

Calendar No. 408

113TH CONGRESS
2D SESSION

S. 2422

To improve the access of veterans to medical services from the Department of Veterans Affairs, and for other purposes.

IN THE SENATE OF THE UNITED STATES

JUNE 3, 2014

Mr. SANDERS (for himself, Mr. ROCKEFELLER, Mr. BEGICH, Mrs. SHAHEEN, Mr. KAINE, Mr. REED, Mr. MERKLEY, Mr. CASEY, Mr. WHITEHOUSE, Mr. BLUMENTHAL, Mr. HEINRICH, Mr. UDALL of New Mexico, Mr. SCHATZ, Ms. BALDWIN, Mr. WYDEN, Mr. LEAHY, Mr. BROWN, Ms. HEITKAMP, Ms. LANDRIEU, Mr. BOOKER, Mr. DURBIN, Mr. SCHUMER, Ms. HIRONO, Mr. HARKIN, Mr. COONS, Mr. MARKEY, Ms. KLOBUCHAR, Mr. WALSH, Mr. TESTER, and Mr. MENENDEZ) introduced the following bill; which was read the first time

JUNE 4, 2014

Read the second time and placed on the calendar

A BILL

To improve the access of veterans to medical services from the Department of Veterans Affairs, and for other purposes.

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

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

2 (a) SHORT TITLE.—This Act may be cited as the
3 “Ensuring Veterans Access to Care Act of 2014”.

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

Sec. 1. Short title; table of contents.

**TITLE I—IMPROVEMENT OF SCHEDULING SYSTEM FOR HEALTH
CARE APPOINTMENTS**

Sec. 101. Implementation of upgraded Department of Veterans Affairs elec-
tronic scheduling system for appointments for receipt of health
care from the Department.

Sec. 102. Independent assessment of the scheduling process for medical ap-
pointments for care from Department of Veterans Affairs.

TITLE II—TRAINING AND HIRING OF HEALTH CARE STAFF

Sec. 201. Modification of liability for breach of period of obligated service under
Health Professionals Educational Assistance Program for pri-
mary care physicians.

Sec. 202. Program of education at Uniformed Services University of the Health
Sciences with specialization in primary care.

Sec. 203. Treatment of staffing shortage and biannual report on staffing of
medical facilities of the Department of Veterans Affairs.

Sec. 204. Clinic management training program of the Department of Veterans
Affairs.

Sec. 205. Inclusion of Department of Veterans Affairs facilities in National
Health Service Corps Scholarship and loan repayment pro-
grams.

Sec. 206. Authorization of emergency appropriations.

**TITLE III—IMPROVEMENT OF ACCESS TO CARE FROM NON-
DEPARTMENT OF VETERANS AFFAIRS PROVIDERS**

Sec. 301. Improvement of access by veterans to health care from non-Depart-
ment of Veterans Affairs providers.

Sec. 302. Extension of and report on joint incentives program of Department
of Veterans Affairs and Department of Defense.

Sec. 303. Transfer of authority for payments for hospital care, medical services,
and other health care from non-Department providers to the
Chief Business Office of the Veterans Health Administration of
the Department.

Sec. 304. Enhancement of collaboration between Department of Veterans Af-
fairs and Indian Health Service.

Sec. 305. Enhancement of collaboration between Department of Veterans Af-
fairs and Native Hawaiian health care systems.

Sec. 306. Authorization of emergency appropriations.

TITLE IV—HEALTH CARE ADMINISTRATIVE MATTERS

Sec. 401. Improvement of access of veterans to mobile vet centers of the Department of Veterans Affairs.

Sec. 402. Commission on Access to Care.

Sec. 403. Commission on Capital Planning for Department of Veterans Affairs Medical Facilities.

Sec. 404. Removal of Senior Executive Service employees of the Department of Veterans Affairs for performance.

TITLE V—MAJOR MEDICAL FACILITY LEASES

Sec. 501. Authorization of major medical facility leases.

Sec. 502. Budgetary treatment of Department of Veterans Affairs major medical facilities leases.

1 **TITLE I—IMPROVEMENT OF** 2 **SCHEDULING SYSTEM FOR** 3 **HEALTH CARE APPOINT-** 4 **MENTS**

5 **SEC. 101. IMPLEMENTATION OF UPGRADED DEPARTMENT** 6 **OF VETERANS AFFAIRS ELECTRONIC SCHED-** 7 **ULING SYSTEM FOR APPOINTMENTS FOR RE-** 8 **CEIPT OF HEALTH CARE FROM THE DEPART-** 9 **MENT.**

10 (a) IMPLEMENTATION.—

11 (1) IN GENERAL.—Not later than March 31,
12 2016, the Secretary of Veterans Affairs shall fully
13 implement an upgraded and centralized electronic
14 scheduling system described in subsection (b) for ap-
15 pointments by eligible individuals for health care
16 from the Department of Veterans Affairs.

17 (2) AGILE SOFTWARE DEVELOPMENT METH-
18 ODOLOGIES.—In implementing the upgraded elec-
19 tronic scheduling system required by paragraph (1),

1 the Secretary shall use agile software development
2 methodologies to fully implement portions of such
3 system every 180 days beginning on the date on
4 which the Secretary begins the implementation of
5 such system, or enters into a contract for the imple-
6 mentation of such system, and ending on the date
7 on which such system is fully implemented.

8 (b) ELECTRONIC SCHEDULING SYSTEM.—The up-
9 graded electronic scheduling system described in this sub-
10 section shall include mechanisms to achieve the following:

11 (1) An efficient and effective graphical user
12 interface with a calendar view for use by employees
13 of the Department in scheduling appointments that
14 enables error-free scheduling of the health care re-
15 sources of the Department.

16 (2) A capability to assist employees of the De-
17 partment to easily and consistently implement poli-
18 cies of the Department with respect to scheduling of
19 appointments, including with respect to priority for
20 appointments for certain eligible individuals.

21 (3) A capability for employees of the Depart-
22 ment to sort and view through a unified interface
23 the availability for each health care provider of the
24 Department or other health care resource of the De-
25 partment.

1 (4) A capability for employees of the Depart-
2 ment to sort and view appointments for and appoint-
3 ment requests made by a particular eligible indi-
4 vidual.

5 (5) A capability for seamless coordination of
6 appointments for primary care, specialty care, con-
7 sultations, or any other health care matter among
8 facilities of the Department.

