



**THE SECRETARY OF VETERANS AFFAIRS
WASHINGTON**

April 21, 2025

The Honorable Jerry Moran
Chairman
Committee on Veterans' Affairs
United States Senate
Washington, DC 20510

Dear Senator Moran:

In accordance with the requirements of the Joseph Maxwell Cleland and Robert Joseph Dole Memorial Veterans Benefits and Health Improvement Act of 2022, Division U, P.L. 117-328 § 112(d), enclosed is the Department of Veterans Affairs (VA) report on audits conducted to ensure compliance with examining qualifications and clinical abilities of VA health care professionals.

Upholding proper qualifications and credentials, VA health care professionals strengthen and enhance the Veteran experience and ensure proper oversight. VA remains committed to honoring the Nation's Veterans by ensuring a safe environment to deliver exceptional health care.

In addition, as required by 38 U.S.C. § 116, a statement of cost for preparing the report is included. Leaders of the House and Senate Committees on Veterans' Affairs have been provided a copy of this report.

Sincerely,

A handwritten signature in blue ink, appearing to be "Douglas A. Collins", written over a printed name.

Douglas A. Collins

Enclosures

DEPARTMENT OF VETERANS AFFAIRS



Congressionally Mandated Report Compliance with Requirements for Examining Qualifications and Clinical Abilities of Health Care Professionals of the Department of Veterans Affairs

April 2025

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Report Language

Section 112(a) of the John Maxwell Cleland and Robert Johnson Dole Memorial Veterans Benefits and Health Care Improvement Act of 2022, P.L. 117-328, Consolidated Appropriations Act of 2023, requires the Department of Veterans Affairs (VA) to comply with requirements for examining qualifications and clinical abilities of VA health care professionals. Section 112(d) requires the VA to conduct annual compliance audits with the VA medical center (VAMC). Section 112(d)(1) requires annual audits of VAMC compliance with section 7414, and subsection (a) of 38 U.S.C § 112(d)(2) describes the following reporting requirements.

VA shall provide a report on the audits conducted under section 112 (d)(1) no later than 1 year after the enactment of this act and annually thereafter for 5 years. The annual report shall include a summary of each VAMC's compliance. In addition, the first report submitted shall consist of:

- a. A description of the progress made by the Secretary in implementing 38 U.S.C. § 7414 as added by subsection (a), including any matters under such section that the Secretary has not fully implemented.
- b. An analysis of the feasibility, advisability, and cost of requiring credentialing employees of the Department to be trained by an outside entity and to maintain a credentialing certification.

The first report was submitted in December 2023 and addressed items a and b above.

Background

The Consolidated Appropriations Act of 2023, P.L 117-328, was signed into law on December 29, 2022. Division U of the John Maxwell Cleland and Robert Johnson Dole Memorial Veterans Benefits and Health Care Improvement Act of 2022 addresses Veteran homelessness, telehealth, long-term care prostate cancer research, rural health, substance use disorder, mental health, access to care, non-VA care, Vet Centers, educational assistance, beneficiary travel, beneficiary debt collection, and the GI Bill. Section 112 established compliance with requirements for examining qualifications and clinical abilities of VA health care professionals by amending subchapter I of 38 U.S.C. Ch. 74. The Veterans Health Administration (VHA) has taken steps to ensure proper oversight and continued support for compliance with these requirements.

Report of Audit Mechanisms for the Requirements of 38 U.S.C. § 7414(a)

VHA has incorporated audit mechanisms into the requirements of 38 U.S.C. § 7414(a).

(a) Compliance with credentialing requirements.

Credentialing is the process of obtaining, verifying, and assessing the qualifications of a health care provider to provide care or services in or for the VA's health care system. Credentials are documented evidence of licensure education, training, experience, or other qualifications (reference VHA Directive 1100.20, Credentialing of Health Care Providers). Credentials (including, but not limited to, licensure, certification, or registration, Drug Enforcement Administration (DEA) certification, education, training, experience, malpractice history, and clinical experiences of a health care professional) are primary source verified by credentialing and privileging specialists and recorded in VHA's centralized electronic credentialing system, VetPro.

Each medical center of the Department has credentialing and privileging program offices with specialized staff who are responsible for initial credentialing, re-credentialing, and ongoing monitoring of credentials as described above. VHA proactively monitors all actively appointed, licensed health care practitioners through the National Practitioner Data Bank's (NPDB) Continuous Query (CQ) program. The NPDB CQ program (through an electronic interface between VHA's VetPro credentialing system and the Department of Health and Human Service's NPDB CQ system) provides VHA immediate notification if an adverse report has been entered into the NPDB system relating to a VHA provider.

(b) Registration regarding controlled substances.

VHA has determined the circumstances under which a medical center must obtain a waiver under section 320(d) of the Controlled Substances Act (21 U.S.C. 822 (d)) and established a process for medical centers to request a waiver with respect to covered individuals. This process is a change in policy.

VHA Directive 5005.03, Drug Enforcement Administration Registration and Employment Waivers, describes the waiver process stipulates that an employee who, during their employment, is convicted of a felony offense relating to controlled substances or who, at any time, has an application for a DEA registration denied, has a DEA registration revoked, or has surrendered a DEA registration for cause may not have access to controlled substances unless a waiver is approved and addresses appropriate actions to take concerning an employee of the Department with a restricted license due to action taken on their DEA/Controlled Dangerous Substances registration and when a decision is made to propose revocation of clinical privileges. The policy was published on September 20, 2024. Audits on DEA employment waivers requested will be conducted as part of the review and concurrence process following the implementation of the policy.

(c) Reviews of concerns relating to quality of clinical care.

Through numerous occupation and specialty-specific programs and reviews, VHA monitors the ongoing care health care professionals provide. This includes but is not limited to Focused Professional Practice Evaluations (FPPE) and Ongoing Professional Practice Evaluations (OPPE). An update in policy related to FPPE and OPPE is in the final stages of concurrence. The policy describes purpose, responsibilities, frequency, and monitoring and was published in January 2024.

(d) Compliance with requirements of reporting quality of care concerns.

VHA Directive 1100.18, Reporting and Responding to State Licensing Boards, and VHA Directive 1100.17, National Practitioner Data Bank, outline reporting requirements for VHA facilities. VHA includes assessment of timely reporting through an established annual assessment program with Veterans Integrated Services Network oversight and auditing.

(e) Prohibition of specific settlement agreement terms.

On May 16, 2024, the Under Secretary for Health (USH) issued a memorandum, Settlement of Adverse Actions Against Health Care Professionals, to provide VHA with guidance pertaining to the Act's prohibition of including terms in settlement agreements stemming from adverse employment actions. VHA is determining the most appropriate place to include the prohibition in current policy. Settlement agreements are prepared in coordination with the Office of General Counsel regional offices, which also received the May 16, 2024, VA USH memorandum.

(f) Training.

Mandatory training for credentialing and privileging specialists has been developed and published in the Talent Management System (TMS). Additional training related to FPPE and OPPE was completed and added to TMS in January 2024.

Conclusion

Section 112 of the John Maxwell Cleland and Robert Johnson Dole Memorial Veterans Benefits and Health Care Improvement Act of 2022 strengthens and enhances the Veteran experience and ensures proper oversight and continued support for compliance with requirements for examining qualifications and clinical abilities of VA health care professionals.

**Department of Veterans Affairs
April 2025**