

119TH CONGRESS
1ST SESSION

S. 3388

To improve the availability of care for veterans from facilities and providers of the Department of Defense, and for other purposes.

IN THE SENATE OF THE UNITED STATES

DECEMBER 8 (legislative day, DECEMBER 4), 2025

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

A BILL

To improve the availability of care for veterans from facilities and providers of the Department of Defense, and for other purposes.

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

3 **SECTION 1. SHORT TITLE.**

4 This Act may be cited as the “Sharing Essential Re-
5 sources for Veterans Everywhere Act” or the “SERVE
6 Act”.

7 **SEC. 2. IMPROVEMENT OF AVAILABILITY OF CARE FOR**
8 **VETERANS FROM FACILITIES AND PRO-**
9 **VIDERS OF THE DEPARTMENT OF DEFENSE.**

10 (a) ACTION PLANS.—

1 (1) IN GENERAL.—Pursuant to the authorities
2 under section 8111 of title 38, United States Code,
3 and section 1104 of title 10, United States Code,
4 the Secretary of Defense and the Secretary of Vet-
5 erans Affairs shall develop and implement action
6 plans at covered facilities—

7 (A) to strengthen sharing of resources be-
8 tween the Department of Defense and the De-
9 partment of Veterans Affairs under existing
10 statutory authority;

11 (B) to improve communication between the
12 Department of Veterans Affairs and pertinent
13 command and director leadership of military
14 medical treatment facilities;

15 (C) to increase utilization of military med-
16 ical treatment facilities with excess capacity or
17 space;

18 (D) to increase case volume and complexity
19 for graduate professional and other medical
20 education programs of the Department of De-
21 fense and the Department of Veterans Affairs;
22 and

23 (E) to increase access to care for enrolled
24 veterans in areas in which a military medical
25 treatment facility is located that is identified by

1 the Secretary of Defense as having excess ca-
2 pacity or space.

3 (2) MATTERS TO BE INCLUDED.—The action
4 plans required under paragraph (1) shall include the
5 following:

6 (A) Cross-credentialing and privileging of
7 health care providers to jointly care for enrolled
8 veterans in medical facilities of the Department
9 of Defense and the Department of Veterans Af-
10 fairs.

11 (B) Expedited access to installations of the
12 Department of Defense for staff of the Depart-
13 ment of Veterans Affairs and enrolled veterans.

14 (C) The designation of a coordinator with-
15 in each covered facility to serve as a liaison be-
16 tween the Department of Defense and the De-
17 partment of Veterans Affairs and to lead the
18 implementation of such action plan.

19 (D) A mechanism for monitoring the effec-
20 tiveness of such action plan on an ongoing
21 basis, to include establishing relevant perform-
22 ance goals and collecting data to assess
23 progress towards those goals.

24 (E) Prioritized integration of relevant in-
25 formation technology and other systems or

1 processes to enable seamless information shar-
2 ing, medical records referrals and ancillary or-
3 ders and results, payment methodologies and
4 billing processes, and workload attribution when
5 personnel of the Department of Veterans Af-
6 fairs provide services at facilities of the Depart-
7 ment of Defense or when personnel of the De-
8 partment of Defense provide services at facili-
9 ties of the Department of Veterans Affairs.

10 (F) An oversight and accountability plan
11 for the handling of adverse medical events and
12 complaints from patients or staff, including a
13 requirement to track any significant adverse
14 medical events and provide information on such
15 events in the briefing required under subsection
16 (f).

17 (G) Any other matter that the Secretary of
18 Defense and the Secretary of Veterans Affairs
19 consider appropriate.

20 (b) APPROVAL OF ACTION PLANS.—Before any ac-
21 tion plan required under subsection (a) with respect to a
22 covered facility shall be considered complete and sub-
23 mitted to the appropriate committees of Congress pursu-
24 ant to subsection (e), the Secretary of Defense and the

1 Secretary of Veterans Affairs shall ensure that approval
2 for the action plan is obtained from—

3 (1) the co-chairs of the Department of Veterans
4 Affairs-Department of Defense Joint Executive
5 Committee established under section 320 of title 38,
6 United States Code;

7 (2) the local installation commander for the
8 covered facility of the Department of Defense; and

9 (3) the director of the relevant medical center
10 of the Department of Veterans Affairs with respect
11 to any covered facility of the Department of Vet-
12 erans Affairs.

13 (c) REQUIREMENTS RELATING TO SHARING AGREE-
14 MENTS.—

15 (1) LEAD COORDINATOR.—The Secretary of
16 Defense and the Secretary of Veterans Affairs shall
17 ensure that there is a lead coordinator at each facil-
18 ity of the Department of Defense or the Department
19 of Veterans Affairs, as the case may be, with respect
20 to which there is a sharing agreement in place.

21 (2) LIST OF AGREEMENTS.—The Secretary of
22 Defense and the Secretary of Veterans Affairs shall
23 maintain on a publicly available website a list of the
24 sharing agreements in place between the medical fa-

1 cilities of the Department of Defense and the De-
2 partment of Veterans Affairs.

3 (d) PATIENT SAFETY, COMPLAINTS, AND ACCOUNT-
4 ABILITY.—

5 (1) SECURE COMPLAINT PROCESS.—

6 (A) IN GENERAL.—The Secretary of De-
7 fense and the Secretary of Veterans Affairs
8 shall establish a secure mechanism for enrolled
9 veterans to report concerns regarding care re-
10 ceived under an action plan required under sub-
11 section (a).