9 (6) A capability for eligible individuals to access
10 the system remotely and schedule appointments di-
11 rectly through the system.

12 (7) An electronic timestamp of each activity
13 made by an eligible individual or on behalf of such
14 individual with respect to an appointment or the
15 scheduling of an appointment that shall be kept in
16 the medical record of such individual.

17 (8) A seamless connection to the Computerized
18 Patient Record System of the Department so that
19 employees of the Department, when scheduling an
20 appointment for an eligible individual, have access to
21 recommendations from the health care provider of
22 such individual with respect to when such individual
23 should receive an appointment.

1 (9) A capability to provide automated reminders
2 to eligible individuals on upcoming appointments
3 through various electronic and voice media.

4 (10) A capability to provide automated remind-
5 ers to employees of the Department when an eligible
6 individual who is on the wait-list for an appointment
7 becomes eligible to schedule an appointment.

8 (11) A dashboard capability to support efforts
9 to track the following metrics in aggregate and by
10 medical facility with respect to health care provided
11 to eligible individuals under the laws administered
12 by the Secretary:

13 (A) The number of days into the future
14 that the schedules of health care providers are
15 available to schedule an appointment.

16 (B) The number of providers available to
17 see patients each day.

18 (C) The number of support personnel
19 working each day.

20 (D) The types of appointments available.

21 (E) The rate at which patients fail to ap-
22 pear for appointments.

23 (F) The number of appointments canceled
24 by a patient on a daily basis.

1 (G) The number of appointments canceled
2 by a health care provider on a daily basis.

3 (H) The number of patients on the wait
4 list at any given time.

5 (I) The number of appointments scheduled
6 on a daily basis;

7 (J) The number of appointments available
8 to be scheduled on a daily basis.

9 (K) The number of patients seen on a
10 daily, weekly, and monthly basis.

11 (L) Wait-times for an appointment with a
12 health care provider of the Department.

13 (M) Wait-times for an appointment with a
14 non-Department health care provider.

15 (N) Wait-times for a referral to a specialist
16 or consult.

17 (12) A capability to provide data on the capac-
18 ity of medical facilities of the Department for pur-
19 poses of determining the resources needed by the
20 Department to provide health care to eligible individ-
21 uals.

22 (13) Any other capabilities as specified by the
23 Secretary for purposes of this section.

24 (c) PLAN.—

1 (1) IN GENERAL.—Not later than 90 days after
2 the date of the enactment of this Act, the Secretary
3 shall submit to the Committee on Veterans’ Affairs
4 of the Senate and the Committee on Veterans’ Af-
5 fairs of the House of Representatives a plan for im-
6 plementing the upgraded electronic scheduling sys-
7 tem required by subsection (a).

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

10 (A) A description of the priorities of the
11 Secretary for implementing the requirements of
12 the system under subsection (b).

13 (B) A detailed description of the manner
14 in which the Secretary will fully implement such
15 system, including deadlines for completing each
16 such requirement.

17 (3) UPDATE.—Not later than 90 days after the
18 submittal of the plan required by paragraph (1), and
19 not less frequently than every 90 days thereafter
20 until such system is fully implemented, the Secretary
21 shall submit to the Committee on Veterans’ Affairs
22 of the Senate and the Committee on Veterans’ Af-
23 fairs of the House of Representatives an update on
24 the status of the implementation of such plan.

1 (d) USE OF AMOUNTS.—The Secretary may use
 2 amounts available to the Department of Veterans Affairs
 3 for the appropriations account under the heading “MED-
 4 ICAL SERVICES” in implementing and carrying out the up-
 5 graded electronic scheduling system required by sub-
 6 section (a).

7 (e) ELIGIBLE INDIVIDUAL DEFINED.—In this sec-
 8 tion, the term “eligible individual” means an individual
 9 eligible for hospital, nursing home, domiciliary, medical
 10 care, or other health care under the laws administered by
 11 the Secretary of Veterans Affairs.

12 **SEC. 102. INDEPENDENT ASSESSMENT OF THE SCHED-**
 13 **ULING PROCESS FOR MEDICAL APPOINT-**
 14 **MENTS FOR CARE FROM DEPARTMENT OF**
 15 **VETERANS AFFAIRS.**

16 (a) INDEPENDENT ASSESSMENT.—

17 (1) CONTRACT.—Not later than 30 days after
 18 the date of the enactment of this Act, the Secretary
 19 of Veteran Affairs shall enter into a contract with
 20 an independent third party to assess the process at
 21 each medical facility of the Department of Veterans
 22 Affairs for scheduling appointments for veterans to
 23 receive hospital care, medical services, or other
 24 health care from the Department.

1 (2) ELEMENTS.—In carrying out the assess-
2 ment required by paragraph (1), the independent
3 third party shall do the following:

4 (A) Review all training materials per-
5 taining to scheduling of appointments at each
6 medical facility of the Department.

7 (B) Assess whether all employees of the
8 Department conducting tasks related to sched-
9 uling are properly trained for conducting such
10 tasks.

11 (C) Assess whether changes in the tech-
12 nology or system used in scheduling appoint-
13 ments are necessary to limit access to the sys-
14 tem to only those employees that have been
15 properly trained in conducting such tasks.

16 (D) Assess whether health care providers
17 of the Department are making changes to their
18 schedules that hinder the ability of employees
19 conducting such tasks to perform such tasks.

20 (E) Assess whether the establishment of a
21 centralized call center throughout the Depart-
22 ment for scheduling appointments at medical
23 facilities of the Department would improve the
24 process of scheduling such appointments.

1 (F) Assess whether booking templates for
2 each medical facility or clinic of the Depart-
3 ment would improve the process of scheduling
4 such appointments.

5 (G) Recommend any actions to be taken by
6 the Department to improve the process for
7 scheduling such appointments, including the fol-
8 lowing:

9 (i) Changes in training materials pro-
10 vided to employees of the Department with
11 respect to conducting tasks related to
12 scheduling such appointments.

13 (ii) Changes in monitoring and assess-
14 ment conducted by the Department of
15 wait-times of veterans for such appoint-
16 ments.

17 (iii) Changes in the system used to
18 schedule such appointments, including
19 changes to improve how the Department—

20 (I) measures wait-times of vet-
21 erans for such appointments;

22 (II) monitors the availability of
23 health care providers of the Depart-
24 ment; and

1 (III) provides veterans the ability
2 to schedule such appointments.

3 (iv) Such other actions as the inde-
4 pendent third party considers appropriate.

