans Affairs; or
- 22 (iii) in receipt of health care that is  
23 not reimbursable as of the date of the en-  
24 actment of this Act.



1 (2) LIMITATIONS ON USE OF GRANT FUNDS.—

2 The recipient of a grant under the pilot program  
3 may not—

4 (A) charge an eligible veteran a fee associ-  
5 ated with the receipt of mental health care  
6 funded by such grant;

7 (B) refuse to provide mental health care to  
8 an eligible veteran on the basis that the veteran  
9 is not eligible for reimbursement for such care  
10 under another payer source; or

11 (C) use grant funds to—

12 (i) duplicate payments made under  
13 any contract or agreement to which the  
14 Department is a party as of the date of the  
15 enactment of this Act; or

16 (ii) pay for the same clinical services  
17 or service units that are otherwise billable  
18 to a Federal payer, including the Veterans  
19 Community Care Program under section  
20 1703 of title 38, United States Code, or  
21 any other public or private health plan.

22 (3) RULES OF CONSTRUCTION.—Nothing in  
23 this subsection may be construed to—

24 (A) prohibit a grant recipient from seeking  
25 reimbursement from non-Department payers for

1           mental health services provided by the grant re-  
2           cipient, except that grant funds shall not be  
3           used to supplant or duplicate a reimbursement  
4           otherwise available under Federal law; or

5           (B) authorize double billing or duplicate  
6           payments for the same clinical service or unit of  
7           service.

8           (4) SPOUSE AND DEPENDENT CARE.—A recipi-  
9           ent may use grant funds to provide care to spouses  
10          and dependent children of a veteran when such serv-  
11          ices are integral to achieving a successful clinical  
12          outcome. Permissible services include—

13                (A) family therapy;

14                (B) couples therapy;

15                (C) group therapy;

16                (D) family psychoeducation; and

17                (E) other counseling services the Secretary  
18          determines are clinically necessary.

19          (d) SELECTION OF FACILITIES.—In awarding grants  
20          under the pilot program, the Secretary—

21                (1) shall ensure that grants are distributed geo-  
22          graphically evenly among rural and urban areas;

23                (2) may consider the proportion of veterans his-  
24          torically served by the grant recipient; and

1           (3) may prioritize outpatient mental health fa-  
2           cilities located in areas that the Secretary deter-  
3           mines—

4                   (A) are medically underserved;

5                   (B) have large veteran populations;

6                   (C) are located near military installations;

7           or

8                   (D) have large numbers of veterans at high  
9           risk of suicide.

10          (e) AMOUNT OF GRANT.—

11               (1) IN GENERAL.—

12                   (A) IN GENERAL.—Except as provided in  
13           subparagraph (B), no grant under the pilot pro-  
14           gram for a facility for any fiscal year may ex-  
15           ceed \$1,500,000.

16                   (B) LIMITATION.—In the case of an out-  
17           patient mental health facility for which at least  
18           50 percent of the operating budget of the facil-  
19           ity for the preceding fiscal year was provided  
20           through Federal grants, no grant under the  
21           pilot program for the facility for any fiscal year  
22           may exceed the lesser of—

23                   (i) 50 percent of the operating budget  
24                   of the facility; or

25                   (ii) \$1,500,000.

1           (2) MULTIPLE GRANTS.—The recipient of a  
2       grant under the pilot program—

3           (A) may apply for, and receive, grants for  
4       more than one facility of the recipient for any  
5       fiscal year; and

6           (B) may apply for, and receive, a grant for  
7       a facility that has already received a grant  
8       under the pilot program.

9       (f) REGULATIONS; ACCOUNTABILITY.—The Sec-  
10   retary shall prescribe regulations to carry out this section,  
11   which shall include a requirement that each recipient of  
12   a grant under the pilot program shall—

13           (1) demonstrate the capacity to provide ac-  
14       countability;

15           (2) demonstrate clinical outcomes;

16           (3) justify the effective use of any private in-  
17       vestment funds or Federal grant funds through data  
18       collection and reporting metrics; and

19           (4) collect standardized outcome measures in-  
20       cluding symptom improvement and program comple-  
21       tion.

22       (g) CONTINUITY OF CARE.—A recipient of a grant  
23   under the pilot program shall adhere to the continuity of  
24   care model established by the Secretary to the Veterans  
25   Community Care Program.

1       (h) REPORT.—Not later than 180 days after the com-  
2     pletion of the pilot program under this section, the Sec-  
3     retary shall submit to Congress a report on the pilot pro-  
4     gram that includes the following:

5           (1) The number of veterans who received men-  
6     tal health care under the program.

7           (2) An identification of the types of mental  
8     health care provided and the time period for which  
9     such care was provided.

10          (3) An identification and summary of program  
11     outcomes.

12          (4) The number of veterans who received men-  
13     tal health care under the program and subsequently  
14     enrolled in the patient enrollment system under sec-  
15     tion 1705 of title 38, United States Code.

16          (5) An identification of any obstacles faced by  
17     grant recipients in providing mental health care  
18     under the program.

19          (6) A summary of clinical outcomes based on  
20     pre- and post-client functioning—

21           (A) the number of veterans who improved  
22     clinically based on relevant clinical evaluation  
23     metrics that the Secretary determines appro-  
24     priate;

1 (B) the degree of clinical improvement  
2 based on such relevant clinical evaluation  
3 metrics;

4 (C) the total number of veterans partici-  
5 pating in the program; and

6 (D) any other outcome metrics as the Sec-  
7 retary determines appropriate.

8 (7) Findings with respect to the sustainability  
9 of the program.

10 (i) AUTHORIZATION OF APPROPRIATIONS.—There is  
11 authorized to be appropriated to the Secretary to carry  
12 out the pilot program under this section \$20,000,000 for  
13 each of fiscal years 2027 through 2029.

14 **SEC. 309. FURNISHING OF CERTAIN HEALTH SERVICES TO**  
15 **VETERANS IN THE FREELY ASSOCIATED**  
16 **STATES.**

17 (a) REQUIREMENT TO FURNISH CERTAIN HEALTH  
18 SERVICES TO VETERANS IN THE FREELY ASSOCIATED  
19 STATES.—

20 (1) AGREEMENTS REQUIRED.—Consistent with  
21 section 1724(f) of title 38, United States Code, and  
22 section 209(a)(4)(A) of the Compact of Free Asso-  
23 ciation Amendments Act of 2024 (48 U.S.C.  
24 1988(a)(4)(A)), the Secretary of Veterans Affairs  
25 shall work expeditiously with the governments of the

1 Freely Associated States to enter into the agree-  
2 ments described in such sections.

3 (2) INCLUSION OF TELEHEALTH AND MAIL  
4 ORDER PHARMACY SERVICES REQUIRED.—Con-  
5 sistent with such sections and with the agreements  
6 required by paragraph (1), the Secretary shall fur-  
7 nish to veterans in the Freely Associated States  
8 services that include, at a minimum—

9 (A) medical services authorized to be pro-  
10 vided under chapter 17 of title 38, United  
11 States Code, which can be administered  
12 through telehealth; and

13 (B) pharmaceutical products authorized to  
14 be provided under such chapter, delivered by  
15 mail.

16 (3) IMPLEMENTATION DATES.—In carrying out  
17 paragraphs (1) and (2), the Secretary shall—

18 (A) initiate outreach to each such govern-  
19 ment not later than 30 days after the date of  
20 the enactment of this Act;

21 (B) enter into each agreement required by  
22 paragraph (1) not later than one year after the  
23 date of the enactment of this Act; and

24 (C) begin furnishing the services required  
25 by subparagraphs (A) and (B) of paragraph (2)

1 not later than one year after the date of the en-  
2 actment of this Act.

3 (4) BENEFICIARY TRAVEL.—Section 111(h)(1)  
4 of title 38, United States Code, is amended by strik-  
5 ing “the Secretary may make payments” and insert-  
6 ing “beginning not later than one year after the date  
7 of the enactment of the Take Care of America’s Vet-  
8 erans Act, the Secretary shall make payments”.

9 (5) REPORTS.—Not less frequently than quar-  
10 terly, the Secretary shall submit to the appropriate  
11 committees of Congress a report on the implementa-  
12 tion of this section and the cost of such implementa-  
13 tion. Until the Secretary has entered into the agree-  
14 ments required by paragraph (1) and begun fur-  
15 nishing the services required by subparagraphs (A)  
16 and (B) of paragraph (2), the report shall also de-  
17 scribe the technical and logistical factors that have  
18 prevented or impeded the Secretary from doing so.

19 (6) DEFINITIONS.—In this subsection:

20 (A) APPROPRIATE COMMITTEES OF CON-  
21 GRESS.—The term “appropriate committees of  
22 Congress” means—

23 (i) the Committee on Veterans’ Af-  
24 fairs and the Committee on Appropriations  
25 of the Senate; and



1 (ii) the Committee on Veterans' Af-  
 2 fairs and the Committee on Appropriations  
 3 of the House of Representatives.

4 (B) FREELY ASSOCIATED STATES.—The  
 5 term “Freely Associated States” has the mean-  
 6 ing given such term in section 1724(f) of title  
 7 38, United States Code.

8 (b) ASSIGNMENT OF TRAVELING PHYSICIANS TO  
 9 SERVE VETERANS IN FREELY ASSOCIATED STATES.—

10 (1) IN GENERAL.—Subchapter I of chapter 74  
 11 of title 38, United States Code, is amended by add-  
 12 ing at the end the following new section:

13 **“§ 7415. Traveling physicians for veterans in Freely**  
 14 **Associated States**

15 “The Secretary may assign a physician appointed  
 16 under section 7401 of this title to serve as a traveling phy-  
 17 sician for a period of not more than one year. A traveling  
 18 physician shall provide health care to veterans residing in  
 19 the Freely Associated States (as defined in section 1724(f)  
 20 of this title).”.

21 (2) CLERICAL AMENDMENT.—The table of sec-  
 22 tions at the beginning of such chapter is amended  
 23 by inserting after the item relating to section 7414  
 24 the following new item:

“7415. Traveling physicians for veterans in Freely Associated States.”.

1 **SEC. 310. MODIFICATION OF PRECISION MEDICINE FOR**  
2 **VETERANS INITIATIVE; REPORTING ON SUI-**  
3 **CIDE BY VETERANS AND MEMBERS OF THE**  
4 **ARMED FORCES.**

5 (a) MODIFICATION OF PRECISION MEDICINE FOR  
6 VETERANS INITIATIVE.—Section 305 of the Commander  
7 John Scott Hannon Veterans Mental Health Care Im-  
8 provement Act of 2019 (Public Law 116–171; 38 U.S.C.  
9 1712A note) is amended—

10 (1) in subsection (a), by striking “and such  
11 other mental health conditions” and inserting “re-  
12 petitive low-level blast exposure, dementia, and such  
13 other brain and mental health conditions”;

14 (2) in subsection (d)(4), by adding at the end  
15 the following new subparagraph:

16 “(E) DATA-SHARING PARTNERSHIP.—

17 “(i) IN GENERAL.—The Secretary  
18 shall work with the Secretary of Defense to  
19 establish a data-sharing partnership be-  
20 tween the Department of Veterans Affairs  
21 and the Department of Defense.

22 “(ii) STORAGE.—The partnership es-  
23 tablished under clause (i) shall be stored in  
24 the open platform made available under  
25 this paragraph.

1                   “(iii) DATA.—The data supplied by  
2                   the Secretary of Defense under the part-  
3                   nership established under clause (i) shall  
4                   include relevant data throughout the De-  
5                   partment of Defense relating to low-level  
6                   repetitive blast exposure and traumatic  
7                   brain injury collected by the Armed Forces  
8                   and other appropriate entities, as deter-  
9                   mined jointly by the Secretary of Defense  
10                  and the Secretary of Veterans Affairs.”;  
11                  and

12                  (3) by adding at the end the following new sub-  
13                  sections:

14                  “(f) REPETITIVE LOW-LEVEL BLAST EXPOSURE RE-  
15                  SEARCH.—In carrying out the initiative under subsection  
16                  (a), the Secretary shall prioritize research—

17                         “(1) to identify and validate biomarkers associ-  
18                         ated with repetitive low-level blast exposure and  
19                         traumatic brain injury;

20                         “(2) to evaluate clinical and non-clinical inter-  
21                         ventions that improve cognitive function, quality of  
22                         life, and mental health outcomes among veterans  
23                         with symptoms associated with repetitive low-level  
24                         blast exposure;

1           “(3) to improve the diagnosis, treatment, and  
2           care coordination for veterans with a history of low-  
3           level repetitive blast exposure or traumatic brain in-  
4           jury, including veterans who performed duties or  
5           tasks associated with increased risk of low-level re-  
6           petitive blast exposure; and

7           “(4) to develop evidence-based strategies to re-  
8           duce suicide risk among veterans with a history of  
9           low-level repetitive blast exposure or traumatic brain  
10          injury.

11          “(g) ASSISTANCE AND REPORT BY NATIONAL ACAD-  
12          EMIES OF SCIENCES, ENGINEERING, AND MEDICINE.—  
13          Not later than 180 days after the date of the enactment  
14          of the Take Care of America’s Veterans Act, the Secretary  
15          of Veterans Affairs shall seek to enter into a contract with  
16          the National Academies of Sciences, Engineering, and  
17          Medicine under which the National Academies shall—

18               “(1) work in tandem with the initiative under  
19               subsection (a) on validation of brain and mental  
20               health biomarkers among veterans; and

21               “(2) not less frequently than once every two  
22               years, submit to the Committee on Veterans’ Affairs  
23               of the Senate and the Committee on Veterans’ Af-  
24               fairs of the House of Representatives a report on the  
25               work completed under paragraph (1).

1 “(h) ASSESSMENT.—

2 “(1) IN GENERAL.—The Secretary of Veterans  
3 Affairs shall conduct an assessment of all  
4 translational research studies in progress and  
5 planned under the initiative under subsection (a), in-  
6 cluding research under subsection (f).

7 “(2) REPORT.—Not later than 60 days after  
8 completion of the assessment conducted under para-  
9 graph (1), the Secretary shall submit to the Com-  
10 mittee on Veterans’ Affairs of the Senate and the  
11 Committee on Veterans’ Affairs of the House of  
12 Representatives a report on the assessment.

13 “(i) REPORTS.—

14 “(1) IN GENERAL.—Not less frequently than  
15 once every two years, the Secretary of Veterans Af-  
16 fairs shall submit to the Committee on Veterans’ Af-  
17 fairs of the Senate and the Committee on Veterans’  
18 Affairs of the House of Representatives a report on  
19 the initiative under subsection (a).

20 “(2) RECOMMENDATIONS.—Each report re-  
21 quired by paragraph (1) may include recommenda-  
22 tions for immediate administrative and legislative ac-  
23 tion to improve the initiative under subsection (a).

24 “(j) AUTHORIZATION OF APPROPRIATIONS.—There  
25 is authorized to be appropriated to the Secretary of Vet-

1 erans Affairs \$5,000,000 to carry out the initiative under  
2 subsection (a) for each of fiscal years 2027 through  
3 2032.”.

4 (b) INCLUSION OF INFORMATION IN REPORTS ON  
5 SUICIDE PREVENTION AMONG VETERANS AND MEMBERS  
6 OF THE ARMED FORCES.—

7 (1) INCLUSION OF INFORMATION IN NATIONAL  
8 VETERAN SUICIDE PREVENTION ANNUAL REPORT.—  
9 Section 149(a)(4)(B) of the Senator Elizabeth Dole  
10 21st Century Veterans Healthcare and Benefits Im-  
11 provement Act (Public Law 118–210; 38 U.S.C.  
12 1709B note) is amended by adding at the end the  
13 following:

14 “(iv) Military occupation data of vet-  
15 erans who attempt or commit suicide.”.

16 (2) INCLUSION OF INFORMATION IN DEPART-  
17 MENT OF DEFENSE ANNUAL REPORT.—The Sec-  
18 retary of Defense shall include in the annual report  
19 of the Defense Suicide Prevention Office, or suc-  
20 cessor office, information on—

21 (A) occupational data of members of the  
22 Armed Forces who attempt suicide; and

23 (B) outcomes of suicide prevention inter-  
24 ventions among members of the Armed Forces.

1 **SEC. 311. ESTABLISHMENT OF THE BLAST OVERPRESSURE**  
2 **TASK FORCE OF THE DEPARTMENT OF VET-**  
3 **ERANS AFFAIRS.**

4 (a) ESTABLISHMENT.—Not later than 180 days after  
5 the date of the enactment of this Act, the Secretary of  
6 Veterans Affairs shall appoint, through the Department  
7 of Veterans Affairs-Department of Defense Joint Execu-  
8 tive Committee under section 320 of title 38, United  
9 States Code, the Blast Overpressure Task Force of the  
10 Department of Veterans Affairs (in this section referred  
11 to as the “Task Force”).

12 (b) MEMBERSHIP.—Each member of the Task Force  
13 appointed under subsection (a) shall be a member of the  
14 Health Executive Committee under subsection (b)(2) of  
15 such section who, at the time of appointment, is involved  
16 in research regarding the mitigation and treatment of  
17 blast overpressure or blast exposure.

18 (c) DUTIES.—The duties of the Task Force are the  
19 following:

20 (1) To improve how the Secretary of Veterans  
21 Affairs, in consultation with the Secretary of De-  
22 fense, provides health care and other benefits to vet-  
23 erans or members of the Armed Forces diagnosed  
24 with traumatic brain injury, post-traumatic stress  
25 disorder, or other symptoms, from blast overpressure  
26 or blast exposure.

1           (2) To align research agendas and acquisition  
2 strategies of the Department regarding such health  
3 care.

4           (3) To establish physiological and cognitive per-  
5 formance baselines for such veterans and members.

6           (4) To prioritize translational research regard-  
7 ing such veterans and members, including research  
8 regarding—

9                 (A) sleep therapy;

10                (B) blast-related gut health;

11                (C) mobile diagnostics;

12                (D) vestibular dysfunction and balance im-  
13 pairment;

14                (E) autonomic nervous system  
15 dysregulation;

16                (F) cumulative mild traumatic brain in-  
17 jury;

18                (G) neuroinflammation and glial activation;

19                and

20                (H) any other issue determined appro-  
21 priate by the Secretary.

22           (5) To monitor sensory decline (including with  
23 regards to vision, hearing, and vestibular function)  
24 and stress-related impairments among such veterans  
25 and members.



1           (6) To support continuity of such care by inte-  
2           grating mobile and longitudinal diagnostic tools.

3           (d) REPORTS.—The Task Force shall issue annual  
4 reports to the Committees on Veterans’ Affairs and on  
5 Armed Services of the Senate and House of Representa-  
6 tives. Each such report shall include the following ele-  
7 ments:

8           (1) Details of research initiatives, coordination  
9 outcomes, and clinical advancements of the Task  
10 Force.

11           (2) Recommendations of the Task Force re-  
12 garding—

13           (A) how claims processors of the Depart-  
14 ment of Veterans Affairs should evaluate evi-  
15 dence that links such conditions to active mili-  
16 tary, naval, air, or space service; and

17           (B) best practices regarding the evaluation  
18 of neurological injuries in examinations for ben-  
19 efits under chapters 11 or 15 of title 38, United  
20 States Code.

21           (e) SUNSET.—The Task Force shall terminate on  
22 September 30, 2029.

1 **SEC. 312. EXTENSION OF SHARING OF DEPARTMENT OF**  
2 **VETERANS AFFAIRS AND DEPARTMENT OF**  
3 **DEFENSE HEALTH CARE RESOURCES; RE-**  
4 **SOURCE SHARING OVERSIGHT AND IMPE-**  
5 **MENTATION PLAN.**

6 (a) EXTENSION.—Section 8111(d)(3) of title 38,  
7 United States Code, is amended by striking “September  
8 30, 2026” and inserting “September 30, 2027”.

9 (b) OVERSIGHT.—

10 (1) JUSTIFICATION.—Such section is further  
11 amended in subsection (a)—

12 (A) by inserting “(1)” before “To the max-  
13 imum extent practicable, the Secretary”; and

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

16 “(2) If the Secretary of Veterans Affairs elects  
17 not to enter into such an agreement or contract,  
18 notwithstanding paragraph (1), the Secretary and  
19 the Department of Veterans Affairs-Department of  
20 Defense Joint Executive Committee shall submit to  
21 the Committees on Veterans’ Affairs of the House of  
22 Representatives and the Senate a written justifica-  
23 tion for such election.”.

24 (2) FORM OF INFORMATION.—If the Committee  
25 on Veterans’ Affairs of the House of Representatives  
26 or the Senate requests information from the Sec-

1       retary of Veterans Affairs regarding section 8111 of  
2       title 38, United States Code, the Secretary shall pro-  
3       vide such information in the form requested by such  
4       committee, including underlying records, datasets,  
5       methodologies, contracts, and communications, and  
6       may not be limited to summaries or briefing mate-  
7       rials in lieu of original source documents unless au-  
8       thorized by the requesting committee.

9               (3) INTERFERENCE WITH TRANSMISSION OF IN-  
10       FORMATION.—In response to such a request, no offi-  
11       cial or employee of the Department of Veterans Af-  
12       fairs shall—

13               (A) withhold, screen, or alter responsive in-  
14       formation;

15               (B) delay or condition production on initial  
16       clearance or political review;

17               (C) require a nondisclosure agreement un-  
18       less required by law;

19               (D) substitute summaries for requested 2  
20       records; or

21               (E) otherwise impede or interfere with di-  
22       rect transmission of information to the Com-  
23       mittee on Veterans' Affairs of the House of  
24       Representatives or the Senate.

1           (4) CLASSIFIED INFORMATION.—If the Sec-  
2       retary of Veterans’ Affairs determines that any in-  
3       formation regarding such section requested by the  
4       Committee on Veterans’ Affairs of the House of  
5       Representatives or the Senate is classified, the Sec-  
6       retary shall make arrangements to present such in-  
7       formation to the Chair and Ranking Member of the  
8       such committee using appropriate security measures.

9       (c) IMPLEMENTATION PLAN AND REPORT.—

10           (1) JOINT RESOURCE SHARING IMPLEMENTA-  
11       TION PLAN.—Not later than 90 days after the date  
12       of the enactment of this Act, the Secretary of Vet-  
13       erans Affairs, in coordination with the Secretary of  
14       Defense, shall submit to the Committees on Vet-  
15       erans’ Affairs of the House of Representatives and  
16       the Senate a Joint Resource Sharing Implementa-  
17       tion Plan. Such plan shall include—

18                   (A) a comprehensive inventory of all agree-  
19       ments under section 8111 of title 38, United  
20       States Code;

21                   (B) a standardized reimbursement method-  
22       ology;

23                   (C) capacity assessments of Department of  
24       Veterans Affairs and Department of Defense  
25       facilities; and

1 (D) identification of priority regions for ex-  
2 pansion.

3 (2) REPORT.—Not later than 2 years after date  
4 of the enactment of this Act, the Comptroller Gen-  
5 eral shall submit a report to Congress on the imple-  
6 mentation of section 8111 of title 38, United States  
7 Code. Such report shall include—

8 (A) a description of use and effectiveness  
9 of agreements under such section;

10 (B) a description of the role and output of  
11 the Joint Executive Committee under such sec-  
12 tion;

13 (C) an evaluation of the effectiveness of co-  
14 ordination of care and sharing of resources by  
15 the Department of Veterans Affairs and the  
16 Department of Defense under such section; and

17 (D) a description of any statutory, oper-  
18 ational, or cultural barriers to the implementa-  
19 tion of such section.

20 **SEC. 313. TIMELY REPORTING OF THE DEATH OF A VET-**  
21 **ERAN.**

22 (a) FINDINGS.—Congress finds the following:

23 (1) States and counties have reported signifi-  
24 cant delays in the signing of death certificates for  
25 veterans who pass away from natural causes.

1           (2) Such delays, caused by the refusal of, or  
2           postponement by, physicians of the Department of  
3           Veterans Affairs have, in some cases, lasted as long  
4           as eight weeks.

5           (3) Such delays prevent the timely burial of de-  
6           ceased veterans and access to survivor benefits.

7           (b) TIMELY CERTIFICATION OF THE DEATH OF A  
8           VETERAN.—

9           (1) IN GENERAL.—

10           (A) VA PHYSICIAN, NURSE PRACTITIONER,  
11           OR PHYSICIAN ASSISTANT.—Subject to subpara-  
12           graph (B), a physician, nurse practitioner, or  
13           physician assistant employed by the Secretary  
14           of Veterans Affairs who is the primary care  
15           provider of a veteran who dies of natural causes  
16           shall certify the death of such veteran not later  
17           than two business days after such physician,  
18           nurse practitioner, or physician assistant learns  
19           of such death.

20           (B) CORONER OR MEDICAL EXAMINER.—If  
21           a physician, nurse practitioner, or physician as-  
22           sistant described in subparagraph (A) cannot  
23           comply with such paragraph with respect to a  
24           death described in such paragraph, a coroner or

1 medical examiner in the jurisdiction where such  
2 death occurred may certify such death.

3 (2) REPORT.—

4 (A) IN GENERAL.—Not later than one year  
5 after the date of the enactment of this Act, and  
6 annually thereafter for the following five years,  
7 the Secretary shall submit to the Committee on  
8 Veterans' Affairs of the Senate and the Com-  
9 mittee on Veterans' Affairs of the House of  
10 Representatives a report regarding compliance  
11 with paragraph (1).

12 (B) ELEMENTS.—Each report required  
13 under subparagraph (A) shall include, with re-  
14 spect to the year preceding the date of the re-  
15 port, the following elements:

16 (i) The percentage of cases in which a  
17 physician, nurse practitioner, or physician  
18 assistant employed by the Secretary com-  
19 plied with paragraph (1)(A).

20 (ii) The number of cases in which  
21 such a physician, nurse practitioner, or  
22 physician assistant could not so comply.

23 (iii) An identification of the most  
24 common reasons why such a physician,

1 nurse practitioner, or physician assistant  
2 could not so comply.

3 (3) RULE OF CONSTRUCTION.—Nothing in this  
4 section shall be construed to authorize a physician  
5 assistant or nurse practitioner to certify a death in  
6 any State in which such authority is not permitted  
7 under State or local law.

8 **SEC. 314. EXPANSION OF ACCESS BY VETERANS TO CRIT-**  
9 **ICAL ACCESS HOSPITALS AND AFFILIATED**  
10 **CLINICS UNDER THE VETERANS COMMUNITY**  
11 **CARE PROGRAM.**

12 (a) PILOT PROGRAM TO IMPROVE CARE COORDINA-  
13 TION FOR VETERANS FROM CRITICAL ACCESS HOSPITALS  
14 AND AFFILIATED CLINICS.—

15 (1) IN GENERAL.—Not later than one year  
16 after the date of the enactment of this Act, the Sec-  
17 retary of Veterans Affairs shall commence a five-  
18 year pilot program to improve care coordination for  
19 eligible veterans who receive care from a critical ac-  
20 cess hospital or a provider-based rural health clinic  
21 affiliated with such hospital (in this section referred  
22 to as the “pilot program”).

23 (2) CONTRACTS, AGREEMENTS, OR OTHER AR-  
24 RANGEMENTS.—



1           (A) IN GENERAL.—In carrying out the  
2 pilot program, the Secretary shall enter into  
3 contracts, agreements, or other arrangements  
4 with facilities participating in the pilot program  
5 to reimburse critical access hospitals and affili-  
6 ated clinics for outpatient health care and med-  
7 ical services provided to eligible veterans.

8           (B) ELEMENTS.—The Secretary, in coordi-  
9 nation with participating critical access hos-  
10 pitals, shall ensure that any contract, agree-  
11 ment, or other arrangement entered into under  
12 subparagraph (A) establishes criteria, as the  
13 Secretary considers appropriate, to ensure—

14           (i) the provision of timely, safe, and  
15 high-quality health care services to partici-  
16 pants in the pilot program, including  
17 through timely sharing of pertinent med-  
18 ical record and other information between  
19 medical facilities participating in the pilot  
20 program and medical facilities of the De-  
21 partment of Veterans Affairs;

22           (ii) the provision of health care serv-  
23 ices through the pilot program is in ac-  
24 cordance with the medical benefits package  
25 of the Department;

1                   (iii) no additional charges are imposed  
2                   on veterans participating in the pilot pro-  
3                   gram or the health care insurer of such  
4                   veterans for any medical service for which  
5                   payment is made by the Secretary;

6                   (iv) appropriate reimbursement rates,  
7                   including through the consideration of  
8                   cost-based reimbursements; and

9                   (v) such other considerations as the  
10                  Secretary considers appropriate.

11               (3) LOCATIONS.—The Secretary shall ensure  
12               participation in the pilot program is open to all  
13               qualified facilities located in States that are des-  
14               ignated by the Centers for Medicare & Medicaid  
15               Services as frontier States.

16               (4) AUTHORIZATION FOR CARE.—The Secretary  
17               shall provide eligible veterans opting to participate  
18               in the pilot program a one-year authorization from  
19               the Department to receive outpatient services at fa-  
20               cilities participating in the pilot program.

21               (5) OUTREACH.—

22                   (A) ELIGIBLE VETERANS.—Not less fre-  
23                   quently than annually during each year in  
24                   which the pilot program is carried out, the Sec-  
25                   retary shall conduct direct outreach to eligible

1 veterans in areas in which the pilot program is  
2 carried out to notify such veterans of their abil-  
3 ity to participate in the pilot program.

4 (B) HOSPITALS.—The Secretary shall con-  
5 duct direct outreach to critical access hospitals  
6 in areas in which the pilot program is carried  
7 out to notify those hospitals of their ability to  
8 participate in the pilot program.

9 (6) STAFF.—The Secretary shall ensure that  
10 each medical facility of the Department within the  
11 catchment area of a location in which the pilot pro-  
12 gram is carried out has sufficient dedicated staff to  
13 handle—

14 (A) administrative and technical challenges  
15 that arise from the pilot program;

16 (B) care coordination and follow up with  
17 the veteran and the facility participating in the  
18 pilot program after an episode of care; and

19 (C) timely records return following an epi-  
20 sode of care.

21 (7) LIMITATION.—The Secretary may not ex-  
22 tend the pilot program beyond the five-year period  
23 specified under subsection (a) or expand the pilot  
24 program to additional States or convert the pilot

1 program into a permanent authority unless expressly  
2 authorized by a subsequent Act of Congress.

3 (8) REPORT.—

4 (A) IN GENERAL.—Not later than one year  
5 after the date of the enactment of this Act, and  
6 annually thereafter for the duration of the pilot  
7 program, the Secretary shall submit to the  
8 Committee on Veterans' Affairs of the Senate  
9 and the Committee on Veterans Affairs of the  
10 House of Representatives a report on the pilot  
11 program.

12 (B) ELEMENTS.—

13 (i) IN GENERAL.—Each report re-  
14 quired under subparagraph (A) shall con-  
15 tain the recommendation of the Secretary  
16 for the expansion or continuation of the  
17 pilot program.

18 (ii) INITIAL REPORT.—The initial re-  
19 port required under clause (i) shall con-  
20 tain—

21 (I) a description of the outreach  
22 conducted to critical access hospitals  
23 concerning the pilot program;

1                   (II) a list of facilities that have  
2                   opted to participate in the pilot pro-  
3                   gram;

4                   (III) information, by facility, re-  
5                   garding total obligations and expendi-  
6                   tures, utilization average time from  
7                   authorization to care, timeliness re-  
8                   garding medical records return and  
9                   claim payment, emergency department  
10                  utilization, veteran satisfaction, and  
11                  any effect on care furnished by De-  
12                  partment facilities; and

13                  (IV) a list of the barriers, if any,  
14                  cited by facilities that opted not to  
15                  participate in the pilot program.

16                  (iii) SUBSEQUENT REPORTS.—Each  
17                  report required under clause (i) after the  
18                  initial report shall contain—

19                         (I) an updated list of facilities  
20                         participating in the pilot program;

21                         (II) the number of veterans par-  
22                         ticipating in the pilot program,  
23                         disaggregated by facility;

1 (III) an overview of the types of  
2 care received through the pilot pro-  
3 gram;

4 (IV) feedback from the facilities  
5 participating in the pilot program,  
6 with identifying information removed,  
7 regarding the status of the pilot pro-  
8 gram, challenges in participating in  
9 the pilot program, and the interest of  
10 the facility in continued participation  
11 in such a program; and

12 (V) any additional information  
13 that the Secretary determines relevant  
14 or necessary.

15 (9) DEFINITIONS.—In this subsection:

16 (A) CRITICAL ACCESS HOSPITAL.—The  
17 term “critical access hospital” has the meaning  
18 given that term in section 1861(mm) of the So-  
19 cial Security Act (42 U.S.C. 1395x(mm)).

20 (B) ELIGIBLE VETERAN.—The term “eligi-  
21 ble veteran” means a veteran—

22 (i) enrolled in the patient enrollment  
23 system of the Department of Veterans Af-  
24 fairs established and operated under sec-

1                   tion 1705(a) of title 38, United States  
2                   Code;

3                   (ii) who has received care at a facility  
4                   of the Department or in-network provider  
5                   under the Veterans Community Care Pro-  
6                   gram under section 1703 of such title dur-  
7                   ing the previous two-year period;

8                   (iii) who lives within 35 miles of a  
9                   critical access hospital; and

10                  (iv) who would be eligible for care or  
11                  services under the Veterans Community  
12                  Care Program.

13                  (b) ACTION PLAN TO ADDRESS BARRIERS TO CARE  
14                  FOR VETERANS LIVING IN RURAL AREAS.—

15                  (1) IN GENERAL.—Not later than one year  
16                  after the date of the enactment of this Act, the Sec-  
17                  retary of Veterans Affairs shall develop and submit  
18                  to the Committee on Veterans' Affairs of the Senate  
19                  and the Committee on Veterans' Affairs of the  
20                  House of Representatives a comprehensive action  
21                  plan to identify, address, and eliminate barriers to  
22                  accessing care for veterans residing in rural, highly  
23                  rural, and frontier areas.

24                  (2) ELEMENTS.—In developing the action plan  
25                  required under paragraph (1), the Secretary shall—

1 (A) consult with health care providers that  
2 provide care in the community under the laws  
3 administered by the Secretary, State Offices of  
4 Rural Health, Tribal health authorities, and  
5 other relevant stakeholders in rural, highly  
6 rural, and frontier areas as the Secretary deter-  
7 mines appropriate;

8 (B) assess barriers to care in the commu-  
9 nity for veterans residing in rural and highly  
10 rural areas, including challenges with respect  
11 to—

- 12 (i) network adequacy;
- 13 (ii) provider participation;
- 14 (iii) geographic distance;
- 15 (iv) transportation;
- 16 (v) information technology;
- 17 (vi) physical infrastructure;
- 18 (vii) outreach and understanding of
- 19 eligibility for such care;
- 20 (viii) timeliness of referrals, authoriza-
- 21 tion, and medical documentation exchange;
- 22 and
- 23 (ix) any other matter the Secretary
- 24 determines appropriate;



1 (C) list specific and measurable strategies  
2 and actions to address the barriers and chal-  
3 lenges assessed under subparagraph (B), to in-  
4 clude the consideration of—

5 (i) expanding participation in the Vet-  
6 erans Community Care Program under  
7 section 1703 of title 38, United States  
8 Code, among providers in rural, highly  
9 rural, and frontier areas;

10 (ii) physically locating health care fa-  
11 cilities of the Department of Veterans Af-  
12 fairs within the same building or on the  
13 campuses of other health care facilities lo-  
14 cated in rural, highly rural, or frontier  
15 areas;

16 (iii) enhancing transportation assist-  
17 ance;

18 (iv) increasing reimbursement rates,  
19 including through cost-based reimburse-  
20 ments; and

21 (v) improving coordination with State,  
22 Tribal, and local partners; and

23 (D) assess legislative and regulatory bar-  
24 riers, if any, to addressing the barriers assessed  
25 under subparagraph (B).

1           (3) IMPLEMENTATION.—Not later than 90 days  
2     after submitting the action plan under paragraph  
3     (1), the Secretary shall begin implementation of the  
4     plan and shall ensure full implementation not later  
5     than two years after the date of the enactment of  
6     this Act.

7     (c) OUTREACH.—

8           (1) OUTREACH TO VETERANS.—Not later than  
9     one year after the date of the enactment of this Act,  
10    and annually thereafter, the Secretary of Veterans  
11    Affairs, through the Office of Rural Health (or suc-  
12    cessor office) and the Office of Integrated Veteran  
13    Care (or successor office), shall conduct outreach to  
14    veterans residing in rural, highly rural, and frontier  
15    areas regarding—

16           (A) opportunities to seek care through fa-  
17           cilities and programs of the Department of Vet-  
18           erans Affairs, including via telehealth, existing  
19           programs provided through grantees or contrac-  
20           tors of the Department, Vet Centers (as defined  
21           in section 1712A of title 38, United States  
22           Code), and volunteer programs and services for  
23           transportation;

1 (B) opportunities to seek care through the  
2 Veterans Community Care Program under sec-  
3 tion 1703 of title 38, United States Code;

4 (C) opportunities to seek care at critical  
5 access hospitals with contracts, partnerships, or  
6 agreements with the Department of Veterans  
7 Affairs; and

8 (D) any other matters the Secretary con-  
9 sider appropriate.

10 (2) OUTREACH TO PROVIDERS.—Not later than  
11 one year after the date of the enactment of this Act,  
12 and annually thereafter, the Secretary of Veterans  
13 Affairs, through the Office of Rural Health (or suc-  
14 cessor office) and the Office of Integrated Veteran  
15 Care (or successor office), shall—

16 (A) conduct outreach to health care facili-  
17 ties and critical access hospitals in rural areas  
18 regarding—

19 (i) the Veterans Community Care pro-  
20 gram under section 1703 of title 38,  
21 United States Code, and the pilot program  
22 under subsection (a) of this section; and

23 (ii) any other matters the Secretary  
24 considers appropriate; and

1 (B) seek to enter into contracts, partner-  
2 ships, agreements, or other arrangements with  
3 health care facilities and critical access hos-  
4 pitals in rural areas.

5 (3) CRITICAL ACCESS HOSPITAL DEFINED.—In  
6 this section, the term “critical access hospital” has  
7 the meaning given that term in section 1861(mm) of  
8 the Social Security Act (42 U.S.C. 1395x(mm)).

9 **SEC. 315. PILOT PLATFORM FOR SERVICES FOR VETERANS;**  
10 **COLLECTION FROM VETERANS OF INFORMA-**  
11 **TION RELATED TO SOCIAL DETERMINANTS**  
12 **OF HEALTH.**

13 (a) PILOT PROGRAM ON ESTABLISHMENT OR EN-  
14 HANCEMENT OF COMMUNITY INTEGRATION PLATFORM  
15 FOR VETERANS.—

16 (1) IN GENERAL.—Commencing not later than  
17 18 months after the date of the enactment of this  
18 Act, the Secretary, acting through the Center for In-  
19 novation for Care and Payment of the Department  
20 of Veterans Affairs, shall carry out a pilot program  
21 under which the Secretary shall establish a new, or  
22 enhance an existing, interoperable community inte-  
23 gration platform to coordinate local support services  
24 for veterans through other governmental and non-

1 governmental organizations (in this section referred  
2 to as the “pilot program”).

3 (2) ELEMENTS OF PILOT PROGRAM.—In car-  
4 rying out the pilot program, the Secretary shall en-  
5 sure that the community integration platform estab-  
6 lished or enhanced under the pilot program—

7 (A) permits veterans to identify and con-  
8 nect with covered entities that furnish covered  
9 services;

10 (B) permits covered entities to identify and  
11 connect with veterans in need of covered serv-  
12 ices;

13 (C) utilizes, to the extent practicable, exist-  
14 ing interoperable technology networks;

15 (D) prioritizes connectivity with appro-  
16 priate existing technology networks developed  
17 by public or private organizations that comply  
18 with, as applicable, standards adopted by the  
19 Secretary of Health and Human Services under  
20 section 3004 of the Public Health Service Act  
21 (42 U.S.C. 300jj–14), for the provision of cov-  
22 ered services;

23 (E) ensures that—

24 (i) reasonable measures are taken to  
25 promote connectivity and interoperable ex-

1 change among covered entities and between  
2 covered entities and veterans; and

3 (ii) appropriate privacy and security  
4 protections are in place, in accordance with  
5 applicable Federal and State privacy law;

6 (F) is accessible by employees of the De-  
7 partment, covered entities, and veterans;

8 (G) connects covered entities and veterans  
9 for purposes of communication, service coordi-  
10 nation, and consumer assistance, referral and  
11 capacity management, outcome tracking and re-  
12 porting, and related services; and

13 (H) is accessible via a web-based platform  
14 for all veterans and via a non-web-based alter-  
15 native platform or process for veterans who are  
16 unable to easily and reliably access the web-  
17 based platform.

18 (3) LOCATIONS.—

19 (A) INITIAL LOCATIONS.—The Secretary  
20 shall carry out the pilot program at not fewer  
21 than five medical facilities of the Department of  
22 Veterans Affairs selected by the Secretary for  
23 purposes of the pilot program.

24 (B) EXPANSION.—The Secretary may ex-  
25 pand beyond initial sites for the pilot program

1           selected under paragraph (1) not before two  
2           years after the date of enactment, not before  
3           thirty days after briefing the Committees on  
4           Veterans' Affairs of the Senate and the House  
5           of the expansion plan, and after demonstrated  
6           success.

7           (C) VARIETY OF FACILITIES.—In selecting  
8           facilities under subparagraph (A), the Secretary  
9           shall ensure the selection of a variety of dif-  
10          ferent types of facilities, including—

11                   (i) frontier facilities;

12                   (ii) under-resourced facilities;

13                   (iii) facilities at which there are exist-  
14          ing efforts to coordinate with community  
15          resources; and

16                   (iv) facilities located in communities  
17          with an established community-based vet-  
18          eran service coordination network capable  
19          of integration with the pilot program.

20          (4) PROCUREMENT OF TECHNOLOGY.—In car-  
21          rying out the pilot program, the Secretary shall en-  
22          sure full and open competition in the procurement of  
23          any services or technology and shall not enter into  
24          an exclusive national contract for the operation of  
25          the community integration platform under the pilot

1 program. In procuring technology under this section,  
2 the Secretary may prioritize, to the maximum extent  
3 practicable, technologies, platforms, or capabilities  
4 that are already deployed, validated, interoperable,  
5 or otherwise in operational use within medical cen-  
6 ters or other components of the Department, unless  
7 the Secretary determines and documents that an al-  
8 ternative solution would better achieve the purposes  
9 of this section.

10 (5) APPLICATION PROCESS.—

11 (A) IN GENERAL.—The Secretary may re-  
12 quire covered entities that seek to participate in  
13 the pilot program to submit to the Secretary an  
14 application therefore in such form, in such  
15 manner, and containing such commitments and  
16 information as the Secretary considers nec-  
17 essary to carry out this section.

18 (B) REVIEW.—

19 (i) IN GENERAL.—The Secretary shall  
20 review the applications of covered entities  
21 submitted under subparagraph (A) to en-  
22 sure that the participation of such entities  
23 would be safe and appropriate for veterans  
24 participating in the pilot program.



1                   (ii) DUE DILIGENCE.—In reviewing  
2                   applications under clause (i), the Secretary  
3                   shall conduct due diligence consistent with  
4                   how the Secretary conducts due diligence  
5                   for public-private partnerships under other  
6                   laws administered by the Secretary.

7                   (6) SCREENING AND TRACKING OF PARTICI-  
8                   PANTS.—

9                   (A) IN GENERAL.—The Secretary shall re-  
10                  quire veterans participating in the community  
11                  integration platform under the pilot program to  
12                  provide information regarding social deter-  
13                  minants of health using the ICD–10 diagnostic  
14                  codes Z55 through Z63 and Z75 (as in effect  
15                  on the date of the enactment of this Act) in a  
16                  standardized risk assessment or screening tool  
17                  and such other information as the Secretary  
18                  considers necessary to administer the pilot pro-  
19                  gram.

20                  (B) INFORMED CONSENT.—Information  
21                  collected under the pilot program with respect  
22                  to a veteran shall be obtained with the informed  
23                  consent of the veteran and used solely for pur-  
24                  poses of care coordination, service delivery, or  
25                  program evaluation under the pilot program.

1 (C) TRACKING OF INFORMATION.—

2 (i) IN GENERAL.—The Secretary shall  
3 track—

4 (I) the number of referrals of  
5 veterans to covered entities through  
6 the community integration platform  
7 under the pilot program;

8 (II) the response time of covered  
9 entities to which such veterans are re-  
10 ferred; and

11 (III) the outcome of the initial  
12 meeting by a veteran and a covered  
13 entity to which the veteran is referred,  
14 including a description of the services  
15 that are provided to the veteran by  
16 such entity.

17 (ii) TRACKING BY ENTITIES.—The  
18 Secretary may require covered entities par-  
19 ticipating in the pilot program to track the  
20 information required under clause (i) in a  
21 medium determined appropriate by the  
22 Secretary.

23 (7) COORDINATION AND INTEGRATION OF PRO-  
24 GRAMS.—

1 (A) COORDINATION WITH EXISTING NET-  
2 WORKS.—In carrying out the pilot program, the  
3 Secretary shall coordinate with existing commu-  
4 nity networks.

5 (B) COORDINATION AND INTEGRATION  
6 WITH STATE MEDICAID PROGRAMS.—The Sec-  
7 retary may consult and coordinate with the Sec-  
8 retary of Health and Human Services and with  
9 States regarding existing Federal and State  
10 programs, but nothing in this section shall be  
11 construed to authorize the Secretary of Vet-  
12 erans Affairs to administer, direct, or modify a  
13 State Medicaid program or waiver.

14 (8) PERFORMANCE BENCHMARKS.—The Sec-  
15 retary shall establish performance benchmarks for  
16 the pilot program, including measures of referral  
17 completion, timeliness of service connection, and vet-  
18 eran-reported satisfaction.

19 (9) REPORT AND BRIEFINGS.—

20 (A) REPORT.—Not later than three years  
21 after the commencement of the pilot program,  
22 the Secretary shall submit to the appropriate  
23 committees of Congress a report analyzing the  
24 needs of veterans for covered services reflected  
25 by the use of such services under the commu-

1           nity integration platform under the pilot pro-  
2           gram, including an assessment of—

3                   (i) the need for such services that is  
4                   being met through such platform; and

5                   (ii) the need for such services that is  
6                   not being met through such platform.

7           (B) BRIEFING ON ENTITIES NOT SE-  
8           LECTED.—Not later than 180 days after the  
9           commencement of the pilot program, and not  
10          less frequently than once every 180 days there-  
11          after until the conclusion of the pilot program,  
12          the Secretary shall brief the appropriate com-  
13          mittees of Congress on the covered entities that  
14          submitted an application to participate in the  
15          pilot program but were not selected for partici-  
16          pation and the reason those entities were not  
17          selected.

18          (10) COMPTROLLER GENERAL EVALUATION,  
19          REPORT, AND RECOMMENDATIONS.—

20                  (A) EVALUATION.—The Comptroller Gen-  
21                  eral of the United States shall conduct an eval-  
22                  uation that measures the overall impact of the  
23                  community integration platform established or  
24                  enhanced under the pilot program with respect  
25                  to—

1 (i) changes in individual and popu-  
2 lation health outcomes among veterans;

3 (ii) changes in access to health care or  
4 social services among veterans; and

5 (iii) such other factors as the Comp-  
6 troller General considers appropriate.

7 (B) REPORT AND RECOMMENDATIONS.—

8 (i) IN GENERAL.—Not later than four  
9 years after the commencement of the pilot  
10 program, the Comptroller General shall—

11 (I) submit to Congress a report  
12 on the evaluation conducted under  
13 subparagraph (A);

14 (II) make such report publicly  
15 available; and

16 (III) based on such evaluation,  
17 make recommendations to the Sec-  
18 retary on how to improve and sustain  
19 the community integration platform  
20 established or enhanced under the  
21 pilot program.

22 (ii) ELEMENTS OF REPORT.—The re-  
23 port under clause (i)(I) shall include data  
24 on—

1 (I) what covered sources under  
2 the pilot program are being utilized  
3 the most;

4 (II) what requests for services  
5 under the pilot program cannot be  
6 met; and

7 (III) the impact of the provision  
8 of services under the pilot program on  
9 health outcomes of veterans.

10 (11) LIMITATIONS.—(A) The Secretary may  
11 not use the pilot program established under sub-  
12 section (a) to supplant services otherwise required to  
13 be furnished by the Department under title 38,  
14 United States Code.

15 (B) No covered entity participating in the pilot  
16 program established under subsection (a) may re-  
17 ceive access to personally identifiable information,  
18 protected health information, or social determinants  
19 information of a veteran without the veteran’s in-  
20 formed written consent, and such information may  
21 be used only for the specific referral or service au-  
22 thorized by the veteran.

23 (12) DEFINITIONS.—In this subsection:

24 (A) APPROPRIATE COMMITTEES OF CON-  
25 GRESS.—The term “appropriate committees of

1 Congress” means the Committee on Veterans’  
2 Affairs of the Senate and the Committee on  
3 Veterans’ Affairs of the House of Representa-  
4 tives.

5 (B) COMMUNITY INTEGRATION PLAT-  
6 FORM.—The term “community integration plat-  
7 form” means an interoperable platform or net-  
8 work of interoperable systems used to enable  
9 the coordination, alignment, and connection of  
10 covered entities and veterans at the local level  
11 for purposes of communication, service coordi-  
12 nation, and referral management of covered  
13 services.

14 (C) COVERED ENTITY.—The term “cov-  
15 ered entity” means any of the following entities  
16 or providers that have entered into an agree-  
17 ment with the Secretary to participate in the  
18 pilot program:

19 (i) A community-based organization  
20 that—

21 (I) accepts referrals from health  
22 care organizations; and

23 (II) provides covered services.