12 (B) ELEMENTS OF MECHANISM.—The
13 mechanism established under subparagraph (A)
14 shall protect confidentiality, prohibit retaliation,
15 and ensure transmission of each complaint to
16 both the Department of Defense and the De-
17 partment of Veterans Affairs.

18 (2) DOCUMENTATION AND REVIEW.—

19 (A) DOCUMENTATION.—The Secretary of
20 Defense and the Secretary of Veterans Affairs
21 shall maintain records of all complaints, adverse
22 events, and safety incidents involving patients
23 or staff pursuant to the action plans required
24 by subsection (a).

1 (B) REVIEW.—The records maintained
2 under subparagraph (A) shall be jointly re-
3 viewed on a quarterly basis by designated offi-
4 cials of the Department of Defense and the De-
5 partment of Veterans Affairs.

6 (3) NOTIFICATION AND INVESTIGATION.—Any
7 allegation of abuse, neglect, or misconduct involving
8 personnel of the Department of Defense in the treat-
9 ment of a veteran under an action plan shall be
10 promptly referred by the Secretary of Veterans Af-
11 fairs, the Secretary of Defense, and the commander
12 or medical center director, as applicable, of the facil-
13 ity concerned to the Office of Inspector General of
14 the Department of Defense and the Department of
15 Veterans Affairs.

16 (4) INTERIM PROTECTIVE MEASURES.—Pending
17 resolution of any investigation relating to conduct
18 under an action plan, the Secretary of Veterans Af-
19 fairs may suspend referrals of veterans to the pro-
20 vider or facility concerned.

21 (e) SUBMISSION TO CONGRESS.—Not later than 30
22 days following the completion of the action plans required
23 under subsection (a), the Secretary of Defense and the
24 Secretary of Veterans Affairs shall submit such plans to
25 the appropriate committees of Congress.

1 (f) ANNUAL JOINT BRIEFINGS ON ACTION PLANS.—

2 Not later than one year after submitting the action plans
3 to the appropriate committees of Congress pursuant to
4 subsection (e), the Secretary of Defense and the Secretary
5 of Veterans Affairs shall provide to the appropriate com-
6 mittees of Congress a briefing containing—

7 (1) a status update on the progress of imple-
8 menting the action plans required under this section;

9 (2) recommendations for developing subsequent
10 action plans for each facility with respect to which
11 there is a sharing agreement in place;

12 (3) the number of patients served pursuant to
13 the action plans, broken down by facility and service
14 type;

15 (4) the number of health care providers who
16 were cross-credentialed or privileged to jointly care
17 for beneficiaries in medical facilities of the Depart-
18 ment of Defense or the Department of Veterans Af-
19 fairs pursuant to the action plans, broken down by
20 facility and service type;

21 (5) the costs incurred and reimbursed between
22 the Department of Defense and the Department of
23 Veterans Affairs pursuant to the action plans, in-
24 cluding an accounting of the use of the DOD–VA
25 Health Care Sharing Incentive Fund established

1 under section 8111(d)(2) of title 38, United States
2 Code, if applicable;

3 (6) a summary of the effectiveness of the mech-
4 anisms developed pursuant to the action plans re-
5 lated to oversight, accountability, data-gathering,
6 and performance goals as well as any recommenda-
7 tions for improving such mechanisms;

8 (7) a summary of any patient safety incidents
9 or complaints and associated resolutions as well as
10 any recommendations for improving the patient safe-
11 ty and complaint resolution process under the ac-
12 tions plans; and

13 (8) a summary of the integration of information
14 technology and other systems pursuant to the action
15 plans as well as barriers to further integration and
16 recommendations for improving such integration.

17 (g) RULE OF CONSTRUCTION.—Nothing in this sec-
18 tion shall be construed to allow the Department of Defense
19 or the Department of Veterans Affairs to require a veteran
20 to seek care at a facility of the Department of Defense
21 or to allow military medical treatment facilities to be used
22 as a facility of the Department of Veterans Affairs for
23 purposes of determining eligibility of veterans for care
24 from a non-Department of Veterans Affairs provider

1 under the eligibility access standards developed under sec-
2 tion 1703B of title 38, United States Code.

3 (h) SUNSET.—This section shall terminate on Sep-
4 tember 30, 2028.

5 (i) DEFINITIONS.—In this section:

6 (1) APPROPRIATE COMMITTEES OF CON-
7 GRESS.—The term “appropriate committees of Con-
8 gress” means—

9 (A) the Committee on Armed Services and
10 the Committee on Veterans’ Affairs of the Sen-
11 ate; and

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

15 (2) COVERED FACILITY.—The term “covered
16 facility” means—

17 (A) a military medical treatment facility,
18 as defined in section 1073c(j) of title 10,
19 United States Code; or

20 (B) a medical facility of the Department of
21 Veterans Affairs described in paragraph (3) of
22 section 8101 of title 38, United States Code.

23 (3) ENROLLED VETERAN.—The term “enrolled
24 veteran” means a veteran enrolled in the patient en-
25 rollment system of the Department of Veterans Af-

1 fairs established and operated under section 1705(a)
2 of title 38, United States Code.

3 (4) SHARING AGREEMENT.—The term “sharing
4 agreement” means an agreement for the sharing of
5 health-care resources between the Department of
6 Defense and the Department of Veterans Affairs
7 under section 1104 of title 10, United States Code,
8 or section 8111 of title 38, United States Code.

9 (5) VETERAN.—The term “veteran” has the
10 meaning given that term in section 101 of title 38,
11 United States Code.

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