5 (3) TIMING.—The independent third party car-
6 rying out the assessment required by paragraph (1)
7 shall complete such assessment not later than 180
8 days after entering into the contract described in
9 such paragraph.

10 (b) REPORT.—Not later than 90 days after the date
11 on which the independent third party completes the as-
12 sessment under this section, 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 on the results of such assessment.

16 **TITLE II—TRAINING AND HIRING** 17 **OF HEALTH CARE STAFF**

18 **SEC. 201. MODIFICATION OF LIABILITY FOR BREACH OF PE-**
19 **RIOD OF OBLIGATED SERVICE UNDER**
20 **HEALTH PROFESSIONALS EDUCATIONAL AS-**
21 **SISTANCE PROGRAM FOR PRIMARY CARE**
22 **PHYSICIANS.**

23 Section 7617 of title 38, United States Code, is
24 amended—

1 (1) In subsection (c)(1), by striking “If a par-
2 ticipant” and inserting “Except as provided in sub-
3 section (d), if a participant”; and

4 (2) by adding at the end the following new sub-
5 section:

6 “(d) Liability shall not arise under subsection (c) in
7 the case of a participant otherwise covered by that sub-
8 section who has pursued a course of education or training
9 in primary care if—

10 “(1) the participant—

11 “(A) does not obtain, or fails to maintain,
12 employment as a Department employee due to
13 staffing changes approved by the Under Sec-
14 retary for Health; or

15 “(B) does not obtain, or fails to maintain,
16 employment in a position of primary care physi-
17 cian in the Veterans Health Administration
18 due, as determined by the Secretary, to a num-
19 ber of primary care physicians in the Adminis-
20 tration that is excess to the needs of the Ad-
21 ministration; and

22 “(2) the participant agrees to accept and main-
23 tain employment as a primary care physician with
24 another department or agency of the Federal Gov-
25 ernment (with such employment to be under such

1 terms and conditions as are jointly agreed upon by
 2 the participant, the Secretary, and the head of such
 3 department or agency, including terms and condi-
 4 tions relating to a period of obligated service as a
 5 primary care physician with such department or
 6 agency) if such employment is offered to the partici-
 7 pant by the Secretary and the head of such depart-
 8 ment or agency.”.

9 **SEC. 202. PROGRAM OF EDUCATION AT UNIFORMED SERV-**
 10 **ICES UNIVERSITY OF THE HEALTH SCIENCES**
 11 **WITH SPECIALIZATION IN PRIMARY CARE.**

12 (a) PROGRAM REQUIRED UNDER HEALTH PROFES-
 13 SIONALS EDUCATIONAL ASSISTANCE PROGRAM.—

14 (1) IN GENERAL.—Chapter 76 of title 38,
 15 United States Code, is amended by adding after sub-
 16 chapter VII the following new subchapter:

17 “SUBCHAPTER VIII—PROGRAM OF EDUCATION
 18 AT UNIFORMED SERVICES UNIVERSITY OF
 19 THE HEALTH SCIENCES WITH SPECIALIZA-
 20 TION IN PRIMARY CARE

21 **“§ 7691. Authority for program**

22 “As part of the Educational Assistance Program, the
 23 Secretary shall, in collaboration with the Secretary of De-
 24 fense, carry out a program to permit individuals to enroll
 25 in the Uniformed Services University of the Health

1 Sciences under chapter 104 of title 10 to pursue a medical
 2 education with a specialization in primary care. The pro-
 3 gram shall be known as the Department of Veterans Af-
 4 fairs Primary Care Educational Assistance Program (in
 5 this chapter referred to as the ‘Primary Care Educational
 6 Assistance Program’).

7 **“§ 7692. Selection; agreement; ineligibility for certain**
 8 **other educational assistance**

9 “(a) SELECTION.—(1) Medical students at the Uni-
 10 formed Services University of the Health Sciences pursu-
 11 ant to the Primary Care Educational Assistance Program
 12 shall be selected by the Secretary, in consultation with the
 13 Secretary of Defense, in accordance with procedures es-
 14 tablished by the Secretaries for purposes of the Program.

15 “(2) The procedures referred to in paragraph (1)
 16 shall emphasize the basic requirement that students dem-
 17 onstrate a motivation and dedication to a medical career
 18 in primary care.

19 “(3) The number of medical students selected each
 20 year for first-year enrollment in the University pursuant
 21 to this subsection shall be jointly determined by the Sec-
 22 retary and the Secretary of Defense.

23 “(b) AGREEMENT.—An agreement between the Sec-
 24 retary and a participant in the Primary Care Educational

1 Assistance Program shall (in addition to the requirements
2 set forth in section 7604 of this title) include the following:

3 “(1) The Secretary’s agreement to cover the
4 costs of the participant’s education and training at
5 the Uniformed Services University of the Health
6 Sciences under chapter 104 of title 10 as if the par-
7 ticipant were a medical student enrolled in the Uni-
8 versity pursuant to section 2114 of title 10.

9 “(2) The participant’s agreement to serve as a
10 full-time employee in the Veterans Health Adminis-
11 tration in a position as a primary care physician for
12 a period of time (in this subchapter referred to as
13 the ‘period of obligated service’) of one calendar year
14 for each school year or part thereof for which the
15 participant was a medical student at the Uniformed
16 Services University of the Health Sciences pursuant
17 to the Primary Care Educational Assistance Pro-
18 gram, but for not less than one year.

19 “(c) INELIGIBILITY FOR OTHER EDUCATIONAL AS-
20 SISTANCE.—An individual who receives education and
21 training under the Primary Care Educational Assistance
22 Program shall not be eligible for other assistance under
23 this chapter in connection with such education and train-
24 ing.

1 **“§ 7693. Obligated service**

2 “(a) IN GENERAL.—Each participant in the Primary
3 Care Educational Assistance Program shall provide serv-
4 ice as a full-time employee of the Department in the Vet-
5 erans Health Administration in a primary care position
6 for the period of obligated service provided in the agree-
7 ment of the participant entered into for purposes of this
8 subchapter. Such service shall be provided in a full-time
9 primary care clinical practice in an assignment or location
10 determined by the Secretary.

11 “(b) SERVICE COMMENCEMENT DATE.—(1) Not
12 later than 60 days before a participant’s service com-
13 mencement date, the Secretary shall notify the participant
14 of that service commencement date. That date is the date
15 for the beginning of the participant’s period of obligated
16 service.