24 (ii) A public or private health care  
25 provider organization.

1 (iii) A public or private funded payor  
2 of health care services, including home- or  
3 community-based services.

4 (iv) A State, local, territorial, or Trib-  
5 al health or social services agency.

6 (v) A State public housing authority  
7 or housing finance agency.

8 (vi) A public health information ex-  
9 change or public health information net-  
10 work, as defined by the Secretary.

11 (vii) A faith-based service provider.

12 (viii) Any other similar entity, as de-  
13 termined by the Secretary.

14 (D) COVERED SERVICES.—The term “cov-  
15 ered services” means any of the following:

16 (i) Nutritional assistance.

17 (ii) Housing.

18 (iii) Health care, including preventive  
19 health intervention, chronic disease man-  
20 agement, and behavioral health care.

21 (iv) Transportation.

22 (v) Job training and employment.

23 (vi) Child development or care.

24 (vii) Caregiving and respite care.

25 (viii) Disability assistance.



1 (ix) Suicide prevention.

2 (x) Sexual assault services.

3 (xi) Legal aid.

4 (xii) Transition assistance for vet-  
5 erans newly separated or discharged from  
6 active military, naval, air, or space service  
7 (as defined in section 101(24) of title 38,  
8 United States Code).

9 (xiii) Assistance with utilities nec-  
10 essary for safe habitation.

11 (xiv) Other services directly related to  
12 health care access, suicide prevention,  
13 homelessness prevention, food insecurity,  
14 transportation to health care, or assistance  
15 separating from military service and reen-  
16 tering civilian life, as expressly authorized  
17 under laws administered by the Secretary.

18 (E) SECRETARY.—The term “Secretary”  
19 means the Secretary of Veterans Affairs.

20 (F) STATE.—The term “State” has the  
21 meaning given that term in section 101 of title  
22 38, United States Code.

23 (b) COLLECTION OF INFORMATION FROM VETERANS  
24 RELATED TO SOCIAL DETERMINANTS OF HEALTH.—

1           (1) IN GENERAL.—The Secretary of Veterans  
2       Affairs shall collect from veterans enrolled in the  
3       system of annual patient enrollment of the Depart-  
4       ment of Veterans Affairs established and operated  
5       under section 1705(a) of title 38, United States  
6       Code, as part of routine screenings of such veterans  
7       under the laws administered by the Secretary, infor-  
8       mation related to social determinants that may fac-  
9       tor into the health of such veterans.

10           (2) SOCIAL DETERMINANTS OF HEALTH.—

11           (A) IN GENERAL.—The information col-  
12       lected under subsection (a) shall include stand-  
13       ardized definitions for identifying social deter-  
14       minants of health needs identified in the ICD—  
15       10 diagnostic codes Z55 through Z63 and Z75  
16       (as in effect on the date of enactment of this  
17       Act).

18           (B) INCORPORATION OF MEASURES.—Defi-  
19       nitions included under subparagraph (A) with  
20       respect to identifying social determinants of  
21       health needs shall incorporate measures for  
22       quantifying the relative severity of any such so-  
23       cial determinant of health need identified in an  
24       individual.

1 **SEC. 316. IMPROVEMENTS TO DEPARTMENT OF VETERANS**  
2 **AFFAIRS PROSTHETIC AND REHABILITATIVE**  
3 **ITEMS AND SERVICE.**

4 (a) PROSTHETIC AND REHABILITATIVE ITEMS AND  
5 SERVICES FORMULARY.—

6 (1) IN GENERAL.—Chapter 17 of title 38,  
7 United States Code, is amended by inserting after  
8 section 1709C the following new section:

9 **“§ 1709D. Prosthetic and Rehabilitative Items and**  
10 **Services Formulary**

11 “(a) IN GENERAL.—The Secretary shall establish a  
12 list of prosthetic and rehabilitative items and services,  
13 which may be referred to as the ‘Prosthetic and Rehabili-  
14 tative Items and Services Formulary’ or the ‘Formulary’,  
15 for purposes of furnishing medical services under section  
16 1701(6)(F) of this title pursuant to section 1710 of this  
17 title.

18 “(b) REQUIREMENTS.—

19 “(1) INPUT.—In developing the Formulary, the  
20 Secretary shall solicit input from veterans and the  
21 public.

22 “(2) AVAILABILITY OF ITEMS.—The Secretary  
23 shall ensure that all items and services included in  
24 the Formulary are available at or through all facili-  
25 ties of the Department.

1           “(3) ITEMS TO BE INCLUDED.—In developing  
2           the Formulary, the Secretary shall rely on the best  
3           available evidence to identify which items and serv-  
4           ices should be included on the Formulary.

5           “(c) PUBLICATION AND COMMUNICATION.—

6           “(1) PUBLICATION AND UPDATE.—The Sec-  
7           retary shall publish the Formulary on a website of  
8           the Department and shall update the Formulary pe-  
9           riodically.

10          “(2) COMMUNICATION.—The Secretary shall  
11          communicate to veterans the contents of the For-  
12          mulary and information about how to appeal deci-  
13          sions regarding the provision of items and services  
14          on the Formulary.

15          “(d) CONTRACTS.—The Secretary shall enter into  
16          such contracts as the Secretary considers necessary to  
17          support the availability of items and services included in  
18          the Formulary.

19          “(e) TRAINING.—The Secretary shall ensure the  
20          availability of training on the Formulary for clinicians and  
21          other staff of the Department.

22          “(f) EXCEPTIONS.—

23          “(1) IN GENERAL.—The Secretary shall estab-  
24          lish a process for clinicians of the Department to re-  
25          quest, prescribe, and furnish prosthetic and rehabili-

1       tative items and services that are not included on  
2       the Formulary when medically necessary.

3               “(2) MONITORING OF NON-FORMULARY ITEMS  
4       AND SERVICES.—The Secretary shall monitor re-  
5       quests and prescriptions for and the furnishing of  
6       prosthetic and rehabilitative items and services  
7       under paragraph (1)—

8               “(A) to ensure that such items and serv-  
9       ices are being consistently and appropriately  
10       prescribed at all facilities of the Department;  
11       and

12              “(B) to determine whether such items or  
13       services should be added to the Formulary.

14              “(3) PRIOR AUTHORIZATION FOR NON-FOR-  
15       MULARY PROCUREMENT.—The Secretary shall estab-  
16       lish a prior authorization process for the procure-  
17       ment of prosthetic and rehabilitative items that are  
18       not included on the Formulary or available through  
19       a national contract.

20              “(4) OPEN MARKET PROCUREMENT.—The Sec-  
21       retary shall ensure that procurement of items that  
22       are not included on the Formulary or available  
23       through a national contract is permitted only if a cli-  
24       nician determines the item is medically necessary.

1       “(g) CONSIDERATION.—In developing the Formulary,  
2 the Secretary shall consider how the approach of the Phar-  
3 macy Benefits Management Services of the Department  
4 for formulary management and medication safety can be  
5 adapted to support the efficient and effective administra-  
6 tion of the Formulary.

7       “(h) ENTERPRISE PROCUREMENT AND ORDERING  
8 SYSTEM.—

9               “(1) IN GENERAL.—The Secretary shall imple-  
10 ment an enterprise electronic ordering system for  
11 prosthetic and rehabilitative items and services fur-  
12 nished under this section.

13              “(2) SYSTEMS ELEMENTS.—The system re-  
14 quired under paragraph (1) shall—

15                   “(A) enable the automated ordering of  
16 items included on the Formulary;

17                   “(B) provide visibility of contract pricing  
18 and availability across all facilities of the De-  
19 partment;

20                   “(C) allow enterprise loading of nationally  
21 contracted products;

22                   “(D) provide procurement analytics to  
23 monitor compliance with national contracts and  
24 reduce open market purchasing; and

1           “(E) contain all data elements required for  
2           the Federal Electronic Healthcare Record in a  
3           searchable format.

4           “(3) IMPLEMENTATION.—The Secretary shall  
5           ensure that the system required under paragraph (1)  
6           is implemented across all medical centers of the De-  
7           partment by not later than three years after the  
8           date of the enactment of this section.

9           “(i) PROGRAM MANAGEMENT.—

10           “(1) IN GENERAL.—The Secretary shall ensure  
11           that the Prosthetic and Sensory Aids Service of the  
12           Department maintains adequate staffing to admin-  
13           ister the Formulary and associated procurement pro-  
14           grams.

15           “(2) STAFFING INCLUDED.—Staffing required  
16           under paragraph (1) shall include—

17           “(A) dedicated program managers for  
18           major prosthetic product categories; and

19           “(B) full-time clinical staff responsible for  
20           clinical evaluations and practice recommenda-  
21           tions.

22           “(j) REPORT TO CONGRESS.—Not later than two  
23           years after the date of the enactment of this section, and  
24           annually thereafter, the Secretary shall submit to the  
25           Committee on Veterans’ Affairs of the Senate and the

1 Committee on Veterans' Affairs of the House of Rep-  
2 resentatives a report describing—

3 “(1) rates of compliance by the Department  
4 with national prosthetic contracts;

5 “(2) open market purchasing trends of the De-  
6 partment;

7 “(3) utilization of the Formulary across facili-  
8 ties of the Department; and

9 “(4) steps taken by the Department to improve  
10 enterprise procurement efficiency.”.

11 (2) CLERICAL AMENDMENT.—The table of sec-  
12 tions at the beginning of such chapter is amended  
13 by inserting after the item relating to section 1709C  
14 the following new item:

“1709D. Prosthetic and rehabilitative items and services formulary”.

15 (b) REPORT.—

16 (1) IN GENERAL.—Not later than one year  
17 after the date of the enactment of this Act, the Sec-  
18 retary of Veterans Affairs shall submit to the Com-  
19 mittee on Veterans' Affairs of the Senate and the  
20 Committee on Veterans' Affairs of the House of  
21 Representatives a report containing a comprehensive  
22 operational and technology assessment of the Pros-  
23 thetic and Rehabilitative Items and Services For-  
24 mulary established under section 1709D of title 38,  
25 United States Code, as added by subsection (a).



1           (2) ELEMENTS.—The report required by para-  
2       graph (1) shall identify potential impacts of the  
3       Prosthetic and Rehabilitative Items and Services  
4       Formulary on—

5           (A) access by veterans to prosthetic and  
6       rehabilitative items and services;

7           (B) clinician workload;

8           (C) procurement timelines; and

9           (D) innovation adoption.

10 **SEC. 317. IMPROVEMENT OF SUBMISSION OF MEDICAL**  
11 **DOCUMENTATION TO THE SECRETARY OF**  
12 **VETERANS AFFAIRS BY COMMUNITY CARE**  
13 **PROVIDERS.**

14       (a) IN GENERAL.—The Secretary of Veterans Affairs  
15 shall ensure that each contract, agreement, or other ar-  
16 rangement through which the Secretary furnishes hospital  
17 care, medical services, or extended care services to eligible  
18 veterans through non-Department of Veterans Affairs en-  
19 tities or providers includes clear requirements, including  
20 requirements regarding timeliness, regarding the submis-  
21 sion of medical documentation to the Secretary after a vet-  
22 eran receives such care or services from the non-Depart-  
23 ment entity or provider.

24       (b) INTERNAL MEASURES.—The Secretary shall es-  
25 tablish such goals and related performance measures for

1 medical centers of the Department as the Secretary deter-  
2 mines appropriate in obtaining medical documentation  
3 from non-Department entities or providers under sub-  
4 section (a).

5 (c) TRAINING.—The Secretary may establish goals  
6 and related performance measures for the completion by  
7 non-Department entities or providers of core training re-  
8 lated to the submission to the Secretary of medical docu-  
9 mentation under subsection (a) and may monitor the com-  
10 pletion of such training.

11 (d) OUTREACH.—The Secretary shall ensure that  
12 communications by the Secretary with non-Department  
13 entities or providers contain clear and accurate informa-  
14 tion regarding requirements for submitting medical docu-  
15 mentation under subsection (a) and completing the core  
16 training described in subsection (c).

17 (e) SUBMISSION OF GOALS, MEASURES, AND MATE-  
18 RIALS.—Not later than one year after the date of the en-  
19 actment of this Act, and not less frequently than annually  
20 thereafter for the following five years, the Secretary shall  
21 submit to the Committee on Veterans' Affairs of the Sen-  
22 ate and the Committee on Veterans' Affairs of the House  
23 of Representatives copies of any goals, performance meas-  
24 ures, training materials, or outreach materials pertaining

1 to the submission of medical documentation under this  
2 section.

3 **SEC. 318. IMPLEMENTATION OF AND REPORT ON EFFORTS**  
4 **OF DEPARTMENT OF VETERANS AFFAIRS TO**  
5 **IMPROVE HEALTH CARE APPOINTMENT**  
6 **SCHEDULING.**

7 (a) IN GENERAL.—Not later than one year after the  
8 date of the enactment of this Act, the Secretary of Vet-  
9 erans Affairs shall submit to the appropriate committees  
10 of Congress a plan to improve the process for scheduling  
11 appointments for health care from the Department of Vet-  
12 erans Affairs, including improvements for both patients  
13 and employees of the Department responsible for sched-  
14 uling such appointments.

15 (b) ELEMENTS OF PLAN.—

16 (1) IN GENERAL.—The plan required by sub-  
17 section (a) shall include—

18 (A) such actions, resources, technology,  
19 and process improvements as the Secretary de-  
20 termines necessary to ensure the Department  
21 achieves, in a timely manner, improved delivery  
22 of health care, access to health care, customer  
23 experience and service relating to the receipt of  
24 health care, and efficiency with respect to the  
25 delivery of health care; and

1 (B) a proposed schedule and timeline to  
2 carry out such plan.

3 (2) OBJECTIVES.—

4 (A) IN GENERAL.—The Secretary shall en-  
5 sure that the plan required by subsection (a)  
6 addresses the following objectives:

7 (i) To develop or continue the develop-  
8 ment of a scheduling system that enables  
9 both personnel and patients of the Depart-  
10 ment to view available appointments for  
11 care furnished by the Department, includ-  
12 ing primary care, mental health care, and  
13 all forms of specialty care.

14 (ii) To develop or continue the devel-  
15 opment of a self-service scheduling plat-  
16 form, available for use by all patients of  
17 the Department, which shall—

18 (I) enable such patients to view  
19 available appointments and, subject to  
20 the process described in clause (iii),  
21 fully schedule appointments for all  
22 care furnished by the Department;

23 (II) if a referral is required for  
24 an appointment, provide a method for  
25 the patient to request a referral and

1 subsequently book an appointment if  
2 the referral is approved; and

3 (III) provide such patients with  
4 the ability to cancel or reschedule ap-  
5 pointments.

6 (iii) To create a process through  
7 which all patients of the Department can  
8 telephonically speak with a scheduler who  
9 can assist the patient to determine ap-  
10 pointment availability and can fully sched-  
11 ule appointments on behalf of the patient  
12 for all care furnished by the Department.

13 (iv) To carry out such other functions,  
14 oversight, metric development and track-  
15 ing, change management, cross-Depart-  
16 ment coordination, and other related mat-  
17 ters, including improvements to employee-  
18 facing information technology, training,  
19 and processes, as the Secretary determines  
20 appropriate as it relates to scheduling  
21 tools, functions, and operations with re-  
22 spect to health care appointments fur-  
23 nished by the Department.

24 (B) EXPLANATION OF INABILITY TO IM-  
25 PLEMENT CERTAIN OBJECTIVES, FEATURES, OR

1 SERVICES.—If the Secretary determines that an  
2 objective under subparagraph (A), or any fea-  
3 ture or service in connection with that objective,  
4 cannot be implemented or otherwise incor-  
5 porated into a final product pursuant to the  
6 plan required by subsection (a), the Secretary  
7 shall include with the plan submitted under  
8 such subsection a report containing—

9 (i) an explanation as to why that ob-  
10 jective, feature, or service cannot be imple-  
11 mented or incorporated, as the case may  
12 be; and

13 (ii) a plan for implementing the plan  
14 required by subsection (a) without that ob-  
15 jective, feature, or service.

16 (c) IMPLEMENTATION.—Not later than two years  
17 after submitting to the appropriate committees of Con-  
18 gress the plan required by subsection (a), the Secretary  
19 shall fully implement the plan.

20 (d) COORDINATION WITH ELECTRONIC HEALTH  
21 RECORD MODERNIZATION PROGRAM.—In developing the  
22 plan required by subsection (a), the Secretary shall ensure  
23 that the elements and objectives of such plan set forth  
24 under subsection (b) are developed in consideration of the  
25 deployment schedule and capabilities of the Electronic

1 Health Record Modernization Program of the Department  
2 to ensure a smooth transition to using the tools and fea-  
3 tures under such plan as relevant and appropriate.

4 (e) IMPLEMENTATION REPORTS.—Not later than  
5 each of one year and two years after the date on which  
6 the Secretary submits the plan required by subsection (a),  
7 the Secretary shall submit to the appropriate committees  
8 of Congress a report on the progress of the Secretary in  
9 implementing such plan, including—

10 (1) the costs incurred to implement the plan as  
11 of the date of the report;

12 (2) the expected costs to complete implementa-  
13 tion of the plan (including costs for management  
14 and technology);

15 (3) the schedule for deployment of any capabili-  
16 ties developed pursuant to the plan; and

17 (4) the goals and metrics achieved, challenges,  
18 and lessons learned in implementing the plan.

19 (f) RULE OF CONSTRUCTION.—Nothing in this sec-  
20 tion shall be construed to require the Secretary to include  
21 in the plan required by subsection (a) any technology or  
22 process that would preclude or impede the ability of a vet-  
23 eran to contact or schedule an appointment directly with  
24 a facility or provider through a non-online scheduling  
25 process, should the veteran choose to do so.

1 (g) DEFINITIONS.—In this section:

2 (1) APPROPRIATE COMMITTEES OF CON-  
3 GRESS.—The term “appropriate committees of Con-  
4 gress” means the Committee on Veterans’ Affairs of  
5 the Senate and the Committee on Veterans’ Affairs  
6 of the House of Representatives.

7 (2) FULLY SCHEDULE.—The term “fully sched-  
8 ule”, with respect to an appointment for health care,  
9 means that the appointment booking is completed,  
10 rather than simply requested.

11 **SEC. 319. PILOT PROGRAM ON COORDINATION OF CARE BE-**  
12 **TWEEN DEPARTMENT OF VETERANS AFFAIRS**  
13 **AND MEDICARE PROGRAM.**

14 (a) IN GENERAL.—The Secretary, in consultation  
15 with the Secretary of Health and Human Services, shall  
16 carry out a pilot program (in this section referred to as  
17 the “pilot program”) to coordinate, navigate, and manage  
18 care and benefits for covered veterans.

19 (b) PURPOSES OF PILOT PROGRAM.—The purposes  
20 of the pilot program are as follows:

21 (1) To improve access to health care services  
22 for covered veterans from the Department of Vet-  
23 erans Affairs and under the Medicare program  
24 under title XVIII of the Social Security Act (42  
25 U.S.C. 1395 et seq.).



1           (2) To improve satisfaction with care received  
2       by covered veterans.

3           (3) To improve quality of care received by cov-  
4       ered veterans.

5           (4) To lower costs to the Federal Government  
6       for care received by covered veterans.

7           (5) To reduce gaps in care and duplication of  
8       services and expenses for covered veterans.

9           (6) To improve care coordination for covered  
10      veterans, including coordination of patient informa-  
11      tion and medical records between providers and be-  
12      tween the Department and the Centers for Medicare  
13      & Medicaid Services.

14      (c) LOCATIONS.—The Secretary shall carry out the  
15      pilot program in not fewer than three but not more than  
16      five Veterans Integrated Service Networks with a signifi-  
17      cant number of covered veterans and geographic diversity,  
18      including—

19           (1) locations that are in rural or highly rural  
20      areas, as determined through the use of the Rural-  
21      Urban Continuum codes of the Department of Agri-  
22      culture; and

23           (2) locations that are in medically underserved  
24      communities (as defined in section 799B of the Pub-  
25      lic Health Service Act (42 U.S.C. 295p)).

1       (d) CASE MANAGER.—In carrying out the pilot pro-  
2 gram, the Secretary shall assign each covered veteran par-  
3 ticipating in the pilot program a case manager responsible  
4 for—

5           (1) coordinating with the veteran, the primary  
6 care team of the veteran, and any relevant care coor-  
7 dinators already assisting the veteran to develop an  
8 individualized needs assessment for the veteran and,  
9 based on such assessment, a care coordination plan  
10 with defined treatment goals; and

11          (2) navigating the systems of care under the  
12 laws administered by the Secretary and under the  
13 Medicare program under title XVIII of the Social  
14 Security Act (42 U.S.C. 1395 et seq.).

15       (e) USE OF EXISTING MODELS.—In designing the  
16 pilot program, the Secretary may use existing models used  
17 by commercial health care programs to improve access,  
18 health outcomes, quality, and customer experience and  
19 lower per capita costs.

20       (f) CONTRACTING WITH PRIVATE SECTOR ENTI-  
21 TIES.—

22           (1) IN GENERAL.—The Secretary, to the extent  
23 practicable, shall consider entering into contracts or  
24 agreements with private sector entities carrying out  
25 commercial health care programs for assistance in

1       designing, implementing, and managing care and  
2       benefits under the pilot program, to include pro-  
3       viding care coordination.

4           (2) NOTIFICATION.—If the Secretary deter-  
5       mines that entering into contracts or agreements  
6       with private sector entities under paragraph (1) is  
7       not necessary or practicable, the Secretary shall sub-  
8       mit to the Committee on Veterans’ Affairs of the  
9       Senate and the Committee on Veterans’ Affairs of  
10      the House of Representatives—

11           (A) a notification of that determination;

12           (B) a description of the steps, if any, the  
13       Secretary has taken to attempt to enter into a  
14       contract or an agreement with a private sector  
15       entity;

16           (C) a justification for why the Secretary  
17       has determined that such contract or agreement  
18       is not necessary or practicable; and

19           (D) a plan for how the Secretary will carry  
20       out the pilot program without entering into a  
21       contract or an agreement with a private sector  
22       entity, including through the use of employees  
23       of the Department of Veterans Affairs or other  
24       government agencies, nonprofit organizations,  
25       or other entities.

1 (g) METRICS.—

2 (1) IN GENERAL.—The Secretary shall track  
3 metrics under the pilot program, including the fol-  
4 lowing:

5 (A) The number of veterans participating  
6 in the pilot program, disaggregated by Veterans  
7 Integrated Service Network.

8 (B) Reliance on health care services ad-  
9 ministered by the Secretary.

10 (C) Reliance on health care services admin-  
11 istered under the Medicare program under title  
12 XVIII of the Social Security Act (42 U.S.C.  
13 1395 et seq.).

14 (D) Quality of care, including patient out-  
15 comes.

16 (E) Cost of care.

17 (F) Access to care, including under the  
18 designated access standards developed by the  
19 Secretary under section 1703B of title 38,  
20 United States Code.

21 (G) Patient satisfaction.

22 (H) Provider satisfaction.

23 (I) Care coordination, including timely in-  
24 formation sharing and medical documentation  
25 return.

1           (2) ELEMENTS.—In tracking metrics under  
2       paragraph (1), the Secretary shall track information  
3       relating to—

4           (A) whether care received by a covered vet-  
5       eran is related to a service-connected disability  
6       (as defined in section 101 of title 38, United  
7       States Code);

8           (B) the priority group under section  
9       1705(a) of title 38, United States Code,  
10      through which each covered veteran was en-  
11      rolled in the system of annual patient enroll-  
12      ment of the Department of Veterans Affairs  
13      under such section;

14          (C) the type of care and services provided  
15      to covered veterans; and

16          (D) the demographics of covered veterans  
17      participating in the pilot program, including  
18      age.

19      (h) SUPPLEMENT NOT SUPPLANT.—The services  
20      provided under the pilot program shall supplement, not  
21      supplant, the services provided under the education pro-  
22      gram under section 121 of the VA MISSION Act of 2018  
23      (Public Law 115–182; 38 U.S.C. 1701 note).

1 (i) DURATION.—The Secretary shall carry out the  
2 pilot program for a three-year period beginning on the  
3 commencement of the pilot program.

4 (j) REPORTS.—

5 (1) DEVELOPMENT, IMPLEMENTATION, RE-  
6 SULTS, AND DESIGN OF PILOT PROGRAM.—

7 (A) IN GENERAL.—Not less frequently  
8 than biannually during the two-year period be-  
9 ginning on the date of the enactment of this  
10 Act, the Secretary shall submit to the Com-  
11 mittee on Veterans' Affairs of the Senate and  
12 the Committee on Veterans' Affairs of the  
13 House of Representatives a report on the devel-  
14 opment, implementation, results, and design of  
15 the pilot program, including information on the  
16 metrics tracked under subsection (g).

17 (B) FINAL DESIGN.—One of the reports  
18 required under subparagraph (A) shall contain  
19 a description of the final design of the pilot pro-  
20 gram.

21 (2) RESULTS OF PILOT PROGRAM.—

22 (A) IN GENERAL.—Not later than one year  
23 after the submission of the final report under  
24 paragraph (1), and not less frequently than an-  
25 nually thereafter during the duration of the

1 pilot program, the Secretary shall submit to the  
2 Committee on Veterans' Affairs of the Senate  
3 and the Committee on Veterans' Affairs of the  
4 House of Representatives a report on the re-  
5 sults of the pilot program.

6 (B) FINAL REPORT.—In the final report  
7 submitted under subparagraph (A), the Sec-  
8 retary shall include the recommendation of the  
9 Secretary for whether the pilot program should  
10 be extended or made permanent.

11 (k) DEFINITIONS.—In this section:

12 (1) COVERED VETERAN.—The term “covered  
13 veteran” means a veteran who is enrolled in both the  
14 Medicare program under title XVIII of the Social  
15 Security Act (42 U.S.C. 1395 et seq.) and the sys-  
16 tem of annual patient enrollment of the Department  
17 of Veterans Affairs under section 1705(a) of title  
18 38, United States Code.

19 (2) SECRETARY.—The term “Secretary” means  
20 the Secretary of Veterans Affairs.

21 **SEC. 320. FISHER HOUSE AVAILABILITY.**

22 Section 1708 of title 38, United States Code, is  
23 amended—

1           (1) in subsection (a), by striking “in connection  
2       with” and all that follows through the period at the  
3       end and inserting “in accordance with this section.”;

4           (2) in subsection (b)—

5               (A) in paragraph (2)—

6                   (i) by inserting “described in para-  
7               graph (1)” after “family of a veteran”;  
8               and

9                   (ii) by inserting “such” after “accom-  
10              pany”; and

11           (B) by adding at the end the following new  
12       paragraphs:

13           “(3) On a space-available basis, a covered bene-  
14       ficiary who must travel a significant distance to re-  
15       ceive care or services at a Department or non-De-  
16       partment facility.

17           “(4) On a space-available basis, a member of  
18       the family of a covered beneficiary described in para-  
19       graph (3) and others who accompany such a covered  
20       beneficiary who is receiving care or services and pro-  
21       vide the equivalent of familial support for such bene-  
22       ficiary when the covered beneficiary or the family  
23       member is traveling to receive care or services at a  
24       Department or non-Department facility.



1           “(5) On a space-available basis, a veteran and  
2           a member of the family of a veteran and others who  
3           must travel a significant distance for a member of  
4           the veteran’s family to receive care or services at a  
5           Department or non-Department facility.

6           “(6) On a space available basis, a covered bene-  
7           ficiary and a member of the family of a covered ben-  
8           eficiary and others who must travel a significant dis-  
9           tance for a member of the covered beneficiary’s fam-  
10          ily to receive care or services at a Department or  
11          non-Department facility.”;

12          (3) by striking subsection (c) and redesignating  
13          subsections (d) and (e) as subsections (c) and (d),  
14          respectively;

15          (4) in subsection (d), as so redesignated—

16                (A) in paragraph (2), by striking “sub-  
17                section (d)” and inserting “subsection (c)”;

18                (B) in paragraph (3), by striking “under  
19                subsection (b)(2)” and inserting “or a covered  
20                beneficiary under subsection (b)”;

21                (C) in paragraph (4), by striking “and”  
22                after the semicolon;

23                (D) by redesignating paragraph (5) as  
24                paragraph (6); and

1 (E) by inserting after paragraph (4) the  
2 following new paragraph (5):

3 “(5) establishing criteria for providing access to  
4 temporary lodging facilities on a space-available  
5 basis under paragraphs (3) through (6) of sub-  
6 section (b); and”; and

7 (5) by adding at the end the following new sub-  
8 section:

9 “(e) In this section:

10 “(1) The term ‘covered beneficiary’ means a  
11 member of the uniformed services, including mem-  
12 bers of the armed services regardless of duty status.

13 “(2) The term ‘Fisher house’ means a housing  
14 facility that—

15 “(A) is located at, or in proximity to, a  
16 Department medical facility;

17 “(B) is available for residential use on a  
18 temporary basis by patients of that facility and  
19 others described in subsection (b); and

20 “(C) is constructed by, and donated to the  
21 Secretary by, the Zachary and Elizabeth M.  
22 Fisher Armed Services Foundation or the Fish-  
23 er House Foundation, Inc.”.

1 **SEC. 321. AGREEMENTS BETWEEN MEDICAL FACILITIES OF**  
2 **DEPARTMENT OF VETERANS AFFAIRS AND**  
3 **RURAL MEDICAL FACILITIES.**

4 (a) IN GENERAL.—Not later than one year after the  
5 date of enactment of this Act, the Secretary of Veterans  
6 Affairs shall commence a 5-year pilot program to provide  
7 greater access to care for eligible veterans in rural areas  
8 and reduce the initial or long-term costs to the Depart-  
9 ment or the eligible entity of providing such care for eligi-  
10 ble veterans.

11 (b) PILOT PROGRAM.—In carrying out the pilot pro-  
12 gram, the Secretary shall ensure that each medical center  
13 of the Department participating in the pilot enters into  
14 or provides material support to an agreement with an eli-  
15 gible entity related to one or more of the following:

16 (1) Co-location of Department and non- De-  
17 partment health care resources.

18 (2) The provision of telehealth to eligible vet-  
19 erans by health care providers of the Department.

20 (3) Leasing of space or equipment by or from  
21 the Department.

22 (4) Training by health care providers of the De-  
23 partment of non-Department health care providers,  
24 subject to paragraph (4).

25 (5) Care coordination for authorized care fur-  
26 nished by the eligible entity for eligible veterans.

1           (6) Care coordination, including transportation  
2           coordination, for emergency treatment (as defined in  
3           section 1725(h) of title 38, United States Code.

4           (7) The provision by the eligible entity of hos-  
5           pital care, medical services, or extended care services  
6           under section 1703 of this title.

7           (8) Such other conditions or services directly re-  
8           lated to health care as expressly authorized under  
9           laws administered by the Secretary.

10          (c) TYPES OF ARRANGEMENTS.—An agreement  
11          under subsection (b) may include a lease or co-location  
12          agreement, a memorandum of understanding, a partner-  
13          ship agreement, a contract or agreement for the mutual  
14          use or exchange of use of health-care resources, or any  
15          other similar agreement or arrangement.

16          (d) REPORT.—For each year of the pilot, the Sec-  
17          retary shall submit to the appropriate committees of Con-  
18          gress a report on the operation and performance of agree-  
19          ments entered into under subsection (a) including—

20                (1) new agreements entered into, in the case of  
21                the initial report, since the date of the enactment of  
22                the Take Care of America’s Veterans Act, and, in  
23                the case of any subsequent report, during the period  
24                following the previous report;

1           (2) an assessment of the success of all agree-  
2           ments entered into pursuant to this Act in delivering  
3           services to eligible veterans, including—

4                   (A) the number of eligible veterans, by re-  
5                   gion, who received services under an agreement  
6                   compared to the previous five-year period;

7                   (B) an evaluation of accessibility to serv-  
8                   ices for eligible veterans as compared to the ac-  
9                   cessibility of services for those veterans prior to  
10                  the implementation of such agreements;

11                  (C) an overview of best practices, including  
12                  new best practices, developed for such agree-  
13                  ments and the Department more broadly;

14                  (D) the number of veterans receiving com-  
15                  pensation from the Department for a service-  
16                  connected disability, disaggregated by region,  
17                  compared to the previous 5-year period; and

18                  (E) such other factors considered appro-  
19                  priate by the Secretary of Veterans Affairs.

20       (e) DEFINITIONS.—In this section:

21           (1) APPROPRIATE COMMITTEES OF CON-  
22           GRESS.—The term “appropriate committees of Con-  
23           gress” means—

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

4 (B) the Committee on Veterans' Affairs  
5 and the Committee on Appropriations of the  
6 House of Representatives.

7 (2) ELIGIBLE ENTITY.—The term “eligible enti-  
8 ty” means a non-Department entity or provider fur-  
9 nishing health care or health care services in a rural  
10 area.

11 (3) ELIGIBLE VETERAN.—The term “eligible  
12 veteran” means a covered veteran under section  
13 1703(b)16 of this title.

14 (4) MATERIAL SUPPORT.—The term “material  
15 support” means support provided by a health care  
16 provider or other staff of the Department to further  
17 the purpose or purposes of an agreement under sub-  
18 section (a)(1) and may include—

19 (A) the use of time or resources of health  
20 care providers of the Department;

21 (B) the obligation or receipt of funds; and

22 (C) such other support as the Secretary  
23 determines appropriate.

24 (5) RURAL.—The term “rural”, with respect to  
25 an area, means the area has a code other than 1 or

1       1.1 in the Rural-Urban Commuting Areas (RUCA)  
2       coding system of the Department of Agriculture.

3   **SEC. 322. STUDY ON QUALITY OF CARE DIFFERENCE BE-**  
4               **TWEEN MENTAL HEALTH AND ADDICTION**  
5               **THERAPY CARE PROVIDED BY HEALTH CARE**  
6               **PROVIDERS OF DEPARTMENT OF VETERANS**  
7               **AFFAIRS COMPARED TO NON-DEPARTMENT**  
8               **PROVIDERS.**

9       (a) IN GENERAL.—Not later than 90 days after the  
10   date of the enactment of this Act, the Secretary of Vet-  
11   erans Affairs shall seek to enter into an agreement with  
12   an independent and objective organization outside the De-  
13   partment of Veterans Affairs under which that organiza-  
14   tion shall—

15           (1) conduct a study on the quality of care dif-  
16   ference between mental health and addiction therapy  
17   care under the laws administered by the Secretary  
18   provided by health care providers of the Department  
19   compared to non-Department providers across var-  
20   ious modalities, such as telehealth, in-patient, inten-  
21   sive out-patient, out-patient, and residential treat-  
22   ment; and

23           (2) submit to the Committee on Veterans' Af-  
24   fairs of the Senate and the Committee on Veterans'  
25   Affairs of the House of Representatives and publish

1       on a publicly available website a report containing  
2       the final results of such study.

3       (b) TIMING.—The Secretary shall ensure that the or-  
4       ganization with which the Secretary enters into an agree-  
5       ment pursuant to subsection (a) is able to complete the  
6       requirements under such subsection by not later than 18  
7       months after the date on which the agreement is entered  
8       into.

9       (c) ELEMENTS.—The report submitted pursuant to  
10      subsection (a)(2) shall include an assessment of the fol-  
11      lowing:

12           (1) The amount of improvement in health out-  
13      comes from start of treatment to completion, includ-  
14      ing symptom scores and suicide risk using evidence-  
15      based scales, including the Columbia-Suicide Sever-  
16      ity Rating Scale.

17           (2) Whether providers of the Department and  
18      non-Department providers are using evidence-based  
19      practices in the treatment of mental health and ad-  
20      diction therapy care, including criteria set forth by  
21      the American Society of Addiction Medicine.

22           (3) Potential gaps in coordination between pro-  
23      viders of the Department and non-Department pro-  
24      viders in responding to individuals seeking mental



1 health or addiction therapy care, including the shar-  
2 ing of patient health records.

3 (4) Implementation of veteran-centric care, in-  
4 cluding the level of satisfaction of patients with care  
5 and the competency of providers with the unique ex-  
6 periences and needs of the military and veteran pop-  
7 ulation.

8 (5) Whether veterans with co-occurring condi-  
9 tions receive integrated care to holistically address  
10 their needs.

11 (6) Whether providers monitor health outcomes  
12 continually throughout treatment and at regular in-  
13 tervals for up to three years after treatment.

14 (7) The average length of time to initiate serv-  
15 ices, which shall include a comparison of the average  
16 length of time between the initial point of contact  
17 after patient outreach to the point of initial service,  
18 as measured or determined by the Secretary.

19 **SEC. 323. LACTATION SPACES IN MEDICAL CENTERS OF**  
20 **THE DEPARTMENT OF VETERANS AFFAIRS.**

21 (a) IN GENERAL.—Subchapter II of chapter 17 of  
22 title 38, United States Code, is amended by adding at the  
23 end the following new section:

1   **“§ 1720M. Lactation spaces in medical centers of the**  
2                   **Department**

3           “(a) LACTATION SPACE REQUIRED.—The Secretary  
4 shall ensure that each medical center of the Department  
5 contains a lactation space.

6           “(b) NO UNAUTHORIZED ENTRY.—Nothing in this  
7 section shall be construed to authorize an individual to  
8 enter a medical center of the Department or portion there-  
9 of that the individual is not otherwise authorized to enter.

10          “(c) LACTATION SPACE DEFINED.—In this section,  
11 the term ‘lactation space’ means a hygienic place, other  
12 than a bathroom, that—

13                   “(1) is shielded from view;

14                   “(2) is free from intrusion;

15                   “(3) is accessible to disabled individuals (in-  
16 cluding such individuals who use wheelchairs);

17                   “(4) contains a chair and a working surface;

18                   “(5) is easy to locate;

19                   “(6) is clearly identified with signage; and

20                   “(7) is available for use by women veterans and  
21 members of the public to express breast milk.”.

22          (b) CLERICAL AMENDMENT.—The table of sections  
23 at the beginning of such chapter is amended by inserting  
24 after the item related to section 1720L the following new  
25 item:

“1720M. Lactation spaces in medical centers of the Department.”.

1       (c) IMPLEMENTATION.—The Secretary of Veterans  
2 Affairs shall ensure that—

3           (1) not later than two years after the date of  
4 the enactment of this Act, not fewer than 80 percent  
5 of medical centers of the Department of Veterans  
6 Affairs are in compliance with section 1720M of title  
7 38, United States Code, as added by subsection (a);  
8 and

9           (2) not later than three years after such date  
10 of enactment, all medical centers of the Department  
11 are in compliance with such section.

12       (d) REPORT.—

13           (1) IN GENERAL.—Not later than one year  
14 after the date of the enactment of this Act, and an-  
15 nually thereafter, the Secretary of Veterans Affairs  
16 shall submit to the Committee on Veterans' Affairs  
17 of the Senate and the Committee on Veterans' Af-  
18 fairs of the House of Representatives a report on the  
19 progress of the Secretary in meeting the require-  
20 ments under section 1720M of title 38, United  
21 States Code, as added by subsection (a), including—

22           (A) a list of which medical centers of the  
23 Department of Veterans Affairs currently have  
24 a lactation space;

1 (B) a list of which medical centers of the  
2 Department do not have a lactation space; and

3 (C) for each medical center listed under  
4 subparagraph (B), a description of actions the  
5 Department has taken to design and plan a lac-  
6 tation space and a timeline for such lactation  
7 space to be fully functional and open for use  
8 within the time periods specified under sub-  
9 section (c).

10 (2) TERMINATION.—The Secretary is not re-  
11 quired to submit a report under paragraph (1) on or  
12 after the date on which the Secretary confirms in a  
13 report submitted under such paragraph that each  
14 medical center of the Department contains a lacta-  
15 tion space.

16 **SEC. 324. RESEARCH RELATED TO MENOPAUSE,**  
17 **PERIMENOPAUSE, AND MID-LIFE WOMEN'S**  
18 **HEALTH: REPORT; PLAN.**

19 (a) DEFINITIONS.—In this section:

20 (1) COVERED PROVIDER.—The term “covered  
21 provider” means a health care provider employed by  
22 the Department of Veterans Affairs.

23 (2) MENOPAUSE.—The term “menopause”  
24 means the stage of a woman’s life—

1 (A) when menstrual periods stop perma-  
2 nently and she can no longer get pregnant; and

3 (B) that is not a disease state, but a nor-  
4 mal part of aging for women.

5 (3) MID-LIFE.—The term “mid-life” means a  
6 life stage that—

7 (A) coincides with the menopausal transi-  
8 tion in women, which may be physical or emo-  
9 tional;

10 (B) encompasses the late reproductive age,  
11 which can begin at approximately 35 years of  
12 age, to the late postmenopausal stages of repro-  
13 ductive aging, which can extend to approxi-  
14 mately 65 years of age; and

15 (C) often marks the onset of many chronic  
16 diseases.

17 (4) PERIMENOPAUSE.—The term  
18 “perimenopause” means the time during a woman’s  
19 life when levels of the hormone estrogen fall un-  
20 evenly in a woman’s body and is also called the men-  
21 opausal transition.

22 (5) POSTMENOPAUSAL.—The term “post-  
23 menopausal” means the stage of a woman’s life after  
24 a woman has been without a menstrual period for 12  
25 months that lasts for the rest of a woman’s life and

1 reflects a time when women are at increased risk for  
2 osteoporosis and heart disease.

3 (b) EVALUATION OF CERTAIN RESEARCH RELATED  
4 TO MENOPAUSE, PERIMENOPAUSE, OR MID-LIFE  
5 WOMEN'S HEALTH.—

6 (1) IN GENERAL.—The Secretary of Veterans  
7 Affairs, shall evaluate—

8 (A) the results of completed research re-  
9 lated to menopause, perimenopause, or mid-life  
10 women's health among women who are mem-  
11 bers of the uniformed services or veterans;

12 (B) the status of such research that is on-  
13 going;

14 (C) any gaps in knowledge and research  
15 on—

16 (i) treatments for menopause-related  
17 symptoms, including hormone and non-hor-  
18 mone treatments;

19 (ii) the safety and effectiveness of  
20 treatments for menopause-related symp-  
21 toms;

22 (iii) the impact of perimenopause and  
23 menopause on the mental health of women  
24 who are members of the uniformed services  
25 or veterans;

1 (D) the availability of and uptake of pro-  
2 fessional training resources for covered pro-  
3 viders relating to mid-life women's health with  
4 respect to the care, treatment, and management  
5 of perimenopause and menopausal symptoms,  
6 and related support services; and

7 (E) the availability of and uptake of treat-  
8 ments for women who are members of the uni-  
9 formed services or veterans who are experi-  
10 encing perimenopause or menopause.

11 (2) REPORT; STRATEGIC PLAN.—Not later than  
12 180 days after the date of the enactment of this Act,  
13 the Secretary of Veterans Affairs shall submit to  
14 Congress a report containing—

15 (A) the findings of the evaluation con-  
16 ducted under paragraph (1);

17 (B) recommendations for improving profes-  
18 sional training resources described in paragraph  
19 (1)(D) for covered providers; and

20 (C) a strategic plan that—

21 (i) resolves the gaps in knowledge and  
22 research identified in the report; and

23 (ii) identifies topics in need of further  
24 research relating to potential treatments  
25 for menopause-related symptoms of women

1                   who are members of the uniformed services  
2                   or veterans.

3                   (3) NONDUPLICATION AND SUPPLEMENTATION  
4           OF EFFORTS.—In carrying out activities under this  
5           section, the Secretary of Veterans Affairs shall en-  
6           sure that such activities minimize duplication and  
7           supplement, not supplant, existing information-shar-  
8           ing efforts of the Department of Health and Human  
9           Services.

10           (c) SENSE OF CONGRESS ON ADDITIONAL RESEARCH  
11   RELATED TO MENOPAUSE, PERIMENOPAUSE, OR MID-  
12   LIFE WOMEN’S HEALTH.—It is the sense of Congress that  
13   the Secretary of Defense and the Secretary of Veterans  
14   Affairs should each conduct research related to meno-  
15   pause, perimenopause, or mid-life health regarding women  
16   who are members of the uniformed services or veterans.

17   **SEC. 325. PILOT PROGRAM ON PROVISION OF OPIOID RES-**  
18                   **CUE MEDICATIONS TO VETERANS.**

19           (a) IN GENERAL.—Commencing not later than 120  
20   days after the date of the enactment of this Act, the Sec-  
21   retary of Veterans Affairs shall carry out a one-year pilot  
22   program under which the Secretary shall make covered  
23   medications available to any veteran at no charge (in this  
24   section referred to as the “pilot program”).



1 (b) PROVISION OF MEDICATION PRIOR TO CON-  
2 FIRMATION OF STATUS.—The Secretary may provide cov-  
3 ered medication to an individual under the pilot program  
4 prior to confirming the status of the individual as a vet-  
5 eran if the individual provides contact information for the  
6 individual and a written self-attestation of veteran status.

7 (c) SITE SELECTION.—The Secretary shall prioritize  
8 carrying out the pilot program in geographical areas where  
9 data indicates a disproportionately high risk of overdose  
10 among the veteran population.

11 (d) LIMITATION ON USE OF INFORMATION.—

12 (1) IN GENERAL.—In carrying out this section,  
13 the Secretary may only collect the personally identi-  
14 fiable information needed for prescribing covered  
15 medication under the pilot program, and any person-  
16 ally identifiable information collected under this sec-  
17 tion may be used solely for the purpose of delivering,  
18 evaluating, and enhancing the quality of health care.

19 (2) EXCLUSION.—The Secretary may not use  
20 any personally identifiable information collected  
21 under this section—

22 (A) for the purpose of preventing a veteran  
23 from employment;

24 (B) as evidence of a history of drug use;

25 or

1 (C) as evidence that an individual is an un-  
2 lawful user of or addicted to any controlled sub-  
3 stance.

4 (e) PROVISION OF INFORMATION.—The Secretary  
5 shall ensure that any individual who receives covered  
6 medication under the pilot program also receives—

7 (1) information about addiction services, suicide  
8 prevention services, mental health services, and  
9 other related services provided by the Department of  
10 Veterans Affairs; and

11 (2) information on the use and application of  
12 covered medications.

13 (f) REPORT.—

14 (1) IN GENERAL.—Not later than 30 days be-  
15 fore the completion of the pilot program under this  
16 section, the Secretary shall submit to Congress a re-  
17 port on the pilot program.

18 (2) ELEMENTS.—The report required by para-  
19 graph (1) shall include the following:

20 (A) The number of veterans who received  
21 a covered medication under the pilot program,  
22 disaggregated by those enrolled in the system of  
23 annual patient enrollment of the Department of  
24 Veterans Affairs under section 1705(a) of title

1           38, United States Code, and those not enrolled  
2           in such system.

3           (B) An assessment of the feasibility of ex-  
4           panding the pilot program to provide covered  
5           medications to immediate family members of  
6           veterans.

7           (C) Any considerations associated with  
8           continuing, expanding, or making permanent  
9           the pilot program.

10          (D) Any other recommendations of the  
11          Secretary with respect to modifying or con-  
12          tinuing the pilot program.

13          (g) DEFINITIONS.—In this section:

14           (1) COVERED MEDICATION.—The term “cov-  
15           ered medication” means any opioid overdose rescue  
16           medication, such as naloxone.

17           (2) VETERAN.—The term “veteran” has the  
18           meaning given that term in section 101 of title 38,  
19           United States Code.

20   **SEC. 326. ESTABLISHMENT OF VETERANS HEALTH ADMIN-**  
21                   **ISTRATION POLICY ADVISORY COMMISSION.**

22          (a) IN GENERAL.—Chapter 1 of title 38, United  
23          States Code, is amended by adding at the end the fol-  
24          lowing new section:

1 **“§ 120. Veterans Health Administration Policy Advi-**  
2 **sory Commission**

3 “(a) ESTABLISHMENT.—There is established the Vet-  
4 erans Health Administration Policy Advisory Commission  
5 (in this section referred to as the ‘Commission’).

6 “(b) MEMBERSHIP.—

7 “(1) COMPOSITION.—The Commission shall be  
8 composed of 17 members appointed by the Comp-  
9 troller General of the United States, of which not  
10 fewer than 2 shall be veterans.

11 “(2) QUALIFICATIONS.—

12 “(A) IN GENERAL.—An individual is eligi-  
13 ble for appointment to the Commission under  
14 paragraph (1) if the individual has significant  
15 expertise in operating or advising large medical  
16 systems, including expertise in quality of care,  
17 staffing issues, health information technology,  
18 artificial intelligence in health care, medical re-  
19 search, and managed care plans and networks.

20 “(B) EXPERIENCE OF MEMBERS.—In ap-  
21 pointing members under paragraph (1), the  
22 Comptroller General shall select individuals  
23 from backgrounds that reflect the broad diver-  
24 sity of health care received by veterans, includ-  
25 ing nonprofit health systems, public and private  
26 health systems, care furnished by the Veterans

1           Health Administration, and care furnished by  
2           the Department of Defense.

3           “(3) ETHICAL DISCLOSURE.—A member of the  
4           Commission shall be considered an employee of Con-  
5           gress whose compensation is disbursed by the Sec-  
6           retary of the Senate for purposes of applying sub-  
7           chapter I of chapter 131 of title 5, United States  
8           Code, except that a member of the Commission is  
9           required to file public financial disclosure reports  
10          without regard to their number of days of service or  
11          rate of pay.

12          “(c) PERIOD OF APPOINTMENT; VACANCIES.—

13                 “(1) VACANCIES.—

14                         “(A) IN GENERAL.—A vacancy on the  
15                         Commission shall be filled in the manner in  
16                         which the original appointment was made and  
17                         shall be subject to any conditions that applied  
18                         with respect to the original appointment.

19                         “(B) FILLING UNEXPIRED TERM.—An in-  
20                         dividual chosen to fill a vacancy shall be ap-  
21                         pointed for the unexpired term of the member  
22                         replaced.