17 “(2) As soon as possible after a participant’s service
18 commencement date, the Secretary shall—

19 “(A) in the case of a participant who is not a
20 full-time employee in the Veterans Health Adminis-
21 tration, appoint the participant as such an employee;
22 and

23 “(B) in the case of a participant who is an em-
24 ployee in the Veterans Health Administration but is
25 not serving in a position for which the participant’s

1 course of education or training prepared the partici-
 2 pant, assign the participant to such a position.

3 “(3) A participant’s service commencement for pur-
 4 poses of this subsection date is the date upon which the
 5 participant becomes licensed to practice medicine in a
 6 State.

7 “(c) COMMENCEMENT OF OBLIGATED SERVICE.—A
 8 participant in the Primary Care Educational Assistance
 9 Program shall be considered to have begun serving the
 10 participant’s period of obligated service—

11 “(1) on the date on which the participant is ap-
 12 pointed as a full-time employee in the Veterans
 13 Health Administration pursuant to subsection
 14 (b)(2)(A); or

15 “(2) if the participant is a full-time employee in
 16 the Veterans Health Administration and assigned to
 17 a position pursuant to subsection (b)(2)(B), on the
 18 date on which the participant is so assigned to such
 19 position.

20 **“§ 7694. Breach of agreement: liability**

21 “(a) LIABILITY DURING COURSE OF EDUCATION OR
 22 TRAINING.—(1) A participant in the Primary Care Edu-
 23 cational Assistance Program shall be liable to the United
 24 States for the amount which has been paid on behalf of

1 the participant under the agreement entered into for pur-
 2 poses of this subchapter if any of the following occurs:

3 “(A) The participant fails to maintain an ac-
 4 ceptable level of academic standing in the Uniformed
 5 Services University of the Health Sciences.

6 “(B) The participant is dismissed from the
 7 Uniformed Services University of the Health
 8 Sciences for disciplinary reasons.

9 “(C) The participant voluntarily terminates the
 10 course of medical education and training in the Uni-
 11 formed Services University of the Health Sciences
 12 before the completion of such course of education
 13 and training.

14 “(D) The participant fails to become licensed to
 15 practice medicine in a State during a period of time
 16 determined under regulations prescribed by the Sec-
 17 retary.

18 “(2) Liability under this subsection is in lieu of any
 19 service obligation arising under a participant’s agreement
 20 for purposes of this subchapter.

21 “(b) LIABILITY DURING PERIOD OF OBLIGATED
 22 SERVICE.—(1) Except as provided in subsection (c) and
 23 subject to paragraph (2), if a participant in the Primary
 24 Care Educational Assistance Program breaches the agree-
 25 ment entered into for purposes of this subchapter by fail-

1 ing for any reason to complete the participant’s period of
 2 obligated service, the United States shall be entitled to re-
 3 cover from the participant an amount equal to—

4 “(A) the total amount paid under this sub-
 5 chapter on behalf of the participant; multiplied by

6 “(B) a fraction—

7 “(i) the numerator of which is—

8 “(I) the total number of months in
 9 the participant’s period of obligated serv-
 10 ice; minus

11 “(II) the number of months served by
 12 the participant pursuant to the agreement;
 13 and

14 “(ii) the denominator of which is the total
 15 number of months in the participant’s period of
 16 obligated service.

17 “(2) Any period of internship or residency training
 18 of a participant shall not be treated as satisfying the par-
 19 ticipant’s period of obligated service for purposes of this
 20 subsection.

21 “(c) EXCEPTIONS.—Liability shall not arise under
 22 subsection (b) in the case of a participant otherwise cov-
 23 ered by that subsection if—

24 “(1) the participant—

1 “(A) does not obtain, or fails to maintain,
2 employment as a Department employee due to
3 staffing changes approved by the Under Sec-
4 retary for Health; or

5 “(B) does not obtain, or fails to maintain,
6 employment in a position of primary care physi-
7 cian in the Veterans Health Administration
8 due, as determined by the Secretary, to a num-
9 ber of primary care physicians in the Adminis-
10 tration that is excess to the needs of the Ad-
11 ministration; and

12 “(2) the participant agrees to accept and main-
13 tain employment as a primary care physician with
14 another department or agency of the Federal Gov-
15 ernment (with such employment to be under such
16 terms and conditions as are jointly agreed upon by
17 the participant, the Secretary, and the head of such
18 department or agency, including terms and condi-
19 tions relating to a period of obligated service as a
20 primary care physician with such department or
21 agency) if such employment is offered to the partici-
22 pant by the Secretary and the head of such depart-
23 ment or agency.

1 **“§ 7695. Funding**

2 “(a) IN GENERAL.—Amounts for the Primary Care
3 Educational Assistance Program shall be derived from
4 amounts available to the Secretary for the Veterans
5 Health Administration.

6 “(b) TRANSFER.—(1) The Secretary shall transfer to
7 the Secretary of Defense amounts required by the Sec-
8 retary of Defense to carry out the Primary Care Edu-
9 cational Assistance Program.

10 “(2) Amounts transferred to the Secretary of Defense
11 pursuant to paragraph (1) shall be credited to the appro-
12 priation or account providing funding for the Uniformed
13 Services University of the Health Sciences. Amounts so
14 credited shall be merged with amounts in the appropria-
15 tion or account to which credited and shall be available,
16 subject to the terms and conditions applicable to such ap-
17 propriation or account, for the Uniformed Services Uni-
18 versity of the Health Sciences.”.

19 (2) CLERICAL AMENDMENT.—The table of sec-
20 tions at the beginning of chapter 76 of such title is
21 amended by adding after the item relating to section
22 7684 the following:

“SUBCHAPTER VIII—PROGRAM OF EDUCATION AT UNIFORMED SERVICES UNI-
VERSITY OF THE HEALTH SCIENCES WITH SPECIALIZATION IN PRIMARY
CARE

“7691. Authority for program.

“7692. Selection; agreement; ineligibility for certain other educational assist-
ance.

“7693. Obligated service.

“7694. Breach of agreement: liability.

“7695. Funding.”.

1 (b) INCLUSION OF PROGRAM IN HEALTH PROFES-
2 SIONALS EDUCATIONAL ASSISTANCE PROGRAM.—Section
3 7601(a) of such title is amended—

4 (1) in paragraph (4), by striking “; and” and
5 inserting a semicolon;

6 (2) in paragraph (5), by striking the period at
7 the end and inserting “; and”; and

8 (3) by adding at the end the following new
9 paragraph:

10 “(6) the enrollment of individuals in the Uni-
11 formed Services University of the Health Sciences
12 for specialization in primary care provided for in
13 subchapter VIII of this chapter.”.

14 (c) APPLICATION REQUIREMENTS.—

15 (1) IN GENERAL.—Subsection (a)(1) of section
16 7603 of such title is amended in the matter pre-
17 ceding subparagraph (A) by striking “, or VI” and
18 inserting “, VI, or VIII”.

19 (2) NO PRIORITY FOR APPLICATIONS.—Sub-
20 section (d) of such section is amended—

21 (A) by striking “In selecting” and insert-
22 ing “(1) Except as provided in paragraph (2),
23 in selecting”; and

1 (B) by adding at the end the following new
2 paragraph:

3 “(2) Paragraph (1) shall not apply with respect to
4 applicants for participation in the Program of Education
5 at Uniformed Services University of the Health Sciences
6 With Specialization in Primary Care pursuant to sub-
7 chapter VIII of this chapter.”.

8 (d) AGREEMENT REQUIREMENTS.—Section 7604 of
9 such title is amended by striking “, or VI” each place it
10 appears and inserting “, VI, or VIII”.

11 **SEC. 203. TREATMENT OF STAFFING SHORTAGE AND BIAN-**
12 **NUAL REPORT ON STAFFING OF MEDICAL FA-**
13 **CILITIES OF THE DEPARTMENT OF VET-**
14 **ERANS AFFAIRS.**

15 (a) STAFFING SHORTAGE.—

16 (1) IN GENERAL.—Not later than 180 days
17 after the date of the enactment of this Act, and not
18 later than September 30 each year thereafter, the
19 Secretary of Veterans Affairs shall determine, and
20 publish in the Federal Register, the five occupations
21 of health care providers of the Department of Vet-
22 erans Affairs for which there is the largest staffing
23 shortage throughout the Department.

24 (2) RECRUITMENT AND APPOINTMENT.—Not-
25 withstanding sections 3304 and 3309 through 3318

1 of title 5, United States Code, the Secretary may,
 2 upon a determination by the Secretary under para-
 3 graph (1) or a modification to such determination
 4 under paragraph (2), that there is a staffing short-
 5 age throughout the Department with respect to a
 6 particular occupation of health care provider, recruit
 7 and directly appoint highly qualified health care pro-
 8 viders to a position to serve as a health care pro-
 9 vider in that particular occupation for the Depart-
 10 ment.

11 (3) PRIORITY IN HEALTH PROFESSIONALS EDU-
 12 CATIONAL ASSISTANCE PROGRAM TO CERTAIN PRO-
 13 VIDERS.—Section 7612(b)(5) of title 38, United
 14 States Code, is amended—

15 (A) in subparagraph (A), by striking
 16 “and” at the end;

17 (B) by redesignating subparagraph (B) as
 18 subparagraph (C); and

19 (C) by inserting after subparagraph (A)
 20 the following new subparagraph (B):

21 “(B) shall give priority to applicants pursuing
 22 a course of education or training towards a career
 23 in an occupation for which the Secretary has, in the
 24 most current determination published in the Federal
 25 Register pursuant to section 203(a)(1) of the Ensuring

1 ing Veterans Access to Care Act of 2014, deter-
2 mined that there is one of the largest staffing short-
3 age throughout the Department with respect to such
4 occupation; and”.

5 (b) REPORTS.—

6 (1) IN GENERAL.—Not later than 180 days
7 after the date of the enactment of this Act, and not
8 later than December 31 of each even numbered year
9 thereafter until 2024, the Secretary of Veterans Af-
10 fairs shall submit to the Committee on Veterans’ Af-
11 fairs of the Senate and the Committee on Veterans’
12 Affairs of the House of Representatives a report as-
13 sessing the staffing of each medical facility of the
14 Department of Veterans Affairs.

15 (2) ELEMENTS.—Each report submitted under
16 paragraph (1) shall include the following:

17 (A) The results of a system-wide assess-
18 ment of all medical facilities of the Department
19 to ensure the following:

20 (i) Appropriate staffing levels for
21 health care providers to meet the goals of
22 the Secretary for timely access to care for
23 veterans.

24 (ii) Appropriate staffing levels for
25 support personnel, including clerks.

1 (iii) Appropriate sizes for clinical pan-
2 els.

3 (iv) Appropriate numbers of full-time
4 staff, or full-time equivalent, dedicated to
5 direct care of patients.

6 (v) Appropriate physical plant space
7 to meet the capacity needs of the Depart-
8 ment in that area.

9 (vi) Such other factors as the Sec-
10 retary considers necessary.

11 (B) A plan for addressing any issues iden-
12 tified in the assessment described in subpara-
13 graph (A), including a timeline for addressing
14 such issues.

15 (C) A list of the current wait times and
16 workload levels for the following clinics in each
17 medical facility:

18 (i) Mental health.

19 (ii) Primary care.

20 (iii) Gastroenterology.

21 (iv) Women's health.

22 (v) Such other clinics as the Secretary
23 considers appropriate.

24 (D) A description of the results of the de-
25 termination of the Secretary under paragraph

(1) of subsection (a) and a plan to use direct appointment authority under paragraph (2) of such subsection to fill staffing shortages, including recommendations for improving the speed at which the credentialing and privileging process can be conducted.

(E) The current staffing models of the Department for the following clinics, including recommendations for changes to such models:

(i) Mental health.

(ii) Primary care.

(iii) Gastroenterology.

(iv) Women's health.

(v) Such other clinics as the Secretary considers appropriate.

(F) A detailed analysis of succession planning at medical facilities of the Department, including the following:

(i) The number of positions in medical facilities throughout the Department that are not filled by a permanent employee.

(ii) The length of time each such position described in clause (i) remained vacant or filled by a temporary or acting employee.

1 (iii) A description of any barriers to
 2 filling the positions described in clause (i).

3 (iv) A plan for filling any positions
 4 that are vacant or filled by a temporary or
 5 acting employee for more than 180 days.

6 (v) A plan for handling emergency cir-
 7 cumstances, such administrative leave or
 8 sudden medical leave for senior officials.

9 (G) The number of health care providers
 10 who have been removed from their position or
 11 have retired, by provider type, during the two-
 12 year period preceding the submittal of the re-
 13 port.