23                 “(2) EXPIRATION OF TERMS.—The term of any  
24                 member shall not expire before the date on which  
25                 the member’s successor takes office.

1       “(d) MEETINGS.—

2               “(1) FREQUENCY.—The Commission shall meet  
3       at the call of the Chairman, but not less frequently  
4       than once per year.

5               “(2) QUORUM.—A majority of the members of  
6       the Commission shall constitute a quorum, but a  
7       lesser number of members may hold meetings.

8       “(e) CHAIRMAN AND VICE CHAIRMAN.—The Comp-  
9       troller General shall designate one member of the Commis-  
10      sion as Chairman and one member of the Commission as  
11      Vice Chairman, at the time of appointment of such mem-  
12      ber and for the term of appointment of such member, ex-  
13      cept that in the case of vacancy of the Chairmanship or  
14      Vice Chairmanship, the Comptroller General may des-  
15      ignate another member for the remainder of that mem-  
16      ber’s term.

17      “(f) DUTIES OF THE COMMISSION.—

18               “(1) REVIEW.—The Commission shall—

19                       “(A) review operations at the Veterans  
20                       Health Administration; and

21                       “(B) prepare reports for Congress based  
22                       on such review, including recommendations to  
23                       Congress.

24               “(2) TOPICS TO BE REVIEWED.—In conducting  
25      a review under paragraph (1)(A), the Commission

1 shall include periodic reviews of the following, taking  
2 into consideration other independent assessments in  
3 selecting topics to limit duplicative efforts:

4 “(A) Information technology infrastructure  
5 at medical facilities of the Department, includ-  
6 ing with respect to electronic health record sys-  
7 tems.

8 “(B) Referrals to care at facilities of the  
9 Department and under the Veterans Commu-  
10 nity Care Program under section 1703 of this  
11 title, and factors impacting those referrals.

12 “(C) Access and wait times at medical fa-  
13 cilities of the Department and under the Vet-  
14 erans Community Care Program, including both  
15 primary and specialty care, and factors impact-  
16 ing those wait times.

17 “(D) The quality of health care furnished  
18 by the Department and through the Veterans  
19 Community Care Program.

20 “(E) Workforce issues, including workforce  
21 performance, recruitment, and retention fac-  
22 tors.

23 “(F) Patient satisfaction and customer  
24 service at medical facilities of the Department

1 and through the Veterans Community Care  
2 Program.

3 “(G) The training of health care providers  
4 and the standards of care at facilities of the  
5 Department and in the Veterans Community  
6 Care Program.

7 “(H) The long-term budgetary outlook of  
8 the Veterans Health Administration, as well as  
9 key components driving budgetary changes over  
10 time.

11 “(I) The research program of the Depart-  
12 ment, including both internal and external re-  
13 search.

14 “(J) The interaction of care under the  
15 Medicare program under title XVIII of the So-  
16 cial Security Act (42 U.S.C. 1395 et seq.), the  
17 Medicaid program under title XIX of such Act  
18 (42 U.S.C. 1396 et seq.), the TRICARE pro-  
19 gram under chapter 55 of title 10, and commer-  
20 cial health care plans with care furnished by the  
21 Veterans Health Administration.

22 “(3) USE OF EXISTING DATA.—In carrying out  
23 the requirements of this subsection, the Commission,  
24 to the extent practicable, shall use existing data that  
25 has been compiled by the Department, compiled for



1 the Department, or purchased by the Department,  
2 including—

3 “(A) data described in subsection (c)(1) of  
4 section 1704A of this title; and

5 “(B) the results of the independent assess-  
6 ments conducted under such section.

7 “(4) ISSUES REGARDING VETERAN HEALTH  
8 CARE DELIVERY GENERALLY.—In carrying out the  
9 requirements of this subsection, the Commission  
10 shall review the effect of policies under this title on  
11 the delivery of health care services to veterans and  
12 assess the implications of changes in health care de-  
13 livery for veterans under the laws administered by  
14 the Secretary.

15 “(5) TRANSMITTAL OF CERTAIN REPORTS.—If  
16 the Secretary or the Inspector General of the De-  
17 partment of Veterans Affairs submits to Congress  
18 (or a committee of Congress) a report that is re-  
19 quired by law and that relates to policies for health  
20 care furnished under the laws administered by the  
21 Secretary, the Secretary shall transmit a copy of  
22 that report to the Commission.

23 “(6) CONSULTATION AND ADDITIONAL REVIEWS  
24 AND STUDIES.—

1           “(A) CONSULTATION.—In carrying out the  
2 requirements of this subsection, the Commis-  
3 sion shall consult periodically with the chairmen  
4 and ranking members of the Committee on Vet-  
5 erans’ Affairs of the Senate and the Committee  
6 on Veterans’ Affairs of the House of Represent-  
7 atives regarding the agenda of the Commission  
8 and progress towards achieving that agenda.

9           “(B) ADDITIONAL REVIEWS AND RE-  
10 PORTS.—The Commission may conduct addi-  
11 tional reviews, and may submit additional re-  
12 ports to the Committee on Veterans’ Affairs of  
13 the Senate and the Committee on Veterans’ Af-  
14 fairs of the House of Representatives, from  
15 time to time on such topics relating to the ac-  
16 tivities of the Commission as may be requested  
17 by the Chairman and members and as the Com-  
18 mission determines appropriate.

19           “(C) SPECIAL STUDIES.—The Commission  
20 may conduct special studies requested by the  
21 chairman or ranking member of the Committee  
22 on Veterans’ Affairs of the Senate or the Com-  
23 mittee on Veterans’ Affairs of the House of  
24 Representatives and as the Commission deter-  
25 mines appropriate.

1           “(7) COORDINATION.—In carrying out reviews,  
2           preparing reports, and conducting studies under this  
3           section, the Commission shall, to the extent prac-  
4           ticable, coordinate with the Inspector General of the  
5           Department to ensure the work of the Commission  
6           does not interfere with investigations or remedi-  
7           ations underway by the Inspector General.

8           “(8) BUDGETARY CONSIDERATIONS.—Before  
9           making any recommendations to Congress, the Com-  
10          mission shall examine the budget consequences of  
11          such recommendations, directly or through consulta-  
12          tion with appropriate expert entities.

13          “(9) REPORT.—

14               “(A) IN GENERAL.—By not later than  
15               March 15 of each year, the Commission shall  
16               submit to Congress a report containing the re-  
17               sults and recommendations from the review  
18               conducted under paragraph (1).

19               “(B) INCLUSION OF RECOMMENDA-  
20               TIONS.—A recommendation may be included in  
21               a report under subparagraph (A) if a simple  
22               majority of the members of the Commission  
23               vote to include the recommendation in the re-  
24               port.

1           “(10) LIMITATION.—Nothing in this section  
2       shall be construed to authorize the Commission to  
3       direct, control, approve, suspend, delay, or admin-  
4       ister any program, policy, contract, personnel action,  
5       budgetary decision, clinical decision, or operational  
6       activity of the Department. The Commission shall  
7       serve solely in an advisory capacity to Congress and  
8       to the Department on matters expressly authorized  
9       under laws administered by the Secretary.

10       “(g) POWERS OF COMMISSION.—

11           “(1) IN GENERAL.—The Commission may—

12               “(A) employ and fix the compensation:

13                   “(i) of an Executive Director (at a  
14                   rate of pay not greater than that provided  
15                   for level III of the Executive Schedule  
16                   under section 5314 of title 5) who is con-  
17                   firmed by two thirds vote by members of  
18                   the Commission; and

19                   “(ii) other such personnel as may be  
20                   necessary to carry out the duties of the  
21                   Commission, without regard to the provi-  
22                   sions of title 5 governing appointments in  
23                   the competitive service;

24               “(B) seek such assistance and support as  
25       may be required in the performance of its du-

1           ties from appropriate departments and agencies  
2           of the United States or departments or agencies  
3           of a State;

4           “(C) enter into a contract or conduct origi-  
5           nal research only upon a written determination  
6           by the Chair and Vice Chair that comparable  
7           information is unavailable, insufficient, or out-  
8           dated;

9           “(D) make advance, progress, and other  
10          payments that relate to the work of the Com-  
11          mission;

12          “(E) provide transportation and subsist-  
13          ence for individuals serving the Commission  
14          without compensation; and

15          “(F) prescribe such rules and regulations  
16          as the Commission determines necessary with  
17          respect to the internal organization and oper-  
18          ation of the Commission.

19          “(2) DATA COLLECTION.—In order to carry out  
20          its functions, the Commission shall—

21                 “(A) utilize existing information, both pub-  
22                 lished and unpublished, if possible, collected  
23                 and assessed either by its own staff or under  
24                 other arrangements made in accordance with  
25                 this section;

1           “(B) to the maximum extent practicable,  
2           rely on existing data, reports, audits, evalua-  
3           tions, and assessments prepared by the Depart-  
4           ment, the Inspector General of the Department,  
5           the Government Accountability Office, the Con-  
6           gressional Research Service, the Congressional  
7           Budget Office, and other relevant Federal enti-  
8           ties before entering into any contract or con-  
9           ducting original research; and

10           “(C) adopt procedures allowing any inter-  
11           ested party to submit information for use by  
12           the Commission in making reports and rec-  
13           ommendations.

14           “(3) INFORMATION FROM FEDERAL AGEN-  
15           CIES.—

16           “(A) IN GENERAL.—The Commission may  
17           secure directly from any relevant department or  
18           agency of the United States health care infor-  
19           mation the Chairman determines would be help-  
20           ful to enable the Commission to carry out this  
21           section.

22           “(B) TIMING.—Upon request of the Chair-  
23           man, the head of a department or agency of the  
24           United States shall furnish information re-  
25           quested under subparagraph (A) to the Com-

1 mission on an agreed upon schedule or not later  
2 than 180 days after the date of the request.

3 “(h) COMPENSATION.—

4 “(1) MEMBERS.—

5 “(A) IN GENERAL.—While conducting the  
6 business of the Commission (including travel  
7 time), a member of the Commission shall be en-  
8 titled to compensation at the per diem equiva-  
9 lent of the rate provided for level IV of the Ex-  
10 ecutive Schedule under section 5315 of title 5.

11 “(B) TRAVEL EXPENSES.—While con-  
12 ducting the business of the Commission away  
13 from home and the regular place of business of  
14 the member, a member may be allowed travel  
15 expenses, as authorized by the Chairman.

16 “(2) PHYSICIAN COMPARABILITY ALLOWANCE  
17 FOR PERSONNEL.—The Commission may provide a  
18 physician comparability allowance to physicians serv-  
19 ing as personnel of the Commission in the same  
20 manner as physicians of the Federal Government  
21 may be provided such an allowance by an agency  
22 under section 5948 of title 5, and for such purpose,  
23 subsection (i) of such section shall apply to the Com-  
24 mission in the same manner as it applies to the Ten-  
25 nessee Valley Authority.

1           “(3) TREATMENT OF PERSONNEL.—For pur-  
2       poses of pay (other than pay of members of the  
3       Commission) and employment benefits, rights, and  
4       privileges, all personnel of the Commission shall be  
5       treated as if they were employees of the United  
6       States Senate.

7           “(i) DETAIL OF FEDERAL EMPLOYEES.—An em-  
8       ployee of the Federal Government may be detailed to the  
9       Commission without reimbursement and without interrup-  
10      tion or loss of civil service status or privileges.

11          “(j) ACCESS OF CONGRESSIONAL SUPPORT AGEN-  
12      CIES TO INFORMATION.—The Commission shall provide to  
13      the Comptroller General, the Congressional Research  
14      Service, and the Congressional Budget Office unrestricted  
15      access to all deliberations, records, and nonproprietary  
16      data of the Commission not later than 30 days after such  
17      access is requested.

18          “(k) AUTHORIZATION OF APPROPRIATIONS.—The  
19      Commission shall submit requests for appropriations in  
20      the same manner as the Comptroller General submits re-  
21      quests for appropriations, but amounts appropriated for  
22      the Commission shall be separate from amounts appro-  
23      priated for the Comptroller General.

24          “(l) TERMINATION.—



1           “(1) The Commission shall terminate on Sep-  
2           tember 30, 2032.

3           “(2) Not later than 1 year before the date of  
4           termination under paragraph (1), the Commission  
5           shall submit to the Committees on Veterans’ Affairs  
6           of the House of Representatives and the Senate a  
7           final assessment on whether the Commission should  
8           be continued, modified, or allowed to terminate.

9           “(3) A member of the Commission shall be ap-  
10          pointed under subsection (b)(1) for a term of 5  
11          years, except that the Comptroller General shall des-  
12          ignate staggered terms for the members first ap-  
13          pointed.

14          “(4) No funds may be obligated by the Com-  
15          mission after the date of termination under para-  
16          graph (1), except for activities necessary to close out  
17          the operations of the Commission.”.

18          (b) CLERICAL AMENDMENT.—The table of sections  
19          at the beginning of such chapter is amended by inserting  
20          after the item relating to section 119 the following new  
21          item:

          “120. Veterans Health Administration Policy Advisory Commission.”.

22          (c) INITIAL APPOINTMENT.—Not later than 280 days  
23          after the date on which amounts are first appropriated  
24          to the Veterans Health Administration Policy Advisory  
25          Commission established under section 120 of title 38,

1 United States Code, as added by subsection (a), the  
2 Comptroller General of the United States shall make ini-  
3 tial appointments of members to the Commission under  
4 subsection (b)(1) of such section.

5 **SEC. 327. ACCESS TO HEALTH CARE.**

6 (a) CONNECTION TO VETERANS HEALTH ADMINIS-  
7 TRATION WHEN A DISABILITY CLAIM RELATED TO MILI-  
8 TARY SEXUAL TRAUMA IS SUBMITTED TO VETERANS  
9 BENEFITS ADMINISTRATION.—Section 2 of the MST  
10 Claims Coordination Act (Public Law 117–303; 38 U.S.C.  
11 1166 note) is amended—

12 (1) in subsection (a)(1)—

13 (A) in subparagraph (C), by striking “;  
14 and” and inserting a semicolon; and

15 (B) by striking subparagraph (D) and in-  
16 serting the following:

17 “(D) the contact information for the near-  
18 est military sexual trauma coordinator for the  
19 veteran at the Veterans Benefits Administration  
20 and a description of the assistance such coordi-  
21 nator can provide;

22 “(E) the contact information for the near-  
23 est military sexual trauma coordinator for the  
24 veteran at the Veterans Health Administration

1 and a description of the assistance such coordi-  
2 nator can provide;

3 “(F) the types of services that individuals  
4 who have experienced military sexual trauma  
5 are eligible to receive from the Department of  
6 Veterans Affairs, such as mental health coun-  
7 seling from providers trained in military sexual  
8 trauma issues and peer support services, includ-  
9 ing the nearest locations where such services  
10 are furnished, including the nearest Readjust-  
11 ment Counseling Service location, and the con-  
12 tact information for the providers of such serv-  
13 ices; and

14 “(G) such other information on services,  
15 care, or resources for military sexual trauma as  
16 the Secretary determines appropriate.”; and

17 (2) in subsection (d)—

18 (A) in paragraph (3)—

19 (i) in subparagraph (B), by striking “;  
20 and” and inserting a semicolon;

21 (ii) in subparagraph (C), by striking  
22 the period and inserting “; and”; and

23 (iii) by adding at the end the fol-  
24 lowing:

1 “(D) submitting a claim for disability com-  
2 pensation to the Veterans Benefits Administra-  
3 tion for a disability relating to military sexual  
4 trauma.”; and

5 (B) by amending paragraph (5) to read as  
6 follows:

7 “(5) The term ‘military sexual trauma’ with re-  
8 spect to eligibility for health care, has the meaning  
9 given such term in section 1166(d)(2) of title 38,  
10 United States Code.”.

11 (b) CARE RELATING TO MILITARY SEXUAL TRAUMA  
12 FOR INDIVIDUALS WHO WITHDRAW FROM OR OTHER-  
13 WISE DO NOT COMPLETE SERVICE AT SERVICE ACAD-  
14 EMIES.—

15 (1) IN GENERAL.—The Secretary of Veterans  
16 Affairs, in coordination with the Secretary of De-  
17 fense, the Secretary of Homeland Security, and the  
18 Secretary of Transportation, shall ensure that each  
19 individual who withdraws from, or otherwise does  
20 not complete service at, a service academy is pro-  
21 vided—

22 (A) information on the potential eligibility  
23 of such individual for care and counseling relat-  
24 ing to military sexual trauma provided through  
25 the Department of Veterans Affairs; and

1 (B) the option to receive copies of—

2 (i) the individual’s service treatment  
3 records or military personnel records that  
4 document military sexual trauma;

5 (ii) reporting forms of the Depart-  
6 ment of Defense, the Department of  
7 Homeland Security, or the Department of  
8 Transportation on sexual assault or sexual  
9 harassment for which the individual was  
10 the victim; and

11 (iii) any investigative reports into  
12 military sexual trauma that occurred dur-  
13 ing the individual’s service in the Armed  
14 Forces and for which the individual was  
15 the victim, which are in the possession of  
16 the Department of Defense, the Depart-  
17 ment of Homeland Security, or the De-  
18 partment of Transportation.

19 (2) DEFINITIONS.—In this subsection:

20 (A) MILITARY SEXUAL TRAUMA.—The  
21 term “military sexual trauma” has the meaning  
22 given such term in section 1166(d)(2) of title  
23 38, United States Code.—

24 (B) SERVICE ACADEMY.—The term “serv-  
25 ice academy” means any of the following:

1 (i) The United States Military Acad-  
2 emy.

3 (ii) The United States Naval Acad-  
4 emy.

5 (iii) The United States Air Force  
6 Academy.

7 (iv) The United States Coast Guard  
8 Academy.

9 (v) The United States Merchant Ma-  
10 rine Academy.

11 **SEC. 328. RESEARCH ON HEALTH CONDITIONS OF DE-**  
12 **SCENDANTS OF TOXIC-EXPOSED VETERANS.**

13 (a) RESEARCH ON DIAGNOSIS AND TREATMENT OF  
14 HEALTH CONDITIONS OF DESCENDANTS OF INDIVIDUALS  
15 EXPOSED TO TOXIC SUBSTANCES WHILE SERVING IN  
16 ARMED FORCES.—

17 (1) CONTRACT OR AGREEMENT.—The Secretary  
18 of Veterans Affairs shall enter into a contract or  
19 interagency agreement with the Agency for Toxic  
20 Substances and Disease Registry (in this section re-  
21 ferred to as the “Agency”) to perform the services  
22 covered by this section.

23 (2) SERVICES.—Under a contract or agreement  
24 between the Secretary and the Agency under this  
25 section, the Agency shall—

1           (A) conduct a literature review on the  
2 health effects on descendants of toxic-exposed  
3 veterans and toxic-exposed members of the  
4 Armed Forces from their toxic exposure and  
5 identify any gaps in knowledge or research on  
6 such topic;

7           (B) not later than 180 days after com-  
8 pleting the literature review under subpara-  
9 graph (A) establish and maintain a publicly  
10 available report with information on—

11               (i) the findings of the Agency with re-  
12 spect to such literature review; and

13               (ii) the ongoing research and activities  
14 directed by the Agency, including a review  
15 of all relevant data to determine the  
16 strength of evidence for a positive associa-  
17 tion between a health condition researched  
18 and a toxic exposure based on the cat-  
19 egories set forth under section 1173(c)(2)  
20 of title 38, United States Code; and

21           (C) not later than 30 days after the date  
22 on which the first review is published under  
23 subparagraph (B) and not less frequently than  
24 once every year thereafter, publish a new report

1 containing the information made available  
2 under clause (ii) of such subparagraph.

3 (3) SUNSET.—On the date that is 7 years after  
4 the date of enactment of this Act.

5 (4) LITERATURE REVIEW.—

6 (A) IN GENERAL.—In carrying out the lit-  
7 erature review under paragraph (2)(A), the  
8 Agency shall review available literature to deter-  
9 mine the association between military toxic ex-  
10 posures and the incidence or prevalence of birth  
11 defects among the descendants of toxic-exposed  
12 veterans and toxic-exposed members of the  
13 Armed Forces.

14 (B) REPORT.—Not later than one year  
15 after the date of the enactment of this Act, the  
16 Agency shall submit to the Secretary, the Com-  
17 mittee on Veterans' Affairs of the Senate, and  
18 the Committee on Veterans' Affairs of the  
19 House of Representatives a report containing  
20 the findings of the Agency with respect to the  
21 activities of the Agency under paragraph  
22 (2)(A).

23 (C) PLAN.—

24 (i) IN GENERAL.—Not later than 180  
25 days after the date of the enactment of



1           this Act, the Agency shall submit to the  
2           Secretary and to the Committee on Vet-  
3           erans' Affairs of the Senate and the Com-  
4           mittee on Veterans' Affairs of the House  
5           of Representatives a plan describing the  
6           Agency's proposed approach to carrying  
7           out the literature review under paragraph  
8           (2)(A).

9           (ii) CONTENTS.—The plan submitted  
10          pursuant to clause (i) shall include—

11                   (I) the scope and key research  
12                   questions to be addressed; and

13                   (II) the methodology to be used  
14                   in identifying, evaluating, and synthe-  
15                   sizing relevant scientific and medical  
16                   literature.

17          (5) CONSULTATION.—The Agency shall carry  
18          out the services covered by this subsection in con-  
19          sultation with such Federal, State, and research  
20          partners as the Agency and the Secretary jointly  
21          consider appropriate.

22          (6) PROHIBITION ON EXPANSION OF SERV-  
23          ICES.—Nothing in this section shall be construed to  
24          authorize the expansion of compensation or

1 healthcare benefits furnished by the Department to  
2 the descendants of members of the Armed Forces.

3 (b) PROGRAM FOR MONITORING HEALTH OF DE-  
4 SCENDANTS OF VETERANS AND MEMBERS OF THE  
5 ARMED FORCES SUBJECTED TO TOXIC EXPOSURE IN  
6 THE ARMED FORCES.—

7 (1) IN GENERAL.—The Secretary of Veterans  
8 Affairs shall use the results of the literature review  
9 conducted under subsection (a)(2)(A) to establish a  
10 health monitoring or screening program for descend-  
11 ants of toxic-exposed veterans and toxic-exposed  
12 members of the Armed Forces, to assist in identi-  
13 fying potential patterns or signals, supporting public  
14 health surveillance, and facilitating epidemiologic  
15 and clinical research related to birth defects.

16 (2) REQUIREMENTS.—In carrying out the pro-  
17 gram required by paragraph (1), the Secretary  
18 shall—

19 (A) leverage Government data sets to im-  
20 prove the program;

21 (B) recruit additional descendants;

22 (C) consult with relevant stakeholders to  
23 develop a strategy to coordinate collection of in-  
24 formation under the program; and

1 (D) ensure data from the program is used  
2 to inform basic research, translational research,  
3 and epidemiological studies to help address data  
4 and knowledge gaps identified in the literature  
5 review conducted under subsection (a)(2)(A).

6 (3) MECHANISMS FOR ADMINISTRATION.—The  
7 Secretary may administer the program required by  
8 paragraph (1) either directly or through such mech-  
9 anisms as the Secretary considers appropriate, such  
10 as through the award of a grant or cooperative  
11 agreement.

12 (4) COLLECTION OF INFORMATION.—In admin-  
13 istering the health monitoring program required by  
14 paragraph (1), the Secretary may collect, process,  
15 maintain, and consolidate information on birth de-  
16 fects among descendants of toxic-exposed veterans  
17 and toxic-exposed members of the Armed Forces, in-  
18 cluding biological samples, environmental factors,  
19 and personal and social factors.

20 (5) CONSULTATION.—The Secretary shall carry  
21 out the services covered by this section in consulta-  
22 tion with such Federal, State, and research partners  
23 as the Department considers appropriate.

24 (6) SUNSET.—On the date that is 7 years after  
25 the date of enactment of this Act.

1           (7) PROHIBITION ON EXPANSION OF SERV-  
2       ICES.—No information collected by this program  
3       shall be used to inform the expansion of compensa-  
4       tion or healthcare benefits furnished by the Depart-  
5       ment to the descendants of members of the Armed  
6       Forces, unless otherwise authorized by another Act  
7       of Congress on a date after the passage of this legis-  
8       lation.

9       (c) DEFINITIONS.—In this subsection:

10           (1) ACTIVE MILITARY, NAVAL, AIR, OR SPACE  
11       SERVICE.—The term “active military, naval, air, or  
12       space service” has the meaning given such term in  
13       section 101 of title 38, United States Code.

14           (2) RELEVANT STAKEHOLDERS.—The term  
15       “relevant stakeholders” means—

16           (A) public health experts with experience  
17       in developing and maintaining registries;

18           (B) epidemiologists with experience in  
19       studying health effects of toxic exposure on the  
20       descendants of toxic-exposed veterans;

21           (C) descendants of toxic-exposed veterans;  
22       and

23           (D) veterans service organizations.

24           (3) TOXIC-EXPOSED MEMBER OF THE ARMED  
25       FORCES.—The term “toxic-exposed member of the

1       Armed Forces” means a member of the Armed  
2       Forces who was subject to a toxic exposure in line  
3       of duty in the active military, naval, air, or space  
4       service.

5           (4) TOXIC-EXPOSED VETERAN.—The term  
6       “toxic-exposed veteran” means a veteran who was  
7       subject to a toxic exposure in line of duty in the ac-  
8       tive military, naval, air, or space service.

9           (5) TOXIC EXPOSURE.—The terms “toxic expo-  
10      sure” and “toxic-exposed veteran” have the mean-  
11      ings given such terms in section 101 of title 38,  
12      United States Code.

13   **SEC. 329. VETERANS SPINAL TRAUMA ACCESS TO NEW DE-**  
14                           **VICES ACT.**

15      Section 1706 of title 38, United States Code, is  
16   amended by adding at the end the following new sub-  
17   section:

18      “(d)(1) In managing the provision of hospital care  
19   and medical services under section 1710(a) of this title,  
20   the Secretary shall furnish (through direct provision of  
21   service, referral, or a telehealth program operated by the  
22   Department) a preventative health evaluation annually to  
23   any veteran with a spinal cord injury or disorder who  
24   elects to undergo the evaluation.

1       “(2) The evaluation described in paragraph (1) shall  
2 include the following:

3           “(A) An assessment of any circumstance or  
4 condition the veteran is experiencing that indicates  
5 a risk for any health complication related to the spi-  
6 nal cord injury or disorder, including a risk of  
7 comorbidities.

8           “(B) An assessment regarding chronic pain  
9 and, if applicable, the management of chronic pain.

10          “(C) An assessment regarding dietary manage-  
11 ment and weight management.

12          “(D) An assessment regarding prosthetic equip-  
13 ment, including which prosthetic equipment the vet-  
14 eran needs, how well any existing prosthetic equip-  
15 ment is functioning considering the needs of the vet-  
16 eran, and any safety concerns regarding the pros-  
17 thetic equipment in use by or recommended to the  
18 veteran.

19          “(E) An assessment with respect to the provi-  
20 sion of assistive technology, including spinal cord  
21 neuromodulation technology (such as non-invasive  
22 transcutaneous spinal stimulation), that could help  
23 maximize the veteran’s voluntary motor or auto-  
24 nomic function, independence, or mobility, including

1       suitability for home use and need for training, pro-  
2       gramming, and remote follow-up.

3       “(3)(A) In maintaining, prescribing, or amending any  
4       guidance, rules, or regulations issued by the Department  
5       regarding the requirements set out in this subsection, the  
6       Secretary shall consult with—

7               “(i) the spinal cord injury and disorder pro-  
8       gram managers of the Department;

9               “(ii) clinicians employed by the Department as  
10      specialists in spinal cord injuries and disorders;

11              “(iii) clinicians and technologists with dem-  
12      onstrated expertise in spinal cord neuromodulation  
13      therapies, including non-invasive transcutaneous ap-  
14      proaches; and

15              “(iv) representatives of organizations recognzied  
16      under section 5902 of this title.

17      “(B) Before issuing any guidance, rules, or regula-  
18      tions regarding the requirements set out in this sub-  
19      section, the Secretary shall consult with manufacturers of  
20      assistive technologies and other entities relevant to the  
21      provision of assistive technologies if the guidance, rules,  
22      or regulations would directly affect such manufacturers or  
23      entities.

24      “(C) The Secretary shall ensure, to the extent pos-  
25      sible, that any veteran known by the Secretary to have

1 a spinal cord injury or disorder receives information annu-  
2 ally about the evaluation available under this subsection  
3 and the benefits to the veteran of choosing to undergo the  
4 evaluation.

5 “(4) As the Secretary determines clinically appro-  
6 priate, the Secretary may provide training, programming,  
7 remote monitoring, and follow-up for assistive technologies  
8 through telehealth.

9 “(5) Not later than one year after the date of the  
10 enactment of the Take Care of America’s Veterans Act,  
11 and every two years thereafter, the Secretary shall submit  
12 to the Committees on Veterans’ Affairs of the Senate and  
13 the House of Representatives a report that includes the  
14 following:

15 “(A) For the period covered by the report—

16 “(i) the number of veterans who—

17 “(I) received medical care or hospital  
18 services from the Department and used an  
19 assistive technology;

20 “(II) received medical care or hospital  
21 services from the Department and were as-  
22 sessed for the provision of an assistive  
23 technology; and



1                   “(III) received medical care or hos-  
2                   pital services from the Department and  
3                   were prescribed an assistive technology.

4                   “(ii) for any assistive technology pre-  
5                   scribed, an identification of the category of such  
6                   technology, including spinal cord  
7                   neuromodulation, and a summary of functional  
8                   outcomes associated with the prescription of  
9                   such technology, if available.

10                  “(B) The year-to-year change (for the period  
11                  covered by the report, including the two years imme-  
12                  diately prior to year the report is submitted) in the  
13                  percent of veterans with a spinal cord injury or dis-  
14                  order who received an evaluation under this sub-  
15                  section.

16                  “(6) In reviewing the performance metrics of a Vet-  
17                  erans Integrated Service Network for any year beginning  
18                  after the date that is one year after the date of the enact-  
19                  ment of the Veterans Spinal Trauma Access to New De-  
20                  vices Act, the Secretary shall consider the provision of  
21                  evaluations under paragraph (1).

22                  “(7) In this subsection, the term ‘assistive tech-  
23                  nology’ means a powered medical device or electronic tool  
24                  used to treat or alleviate symptoms or conditions caused  
25                  by a spinal cord injury or disorder, including the following:

1           “(A) A personal mobility device, including a  
2           powered exoskeleton device.

3           “(B) A speech generating device.

4           “(C) A spinal cord neuromodulation technology,  
5           including non-invasive transcutaneous spinal stimu-  
6           lation using sensory (afferent) pathways, intended to  
7           improve voluntary motor function, autonomic func-  
8           tion, independence, or quality of life.

9           “(D) Where clinically appropriate, and con-  
10          sistent with the prosthetic and sensory aids policies  
11          of the Department, an implantable spinal cord stim-  
12          ulation system that is approved by the Food and  
13          Drug Administration.”.

14   **SEC. 330. DEPARTMENT OF VETERANS AFFAIRS PILOT PRO-**  
15                   **GRAM TO AWARD GRANTS FOR THE PROVI-**  
16                   **SION OF SERVICE DOGS TO VETERANS.**

17          (a) IN GENERAL.—

18               (1) PILOT PROGRAM REQUIRED.—Not later  
19               than 24 months after the date of the enactment of  
20               this Act, the Secretary of Veterans Affairs shall es-  
21               tablish a pilot program under which the Secretary  
22               shall award grants, on a competitive basis based on  
23               the application elements listed in subsection (b)(2),  
24               to nonprofit entities to provide service dogs to eligi-  
25               ble veterans.

1           (2) DURATION.—The Secretary shall carry out  
2           the pilot program during the three-year period be-  
3           ginning on the date on which the first grant is  
4           awarded under this section.

5           (b) APPLICATIONS.—

6           (1) IN GENERAL.—To be eligible to receive a  
7           grant under this section, a nonprofit entity shall  
8           submit an application to the Secretary at such time  
9           and in such manner as the Secretary may require.

10          (2) ELEMENTS.—An application submitted by a  
11          nonprofit entity under paragraph (1) shall include  
12          the following:

13                (A) A proposal for the provision of service  
14                dogs to eligible veterans, including how the non-  
15                profit entity will communicate with the Sec-  
16                retary to ensure an increasing number of serv-  
17                ice dogs are provided to veterans.

18                (B) A description of the following services  
19                or commitments to be provided by the nonprofit  
20                entity:

21                      (i) The training that will be provided  
22                      to eligible veterans.

23                      (ii) The training of dogs that will  
24                      serve as service dogs.

1 (iii) Any additional support or services  
2 that will be provided for such dogs and eli-  
3 gible veterans.

4 (iv) The plan for publicizing the avail-  
5 ability of such service dogs through a mar-  
6 keting campaign that targets eligible vet-  
7 erans.

8 (v) The commitment to have humane  
9 standards for animals.

10 (vi) The demonstrated experience of  
11 the nonprofit entity in training service  
12 dogs in compliance with the requirements  
13 of the Americans with Disabilities Act of  
14 1990 (42 U.S.C. 12101 et seq.).

15 (c) AWARD OF GRANTS.—

16 (1) IN GENERAL.—The Secretary shall award a  
17 grant to each nonprofit entity for which the Sec-  
18 retary has approved an application submitted under  
19 subsection (b)(1).

20 (2) AGREEMENT REQUIRED.—Before the provi-  
21 sion of any grant amounts to a nonprofit entity se-  
22 lected to receive a grant under this section, the Sec-  
23 retary shall enter into an agreement, containing  
24 such terms, conditions, and limitations as the Sec-  
25 retary determines appropriate, with such entity.

1           (3) MAXIMUM GRANT AMOUNT.—Except as pro-  
2       vided in subparagraph (B), a grant awarded to a  
3       nonprofit entity under this section may not exceed  
4       \$2,000,000 in a fiscal year.

5           (4) PAYMENTS.—The Secretary shall establish  
6       intervals of payment for the administration of each  
7       grant awarded under this section.

8       (d) USE OF FUNDS.—

9           (1) IN GENERAL.—

10           (A) REQUIREMENT.—A recipient of a  
11       grant under this section shall use the grant  
12       amounts to plan, develop, implement, and man-  
13       age one or more covered programs.

14           (B) COVERED PROGRAM DEFINED.—In  
15       this paragraph, the term “covered program”  
16       means a program under which—

17           (i) service dogs are provided to par-  
18       ticipants in the program; and

19           (ii) only eligible veterans are allowed  
20       to participate in the program.

21           (2) ADMINISTRATIVE EXPENSES.—The Sec-  
22       retary may establish a maximum amount for each  
23       grant awarded under this section that may be used  
24       by the recipient of the grant to cover administrative  
25       expenses.

1           (3) OTHER CONDITIONS AND LIMITATIONS.—

2           The Secretary may establish other conditions or lim-  
3           itations on the use of grant amounts under this sec-  
4           tion.

5           (e) REQUIREMENTS FOR GRANT RECIPIENTS.—

6           (1) NOTIFICATIONS AND INFORMATION.—A re-  
7           cipient of a grant under this section shall—

8                   (A) notify each veteran who receives a  
9                   service dog through such grant that the service  
10                  dog is being paid for, in whole or in part, by  
11                  the Department of Veterans Affairs; and

12                  (B) inform each such veteran of the bene-  
13                  fits and services available from the Secretary  
14                  for the veteran and the service dog.

15           (2) PROHIBITION ON CERTAIN FEES.—A recipi-  
16           ent of a grant under this section may not charge a  
17           fee to a veteran receiving a service dog through such  
18           grant.

19           (f) VETERINARY INSURANCE.—

20           (1) IN GENERAL.—The Secretary shall provide  
21           to each veteran who receives a service dog through  
22           a grant under this section a commercially available  
23           veterinary insurance policy for the service dog.

24           (2) CONTINUATION.—If the Secretary provides  
25           a veterinary insurance policy to a veteran under

1 paragraph (1), the Secretary shall continue to pro-  
2 vide the policy to the veteran without regard to the  
3 continuation or termination of the pilot program.

4 (g) TRAINING AND TECHNICAL ASSISTANCE.—The  
5 Secretary may provide training and technical assistance  
6 regarding grant application and administration to recipi-  
7 ents of grants under this section.

8 (h) OVERSIGHT AND MONITORING.—The Sec-  
9 retary—

10 (1) may require each recipient of a grant under  
11 this section to provide, in such form as may be pre-  
12 scribed by the Secretary, such reports or answers in  
13 writing to specific questions, surveys, or question-  
14 naires as the Secretary determines necessary to  
15 carry out the pilot program;

16 (2) shall establish such oversight and moni-  
17 toring requirement as the Secretary determines ap-  
18 propriate to ensure that grant amounts awarded  
19 under this section are used appropriately; and

20 (3) may take such actions as the Secretary de-  
21 termines necessary and according to the terms of the  
22 grant agreement to address any issues identified  
23 through the enforcement of such requirements.

24 (i) DEFINITIONS.—In this section:

1           (1) ELIGIBLE VETERAN.—The term “eligible  
2       veteran” means a veteran (as defined in section 101  
3       of title 38, United States Code) who—

4                   (A) as determined by a physician, has one  
5       or more disabilities, conditions, or diagnoses de-  
6       scribed in paragraph (2); and

7                   (B) is enrolled in the system of annual pa-  
8       tient enrollment of the Department of Veterans  
9       Affairs established and operated under section  
10      1705(a) of title 38, United States Code, or is  
11      otherwise entitled to receive such care and serv-  
12      ices under subsection (c)(2) of such section.

13          (2) DISABILITY, CONDITION, DIAGNOSIS DE-  
14      SCRIBED.—A disability, condition, or diagnosis de-  
15      scribed in this subparagraph is any of the following:

16                   (A) Blindness or visual impairment.

17                   (B) Loss of use of a limb, paralysis, or  
18      other significant mobility issue.

19                   (C) Loss of hearing.

20                   (D) Post-traumatic stress disorder.

21                   (E) Traumatic brain injury.

22                   (F) Any other disability, condition, or di-  
23      agnosis for which the Secretary determines,  
24      based on medical judgment, that it is optimal  
25      for the veteran to manage the disability, condi-



1           tion, or diagnosis and live independently  
2           through the assistance of a service dog.

3           (3) PILOT PROGRAM.—The term “pilot pro-  
4           gram” means the pilot program required by sub-  
5           section (a)(1).

6           (4) SERVICE DOG.—The term “service dog”  
7           means any dog that is individually trained to do  
8           work or perform tasks that are—

9                   (A) for the benefit of a veteran with a dis-  
10           ability, condition, or diagnosis described in  
11           paragraph (1)(B); and

12                   (B) directly related to the disability, condi-  
13           tion, or diagnosis of the veteran.

14           (j) AUTHORIZATION OF APPROPRIATIONS.—There is  
15           authorized to be appropriated to carry out this section  
16           \$10,000,000 for each of the three consecutive fiscal years  
17           beginning the fiscal year in which the pilot program is es-  
18           tablished under subsection (a).

19           (k) TERMINATION.—

20                   (1) The authority to carry out a pilot program  
21           under this section shall terminate on September 30,  
22           2029.

23                   (2) No funds may be obligated by the Secretary  
24           to carry out a pilot program under this section after  
25           the date of termination in paragraph (1), except for

1 activities necessary to close operations of such pilot  
2 program.

3 **SEC. 331. AUTHORIZATION OF MAJOR MEDICAL FACILITY**  
4 **PROJECT OF DEPARTMENT OF VETERANS AF-**  
5 **FAIRS FOR FISCAL YEAR 2027 IN MAN-**  
6 **CHESTER, NEW HAMPSHIRE.**

7 (a) AUTHORIZATION OF MAJOR MEDICAL FACILITY  
8 PROJECT OF DEPARTMENT OF VETERANS AFFAIRS FOR  
9 FISCAL YEAR 2027 IN MANCHESTER, NEW HAMP-  
10 SHIRE.—

11 (1) IN GENERAL.—The Secretary of Veterans  
12 Affairs shall carry out a major medical facility  
13 project for the replacement of a medical center, a  
14 new central utility plant, a community living center,  
15 a residential rehabilitation treatment facility, associ-  
16 ated parking, and demolition of existing buildings in  
17 Manchester, New Hampshire.

18 (2) NON-DEPARTMENT FEDERAL ENTITY WAIV-  
19 ER.—In order to reduce cost and expedite timelines,  
20 the Secretary may waive the requirements under sec-  
21 tion 8103(e) of title 38, United States Code, and  
22 section 1096 of the National Defense Authorization  
23 Act for Fiscal Year 2016 (Public Law 114–92; 38  
24 U.S.C. 8103 note) for a non-Department Federal

1 entity to be engaged in project management and  
2 other activities for the project under paragraph (1).

3 (3) NOTIFICATION.—Not later than 60 days  
4 after making a waiver, modification, or substitution  
5 relating to the project under subsection (a), includ-  
6 ing a waiver under paragraph (2), the Secretary  
7 shall submit to the appropriate committees of Con-  
8 gress a notification describing the waiver, modifica-  
9 tion, or substitution and the reason for such waiver,  
10 modification, or substitution.

11 (4) AUTHORIZATION OF APPROPRIATIONS.—  
12 There is authorized to be appropriated to the Sec-  
13 retary of Veterans Affairs for the Construction,  
14 Major Projects account \$1,180,000,000 for the  
15 project under paragraph (1), to remain available  
16 until expended.

17 (5) APPROPRIATE COMMITTEES OF CONGRESS  
18 DEFINED.—In this section the term “appropriate  
19 committees of Congress” means—

20 (A) the Committee on Veterans’ Affairs  
21 and the Committee on Appropriations of the  
22 Senate; and

23 (B) the Committee on Veterans’ Affairs  
24 and the Committee on Appropriations of the  
25 House of Representatives.

1 (b) ACCESS TO INFORMATION FOR MEDICAL FACIL-  
2 ITY CONSTRUCTION PROJECTS AND LEASES.—

3 (1) IN GENERAL.—Subchapter I of chapter 81  
4 of title 38, United States Code, is amended by in-  
5 serting after section 8106 the following:

6 **“§ 8107. Access to information for medical facility**  
7 **construction projects and leases**

8 “(a) IN GENERAL.—For any major construction  
9 project, lease, or enhanced-use lease for a medical facility  
10 of the Department, the Secretary shall ensure that the  
11 Committee on Veterans’ Affairs of the Senate and the  
12 Committee on Veterans’ Affairs of the House of Rep-  
13 resentatives are provided timely access to all information,  
14 records, documents, data, analyses, communications, con-  
15 tracts, agreements, project schedules, cost estimates,  
16 memoranda, briefings, reports, and other materials relat-  
17 ing to the project or lease.

18 “(b) PROHIBITION ON WITHHOLDING INFORMA-  
19 TION.—The Secretary may not withhold information  
20 under subsection (a) from the Committee on Veterans’ Af-  
21 fairs of the Senate and the Committee on Veterans’ Af-  
22 fairs of the House of Representatives solely on the basis  
23 that the information is predecisional, deliberative, advi-  
24 sory, procurement-sensitive, or subject to an internal pol-  
25 icy or directive of the Department.”.

1           (2) CLERICAL AMENDMENT.—The table of sec-  
2           tions at the beginning of such chapter is amended  
3           by inserting after the item relating to section 8106  
4           the following new item:

“8107. Access to information for medical facility construction projects and  
leases.”.

5   **SEC. 332. BOWEL AND BLADDER CARE PROGRAM OF DE-**  
6           **PARTMENT OF VETERANS AFFAIRS.**

7           (a) FINDINGS; SENSE OF CONGRESS.—

8           (1) FINDINGS.—Congress finds the following:

9                   (A) Bowel care and bladder care are sup-  
10                  portive and necessary medical services for vet-  
11                  erans with spinal cord injuries and disorders  
12                  when they are unable to manage their bowel  
13                  and bladder functions independently.

14                  (B) Inadequate care will lead to complica-  
15                  tions and problems such as autonomic  
16                  dysreflexia that can be potentially life-threat-  
17                  ening and result in illness and hospitalization.

18                  (C) Bowel care and bladder care are essen-  
19                  tial to support veterans with spinal cord inju-  
20                  ries and disorders in non-institutional settings,  
21                  improve quality of life, optimize health, and  
22                  prevent complications from neurogenic bowel  
23                  and bladder.

1 (D) Family caregivers and individually em-  
2 ployed caregivers provide life-sustaining care for  
3 the bowel and bladder care needs of veterans  
4 that allow them to live in their communities.

5 (2) SENSE OF CONGRESS.—It is the sense of  
6 Congress that—

7 (A) family caregivers and individually em-  
8 ployed caregivers should not be subjected to  
9 self-employment taxes and treated as vendors or  
10 contractors for the veterans to whom they pro-  
11 vide care;

12 (B) veterans should not be forced to finish  
13 their bowel and bladder care needs in a set pe-  
14 riod of time that does not consider their indi-  
15 vidual needs; and

16 (C) veterans should not be subjected to on-  
17 going clinical determinations regarding their  
18 bowel and bladder care needs absent a decision  
19 by their medical care provider that such care is  
20 no longer needed.

21 (b) IN GENERAL.—The Secretary of Veterans Affairs  
22 shall establish a program to address the bowel and bladder  
23 care needs of covered veterans (in this section referred to  
24 as the “program”).

25 (c) PROVISION OF CARE.—

1           (1) CLINICAL NEED.—The Secretary shall pro-  
2       vide bowel and bladder care under the program to  
3       covered veterans based on clinical need, which may  
4       include covered veterans receiving aid and attend-  
5       ance benefits from the Department of Veterans Af-  
6       fairs.

7           (2) CAREGIVER OR AGENCY.—A covered veteran  
8       may receive bowel and bladder care under the pro-  
9       gram through a qualified family member, an individ-  
10      ually employed caregiver, or a contracted home  
11      health agency.

12          (3) INDIVIDUALIZED ASSESSMENT.—The Sec-  
13      retary shall conduct an individualized assessment  
14      with respect to a covered veteran to determine the  
15      number of hours of bowel and bladder care needed  
16      by such veteran under the program.

17          (4) DENIAL OF CARE.—Before denying bowel  
18      and bladder care for any covered veteran under the  
19      program, the Secretary shall first obtain review of  
20      and concurrence with respect to such denial from a  
21      designated Spinal Cord Injuries and Disorders Cen-  
22      ter of the Department.

23          (d) COORDINATION OF CARE AND BENEFITS.—The  
24      Secretary shall ensure the program is coordinated with  
25      other programs and benefits of the Department for which

1 the covered veteran is eligible to ensure that covered vet-  
2 erans and caregivers receive appropriate support without  
3 duplicating benefits or services.

4 (e) SUPPORTIVE MEDICAL TRAINING AND QUALI-  
5 FICATIONS.—

6 (1) IN GENERAL.—The Secretary shall provide  
7 to each family member or individually employed  
8 caregiver providing care to a covered veteran under  
9 the program necessary supportive medical training  
10 to participate in and receive payment by the Sec-  
11 retary for the provision of such care.

12 (2) QUALIFICATIONS.—The Secretary shall es-  
13 tablish such requirements, conditions, and qualifica-  
14 tions for providers of care under the program as  
15 necessary to provide clinically appropriate bowel and  
16 bladder care to covered veterans and to ensure the  
17 financial and administrative integrity of the pro-  
18 gram.

19 (f) PAYMENT.—

20 (1) IN GENERAL.—The Secretary shall provide  
21 a monthly stipend to family members and individ-  
22 ually employed caregivers and payment to contracted  
23 home health agencies for care provided to covered  
24 veterans under the program.

25 (2) LIMITATION.—



1 (A) FAMILY MEMBERS AND INDIVIDUALLY  
2 EMPLOYED CAREGIVERS.—The stipend for a  
3 family member or individually employed care-  
4 giver for care provided to a covered veteran  
5 under the program—

6 (i) shall be determined by the Sec-  
7 retary;

8 (ii) shall be based on the amount and  
9 degree of assistance provided; and

10 (iii) may not exceed the fifth step of  
11 the applicable grade of the General Sched-  
12 ule hourly rate paid to nursing assistants  
13 who provide such care at the medical facil-  
14 ity of the Department that is nearest to  
15 the residence of such veteran.

16 (B) HOME HEALTH AGENCIES.—Payment  
17 to a home health agency for care provided to a  
18 covered veteran under the program may not ex-  
19 ceed the payment rates of the Department  
20 under section 17.4035 of title 38, Code of Fed-  
21 eral Regulations (relating to payment rates and  
22 methodologies), or successor regulations.

23 (g) SUBMISSION OF DOCUMENTATION.—Family  
24 members and individually employed caregivers providing  
25 care to covered veterans under the program shall provide

1 such documentation and information in such format and  
2 under such terms as the Secretary may require as a condi-  
3 tion of receiving payment under the program.

4 (h) CONTINUED PARTICIPATION IN PROGRAM.—If a  
5 covered veteran has been medically determined to require  
6 care under the program for a continuous period of three  
7 years or more, the veteran is deemed to require such care  
8 for life or until such time as the medical provider for such  
9 veteran determines the service is no longer needed.

10 (i) NOT VENDORS OR CONTRACTORS.—Family mem-  
11 bers and individually employed caregivers providing care  
12 to covered veterans under the program shall not be consid-  
13 ered vendors or contractors for purposes of the program.

14 (j) LIMITATION.—Care may not be provided under  
15 the program to a veteran who can perform the bowel and  
16 bladder functions of the veteran without assistance.

17 (k) COVERED VETERAN DEFINED.—In this section,  
18 the term “covered veteran” means a veteran who—

19 (1) is enrolled in the system of annual patient  
20 enrollment of the Department of Veterans Affairs  
21 established and operated under section 1705(a) of  
22 title 38, United States Code;

23 (2) has a spinal cord injury or disorder; and

1           (3) is dependent upon others for bowel and  
2           bladder care while residing in non-institutional set-  
3           tings.

## 4           **TITLE IV—ORGANIZATION**

### 5   **SEC. 401. AUTHORIZATION OF APPROPRIATIONS TO THE** 6                   **OFFICE OF INFORMATION AND TECHNOLOGY** 7                   **OF THE DEPARTMENT OF VETERANS AF-** 8                   **FAIRS FOR CERTAIN PURPOSES.**

9           (a) AUTHORIZATION OF APPROPRIATIONS.—There is  
10          authorized to be appropriated, and there is appropriated,  
11          to the Secretary of Veterans Affairs \$500,000,000 for fis-  
12          cal year 2026, to remain available until September 30,  
13          2031, for deposit into the accounts of the Office of Infor-  
14          mation and Technology of the Department of Veterans Af-  
15          fairs for the purposes described in subsection (b).

16          (b) USE OF FUNDS.—Funds shall be allocated and  
17          expended only as follows:

18               (1) \$150,000,000 for Enterprise Logistics and  
19               Supply Chain Visibility — To develop and deploy in-  
20               tegrated, real-time enterprise-wide logistics systems,  
21               inventory visibility, pharmaceutical tracking, and  
22               medical supply chain resiliency capabilities. These  
23               systems shall support both routine veteran care op-  
24               erations and 4th Mission medical surge, patient  
25               movement, and emergency distribution requirements

1 in consultation with DoD, FEMA, and other agen-  
2 cies.

3 (2) \$200,000,000 for Cybersecurity and Oper-  
4 ational Resiliency — For zero trust architecture im-  
5 plementation, threat detection, secure cloud hard-  
6 ening, endpoint protection, continuity of operations  
7 (COOP) platforms, and protection of mission-essen-  
8 tial systems against cyber and physical disruptions.  
9 Funds shall prioritize high-risk legacy systems and  
10 medical device security.

11 (3) \$150,000,000 for Resilient Communications  
12 and Digital Records Modernization — For inter-  
13 operable, survivable communications infrastructure  
14 and targeted digitization/automation of high-volume  
15 paper-based workflows (claims, correspondence, ad-  
16 ministrative records) to reduce fraud risk and im-  
17 prove continuity during degraded or emergency envi-  
18 ronments. Funds shall not be used for broad Elec-  
19 tronic Health Record Modernization expansion.

20 (c) OVERSIGHT AND PROTECTION OF SENSITIVE IN-  
21 FORMATION.—

22 (1) The Secretary may obligate and expend  
23 amounts under this section in classified, controlled,  
24 or protected environments consistent with applicable  
25 law.

1           (2) Not later than 90 days after the date of en-  
2           actment of this Act, and annually thereafter until  
3           September 30, 2031, the Secretary shall provide to  
4           the Committees on Veterans' Affairs of the House of  
5           Representatives and the Senate a briefing and report  
6           on—

7                   (A) activities carried out using funds made  
8                   available under this section;

9                   (B) progress on improving cybersecurity,  
10                  resiliency, continuity, logistics, communications,  
11                  digitization, and mission assurance capabilities;  
12                  and

13                  (C) coordination with other Federal agen-  
14                  cies, as appropriate. Such reports may include  
15                  a classified annex.

16           (3) DETAILED IMPLEMENTATION PLAN AND  
17           QUARTERLY BRIEFINGS.—

18                   (A) Not later than 90 days after the date  
19                   of enactment of this Act, the Secretary, acting  
20                   through the Office of Information and Tech-  
21                   nology, shall submit to the Committees on Vet-  
22                   erans' Affairs of the House of Representatives  
23                   and the Senate a comprehensive implementation  
24                   plan. The plan shall include—

1 (i) specific milestones, deliverables,  
2 and performance metrics for each category  
3 of activities in subsection (b);

4 (ii) a zero trust architecture strategy  
5 with timelines and technical requirements;

6 (iii) a detailed expenditure plan by fis-  
7 cal quarter and by activity category;  
8 and (iv) any proposed interagency or pri-  
9 vate-sector partnerships.

10 (B) Not later than 30 days after the end  
11 of each fiscal quarter through September 30,  
12 2031, the Secretary shall provide the Commit-  
13 tees a briefing and written report on—

14 (i) obligations and expenditures to  
15 date, by category;

16 (ii) progress against the implementa-  
17 tion plan;

18 (iii) any deviations from the plan and  
19 corrective actions; and

20 (iv) updated projections for remaining  
21 funds. The initial briefing shall be in per-  
22 son; subsequent briefings may be virtual  
23 unless otherwise requested by the Commit-  
24 tees. Reports may include a classified  
25 annex.

1 (d) LIMITATION.—Funds made available under this  
2 section may not be used for any purpose unrelated to in-  
3 formation technology modernization, cybersecurity, oper-  
4 ational resilience, logistics modernization, communications  
5 modernization, digitization, or fraud prevention activities  
6 of the Department.

7 (e) SUPPLEMENT, NOT SUPPLANT.—Amounts made  
8 available under this section shall supplement and not sup-  
9 plant other amounts otherwise authorized to be appro-  
10 priated for the Office of Information and Technology of  
11 the Department of Veterans Affairs.

12 (f) RULE OF CONSTRUCTION.—Nothing in this sec-  
13 tion shall be construed to require the public disclosure of  
14 classified information, controlled unclassified information,  
15 operational details, cybersecurity architecture, contingency  
16 planning information, mission-essential system design, or  
17 information otherwise protected from disclosure under  
18 Federal law or Executive Order.

19 (g) REAUTHORIZATION AND SUNSET.—

20 (1) REAUTHORIZATION REQUIRED.—The au-  
21 thority provided under this section to obligate or ex-  
22 pend amounts appropriated pursuant to subsection  
23 (a) shall terminate on September 30, 2031, unless  
24 subsequently reauthorized by law.

1           (2) LIMITATION ON NEW OBLIGATIONS AFTER  
2       SUNSET.—Beginning on October 1, 2031, the Sec-  
3       retary may not initiate, award, enter into, renew, ex-  
4       tend, or otherwise obligate funds for any new pro-  
5       gram, project, activity, contract, task order, or oper-  
6       ational capability carried out pursuant to this sec-  
7       tion unless expressly authorized by a subsequent Act  
8       of Congress.

9           (3) CONTINUATION OF EXISTING ACTIVITIES.—  
10      Nothing in paragraph (2) shall be construed to pro-  
11      hibit the Secretary from—

12           (A) maintaining, sustaining, securing, op-  
13           erating, completing, or supporting any program,  
14           project, activity, contract, system, platform, in-  
15           frastructure capability, or operational activity  
16           lawfully initiated using amounts obligated be-  
17           fore September 30, 2031; or

18           (B) carrying out similar information tech-  
19           nology modernization, cybersecurity, continuity  
20           of operations, logistics modernization, commu-  
21           nications modernization, operational resiliency,  
22           or mission assurance activities using amounts  
23           otherwise authorized and appropriated under  
24           any other provision of law.



1       (h) USE OF EXISTING CONTRACTING AUTHORI-  
2 TIES.—The Secretary shall carry out the activities author-  
3 ized under this section, to the maximum extent prac-  
4 ticable, through contracts, task orders, delivery orders,  
5 interagency agreements, cooperative agreements, or other  
6 agreements entered into under existing authorities of title  
7 38, United States Code, as applicable. Amounts made  
8 available under this section shall not be used to establish  
9 a new full-time equivalent position, hire additional employ-  
10 ees of the Department, or otherwise increase the number  
11 of full-time equivalent employees of the Department, ex-  
12 cept to the extent the Secretary determines that such per-  
13 sonnel are necessary for the oversight, management, cy-  
14 bersecurity supervision, acquisition administration, or  
15 operational integration of activities carried out under this  
16 section.

17 **SEC. 402. ESTABLISHMENT OF UNDER SECRETARY FOR**  
18 **MANAGEMENT AND CHIEF FINANCIAL OFFI-**  
19 **CER.**

20       (a) CHIEF FINANCIAL OFFICER; OFFICE OF BUDG-  
21 ET.—Section 309 of title 38, United States Code, is  
22 amended to read as follows:

1 **“§ 309. Under Secretary for Management and Chief**  
2 **Financial Officer**

3 “(a) UNDER SECRETARY FOR MANAGEMENT AND  
4 CHIEF FINANCIAL OFFICER.—

5 “(1) The Under Secretary for Management and  
6 Chief Financial Officer shall be the principal man-  
7 agement and financial officer of the Department.

8 “(2) The Under Secretary shall report directly  
9 to the Secretary.

10 “(3) The Under Secretary shall serve as the  
11 Chief Financial Officer of the Department for pur-  
12 poses of chapter 9 of title 31.

13 “(4) The Under Secretary shall exercise author-  
14 ity, direction, and control over the Office of Budget  
15 and such other offices as may be assigned by law or  
16 by the Secretary.

17 “(b) DUTIES.—The duties of the Under Secretary in-  
18 clude the following:

19 “(1) To advise the Secretary on financial man-  
20 agement of the Department.

21 “(2) To formulate, justify, execute, oversee, and  
22 certify the budget of the Department.

23 “(3) To control, account for, audit, and report  
24 on the finances of the Department.

1           “(4) To coordinate and assist the Chief Acquisi-  
2           tion Officer with the life cycle of major acquisition  
3           programs of the Department.

4           “(5) To exercise the authority and carry out the  
5           functions specified in section 902 of title 31.

6           “(6) To ensure compliance with sections 1341,  
7           1342, 1349, 1350, and 1511 through 1519 of title  
8           31.

9           “(7) To provide to Congress, or a congressional  
10          committee upon request, information regarding the  
11          budget, finances, and fiscal condition of the Depart-  
12          ment.

13          “(8) To serve as the head of the Office of  
14          Budget of the Department.

15          “(9) To establish and oversee Department-wide  
16          financial management policies, accounting systems,  
17          internal controls, enterprise risk management pro-  
18          grams, strategic planning processes, and capital  
19          planning activities.

20          “(10) To oversee infrastructure investment  
21          planning, financial systems modernization, and busi-  
22          ness transformation initiatives of the Department.

23          “(c) DEPUTY ASSISTANT SECRETARY.—(1) There is  
24          in the Department a Deputy Assistant Secretary for Infra-  
25          structure and Construction.

1       “(2) Such Deputy Assistant Secretary shall be a ca-  
2 reer appointee (as that term is defined in section 3132(a)  
3 of title 5) within the Senior Executive Service of the De-  
4 partment.

5       “(d) OFFICE OF INFRASTRUCTURE AND CONSTRUC-  
6 TION.—There is an Office of Infrastructure and Construc-  
7 tion in the Department.

8       “(e) BUDGET AND APPROPRIATIONS AFFAIRS OF-  
9 FICE.—(1) There is within the Office of Management a  
10 Budget and Appropriations Affairs Office (in this sub-  
11 section referred to as the ‘BAA office’). The Undersecre-  
12 tary shall appoint a head of the BAA Office who shall  
13 report exclusively to the Undersecretary.

14       “(2) The sole function of the BAA Office is to provide  
15 to Congress (or a congressional committee), accurate,  
16 timely, and certified information regarding the finances  
17 and budget of the Department.

18       “(3) Congress or a congressional committee may sub-  
19 mit a request for information described in paragraph (2)  
20 directly to the BAA Office.

21       “(4) Paragraphs (2) and (3) notwithstanding, the As-  
22 sistant Secretary for Congressional and Legislative Affairs  
23 may facilitate and transmit responses to requests de-  
24 scribed in paragraph (3) that are submitted to the BAA  
25 Office. Any response containing information described in

1 paragraph (2) shall be prepared and certified by the BAA  
2 Office and may not be altered, delayed, withheld, edited,  
3 or modified by any other officer or employee of the De-  
4 partment prior to transmission to Congress or a congres-  
5 sional committee.

6 “(5) Not more than six full-time equivalent employ-  
7 ees, including supervisors, may be assigned to the BAA  
8 Office.

9 “(f) LIMITATION ON AUTHORITY TO APPOINT.—The  
10 Secretary may not establish an employee position—

11 “(1) that performs a function substantially  
12 similar to the function of the Budget and Appropria-  
13 tions Affairs Office established under section 309(e);  
14 and

15 “(2) that is not within the Office of Manage-  
16 ment.

17 “(g) TRANSFER OF FUNCTIONS.—(1) All functions,  
18 powers, duties, authorities, responsibilities, personnel,  
19 property, records, contracts, delegations, directives, regu-  
20 lations, administrative actions, and unobligated balances  
21 of appropriations relating to the Chief Financial Officer  
22 of the Department immediately before the effective date  
23 of this Act are transferred to the Under Secretary for  
24 Management and Chief Financial Officer.

1 “(2) Any delegation, determination, rule, regulation,  
2 order, permit, contract, agreement, certification, or other  
3 administrative action in effect immediately before the ef-  
4 fective date of this Act shall continue in effect according  
5 to its terms until modified, superseded, terminated, or re-  
6 voked.

7 “(g) REFERENCES.—Any reference in any law, regu-  
8 lation, rule, directive, delegation, contract, agreement, de-  
9 termination, record, or other official document of the  
10 United States to the Chief Financial Officer of the De-  
11 partment shall be deemed to refer to the Under Secretary  
12 for Management and Chief Financial Officer.”.

13 (b) TECHNICAL AND CONFORMING AMENDMENTS.—

14 (1) The table of sections for chapter 3 of title  
15 38, United States Code, is amended accordingly.

16 (2) The Secretary shall make such additional  
17 technical and conforming amendments to regula-  
18 tions, directives, delegations, organizational charters,  
19 manuals, and internal guidance as may be necessary  
20 to carry out this Act.

21 **SEC. 403. DEPARTMENT OF VETERANS AFFAIRS ACQUISI-**  
22 **TION REFORM AND COST ASSESSMENT.**

23 (a) DEPARTMENT OF VETERANS AFFAIRS ACQUISI-  
24 TION ORGANIZATION.—

1           (1) DEFINITIONS.—Chapter 81 of title 38,  
2       United States Code, is amended by inserting after  
3       subchapter VI the following new subchapter:

4   “SUBCHAPTER VII—ACQUISITION ORGANIZA-  
5       TION, COST ASSESSMENT, AND PROGRAM  
6       EVALUATION

7   **“§ 8181. Definition of major acquisition program**

8       “In this subchapter, the term ‘major acquisition pro-  
9   gram’ means a program of the Department to acquire  
10   services, supplies, technology, systems, or a combination  
11   thereof, with an estimated total program cost, estimated  
12   by the Secretary, that exceeds—

13           “(1) \$1,000,000,000 (adjusted pursuant to sec-  
14       tion 1908 of title 41) for the total life cycle cost of  
15       the program; or

16           “(2) \$200,000,000 (adjusted pursuant to sec-  
17       tion 1908 of title 41) annually.”.

18       (2) ASSISTANT SECRETARY FOR ACQUISI-  
19       TION.—Section 308 of such title is amended—

20           (A) in subsection (a)(1), by striking  
21       “seven” and inserting “eight”; and

22           (B) in subsection (b)(10), by striking  
23       “Procurement functions” and inserting “Acqui-  
24       sition functions”.

1           (3) ACQUISITION ORGANIZATION.—Subchapter  
2       VII of chapter 81 of such title, as added by para-  
3       graph (1), is amended by adding at the end the fol-  
4       lowing new section:

5   **“§ 8182. Acquisition organization**

6       “(a) ASSISTANT SECRETARY FOR ACQUISITION;  
7   CHIEF ACQUISITION OFFICER.—(1) The Secretary shall  
8   designate one of the Assistant Secretaries specified in sub-  
9   section (a)(1) of section 308 of this title as the Assistant  
10   Secretary of Veterans Affairs for Acquisition, who shall  
11   focus solely on the administration of functions specified  
12   in subsection (b)(10) of such section.

13       “(2) Pursuant to section 1702(a) of title 41, the Sec-  
14   retary shall designate the Assistant Secretary of Veterans  
15   Affairs for Acquisition as the Chief Acquisition Officer of  
16   the Department.

17       “(b) OFFICE OF ACQUISITION.—(1) There is in the  
18   Department an Office of Acquisition.

19       “(2) The head of the Office of Acquisition shall be  
20   the Assistant Secretary of Veterans Affairs for Acquisition  
21   designated pursuant to subsection (a).

22       “(3) The Secretary shall take such actions as may  
23   be necessary to ensure that major acquisition program of-  
24   fices of the Department align under the Office of Acquisi-



1 tion and report directly to the Assistant Secretary of Vet-  
2 erans Affairs for Acquisition.

3 “(4) The budget of the Office of Acquisition, includ-  
4 ing budgets for major acquisition programs, shall be es-  
5 tablished in the budget justification materials submitted  
6 to Congress in support of the budget of the Department  
7 (as submitted with the budget of the President under sec-  
8 tion 1105(a) of title 31).

9 “(c) DEPUTY ASSISTANT SECRETARY FOR LOGIS-  
10 TICS.—(1) Pursuant to section 308(d) of this title, the  
11 Secretary shall appoint a Deputy Assistant Secretary of  
12 Veterans Affairs for Logistics, who shall report to the As-  
13 sistant Secretary for Acquisition.

14 “(2) The Deputy Assistant Secretary of Veterans Af-  
15 fairs for Logistics shall be responsible for administration  
16 of logistics and supply chain operations of the Depart-  
17 ment.

18 “(d) DEPUTY ASSISTANT SECRETARY FOR PROCURE-  
19 MENT.—(1) Pursuant to section 308(d) of this title, the  
20 Secretary shall appoint a Deputy Assistant Secretary of  
21 Veterans Affairs for Procurement, who shall report to the  
22 Assistant Secretary for Acquisition.

23 “(2) The Deputy Assistant Secretary of Veterans Af-  
24 fairs for Procurement shall be responsible for all procure-  
25 ment and contracting organizations of the Department.

1       “(e) DEPUTY ASSISTANT SECRETARY FOR ACQUISITION,  
2       PROGRAM MANAGEMENT, AND PERFORMANCE.—

3       (1) Pursuant to section 308(d) of this title, the Secretary  
4       shall appoint a Deputy Assistant Secretary of Veterans  
5       Affairs for Acquisition, Program Management, and Per-  
6       formance, who shall report to the Assistant Secretary for  
7       Acquisition.

8       “(2) The Deputy Assistant Secretary for Acquisition,  
9       Program Management, and Performance shall be respon-  
10      sible for the following:

11           “(A) Lifecycle management.

12           “(B) Requirements planning.

13           “(C) Programming and budgeting.

14           “(D) Policy.

15           “(E) Performance standards.

16           “(F) Governance.

17           “(G) Enhancing the capabilities of the acquisi-  
18      tion workforce.

19       “(f) PROGRAM EXECUTIVE OFFICERS.—(1) The As-  
20      sistant Secretary for Acquisition shall appoint no fewer  
21      than four Program Executive Officers, each responsible  
22      for overseeing major acquisition programs in one of the  
23      following areas:

24           “(A) Medical.

25           “(B) Information technology.

1 “(C) Professional services.

2 “(D) Other areas not included in subpara-  
3 graphs (A) through (C).

4 “(2) Each Program Executive Officer shall report di-  
5 rectly to the Assistant Secretary for Acquisition and shall  
6 supervise the managers of major acquisition programs  
7 within their respective area, as appointed under section  
8 8183 of this title.

9 “(3) Each Program Executive Officer shall be—

10 “(A) certified in project management at level  
11 three by—

12 “(i) the Department;

13 “(ii) the Federal Acquisition Institute pur-  
14 suant to section 1201 of title 41; or

15 “(iii) the Department of Defense pursuant  
16 to section 1701a of title 10; or

17 “(B) hold an equivalent certification by a pri-  
18 vate sector project management certification organi-  
19 zation, as determined appropriate by the Sec-  
20 retary.”.

21 (b) DEPARTMENT OF VETERANS AFFAIRS MAJOR  
22 ACQUISITION PROGRAM MANAGERS.—Subchapter VII of  
23 chapter 81 of title 38, United States Code, as added by  
24 subsection (a), is amended by adding at the end the fol-  
25 lowing new section:

1 **“§ 8183. Major acquisition program managers**

2 “(a) APPOINTMENTS.—Not later than 30 days after  
3 any date on which the Secretary approves a major acquisi-  
4 tion program to commence, the applicable Program Exec-  
5 utive Officer shall appoint a manager to be responsible  
6 for administering such program.

7 “(b) QUALIFICATIONS.—Each manager appointed  
8 pursuant to subsection (a) shall be—

9 “(1) certified in project management at level  
10 three by—

11 “(A) the Department;

12 “(B) the Federal Acquisition Institute pur-  
13 suant to section 1201 of title 41; or

14 “(C) the Department of Defense pursuant  
15 to section 1701a of title 10; or

16 “(2) hold an equivalent certification by a pri-  
17 vate sector project management certification organi-  
18 zation, as determined appropriate by the Secretary.

19 “(c) DUTIES.—Each manager appointed pursuant to  
20 subsection (a) for a major acquisition program shall—

21 “(1) report to the Assistant Secretary for Ac-  
22 quisition through the Program Executive Officer re-  
23 sponsible for the major acquisition program; and

24 “(2) shall be responsible for, with respect to the  
25 major acquisition program—

1           “(A) developing, in coordination with the  
2           Program Executive Officer, a plan to admin-  
3           ister major acquisition program, which shall be  
4           known as the ‘program baseline’ for the major  
5           acquisition program, that includes—

6                   “(i) a description of each acquisition  
7                   phase of the major acquisition program;

8                   “(ii) for each such acquisition phase,  
9                   requirements for advancing the major ac-  
10                  quisition program to a subsequent acquisi-  
11                  tion phase; and

12                  “(iii) estimates of the cost, schedule,  
13                  and performance of the major acquisition  
14                  program that account for the entire life  
15                  cycle of the major acquisition program;

16           “(B) ensuring the major acquisition pro-  
17           gram is in compliance with such requirements  
18           and providing all program documentation, in-  
19           cluding program baseline documentation, cost,  
20           schedule, performance and risk assessments,  
21           and other relevant materials, to designated offi-  
22           cials and relevant governance boards;

23           “(C) developing resource requests and jus-  
24           tifications necessary to satisfy such require-  
25           ments; and

1           “(D) on a continuous basis, assessing and  
2           managing risks to satisfying the requirements  
3           of such program baseline relating to cost and  
4           schedule.

5           “(d) PROGRAM DECISION AUTHORITY.—The Sec-  
6   retary shall ensure that—

7           “(1) program decision authority for oversight of  
8           a major acquisition program is the Assistant Sec-  
9           retary for Acquisition; and

10          “(2) program management offices for major ac-  
11          quisition programs are independent of the Veterans  
12          Benefits Administration, the Veterans Health Ad-  
13          ministration, the National Cemetery Administration,  
14          and staff offices of the Department by reporting di-  
15          rectly to the Assistant Secretary for Acquisition.

16          “(e) PROGRAM DECISION AUTHORITY NOTIFICATION  
17   REQUIRED.—Not later than 30 days after any date on  
18   which a major acquisition program concludes an acquisi-  
19   tion phase, the manager of such program appointed pursu-  
20   ant to subsection (a) shall notify the program decision au-  
21   thority under subsection (c).”.

22          (c) DEPARTMENT OF VETERANS AFFAIRS ACQUISI-  
23   TION AND PROCUREMENT REORGANIZATION MATTERS.—

24               (1) ORGANIZATIONAL CONSOLIDATION.—Not  
25               later than one year after the date of the enactment

1 of this Act, the Secretary of Veterans Affairs shall  
2 organizationally consolidate under the Assistant Sec-  
3 retary of Veterans Affairs for Acquisition every ac-  
4 tivity of the Department of Veterans Affairs, includ-  
5 ing the Veterans Benefits Administration, the Vet-  
6 erans Health Administration, and the National Cem-  
7 etery Administration, that relates to—

8 (A) acquisition;

9 (B) procurement and contracting; or

10 (C) logistics and supply chain.

11 (2) RELOCATION.—Paragraph (1) shall not be  
12 construed to require the physical relocation of em-  
13 ployees of the Department.

14 (3) PLAN AND BRIEFING.—

15 (A) IN GENERAL.—Not later than 90 days  
16 after commencing organizational consolidation  
17 under subsection (a), the Secretary shall—

18 (i) submit to the Committee on Vet-  
19 erans' Affairs of the Senate and the Com-  
20 mittee on Veterans' Affairs of the House  
21 of Representatives a written plan to carry  
22 out such organizational consolidation; and

23 (ii) provide such committees a briefing  
24 on such plan.

1 (B) CONTENTS.—The plan submitted pur-  
2 suant to subparagraph (A)(i) shall include the  
3 following:

4 (i) A timeline.

5 (ii) A plan for communication and  
6 training activities for relevant Department  
7 personnel.

8 (iii) A plan for modification of rel-  
9 evant Department policy and guidance.

10 (iv) Such other matters as the Sec-  
11 retary considers relevant and appropriate.

12 (d) INDEPENDENT VERIFICATION AND VALIDATION  
13 OF MAJOR ACQUISITION PROGRAMS OF DEPARTMENT OF  
14 VETERANS AFFAIRS.—

15 (1) CONTRACTING AUTHORITY.—Not later than  
16 120 days after the date of the enactment of this Act,  
17 the Secretary of Veterans Affairs shall seek to enter  
18 into one or more contracts using competitive proce-  
19 dures with one or more entities to carry out the  
20 functions described in paragraph (3).

21 (2) ELIGIBILITY.—

22 (A) IN GENERAL.—An entity is not eligible  
23 to be awarded a contract under this section un-  
24 less the Chief Acquisition Officer of the Depart-  
25 ment of Veterans Affairs determines, at the



1 time of evaluation of offers submitted under  
2 paragraph (1), that the entity is currently per-  
3 forming or has performed, during the preceding  
4 three-year period, not fewer than three prime  
5 contracts from either governmental or commer-  
6 cial health care organizations for—

7 (i) the independent verification and  
8 validation services or equivalent services,  
9 including systems engineering and tech-  
10 nical advisory (SETA) support of major  
11 acquisition programs; or

12 (ii) the independent verification and  
13 validation or systems engineering and tech-  
14 nical advisory (SETA) support of the de-  
15 velopment or acquisition of major acquisi-  
16 tion programs or defense systems, in ac-  
17 cordance with guidance of the Department  
18 of Defense relating to such acquisition pro-  
19 grams or such business systems.

20 (B) PAST PERFORMANCE.—For any con-  
21 tract used to demonstrate eligibility under sub-  
22 paragraph (A), an entity must have performed  
23 the work at a satisfactory or better level as in-  
24 dicated by the past performance information in

1 the Contractor Performance Assessment Re-  
2 porting System, or successor system.

3 (C) DEMONSTRATION OF LACK OF CON-  
4 FFLICT OF INTEREST.—The Secretary shall re-  
5 voke the eligibility of an entity under this sub-  
6 section if an entity does not demonstrate clear  
7 and unmitigable evidence that the entity does  
8 not have a conflict of interest with respect to  
9 the effective performance of functions under  
10 paragraph (3).

11 (D) NO MITIGATION PLANS ACCEPT-  
12 ABLE.—The Secretary may not accept from an  
13 entity a plan to mitigate a conflict of interest  
14 in order to ameliorate any limitation or prohibi-  
15 tion under this subsection.

16 (3) FUNCTIONS.—The functions specified in  
17 this subsection are the following:

18 (A) The independent verification and vali-  
19 dation of each major acquisition program  
20 project—

21 (i) when such major acquisition pro-  
22 gram is initiated, with respect to its design  
23 and the development of its requirements  
24 and acquisition;

1 (ii) at the conclusion of such program;

2 and

3 (iii) at any other intervals during such  
4 program selected by the Chief Acquisition  
5 Officer of the Department.

6 (B) The independent verification and vali-  
7 dation of other programs or projects of the De-  
8 partment selected by the Chief Acquisition Offi-  
9 cer of the Department, at intervals selected by  
10 the Chief Acquisition Officer.

11 (4) FUNDING.—The Chief Financial Officer of  
12 the Department shall ensure that each organiza-  
13 tional subdivision of the Department that enters into  
14 a contract under paragraph (1) proportionally con-  
15 tributes amounts to fund each such contract.

16 (5) DEFINITIONS.—In this section:

17 (A) COVERED CONTRACT.—The term “cov-  
18 ered contract” means any prime or subcontract  
19 with the Department, including—

20 (i) information technology support or  
21 software or system design, development,  
22 sustainment, or maintenance services;

23 (ii) professional or management con-  
24 sulting services; or

25 (iii) advisory and assistance services.

(B) INDEPENDENT VERIFICATION VALIDATION.—The term “independent verification and validation” means a comprehensive inspection, a review, analysis, and testing, or an assessment of systems, software, or hardware, as applicable, performed by an entity awarded a contract under paragraph (1)—

(i) to verify that the requirements of a program, project or system, or a development phase of such a program or project, are correctly defined; and

(ii) to validate cost, schedule, and performance baselines of current programs and measure program effectiveness.

(e) DEPARTMENT OF VETERANS AFFAIRS COST ASSESSMENT AND PROGRAM EVALUATION.—

(1) IN GENERAL.—Subchapter VII of chapter 81 of title 38, United States Code, as added by subsection (a) and amended by subsection (b), is further amended by adding at the end the following new section:

**“§ 8184. Cost assessment and program evaluation**

“(a) DIRECTOR OF COST ASSESSMENT AND PROGRAM EVALUATION.—There is in the Department a Direc-

1 tor of Cost Assessment and Program Evaluation, who  
2 shall report directly to the Secretary.

3 “(b) RESPONSIBILITIES.—The responsibilities of the  
4 Director are as follows:

5 “(1) To develop policies and procedures for cost  
6 estimation and analysis of major acquisition pro-  
7 grams of the Department.

8 “(2) To conduct independent cost estimates and  
9 analyses for major acquisition programs to support  
10 acquisition decisions, or any other acquisitions as di-  
11 rected by the Secretary,

12 “(3) To provide an independent cost estimate to  
13 the Assistant Secretary for Acquisition in advance of  
14 a decision to proceed with full-scale acquisition for  
15 a major acquisition program or any other program  
16 as directed by the Director.

17 “(4) To evaluate the effectiveness of major ac-  
18 quisition programs in meeting Department objec-  
19 tives.

20 “(5) Not less frequently than once each year, to  
21 submit to the Secretary and the Committee on Vet-  
22 erans’ Affairs of the Senate and the Committee on  
23 Veterans’ Affairs of the House of Representatives an  
24 annual report on cost estimation and program eval-  
25 uation activities, including recommendations to im-

1       prove acquisition efficiency. Such report shall in-  
2       clude a list of all acquisitions where the independent  
3       cost estimate for a major acquisition program ex-  
4       ceeded the budget request for the program by more  
5       than 5 percent.

6       “(c) SUPPORT AND RESOURCES.—The Chief Finan-  
7       cial Officer of the Department shall provide to the Sec-  
8       retary such support and resources as may be necessary  
9       for the Secretary to ensure the effective establishment and  
10      functioning of the Director of Cost Assessment and Pro-  
11      gram Evaluation.”.

12               (2) REPORT ON MONITORING OF OPERATING  
13      AND SUPPORT COSTS FOR MAJOR ACQUISITION PRO-  
14      GRAMS.—

15               (A) REPORT TO SECRETARY OF VETERANS  
16      AFFAIRS.—Not later than one year after the  
17      date of the enactment of this Act, and not less  
18      frequently than once each year thereafter until  
19      December 31, 2028, the Director of Cost As-  
20      sessment and Program Evaluation of the De-  
21      partment of Veterans Affairs shall submit to  
22      the Secretary of Veterans Affairs a report on  
23      systems and methods for tracking and assessing  
24      operating and support costs of major acquisi-  
25      tion programs (as defined in section 8181 of

1 title 38, United States Code, as added by sub-  
2 section (a)), including recommendations for es-  
3 tablishing cost baselines.

4 (B) TRANSMITTAL TO CONGRESS.—Not  
5 later than 30 days after receiving a report pur-  
6 suant to subparagraph (A), the Secretary shall  
7 submit to the Committee on Veterans' Affairs  
8 of the Senate and the Committee on Veterans'  
9 Affairs of the House of Representatives the re-  
10 port received by the Secretary.

11 (f) IMPROVEMENTS TO HIRING OF ENTRY-LEVEL AC-  
12 QUISTION POSITIONS IN DEPARTMENT OF VETERANS  
13 AFFAIRS.—

14 (1) PRIORITY USE OF INTERNSHIP PROGRAMS  
15 FOR HIRING INTO ENTRY-LEVEL POSITIONS IN AC-  
16 QUISTIONS.—The Secretary of Veterans Affairs  
17 shall prioritize the use of acquisition internship pro-  
18 grams to hire employees to entry-level positions re-  
19 lating to acquisition in the Department of Veterans  
20 Affairs.

21 (2) ANNUAL NUMBER OF PARTICIPANTS IN AC-  
22 QUISTION INTERNSHIP PROGRAMS.—

23 (A) IN GENERAL.—Not later than Sep-  
24 tember 30 of the first fiscal year beginning  
25 after the date of the enactment of this Act, the

1 Secretary shall take such actions as may be  
2 necessary to ensure that the annual number of  
3 participants in acquisition internship programs  
4 of the Department is—

5 (i) not fewer than twice the number of  
6 participants in such programs during fiscal  
7 year 2025; and

8 (ii) not more than 4 times the number  
9 of participants in such programs during  
10 such fiscal year.

11 (B) TERMINATION.—The requirements of  
12 subparagraph (A) shall terminate on the date  
13 on which the Secretary certifies to the appro-  
14 priate committees of Congress that the pro-  
15 jected number of graduates of acquisition in-  
16 ternship programs is sufficient to satisfy the  
17 human capital needs of the Department with  
18 respect to acquisition, taking into account the  
19 rate of attrition and projected retirements of  
20 personnel.

21 (C) APPROPRIATE COMMITTEES OF CON-  
22 GRESS DEFINED.—In this subsection, the term  
23 “appropriate committees of Congress” means  
24 the Committee on Veterans’ Affairs of the Sen-



1           ate and the Committee on Veterans' Affairs of  
2           the House of Representatives.

3           (g) INDEPENDENT ANALYSIS OF ACQUISITION PROC-  
4   ESS OF DEPARTMENT OF VETERANS AFFAIRS.—

5           (1) SYSTEMS ENGINEERING ANALYSIS.—Not  
6       later than one year after the date of the enactment  
7       of this Act, the Secretary of Veterans' Affairs shall  
8       enter into a memorandum of understanding with the  
9       Executive Director of the Acquisition Research Cen-  
10      ter of the Department of Defense to conduct a sys-  
11      tems engineering analysis of the acquisition process  
12      of the Department of Veterans Affairs.

13          (2) REPORT.—Not later than one year after the  
14      date in which the Secretary enters into the memo-  
15      randum of understanding required by paragraph (1),  
16      the Secretary shall submit to Committee on Vet-  
17      erans' Affairs of the Senate and the Committee on  
18      Veterans' Affairs of the House of Representatives a  
19      report on the findings of the Executive Director with  
20      respect to the analysis conducted under such sub-  
21      section.

22          (h) REQUIREMENTS DEVELOPMENT PROCESS.—

23          (1) IN GENERAL.—Subchapter VII of chapter  
24      81 of title 38, United States Code, as added by sub-  
25      section (a) and amended by subsections (b) and (e),

1 is further amended by adding at the end the fol-  
2 lowing new section:

3 **“§ 8185. Requirements development process**

4 “(a) ESTABLISHMENT OF PROCESS.—(1) The Sec-  
5 retary shall establish a standardized requirements develop-  
6 ment process for major acquisition programs.

7 “(2) The process established pursuant to paragraph  
8 (1) shall—

9 “(A) define and validate mission-driven require-  
10 ments for major acquisition programs exceeding  
11 \$200,000,000 annually or \$1,000,000,000 in  
12 lifecycle costs, in coordination with the Assistant  
13 Secretary for Acquisition;

14 “(B) incorporate data-driven needs assess-  
15 ments, stakeholder input from relevant administra-  
16 tions, staff offices, and other elements of the De-  
17 partment, and alignment with statutory mandates,  
18 such as section 8121 of this title; and

19 “(C) ensure iterative validation of requirements  
20 through independent verification and validation, as  
21 described in section 8185 of this title, to confirm  
22 cost, schedule, and performance baselines.

23 “(b) LIMITATION ON PERSONNEL.—The Secretary  
24 shall implement the process established pursuant to sub-  
25 section (a) using staff within the Office of Acquisition and

1 other relevant offices of the Department, as established  
2 under section 8182 of this title, without creating new posi-  
3 tions, unless a subsequent cost-benefit analysis, validated  
4 by the Director of Cost Assessment and Program Evalua-  
5 tion, justifies additional resources.”.

6           (2) REPORT.—Not later than 180 days after  
7 the enactment of this Act, the Secretary shall submit  
8 to the Committee on Veterans’ Affairs of the Senate  
9 and the Committee on Veterans’ Affairs of the  
10 House of Representatives a report detailing the re-  
11 quirements process established pursuant to section  
12 8187 of such title, as added by paragraph (1) and  
13 a plan for implementation of such process, including  
14 timelines for integration with major acquisition pro-  
15 gram baselines.

16           (i) CONFORMING AMENDMENTS.—Subchapter VI of  
17 chapter 81 of title 38, United States Code, is amended—

18               (1) in section 8171, by striking paragraphs (5)  
19 and (6); and

20               (2) by striking section 8172.

21           (j) CLERICAL AMENDMENTS.—The table of sections  
22 at the beginning of chapter 81 of title 38, United States  
23 Code, is amended—

24               (1) by striking the item relating to section  
25 8172; and

1 (2) by adding at the end the following:

“SUBCHAPTER VII—ACQUISITION REVIEW, COST ASSESSMENT, AND PROGRAM  
EVALUATION

“8181. Definition of major acquisition program.

“8182. Acquisition reorganization.

“8183. Major acquisition program managers.

“8184. Cost assessment and program evaluation.

“8185. Requirements development process.”.

2 **SEC. 404. IMPROVEMENT OF TELEPHONE COMMUNICATION**

3 **BY DEPARTMENT OF VETERANS AFFAIRS.**

4 (a) IN GENERAL.—Chapter 63 of title 38, United  
5 States Code, is amended by adding at the end the fol-  
6 lowing new section:

7 **“§ 6321. Telephone communication**

8 “(a) CALLS ASSOCIATED WITH DEPARTMENT.—Not  
9 later than one year after the date of the enactment of the  
10 Take Care of America’s Veterans Act, the Secretary shall  
11 ensure, to the extent practicable and feasible, that any call  
12 made to a veteran, beneficiary, claimant, or other relevant  
13 individual by an employee or contractor of the Department  
14 regarding services or benefits furnished by the Depart-  
15 ment—

16 “(1) is made from a single, well-known tele-  
17 phone number; and

18 “(2) uses caller identification branding that in-  
19 dicates to the individual that the call is from or on  
20 behalf of the Department.

21 “(b) CALL CENTERS FOR HEALTH CARE APPOINT-  
22 MENTS AND REFERRALS.—

1           “(1) IN GENERAL.—Not later than one year  
2           after the date of the enactment of the Take Care of  
3           America’s Veterans Act, the Secretary shall ensure  
4           that the Veterans Health Administration has at  
5           least one call center in each of the time zones speci-  
6           fied in paragraph (3) to address concerns regarding  
7           appointments and referrals for health care under the  
8           laws administered by the Secretary.

9           “(2) EXISTING EFFORTS AND CALL CEN-  
10          TERS.—In carrying out paragraph (1), the Sec-  
11          retary—

12                 “(A) shall ensure coordination with exist-  
13                 ing efforts of the Department to improve call  
14                 center operations; and

15                 “(B) may use existing call centers to meet  
16                 the requirements of such paragraph.

17           “(3) TIME ZONES SPECIFIED.—The time zones  
18          specified in this paragraph are the following:

19                 “(A) Eastern time.

20                 “(B) Central time.

21                 “(C) Mountain time.

22                 “(D) Pacific time.

23                 “(E) Alaska time.

24                 “(F) Hawaii time.

1           “(4) CLARIFICATION.—The Secretary is not re-  
 2           quired to ensure that the Veterans Health Adminis-  
 3           tration has a call center in any location generally  
 4           within a time zone specified in paragraph (3) that  
 5           does not follow daylight saving time.”.

6           (b) CLERICAL AMENDMENT.—The table of sections  
 7           at the beginning of chapter 63 of such title is amended  
 8           by adding at the end the following new item:

“6321. Telephone communication.”.

9           (c) REPORT.—Not later than 180 days after enact-  
 10          ment, and annually for three years thereafter, the Sec-  
 11          retary shall submit to the Committees on Veterans’ Affairs  
 12          a report on implementation, including call-answer rates,  
 13          abandoned-call rates, average wait times, veteran com-  
 14          plaints, spoofing or fraud-prevention measures, and any  
 15          exceptions granted.

16       **SEC. 405. ADVANCING DEPARTMENT OF VETERANS AF-**  
 17       **FAIRS EMERGENCY RESPONSE TO CRISIS.**

18          (a) REPORT ON EMERGENCY MANAGEMENT ROLES  
 19          FOR DEPARTMENT OF VETERANS AFFAIRS.—

20               (1) IN GENERAL.—Not later than 180 days  
 21               after the date of the enactment of this Act, the Sec-  
 22               retary of Veterans Affairs shall submit to the Com-  
 23               mittee on Veterans’ Affairs of the Senate and the  
 24               Committee on Veterans’ Affairs of the House of  
 25               Representatives a report outlining the roles and re-

1       sponsibilities of all offices of the Department of Vet-  
2       erans Affairs involved with emergency management.

3           (2) CONSULTATION.—In preparing the report  
4       required by paragraph (1), the Secretary of Veterans  
5       Affairs shall consult with the Comptroller General of  
6       the United States, the Inspector General of the De-  
7       partment of Veterans Affairs, the Secretary of  
8       Homeland Security, the Secretary of Defense, and  
9       such other Federal agencies as the Secretary of Vet-  
10      erans Affairs considers relevant, to obtain insights  
11      from their experience and trends that they have  
12      found, and such recommendations as they may have  
13      with respect to the management by the Department  
14      of Veterans Affairs of emergency management func-  
15      tions.

16           (3) CONTENTS.—The report submitted pursu-  
17      ant to paragraph (1) shall include the following:

18           (A) A description of the organizational  
19      structure of each office, both during normal op-  
20      erations and during emergency or disaster oper-  
21      ations.

22           (B) The roles and responsibilities of each  
23      office.

24           (C) A detailed description of roles and re-  
25      sponsibilities that are shared by both the Office

1 of Emergency Management of the Department  
2 and the Office of Operations, Security, and Pre-  
3 paredness of the Department, including an  
4 analysis of how each office plays a part in  
5 emergency management functions.

6 (D) Recommendations for improving the  
7 structure and alignment of relevant offices to  
8 better prepare the Department for emergencies,  
9 remove redundancies, and improve account-  
10 ability.

11 (E) An analysis of the feasibility and ad-  
12 visability of consolidating relevant offices into  
13 one centralized emergency management office  
14 to improve communication and streamline emer-  
15 gency preparedness and response efforts of the  
16 Department.

17 (b) PLAN TO ALLOW FUEL SHARING AND IN-  
18 CREASED COORDINATION BETWEEN THE FEDERAL  
19 EMERGENCY MANAGEMENT AGENCY AND THE DEPART-  
20 MENT OF VETERANS AFFAIRS.—Not later than 90 days  
21 after the date of the enactment of this Act, the Secretary  
22 of Veterans Affairs shall, after consulting with the Admin-  
23 istrator of the Federal Emergency Management Agency,  
24 submit to the Committee on Veterans' Affairs of the Sen-  
25 ate, the Committee on Veterans' Affairs of the House of



1 Representatives, the Committee on Homeland Security  
2 and Government Affairs of the Senate, and the Committee  
3 on Homeland Security of the House of Representatives a  
4 report regarding—

5           (1) the current limitations preventing the Fed-  
6       eral Emergency Management Agency from providing  
7       fuel or other resources to the Department of Vet-  
8       erans Affairs during emergencies;

9           (2) whether the Department requires action by  
10      Congress to allow such resource provision to occur;

11          (3) whether the Secretary has been unable to  
12      coordinate with the Administrator during prior  
13      emergencies or Fourth Mission activations due to a  
14      lack of authority for such coordination;

15          (4) whether the Secretary requires action by  
16      Congress to address any of the issues mentioned  
17      under paragraph (3); and

18          (5) whether the Secretary requires action by  
19      Congress to address the issue of Department em-  
20      ployees or responders being unable to use Depart-  
21      ment-purchased fuel.

1 **SEC. 406. MEMBERSHIP OF DEPARTMENT OF VETERANS AF-**  
2 **FAIRS GERIATRICS AND GERONTOLOGY AD-**  
3 **VISORY COMMITTEE.**

4 Section 7315 of title 38, United States Code, is  
5 amended, in subsection (a)—

6 (1) in the second sentence, by striking “and at  
7 least one representative of a national veterans serv-  
8 ice organization” and inserting “, at least one indi-  
9 vidual who represents a national veterans service or-  
10 ganization, at least one individual who has served  
11 veterans or families of veterans in a State home, and  
12 at least one individual who holds a professional li-  
13 cense in nursing home administration”; and

14 (2) by designating the first, second, and third  
15 sentences as paragraphs (1) through (3), respec-  
16 tively (and adjusting the margins accordingly).

17 **SEC. 407. SCHEDULING OF APPOINTMENTS UNDER THE**  
18 **VETERANS COMMUNITY CARE PROGRAM.**

19 (a) IN GENERAL.—

20 (1) ELECTRONIC PROCESS.—Subsection (d) of  
21 section 3101 of the Johnny Isakson and David P.  
22 Roe, M.D. Veterans Health Care and Benefits Im-  
23 provement Act of 2020 (Public Law 116–315; 38  
24 U.S.C. 1701 note) is amended to read as follows:

25 “(d) ELECTRONIC PROCESS.—(1) The Secretary  
26 shall implement an electronic process through which a

1 scheduler of the Department, using an information tech-  
2 nology system, may schedule an appointment for health  
3 care furnished by the Department or through the Veterans  
4 Community Care Program, under section 1703 of this  
5 title, by a non-Department health care provider.

6 “(2) The electronic process under this subsection  
7 shall allow a scheduler, with regards to appointments de-  
8 scribed in—

9 “(A) either clause of subparagraph (A) of sub-  
10 section (a)(1), to view, search, and sort such ap-  
11 pointments by type of care, location, and date; and

12 “(B) clause (ii) of such subparagraph—

13 “(i) to schedule such an appointment;

14 “(ii) to provide referral and authorization  
15 documents directly to a non-Department pro-  
16 vider; and

17 “(iii) to perform any other function the  
18 Secretary determines necessary.

19 “(3) The Secretary shall ensure that the electronic  
20 process allows a scheduler to schedule an appointment for  
21 health care furnished by the Secretary through a health  
22 care provider of the Department.

23 “(4) The Secretary shall implement the electronic  
24 process through an existing agreement if practicable.

1       “(5) The Secretary shall submit to the Committees  
2 on Veterans’ Affairs of the Senate and House of Rep-  
3 resentatives the following regarding the electronic process:

4           “(A) Not later than 90 days after the Secretary  
5 makes a determination under subparagraph (B)(iii)  
6 of paragraph (2), a briefing regarding the functions  
7 the Secretary has determined necessary.

8           “(B) Not later than six months after the date  
9 of the enactment of Take Care of America’s Vet-  
10 erans Act, and semiannually thereafter during the  
11 following three years, a report regarding operation  
12 of the electronic process during both the semiannual  
13 period preceding the date of the report and the cu-  
14 mulative period since the date of the enactment of  
15 such Act. Such a report shall include the following  
16 for each such period:

17           “(i) The number of non-Department health  
18 care providers that participated in such elec-  
19 tronic process, disaggregated by—

20           “(I) category of hospital care or med-  
21 ical services provided; and

22           “(II) medical center of the Depart-  
23 ment;

1           “(ii) The number of appointments sched-  
2           uled pursuant to the electronic process,  
3           disaggregated by—

4                   “(I) category of hospital care or med-  
5                   ical services provided;

6                   “(II) medical center of the Depart-  
7                   ment; and

8                   “(III) month.

9           “(iii) A comparison of the average wait  
10          time for appointments scheduled through the  
11          electronic process and through non-electronic  
12          methods, disaggregated by medical center of the  
13          Department.

14          “(iv) The rates at which veterans cancelled  
15          appointments scheduled through the electronic  
16          process.

17          “(v) The rates at which veterans did not  
18          appear for appointments scheduled through the  
19          electronic process.”.

20          (2) IMPLEMENTATION.—

21                (A) DATE.—The Secretary of Veterans Af-  
22          fairs shall implement the electronic process  
23          under subsection (d) of section 1703H of such  
24          title, as added by this section, not later than

1 two years after the date of the enactment of  
2 this Act.

3 (B) GUIDELINES.—Not later than 90 days  
4 after the date of the enactment of this Act, the  
5 Secretary of Veterans Affairs shall establish  
6 guidelines. Such guidelines shall include the fol-  
7 lowing:

8 (i) Procedures for schedulers and  
9 other employees of the Department in-  
10 volved in the scheduling of appointments  
11 described in such section.

12 (ii) A directive that employees de-  
13 scribed in clause (i) use the electronic  
14 process to the extent practicable.

15 (iii) A directive that employees de-  
16 scribed in clause (i), when scheduling an  
17 appointment for a covered veteran (as such  
18 term is used in section 1703 of such title)  
19 for health care furnished by the Secretary,  
20 inform such covered veteran of available  
21 appointments through providers of the De-  
22 partment and through providers under the  
23 Veterans Community Care Program when  
24 eligible.