14 (H) Of the health care providers specified
 15 in subparagraph (G) that have been removed
 16 from their position, the following:

17 (i) The number of such health care
 18 providers who were reassigned to another
 19 position in the Department.

20 (ii) The number of such health care
 21 providers who left the Department.

22 **SEC. 204. CLINIC MANAGEMENT TRAINING PROGRAM OF**
 23 **THE DEPARTMENT OF VETERANS AFFAIRS.**

24 (a) IN GENERAL.—Not later than 180 days after the
 25 date of the enactment of this Act, the Secretary of Vet-

1 erans Affairs shall implement a clinic management train-
 2 ing program to provide in-person, standardized education
 3 on health care management to all managers of, and health
 4 care providers at, medical facilities of the Department of
 5 Veterans Affairs.

6 (b) ELEMENTS.—The clinic management training
 7 program required by subsection (a) shall include the fol-
 8 lowing:

9 (1) Training on how to manage the schedules of
 10 health care providers of the Department, including
 11 the following:

12 (A) Maintaining such schedules in a man-
 13 ner that allows appointments to be booked at
 14 least eight weeks in advance.

15 (B) Proper planning procedures for vaca-
 16 tion, leave, and graduate medical education
 17 training schedules.

18 (2) Training on the appropriate number of ap-
 19 pointments that a health care provider should con-
 20 duct on a daily basis, based on specialty.

21 (3) Training on how to determine whether there
 22 are enough available appointment slots to manage
 23 demand for different appointment types and mecha-
 24 nisms for alerting management of insufficient slots.

1 (4) Training on how to properly use the data
2 produced by the scheduling dashboard required by
3 section 101(b)(11) of this Act to meet demand for
4 health care, including the following:

5 (A) Training on determining the next
6 available appointment for each health care pro-
7 vider at the medical facility.

8 (B) Training on determining the number
9 of health care providers needed to meet demand
10 for health care at the medical facility.

11 (C) Training on determining the number
12 of exam rooms needed to meet demand for such
13 health care in an efficient manner.

14 (5) Training on how to properly use the ap-
15 pointment scheduling system of the Department, in-
16 cluding any new scheduling system implemented by
17 the Department.

18 (6) Training on how to optimize the use of
19 technology, including the following:

20 (A) Telemedicine.

21 (B) Electronic mail.

22 (C) Text messaging.

23 (D) Such other technologies as specified by
24 the Secretary.

1 (7) Training on how to properly use physical
 2 plant space at medical facilities of the Department
 3 to ensure efficient flow and privacy for patients and
 4 staff.

5 **SEC. 205. INCLUSION OF DEPARTMENT OF VETERANS AF-**
 6 **FAIRS FACILITIES IN NATIONAL HEALTH**
 7 **SERVICE CORPS SCHOLARSHIP AND LOAN**
 8 **REPAYMENT PROGRAMS.**

9 (a) IN GENERAL.—The Secretary of Health and
 10 Human Services shall use the funds transferred under
 11 subsection (e) to award scholarship and loan repayment
 12 contracts under sections 338A and 338B of the Public
 13 Health Service Act (42 U.S.C. 254l, 254l–1) to eligible
 14 individuals who agree to a period of obligated service
 15 under section 338A(f)(1) or 338B(f)(1) of such Act, as
 16 applicable, at a health facility of the Department of Vet-
 17 erans Affairs.

18 (b) HEALTH PROFESSIONAL SHORTAGE AREAS.—
 19 For purposes of selecting individuals eligible for the schol-
 20 arships and loan repayment contracts under subsection
 21 (a), all health facilities of the Department of Veterans Af-
 22 fairs shall be deemed health professional shortage areas,
 23 as defined in section 332 of the Public Health Service Act
 24 (42 U.S.C. 254e).

1 (c) REQUIREMENT.—The Secretary of Health and
2 Human Services shall ensure that a minimum of 5 schol-
3 arships or loan repayment contracts are awarded to indi-
4 viduals who agree to a period of obligated service at Vet-
5 erans Affairs facilities in each State.

6 (d) APPLICABILITY OF NHSC PROGRAM REQUIRE-
7 MENTS.—Except as otherwise provided in this section, the
8 terms of the National Health Service Corps Scholarship
9 Program and the National Health Service Corps Loan Re-
10 payment Program shall apply to participants awarded a
11 grant or loan repayment contract under subsection (a) in
12 the same manner that such terms apply to participants
13 awarded a grant or loan repayment contract under section
14 338A or 338B of the Public Health Service Act.

15 (e) INCLUSION OF GERIATRICIANS.—For purposes of
16 awarding scholarships and loan repayments contracts to
17 eligible individuals who agree to a period of obligated serv-
18 ice at a health facility of the Department of Veterans Af-
19 fairs pursuant to this section, in sections 338A and 338B
20 of the Public Health Service Act (42 U.S.C. 254l, 254l–
21 1), the term “primary health services” shall include geri-
22 atrics.

23 (f) FUNDING.—The Secretary of Veterans Affairs
24 shall transfer \$20,000,000 for fiscal year 2014, and such
25 sums as may be necessary for each fiscal year thereafter,

1 from accounts of the Veterans Health Administration to
 2 the Secretary of Health and Human Services to award
 3 scholarships and loan repayment contracts, as described
 4 in subsection (a). All funds so transferred shall be used
 5 exclusively for the purposes described in such subsection.

6 **SEC. 206. AUTHORIZATION OF EMERGENCY APPROPRIA-**
 7 **TIONS.**

8 There is authorized to be appropriated for the De-
 9 partment of Veterans Affairs such sums as may be nec-
 10 essary to carry out this title.

11 **TITLE III—IMPROVEMENT OF**
 12 **ACCESS TO CARE FROM NON-**
 13 **DEPARTMENT OF VETERANS**
 14 **AFFAIRS PROVIDERS**

15 **SEC. 301. IMPROVEMENT OF ACCESS BY VETERANS TO**
 16 **HEALTH CARE FROM NON-DEPARTMENT OF**
 17 **VETERANS AFFAIRS PROVIDERS.**

18 (a) IMPROVEMENT OF ACCESS.—

19 (1) IN GENERAL.—The Secretary of Veterans
 20 Affairs shall ensure timely access of all veterans to
 21 the hospital care, medical services, and other health
 22 care for which such veterans are eligible under the
 23 laws administered by the Secretary through the en-
 24 hanced use of authorities specified in paragraph (2)
 25 on the provision of such care and services through

1 non-Department of Veterans Affairs providers (com-
2 monly referred to as “non-Department of Veterans
3 Affairs medical care”).