1 (iv) Procedures for engaging with  
2 non-Department health care providers in  
3 specialized cases.

4 (v) Standards regarding timeliness  
5 and accuracy.

6 (vi) Escalation protocols for sched-  
7 uling failures or delays.

8 (C) TRAINING.—Not later than 180 days  
9 after the date of the enactment of this Act, the  
10 Secretary shall implement a mandatory training  
11 program for employees described in subpara-  
12 graph (B) regarding the guidelines under sub-  
13 paragraph (B).

14 (D) EVALUATION.—Not later than 60 days  
15 after the date of the enactment of this Act, the  
16 Secretary shall prescribe performance bench-  
17 marks and outcome-based metrics for the elec-  
18 tronic process under such section, including—

19 (i) time between a referral and a  
20 scheduled appointment;

21 (ii) patient satisfaction; and

22 (iii) the percentage of appointments  
23 scheduled exclusively through the electronic  
24 process.

1           (E) OUTREACH.—Not later than 90 days  
2           after the date of the enactment of this Act, the  
3           Secretary shall plan and carry out an outreach  
4           strategy to encourage non-Department of Vet-  
5           erans Affairs health care providers that partici-  
6           pate in the Veterans Community Care Program  
7           to participate in the electronic process under  
8           such subsection. Such outreach shall—

9                   (i) include contacting each such pro-  
10                  vider during such 90 days;

11                  (ii) include seeking to enter into an  
12                  agreement with each such provider under  
13                  which the provider shall participate in the  
14                  electronic process;

15                  (iii) include collaborating with State  
16                  hospital associations and rural health asso-  
17                  ciations to promote such participation;

18                  (iv) focus on providers in specialties  
19                  or underserved areas, as determined by the  
20                  Secretary; and

21                  (v) include the publication, on a pub-  
22                  licly accessible website of the Department,  
23                  of information regarding—

24                   (I) details of the electronic proc-  
25                   ess;



1 (II) how a provider may elect to  
2 participate in the electronic process;  
3 and

4 (III) a point of contact in the  
5 Department regarding the electronic  
6 process.

7 (F) OVERSIGHT.—The Secretary shall sub-  
8 mit to the Committees on Veterans’ Affairs of  
9 the Senate and House of Representatives, with  
10 regards to the electronic process under such  
11 subsection, the following:

12 (i) Not later than 30 days after the  
13 Secretary establishes guidelines under sub-  
14 paragraph (B) of this paragraph, a copy of  
15 such guidelines.

16 (ii) Not later than 30 days after the  
17 Secretary formulates the plan under sub-  
18 paragraph (E) of this paragraph, a brief-  
19 ing on the outreach strategy under such  
20 paragraph.

21 (iii) Not later than 180 days after the  
22 date of the enactment of this Act, the  
23 benchmarks and metrics prescribed under  
24 subparagraph (D).

1           (3) EXPANSION.—Not later than 90 days after  
2           the date of the enactment of this Act, the Secretary  
3           shall submit to the Committees on Veterans' Affairs  
4           of the Senate and House of Representatives a plan  
5           to integrate the scheduling of appointments for  
6           health care furnished through health care providers  
7           of the Department of Veterans Affairs into the elec-  
8           tronic process under subsection (d) of section 1703H  
9           of such title. Such plan shall include the following  
10          elements:

11                   (A) A timeline to implement such plan.

12                   (B) Estimated costs to carry out such  
13          plan.

14                   (C) Changes to policies and procedures of  
15          the Department the Secretary determines nec-  
16          essary to implement such plan.

17          (4) CODIFICATION.—

18                   (A) IN GENERAL.—Section 3101 of such  
19          Act, as amended by paragraph (1), is trans-  
20          ferred to subchapter I of chapter 17 of title 38,  
21          United States Code, inserted after section  
22          1703G, and redesignated as section 1703H.

23                   (B) CONFORMING AMENDMENTS.—Section  
24          1703H of such title, as transferred and redesign-  
25          ated by this subsection, is amended—

1 (i) by striking any heading that is not  
2 a section heading or subsection heading  
3 and conforming the margins accordingly;

4 (ii) by striking “of title 38, United  
5 States Code” both places it appears and  
6 inserting “of this title”;

7 (iii) in subsection (b)(1), by striking  
8 “Not later than one year after the date of  
9 the enactment of this Act, the Secretary”  
10 and inserting “The Secretary”;

11 (iv) in subsection (c)—

12 (I) in paragraph (1), in the mat-  
13 ter preceding subparagraph (A), by  
14 striking “Not later than 180 days  
15 after the date of the enactment of this  
16 Act, the Secretary” and inserting  
17 “The Secretary”; and

18 (II) in paragraph (2), by striking  
19 subparagraphs (A) and (B) and in-  
20 serting “The Secretary shall require  
21 each medical facility of the Depart-  
22 ment to use the method or tool de-  
23 scribed in paragraph (1).”;

24 (v) in the section enumerator, by  
25 striking “**SEC.**” and inserting “**§**”; and

(vi) in the section heading—

(I) by striking “**PROCESS AND REQUIREMENTS FOR SCHEDULING APPOINTMENTS FOR HEALTH CARE FROM DEPARTMENT OF VETERANS AFFAIRS AND NON-DEPARTMENT HEALTH CARE.**” and inserting “**SCHEDULING OF APPOINTMENTS**”; and

(II) by conforming the typeface and typestyle, including capitalization, to the typeface and typestyle used in the section heading of section 1703G of such title.

(C) TABLE OF SECTIONS.—The table of sections at the beginning of such chapter is amended by inserting, after the item relating to section 1703G, the following new item:

“1703H. Scheduling of appointments.”.

## **TITLE V—MEMORIAL AFFAIRS**

**SEC. 501. EXPANSION OF ELIGIBILITY FOR DEPARTMENT OF VETERANS AFFAIRS MEMORIAL HEADSTONE OR MARKER FOR CERTAIN INDIVIDUALS.**

Section 2306(b)(2) of title 38, United States Code, is amended in subparagraphs (B) and (C) by striking

1 “who dies on or after November 11, 1998,” each place  
2 it appears.

3 **SEC. 502. DEPARTMENT OF VETERANS AFFAIRS PROVISION**  
4 **OF ADDITIONAL BURIAL BENEFITS WHEN AN**  
5 **URN OR COMMEMORATIVE PLAQUE IS FUR-**  
6 **NISHED.**

7 (a) IN GENERAL.—Paragraph (2) of section 2306(h)  
8 of title 38, United States Code, is amended to read as  
9 follows:

10 “(2) If the Secretary furnishes an urn or commemo-  
11 rative plaque for an individual under paragraph (1), the  
12 Secretary may not provide for such individual a headstone  
13 or marker under this section, or any interment benefit  
14 under section 2402 of this title, unless—

15 “(A) in the case of a request for a headstone  
16 or marker under this section—

17 “(i) such request is made at the same time  
18 as a request for placement of a headstone or  
19 marker for another individual who is eligible to  
20 have such a headstone or marker placed in a  
21 national cemetery, a veterans’ cemetery in re-  
22 ceipt of a grant made under section 2408 of  
23 this title, or a post cemetery; and

24 “(ii) the Secretary furnishes one headstone  
25 or marker inscribed for both individuals; or

1           “(B) in the case of a request for interment, the  
2           individual is interred at the same time and in the  
3           same gravesite as the interment of another indi-  
4           vidual eligible for interment in a national cemetery  
5           under section 2402(a) of this title.”.

6           (b) APPLICABILITY.—The amendment made by sub-  
7           section (a) shall apply with respect to an individual who  
8           dies on or after January 5, 2021.

9   **SEC. 503. FALLEN SERVICEMEMBERS RELIGIOUS HERIT-**  
10           **AGE RESTORATION PROGRAM.**

11           (a) FINDINGS.—Congress finds the following:

12                   (1)   An    estimated    900    American-Jewish  
13           servicemembers of the Armed Forces, killed in World  
14           War I and World War II and buried overseas in  
15           United States military cemeteries were, for various  
16           reasons, mistakenly buried under Latin Crosses. In  
17           most instances, those mistakes were made inadvert-  
18           ently.

19                   (2)   In 2022, more than 2,000,000 people vis-  
20           ited the United States World War I and World War  
21           II cemeteries in foreign countries.

22                   (3)   American-Jewish servicemembers played a  
23           vital role in the Allied victories in World War I and  
24           World War II.

1           (4) American-Jewish servicemembers who  
2 fought and died for the United States must have  
3 their heritage properly recognized and honored.

4           (5) The United States Government has a sol-  
5 emn responsibility to ensure that every American  
6 servicemember killed in action and buried overseas is  
7 properly honored.

8           (6) The work of properly identifying American-  
9 Jewish servicemembers buried overseas is vital and  
10 integral to the responsibility of the American Battle  
11 Monuments Commission to ensure that past mis-  
12 takes in honoring those servicemembers who died in  
13 the line of duty are corrected.

14       (b) FALLEN SERVICEMEMBERS RELIGIOUS HERIT-  
15 AGE RESTORATION PROGRAM.—

16           (1) ESTABLISHMENT.—The American Battle  
17 Monuments Commission shall establish a program to  
18 identify covered members and to contact survivors  
19 and descendants of such covered members. Such  
20 program shall be known as the “Fallen  
21 Servicemembers Religious Heritage Restoration Pro-  
22 gram”.

23           (2) DURATION.—The Commission shall carry  
24 out the Fallen Servicemembers Religious Heritage  
25 Restoration Program during the first five fiscal

1 years that begin after the date of the enactment of  
2 this Act.

3 (3) CONTRACTS.—

4 (A) AUTHORITY.—During each fiscal year  
5 described in subsection (b), the Commission  
6 shall seek to enter into a contract with a non-  
7 profit organization under which such nonprofit  
8 organization shall carry out the purpose de-  
9 scribed in subsection (a).

10 (B) TERM; AMOUNT.—Each contract under  
11 this subsection shall be for one year and in the  
12 amount of \$500,000 to the nonprofit organiza-  
13 tion.

14 (C) PRIORITY.—In awarding a contract  
15 under this subsection, the Commission shall  
16 give priority to a nonprofit organization that  
17 has demonstrated capability and expertise in  
18 carrying out the purpose described in sub-  
19 section (a).

20 (4) DEFINITIONS.—In this section:

21 (A) The term “covered member” means a  
22 deceased member of the Armed Forces who was  
23 Jewish and buried—

24 (i) in a United States military ceme-  
25 tery located outside the United States; and



1 (ii) under a marker that indicates  
2 such member was not Jewish.

3 (B) The term “nonprofit organization”  
4 means an organization described in section  
5 501(c)(3) of the Internal Revenue Code of 1986  
6 and exempt from taxation under section 501(a)  
7 of such Code.

8 **TITLE VI—VETERANS’ ASSURING**  
9 **CRITICAL CARE EXPANSIONS**  
10 **TO SUPPORT**  
11 **SERVICEMEMBERS**

12 **Subtitle A—Improvement of Vet-**  
13 **erans Community Care Program**

14 **SEC. 601. CODIFICATION OF REQUIREMENTS FOR ELIGI-**  
15 **BILITY STANDARDS FOR ACCESS TO COMMU-**  
16 **NITY CARE FROM DEPARTMENT OF VET-**  
17 **ERANS AFFAIRS.**

18 (a) ELIGIBILITY ACCESS STANDARDS.—Section  
19 1703B of title 38, United States Code, is amended—

20 (1) by striking subsections (a) through (e) and  
21 inserting the following:

22 “(a) ACCESS STANDARDS FOR COMMUNITY CARE.—  
23 (1) For purposes of section 1703(d)(1)(D) of this title,  
24 the eligibility access standards for hospital care, medical

1 services, or non-institutional extended care services, are as  
2 follows:

3 “(A) With respect to primary care, mental  
4 health care, or non-institutional extended care serv-  
5 ices, the Secretary must schedule an appointment  
6 for the covered veteran with a health care provider  
7 of the Department who can provide the needed serv-  
8 ice—

9 “(i) within 30 minutes average driving  
10 time from the residence of the veteran unless a  
11 longer average driving time has been agreed to  
12 by the veteran in consultation with a health  
13 care provider of the veteran; and

14 “(ii) within 20 days of either the date of  
15 request for such an appointment or a later date  
16 agreed to by the veteran in consultation with a  
17 health care provider of the veteran.

18 “(B) With respect to specialty care, the Sec-  
19 retary must schedule an appointment for the covered  
20 veteran with a health care provider of the Depart-  
21 ment who can provide the needed service—

22 “(i) within 60 minutes average driving  
23 time from the residence of the veteran unless a  
24 longer average driving time has been agreed to

1 by the veteran in consultation with a health  
2 care provider of the veteran; and

3 “(ii) within 28 days of either the date of  
4 request for such an appointment or a later date  
5 agreed to by the veteran in consultation with a  
6 health care provider of the veteran.

7 “(C) With respect to a covered treatment pro-  
8 gram, the Secretary must—

9 “(i) provide to a covered veteran a screen-  
10 ing not later than 48 hours after the date on  
11 which the veteran, or a relevant health care  
12 provider, makes a documented request for the  
13 veteran to be admitted to a covered treatment  
14 program; and

15 “(ii) if the veteran is determined eligible  
16 for priority admission to a covered treatment  
17 program—

18 “(I) admit the veteran to a covered  
19 treatment program not later than 48 hours  
20 after the date of such determination or  
21 give the veteran the option of seeking care  
22 at a non-Department facility pursuant to  
23 section 1792(e) of this title; or

1                   “(II) give the veteran the option of  
2                   seeking care at a non-Department facility  
3                   pursuant to section 1792(e) of this title.

4           “(2) For the purposes of determining the ability of  
5 the Secretary to schedule an appointment for a covered  
6 veteran with a health care provider of the Department  
7 under paragraph (1), the Secretary shall not take into  
8 consideration the availability of telehealth appointments  
9 from the Department.

10          “(3) In the case of a covered veteran who has had  
11 an appointment with a health care provider of the Depart-  
12 ment canceled by the Department for a reason other than  
13 either the request of the veteran or the failure of the vet-  
14 eran to appear as scheduled, in calculating a wait time  
15 for a subsequent appointment under the eligibility access  
16 standards established under paragraph (1), the Secretary  
17 shall calculate such wait time from the date of the request  
18 for the original, canceled appointment.

19          “(4) If a veteran agrees to a longer average drive  
20 time or a later date under paragraph (1), the Secretary  
21 shall document the agreement to such longer average drive  
22 time or later date in the electronic health record of the  
23 veteran and provide the veteran a copy of such documenta-  
24 tion. Such copy may be provided electronically.

1       “(5) Paragraph (1)(C) shall not be construed to af-  
2 fect a covered veteran in a covered treatment program  
3 pursuant to a determination made on or before the date  
4 of the enactment of the Take Care of America’s Veterans  
5 Act.

6       “(6)(A) Subject to the provisions of this paragraph,  
7 subparagraphs (A) and (B) of paragraph (1) shall termi-  
8 nate on the date that is eight years after the date of the  
9 enactment of the Take Care of America’s Veterans Act.

10       “(B) Not later than seven years after the date of the  
11 enactment of the Take Care of America’s Veterans Act,  
12 the Secretary shall submit to the Committee on Veterans’  
13 Affairs of the Senate and the Committee on Veterans’ Af-  
14 fairs of the House of Representatives a report con-  
15 taining—

16               “(i) an assessment of the effects of the codifica-  
17 tion of eligibility access standards for primary care,  
18 mental health care, non-institutional extended care  
19 services, and specialty care under this subsection on  
20 the management and oversight of the Veterans Com-  
21 munity Care Program under section 1703 of this  
22 title; and

23               “(ii) the recommendation of the Secretary for  
24 continued codification of such standards along with  
25 a justification for such recommendation.

1       “(C) On and after the date that is eight years after  
2 the date of the enactment of the Take Care of America’s  
3 Veterans Act, the Secretary may not establish access  
4 standards for care and services described in subparagraph  
5 (A) or (B) of paragraph (1) that are different from the  
6 standards set forth in those subparagraphs unless, not  
7 later than 180 days before establishing such different  
8 standards—

9               “(i) the Secretary submits to the Committee on  
10 Veterans’ Affairs of the Senate and the Committee  
11 on Veterans’ Affairs of the House of Representatives  
12 notification of the intent of the Secretary to estab-  
13 lish such different standards, including a description  
14 of the changes the Secretary intends to make and  
15 the justification for such changes; and

16               “(ii) a joint resolution of approval is enacted  
17 that approves such different standards.

18       “(D) For purposes of this subsection, the term ‘joint  
19 resolution of approval’ means only a joint resolution the  
20 matter after the resolving clause of which is as follows:  
21 ‘That Congress approves the access standards established  
22 by the Secretary submitted on \_\_\_\_ relating to \_\_\_\_.’,  
23 with the first blank space filled by the appropriate date  
24 and the second blank space filled with a description of the  
25 access standards.

1       “(E) A joint resolution of approval shall be consid-  
2       ered under the expedited procedures outlined in section  
3       802 of title 5 to the same extent as a joint resolution de-  
4       scribed in subsection (a) of that section is considered.

5       “(b) APPLICATION.—The Secretary shall ensure that  
6       the eligibility access standards established under sub-  
7       section (a) apply—

8               “(1) to all care and services within the medical  
9       benefits package of the Department to which a cov-  
10      ered veteran is eligible under section 1703 of this  
11      title; and

12             “(2) to all covered veterans, regardless of  
13      whether a veteran is a new or established patient.

14      “(c) PERIODIC REVIEW OF ACCESS STANDARDS.—  
15      (1) Not later than three years after the date of the enact-  
16      ment of the Take Care of America’s Veterans Act, and  
17      not less frequently than once every three years thereafter,  
18      the Secretary shall—

19             “(A) conduct a review of the eligibility access  
20      standards under subsection (a) in consultation  
21      with—

22               “(i) such Federal entities as the Secretary  
23      considers appropriate, including the Depart-  
24      ment of Defense, the Department of Health and

1 Human Services, and the Centers for Medicare  
2 & Medicaid Services;

3 “(ii) entities and individuals in the private  
4 sector, including—

5 “(I) veteran patients;

6 “(II) representatives of veterans, in-  
7 cluding individual veterans and partici-  
8 pants from veteran stakeholder organiza-  
9 tions selected through an open and trans-  
10 parent process; and

11 “(III) health care providers partici-  
12 pating in the Veterans Community Care  
13 Program under section 1703 of this title;  
14 and

15 “(iii) other entities that are not part of the  
16 Federal Government; and

17 “(B) submit to the appropriate committees of  
18 Congress a report on—

19 “(i) the findings of the Secretary with re-  
20 spect to the review conducted under paragraph  
21 (1); and

22 “(ii) such recommendations as the Sec-  
23 retary may have with respect to the eligibility  
24 access standards under subsection (a).



1 “(2) Chapter 10 of title 5 shall not apply to the con-  
2 sultation required by paragraph (1)(A).”;

3 (2) by striking subsection (g);

4 (3) by redesignating subsections (f), (h), and (i)  
5 as subsections (d), (e), and (f), respectively;

6 (4) in subsection (d), as redesignated by para-  
7 graph (3)—

8 (A) by striking “established” each place it  
9 appears; and

10 (B) in paragraph (1), by striking “(1)  
11 Subject to” and inserting “COMPLIANCE BY  
12 COMMUNITY CARE PROVIDERS WITH ACCESS  
13 STANDARDS.—(1) Subject to”;

14 (5) in subsection (e), as so redesignated—

15 (A) in paragraph (1)—

16 (i) by striking “(1) Consistent with”  
17 and inserting “DETERMINATION REGARD-  
18 ING ELIGIBILITY.—(1) Consistent with”;  
19 and

20 (ii) by striking “designated access  
21 standards established under this section”  
22 and inserting “eligibility access standards  
23 under subsection (a)”;

24 (B) in paragraph (2)(B), by striking “des-  
25 ignated access standards established under this

1 section” and inserting “eligibility access stand-  
2 ards under subsection (a)”;

3 (6) in subsection (f), as redesignated by para-  
4 graph (2)—

5 (A) in the matter preceding paragraph (1),  
6 by striking “In this section” and inserting  
7 “DEFINITIONS.—In this section”; and

8 (B) in paragraph (2)—

9 (i) by striking “covered veterans” and  
10 inserting “covered veteran”;

11 (ii) by striking “veterans described”  
12 and inserting “a veteran described”;

13 (iii) by redesignating paragraphs (3)  
14 and (4) as paragraphs (4) and (5), respec-  
15 tively; and

16 (iv) by inserting after paragraph (2)  
17 the following new paragraph (3):

18 “(3) The term ‘covered treatment program’ has  
19 the meaning given such term in section 1791 of this  
20 title.”.

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

23 (1) in paragraph (1)(D), by striking “des-  
24 ignated access standards developed by the Secretary  
25 under section 1703B of this title” and inserting “eli-

1       gibility access standards under section 1703B(a) of  
2       this title”;

3           (2) in paragraph (3), by striking “designated  
4       access standards developed by the Secretary under  
5       section 1703B of this title” and inserting “eligibility  
6       access standards under section 1703B(a) of this  
7       title”; and

8           (3) in paragraph (4), by striking “designated  
9       access standards developed by the Secretary under  
10      section 1703B of this title” and inserting “eligibility  
11      access standards under section 1703B(a) of this  
12      title”.

13 **SEC. 602. REQUIREMENT THAT SECRETARY NOTIFY VET-**  
14 **ERANS OF ELIGIBILITY FOR CARE OR DENIAL**  
15 **OF REQUEST FOR CARE UNDER VETERANS**  
16 **COMMUNITY CARE PROGRAM.**

17       (a) IN GENERAL.—Section 1703(a) of title 38,  
18 United States Code, is amended by adding at the end the  
19 following new paragraph:

20       “(5)(A)(i) Except as provided in clause (iii), the Sec-  
21 retary shall notify each covered veteran in writing of the  
22 eligibility of such veteran for care or services under this  
23 section as soon as possible but not later than five days  
24 after the date on which the Secretary is aware that the

1 veteran is seeking care or services and is eligible for such  
2 care or services under this section.

3 “(ii) The Secretary is required to notify a covered vet-  
4 eran under clause (i) only at the start of an episode of  
5 care for such veteran.

6 “(iii) The Secretary shall allow a covered veteran to  
7 opt out of receiving notification under clause (i).

8 “(B) With respect to each covered veteran eligible for  
9 care or services under subsection (d), and consistent with  
10 subparagraph (A), the Secretary shall provide such vet-  
11 eran periodic reminders, as applicable and as the Sec-  
12 retary determines appropriate, of their ongoing eligibility  
13 under such subsection.

14 “(C) Any notification or reminder under this para-  
15 graph may be provided electronically.

16 “(6)(A) If a request by a veteran for the Secretary  
17 to authorize care or services under this section is denied,  
18 except as provided in subparagraph (C), the Secretary  
19 shall notify the veteran in writing as soon as possible but  
20 not later than five days after the denial is made—

21 “(i) of the reason for the denial; and

22 “(ii) with instructions on how to appeal such  
23 denial using the clinical appeals process of the Vet-  
24 erans Health Administration.

1       “(B) If a denial under subparagraph (A) is due to  
2 the Secretary meeting the eligibility access standards  
3 under section 1703B(a) of this title, notice under such  
4 subparagraph shall include an explanation of how the Sec-  
5 retary met such standards.

6       “(C) The Secretary shall allow a covered veteran to  
7 opt out of receiving notification under subparagraph (A).

8       “(D) Any notification under this paragraph may be  
9 provided electronically.”.

10       (b) REPORTS TO CONGRESS.— Not later than one  
11 year after the date of the enactment of this Act, and not  
12 less frequently than annually thereafter for a period of five  
13 years, the Secretary of Veterans Affairs shall submit to  
14 the Committee on Veterans’ Affairs of the Senate and the  
15 Committee on Veterans’ Affairs of the House of Rep-  
16 resentatives a report on the implementation of the amend-  
17 ments made by subsection (a), including—

18               (1) an assessment of the timeliness of the noti-  
19 fications required by those amendments;

20               (2) a description of barriers to increasing the  
21 timeliness of those notifications; and

22               (3) the number of veterans who opt out of re-  
23 ceiving those notifications.

1 **SEC. 603. CONSIDERATION UNDER VETERANS COMMUNITY**  
2 **CARE PROGRAM OF CONTINUITY OF CARE**  
3 **AND NEED FOR CAREGIVER OR ATTENDANT.**

4 Section 1703(d) of title 38, United States Code, is  
5 amended—

6 (1) in paragraph (2), by adding at the end the  
7 following new subparagraphs:

8 “(F) The potential for improved continuity of  
9 care, including if a veteran has an established rela-  
10 tionship with a non-Department provider and the  
11 likelihood of the covered veteran to seek and com-  
12 plete recommended care, including if the veteran  
13 would abstain from seeking such care if required to  
14 seek such care at a facility of the Department.

15 “(G) Whether the covered veteran needs an at-  
16 tendant to provide required aid or assistance to the  
17 veteran, including for the veteran to travel to a facil-  
18 ity of the Department.”; and

19 (2) by adding at the end the following new  
20 paragraph:

21 “(5) The Secretary shall ensure that consideration of  
22 the factors specified in paragraph (2) includes consider-  
23 ation of all relevant factors, is driven by clinical need, and  
24 that no single factor is required to be determinative when  
25 considering the best medical interest of a covered vet-  
26 eran.”.

1 **SEC. 604. DISCUSSION OF TELEHEALTH OPTIONS UNDER**  
2 **VETERANS COMMUNITY CARE PROGRAM.**

3 Section 1703 of title 38, United States Code, is  
4 amended—

5 (1) by redesignating subsection (q) as sub-  
6 section (r); and

7 (2) by inserting after subsection (p) the fol-  
8 lowing new subsection (q):

9 “(q) DISCUSSION OF OPTIONS FOR TELEHEALTH.—

10 (1) When discussing options for care or services for a cov-  
11 ered veteran under this section, the Secretary shall ensure  
12 that the veteran is informed of the ability of the veteran  
13 to seek care or services via telehealth, either through a  
14 medical facility of the Department or through a non-De-  
15 partment provider, if—

16 “(A) telehealth is—

17 “(i) available to the veteran;

18 “(ii) appropriate for the type of care or  
19 services the veteran is seeking, as determined  
20 by the Secretary; and

21 “(iii) is acceptable to the veteran; or

22 “(B) the care or services the veteran is seeking  
23 is only or primarily available through telehealth.

24 “(2) Nothing in paragraph (1) shall be construed to  
25 prohibit a health care provider specified in subsection (c)

1 from furnishing hospital care, medical services, or ex-  
 2 tended care services under this section via telehealth.”.

3 **SEC. 605. EXTENSION OF DEADLINE FOR SUBMITTAL OF**  
 4 **CLAIMS BY HEALTH CARE ENTITIES AND**  
 5 **PROVIDERS UNDER PROMPT PAYMENT**  
 6 **STANDARD.**

7 Section 1703D of title 38, United States Code, is  
 8 amended—

9 (1) in subsection (a)(2), by striking “the reason  
 10 for denying the claim and what, if any, additional  
 11 information is required to process the claim” and in-  
 12 serting “the reason for denying the claim and re-  
 13 quest additional missing information, if any, that is  
 14 required to process the claim”;

15 (2) by amending subsection (b) to read as fol-  
 16 lows:

17 “(b) SUBMITTAL OF CLAIMS BY HEALTH CARE EN-  
 18 TITIES AND PROVIDERS.—(1) A health care entity or pro-  
 19 vider that furnishes hospital care, a medical service, or  
 20 an extended care services under this chapter pursuant to  
 21 a contract, agreement, or other arrangement shall submit  
 22 to the Secretary a claim for payment for furnishing the  
 23 hospital care, medical service, or extended care service not  
 24 later than one year after the date on which the entity or



1 provider furnished the hospital care, medical service, or  
2 extended care service.

3 “(2) No health care entity or provider may seek pay-  
4 ment from a patient if the health care entity or provider  
5 failed to comply with the timely filing requirement set  
6 forth in paragraph (1).”; and

7 (3) in subsection (c), by adding at the end the  
8 following new paragraph:

9 “(3)(A) If the Secretary determines, based on reliable  
10 evidence, that a health care entity or provider has sub-  
11 mitted or caused to be submitted a fraudulent claim for  
12 payment under this chapter, the Secretary may suspend  
13 such entity or provider from furnishing hospital care, med-  
14 ical services, or extended care services under this chapter.

15 “(B) Before imposing a suspension under subpara-  
16 graph (A) with respect to an entity or provider, the Sec-  
17 retary shall—

18 “(i) provide written notice to the entity or pro-  
19 vider identifying the basis for the proposed suspen-  
20 sion;

21 “(ii) afford the entity or provider an oppor-  
22 tunity to respond within a period of 30 days; and

23 “(iii) consider any evidence or explanation sub-  
24 mitted by the entity or provider.

1       “(C)(i) The Secretary shall take all necessary actions  
2 to resolve a suspension under subparagraph (A) as soon  
3 as possible but not longer than within one year of the date  
4 of the beginning of the suspension, unless the Secretary  
5 determines and provides a written determination that an  
6 extension beyond one year is strictly necessary to protect  
7 the interests of veterans and taxpayers and to preserve  
8 the integrity of the health care delivery system of the De-  
9 partment.

10       “(ii) Any extension under clause (i) of a suspension  
11 shall—

12               “(I) be for an additional period of not longer  
13 than one year; and

14               “(II) shall be reported to the Committee on  
15 Veterans’ Affairs of the Senate and the Committee  
16 on Veterans’ Affairs of the House of Representa-  
17 tives.

18       “(D) The Secretary shall establish procedures for re-  
19 instatement of an entity or provider suspended under sub-  
20 paragraph (A) following the resolution of any fraud-re-  
21 lated investigation or proceeding.

22       “(E) The Secretary shall coordinate actions under  
23 this paragraph with the Office of Inspector General of the  
24 Department.

1       “(F) The Secretary shall prescribe regulations to  
2 carry out this paragraph, including standards of evidence,  
3 notice, and appeal procedures.

4       “(G)(i) Not less frequently than quarterly, the Sec-  
5 retary shall submit to the Committee on Veterans’ Affairs  
6 of the Senate and the Committee on Veterans’ Affairs of  
7 the House of Representatives a written notification of the  
8 suspensions entered into, if any, during the preceding  
9 quarter that includes—

10           “(I) the identity of the suspended entity or pro-  
11 vider;

12           “(II) the statutory or regulatory basis for the  
13 suspension;

14           “(III) a summary of the factual findings or evi-  
15 dence supporting the action; and

16           “(IV) the status of any related investigation of  
17 or referral to the Office of Inspector General of the  
18 Department or any other appropriate Federal agen-  
19 cy.

20       “(ii) The Secretary shall provide to the Committee  
21 on Veterans’ Affairs of the Senate and the Committee on  
22 Veterans’ Affairs of the House of Representatives, upon  
23 request, all records, memoranda, and communications rel-  
24 evant to any suspension or reinstatement action taken  
25 under this paragraph, in accordance with applicable laws

1 related to privacy, ongoing investigations, or sensitive law  
2 enforcement information.

3 “(iii) Failure by the Secretary to provide notice under  
4 clause (i) shall be treated as a failure to comply with a  
5 statutory reporting requirement.”.

6 **SEC. 606. AUDIT OF REPRESENTATIVE SAMPLE OF VET-**  
7 **ERANS RECEIVING CARE AND SERVICES**  
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, and not less frequently than annually  
12 thereafter for the following five years, the Secretary of  
13 Veterans Affairs shall—

14 (1) conduct an audit, for the one-year period  
15 preceding the audit, of—

16 (A) the number of veterans eligible for care  
17 or services under section 1703 of title 38,  
18 United States Code, and the reasons for such  
19 eligibility, including multiple such reasons for  
20 veterans eligible under more than one eligibility  
21 criteria;

22 (B) of those veterans eligible for care or  
23 services under section 1703 of title 38, United  
24 States Code, the number of veterans who are  
25 informed of such eligibility;

1 (C) the number of veterans who opt to  
2 seek care or services under such section;

3 (D) the number of veterans who do not opt  
4 to seek care or services under such section;

5 (E) the timeliness of referrals for care or  
6 services under such section and the timeliness  
7 of receipt of such care or services, including  
8 whether care or services received by the veteran  
9 through a non-Department of Veterans Affairs  
10 provider had a shorter wait time than the aver-  
11 age wait time for such care or services at a fa-  
12 cility of the Department;

13 (F) the number of requests for an appeal  
14 of a denial of care or services under such sec-  
15 tion using the clinical appeals process of the  
16 Veterans Health Administration;

17 (G) the timeliness of each such appeal; and

18 (H) the outcome of each such appeal; and

19 (2) submit to the Committee on Veterans' Af-  
20 fairs of the Senate and the Committee on Veterans'  
21 Affairs of the House of Representatives a report on  
22 the audit conducted under paragraph (1).

1 **SEC. 607. INFORMATION ON WAIT TIME AND DRIVE TIME**  
2 **OPTIONS FOR RECEIPT OF CARE BY VET-**  
3 **ERANS.**

4 (a) IN GENERAL.—To the greatest extent practicable,  
5 the Secretary of Veterans Affairs shall ensure that vet-  
6 erans are informed in writing, for each episode of care  
7 provided under the laws administered by the Secretary,  
8 of current wait time and average drive time options for  
9 such episode of care disaggregated by care provided—

10 (1) in person at a facility of the Department of  
11 Veterans Affairs;

12 (2) via telehealth through a provider of the De-  
13 partment.

14 (3) in person through the nearest suitable non-  
15 Department facility with which the Department has  
16 a provider agreement or other arrangement for non-  
17 Department care pursuant to section 1703 of title  
18 38, United States Code; and

19 (4) via telehealth through a non-Department  
20 provider with which the Department has a provider  
21 agreement or other arrangement for non-Depart-  
22 ment care pursuant to such section with the shortest  
23 wait time.

24 (b) FORM OF INFORMATION.—Information provided  
25 under subsection (a)—

26 (1) may be provided electronically; and

1           (2) shall be documented in the health record of  
2           the veteran.

3           (c) OPT OUT.—The Secretary shall permit a veteran  
4           to opt out of receiving information under subsection (a).

5   **SEC. 608. ESTABLISHMENT OF PERIOD DURING WHICH A**  
6                           **REFERRAL UNDER VETERANS COMMUNITY**  
7                           **CARE PROGRAM REMAINS VALID.**

8           Section 1703(a) of title 38, United States Code, as  
9           amended by section 602(a), is further amended by adding  
10          at the end the following new paragraph:

11          “(7) When authorizing care or services under this  
12          section, the Secretary shall ensure that the period during  
13          which such care or services may be performed by a health  
14          care provider specified in subsection (c) begins on the date  
15          that the covered veteran has the first appointment with  
16          such provider.”.

17   **SEC. 609. UPDATES TO CONTRACTING REQUIREMENTS**  
18                           **UNDER VETERANS COMMUNITY CARE PRO-**  
19                           **GRAM.**

20          Section 1703(h) of title 38, United States Code, is  
21          amended—

22                  (1) in paragraph (3)—

23                          (A) by amending subparagraph (A) to read  
24                          as follows:

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

7           “(i) the entity failed to comply substantially  
8 with the provisions of the contract or with the provi-  
9 sions of this section and the regulations prescribed  
10 under this section, including with respect to access,  
11 quality, training, and medical documentation;

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

14           “(iii) it is reasonable to terminate the contract  
15 based on coverage provided by contracts or sharing  
16 agreements entered into under authorities other  
17 than this section.”;

18           (B) by redesignating subparagraph (B) as  
19 subparagraph (D);

20           (C) by inserting after subparagraph (A)  
21 the following new subparagraphs:

22       “(B)(i) The Secretary shall terminate a contract with  
23 an entity entered into under paragraph (1) at such a time  
24 and upon such notice to the entity as the Secretary may  
25 specify for the purposes of this section, if the entity—



1           “(I) is excluded from participation in a Federal  
2       health care program (as defined in section 1128B(f)  
3       of the Social Security Act (42 U.S.C. 1320a–7b(f)))  
4       under section 1128 or 1128A of the Social Security  
5       Act (42 U.S.C. 1320a–7 and 1320a–7a);

6           “(II) has been convicted of a felony or other se-  
7       rious offense under Federal or State law and the  
8       continued participation of the entity would be detri-  
9       mental to the best interests of veterans or the De-  
10      partment; or

11          “(III) is identified as an excluded source on the  
12      list maintained in the System for Award Manage-  
13      ment, or any successor system.

14          “(ii) The Secretary may issue a waiver for entities  
15      subject to clause (i) for a one-year period, and such a  
16      waiver shall be reported to Congress not later than 30  
17      days after such waiver is issued.

18          “(C) Any entities ineligible to enter into contracts  
19      with the Department due to one or more reasons specified  
20      in this paragraph may be listed on a publicly available  
21      website of the Department or appropriate third party ad-  
22      ministrator.”;

23                  (D) in subparagraph (D), as redesignated  
24                  by subparagraph (B) of this paragraph, by

1           striking “in subparagraph (A)” and inserting  
2           “in this paragraph”; and

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

5       “(7) Any contract or agreement between the Depart-  
6   ment and a third party administrator or between a third  
7   party administrator and a health care provider specified  
8   in subsection (c) that is made with respect to care or serv-  
9   ices provided under this section shall include—

10       “(A) notice of obligations to comply with Fed-  
11   eral laws and the consequences for failure to comply  
12   with those laws, including specific information re-  
13   garding claims for payment and consequences for  
14   any false claims, statements, or documents, or con-  
15   cealment of a material fact;

16       “(B) confirmation by the health care provider  
17   that they are accredited to provide any specialized  
18   services subject to the contract or agreement and  
19   that they will only use qualified staff to provide  
20   those services; and

21       “(C) confirmation that the health care provider  
22   will identify any individuals providing specialized  
23   services or treatments included in the contract or  
24   agreement and provide proof of the licensure of  
25   those individuals to the Department.”.

1 **SEC. 610. PUBLICATION OF COMMUNITY CARE NETWORK**  
2 **SUFFICIENCY AND PAYMENT WAIVER RE-**  
3 **QUESTS AND APPROVALS.**

4 Not later than one year after the date of the enact-  
5 ment of this Act, and not less frequently than annually  
6 thereafter, the Secretary of Veterans Affairs shall publish  
7 on a publicly available and user-friendly website—

8 (1) the information contained in the most re-  
9 cent report required by section 1703(p) of title 38,  
10 United States Code; and

11 (2) an overview, disaggregated by region, of the  
12 waivers requested, approved, and denied under sec-  
13 tion 1703B(f)(3) of such title.

14 **SEC. 611. REQUIREMENTS RELATING TO QUALITY OF COM-**  
15 **MUNITY CARE PROVIDERS.**

16 (a) MONTHLY CHECKS AGAINST LIST OF EXCLUDED  
17 INDIVIDUALS OR ENTITIES.—The Secretary of Veterans  
18 Affairs shall ensure that third party administrators under  
19 the Veterans Community Care Program perform auto-  
20 mated monthly checks for all community care providers  
21 against the list of excluded individuals or entities set forth  
22 by the Office of Inspector General of the Department of  
23 Health and Human Services using national provider iden-  
24 tifier records or other unique identifiers.

25 (b) REVISION OF PROVIDER EXCLUSION STANDARD  
26 OPERATING PROCEDURES.—Not later than 90 days after

1 the date of the enactment of this Act, the Secretary shall  
2 ensure that the Office of Integrated Veteran Care or suc-  
3 cessor office revises its provider exclusion standard oper-  
4 ating procedures to require automated matching of com-  
5 munity care providers in the provider profile management  
6 system of the Department of Veterans Affairs to the sys-  
7 tem for award management exclusions of the General  
8 Services Administration using both taxpayer identification  
9 number and national provider identifier as identifiers.

10 (c) PROCESS TO IDENTIFY DEPARTMENT PROVIDERS  
11 TERMINATED OR RESIGNING FROM EMPLOYMENT.—Not  
12 later than 90 days after the date of the enactment of this  
13 Act, the Secretary shall ensure that the Under Secretary  
14 for Health of the Department of Veterans Affairs develops  
15 a process to identify health care providers that are termi-  
16 nated, retire, or resign from employment with the Depart-  
17 ment for quality of care concerns or while under investiga-  
18 tion for quality of care concerns so those health care pro-  
19 viders can be prevented from participating in the Veterans  
20 Community Care Program.

21 (d) UPDATE OF INFORMATION ON PROVIDERS.—Not  
22 later than one year after the date of the enactment of this  
23 Act, the Secretary, through the Office of Integrated Vet-  
24 eran Care or successor office, shall develop a process to

1 ensure that third party administrators regularly, not less  
2 frequently than quarterly—

3 (1) update their lists of community care pro-  
4 viders to reflect accurate provider contact informa-  
5 tion;

6 (2) annotate providers that are not currently  
7 accepting patients under the Veterans Community  
8 Care Program; and

9 (3) remove providers from the provider profile  
10 management system that—

11 (A) are on the list of excluded individuals  
12 or entities set forth by the Office of Inspector  
13 General of the Department of Health and  
14 Human Services;

15 (B) are in the system for award manage-  
16 ment exclusions of the General Services Admin-  
17 istration; or

18 (C) have been terminated from employ-  
19 ment with the Department of Veterans Affairs  
20 due to quality of care concerns or left such em-  
21 ployment voluntarily, through resignation, or  
22 through retirement, while under investigation  
23 for quality of care concerns.

24 (e) DEFINITIONS.—In this section:

1           (1) COMMUNITY CARE PROVIDER.—The term  
2       “community care provider” means a health care pro-  
3       vider specified under section 1703(c) of title 38,  
4       United States Code.

5           (2) VETERANS COMMUNITY CARE PROGRAM.—  
6       The term “Veterans Community Care Program”  
7       means the Veterans Community Care Program  
8       under section 1703 of title 38, United States Code.

9   **SEC. 612. PROVIDER TRAINING.**

10       (a) DEVELOPMENT OF PLAN.—Not later than 180  
11       days after the date of the enactment of this Act, the Sec-  
12       retary of Veterans Affairs shall develop a comprehensive  
13       plan to better align training and incentive requirements  
14       applicable to community care providers participating in  
15       the Veterans Community Care Program and health care  
16       providers, residents, and trainees of the Department of  
17       Veterans Affairs.

18       (b) ELEMENTS.—The plan required under subsection  
19       (a) shall—

20           (1) identify existing training requirements or  
21       incentives applicable to health care providers of the  
22       Department;

23           (2) identify existing training requirements or  
24       incentives applicable to health care trainees or resi-  
25       dents of the Department;

1           (3) identify existing training requirements or  
2           incentives applicable to community care providers;

3           (4) assess gaps between training requirements  
4           and incentives for health care providers of the De-  
5           partment, trainees or residents of the Department,  
6           and community care providers;

7           (5) establish standardized baseline training re-  
8           quirements to ensure consistency in the quality of  
9           care furnished through the Department from health  
10          care providers of the Department, trainees or resi-  
11          dents of the Department, and community care pro-  
12          viders; and

13          (6) provide a strategy, assessment of barriers,  
14          and timeline for implementing such baseline training  
15          requirements, including—

16                (A) through online modules and continuing  
17                medical education programs; and

18                (B) within such strategy—

19                   (i) metrics to measure the effective-  
20                   ness of baseline training requirements in  
21                   improving clinical quality, satisfaction of  
22                   veterans, and health outcomes for veterans;

23                   (ii) a mechanism to account for non-  
24                   Department training that is equivalent or  
25                   substantially similar to the Department

1 training in length, scope, and content, as  
2 determined by the Secretary;

3 (iii) a mechanism to regularly commu-  
4 nicate, including through direct outreach  
5 and publication online and in provider  
6 handbooks of third party administrators  
7 under the Veterans Community Care Pro-  
8 gram, requirements and expectations with  
9 respect to training;

10 (iv) a mechanism to track, report, and  
11 address non-compliance, to include correc-  
12 tive actions, which may include suspending  
13 or barring providers who are routinely non-  
14 compliant; and

15 (v) a mechanism to designate commu-  
16 nity care providers who routinely meet or  
17 exceed baseline training requirements as  
18 preferred providers or part of the high per-  
19 forming provider program of the Depart-  
20 ment, as the Secretary considers appro-  
21 priate.

22 (c) IMPLEMENTATION.—Not later than one year after  
23 submission of the report required under subsection (d),  
24 the Secretary shall begin implementing the plan required  
25 under subsection (a).



1 (d) REPORT TO CONGRESS.—Not later than 180 days  
2 after the date of the enactment of this Act, the Secretary  
3 shall submit to the Committee on Veterans' Affairs of the  
4 Senate and the Committee on Veterans' Affairs of the  
5 House of Representatives a report containing—

6 (1) the plan required under subsection (a);

7 (2) a description of identified gaps between  
8 training or incentives for providers of the Depart-  
9 ment, trainees or residents of the Department, and  
10 community care providers;

11 (3) the estimated costs associated with imple-  
12 mentation of the plan; and

13 (4) a description of any legislative or regulatory  
14 changes necessary to carry out the plan.

15 (e) ANNUAL UPDATES.—Not later than one year  
16 after the submission of the report required by subsection  
17 (d), and annually thereafter for the following two years,  
18 the Secretary shall submit to the Committee on Veterans'  
19 Affairs of the Senate and the Committee on Veterans' Af-  
20 fairs of the House of Representatives an update—

21 (1) describing progress in implementing the  
22 plan required under subsection (a);

23 (2) assessing any measurable impacts of such  
24 implementation on quality of care; and

1           (3) assessing any improvements in rates of  
2           compliance with training requirements among health  
3           care providers, trainees, and residents of the Depart-  
4           ment and community care providers.

5           (f) DEFINITIONS.—In this section:

6           (1) COMMUNITY CARE PROVIDER.—The term  
7           “community care provider” means a health care pro-  
8           vider specified under section 1703(c) of title 38,  
9           United States Code.

10          (2) TRAINING.—The term “training” includes  
11          training relating to—

12                 (A) veteran-specific cultural competency;

13                 (B) health conditions related to military  
14                 service, including toxic exposures, post-trau-  
15                 matic stress disorder, traumatic brain injury,  
16                 and military sexual trauma;

17                 (C) suicide prevention;

18                 (D) pain management and opioid safety;

19                 and

20                 (E) any other matter the Secretary deter-  
21                 mines appropriate.

22          (3) VETERANS COMMUNITY CARE PROGRAM.—  
23          The term “Veterans Community Care Program”  
24          means the Veterans Community Care Program  
25          under section 1703 of title 38, United States Code.

1 **SEC. 613. OVERSIGHT AUTHORITY OVER COMMUNITY CARE.**

2 (a) IN GENERAL.—The Secretary of Veterans Affairs  
3 shall include in each contract or agreement used to provide  
4 care or services through the Veterans Community Care  
5 Program provisions requiring the contractor and any sub-  
6 contractor or participating provider to provide government  
7 officials, including the Office of the Inspector General of  
8 the Department of Veterans Affairs, access, within a rea-  
9 sonable time and manner, to records, materials, docu-  
10 ments, data, and personnel necessary to conduct audits,  
11 inspections, evaluations, or investigations related to such  
12 care or services.

13 (b) THIRD PARTY ADMINISTRATORS.—

14 (1) REQUIREMENT.—The Secretary shall re-  
15 quire third party administrators under the Veterans  
16 Community Care Program to include provisions in  
17 agreements with participating providers that are  
18 equivalent to the provisions required under sub-  
19 section (a).

20 (2) NOTIFICATION.—Notification of the require-  
21 ments under this section and any other related infor-  
22 mation as the Secretary determines appropriate shall  
23 be included in the provider handbooks of third party  
24 administrators under the Veterans Community Care  
25 Program.

1 (c) STANDARD CONTRACT LANGUAGE.—The Sec-  
 2 retary shall establish standard contract language under  
 3 this section in consultation with the Inspector General of  
 4 the Department of Veterans Affairs.

5 (d) VETERANS COMMUNITY CARE PROGRAM DE-  
 6 FINED.—In this section, the term “Veterans Community  
 7 Care Program” means the Veterans Community Care Pro-  
 8 gram under section 1703 of title 38, United States Code.

9 **Subtitle B—Mental Health**  
 10 **Treatment Programs**

11 **SEC. 621. VETERAN PARTICIPATION IN CERTAIN MENTAL**  
 12 **HEALTH PROGRAMS.**

13 (a) ESTABLISHMENT.—Chapter 17 of title 38,  
 14 United States Code, is amended by adding at the end the  
 15 following new subchapter:

16 “SUBCHAPTER IX—PARTICIPATION BY VET-  
 17 ERANS IN CERTAIN MENTAL HEALTH  
 18 TREATMENT PROGRAMS

19 “§ 1791. Definitions

20 “In this subchapter:

21 “(1) ACTIVITIES OF DAILY LIVING.—The term  
 22 ‘activities of daily living’ means specific personal  
 23 care activities that are required for basic daily main-  
 24 tenance and sustenance, to include eating, toileting,

1 bathing, grooming, dressing and undressing, and  
2 mobility.

3 “(2) COVERED TREATMENT PROGRAM.—

4 “(A) IN GENERAL.—The term ‘covered  
5 treatment program’—

6 “(i) means—

7 “(I) a mental health residential  
8 rehabilitation treatment program of  
9 the Department; or

10 “(II) a program of the Depart-  
11 ment for residential care for mental  
12 health and substance use disorders;

13 “(ii) includes—

14 “(I) the programs designated as  
15 of the date of the enactment of the  
16 Take Care of America’s Veterans Act  
17 as domiciliary residential rehabilita-  
18 tion treatment programs; and

19 “(II) any programs designated as  
20 domiciliary residential rehabilitation  
21 treatment programs on or after such  
22 date of enactment; and

23 “(iii) does not include—

1 “(I) Compensated Work Therapy  
2 Transition Residence programs of the  
3 Department; or

4 “(II) Department or non-Depart-  
5 ment programs in which more than 20  
6 percent of the care provided is pro-  
7 vided through telehealth.

8 “(B) ACCREDITATION.—A program de-  
9 scribed in subparagraph (A) must maintain ac-  
10 creditation by the Commission on Accreditation  
11 of Rehabilitation Facilities and the Joint Com-  
12 mission.

13 “(3) COVERED VETERAN.—The term ‘covered  
14 veteran’ means a veteran described in section  
15 1703(b) of this title.

16 “(4) EVIDENCE-BASED TREATMENT.—The term  
17 ‘evidence-based treatment’ means treatment provided  
18 in accordance with the Department of Veterans Af-  
19 fairs/Department of Defense Clinical Practice Guide-  
20 lines for Mental Health and Substance Use Dis-  
21 order, or any successor similar guidelines.

22 “(5) SOCIAL SUPPORT SYSTEMS.—The term  
23 ‘social support systems’, with respect to a covered  
24 veteran—

25 “(A) means—

1 “(i) a member of the family of the  
2 covered veteran, including a parent,  
3 spouse, child, step-family member, or ex-  
4 tended family member; or

5 “(ii) an individual who lives with the  
6 veteran but is not a member of the family  
7 of the veteran; and

8 “(B) does not include a facility-organized  
9 peer support program.

10 **“§ 1792. Standardized process to determine eligibility**  
11 **of covered veterans for participation in**  
12 **certain mental health treatment pro-**  
13 **grams**

14 “(a) STANDARDIZED SCREENING PROCESS.—Not  
15 later than one year after the date of the enactment of the  
16 Take Care of America’s Veterans Act, the Secretary shall  
17 establish a standardized screening process to determine,  
18 based on clinical need, whether a covered veteran satisfies  
19 criteria for priority or routine admission to a covered  
20 treatment program.

21 “(b) ELIGIBILITY CRITERIA FOR PRIORITY ADMIS-  
22 SION.—

23 “(1) IN GENERAL.—Under the standardized  
24 screening process required by subsection (a), a cov-  
25 ered veteran shall be eligible for priority admission

1 to a covered treatment program if the covered vet-  
2 eran meets criteria established by the Secretary that  
3 include any of the following:

4 “(A) A clinical assessment of the symp-  
5 toms of the veteran, including symptoms that—

6 “(i) significantly affect activities of  
7 daily life; and

8 “(ii) increase the risk of adverse out-  
9 comes, such as overdose, suicide, self-harm,  
10 or an unsafe living situation.

11 “(B) The lack of availability and applica-  
12 bility of other treatment options.

13 “(C) Whether the veteran has a recent sui-  
14 cide or overdose attempt.

15 “(D) Whether the veteran is determined to  
16 be a high risk for suicide or overdose.

17 “(E) Whether the veteran has a dem-  
18 onstrated history of non-responsiveness, relapse,  
19 or inability to find recovery from two other  
20 completed courses of treatment, such as out-  
21 patient or intensive outpatient treatment,  
22 through a program that—

23 “(i) is licensed by a State;



1 “(ii) is accredited by the Commission  
2 on Accreditation of Rehabilitation Facili-  
3 ties or the Joint Commission; and

4 “(iii) provides evidence-based treat-  
5 ment.

6 “(F) Such other criteria as the Secretary  
7 determines appropriate, in consultation with  
8 Congress.

9 “(2) CONSIDERATION.—In making a determina-  
10 tion that a covered veteran meets criteria established  
11 by the Secretary under paragraph (1) for priority  
12 admission to a covered treatment program, the Sec-  
13 retary shall—

14 “(A) consider any referral of a health care  
15 provider of a covered veteran; and

16 “(B) ensure that consideration of such cri-  
17 teria includes consideration of all relevant fac-  
18 tors, is driven by clinical need, and that no sin-  
19 gle factor is required to be determinative when  
20 considering the best medical interest of a cov-  
21 ered veteran.

22 “(3) PROVISION OF HIGHER-LEVEL CARE.—The  
23 Secretary shall provide immediate and clinically nec-  
24 essary care under other authorities available to the  
25 Secretary to any covered veteran who is not clini-

1 cally recommended for admission to a covered treat-  
2 ment program based on the need for a higher level  
3 of care, such as being at a high acute risk for sui-  
4 cide.

5 “(c) SCREENING FOR TRAUMATIC BRAIN INJURY.—  
6 Under the standardized screening process required by sub-  
7 section (a), the Secretary shall ensure a covered veteran  
8 is screened at an appropriate time for potential mild, mod-  
9 erate, or severe traumatic brain injury.

10 “(d) CONSIDERATIONS.—In making placement deci-  
11 sions in a covered treatment program for veterans who  
12 meet criteria for priority or routine admission, the Sec-  
13 retary shall—

14 “(1) consider the input of the covered veteran  
15 with respect to the—

16 “(A) program specialty, subtype, and  
17 treatment track offered to the covered veteran;  
18 and

19 “(B) geographic placement of the covered  
20 veteran, including proximity to the current resi-  
21 dence, time zone, or geographic region of the  
22 covered veteran;

23 “(2) maximize the proximity of the covered vet-  
24 eran to social support systems; and

1           “(3) to the greatest extent practicable, place the  
2       veteran in a covered treatment program located  
3       within the same time zone and geographic region as  
4       the residence of the veteran at the time of admis-  
5       sion.

6           “(e) CONDITIONS UNDER WHICH CARE SHALL BE  
7       FURNISHED THROUGH NON-DEPARTMENT PROVIDERS.—

8           “(1) PRIORITY ADMISSION.—If the Secretary  
9       determines a covered veteran is eligible for priority  
10      admission to a covered treatment program pursuant  
11      to the standardized screening process required by  
12      subsection (a) and the Secretary is unable to admit  
13      such covered veteran to a covered treatment pro-  
14      gram at a facility of the Department in a manner  
15      that complies with the requirements under sub-  
16      section (d) and section 1703B(a)(1)(C) of this title,  
17      the Secretary shall offer the covered veteran the op-  
18      tion to receive care at a non-Department facility  
19      that—

20           “(A) can admit the covered veteran within  
21      the       period       required       by       section  
22      1703B(a)(1)(C)(ii)(I) of this title;

23           “(B) is party to a contract or agreement  
24      with the Department or enters into such a con-  
25      tract or agreement under which the Department

1           furnishes a program that is equivalent to a cov-  
2           ered treatment program to a veteran through  
3           such non-Department facility;

4                 “(C) is licensed by a State;

5                 “(D) is accredited by the Commission on  
6           Accreditation of Rehabilitation Facilities or the  
7           Joint Commission; and

8                 “(E) provides evidence-based treatment.

9                 “(2) ROUTINE ADMISSION.—If the Secretary  
10          determines a covered veteran is eligible for routine  
11          admission to a covered treatment program pursuant  
12          to the standardized screening process required by  
13          subsection (a) and the Secretary is unable to admit  
14          such covered veteran to a covered treatment pro-  
15          gram at a facility of the Department in a manner  
16          that complies with the requirements under section  
17          1703B(a)(1)(C) of this title with respect to routine  
18          admission, the Secretary shall offer the covered vet-  
19          eran the option to receive care at a non-Department  
20          facility that—

21                 “(A) is party to a contract or agreement  
22          with the Department or enters into such a con-  
23          tract or agreement under which the Department  
24          furnishes a program that is equivalent to a cov-

1           ered treatment program to a veteran through  
2           such non-Department facility;

3                 “(B) is licensed by a State;

4                 “(C) is accredited by the Commission on  
5           Accreditation of Rehabilitation Facilities or the  
6           Joint Commission; and

7                 “(D) provides evidence-based treatment.

8                 “(3) RULE OF CONSTRUCTION.—This sub-  
9           section shall not be construed to affect a covered  
10          veteran in a covered treatment program pursuant to  
11          a determination made on or before the date of the  
12          Take Care of America’s Veterans Act.

13   **“§ 1793. Improvements to Department of Veterans Af-**  
14                 **fairs mental health residential rehabilita-**  
15                 **tion treatment program**

16                 “(a) PERFORMANCE METRICS.—

17                 “(1) IN GENERAL.—The Secretary shall develop  
18          metrics to track, and shall subsequently track, the  
19          performance of medical facilities of the Department,  
20          Veterans Integrated Service Networks, and non-De-  
21          partment facilities in meeting the requirements  
22          for—

23                 “(A) screening, under section 1792 of this  
24          title, for a covered treatment program;

1           “(B) timely admission, under section 1792  
2           of this title, to a covered treatment program  
3           pursuant to such screening; and

4           “(C) adherence to evidence-based treat-  
5           ment standards developed by the Secretary in  
6           consultation with appropriate governmental and  
7           non-governmental professional organizations  
8           with a demonstrated history of providing or ac-  
9           crediting programs that are substantially simi-  
10          lar to covered treatment programs, or made of  
11          professionals who provide for such programs,  
12          including by—

13               “(i) using placement criteria estab-  
14               lished by the American Society of Addic-  
15               tion Medicine; and

16               “(ii) maintaining standards to meet  
17               accreditation by the Commission on Ac-  
18               creditation of Rehabilitation Facilities or  
19               the Joint Commission.

20          “(2) ELEMENTS.—The metrics developed under  
21          paragraph (1) shall include metrics for tracking the  
22          performance of medical facilities of the Department,  
23          Veterans Integrated Service Networks, and non-De-  
24          partment facilities with respect to routine and pri-  
25          ority admission under a covered treatment program

1 as well as adherence to evidence-based treatment  
2 standards.

3 “(3) CONSULTATION.—In developing metrics  
4 under paragraph (1), the Secretary shall consult  
5 with mental health and substance use disorder pro-  
6 viders, including providers employed by the Depart-  
7 ment and those employed by non-Department enti-  
8 ties, and ensure adherence to industry standards.

9 “(4) REPORT.—Not later than one year after  
10 the date of the enactment of the Take Care of  
11 America’s Veterans Act, the Secretary shall submit  
12 to the Committee on Veterans’ Affairs of the Senate  
13 and the Committee on Veterans’ Affairs of the  
14 House a report describing the consultation and per-  
15 formance metrics required under this subsection.

16 “(b) OVERSIGHT.—

17 “(1) IN GENERAL.—The Secretary shall develop  
18 a process for systematically assessing at the facility,  
19 network, and regional level, as the Secretary con-  
20 siders appropriate, the quality of care delivered by  
21 facilities of the Department and non-Department fa-  
22 cilities treating covered veterans under this section  
23 as well as a process for rectifying any identified con-  
24 cerns.

1           “(2) ELEMENTS.—The processes required  
2       under paragraph (1) shall include assessments of—

3           “(A) the extent to which providers at the  
4       facility deliver evidence-based treatments to cov-  
5       ered veterans;

6           “(B) clinical outcomes for covered vet-  
7       erans, including those outcomes assessment  
8       pursuant to a subsequent clinical screening  
9       under subsection (g)(3)(E);

10          “(C) the ratio of licensed independent  
11       practitioners per resident;

12          “(D) the rate of completion of training  
13       under section 1795 of this title by licensed inde-  
14       pendent practitioners;

15          “(E) whether non-Department facilities  
16       and providers generally meet the criteria out-  
17       lined in section 1792(e) of this title;

18          “(F) the timeliness, completeness, and rate  
19       of transmission, if applicable, of medical records  
20       during and following treatment of covered vet-  
21       erans; and

22          “(G) potentially wasteful, fraudulent, or  
23       inappropriate referral or billing practices.

24          “(3) CONSULTATION.—In developing the proc-  
25       esses required under paragraph (1), the Secretary



1 shall consult with relevant stakeholders, including  
2 mental health and substance use disorder providers  
3 employed by the Department and those employed by  
4 non-Department entities, and ensure adherence to  
5 industry standards.

6 “(4) REPORT.—Not later than one year after  
7 the date of the enactment of the Take Care of  
8 America’s Veterans Act, the Secretary shall submit  
9 to the Committee on Veterans’ Affairs of the Senate  
10 and the Committee on Veterans’ Affairs of the  
11 House a report describing the consultation and over-  
12 sight processes required by this subsection.

13 “(c) PLACEMENT; TRANSPORTATION.—

14 “(1) LOCATIONS.—If the Secretary determines  
15 that a covered veteran is in need of residential care  
16 under a covered treatment program, the Secretary  
17 shall provide to the covered veteran a list of loca-  
18 tions at which such covered veteran can receive such  
19 residential care that meets—

20 “(A) the standards for screening under  
21 section 1792 of this title; and

22 “(B) the care needs of the covered veteran,  
23 including applicable treatment tracks.

24 “(2) TRANSPORTATION COVERAGE.—

1           “(A) IN GENERAL.—Notwithstanding any  
2           other provision of law regarding the transpor-  
3           tation of individuals under this title, or any  
4           other law administered by the Secretary, and  
5           except as provided in subparagraph (B), the  
6           Secretary shall provide transportation, pay for,  
7           or reimburse the costs of transportation for any  
8           covered veteran who is admitted into a covered  
9           treatment program and needs transportation  
10          assistance—

11                 “(i) from the residence of the covered  
12                 veteran or a facility of the Department or  
13                 authorized non-Department facility that  
14                 does not provide such care to another De-  
15                 partment or non-Department facility that  
16                 provides residential care covered under a  
17                 covered treatment program; and

18                 “(ii) back to the residence of the cov-  
19                 ered veteran or to a facility of the Depart-  
20                 ment or an authorized non-Department fa-  
21                 cility after the conclusion of a covered  
22                 treatment program, if applicable.

23          “(B) LIMITATIONS.—

24                 “(i) COSTS INCURRED BY VET-  
25                 ERANS.—The Secretary shall provide reim-

1           bursement under subparagraph (A) di-  
2           rectly to a covered veteran only for costs  
3           directly incurred by the covered veteran  
4           and pre-approved by the Department.

5           “(ii) NO COVERAGE OF TRANSPOR-  
6           TATION PROVIDED BY COVERED TREAT-  
7           MENT PROGRAM.—The Secretary shall not  
8           reimburse a covered veteran for transpor-  
9           tation provided to the covered veteran by a  
10          covered treatment program, unless for a  
11          purpose and amount approved by the Sec-  
12          retary.

13       “(d) APPEALS.—

14           “(1) IN GENERAL.—The Secretary shall develop  
15          a national policy and associated procedures, in ac-  
16          cordance with the existing clinical appeals process of  
17          the Veterans Health Administration, under which a  
18          covered veteran, a representative of a covered vet-  
19          eran, or a provider who requests a covered veteran  
20          be admitted to a covered treatment program, includ-  
21          ing a provider of the Department or a non-Depart-  
22          ment provider, may file a clinical appeal pursuant to  
23          this subsection if the covered veteran is—

24           “(A) denied admission into a covered treat-  
25          ment program; or

1           “(B) accepted into a covered treatment  
2           program but is not offered bed placement in a  
3           timely manner.

4           “(2) TIMELINESS STANDARDS FOR REVIEW.—

5           “(A) IN GENERAL.—The national policy  
6           and procedures developed under paragraph (1)  
7           for appeals described in such paragraph shall  
8           include timeliness standards for the Depart-  
9           ment to review and make a decision on such an  
10          appeal.

11          “(B) DECISION.—The Secretary shall re-  
12          view and respond to any appeal under para-  
13          graph (1) not later than 72 hours after the Sec-  
14          retary receives such appeal.

15          “(3) PUBLIC GUIDANCE.—The Secretary shall  
16          develop, and make available to the public, guidance  
17          on how a covered veteran, a representative of the  
18          covered veteran, or a provider of the covered veteran  
19          can file a clinical appeal pursuant to this sub-  
20          section—

21                 “(A) if the covered veteran is denied ad-  
22                 mission into a covered treatment program;

23                 “(B) if the first date on which the covered  
24                 veteran may enter a covered treatment program  
25                 does not comply with the eligibility access

1 standards under section 1703B(a) of this title  
2 for care at a covered treatment program; or

3 “(C) with respect to such other factors as  
4 the Secretary may specify.

5 “(4) RULE OF CONSTRUCTION.—Nothing in  
6 this subsection may be construed as granting a cov-  
7 ered veteran, a representative of a covered veteran,  
8 or a provider who requests a covered veteran be ad-  
9 mitted to a covered treatment program, including a  
10 provider of the Department or a non-Department  
11 provider, the right to appeal a decision of the Sec-  
12 retary with respect to admission to a covered treat-  
13 ment program to the Board of Veterans’ Appeals  
14 under chapter 71 of this title.

15 “(e) TRACKING OF AVAILABILITY AND WAIT  
16 TIMES.—

17 “(1) IN GENERAL.—The Secretary, to the ex-  
18 tent practicable, shall create a method for tracking  
19 availability and wait times under a covered treat-  
20 ment program across all facilities of the Depart-  
21 ment, Veterans Integrated Service Networks, and  
22 non-Department providers throughout the United  
23 States.

1           “(2) AVAILABILITY OF INFORMATION.—The  
2       Secretary shall make the information tracked under  
3       paragraph (1) available, in real time to—

4           “(A) the mental health treatment coordina-  
5       tors at each facility of the Department;

6           “(B) the leadership of each medical center  
7       of the Department;

8           “(C) the leadership of each Veterans Inte-  
9       grated Service Network; and

10          “(D) the Office of the Under Secretary for  
11       Health of the Department.

12          “(3) PUBLICATION OF INFORMATION.—Not less  
13       frequently than monthly, the Secretary shall publish  
14       the information tracked under paragraph (1) on a  
15       publicly accessible website of the Department.

16       “(f) STAFFING MATTERS.—

17          “(1) TRAINING.—

18           “(A) IN GENERAL.—The Secretary shall  
19       update and implement training for staff of the  
20       Department directly involved in a covered treat-  
21       ment program regarding referrals, screening,  
22       admission, placement decisions, and appeals for  
23       such program, including all changes to proc-  
24       esses and guidance under such program re-  
25       quired by this section and section 1792.

1           “(B) COVERED VETERANS AWAITING AD-  
2           MISSION.—The training under subparagraph  
3           (A) shall include procedures for the care of cov-  
4           ered veterans awaiting admission into a covered  
5           treatment program and communication with  
6           such covered veterans and the providers of such  
7           covered veterans.

8           “(C) TIMING OF TRAINING.—

9           “(i) IN GENERAL.—The Secretary  
10          shall require the training under subpara-  
11          graph (A) to be completed by staff re-  
12          quired to complete such training—

13                 “(I) not later than 60 days after  
14                 beginning employment at the Depart-  
15                 ment in a position that includes work  
16                 directly involving a covered treatment  
17                 program; and

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

20           “(ii) TRACKING.—The Secretary shall  
21          track completion of training required  
22          under clause (i) by staff required to com-  
23          plete such training.

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 and the Veterans Health Administration to  
3 ensure that facilities and staff of the Department  
4 are adhering to the policy on access to care of each  
5 covered treatment program.

6 “(3) STAFF COVERAGE.—The Secretary shall  
7 not require staff of a covered treatment program to  
8 act as coverage for any other team, service, or  
9 project unrelated to the covered treatment program  
10 for a period of greater than three days per month  
11 unless such coverage is for purposes of the fourth  
12 mission of the Department or under an emergency  
13 declaration.

14 “(g) CARE COORDINATION AND FOLLOW-UP CARE.—

15 “(1) CONTINUITY OF CARE.—The Secretary  
16 shall ensure each covered veteran who is screened  
17 for admission to a covered treatment program is of-  
18 fered, and provided if agreed upon, care options dur-  
19 ing the period between screening of the covered vet-  
20 eran and admission of the covered veteran to such  
21 program to ensure the covered veteran does not ex-  
22 perience any lapse in care.

23 “(2) CARE COORDINATION FOR SUBSTANCE USE  
24 DISORDER.—For a covered veteran being treated for  
25 substance use disorder, the Secretary shall—



1           “(A) ensure there is a care plan in place  
2           during the period between any detoxification  
3           services or inpatient care received by the cov-  
4           ered veteran and admission of the covered vet-  
5           eran to a covered treatment program; and

6           “(B) communicate that care plan to the  
7           covered veteran, the primary care provider of  
8           the covered veteran, and the facility where the  
9           covered veteran is or will be residing under such  
10          program.

11          “(3) CARE PLANNING AND CLINICAL SCREEN-  
12          ING.—

13               “(A) IN GENERAL.—A covered treatment  
14               program, in consultation with the covered vet-  
15               eran and the treating providers of the covered  
16               veteran in the covered treatment program, shall  
17               ensure the completion of a care plan and a clin-  
18               ical screening upon admittance to the covered  
19               treatment program and prior to discharge from  
20               the covered treatment program, which shall in-  
21               clude an assessment of, with respect to the cov-  
22               ered veteran—

23                       “(i) overall mental health;

24                       “(ii) risk for suicide;

25                       “(iii) risk for overdose;

1 “(iv) housing insecurity;

2 “(v) food insecurity;

3 “(vi) employment;

4 “(vii) complex medical needs and di-  
5 agnoses; and

6 “(viii) any other factors the Secretary  
7 determines necessary.

8 “(B) MATTERS TO BE INCLUDED.—The  
9 care plan required under subparagraph (A) for  
10 a covered veteran shall include details on the  
11 course of treatment for the covered veteran fol-  
12 lowing completion of treatment under the cov-  
13 ered treatment program, including rec-  
14 ommended length of stay and any necessary fol-  
15 low-up care and the results of any screening  
16 conducted under such subparagraph.

17 “(C) LENGTH OF STAY.—

18 “(i) IN GENERAL.—Covered treatment  
19 programs at non-Department facilities  
20 shall submit the care plan under subpara-  
21 graph (A) for a covered veteran, including  
22 the requested or recommended length of  
23 stay for the covered veteran, to the De-  
24 partment not later than 72 hours after the

1           veteran is admitted to the covered treat-  
2           ment program.

3           “(ii) APPROVAL REQUIRED.—Any  
4           length of stay of a covered veteran at a  
5           covered treatment program longer than 30  
6           days or extensions of length of stay greater  
7           than a total of 30 days shall require ap-  
8           proval by the Secretary. The Secretary  
9           shall respond to any such requests for ap-  
10          proval within 72 hours. Any such requests  
11          that have not received a response within  
12          72 hours shall be automatically approved  
13          on a daily basis until the Secretary re-  
14          sponds.

15          “(D) SHARING OF CARE PLAN.—The care  
16          plan required under subparagraph (A) shall be  
17          shared with the covered veteran, the primary  
18          care provider of the covered veteran, and any  
19          other providers with which the covered veteran  
20          consents to sharing the plan.

21          “(E) DISCHARGE FROM NON-DEPARTMENT  
22          FACILITY.—Upon discharge of a covered vet-  
23          eran under a covered treatment program from  
24          a non-Department facility, and not later than  
25          30 days after discharge, the facility shall share

1 with the Department all care records main-  
2 tained by the facility with respect to the covered  
3 veteran and shall work in consultation with the  
4 Department on the care plan of the covered vet-  
5 eran required under subparagraph (A).

6 “(F) SUBSEQUENT CLINICAL SCREEN-  
7 ING.—Not later than 180 days after the end of  
8 treatment of a covered veteran in a covered  
9 treatment program, the covered treatment pro-  
10 gram or a Department or non-Department pro-  
11 vider shall conduct a subsequent clinical screen-  
12 ing, which shall include an assessment of the  
13 factors specified in clauses (i) through (viii) of  
14 subparagraph (A) and recommendations for fol-  
15 low-up care as the Secretary considers appro-  
16 priate.

17 “(G) COMPLEX MEDICAL NEEDS.—Before,  
18 during, and after treatment in a covered treat-  
19 ment program, the Secretary shall provide  
20 greater engagement, coordination, and moni-  
21 toring of care for covered veterans with—

22 “(i) complex medical diagnoses, in-  
23 cluding diagnoses of dementia, spinal cord  
24 injury or disorder, epilepsy, Parkinson’s,  
25 anemia, severe mental illness, multiple

1                   sclerosis, incontinence of the bladder or  
2                   bowel, mobility limitations, or impaired vi-  
3                   sion; or

4                   “(ii) complex medical needs, including  
5                   chemotherapy or other oncology care, di-  
6                   alysis, recurring blood transfusions, or  
7                   physical or occupational therapy.

8           “(h) DATA COLLECTION.—The Secretary shall con-  
9   sult with the Office of Research and Development of the  
10 Department, or any successor office, regarding any data  
11 the Department should consider requesting or requiring  
12 from non-Department facilities to assist with research  
13 studies and projects in which the Department is partici-  
14 pating relating to mental health residential rehabilitation  
15 treatment programs.

16           “(i) REPORTS TO CONGRESS.—

17                   “(1) REPORT ON MODIFICATIONS TO PRO-  
18                   GRAMS.—

19                   “(A) IN GENERAL.—Not later than two  
20                   years after the date of the enactment of the  
21                   Take Care of America’s Veterans Act, the Sec-  
22                   retary shall submit to the Committee on Vet-  
23                   erans’ Affairs of the Senate and the Committee  
24                   on Veterans’ Affairs of the House of Represent-  
25                   atives a report on modifications made to the

1 guidance, operation, and oversight of covered  
2 treatment programs to fulfill the requirements  
3 of this section.

4 “(B) ELEMENTS.—The report required by  
5 subparagraph (A) shall include—

6 “(i) an assessment of whether costs of  
7 covered treatment programs, including for  
8 residential care provided through facilities  
9 of the Department and non-Department  
10 facilities, serve as a disincentive to place-  
11 ment in the such a program;

12 “(ii) a description of actions taken by  
13 the Department to address the findings  
14 and recommendations by the Secretary  
15 contained in the report under section  
16 503(c) of the STRONG Veterans Act of  
17 2022 (division V of Public Law 117–328;  
18 136 Stat. 5515), including—

19 “(I) such actions with respect  
20 to—

21 “(aa) any new locations  
22 added for covered treatment pro-  
23 grams;

1 “(bb) any beds added at ex-  
2 isting facilities of such programs;  
3 and

4 “(cc) any additional treat-  
5 ment tracks or sex-specific pro-  
6 grams created or added at facili-  
7 ties of the Department; and

8 “(II) a breakdown of the number  
9 and percentage of covered veterans  
10 who are determined eligible for pri-  
11 ority placement into a covered treat-  
12 ment program and the number and  
13 percentage of covered veterans who  
14 are determined eligible for routine  
15 placement into a covered treatment  
16 program; and

17 “(iii) such recommendations as the  
18 Secretary may have for legislative or ad-  
19 ministrative action to address any funding  
20 constraints or disincentives for use of a  
21 covered treatment program.

22 “(2) ANNUAL REPORT ON OPERATION OF PRO-  
23 GRAMS.—

24 “(A) IN GENERAL.—Not later than one  
25 year after the submission of the report under

1 paragraph (1), and not less frequently than an-  
2 nually thereafter for the following five years,  
3 the Secretary shall submit to the Committee on  
4 Veterans' Affairs of the Senate and the Com-  
5 mittee on Veterans' Affairs of the House of  
6 Representatives a report on the operation of  
7 covered treatment programs.

8 “(B) ELEMENTS.—Subject to subpara-  
9 graph (C), each report required by subpara-  
10 graph (A) shall include the following:

11 “(i) The number of covered veterans  
12 served by a covered treatment program,  
13 disaggregated by—

14 “(I) Veterans Integrated Service  
15 Network in which the covered veteran  
16 receives care;

17 “(II) facility, including facilities  
18 of the Department and non-Depart-  
19 ment facilities, at which the covered  
20 veteran receives care;

21 “(III) type of residential rehabili-  
22 tation treatment care received by the  
23 covered veteran under such program;

24 “(IV) sex of the covered veteran;  
25 and



1                   “(V) race or ethnicity of the cov-  
2                   ered veteran.

3                   “(ii) Wait times under a covered  
4                   treatment program for the most recent  
5                   year data is available, disaggregated by—

6                   “(I) treatment track or speci-  
7                   ficity of residential rehabilitation  
8                   treatment care sought by the covered  
9                   veteran;

10                  “(II) sex of the covered veteran;

11                  “(III) State or territory in which  
12                  the covered veteran is located;

13                  “(IV) Veterans Integrated Serv-  
14                  ice Network in which the covered vet-  
15                  eran is located; and

16                  “(V) facility of the Department  
17                  at which the covered veteran seeks  
18                  care.

19                  “(iii) A list of all locations of a cov-  
20                  ered treatment program and number of  
21                  bed spaces at each such location,  
22                  disaggregated by residential rehabilitation  
23                  treatment care or treatment track provided  
24                  under such program at such location.

1           “(iv) A list of any new locations of  
2 covered treatment programs added or re-  
3 moved and any bed spaces added or re-  
4 moved during the one-year period pre-  
5 ceding the date of the report.

6           “(v) Average cost of a stay under a  
7 covered treatment program, including total  
8 stay average and daily average, at facilities  
9 of the Department compared to non-De-  
10 partment facilities.

11           “(vi) A review of staffing needs and  
12 gaps with respect to covered treatment  
13 programs that is data-driven and aligned  
14 with industry benchmarks and standards,  
15 including—

16           “(I) a list of facilities that had  
17 unstaffed beds or closed beds due to  
18 lack of staffing at any point in the  
19 previous year;

20           “(II) the number of additional  
21 staff needed to staff those beds;

22           “(III) the number of beds at  
23 each facility;

24           “(IV) the average wait-times for  
25 the covered treatment program,

1 disaggregated by month, during the  
2 periods of bed closures; and

3 “(V) a list of facilities that re-  
4 quired staff of covered treatment pro-  
5 grams to perform duties unrelated to  
6 covered treatment programs for a pe-  
7 riod of greater than three days.

8 “(vii) An overview of data collected  
9 pursuant to a subsequent clinical screening  
10 under subsection (g)(3)(F).

11 “(viii) A list of health care systems  
12 without a covered treatment program and  
13 an assessment of the feasibility and advis-  
14 ability of opening a covered treatment pro-  
15 gram at such health care system that is  
16 aligned and justified by patient demand  
17 and market factors.

18 “(ix) A list of health care systems  
19 that offer a covered treatment program  
20 aligned with patient demand and market  
21 factors and that have an average wait time  
22 of more than 20 days and an assessment  
23 of the feasibility and advisability of ex-  
24 panding such covered treatment program  
25 to lower such average wait time.

1                   “(x) Any recommendations for  
2                   changes to the operation of covered treat-  
3                   ment programs, including any policy  
4                   changes, guidance changes, training  
5                   changes, or other changes.

6                   “(C) ANONYMITY.—To ensure that the  
7                   data provided under this paragraph, or some  
8                   portion of that data, will not undermine the an-  
9                   onymity of a veteran, the Secretary shall pro-  
10                  vide such data pursuant to applicable Federal  
11                  law and in a manner that is wholly consistent  
12                  with applicable Federal privacy and confiden-  
13                  tiality laws, including—

14                   “(i) section 552a of title 5 (commonly  
15                   known as the ‘Privacy Act of 1974’);

16                   “(ii) the Health Insurance Portability  
17                   and Accountability Act of 1996 (Public  
18                   Law 104–191);

19                   “(iii) parts 160 and 164 of title 45,  
20                   Code of Federal Regulations, or successor  
21                   regulations; and

22                   “(iv) sections 5701, 5705, and 7332  
23                   of this title.

24                   “(3) NOTIFICATION TO CONGRESS OF BEDS  
25                   NOT AVAILABLE DUE TO LACK OF STAFFING.—The

1 Secretary shall notify Congress of any covered treat-  
2 ment programs of the Department with more than  
3 five beds or more than ten percent of beds unavail-  
4 able, closed, or reassigned due to lack of staffing, in-  
5 cluding—

6 “(A) information on the staff needed to re-  
7 open beds that are closed;

8 “(B) plans to recruit and retain staff;

9 “(C) the total number of beds closed or ex-  
10 pected to be closed;

11 “(D) the estimated length of time until  
12 those closed beds are made available; and

13 “(E) the current wait time for access to  
14 those beds.

15 “(j) THIRD-PARTY ASSESSMENT.—

16 “(1) IN GENERAL.—Not later than two years  
17 after the date of the enactment of the Take Care of  
18 America’s Veterans Act, the Secretary shall seek to  
19 enter into a contract with an appropriate entity to  
20 conduct a study of the care provided under covered  
21 treatment programs through facilities of the Depart-  
22 ment and non-Department facilities.

23 “(2) ELEMENTS.—The study required under  
24 paragraph (1) shall include a review of—

1           “(A) whether facilities are meeting require-  
2           ments of the Department pursuant to law, reg-  
3           ulation, or policy;

4           “(B) staffing models used by facilities and  
5           level of adherence to those models;

6           “(C) success rates of covered treatment  
7           programs in preventing readmittance to a cov-  
8           ered treatment program or death by suicide or  
9           overdose within a year of discharge from the  
10          program;

11          “(D) adherence of non-Department facili-  
12          ties to timelines for claim submission and  
13          record returns to the Department; and

14          “(E) any other factors the Secretary or the  
15          appropriate entity determines relevant or appro-  
16          priate to include.

17          “(3) COMPLETION OF STUDY.—The contract  
18          sought under paragraph (1) shall include a require-  
19          ment that the appropriate entity, not later than four  
20          years after the date of the enactment of the Take  
21          Care of America’s Veterans Act, complete the study  
22          required under such paragraph and submit to the  
23          Secretary a report on the study.

24          “(4) ACTION PLAN AND COMMENTARY.—Not  
25          later than five years after the date of the enactment

1 of the Take Care of America’s Veterans Act, the  
2 Secretary shall submit to the Committee on Vet-  
3 erans’ Affairs of the Senate and the Committee on  
4 Veterans’ Affairs of the House of Representatives,  
5 and publish on a publicly accessible website of the  
6 Department, a report containing—

7 “(A) the results of the study required  
8 under paragraph (1);

9 “(B) action plans for improvement based  
10 on the results of the study; and

11 “(C) general commentary and feedback on  
12 the results of the study.

13 “(5) APPROPRIATE ENTITY DEFINED.—In this  
14 subsection, the term ‘appropriate entity’ means—

15 “(A) a nongovernmental entity with experi-  
16 ence in assessing programs that deliver services  
17 provided under covered treatment programs on  
18 a large scale; or

19 “(B) a federally funded research and devel-  
20 opment center.

21 “(k) REVISION OF GUIDANCE.—The Secretary shall  
22 update the guidance of the Department on the operation  
23 of covered treatment programs to reflect each of the re-  
24 quirements under this section.

1       “(l) DEADLINE.—Unless otherwise specified, the Sec-  
2       retary shall carry out each requirement under this section  
3       by not later than one year after the date of the enactment  
4       of the Take Care of America’s Veterans Act.

5       “(m) COMPTROLLER GENERAL REVIEW.—

6               “(1) IN GENERAL.—Not later than two years  
7       after the date of the enactment of the Take Care of  
8       America’s Veterans Act, the Comptroller General of  
9       the United States shall review access to care under  
10      a covered treatment program for covered veterans in  
11      need of residential mental health care and substance  
12      use disorder care.

13              “(2) ELEMENTS.—The review required by para-  
14      graph (1) shall include the following:

15              “(A) A review of wait times for covered  
16      veterans under a covered treatment program,  
17      disaggregated by—

18              “(i) treatment track or specificity of  
19      residential rehabilitation treatment care  
20      needed;

21              “(ii) sex of the covered veteran;

22              “(iii) home State of the covered vet-  
23      eran;

24              “(iv) home Veterans Integrated Serv-  
25      ice Network of the covered veteran; and



1 “(v) wait times for—

2 “(I) facilities of the Department;

3 and

4 “(II) non-Department facilities.

5 “(B) A review of policy and training of the  
6 Department on screening, admission, and place-  
7 ment under a covered treatment program.

8 “(C) A review of the rights of covered vet-  
9 erans and providers to appeal admission deci-  
10 sions under a covered treatment program and  
11 how the Department adjudicates appeals.

12 “(D) When determining the facility at  
13 which a covered veteran admitted to a covered  
14 treatment program will be placed in such pro-  
15 gram, a review of how the input of the covered  
16 veteran is taken into consideration with respect  
17 to—

18 “(i) program specialty, subtype, or  
19 treatment track offered to the covered vet-  
20 eran; and

21 “(ii) the geographic placement of the  
22 covered veteran, including family- or occu-  
23 pation-related preferences or cir-  
24 cumstances.

1           “(E) A review of staffing and staffing  
2 needs and gaps of covered treatment programs,  
3 including with respect to—

4                   “(i) mental health providers and coor-  
5 dinators at the facility level;

6                   “(ii) staff of facilities of such pro-  
7 grams;

8                   “(iii) staff of Veterans Integrated  
9 Service Networks; and

10                  “(iv) overall administration of such  
11 programs at the national level.

12           “(F) A review of outcomes from Depart-  
13 ment and non-Department covered treatment  
14 programs based at least in part on the subse-  
15 quent clinical screenings required under sub-  
16 section (g)(3)(E).

17           “(G) Recommendations for improvement of  
18 access by covered veterans to care under a cov-  
19 ered treatment program, including with respect  
20 to—

21                   “(i) any new sites or types of pro-  
22 grams needed or in development;

23                   “(ii) changes in training or policy;

24                   “(iii) changes in communications with  
25 covered veterans; and

1                   “(iv) oversight of covered treatment  
2                   programs by the Department.

3   **“§ 1794. Fee schedule**

4           “(a) IN GENERAL.—Not later than 180 days after  
5 the date of the enactment of the Take Care of America’s  
6 Veterans Act, the Secretary shall make publicly available  
7 on an appropriate website of the Department a fee sched-  
8 ule for each covered treatment program provided by a non-  
9 Department provider through which the Secretary fur-  
10 nishes care and services under section 1710 of this title.

11          “(b) ELEMENTS.—The fee schedule required under  
12 subsection (a) for a covered treatment program shall—

13               “(1) reflect reasonable charges for the services  
14               provided;

15               “(2) be based on the amounts customarily paid  
16               for similar services under the Medicaid program  
17               under title XIX of the Social Security Act (42  
18               U.S.C. 1396 et seq.) and by commercial health in-  
19               surance providers;

20               “(3) to the greatest extent practicable, be con-  
21               sistent with payment rates under section 1703(i) of  
22               this title;

23               “(4) be comprehensive to include a variety of  
24               possible types of care, services, and charges; and

1           “(5) be sufficient to ensure a robust network of  
2           qualified community providers able to provide serv-  
3           ices under a covered treatment program to covered  
4           veterans.

5           “(c) COORDINATION OF PAYMENT RATES.—After the  
6           date of the initial publication of the fee schedule under  
7           subsection (a), the rate paid by the Department for resi-  
8           dential substance use disorder treatment shall be the rate  
9           provided in the fee schedule required under such sub-  
10          section.

11          “(d) RECOUPMENT OF AMOUNTS.—

12           “(1) IN GENERAL.—The Secretary shall recoup  
13           from a non-Department entity, including a third  
14           party administrator, any amount paid to such entity  
15           that exceeds the amount specified under the fee  
16           schedule under subsection (a) for the care or serv-  
17           ices provided.

18           “(2) LIMITATION.—A non-Department entity  
19           shall not bill a veteran for any charges recouped  
20           under paragraph (1).

21          **“§ 1795. Training**

22           “(a) IN GENERAL.—Not later than one year after the  
23           date of the enactment of the Take Care of America’s Vet-  
24           erans Act, the Secretary shall—

1           “(1) develop and implement a plan to ensure  
2           that health care providers caring for veterans under  
3           covered treatment programs receive and complete  
4           relevant training aligned with industry standards  
5           and practices; and

6           “(2) submit that plan to the Committee on Vet-  
7           erans’ Affairs of the Senate and the Committee on  
8           Veterans’ Affairs of the House of Representatives.

9           “(b) ELEMENTS OF TRAINING.—Training required  
10          under subsection (a) shall—

11           “(1) be easily accessible, no-cost, and offered in  
12           such a manner as to qualify for or fulfill continuing  
13           education requirements for health care professionals;

14           “(2) include course modules related to military  
15           culture, post-traumatic stress disorder, the evalua-  
16           tion and management of suicide, traumatic brain in-  
17           jury, and opioid safety, or comparable course mod-  
18           ules, as determined by the Secretary; and

19           “(3) be offered through Department and non-  
20           Department entities or organizations.

21           “(c) ELEMENTS OF PLAN.—The plan required under  
22          subsection (a) shall—

23           “(1) allow for Department or non-Department  
24           providers to receive credit for non-Department train-

1 ing that is equivalent or substantially similar to  
 2 training required under subsection (a); and

3 “(2) include details regarding consequences for  
 4 non-compliance with training required under such  
 5 plan, which may include removal from a network of  
 6 providers under the Veterans Community Care Pro-  
 7 gram under section 1703 of this title for a specified  
 8 period of time.

9 “(d) CONSULTATION.—The Secretary shall consult  
 10 with relevant professional organizations with respect to  
 11 the content of relevant training required under subsection  
 12 (a).”.

13 (b) CLERICAL AMENDMENT.—The table of sections  
 14 at the beginning of such chapter is amended by adding  
 15 at the end the following new items:

“SUBCHAPTER IX—PARTICIPATION BY VETERANS IN CERTAIN MENTAL  
 HEALTH TREATMENT PROGRAMS

“1791. Definitions.

“1792. Standardized process to determine eligibility of covered veterans for participation in certain mental health treatment programs.

“1793. Improvements to Department of Veterans Affairs mental health residential rehabilitation treatment program.

“1794. Fee schedule.

“1795. Training.”.

16 **SEC. 622. ACCESS TO MENTAL HEALTH RESIDENTIAL REHA-**  
 17 **BILITATION TREATMENT PROGRAMS FOR**  
 18 **VETERANS WITH SPINAL CORD INJURY OR**  
 19 **DISORDER.**

20 (a) PLAN.—

1           (1) IN GENERAL.—Not later than 90 days after  
2           the date of the enactment of this Act, the Secretary  
3           of Veterans Affairs shall submit to the Committee  
4           on Veterans’ Affairs of the Senate and the Com-  
5           mittee on Veterans’ Affairs of the House of Rep-  
6           resentatives a plan to ensure access to mental health  
7           residential treatment programs for veterans with a  
8           spinal cord injury or disorder.

9           (2) ELEMENTS.—The plan required under  
10          paragraph (1) shall include—

11                (A) a staffing plan, which shall include a  
12                plan for how the Department will—

13                       (i) incorporate staff from other facili-  
14                       ties to support the pilot program required  
15                       under subsection (b); and

16                       (ii) ensure adequate staffing to sup-  
17                       port the needs of veterans with a spinal  
18                       cord injury or disorder;

19                (B) an assessment of medical equipment  
20                needs; and

21                (C) an assessment of the best location to  
22                deliver treatment and health care under mental  
23                health residential treatment programs, includ-  
24                ing through the use of spinal cord injury or dis-

1           order centers, spinal cord injury or disorder  
2           spokes, and community care providers.

3       (b) PILOT PROGRAM.—

4           (1) IN GENERAL.—Commencing not later than  
5       120 days after the date of the enactment of this Act,  
6       the Secretary shall carry out a pilot program to pro-  
7       vide improved access to mental health residential  
8       treatment programs of the Department of Veterans  
9       Affairs for veterans with a spinal cord injury or dis-  
10      order at not fewer than three medical facilities of  
11      the Department.

12          (2) SELECTION OF LOCATIONS.—In selecting  
13      sites for the pilot program under paragraph (1), the  
14      Secretary shall prioritize sites in the following areas:

15           (A) Areas with geographic diversity, in-  
16      cluding areas that serve veterans residing in  
17      rural or highly rural areas.

18           (B) Areas with a significant number of  
19      veterans with spinal cord injury or disorder.

20      (c) REPORT.—Not later than one year after the date  
21      of the enactment of this Act, the Secretary shall submit  
22      to the Committee on Veterans' Affairs of the Senate and  
23      the Committee on Veterans' Affairs of the House of Rep-  
24      resentatives a report on—



1           (1) the implementation of the plan required  
2           under subsection (a);

3           (2) the initial results from the pilot program  
4           under subsection (b), including the number of  
5           unique veterans who participated in the pilot pro-  
6           gram, the cost of the pilot program, and an assess-  
7           ment of the effectiveness of the pilot program in in-  
8           creasing access to, and improving outcomes for, par-  
9           ticipants in the pilot program;

10          (3) plans, if any, to expand or extend the pilot  
11          program to address demand for the highly special-  
12          ized treatment provided under the mental health res-  
13          idential treatment programs of the Department for  
14          veterans with a spinal cord injury or disorder; and

15          (4) Such other matters as the Secretary con-  
16          siders appropriate.

## 17           **Subtitle C—Staffing Matters**

### 18   **SEC. 631. TREATMENT OF PSYCHOLOGISTS.**

19          (a) TREATMENT AS TITLE 38 EMPLOYEES.—Section  
20   7401 of title 38, United States Code, is amended—

21           (1) in paragraph (1), by inserting “psycholo-  
22           gists,” after “chiropractors,”; and

23           (2) in paragraph (3), by striking “psycholo-  
24           gists,”.

1 (b) INCLUSION IN CONTRACTS FOR SCARCE MEDICAL  
2 SPECIALIST SERVICES.—Section 7409(a) of title 38,  
3 United States Code, is amended by inserting “psycholo-  
4 gists,” after “chiropractors,”.

5 **SEC. 632. MENTORSHIP PROGRAM FOR EXECUTIVE LEAD-**  
6 **ERSHIP TEAMS AT MEDICAL CENTERS OF**  
7 **THE DEPARTMENT OF VETERANS AFFAIRS.**

8 (a) IN GENERAL.—The Secretary of Veterans Affairs  
9 may establish a program to connect covered individuals  
10 (in this section referred to as “mentees”) with peer men-  
11 tors to facilitate sharing of best practices and leadership  
12 experiences and to foster opportunities to develop knowl-  
13 edge and skills required to lead successfully at medical fa-  
14 cilities of the Department (in this section referred to as  
15 the “mentorship program”).

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

18 (1) an individual in the position of Facility Di-  
19 rector, Chief of Staff, Associate Director of Patient  
20 Care Services, Associate Director, Assistant Direc-  
21 tor, or Deputy Director at a medical center of the  
22 Department; or

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

1       (c) ELIGIBILITY.—The following employees of the  
2 Department are eligible for participation as mentees in the  
3 mentorship program:

4           (1) An employee appointed to a position as a  
5 covered individual who has been in that position for  
6 less than one year.

7           (2) A covered individual employed at a medical  
8 center of the Department (regardless of appointment  
9 commencement date) that meets one or more of the  
10 following criteria:

11           (A) Reports poor performance, as defined  
12 by the Secretary, on the Strategic Analytics for  
13 Improvement and Learning Value Model of the  
14 Department, or successor similar model.

15           (B) Reports data under section  
16 1703C(a)(3) of title 38, United States Code, as  
17 published on the Access to Care website of the  
18 Department, or successor similar website,  
19 that—

20           (i) does not consistently meet the level  
21 reported in the community surrounding  
22 such medical center, as determined by the  
23 Secretary; or

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

1           (C) Has one or more recommendations  
2           from a report by the Office of Inspector Gen-  
3           eral of the Department of Veterans Affairs that  
4           is still open more than one year after the report  
5           was published.

6           (3) A covered individual employed at a medical  
7           center of the Department (regardless of appointment  
8           commencement date) who is recommended by the re-  
9           gional leadership overseeing such medical center.

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

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

15               (2) Employment in that position for not less  
16               than two years.

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

19                       (A) above average performance, as defined  
20                       by the Secretary, on the Strategic Analytics for  
21                       Improvement and Learning Value Model of the  
22                       Department, or successor similar model; and

23                       (B) data under section 1703C(a)(3) of title  
24                       38, United States Code, as published on the Ac-  
25                       cess to Care website of the Department, or suc-

1           cessor similar website, that exceeds the level re-  
2           ported in the community surrounding such  
3           medical center, as determined by the Secretary.

4       (e) REPORT.—Not later than one year after the date  
5 of the enactment of this Act, and annually thereafter for  
6 an additional three years, the Secretary shall submit to  
7 the Committee on Veterans' Affairs of the Senate and the  
8 Committee on Veterans' Affairs of the House of Rep-  
9 resentatives a report on the mentorship program, includ-  
10 ing—

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

14           (2) the number of mentor-mentee pairings initi-  
15       ated under each of the eligibility criteria outlined in  
16       paragraphs (1), (2), and (3) of subsection (c), in-  
17       cluding information on any circumstances in which  
18       multiple criteria under such paragraphs were met;

19           (3) a description of the actions taken by the  
20       Department to encourage communication between  
21       mentees and peer mentors;

22           (4) aggregated feedback from participants in  
23       the mentorship program; and

24           (5) the turnover rate for mentee participants in  
25       the mentorship program.

1 (f) TERMINATION.—The authority under this section  
2 shall terminate on September 30, 2030.

3 **SEC. 633. REQUIREMENT FOR EQUIVALENT ROLE POST-**  
4 **INGS FOR VACANT POSITIONS AT DEPART-**  
5 **MENT OF VETERANS AFFAIRS.**

6 (a) IN GENERAL.—Whenever possible and prac-  
7 ticable, if the Secretary of Veterans Affairs is issuing a  
8 posting for vacant positions at the Department of Vet-  
9 erans Affairs that may be filled by more than one type  
10 of professional or clinician, the Secretary shall issue post-  
11 ings for all possible clinicians or professionals who could  
12 fill the position.

13 (b) APPLICATION TO CERTAIN POSITIONS.—The Sec-  
14 retary shall consider the requirement under subsection (a)  
15 in particular with respect to hard-to-recruit, hard-to-re-  
16 tain, primary care, and mental health care positions.