4 (2) AUTHORITIES ON PROVISION OF CARE
5 THROUGH NON-DEPARTMENT PROVIDERS.—The au-
6 thorities specified in this paragraph are the fol-
7 lowing:

8 (A) Section 1703 of title 38, United States
9 Code, relating to contracts for the provision of
10 hospital care and medical services through non-
11 Department facilities.

12 (B) Section 1725 of such title, relating to
13 reimbursement of certain veterans for the rea-
14 sonable value of emergency treatment at non-
15 Department facilities.

16 (C) Section 1728 of such title, relating to
17 reimbursement of certain veterans for cus-
18 tomary and usual charges of emergency treat-
19 ment from sources other than the Department.

20 (D) Section 1786 of such title, relating to
21 health care services furnished to newborn chil-
22 dren of women veterans who are receiving ma-
23 ternity care furnished by the Department at a
24 non-Department facility.

(E) Any other authority under the laws administered by the Secretary to provide hospital care, medical services, or other health care from a non-Department provider, including the following:

(i) A Federally-qualified health center (as defined in section 1905(l)(2)(B) of the Social Security Act (42 U.S.C. 1396d(l)(2)(B))).

(ii) The Department of Defense.

(iii) The Indian Health Service.

(3) REQUIREMENTS.—In ensuring timely access of all veterans to the care and services described in paragraph (1) through the enhanced use of authorities specified in paragraph (2), the Secretary shall require the following:

(A) That each veteran who has not received hospital care, medical services, or other health care from the Department and is seeking an appointment for primary care under the laws administered by the Secretary receive an appointment for primary care at a time consistent with timeliness measures established by the Secretary for purposes of providing primary care to all veterans.

1 (B) That the determination whether to
2 refer a veteran for specialty care through a
3 non-Department provider shall take into ac-
4 count the urgency and acuity of such veteran's
5 need for such care, including—

6 (i) the severity of the condition of
7 such veteran requiring specialty care; and

8 (ii) the wait-time for an appointment
9 with a specialist with respect to such con-
10 dition at the nearest medical facility of the
11 Department with the capacity to provide
12 such care.

13 (C) That the determination whether a vet-
14 eran shall receive hospital care, medical serv-
15 ices, or other health care from the Department
16 through facilities of the Department or through
17 non-Department providers pursuant to the au-
18 thorities specified in paragraph (2) shall take
19 into account, in the manner specified by the
20 Secretary, the following:

21 (i) The distance the veteran would be
22 required to travel to receive care or serv-
23 ices through a non-Department provider
24 compared to the distance the veteran
25 would be required to travel to receive care

1 or services from a medical facility of the
2 Department.

3 (ii) Any factors that might limit the
4 ability of the veteran to travel, including
5 age, access to transportation, and infir-
6 mity.

7 (iii) The wait-time for the provision of
8 care or services through a non-Department
9 provider compared to the wait-time for the
10 provision of care or services from a medical
11 facility of the Department.

12 (iv) Where the veteran would prefer to
13 receive the care and services described in
14 paragraph (1), unless the preference of the
15 veteran conflicts with any of the other re-
16 quirements of this paragraph.

17 (D) That the Department maximize the
18 use of hospital care, medical services, and other
19 health care available to the Department
20 through non-Department providers, including
21 providers available to provide such care and
22 services as follows:

23 (i) Pursuant to contracts under the
24 Patient-Centered Community Care Pro-
25 gram of the Department.

1 (ii) Pursuant to contracts between a
2 facility or facilities of the Department and
3 a local facility or provider.

4 (iii) Pursuant to contracts with Fed-
5 erally-qualified health centers (as defined
6 in section 1905(l)(2)(B) of the Social Se-
7 curity Act (42 U.S.C. 1396d(l)(2)(B))),
8 the Department of Defense, or the Indian
9 Health Service.

10 (iv) On a fee-for-service basis.

11 (b) MEDICAL RECORDS.—In providing hospital care,
12 medical services, and other health care to veterans
13 through non-Department providers pursuant to the au-
14 thorities specified in paragraph (2), the Secretary shall en-
15 sure that any such provider submits to the Department
16 any medical record related to the care and services pro-
17 vided to a veteran by that provider for inclusion in the
18 electronic medical record of such veteran maintained by
19 the Department upon the completion of the provision of
20 such care and services to such veteran.

21 (c) REPORTS.—

22 (1) INITIAL REPORT.—Not later than 45 days
23 after the date of the enactment of this Act, the Sec-
24 retary shall submit to the Committee on Veterans'
25 Affairs of the Senate and the Committee on Vet-

1 erans' Affairs of the House of Representatives a re-
2 port on the implementation of the requirements
3 under subsection (a) and (b), including a plan to en-
4 force the proper implementation of such require-
5 ments systematically throughout the Department.

6 (2) PERIODIC REPORTS.—Not later than 90
7 days after the submittal of the report required by
8 paragraph (1), and every 90 days thereafter for one
9 year, the Secretary shall submit to the Committee
10 on Veterans' Affairs of the Senate and the Com-
11 mittee on Veterans' Affairs of the House of Rep-
12 resentatives a report that includes the following:

13 (A) The progress of the Secretary in car-
14 rying out the plan under paragraph (1) to en-
15 force the proper implementation of the require-
16 ments under subsection (a) and (b) systemati-
17 cally throughout the Department.

18 (B) The impact of the implementation of
19 such requirements on wait-times for veterans to
20 receive hospital care, medical services, and
21 other health care, disaggregated by—

- 22 (i) new patients;
23 (ii) existing patients;
24 (iii) primary care; and
25 (iv) specialty care.

1 (C) Any recommendations for changes or
2 improvements to such requirements.

3 (D) Any requests for additional funding
4 necessary to carry out such requirements.

5 **SEC. 302. EXTENSION OF AND REPORT ON JOINT INCEN-**
6 **TIVES PROGRAM OF DEPARTMENT OF VET-**
7 **ERANS AFFAIRS AND DEPARTMENT OF DE-**
8 **FENSE.**

9 (a) EXTENSION.—Section 8111(d)(3) of title 38,
10 United States Code, is amended by striking “September
11 30, 2015” and inserting “September 30, 2020”.