17 **SEC. 634. IMPROVEMENTS TO DEPARTMENT OF VETERANS**  
18 **AFFAIRS HIRING PROCESSES.**

19 (a) IN GENERAL.—Subchapter I of chapter 7 of title  
20 38, United States Code, is amended by inserting after sec-  
21 tion 701 the following new section:

22 **“§ 702. Hiring processes**

23 **“(a) STANDARDIZED APPROVAL PROCESS FOR FILL-**  
24 **ING VACANT POSITIONS.—**

25 **“(1) PROCESS REQUIRED.—**

1           “(A) IN GENERAL.—The Secretary shall  
2           establish a standardized, nationwide approval  
3           process for filling vacant employment positions  
4           within the Department.

5           “(B) VARIABILITY.—The process required  
6           by subparagraph (A) may be different for each  
7           type of employment position in the Department.

8           “(C) APPROVAL WINDOWS.—The process  
9           required by subparagraph (A) shall include a  
10          standardized approval window for each approval  
11          step.

12          “(2) DELEGATION.—If the approval authority  
13          for a step in the hiring process established under  
14          paragraph (1) is vacant, on leave, or otherwise un-  
15          able to respond to requests for approval in an appro-  
16          priate timeframe, such authority for approval shall  
17          be delegated to the extent practicable to the super-  
18          visor of such approval authority or such other des-  
19          ignee as may be specified in the chain of command.

20          “(3) TIME TO FILL GOAL.—Each window of  
21          time allotted for each approval step under paragraph  
22          (1)(C) when added together shall not exceed the goal  
23          of the Department to fill window for that employ-  
24          ment position.

1       “(b) PROCESS FOR TENTATIVE OFFERS OF EMPLOY-  
2   MENT.—The Secretary shall develop a standardized proc-  
3   ess for issuing tentative offers of employment with the De-  
4   partment and such process shall require that each such  
5   offer includes a specified rate of basic pay when possible  
6   and practicable.

7       “(c) THIRD-PARTY CONTRACTS.—The Secretary may  
8   conduct laboratory testing, background clearances, and  
9   other candidate approval and vetting procedures through  
10   a contract with a third party if the Secretary determines  
11   that the contract would ensure equal or better quality or  
12   timeliness.

13       “(d) ELECTRONIC SIGNATURES.—

14           “(1) AUTHORITY.—The Secretary shall allow  
15   electronic signatures on any hiring, recruitment, re-  
16   tention, or other employment documents once a  
17   standardized process for such signatures is devel-  
18   oped and implemented under paragraph (2).

19           “(2) STANDARDIZED PROCESS.—The Secretary  
20   shall develop a standardized process for use of elec-  
21   tronic signatures as described in paragraph (1),  
22   which shall include exceptions and limitations as the  
23   Secretary considers appropriate and that allows for  
24   use of electronic signatures for employment docu-  
25   ments, including SF 1152 and related successor



1 forms, SF 2823 and related successor forms, and  
2 SF 3102–FERS and related successor forms.

3 “(e) EMPLOYEE COMMUNITY BUILDING PROGRAM.—  
4 The Secretary shall, to the extent practicable, establish an  
5 employee community building program that connects em-  
6 ployees in similar positions, offices, and programs to con-  
7 nect with each other nationwide.”.

8 (b) CLERICAL AMENDMENT.—The table of sections  
9 at the beginning of chapter 7 of such title is amended by  
10 inserting after the item relating to section 701 the fol-  
11 lowing new item:

“702. Hiring processes.”.

12 **SEC. 635. DEPARTMENT OF VETERANS AFFAIRS TELEWORK**  
13 **POLICY.**

14 (a) POLICY REQUIRED.—Not later than 180 days  
15 after the date of the enactment of this Act, the Secretary  
16 of Veterans Affairs shall, in accordance with the require-  
17 ments of this section and the requirements of section 6502  
18 of title 5, United States Code, establish a policy for the  
19 use of telework within the Department of Veterans Af-  
20 fairs.

21 (b) LOCATIONS.—The policy established under sub-  
22 section (a) may be different for different locations, special-  
23 ties, and categories of employees, as determined appro-  
24 priate by the Secretary.

1       (c) ASSESSMENT.—In developing the policy required  
2 by subsection (a), the Secretary shall assess the following  
3 for each category of employees at the Department—

4           (1) staffing levels and trends over the last 5  
5 years;

6           (2) exit survey data related to telework;

7           (3) the availability of dedicated work space at  
8 facilities of the Department to enable onsite work at  
9 a duty station;

10          (4) a comparison of productivity levels when du-  
11 ties are performed on site or through telework;

12          (5) telework flexibilities for comparable cat-  
13 egories of employees in the private sector and in  
14 other Federal agencies; and

15          (6) particular duties that necessitate on site  
16 work.

17       (d) NOTICE AND REPORTING.—

18           (1) IN GENERAL.—For any change made to the  
19 policy established pursuant to subsection (a), the  
20 Secretary shall—

21               (A) notify all affected employees of the De-  
22 partment of the changes; and

23               (B) submit to the Committee on Veterans'  
24 Affairs of the Senate and the Committee on

1           Veterans' Affairs of the House of Representa-  
2           tives a report on the changes.

3           (2) REPORT CONTENTS.—For each report sub-  
4           mitted to Congress under paragraph (1)(B), the Sec-  
5           retary shall include the analyses for each category  
6           conducted in subsection (c) and the role of those  
7           analyses in the telework policy for each category.

8           (3) DEADLINE.—A report submitted under  
9           paragraph (1)(B) regarding a change to the policy  
10          established under subsection (a) shall be made not  
11          fewer than 90 days before the change goes into ef-  
12          fect.

13          (e) REPORT ON BUDGETARY IMPACT.—Not later  
14          than 1 year after the date on which the policy established  
15          pursuant to subsection (a) goes into effect, the Secretary  
16          shall submit to the Committee on Veterans' Affairs and  
17          the Committee on Appropriations of the Senate and the  
18          Committee on Veterans' Affairs and the Committee on Ap-  
19          propriations of the House of Representatives a report on  
20          the annual budgetary impact of such policy.

21          (f) EFFECTIVE DATE AND CHANGES.—

22                (1) EFFECTIVE DATE OF INITIAL POLICY.—The  
23                initial policy established by pursuant to subsection  
24                (a) shall go into effect not later than 180 days after  
25                the date on which the policy is established.

1           (2) EFFECTIVE DATE OF SUBSEQUENT  
2       CHANGES.—Any change made to the policy estab-  
3       lished pursuant to subsection (a) after the effective  
4       date set forth in paragraph (1) shall take effect not  
5       less than 90 days after the date on which the change  
6       is made.

7           (3) NOTICE.—For any change made to the pol-  
8       icy established pursuant to subsection (a) after the  
9       effective date set forth in paragraph (1), the Sec-  
10      retary shall—

11                 (A) notify all affected employees of the De-  
12      partment of the changes; and

13                 (B) submit to the Committee on Veterans’  
14      Affairs of the Senate and the Committee on  
15      Veterans’ Affairs of the House of Representa-  
16      tives a report on the changes.

17 **SEC. 636. EXPANSION OF REIMBURSEMENT OF CON-**  
18 **TINUING PROFESSIONAL EDUCATION EX-**  
19 **PENSES.**

20       (a) IN GENERAL.—Section 7411 of title 38, United  
21      States Code, is amended to read as follows:

22 **“§ 7411. Reimbursement of continuing professional**  
23 **education expenses**

24       “(a) REQUIRED REIMBURSEMENT.—The Secretary  
25      shall reimburse any full-time physician, dentist, podiatrist,

1 chiropractor, optometrist, psychologist, registered nurse  
2 (including any advanced practice registered nurse), or  
3 physician assistant appointed under section 7401(1) of  
4 this title not more than \$1,000 per year for each such  
5 individual for expenses incurred for continuing profes-  
6 sional education directly related to the duties and respon-  
7 sibilities of the position of the employee or related to the  
8 duties and responsibilities of the position or positions of  
9 the employees overseen by the employee.

10       “(b) AUTHORIZED REIMBURSEMENT.—The Sec-  
11 retary may reimburse any full-time licensed practical or  
12 vocational nurse (including any nurse practitioner), med-  
13 ical technologist, pharmacist, pharmacy technician, diag-  
14 nostic radiologic technologist, or social worker appointed  
15 under section 7401(3) of this title, not more than \$1,000  
16 per year for each such individual for expenses incurred  
17 for continuing professional education directly related to  
18 the duties and responsibilities of the position of the em-  
19 ployee or related to the duties and responsibilities of the  
20 position or positions of the employees overseen by the em-  
21 ployee.

22       “(c) MAXIMUM NUMBER OF INDIVIDUALS REIM-  
23 BURSED.—The total number of individuals who may be  
24 reimbursed under this section may not exceed 50,000 per  
25 year.

1       “(d) PRIORITY REIMBURSEMENTS.—In providing re-  
2   imbursement under subsection (a), the Secretary shall  
3   prioritize reimbursement for individuals providing direct  
4   patient care or individuals who are decision-makers for di-  
5   rect patient care.

6       “(e) REPORT REQUIRED.—

7           “(1) IN GENERAL.—Not less frequently than  
8   annually after the end of the first fiscal year fol-  
9   lowing the date of the enactment of the Take Care  
10   of America’s Veterans Act, the Secretary shall sub-  
11   mit to the Committee on Veterans’ Affairs of the  
12   Senate and the Committee on Veterans’ Affairs of  
13   the House of Representatives information on utiliza-  
14   tion of reimbursement under this section, includ-  
15   ing—

16           “(A) locations at which reimbursement is  
17   claimed;

18           “(B) position title and specialty of the in-  
19   dividual claiming reimbursement;

20           “(C) average amount claimed per position  
21   and specialty; and

22           “(D) percent utilization by each position  
23   and specialty overall.

24           “(2) AUTHORITY TO INCLUDE IN EXISTING RE-  
25   PORT.—The information required under paragraph

1       (1) may be submitted independently or included in  
2       another annual report to Congress.”.

3       (b) CLERICAL AMENDMENT.—The table of sections  
4       at the beginning of subchapter I of chapter 74 of title 38,  
5       United States Code, is amended by striking the item relat-  
6       ing to section 7411 and inserting the following new item:  
      “7411. Reimbursement of continuing professional education expenses.”.

7       **SEC. 637. DEPARTMENT OF VETERANS AFFAIRS PER-**  
8       **SONNEL TRANSPARENCY.**

9       (a) IN GENERAL.—Section 505 of the John S.  
10       McCain III, Daniel K. Akaka, and Samuel R. Johnson VA  
11       Maintaining Internal Systems and Strengthening Inte-  
12       grated Outside Networks Act of 2018 (Public Law 115–  
13       182; 38 U.S.C. 301 note) is amended—

14               (1) in subsection (a)—

15                       (A) in paragraph (1)—

16                               (i) in the matter before subparagraph  
17                               (A), by striking “information,” and all  
18                               that follows through “facility:” and insert-  
19                               ing “information:”;

20                               (ii) in subparagraph (B)—

21                                       (I) by inserting “(i)” before “The  
22                                       number”; and

23                                       (II) by adding at the end the fol-  
24                                       lowing new clause:

1           “(ii) Information made available under this  
2           subparagraph shall be updated not less fre-  
3           quently than once each quarter to account for  
4           delays in data processing and shall reflect the  
5           most recently available data.”;

6           (iii) in subparagraph (C), by striking  
7           “vacancies, by occupation.” and inserting  
8           “positions currently undergoing a recruit-  
9           ment action, disaggregated by occupation  
10          and by stage of recruitment.”;

11          (iv) in subparagraph (E)(iii), by strik-  
12          ing “potential hires or”; and

13          (v) by adding at the end the following  
14          new subparagraph:

15          “(F) The number of positions vacated dur-  
16          ing the quarter for which the Department has  
17          not initiated a recruitment action or is not  
18          planning to initiate a recruitment action.”;

19          (B) by redesignating paragraph (5) as  
20          paragraph (6);

21          (C) by inserting after paragraph (4) the  
22          following new paragraph (5):

23          “(5) DISPLAY OF INFORMATION.—The display  
24          of information made publicly available on a website



1 of the Department pursuant to paragraph (1) shall  
2 be disaggregated—

3 “(A) by departmental component;

4 “(B) in the case of information relating to  
5 Veterans Health Administration positions, by  
6 medical facility; and

7 “(C) in the case of information relating to  
8 Veterans Benefits Administration positions, by  
9 regional office.”; and

10 (D) in paragraph (6), as redesignated by  
11 subparagraph (B), by striking “shall” and all  
12 that follows and inserting the following:  
13 “shall—

14 “(A) review the administration of the  
15 website required under paragraph (1);

16 “(B) develop recommendations relating to  
17 the improvement of such administration; and

18 “(C) submit to the Committee on Vet-  
19 erans’ Affairs of the Senate and the Committee  
20 on Veterans’ Affairs of the House of Represent-  
21 atives a report containing—

22 “(i) the findings of the Inspector Gen-  
23 eral with respect to the most recent review  
24 conducted under subparagraph (A); and

1 “(ii) the recommendations most re-  
2 cently developed under subparagraph  
3 (B).”; and

4 (2) by amending subsection (b) to read as fol-  
5 lows:

6 “(b) ANNUAL REPORT.—Each year, the Secretary  
7 shall submit to Congress an annual report that includes  
8 the following:

9 “(1) A description of the steps the Department  
10 is taking to achieve full staffing capacity.

11 “(2) A description of the actions the Depart-  
12 ment is taking to improve the onboard timeline for  
13 facilities of the Department, including—

14 “(A) in the case of facilities of the Vet-  
15 erans Health Administration, for facilities for  
16 which the duration of the onboarding process  
17 exceeds the metrics laid out in the Time to Hire  
18 Model of the Veterans Health Administration,  
19 or successor model; and

20 “(B) in the case of the Veterans Benefits  
21 Administration, for regional offices that exceed  
22 the time-to-hire target of the Office of Per-  
23 sonnel Management.

1           “(3) The amount of additional funds necessary  
2           to enable the Department to reach full staffing ca-  
3           pacity.

4           “(4) Such recommendations for legislative or  
5           administrative action as the Secretary may have in  
6           order to achieve full staffing capacity at the Depart-  
7           ment.”.

8           (b) **EFFECTIVE DATE.**—The amendments made by  
9           subsection (a) shall take effect on the date of the enact-  
10          ment of this Act and shall apply with respect to the second  
11          update under section 505(a)(3) of such Act beginning  
12          after the date of the enactment of this Act and each up-  
13          date thereafter.

14   **SEC. 638. MODIFICATION OF AUTHORITY OF LICENSURE OF**  
15                           **HEALTH CARE PROFESSIONALS PROVIDING**  
16                           **TREATMENT VIA TELEMEDICINE.**

17          Section 1730C of title 38, United States Code, is  
18          amended—

19               (1) by amending subsection (a) to read as fol-  
20          lows:

21          “(a) **IN GENERAL.**—Notwithstanding any provision  
22          of law regarding the licensure of health care professionals  
23          or the prescribing of controlled substances, a covered  
24          health care professional may practice the health care pro-  
25          fession of the health care professional and prescribe con-

1 trolled substances at any location in any State or any of  
2 the Freely Associated States (as defined in section 1724(f)  
3 of this title), regardless of where the covered health care  
4 professional or the patient is located, if the covered health  
5 care professional is using telemedicine to provide treat-  
6 ment or prescribe controlled substances to an individual  
7 under this chapter.”;

8 (2) in subsection (b), by adding at the end the  
9 following new paragraph:

10 “(4) A health care professional who is a con-  
11 tractor of the Department acting in the scope of a  
12 contract with the Department to furnish care in a  
13 facility or clinic of the Department and who has an  
14 active, current, full, and unrestricted license, reg-  
15 istration, or certification in a State to practice the  
16 health care profession of the health care profes-  
17 sional, excluding the following:

18 “(A) A health care professional located  
19 outside a facility or clinic of the Department  
20 providing care through the Veterans Commu-  
21 nity Care Program under section 1703 of this  
22 title or a similar authority under the laws ad-  
23 ministered by the Secretary.

1           “(B) A health care professional conducting  
2           disability compensation evaluations pursuant to  
3           a contract with the Department.”;

4           (3) in subsection (d)—

5                 (A) by redesignating paragraph (2) as  
6           paragraph (3); and

7                 (B) by inserting after paragraph (1) the  
8           following new paragraph (2):

9           “(2) State laws that may be inconsistent under para-  
10   graph (1) include—

11                 “(A) the laws of—

12                         “(i) the State of licensure, certification, or  
13                         registration of the covered health care profes-  
14                         sional;

15                         “(ii) the State of practice of the covered  
16                         health care professional;

17                         “(iii) the State in which the patient is lo-  
18                         cated; or

19                         “(iv) the State of residence of the patient;  
20           and

21                 “(B) such laws specified under subparagraph  
22           (A) as incorporated by the Controlled Substances  
23           Act (21 U.S.C. 801 et seq.).”; and

1           (4) in subsection (e), striking “Nothing” and  
2       inserting “Except as provided in subsections (a) and  
3       (d), nothing.”.

4   **SEC. 639. PROVISION OF DATA ON EDUCATIONAL ASSIST-**  
5                   **ANCE PROGRAMS OF VETERANS HEALTH AD-**  
6                   **MINISTRATION.**

7       (a) IN GENERAL.—Beginning not later than 180  
8       days after the date of the enactment of this Act, the Sec-  
9       retary of Veterans Affairs shall provide to the Committee  
10      on Veterans’ Affairs of the Senate and the Committee on  
11      Veterans’ Affairs of the House of Representatives data on  
12      graduate medical education programs, health profession  
13      scholarship programs, and any other educational assist-  
14      ance programs within the Veterans Health Administra-  
15      tion.

16      (b) ELEMENTS.—The data required to be provided  
17      under subsection (a) shall include, for each program, the  
18      following:

19           (1) The number of active participants, broken  
20           down by position or expected future position or li-  
21           censure.

22           (2) The amount of funds spent each fiscal year.

23           (3) The number of participants who have com-  
24           pleted their education and are currently completing

1       their service requirements at the Department of Vet-  
2       erans Affairs.

3           (4) The number of participants who were pre-  
4       viously active in the program but left the program  
5       before completing their education or service require-  
6       ment during the year preceding the date on which  
7       the data is provided.

8           (5) An overview of outreach by the Department  
9       to prospective participants in the program.

10          (6) Such other information as the Secretary  
11       considers appropriate.

12       (c) UPDATE AND SUBMITTAL OF DATA.—The data  
13       required to be provided under subsection (a)—

14           (1) shall be updated not less frequently than  
15       annually; and

16           (2) may be submitted to the Committee on Vet-  
17       erans' Affairs of the Senate and the Committee on  
18       Veterans' Affairs of the House of Representatives as  
19       part of another report required by law.

20       (d) INITIAL DATA.—With the first iteration of data  
21       provided under subsection (a), the Secretary shall provide  
22       to the Committee on Veterans' Affairs of the Senate and  
23       the Committee on Veterans' Affairs of the House of Rep-  
24       resentatives a report on the implementation of the pilot  
25       program under section 246 of the Military Construction,

1 Veterans Affairs, and Related Agencies Appropriations  
2 Act, 2018 (division J of Public Law 115–141; 38 U.S.C.  
3 7601 note), including the current status of the pilot pro-  
4 gram and a timeline of the status of the pilot program  
5 since its initial implementation.

6           **Subtitle D—Optimization of**  
7                           **Workforce**

8   **SEC. 641. DEPARTMENT OF VETERANS AFFAIRS STRATEGIC**  
9                           **HUMAN CAPITAL PLAN.**

10           (a) IN GENERAL.—Subchapter I of chapter 7 of title  
11 38, United States Code, is amended by adding at the end  
12 the following new section:

13   **“§ 729. Strategic human capital plan**

14           “(a) PLAN DEVELOPMENT.—(1) Not later than Sep-  
15 tember 30, 2027, the Secretary shall develop and submit  
16 to the appropriate committees of Congress a five-year  
17 strategic human capital plan to support the mission and  
18 responsibilities of the Department, disaggregated by the  
19 Veterans Health Administration, the Veterans Benefits  
20 Administration, the National Cemetery Administration,  
21 and such other administrative components of the Depart-  
22 ment as the Secretary considers necessary to carry out the  
23 mission of the Department.

24           “(2) Not later than September 30, 2028, and each  
25 September 30 thereafter, the Secretary shall update the



1 plan developed pursuant to paragraph (1) and extend the  
2 plan so that it covers the next period of five fiscal years  
3 commencing immediately after the date of the update.

4 “(b) REQUIREMENTS.—(1) In developing the plan re-  
5 quired by subsection (a), the Secretary shall take into ac-  
6 count and document current and future projected demand  
7 for benefits and services administered by the Department,  
8 disaggregated for each component by facility location, fa-  
9 cility type, region, administration, program office, the type  
10 of benefit or service, and such other categories as the Sec-  
11 retary determines appropriate.

12 “(2) The Secretary shall develop and update the plan  
13 under subsection (a) in consultation with veterans service  
14 organizations and such other stakeholders as the Sec-  
15 retary considers appropriate.

16 “(c) CONTENTS.—The strategic human capital plan  
17 required by subsection (a) shall incorporate leading prac-  
18 tices, including the following:

19 “(1) A workforce gap analysis, including an as-  
20 sessment of—

21 “(A) the staffing levels of each employee  
22 position needed to deliver high quality, acces-  
23 sible, and timely health care, benefits, and other  
24 services the Secretary considers appropriate,  
25 disaggregated by employee position, facility lo-

1 cation, facility type, region, administration, pro-  
2 gram office, the type of benefit or service, and  
3 such other categories as the Secretary deter-  
4 mines appropriate;

5 “(B) how the staffing levels described in  
6 subparagraph (A) align with industry best prac-  
7 tices in each employee position for the antici-  
8 pated demand for health care, benefits, and  
9 other services described in subsection (b); and

10 “(C) core competencies, as defined by the  
11 Secretary, and the staffing levels needed in each  
12 of these core competencies, disaggregated by  
13 employee position, facility location, facility type,  
14 region, administration, program office, the type  
15 of benefit or service and such other categories  
16 as the Secretary considers appropriate.

17 “(2) An implementation plan that includes the  
18 following:

19 “(A) Specific recruitment and retention  
20 goals to fulfill the staffing needs identified in  
21 the strategic human capital plan and the strat-  
22 egy of the Department to achieve such goals.

23 “(B) Specific strategies—

24 “(i) to improve workforce productivity  
25 using technological, organizational, behav-

1 ioral, and such other approaches as the  
2 Secretary determines appropriate and pro-  
3 ductivity measures that are specific to em-  
4 ployee positions and the benefits or serv-  
5 ices they provide; and

6 “(ii) that are informed by applicable  
7 industry best practices.

8 “(C) Specific strategies for recruiting and  
9 retaining veterans, spouses of veterans and  
10 members of the Armed Forces, family members  
11 of veterans and members of the Armed Forces,  
12 caregivers of veterans, and survivors of mem-  
13 bers of the Armed Forces as employees of the  
14 Department.

15 “(D) Specific goals to reduce the time to  
16 hire and onboard employees of the Department  
17 and a strategy to achieve such goals, including  
18 draft legislative language for any legislative ac-  
19 tion necessary to achieve such goals, without  
20 degradation of—

21 “(i) necessary background checks; and

22 “(ii) measures to protect Department  
23 customer and employee safety.

24 “(d) ANNUAL UPDATES.—Not later than September  
25 30, 2028, and September 30 of each of year thereafter,

1 the Secretary shall submit to the appropriate committees  
2 of Congress an update on the implementation of the stra-  
3 tegic human capital plan developed pursuant to subsection  
4 (a), including an assessment by the Secretary of—

5           “(1) the progress of the Department in imple-  
6           menting the strategic human capital plan;

7           “(2) the progress of the Department in improv-  
8           ing outcomes for veterans and their spouses, depend-  
9           ents, and caregivers through the delivery of high  
10          quality, accessible, and timely health care, benefits,  
11          and other services the Secretary considers appro-  
12          priate using results based performance measures;

13          “(3) changes to projected demand for benefits  
14          and services based on new legislative action or other  
15          factors, disaggregated for each component by facility  
16          location, facility type, region, administration, pro-  
17          gram office and the type of benefit or service;

18          “(4) changes to the staffing levels included in  
19          the strategic human capital plan, including justifica-  
20          tions for such changes, disaggregated by employee  
21          position, facility location, facility type, region, ad-  
22          ministration, program office, the type of benefit or  
23          service and such other categories as the Secretary  
24          determines appropriate;

1           “(5) any differentiation between the staffing  
2           levels included in the strategic human capital plan  
3           and those included in the budget justification mate-  
4           rials most recently submitted to Congress in support  
5           of the budget of the Department (as submitted with  
6           the budget of the President under section 1105(a) of  
7           title 31); and

8           “(6) any differentiation from the Quadrennial  
9           Veterans Health Administration review required by  
10          section 7330C of this title.

11          “(e) COMPTROLLER GENERAL OF THE UNITED  
12          STATES BIENNIAL REVIEWS.—Not later than 180 days  
13          after the date on which the human capital plan is sub-  
14          mitted to the appropriate committees of Congress pursu-  
15          ant to subsection (a), and not less frequently than once  
16          every 2 years thereafter, the Comptroller General of the  
17          United States shall—

18               “(1) review the strategic human capital plan de-  
19               veloped pursuant to subsection (a) and updated pur-  
20               suant to subsection (d), as the case may be, particu-  
21               larly with respect to the adequacy of the plan to ful-  
22               fill the mission and responsibilities of the Depart-  
23               ment; and

1           “(2) submit to Congress the findings of the  
2           Comptroller General with respect to the review con-  
3           ducted pursuant to paragraph (1).

4           “(f) DEFINITIONS.—In this section:

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

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

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

13           “(2) The term ‘veterans service organization’  
14           means any organization recognized by the Secretary  
15           under section 5902 of this title.”.

16           (b) CLERICAL AMENDMENT.—The table of sections  
17           at the beginning of chapter 7 of such title is amended by  
18           inserting after the item relating to section 728 the fol-  
19           lowing new item:

          “729. Strategic human capital plan.”.

20   **SEC. 642. DEPARTMENT OF VETERANS AFFAIRS REDUC-**  
21           **TION IN FORCE NOTICE REQUIREMENT.**

22           (a) IN GENERAL.—Subchapter I of chapter 7 of title  
23           38, United States Code, as amended by section 2(a), is  
24           further amended by inserting after section 729 the fol-  
25           lowing new section:

1   **“§ 729A. Reductions in force**

2           “(a) NOTICE REQUIRED.—In any case in which the  
3   Secretary plans to carry out a reduction in force, the Sec-  
4   retary shall, not later than the date that is 60 days before  
5   the date on which the Secretary commences carrying out  
6   such reduction in force, submit to the appropriate commit-  
7   tees of Congress and the employees of the Department  
8   who will be affected by the reduction in force notice of  
9   the intention of the Secretary to carry out such reduction  
10  in force.

11          “(b) LIMITATION.—Notwithstanding any other provi-  
12  sion of law, the Secretary may not carry out any reduction  
13  in force with respect to any employee who has not received  
14  the notice required under subsection (a) in the manner  
15  and within the time required by such subsection.

16          “(c) CONTENTS.—Notice regarding plans to carry  
17  out a reduction in force submitted pursuant to subsection  
18  (a) shall include the following:

19               “(1) The total number of employees of the De-  
20       partment who will be affected by the reduction.

21               “(2) The offices of the Department that will be  
22       affected by the reduction, including, for each such  
23       office, the following:

24                   “(A) The location of the office.

25                   “(B) The program of the Department car-  
26       ried out by the office.

1           “(C) The total number of employees of the  
2           office before and after the reduction in force.

3           “(D) The services provided by the office.

4           “(3) A justification for the reduction in force,  
5           including how—

6           “(A) the new staffing levels resulting from  
7           the reduction in force align with the current  
8           and future projected demand for benefits and  
9           services administered by the Department,  
10          disaggregated for each component by facility lo-  
11          cation, facility type, region, administration, pro-  
12          gram office, the type of benefit or service, and  
13          such other categories as the Secretary deter-  
14          mines appropriate; and

15          “(B) the reduction in force aligns with the  
16          strategic human capital plan required by section  
17          729 of this title.

18          “(4) Budgetary effects of the reduction in force.

19          “(5) An assessment of the anticipated impact of  
20          the reduction in force on the delivery of benefits and  
21          services furnished by the Department and the ac-  
22          tions the Secretary plans to take to mitigate any ad-  
23          verse impacts.

24          “(d) EQUAL CONTENT.—A notice regarding a reduc-  
25          tion in force sent to an employee pursuant to subsection



1 (a) shall be the same as the notice submitted under such  
2 subsection to Congress for the same reduction in force.

3 “(e) ADMINISTRATIVE REMEDY.—Effect of Non-  
4 compliance. A reduction in force carried out with respect  
5 to an employee in violation of subsection (b) shall have  
6 no force or effect with respect to such employee until the  
7 Secretary complies with subsection (a).

8 “(f) DEFINITIONS.—In this section:

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

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

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

17 “(2) The term ‘reduction in force’ means any  
18 action that would have required notice under part  
19 351 of title 5, Code of Federal Regulations, as in ef-  
20 fect on January 1, 2026.”.

21 (b) CLERICAL AMENDMENT.—The table of sections  
22 at the beginning of chapter 7 of such title, as amended  
23 by section 2(b), is further amended by inserting after the  
24 item relating to section 729 the following new item:

“729A. Reductions in force.”.

1 **SEC. 643. DETAILED PLANS AND JUSTIFICATIONS FOR RE-**  
2 **ORGANIZATION OF OFFICES.**

3 Section 510 of title 38, United States Code, is  
4 amended—

5 (1) in subsection (f)(2)—

6 (A) in subparagraph (D), by inserting “in  
7 improving outcomes for veterans and their  
8 spouses, dependents, and caregivers through the  
9 delivery of high quality, accessible, and timely  
10 health care, benefits, and other services the  
11 Secretary considers appropriate” before the pe-  
12 riod at the end; and

13 (B) by adding at the end the following new  
14 subparagraphs:

15 “(G) A description of how the Secretary  
16 will analyze success of the reorganization using  
17 results based performance metrics that are de-  
18 rived from the justification for the reorganiza-  
19 tion.

20 “(H) A risk mitigation plan identifying  
21 significant operational, workforce, financial, in-  
22 formation technology, patient care, and service-  
23 delivery risks reasonably anticipated by the Sec-  
24 retary and the actions planned to mitigate such  
25 risks.”;

1           (2) by redesignating subsections (e) and (f) as  
2           subsections (f) and (g), respectively; and

3           (3) by inserting after subsection (d) the fol-  
4           lowing new subsection (e):

5           “(e) Not later than 180 days after the date on which  
6           the Secretary completes an administrative reorganization  
7           for which the Secretary submitted under subsection (b)  
8           a report containing a detailed plan and justification for  
9           the administrative reorganization, and not less frequently  
10          than once every 180 days thereafter until the date that  
11          is two years after the date of the completion of such ad-  
12          ministrative reorganization, the Secretary shall submit to  
13          the Committee on Veterans’ Affairs of the Senate and the  
14          Committee on Veterans’ Affairs of the House of Rep-  
15          resentatives a report assessing the administrative reorga-  
16          nization using the performance metrics described in the  
17          detailed plan and justification pursuant to subsection  
18          (g)(2)(G).”.

19   **SEC. 644. RULE OF CONSTRUCTION.**

20          Nothing in this subtitle or an amendment made by  
21          this subtitle shall be construed to have any effect on any  
22          provision of law in effect before the date of the enactment  
23          of this Act.

1                   **Subtitle E—Veterans**  
2   **Infrastructure and Transformation**

3   **SEC. 651. SHORT TITLE.**

4           This subtitle may be cited as the “Veterans Infra-  
5   structure and Transformation Act of 2026” or the  
6   “VITAL Act of 2026”.

7   **SEC. 652. MODIFICATION OF AUTHORITY FOR SHARING OF**  
8                   **HEALTH-CARE RESOURCES OF DEPARTMENT**  
9                   **OF VETERANS AFFAIRS TO INCLUDE FLEXI-**  
10                  **BLE SPACE UTILIZATION AND STREAMLINED**  
11                  **SERVICE AGREEMENTS.**

12          Section 8153 of title 38, United States Code, is  
13   amended—

14           (1) in subsection (a)(3)—

15                   (A) in subparagraph (A), by inserting  
16                   “physical” before “space”;

17                   (B) in subparagraph (B)(i), by inserting  
18                   “physical” before “space”;

19                   (C) by striking subparagraph (E);

20                   (D) by redesignating subparagraphs (C)  
21                   and (D) as subparagraphs (D) and (E), respec-  
22                   tively;

23                   (E) by inserting after subparagraph (B)  
24                   the following new subparagraph (C):

1           “(C) If the health-care resource required is  
2           physical space or common services with respect to  
3           existing buildings and is to be acquired from an in-  
4           stitution affiliated with the Department in accord-  
5           ance with section 7302 of this title or another entity,  
6           the Secretary may enter into contracts or agree-  
7           ments for the acquisition of the space or service—

8                   “(i) without regard to any law or regula-  
9                   tion (including any Executive order, circular, or  
10                  other administrative policy) that would other-  
11                  wise require the use of competitive procedures  
12                  for acquiring the resource; and

13                  “(ii) if all obligations are funded through  
14                  available appropriations or borne by the institu-  
15                  tion or entity, without regard to any limitations  
16                  applicable to leases of the Department, if, in  
17                  the case of a multi-year space-sharing agree-  
18                  ment, the agreement—

19                   “(I) requires that payments for each  
20                   fiscal year be made only from appropriated  
21                   funds and available that year; and

22                   “(II) includes a provision that the  
23                   Government’s obligations for future years  
24                   is contingent upon availability of appro-  
25                   priations.”;

1 (F) in subparagraph (D), as redesignated  
2 by subparagraph (D) of this paragraph, by  
3 striking “subparagraph (A) or (B)” and insert-  
4 ing “subparagraph (A), (B), or (C)”;  
5 (2) by adding at the end the following:

6 “(h) In this section:

7 “(1) The term ‘commercial service’ means a  
8 service that is offered and sold competitively in the  
9 commercial marketplace, is performed under stand-  
10 ard commercial terms and conditions, and is pro-  
11 cured using firm-fixed price contracts.

12 “(2) The term ‘common service’ means a com-  
13 mercial service necessary to maintain or operate ex-  
14 isting physical space, including maintenance, heat-  
15 ing, ventilation, air conditioning, electricity, energy,  
16 water, wastewater, landscaping, security, laundry, or  
17 any other service as determined by the Secretary.

18 “(3) The term ‘physical space’ means a portion  
19 of a building or parking facilities.”.

20 **SEC. 653. USE OF COMMERCIAL CONSTRUCTION AND FA-**  
21 **CILITIES CODE AND STANDARDS.**

22 (a) IN GENERAL.—The Secretary of Veterans Affairs  
23 may use commercial codes and standards instead of or in  
24 addition to Federal codes and standards in the construc-  
25 tion or alteration of facilities of the Department of Vet-

1 erans Affairs, where such commercial codes and standards  
2 do not conflict with statutory and regulatory require-  
3 ments.

4 (b) PILOT PROJECTS.—The Secretary shall under  
5 take not fewer than three pilot projects during each of  
6 fiscal years 2027, 2028, 2029, 2030, and 2031 utilizing  
7 commercial codes and standards instead of Federal codes  
8 and standards to lease or construct facilities of the De-  
9 partment for major construction, minor construction, or  
10 major lease projects.

11 (c) REPORTS.—The Secretary shall submit a report  
12 to the Committee on Veterans’ Affairs of the Senate and  
13 the Committee on Veterans’ Affairs of the House of Rep-  
14 resentatives not later than 90 days after the end of each  
15 of fiscal years 2027, 2028, 2029, 2030, and 2031 detailing  
16 the use by the Secretary of the authority provided by sub-  
17 section (a) and conduct of each pilot project required by  
18 subsection (b) that was initiated, ongoing, or completed  
19 during the fiscal year.

20 (d) DEFINITIONS.—In this section:

21 (1) COMMERCIAL CODES AND STANDARDS.—  
22 The term “commercial codes and standards” means  
23 building codes or standards of the following:

24 (A) The National Fire Protection Associa-  
25 tion.

1 (B) The International Code Council.

2 (C) The American Society for Testing and  
3 Materials.

4 (D) The American Society of Civil Engi-  
5 neers.

6 (E) Any other building code or standard,  
7 other than those described in (2), determined  
8 by the Secretary.

9 (2) FEDERAL CODES AND STANDARDS.—The  
10 term “Federal codes and standards” means the fol-  
11 lowing:

12 (A) Building codes or standards specific to  
13 one or more Federal agencies.

14 (B) Building codes or standards specific to  
15 the Department, including the Technical Infor-  
16 mation Library.

17 (C) Standards of the Federal Guidelines  
18 Institute.

19 **SEC. 654. FEASIBILITY STUDY FOR FULL-SERVICE HOS-**  
20 **PITAL OF DEPARTMENT OF VETERANS AF-**  
21 **FAIRS IN CERTAIN STATES.**

22 (a) IN GENERAL.—The Secretary of Veterans Affairs  
23 shall conduct a study on the feasibility of establishing a  
24 full-service hospital of the Department of Veterans Affairs  
25 in Alaska and Hawaii.



1 (b) PUBLICATION.—Not later than one year after the  
2 date of the enactment of this title, the Secretary shall pub-  
3 lish on a publicly available website of the Department the  
4 findings of the Secretary with respect to the study con-  
5 ducted under subsection (a).

6 **SEC. 655. REPORT ON STRATEGIC PLAN FOR INFRASTRUC-**  
7 **TURE AND CAPITAL ASSETS OF DEPARTMENT**  
8 **OF VETERANS AFFAIRS.**

9 (a) REPORT.—Not later than one year after the date  
10 of the enactment of this title, the Secretary of Veterans  
11 Affairs shall submit to the Committee on Veterans' Affairs  
12 of the Senate and the Committee on Veterans' Affairs of  
13 the House of Representatives a report on the strategic  
14 plan for infrastructure and capital assets of the Depart-  
15 ment of Veterans Affairs, which summarizes a facility  
16 lifecycle strategy targeting modernization of owned and  
17 leased facilities and infrastructure required to mitigate in-  
18 creasing systemic failures, veteran and staff safety, bene-  
19 fits delivery interruptions, and funding associated to ad-  
20 dress emergency repairs.

21 (b) ELEMENTS.—The report required by subsection  
22 (a) shall cover known and projected requirements over a  
23 period of not less than 10 years for the following:

24 (1) Land acquisition.

1           (2) Operations and maintenance of facilities of  
2           the existing capital asset portfolio of the Depart-  
3           ment.

4           (3) Operations and maintenance of the planned  
5           future capital asset portfolio of the Department.

6           (4) New construction, disaggregated by type of  
7           new construction, including the following types of  
8           construction:

9                   (A) Major construction.

10                   (B) Minor construction.

11                   (C) Nonrecurring maintenance.

12           (5) Leasing.

13           (6) Alternative acquisition methods, such as  
14           partnerships and donations.

15           (7) Activation of space.

16           (8) Disposal, reuse, and remediation.

17           (9) Facility lifecycle strategy process supporting  
18           the planning, programming delivery, management,  
19           and maintenance of the current and future capital  
20           asset portfolio of the Department.

21           (10) A discussion of the negative effect of the  
22           lack of stable and predictable capital asset funding  
23           on the ability of the Department to plan, staff, and  
24           execute effective capital asset management.

1           (11) Overview of the strategy being utilized in  
2           the approach of the Secretary to capital investment,  
3           across all the capital and leasing programs, includ-  
4           ing the approach of repair versus recapitalization,  
5           use of leasing, and other relevant strategies as  
6           deemed appropriate by the Secretary.

7           (12) Such other matters as the Secretary con-  
8           siders appropriate, including with respect to legisla-  
9           tive or administrative action, if such actions are sub-  
10          ject to the availability of appropriated funds.

11          (c) RULE OF CONSTRUCTION.—Nothing in this sec-  
12          tion or a report submitted under this section shall be con-  
13          strued to create or imply any financial or operational obli-  
14          gation beyond the availability of appropriated funds.

15   **SEC. 656. PERMANENT EXTENSION OF PILOT PROGRAM ON**  
16                   **ACCEPTANCE BY THE DEPARTMENT OF VET-**  
17                   **ERANS AFFAIRS OF DONATED FACILITIES**  
18                   **AND RELATED IMPROVEMENTS.**

19          (a) IN GENERAL.—Section 2 of the Communities  
20          Helping Invest through Property and Improvements Need-  
21          ed for Veterans Act of 2016 (Public Law 114–294; 38  
22          U.S.C. 8103 note) is amended—

23                  (1) in the section heading, by striking  
24                  “**PILOT**”;

1           (2) in subsection (a), in the subsection heading,  
 2       by striking “PILOT”;  
 3           (3) by striking “pilot” each place it appears;  
 4           (4) by striking subsection (i); and  
 5           (5) by redesignating subsection (j) as sub-  
 6       section (i).

7       (b) MODIFICATION OF ACCEPTANCE OF PROP-  
 8       ERTY.—Paragraph (1) of subsection (b) of such section  
 9       is amended to read as follows:

10           “(1) the donation aligns with—

11               “(A) a need identified in a Strategic Cap-  
 12               ital Investment Planning process priority list, a  
 13               five-year development plan, a facility master  
 14               plan, or an annual capital needs inventory of  
 15               the Department; or

16               “(B) any component or phase of a need de-  
 17               scribed in paragraph (1); and”.

18       **SEC. 657. AUTHORITY TO ACCEPT DONATIONS OF CON-**  
 19               **STRUCTION SERVICES, MINOR CONSTRUC-**  
 20               **TION OR NONRECURRING MAINTENANCE**  
 21               **PROJECTS, AND TARGETED CONTRIBUTIONS.**

22       (a) AUTHORITY.—Notwithstanding any other provi-  
 23       sion of law, the Secretary of Veterans Affairs may accept  
 24       donations comprising the total cost or a portion of the cost  
 25       of—

- 1 (1) minor construction projects;
- 2 (2) nonrecurring maintenance projects; or
- 3 (3) construction services relating—
  - 4 (A) to minor construction projects;
  - 5 (B) to nonrecurring maintenance projects;
  - 6 (C) to an existing facility of the Depart-
  - 7 ment; or
  - 8 (D) to a new facility or portion thereof of
  - 9 the Department.

10 (b) ALIGNMENT TO NEEDS.—The Secretary may ac-  
11 cept a donation under this section only if—

- 12 (1) the donation aligns with—
  - 13 (A) a need identified in a Strategic Capital
  - 14 Investment Planning process priority list, a
  - 15 five-year development plan, a facility master
  - 16 plan, or an annual capital needs inventory of
  - 17 the Department; or
  - 18 (B) any component or phase of a need de-
  - 19 scribed in subparagraph (A);
- 20 (2) the donation is from an entity described in
- 21 section 2(a)(2) of the Communities Helping Invest
- 22 through Property and Improvements Needed for
- 23 Veterans Act of 2016 (Public Law 114–294; 38
- 24 U.S.C. 8103 note);

1           (3) the Secretary determines such donation  
2 would—

- 3                   (A) accelerate project completion;
- 4                   (B) reduce the expense to the Department;
- 5                   (C) improve facility condition; or
- 6                   (D) otherwise benefit veterans;

7           (4) the donor enters into a formal agreement  
8 with the Secretary that includes—

- 9                   (A) provisions for the Department's over-  
10 sight during performance;
- 11                   (B) compliance with applicable construc-  
12 tion codes and standards, and applicable laws  
13 and regulations;
- 14                   (C) donor-provided insurance, warranties,  
15 and liability protections;
- 16                   (D) the amount of the donation and the  
17 amount of the Department's funding contribu-  
18 tion, if any;
- 19                   (E) that the donation shall not increase  
20 the cost to the Federal Government of com-  
21 pleting such project described in subsection (a)  
22 (excluding activation and sustainment of such  
23 facility); and
- 24                   (F) such other terms as the Secretary de-  
25 termines necessary.

1       (c) STREAMLINED REQUIREMENTS.—For donations  
2 under this section that do not involve transfer of real prop-  
3 erty title—

4           (1) the donor shall enter into an agreement  
5 with the Department that determines who is respon-  
6 sible to ensure environmental or historic preserva-  
7 tion due diligence is completed;

8           (2) the donor shall obtain all federally required  
9 construction and facility related permits; and

10          (3) agreements may be simplified relative to  
11 those under section 2 of the Communities Helping  
12 Invest through Property and Improvements Needed  
13 for Veterans Act of 2016 (Public Law 114–294; 38  
14 U.S.C. 8103 note) to reflect the nature of services  
15 or targeted contributions.

16       (d) REPORTING.—The Secretary shall include infor-  
17 mation on donations accepted under this section in the re-  
18 ports required under section 2(g) of the Communities  
19 Helping Invest through Property and Improvements Need-  
20 ed for Veterans Act of 2016 (Public Law 114–294; 38  
21 U.S.C. 8103 note), with separate tracking for donations  
22 under this section.

1 **SEC. 658. REPORT ON USE OF ADDITIONAL AUTHORITIES**  
2 **RELATING TO RECRUITMENT AND RETEN-**  
3 **TION OF PERSONNEL.**

4 (a) **REPORT REQUIRED.**—Not later than 90 days  
5 after the date of the enactment of this Act, the Secretary  
6 of Veterans Affairs shall submit to the appropriate com-  
7 mittees of Congress a report detailing how the Secretary  
8 will use the authorities of section 706 of title 38, United  
9 States Code, to increase the size and performance of the  
10 acquisition workforce of the Department of Veterans Af-  
11 fairs.

12 (b) **DEFINITIONS.**—In this section:

13 (1) **ACQUISITION WORKFORCE OF THE DEPART-**  
14 **MENT.**—The term “acquisition workforce of the De-  
15 partment of Veterans Affairs” means personnel of  
16 the Department of Veterans Affairs occupying posi-  
17 tions within occupational series, as defined by the  
18 Director of the Office of Personnel Management, re-  
19 sponsible for acquisition functions, as determined by  
20 the Secretary.

21 (2) **APPROPRIATE COMMITTEES OF CON-**  
22 **GRESS.**—The term “appropriate committees of Con-  
23 gress” means the Committee on Veterans’ Affairs of  
24 the Senate and the Committee on Veterans’ Affairs  
25 of the House of Representatives.



1 **SEC. 659. REPORTS ON KEY CAPITAL ASSET INVESTMENTS,**  
2 **ACTIVITIES, AND PERFORMANCE OF DEPART-**  
3 **MENT OF VETERANS AFFAIRS.**

4 (a) IN GENERAL.—Section 8120 of title 38, United  
5 States Code, is amended to read as follows:

6 **“§ 8120. Reports on key capital asset investments, ac-**  
7 **tivities, and performance**

8 “(a) CAPITAL ASSET INVESTMENT, ACTIVITIES, AND  
9 PERFORMANCE.—

10 “(1) IN GENERAL.—Not later than 30 days  
11 after the end of each fiscal year, and every 60 days  
12 thereafter until the end of the subsequent fiscal  
13 year, the Secretary shall submit to the appropriate  
14 committees of Congress a report on key capital asset  
15 investments, activities, and performance of the De-  
16 partment.

17 “(2) ELEMENTS.—

18 “(A) FIRST REPORT IN EACH FISCAL  
19 YEAR.—The first report under paragraph (1) in  
20 each fiscal year shall include the following:

21 “(i) A brief summary of work that  
22 was completed on each capital asset project  
23 that was completed in the previous fiscal  
24 year.

25 “(ii) A brief summary of the accom-  
26 plishments, impediments, and challenges

1 experienced by the Department with re-  
2 spect to capital asset projects in the pre-  
3 vious fiscal year and a description of ef-  
4 forts made to address any such impedi-  
5 ments and challenges.

6 “(iii) With respect to each capital  
7 asset project completed in such year, the  
8 following:

9 “(I) The type of project (major  
10 construction, minor construction, non-  
11 recurring maintenance, leases, or  
12 other category, including disposals).

13 “(II) The estimated total cost  
14 and the actual total cost of the  
15 project.

16 “(III) A description of the  
17 project.

18 “(IV) The location and facility  
19 with respect to which the project was  
20 carried out.

21 “(V) The fiscal quarter the  
22 project was expected to begin, the fis-  
23 cal quarter the project began, the  
24 month and year the project was com-  
25 pleted, and the fiscal quarter the facil-

1                   ity in connection to such project was  
2                   in use by veterans, employees of the  
3                   Department, or other relevant users,  
4                   as the case may be.

5                   “(iv) In the case of any capital asset  
6                   project completed during the previous fis-  
7                   cal year with respect to which the final  
8                   cost of the project (or any increment of the  
9                   project) was more than 10 percent greater  
10                  than the estimated cost of the project (or  
11                  increment) or the completion of such  
12                  project (or increment) was more than 180  
13                  days later than the planned schedule for  
14                  such project (or increment)—

15                  “(I) the reason for any such  
16                  overage or delay; and

17                  “(II) actions being taken to pre-  
18                  vent any such overage or delay in fu-  
19                  ture projects.

20                  “(v) A list of any capital asset  
21                  projects cancelled during the previous fis-  
22                  cal year, including any projects in the de-  
23                  sign phase and including the reason for the  
24                  cancellation.

1 “(vi) A summary of total actual obli-  
2 gations for capital asset projects for the  
3 previous fiscal year, broken out by major  
4 construction, minor construction, non-  
5 recurring maintenance, and leases from the  
6 medical facilities appropriation account of  
7 the Department.

8 “(vii) A projected list of capital asset  
9 projects, broken out by type of project  
10 under subclause (I), that are expected to  
11 be initiated during the current fiscal year  
12 and those that are expected to be com-  
13 pleted during the current fiscal year, which  
14 shall include the following:

15 “(I) The type of project (major  
16 construction, minor construction, non-  
17 recurring maintenance, leases, or  
18 other category, including disposals).

19 “(II) The estimated total cost of  
20 the project.

21 “(III) A description of the  
22 project.

23 “(IV) The location and facility  
24 with respect to which the project was

1 carried out or is expected to be car-  
2 ried out.

3 “(V) The fiscal quarter the  
4 project is expected to begin, the fiscal  
5 quarter the project is expected to be  
6 completed, and the fiscal quarter the  
7 facility in connection to such project  
8 is expected to be in use by veterans,  
9 employees of the Department, or other  
10 relevant users, as the case may be.

11 “(viii) Projected total obligations for  
12 capital asset projects for the current fiscal  
13 year, broken out by major construction,  
14 minor construction, nonrecurring mainte-  
15 nance, and leases, from the medical facili-  
16 ties appropriation account of the Depart-  
17 ment.

18 “(ix) Such observations of best prac-  
19 tices, impediments, and accomplishments  
20 related to the capital asset management  
21 and performance of the Department, in-  
22 cluding any legislative or administrative  
23 action, as the Secretary considers appro-  
24 priate with respect to such practices, im-  
25 pediments, and accomplishments.

1                   “(x) Meaningful metrics that show the  
2                   progress of the Department toward meet-  
3                   ing relevant goals of the Department relat-  
4                   ing to capital asset management.

5                   “(xi) Such other matters as the Sec-  
6                   retary considers appropriate.

7                   “(B) SUBSEQUENT REPORTS.—Each re-  
8                   port in a fiscal year after the first report shall  
9                   include, at a minimum, relevant updates on any  
10                  capital asset projects that are ongoing during  
11                  that fiscal year, including any updates to infor-  
12                  mation provided with respect to such projects  
13                  under subparagraph (A).

14                  “(3) MATTERS RELATING TO REPORTING  
15                  COSTS.—In each report under paragraph (1), when  
16                  reporting on costs for capital asset projects, the Sec-  
17                  retary may include information regarding Federal  
18                  requirements, including those specific to the Depart-  
19                  ment, that may not exist in the non-Federal con-  
20                  struction sector that may increase costs for capital  
21                  asset projects.

22                  “(b) SUPER CONSTRUCTION PROJECTS.—

23                  “(1) IN GENERAL.—Not later than 30 days  
24                  after the end of each fiscal year, and every 60 days  
25                  thereafter until the end of that fiscal year, the Sec-

1       retary shall submit to the appropriate committees of  
2       Congress a report on the super construction projects  
3       carried out by the appropriate non-Department Fed-  
4       eral entity described in section 8103(e)(1) of this  
5       title during such year.

6               “(2) ELEMENTS.—Each report required under  
7       paragraph (1) shall include, for each project de-  
8       scribed in such paragraph—

9               “(A) the budgetary and scheduling status  
10       of the project, as of the last day of the most re-  
11       cent fiscal quarter ending before the date on  
12       which the report is required to be submitted;  
13       and

14              “(B) the actual cost and schedule  
15       variances of the project, as of such day, com-  
16       pared to the planned cost and schedules for the  
17       project.

18       “(c) DEFINITIONS.—In this section:

19              “(1) APPROPRIATE COMMITTEES OF CON-  
20       GRESS.—The term ‘appropriate committees of Con-  
21       gress’ means—

22              “(A) the Committee on Appropriations and  
23       the Committee on Veterans’ Affairs of the Sen-  
24       ate; and

7           “(3) SUPER CONSTRUCTION PROJECT.—The  
8       term ‘super construction project’ has the meaning  
9       given such term in section 8103(e)(3) of this title.”.

“8120. Reports on key capital asset investments, activities, and performance.”.

Not later than 180 days after the date of enactment of this Act, the Secretary of Veterans Affairs, in consultation with the Comptroller General of the United States, the Director of the Office of Management and Budget, and private sector stakeholders, shall develop a revised process for the procurement of major medical facility leases under chapter 81 of title 38, United States Code, and submit to the Committees on Veterans' Affairs of the House of Representatives and the Senate a report that includes a description of such revised process.



1 **SEC. 661. SUBMISSION AND NOTIFICATION OF COST ESTI-**  
2 **MATES FOR MEDICAL FACILITY LEASES.**

3 (a) SUBMISSION OF COST ESTIMATES FOR MAJOR  
4 MEDICAL FACILITY LEASES WITH PRESIDENTIAL BUDG-  
5 ET REQUEST.—Subchapter I of chapter 81 of title 38,  
6 United States Code, is amended by inserting after section  
7 8104 the following new section:

8 **“§ 8104A. Submission of cost estimates for major med-**  
9 **ical facility leases with president’s budg-**  
10 **et request**

11 “(a) IN GENERAL.—For each major medical facility  
12 lease or prospectus-level lease for which the Secretary  
13 seeks authorization, appropriations, or prospectus ap-  
14 proval, the Secretary shall include in the budget justifica-  
15 tion materials submitted to Congress in connection with  
16 the budget of the Department for the applicable fiscal year  
17 (as submitted with the budget of the President under sec-  
18 tion 1105(a) of title 31) a market-based cost estimate and  
19 full life-cycle cost estimate for such lease.

20 “(b) MARKET-BASED COST ESTIMATE.—Each mar-  
21 ket-based cost estimate required under subsection (a) shall  
22 include an evaluation of—

23 “(1) local land values;

24 “(2) applicable construction costs; and

25 “(3) other cost factors the Secretary determines  
26 relevant to build-to-suit facilities.

1 “(c) STANDARDIZED METHODOLOGY.—

2 “(1) IN GENERAL.—The Secretary shall adopt  
3 and apply a standardized methodology for estimating  
4 under subsection (a) the full life-cycle cost of major  
5 medical facility leases and prospectus-level leases.

6 “(2) REQUIRED ELEMENTS.—The methodology  
7 required under paragraph (1) shall include, at a  
8 minimum—

9 “(A) base rent projections over the full  
10 lease term;

11 “(B) tenant improvement and buildout  
12 costs based on current medical facility stand-  
13 ards;

14 “(C) estimated operating expenses, includ-  
15 ing utilities, maintenance, and security;

16 “(D) annual escalation factors tied to con-  
17 struction cost indices, labor rates, and market  
18 trends;

19 “(E) cost assumptions for option periods  
20 or potential renewal terms; and

21 “(F) geographic adjustments using current  
22 regional market data to reflect location-specific  
23 construction and leasing conditions.

24 “(d) ANNUAL ADJUSTMENT.—

1           “(1) IN GENERAL.—To reflect inflation and  
2           market escalation, the Secretary shall annually ad-  
3           just each cost estimate for a lease submitted to Con-  
4           gress for authorization, appropriations, or pro-  
5           spectus approval during the period beginning on the  
6           date on which the Secretary first includes such cost  
7           estimate in the budget justification materials de-  
8           scribed in subsection (a) and ending on the projected  
9           award date for the lease.

10           “(2) INDICES.—In adjusting a cost estimate  
11           under paragraph (1), the Secretary shall use such  
12           medical construction or real estate indices as the  
13           Secretary determines appropriate.

14           “(e) RULES OF CONSTRUCTION.—

15           “(1) BUDGETARY TREATMENT.—Nothing in  
16           this section shall be construed to alter, supersede,  
17           waive, or otherwise affect the application of the  
18           scorekeeping guidelines, including the budgetary  
19           treatment of leases under Office of Management and  
20           Budget Circular A–11 or any successor guidance.

21           “(2) PRESERVATION OF EXISTING BUDGET AU-  
22           THORITY REQUIREMENTS.—Nothing in this section  
23           shall be construed to authorize the Secretary to  
24           enter into a lease, incur an obligation, or make an

1 expenditure except to the extent and in the amount  
2 provided in advance in appropriations Acts.

3 “(f) DEFINITIONS.—In this section, the term ‘major  
4 medical facility lease’ has the meaning given that term in  
5 section 8104(a)(3)(B) of this title.”.

6 (b) CONGRESSIONAL NOTIFICATION AND PLAN RE-  
7 QUIRED FOR COST ESTIMATES EXCEEDING APPROVED  
8 PROSPECTUS AMOUNTS.—Subchapter I of such chapter is  
9 further amended by inserting after section 8104A the fol-  
10 lowing new section:

11 **“§ 8104B. Congressional notification and plan re-**  
12 **quired for cost estimates exceeding ap-**  
13 **proved prospectus amounts**

14 “(a) PRICE ESTIMATES REQUIRED DURING SOLICI-  
15 TATION PHASE.—As part of the request for lease pro-  
16 posals (or equivalent formal solicitation) for a major med-  
17 ical facility lease, the Secretary shall require offerors to  
18 provide detailed price proposals, including the cost of land  
19 (if applicable), to enable evaluation against the authorized  
20 prospectus amount.

21 “(b) NOTIFICATION REQUIRED.—If the lowest re-  
22 sponsive offer for a major medical facility lease exceeds  
23 the unserviced shell rent authorized in the approved pro-  
24 spectus by more than 10 percent, the Secretary shall no-  
25 tify the Committee on Veterans’ Affairs of the Senate and

1 the Committee on Veterans' Affairs of the House of Rep-  
2 resentatives not later than 45 days after the date on which  
3 the Secretary determines that such offer exceeds such au-  
4 thorized amount.

5 “(c) PLAN REQUIRED.—

6 “(1) IN GENERAL.—Not later than 60 days  
7 after notification under subsection (b) with respect  
8 to a major medical facility lease, the Secretary shall  
9 submit to the Committee on Veterans' Affairs of the  
10 Senate and the Committee on Veterans' Affairs of  
11 the House of Representatives a plan to address the  
12 cost discrepancy for such lease, which may include  
13 scope adjustment, value engineering, requesting ad-  
14 ditional authority, or other appropriate measures.

15 “(2) LIMITATION ON AWARD.—The Secretary  
16 shall not award a major medical facility lease until  
17 the Committee on Veterans' Affairs of the Senate  
18 and the Committee on Veterans' Affairs of the  
19 House of Representatives have received the plan re-  
20 quired under paragraph (1) with respect to such  
21 lease.

22 “(d) LIMITATION ON FURTHER ACTION.—If the Sec-  
23 retary is required to submit a notification under sub-  
24 section (b), the Secretary may not issue a request for lease  
25 proposals for the applicable major medical facility lease

1 until the date on which the Secretary submits the plan  
 2 required under subsection (c).

3 “(e) RULE OF CONSTRUCTION.—Nothing in this sec-  
 4 tion shall be construed to authorize the Secretary to ex-  
 5 ceed any amount authorized in an approved prospectus or  
 6 any amount provided in advance in an appropriations  
 7 Act.”.

8 (c) CLERICAL AMENDMENT.—The table of sections  
 9 at the beginning of such chapter is amended by inserting  
 10 after the item relating to section 8104 the following new  
 11 items:

“8104A. Submission of cost estimates for major medical facility leases with  
 President’s budget request

“8104B. Congressional notification and plan required for cost estimates exceed-  
 ing approved prospectus amounts”.

12 **SEC. 662. REPORT ON CAPITAL ASSET AND INFORMATION**  
 13 **TECHNOLOGY NEEDS OF THE RESEARCH AND**  
 14 **DEVELOPMENT PROGRAM OF DEPARTMENT**  
 15 **OF VETERANS AFFAIRS.**

16 (a) REPORT REQUIRED.—Not later than two years  
 17 after the date of the enactment of this Act, the Secretary  
 18 of Veterans Affairs shall submit to Congress a report on  
 19 the capital asset and information technology needs of the  
 20 research and development program of the Department of  
 21 Veterans Affairs.

22 (b) CONTENTS.—

1           (1) IN GENERAL.—The report required by sub-  
2       section (a) shall include the following:

3           (A) A comprehensive summary of new fa-  
4       cilities, renovations of existing facilities, leasing  
5       of facilities, and any other such facilities or  
6       physical infrastructure the Department requires  
7       to effectively perform its research and develop-  
8       ment functions, including projected functions.

9           (B) Detailed information on the informa-  
10      tion technology resources, projects, equipment,  
11      and related information technology needs,  
12      disaggregated by type of information technology  
13      funding categories, such as development or op-  
14      erations and maintenance, the Department re-  
15      quires in order to make the research and devel-  
16      opment program and activities of the Depart-  
17      ment functional and high-performing in the  
18      short-, medium-, and long-term, and those  
19      needed to enable employees of the Department  
20      to perform their research and development ac-  
21      tivities in an effective and efficient manner.

22          (C) Such matters as the Secretary deter-  
23      mines relevant to maintain and further improve  
24      and advance the research and development  
25      functions of the Department through improved

capital asset and information technology support.

(2) REQUIREMENTS.—

(A) FACILITIES.—

(i) SUMMARIES BY PROJECT.—In providing information under paragraph (1)(A), the Secretary shall provide estimated summaries for each project with cost data as well as a realistic multi-year plan to design and deliver the capital asset projects, assuming required funding is provided.

(ii) IDENTIFICATION OF PROJECTS.—

The Secretary shall identify each project under paragraph (1)(A) by its project type, such as major construction, minor construction, nonrecurring maintenance, major lease, minor lease, or such other category as the Secretary determines may be appropriate.

(B) INFORMATION TECHNOLOGY.—In providing information under paragraph (1)(B), the Secretary shall provide estimated summaries for each project or investment with individual and total cost data as well as a realistic multi-year



1           plan to develop relevant requirements and ac-  
2           quire and deploy the relevant information tech-  
3           nology services, projects, equipment, and re-  
4           lated matters.

5           (C) SCOPE.—The scope of the report sub-  
6           mitted under subsection (a) is on the capital  
7           asset, information technology, and other related  
8           critical support functions, excluding human cap-  
9           ital related needs, needed for the Department to  
10          perform research and development in an effec-  
11          tive and efficient manner.

12          (c) CONSIDERATIONS.—In preparing the report re-  
13          quired by subsection (a), the Secretary may consider the  
14          following:

15               (1) The findings of the 2012 final report of the  
16          Research Infrastructure Program of the Depart-  
17          ment.

18               (2) Current and updated data providing the  
19          most accurate and holistic presentation of the phys-  
20          ical infrastructure, information technology, and  
21          other relevant support function needs of the research  
22          and development program of the Department.

23               (3) Such other matters as the Secretary con-  
24          siders appropriate.

1 **SEC. 663. IMPROVING PREVENTION, DETECTION, AND RE-**  
2 **PORTING OF WASTE, FRAUD, AND ABUSE IN**  
3 **DEPARTMENT OF VETERANS AFFAIRS CAP-**  
4 **ITAL ASSET PROJECTS AND ACTIVITIES.**

5 (a) REPORT REQUIRED.—Not later than one year  
6 after the date of the enactment of this Act, the Secretary  
7 of Veterans Affairs shall submit to the appropriate com-  
8 mittees of Congress a report on actions the Department  
9 of Veterans Affairs is taking or plans to take to enhance  
10 the ability of the Department to prevent, detect, and re-  
11 port waste, fraud, and abuse occurring in capital asset  
12 projects of the Department, whether by employees, con-  
13 tractors, or other relevant persons or entities involved with  
14 the Department.

15 (b) ELEMENTS.—The report required by subsection  
16 (a) shall include the following:

17 (1) An assessment of whether new training or  
18 enhancements to existing training should be under-  
19 taken to improve the prevention, detection, and re-  
20 porting of waste, fraud, and abuse.

21 (2) Recommendations for such legislative and  
22 administrative action as the Secretary determines  
23 appropriate to improve the prevention, detection,  
24 and reporting of waste, fraud, and abuse.

25 (3) Such other matters as the Secretary con-  
26 siders appropriate.

1       (c) CONSULTATION.—In carrying out subsection (a),  
2 the Secretary—

3           (1) shall consult with the Inspector General of  
4 the Department of Veterans Affairs and the Comp-  
5 troller General of the United States on matters re-  
6 lating to best practices and strategies to improve de-  
7 tection and prevention by the Department of waste,  
8 fraud, and abuse in capital asset projects and man-  
9 agement; and

10          (2) may consult with such other persons and  
11 entities on such matters as the Secretary considers  
12 appropriate.

13 **SEC. 664. REPORT ON LONG-TERM CARE PHYSICAL INFRA-**  
14 **STRUCTURE NEEDS OF DEPARTMENT OF**  
15 **VETERANS AFFAIRS.**

16       (a) IN GENERAL.—Not later than one year after the  
17 date of the enactment of this Act, the Secretary of Vet-  
18 erans Affairs shall submit to the appropriate committees  
19 of Congress a report, disaggregated by medical center or  
20 other relevant health care facility of the Department of  
21 Veterans Affairs, identifying the physical infrastructure  
22 needs of the Department to support current and future  
23 anticipated long-term care needs and models of care for  
24 veterans, including—

1           (1) infrastructure needed to support the deliv-  
2           ery of long-term care for women veterans, veterans  
3           with spinal cord injuries and diseases, veterans with  
4           traumatic brain injury, veterans with unique behav-  
5           ioral health needs, veterans with memory loss, and  
6           other population groups with unique needs or pro-  
7           jected future needs;

8           (2) information regarding the plans of the De-  
9           partment to provide such care as the Department  
10          builds internal capacity but space is not yet available  
11          to meet the demand for such care; and

12          (3) with respect to any projects needed to pro-  
13          vide the infrastructure specified under paragraph  
14          (1)—

15                (A) the estimated individual project cost  
16                and total cost to accomplish those projects; and

17                (B) the estimated individual project  
18                timeline to accomplish each such project upon  
19                receipt of appropriate funding.

20          (b) INCLUSION OF INFORMATION REGARDING  
21 PRIORITIZATION OF CERTAIN PROJECTS.—The Secretary  
22 shall include in the report required under subsection (a)  
23 information regarding how the infrastructure  
24 prioritization processes of the Department, such as the  
25 Strategic Capital Investment Planning process, or suc-

1 cessor process, could be modified to include higher  
2 prioritization of projects that support the provision of a  
3 health care service that is not widely available, or is not  
4 available in compliance with appropriate quality or access  
5 standards, from non-Department providers.

6 (c) DEVELOPMENT OF REPORT.—In developing the  
7 report required under subsection (a), the Secretary shall  
8 consult with relevant regional and national program of-  
9 fices of the Veterans Health Administration with responsi-  
10 bility for managing the various health care services cov-  
11 ered by the report, including long-term care and care re-  
12 lating to spinal cord injuries and diseases, to ensure that  
13 the report contains a holistic, comprehensive, and inte-  
14 grated plan to address the capital asset and other space  
15 needs for the population of veterans who require those  
16 services.

17 (d) INDICATION OF TYPES OF PROJECTS.—In the re-  
18 port required under subsection (a), the Secretary shall in-  
19 dicate the projects that can be most efficiently and effec-  
20 tively accomplished through smaller individual infrastruc-  
21 ture projects or through a larger medical facility replace-  
22 ment or new site of care, as determined by the Secretary.

1       **Subtitle F—Other Health Care**  
2                   **Matters**

3   **SEC. 671. PRESCRIPTION, DELIVERY, DISTRIBUTION, AND**  
4                   **DISPENSATION OF CONTROLLED SUBSTANCE**  
5                   **MEDICATIONS BY COVERED HEALTH CARE**  
6                   **PROFESSIONALS OF DEPARTMENT OF VET-**  
7                   **ERANS AFFAIRS VIA TELEMEDICINE.**

8       (a) IN GENERAL.—Subchapter III of chapter 17 of  
9   title 38, United States Code, is amended by adding at the  
10   end the following new section:

11   **“§ 1730D. Prescription, delivery, distribution, and dis-**  
12                   **persation of controlled substance medi-**  
13                   **cations via telemedicine**

14       “(a) IN GENERAL.—Notwithstanding sections  
15   102(54) and 309(e) of the Controlled Substances Act (21  
16   U.S.C. 802(54) and 829(e)), a covered health care profes-  
17   sional may prescribe, deliver, distribute, and dispense a  
18   controlled substance if the covered health care professional  
19   is using telemedicine through the use of an interactive  
20   telecommunications system, including an audio-only tele-  
21   communications system when necessary, to prescribe, de-  
22   liver, distribute, or dispense to a patient eligible to receive  
23   hospital care or medical services under this chapter a con-  
24   trolled substance that is a prescription drug as determined  
25   under the Federal Food, Drug, and Cosmetic Act (21

1 U.S.C. 301 et seq.), regardless of whether such covered  
2 health care professional has conducted an in-person med-  
3 ical examination of such patient, if—

4 “(1) such covered health care professional—

5 “(A) is acting in the usual course of pro-  
6 fessional practice;

7 “(B) is registered pursuant to section  
8 303(g) of the Controlled Substances Act (21  
9 U.S.C. 823(g)) in any State or is utilizing the  
10 registration of a facility of the Department reg-  
11 istered pursuant to section 303(f) of such Act  
12 (21 U.S.C. 823(f));

13 “(C) has access to medical documentation  
14 from an in-person medical evaluation of such  
15 patient in the past two years by—

16 “(i) a covered health care profes-  
17 sional;

18 “(ii) a health care professional who  
19 furnished care and services under the Vet-  
20 erans Community Care Program under  
21 section 1703 of this title; or

22 “(iii) a health care professional of the  
23 Department of Defense; and

24 “(D) at the time of the telemedicine visit  
25 of the patient—

1           “(i) has reviewed the prescription data  
2           of the individual from the electronic health  
3           record database of the Department and  
4           data from the prescription drug monitoring  
5           program for the State in which the patient  
6           is located at the time of the telemedicine  
7           encounter (if such a program exists) for at  
8           least the one-year period preceding the  
9           date of the visit or, if less than one year  
10          of data is available, for the entire period  
11          available; and

12           “(ii) provides documentation of—

13                   “(I) such review;

14                   “(II) all successful attempts to  
15                   access such databases and program;  
16                   and

17                   “(III) all unsuccessful attempts  
18                   to access such databases and program  
19                   that resulted in the prescription of a  
20                   limited supply under subsection (b);  
21                   and

22           “(2) such substance is delivered, distributed, or  
23           dispensed for a legitimate medical purpose.

24           “(b) AUTHORITY FOR LIMITED SUPPLY.—



1           “(1) IN GENERAL.—If the databases and pro-  
2           gram described in subsection (a)(1)(D) are unavail-  
3           able or inaccessible at the time of a telemedicine en-  
4           counter conducted by a covered health care profes-  
5           sional, the covered health care professional may not  
6           prescribe, deliver, distribute, or dispense more than  
7           a seven-day supply of a controlled substance until  
8           the covered health care professional is able to review  
9           such databases and program.

10           “(2) DATABASES UNAVAILABLE OR INACCES-  
11           SIBLE.—If a database or program required to be re-  
12           viewed under subsection (a)(1)(D) is unavailable or  
13           inaccessible for an extended period, as determined  
14           by the Secretary, a covered health care professional  
15           may provide additional seven-day supplies of a con-  
16           trolled substance until such database or program is  
17           accessible.

18           “(c) MAXIMUM SUPPLY.—The authority under this  
19           section may be used to supply a controlled substance for  
20           not more than a six-month period.

21           “(d) USE OF AUTHORITY.—The Secretary shall en-  
22           sure that the authority under this section is used to pre-  
23           vent interruptions to patient care and not as a replace-  
24           ment for routine in-person patient care.

25           “(e) REGULATIONS.—

1           “(1) IN GENERAL.—The Secretary shall estab-  
2           lish in regulations guidelines and a process for the  
3           prescription, delivery, distribution, and dispensation  
4           of a controlled substance pursuant to subsection (a).

5           “(2) ELEMENTS.—The Secretary shall ensure  
6           the guidelines and process described in paragraph  
7           (1)—

8                   “(A) do not restrict access of a patient to  
9                   in-person care; and

10                   “(B) provide for the collection and analysis  
11                   of data to determine if an individual has evi-  
12                   dence of a prior in-person medical evaluation by  
13                   a health care professional described in sub-  
14                   section (a)(1)(C) who would reasonably be ex-  
15                   pected to have prescribing authority based on  
16                   their credential or organizational role.

17           “(3) INITIATING TREATMENT.—

18                   “(A) IN GENERAL.—The guidelines estab-  
19                   lished by paragraph (1) shall prohibit a covered  
20                   health care professional from initiating treat-  
21                   ment with an opioid medication listed in sched-  
22                   ule II or III under section 202 of the Controlled  
23                   Substances Act (21 U.S.C. 812) unless the cov-  
24                   ered health care professional is providing treat-  
25                   ment—

1 “(i) for opioid use disorder;

2 “(ii) for a patient receiving palliative  
3 care or enrolled in hospice care; or

4 “(iii) for a patient who is physically  
5 located in a medical facility where the pa-  
6 tient is receiving in-person care.

7 “(B) EXCEPTION.—The prohibition under  
8 subparagraph (A) shall not apply to renewal or  
9 maintenance of a previously prescribed medica-  
10 tion described in such subparagraph.

11 “(f) REPORTING.—

12 “(1) IN GENERAL.—Not later than one year  
13 after the date of the enactment of the Take Care of  
14 America’s Veterans Act, and not less frequently than  
15 annually thereafter until the termination date under  
16 subsection (g), the Secretary shall submit to the  
17 Committee on Veterans’ Affairs of the Senate and  
18 the Committee on Veterans’ Affairs of the House of  
19 Representatives a report that addresses the use of  
20 the authority under this section during the fiscal  
21 year preceding the date of submission of the report  
22 in each Veterans Integrated Service Network.

23 “(2) ELEMENTS.—Each report under para-  
24 graph (1) shall indicate, at a minimum—

1           “(A) how many patients received prescrip-  
2           tions for controlled substance medications  
3           through telemedicine under this section;

4           “(B) which controlled substances are being  
5           prescribed under this section and how many  
6           prescriptions were written for each such sub-  
7           stance;

8           “(C) the number of individuals who re-  
9           ceived a controlled substance medication that  
10          was prescribed, delivered, distributed, or dis-  
11          pensed under this section without evidence of  
12          an in-person medical evaluation within the pre-  
13          vious two years by a health care professional  
14          described in subsection (a)(1)(C); and

15          “(D) the barriers that exist to reviewing  
16          prescription drug monitoring programs of  
17          States and how often those barriers occur.

18          “(g) DURATION.—The authority under this section  
19          shall terminate on September 30, 2031.

20          “(h) DEFINITIONS.— In this section:

21                 “(1) The terms ‘controlled substance’, ‘deliver’,  
22                 ‘dispense’, and ‘distribute’ have the meanings given  
23                 those terms in section 102 of the Controlled Sub-  
24                 stances Act (21 U.S.C. 802).

1           “(2) The term ‘covered health care professional’  
2       means—

3           “(A) a health care professional who—

4               “(i) is—

5                   “(I) an employee of the Depart-  
6                   ment appointed under section 7306,  
7                   7401, 7405, 7406, or 7408 of this  
8                   title or under title 5; or

9                   “(II) operating from a facility of  
10                  the Department, including a clinic of  
11                  the Department;

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

14               “(iii) is required to adhere to all  
15               standards for quality relating to the provi-  
16               sion of health care in accordance with ap-  
17               plicable policies of the Department;

18               “(iv) has an active, current, full, and  
19               unrestricted license, registration, or certifi-  
20               cation or meets qualification standards set  
21               forth by the Secretary within a specified  
22               time frame; and

23               “(v) with respect to a health care pro-  
24               fession listed under section 7402(b) of this

1 title, has the qualifications for such profes-  
 2 sion as set forth by the Secretary; and

3 “(B) a health professions trainee who—

4 “(i) is appointed under section 7405  
 5 of this title; and

6 “(ii) is under the clinical supervision  
 7 of a health care professional described in  
 8 subparagraph (A).”.

9 (b) CLERICAL AMENDMENT.—The table of sections  
 10 at the beginning of such chapter is amended by inserting  
 11 after the item relating to section 1730C the following new  
 12 item:

“1730D. Prescription, delivery, distribution, and dispensation of controlled sub-  
 stance medications via telemedicine.”.

13 **SEC. 672. COPAYMENTS FOR LIMITED SUPPLIES OF MEDI-**  
 14 **CATIONS.**

15 Paragraph (4) of section 1722A(a) of title 38, United  
 16 States Code, is amended to read as follows:

17 “(4) Paragraph (1) does not apply—

18 “(A) to opioid antagonists furnished under this  
 19 chapter to a veteran who is at high risk for overdose  
 20 of a specific medication or substance in order to re-  
 21 verse the effect of such an overdose; and

22 “(B) to any limited supply prescription for  
 23 medication, up to a 30-day supply of such medica-  
 24 tion, under section 1730D(b) of this title if the cov-

1       ered health care professional would have prescribed,  
2       delivered, distributed, or dispensed a supply for  
3       more than seven days if not for the restrictions  
4       under such section.”.

5   **SEC. 673. PLAN ON ESTABLISHMENT OF INTERACTIVE, ON-**  
6                   **LINE SELF-SERVICE MODULE FOR CARE.**

7       (a) IN GENERAL.—The Secretary of Veterans Affairs  
8       shall develop and implement a plan to establish, to the  
9       greatest extent practicable, an interactive, online self-serv-  
10      ice module—

11           (1) to allow veterans enrolled in the system of  
12           annual patient enrollment of the Department of Vet-  
13           erans Affairs established and operated under section  
14           1705(a) of title 38, United States Code—

15                   (A) to request appointments, track refer-  
16                   rals for health care under the laws administered  
17                   by the Secretary, whether at a facility of the  
18                   Department of Veterans Affairs or through a  
19                   non-Department provider, and receive appoint-  
20                   ment reminders;

21                   (B) to appeal and track decisions relating  
22                   to—

23                           (i) denials of requests for authoriza-  
24                           tion for care or services under section  
25                           1703 of title 38, United States Code; or

1 (ii) denials of requests for care or  
2 services at facilities of the Department, in-  
3 cluding under section 1710 of such title;

4 (C) to compare the average wait times for  
5 appointments for the type of care sought by the  
6 veteran at facilities of the Department and with  
7 non-Department facilities and providers  
8 through which the Secretary furnishes care and  
9 services under section 1703 of such title;

10 (D) to compare average driving times be-  
11 tween their residence and the nearest facility of  
12 the Department that provides the care they are  
13 seeking and between their residence and the  
14 closest non-Department provider that provides  
15 the care they are seeking and through which  
16 the Secretary furnishes care and services under  
17 section 1703 of such title; and

18 (E) to view a provider directory, informa-  
19 tion regarding pending medical claims, and ex-  
20 planations of benefits; and

21 (2) to implement such other matters as deter-  
22 mined appropriate by the Secretary.

23 (b) SUBMITTAL OF PLAN.—

24 (1) INITIAL PLAN.—Not later than 180 days  
25 after the date of the enactment of this Act, the Sec-



1       retary shall submit to the Committee on Veterans’  
2       Affairs of the Senate and the Committee on Vet-  
3       erans’ Affairs of the House of Representatives the  
4       plan developed under subsection (a).

5           (2) BIENNIAL UPDATE.—Not less frequently  
6       than once every 180 days during the two-year period  
7       beginning on the submittal of the plan under para-  
8       graph (1), the Secretary shall brief the Committee  
9       on Veterans’ Affairs of the Senate and the Com-  
10      mittee on Veterans’ Affairs of the House of Rep-  
11      resentatives on any updates on the implementation  
12      of such plan.

13 **SEC. 674. MODIFICATION OF REQUIREMENTS FOR CENTER**  
14                   **FOR INNOVATION FOR CARE AND PAYMENT**  
15                   **OF THE DEPARTMENT OF VETERANS AF-**  
16                   **FAIRS AND TRANSFER OF AUTHORITY.**

17       (a) IN GENERAL.—Chapter 3 of title 38, United  
18      States Code, is amended by adding at the end the fol-  
19      lowing new section:

20 **“§ 326. Center for Innovation**

21       “(a) ESTABLISHMENT.—There is established within  
22      the Department a Center for Innovation (in this section  
23      referred to as the ‘Center’).

24       “(b) PURPOSE.—The purpose of the Center is to test  
25      innovative payment and service delivery models to reduce

1 program expenditures of the Department under chapter  
2 17 of this title while preserving or enhancing the quality  
3 of care furnished to veterans and other eligible individuals.

4 “(c) IDENTIFICATION AND TESTING OF MODELS.—

5 “(1) IN GENERAL.—The Center shall—

6 “(A) identify and test health care payment  
7 and service delivery models under this title, in-  
8 cluding care from non-Department providers  
9 under subchapter I of chapter 17 of this title,  
10 that have the potential to—

11 “(i) reduce program expenditures; and

12 “(ii) preserve or enhance the quality  
13 of care furnished to veterans;

14 “(B) give preference to models that im-  
15 prove the coordination, quality, and efficiency of  
16 health care services furnished under this title;  
17 and

18 “(C) evaluate the effect of applying such  
19 models on program expenditures and quality  
20 outcomes under this title.

21 “(2) INCLUDED MODELS.—The models identi-  
22 fied and tested under paragraph (1) may include the  
23 following:

24 “(A) Bundled payment arrangements.

25 “(B) Preventive care initiatives.

1 “(C) Chronic care coordination models.

2 “(d) SELECTION OF MODELS.—

3 “(1) IN GENERAL.—The Secretary, acting  
4 through the Center, shall select models to be tested  
5 under subsection (b) from among those that—

6 “(A) address a defined population for  
7 which there are demonstrated deficits in care  
8 leading to poor clinical outcomes or potentially  
9 avoidable expenditures; and

10 “(B) are expected to reduce program costs  
11 while preserving or enhancing the quality of  
12 care furnished to veterans.

13 “(2) CRITERIA.—In selecting models under  
14 paragraph (1), the Secretary shall apply criteria con-  
15 sistent with the model selection framework used in  
16 evidence-based criteria that the Secretary determines  
17 appropriate.

18 “(e) TESTING AND EVALUATION.—

19 “(1) IN GENERAL.—The Secretary shall design  
20 and test each model under this section in a manner  
21 that allows for the evaluation of—

22 “(A) changes in program expenditures;

23 “(B) changes in quality and outcomes of  
24 care for veterans; and

1           “(C) other factors the Secretary deter-  
2           mines relevant to care coordination, access, and  
3           equity.

4           “(2) EVALUATION.—The Secretary shall evalu-  
5           ate each model under this section using scientifically  
6           valid methodologies, including control or comparison  
7           groups if practicable.

8           “(f) REPORTING.—

9           “(1) ANNUAL REPORT.—Not less frequently  
10          than annually, the Secretary shall submit to the  
11          Committee on Veterans’ Affairs of the Senate and  
12          the Committee on Veterans’ Affairs of the House of  
13          Representatives a report on models being tested  
14          under this section and their preliminary results, in-  
15          cluding—

16               “(A) a brief narrative description of the  
17               model explaining its intent and the proposed  
18               manner in which it is supposed to reduce ex-  
19               penditures and increase quality of or access to  
20               care for veterans;

21               “(B) the number of veterans and providers  
22               participating in the model, broken down by de-  
23               mographics such as age, race or ethnicity, geo-  
24               graphic location, and other characteristics as  
25               chosen by the Secretary;

1           “(C) gross and net savings or increases to  
2           the medical services account of the Department,  
3           including in comparison to baseline budgetary  
4           assumptions in the absence of the model;

5           “(D) an assessment of the utilization of  
6           the model, including the proportion of providers  
7           choosing to participate in the model and the  
8           proportion of veterans choosing to participate in  
9           the model, as the case may be;

10          “(E) an assessment of quality of care and  
11          patient outcome as measured by discrete objec-  
12          tive metrics, including changes to morbidity and  
13          mortality, changes to admission rates, changes  
14          to readmission rates, changes to population  
15          health metrics such as average blood pressure,  
16          A1C levels, body mass index, or other relevant  
17          health metrics, or other relevant clinical out-  
18          come metrics;

19          “(F) a description of provider, stakeholder,  
20          and veteran experiences; and

21          “(G) such other matters as the Secretary  
22          may consider relevant.

23          “(2) FINAL REPORT ON MODELS.—Not later  
24          than 180 days after completing each model under  
25          this section, the Secretary shall submit to the Com-

1        mittee on Veterans' Affairs of the Senate and the  
2        Committee on Veterans' Affairs of the House of  
3        Representatives a final report on such model, includ-  
4        ing—

5                “(A) findings from the evaluation of such  
6        model;

7                “(B) updated findings under paragraph  
8        (1) with respect to such model;

9                “(C) an assessment of the fiscal impact of  
10       such model; and

11               “(D) recommendations for expansion or  
12       termination of the use of such model.

13       “(g) EXPANSION OF SUCCESSFUL MODELS.—

14               “(1) IN GENERAL.—Except as provided in para-  
15       graph (2), the Secretary may, through rulemaking,  
16       expand the duration and scope of a model tested  
17       under this section to the extent that—

18               “(A) the Secretary determines such expan-  
19       sion is expected to—

20               “(i) reduce program expenditures  
21       without reducing quality of care; or

22               “(ii) improve quality of care without  
23       increasing program expenditures; and

1                   “(B) the Chief Financial Officer of the De-  
2                   partment certifies that such expansion will  
3                   maintain budget neutrality.

4                   “(2) LIMITATION.—The Secretary shall not ex-  
5                   pand a model unless the results of the evaluation of  
6                   the model under subsection (e) demonstrate that the  
7                   requirements of paragraph (1) are satisfied.

8                   “(h) COST NEUTRALITY AND FUNDING.—

9                   “(1) IN GENERAL.—Implementation or expan-  
10                  sion of any model under this section shall be con-  
11                  ducted in a manner that is cost-neutral to the De-  
12                  partment over the duration of the use of the model,  
13                  including administrative costs.

14                  “(2) USE OF AVAILABLE AMOUNTS.—The Sec-  
15                  retary shall ensure that expenditures under this sec-  
16                  tion are made from amounts otherwise available to  
17                  the Department for medical services, community  
18                  care, or medical support and compliance.

19                  “(i) RULE OF CONSTRUCTION.—Nothing in this sec-  
20                  tion shall be construed to authorize the Secretary to re-  
21                  duce the scope or amount of benefits under this title, or  
22                  to impose additional eligibility requirements, except as  
23                  may be necessary to carry out an approved model under  
24                  this section.”.

25                  (b) CONFORMING AND CLERICAL AMENDMENTS.—

1           (1) CONFORMING REPEAL.—Section 1703E of  
2 title 38, United States Code, is repealed.

3           (2) CONFORMING AMENDMENTS.—

4                 (A) PILOT PROGRAM TO IMPROVE ADMIN-  
5 ISTRATION OF CARE UNDER VETERANS COMMU-  
6 NITY CARE PROGRAM.—Section 105(a) of the  
7 Senator Elizabeth Dole 21st Century Veterans  
8 Healthcare and Benefits Improvement Act  
9 (Public Law 118–210; 38 U.S.C. 1703 note) is  
10 amended, in the matter preceding paragraph  
11 (1), by striking “Pursuant to section 1703E of  
12 title 38, United States Code, the Secretary of  
13 Veterans Affairs, acting through the Center for  
14 Innovation for Care and Payment” and insert-  
15 ing “Pursuant to section 326 of title 38, United  
16 States Code, the Secretary of Veterans Affairs,  
17 acting through the Center for Innovation”.

18                 (B) PILOT PROGRAM ON CONSOLIDATING  
19 APPROVAL PROCESS OF DEPARTMENT OF VET-  
20 ERANS AFFAIRS FOR COVERED DENTAL  
21 CARE.—Section 106(a) of the Senator Elizabeth  
22 Dole 21st Century Veterans Healthcare and  
23 Benefits Improvement Act (Public Law 118–  
24 210; 38 U.S.C. 1703 note) is amended, in the  
25 matter preceding paragraph (1), by striking



1 “the Center for Innovation for Care and Pay-  
2 ment established under section 1703E of title  
3 38, United States Code” and inserting “the  
4 Center for Innovation established under section  
5 326 of title 38, United States Code”.

6 (C) STRATEGIC PLAN ON VALUE-BASED  
7 HEALTH CARE SYSTEM FOR VETERANS HEALTH  
8 ADMINISTRATION; PILOT PROGRAM.—Section  
9 107 of the Senator Elizabeth Dole 21st Century  
10 Veterans Healthcare and Benefits Improvement  
11 Act (Public Law 118–210; 38 U.S.C. 1701  
12 note) is amended—

13 (i) in subsection (a)(2)(A)(viii), by  
14 striking “the Center for Innovation for  
15 Care and Payment of the Department  
16 under section 1703E of title 38, United  
17 States Code” and inserting “the Center for  
18 Innovation under section 326 of title 38,  
19 United States Code”; and

20 (ii) in subsection (c)(1), by striking  
21 “the Center for Innovation for Care and  
22 Payment established under section 1703E  
23 of title 38, United States Code” and in-  
24 serting ““the Center for Innovation under

1                   section 326 of title 38, United States  
2                   Code”.

3           (3) CLERICAL AMENDMENTS.—

4                   (A) CHAPTER 17.—The table of sections at  
5                   the beginning of chapter 17 of title 38, United  
6                   States Code, is amended by striking the item  
7                   relating to section 1703E.

8                   (B) CHAPTER 3.—The table of sections at  
9                   the beginning of chapter 3 of such title is  
10                  amended by adding at the end the following  
11                  new item:

“326. Center for Innovation.”.

12           (c) COMPTROLLER GENERAL REPORT.—Not later  
13           than 18 months after the date of the enactment of this  
14           Act, the Comptroller General of the United States shall  
15           submit to Congress a report—

16                   (1) on the efforts of the Center for Innovation  
17                   of the Department of Veterans Affairs in fulfilling  
18                   the objectives and requirements under section 326 of  
19                   title 38, United States Code, as added by subsection  
20                   (a); and

21                   (2) containing such recommendations as the  
22                   Comptroller General considers appropriate.

23           (d) REVIEW OF VETERANS COMMUNITY CARE PRO-  
24           GRAM.—

1           (1) IN GENERAL.—Not later than one year  
2           after the date of the enactment of this Act, the Sec-  
3           retary of Veterans Affairs, acting through the Office  
4           of Management of the Department of Veterans Af-  
5           fairs, shall conduct a review of all aspects of the  
6           Veterans Community Care Program.

7           (2) ELEMENTS.—The review required by para-  
8           graph (1) shall—

9                   (A) identify proven management and pay-  
10                  ment best practices of the Federal Government  
11                  used under the Medicare program under title  
12                  XVIII of the Social Security Act (42 U.S.C.  
13                  1395 et seq.), the Medicaid program under title  
14                  XIX of such Act (42 U.S.C. 1396 et seq.), and  
15                  the TRICARE program (as defined in section  
16                  1072 of title 10, United States Code);

17                  (B) determine what best practices, if any,  
18                  identified under subparagraph (A) should be  
19                  adopted and implemented by the Secretary, in-  
20                  cluding those practices that would require legis-  
21                  lative action before adoption and implementa-  
22                  tion;

23                  (C) determine how the Secretary can im-  
24                  prove access to care through the Veterans Com-

1 community Care Program for veterans eligible for  
2 such care;

3 (D) identify solutions to ease administra-  
4 tive, legislative, and regulatory burdens and im-  
5 prove efficiency in the Veterans Community  
6 Care Program;

7 (E) identify improvements to the Veterans  
8 Community Care Program that can enhance the  
9 experience of veterans and participating entities  
10 and providers furnishing hospital care, medical  
11 services, and extended care services under the  
12 Veterans Community Care Program;

13 (F) review how the Secretary—

14 (i) identifies eligibility for and re-  
15 views, processes, and approves referrals for  
16 care under the Veterans Community Care  
17 Program;

18 (ii) authorizes the furnishing of serv-  
19 ices under the Veterans Community Care  
20 Program; and

21 (iii) receives, reviews, processes, and  
22 approves requests for payment from par-  
23 ticipating entities and providers furnishing  
24 services under the Veterans Community  
25 Care Program.

1 (G) assess such other factors as deter-  
2 mined appropriate by the Secretary in consulta-  
3 tion with Congress.

4 (3) BRIEFING AND REPORT.—

5 (A) BRIEFING.—Periodically throughout  
6 the duration of the review required under para-  
7 graph (1), but not less frequently than quar-  
8 terly, the Secretary shall brief the Committee  
9 on Veterans' Affairs of the Senate and the  
10 Committee on Veterans' Affairs of the House of  
11 Representatives on the status and preliminary  
12 findings of such review.

13 (B) REPORT.—Not later than 30 days  
14 after the conclusion of the review required  
15 under paragraph (1), the Secretary shall submit  
16 to the Committee on Veterans' Affairs of the  
17 Senate and the Committee on Veterans' Affairs  
18 of the House of Representatives a written re-  
19 port containing—

20 (i) a complete and unredacted list of  
21 all findings and recommendations from the  
22 review; and

23 (ii) any legislative, administrative,  
24 regulatory, policy, or other changes sought

1 by the Secretary as a result of such find-  
2 ings.

3 (4) VETERANS COMMUNITY CARE PROGRAM DE-  
4 FINED.—In this subsection, the term “Veterans  
5 Community Care Program” means the Veterans  
6 Community Care Program under section 1703 of  
7 title 38, United States Code.

8 (e) PILOT PROGRAMS.—

9 (1) IN GENERAL.—Not later than one year  
10 after the date of the enactment of this Act, the Sec-  
11 retary of Veterans Affairs shall commence carrying  
12 out the pilot programs described in paragraph (2)  
13 through the Center for Innovation established by  
14 section 326 of title 38, United States Code, as added  
15 by subsection (a), and the Office of Management of  
16 the Department of Veterans Affairs.

17 (2) PILOT PROGRAMS DESCRIBED.—The Sec-  
18 retary shall carry out the following pilot programs:

19 (A) A pilot program to test innovative pay-  
20 ment models for the furnishing of preventive  
21 health services, as such term is defined in sec-  
22 tion 1701 of title 38, United States Code.

23 (B) A pilot program to test innovative pay-  
24 ment models involving payment bundling for in-  
25 tegrated care during an episode of care author-

1           ized under the Veterans Community Care Pro-  
2           gram under section 1703 of title 38, United  
3           States Code, to improve the coordination, qual-  
4           ity, and efficiency of health care delivery under  
5           such program.

6           (f) MODIFICATION OF INDEPENDENT ASSESSMENTS  
7   OF HEALTH CARE DELIVERY SYSTEMS AND MANAGE-  
8   MENT PROCESSES.—Subsection 1704A of title 38, United  
9   States Code, is amended—

10           (1) in subsection (a)(2)(I), by adding at the end  
11   the following new clause:

12                   “(vi) To identify proven management and  
13           payment best practices of the Federal Govern-  
14           ment used under the Medicare program under  
15           title XVIII of the Social Security Act (42  
16           U.S.C. 1395 et seq.), the Medicaid program  
17           under title XIX of such Act (42 U.S.C. 1396 et  
18           seq.), and the TRICARE program (as defined  
19           in section 1072 of title 10).”; and

20           (2) in subsection (d), by inserting “or federally  
21   funded research and development center” after “pri-  
22   vate entity”.

1 **SEC. 675. REPORT ON IMPROVEMENTS TO CLINICAL AP-**  
2 **PEALS PROCESS.**

3 (a) IN GENERAL.—Not later than two years after the  
4 date of the enactment of this Act, the Secretary of Vet-  
5 erans Affairs, in consultation with veterans service organi-  
6 zations, veterans, caregivers of veterans, employees of the  
7 Department of Veterans Affairs, and other stakeholders  
8 as determined by the Secretary, shall submit to the Com-  
9 mittee on Veterans’ Affairs of the Senate and the Com-  
10 mittee on Veterans’ Affairs of the House of Representa-  
11 tives a report containing recommendations for legislative  
12 or administrative action to improve the clinical appeals  
13 process of the Department with respect to timeliness,  
14 transparency, objectivity, consistency, and fairness.

15 (b) INAPPLICABILITY OF REQUIREMENTS RELATING  
16 TO FEDERAL ADVISORY COMMITTEES.—Chapter 10 of  
17 title 5, United States Code, shall not apply to the consulta-  
18 tion required by subsection (a).

19 (c) VETERANS SERVICE ORGANIZATION DEFINED.—  
20 In this section, the term “veterans service organization”  
21 means any organization recognized by the Secretary under  
22 section 5902 of title 38, United States Code.



1 **SEC. 676. PLAN ON INCREASING ACCESSIBILITY OF CARE**  
2 **FOR VETERANS WITH SPINAL CORD INJURY**  
3 **OR DISORDER.**

4 (a) IN GENERAL.—Not later than one year after the  
5 date of the enactment of this Act, the Secretary of Vet-  
6 erans Affairs shall submit to the Committee on Veterans’  
7 Affairs of the Senate and the Committee on Veterans’ Af-  
8 fairs of the House of Representatives a plan on improving  
9 disability-related access to care from facilities of the De-  
10 partment and from non-Department facilities and pro-  
11 viders through which the Secretary furnishes care and  
12 services under section 1703 of title 38, United States  
13 Code, for veterans with spinal cord injury or disorder.

14 (b) CONSULTATION.—In developing the plan required  
15 under subsection (a), the Secretary shall consult with rel-  
16 evant stakeholders, including veterans service organiza-  
17 tions who serve veterans with spinal cord injury or dis-  
18 order.

19 (c) ELEMENTS.—The plan required under subsection  
20 (a) shall include an assessment of disability-related bar-  
21 riers to care at medical facilities of the Department of Vet-  
22 erans Affairs and through community care networks of  
23 non-Department providers for veterans with spinal cord  
24 injury or disorder and a description of the actions needed  
25 to overcome such barriers, including cost estimates,

1 timelines for corrective action, and requests for legislative  
2 action, if any.

3 (d) VETERANS SERVICE ORGANIZATION DEFINED.—

4 In this section, the term “veterans service organization”  
5 means any organization recognized by the Secretary under  
6 section 5902 of title 38, United States Code.