12 (b) REPORTS.—

13 (1) REPORT ON IMPLEMENTATION OF REC-
14 OMMENDATIONS.—Not later than 60 days after the
15 date of the enactment of this Act, the Secretary of
16 Veterans Affairs and the Secretary of Defense shall
17 jointly submit to Congress a report on the imple-
18 mentation by the Department of Veterans Affairs
19 and the Department of Defense of the findings and
20 recommendations of the Comptroller General of the
21 United States in the September 2012 report entitled
22 “VA and DoD Health Care: Department-Level Ac-
23 tions Needed to Assess Collaboration Performance,
24 Address Barriers, and Identify Opportunities”
25 (GAO–12–992).

1 (2) COMPTROLLER GENERAL REPORT.—

2 (A) IN GENERAL.—Not later than one year
3 after the date of the enactment of this Act, the
4 Comptroller General of the United States shall
5 submit to Congress a report assessing and pro-
6 viding recommendations for improvement to the
7 program to identify, provide incentives to, im-
8 plement, fund, and evaluate creative coordina-
9 tion and sharing initiatives between the Depart-
10 ment of Veterans Affairs and the Department
11 of Defense required under section 8111(d) of
12 such title.

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

15 (i) An assessment of the extent to
16 which the program described in subpara-
17 graph (A) has accomplished the goal of
18 such program to improve the access to,
19 and quality and cost effectiveness of, the
20 health care provided by the Veterans
21 Health Administration and the Military
22 Health System to the beneficiaries of both
23 the Department of Veterans Affairs and
24 the Department of Defense.

1 (ii) An assessment of whether admin-
2 istration of such program through the
3 Health Executive Committee of the De-
4 partment of Veterans Affairs-Department
5 of Defense Joint Executive Committee es-
6 tablished under section 320 of such title
7 provides sufficient leadership attention and
8 oversight to ensure maximum benefits to
9 the Department of Veterans Affairs and
10 the Department of Defense through col-
11 laborative efforts.

12 (iii) An assessment of whether addi-
13 tional authorities to jointly construct,
14 lease, or acquire facilities would facilitate
15 additional collaborative efforts under such
16 program.

17 (iv) An assessment of whether the
18 funding for such program is sufficient to
19 ensure consistent identification of potential
20 opportunities for collaboration and over-
21 sight of existing collaborations to ensure a
22 meaningful partnership between the De-
23 partment of Veterans Affairs and the De-
24 partment of Defense and remove any bar-
25 riers to integration or collaboration.

1 (v) An assessment of whether existing
 2 processes for identifying opportunities for
 3 collaboration are sufficient to ensure max-
 4 imum collaboration between the Veterans
 5 Health Administration and the Military
 6 Health System.

7 (vi) Such legislative or administrative
 8 recommendations for improvement to such
 9 program as the Comptroller General con-
 10 sidered appropriate to enhance the use of
 11 such program to increase access to health
 12 care.

13 **SEC. 303. TRANSFER OF AUTHORITY FOR PAYMENTS FOR**
 14 **HOSPITAL CARE, MEDICAL SERVICES, AND**
 15 **OTHER HEALTH CARE FROM NON-DEPART-**
 16 **MENT PROVIDERS TO THE CHIEF BUSINESS**
 17 **OFFICE OF THE VETERANS HEALTH ADMINIS-**
 18 **TRATION OF THE DEPARTMENT.**

19 (a) TRANSFER OF AUTHORITY.—

20 (1) IN GENERAL.—Effective on October 1,
 21 2014, the Secretary of Veterans Affairs shall trans-
 22 fer the authority to pay for hospital care, medical
 23 services, and other health care through non-Depart-
 24 ment providers to the Chief Business Office of the
 25 Veterans Health Administration of the Department

1 of Veterans Affairs from the Veterans Integrated
2 Service Networks and medical centers of the Depart-
3 ment of Veterans Affairs.

4 (2) MANNER OF CARE.—The Chief Business
5 Office shall work in consultation with the Office of
6 Clinical Operations and Management of the Depart-
7 ment of Veterans Affairs to ensure that care and
8 services described in paragraph (1) is provided in a
9 manner that is clinically appropriate and effective.

10 (3) NO DELAY IN PAYMENT.—The transfer of
11 authority under paragraph (1) shall be carried out
12 in a manner that does not delay or impede any pay-
13 ment by the Department for hospital care, medical
14 services, or other health care provided through a
15 non-Department provider under the laws adminis-
16 tered by the Secretary.

17 (b) BUDGETARY EFFECT.—The Secretary shall, for
18 each fiscal year that begins after the date of the enact-
19 ment of this Act—

20 (1) include in the budget for the Chief Business
21 Office of the Veterans Health Administration
22 amounts to pay for hospital care, medical services,
23 and other health care provided through non-Depart-
24 ment providers, including any amounts necessary to
25 carry out the transfer of authority to pay for such

1 care and services under subsection (a), including any
2 increase in staff; and

3 (2) not include in the budget of each Veterans
4 Integrated Service Network and medical center of
5 the Department amounts to pay for such care and
6 services.

7 (c) REMOVAL FROM PERFORMANCE GOALS.—For
8 each fiscal year that begins after the date of the enact-
9 ment of this Act, the Secretary shall not include in the
10 performance goals of any employee of a Veterans Inte-
11 grated Service Network or medical center of the Depart-
12 ment any performance goal that might disincentivize the
13 payment of Department amounts to provide hospital care,
14 medical services, or other health care through a non-De-
15 partment provider.

16 **SEC. 304. ENHANCEMENT OF COLLABORATION BETWEEN**
17 **DEPARTMENT OF VETERANS AFFAIRS AND**
18 **INDIAN HEALTH SERVICE.**

19 (a) OUTREACH TO TRIBAL-RUN MEDICAL FACILI-
20 TIES.—The Secretary of Veterans Affairs shall, in con-
21 sultation with the Director of the Indian Health Service,
22 conduct outreach to each medical facility operated by an
23 Indian tribe or tribal organization through a contract or
24 compact with the Indian Health Service under the Indian
25 Self-Determination and Education Assistance Act (25

1 U.S.C. 450 et seq.) to raise awareness of the ability of
2 such facilities, Indian tribes, and tribal organizations to
3 enter into agreements with the Department of Veterans
4 Affairs under which the Secretary reimburses such facili-
5 ties, Indian tribes, or tribal organizations, as the case may
6 be, for health care provided to veterans eligible for health
7 care at such facilities.

8 (b) METRICS FOR MEMORANDUM OF UNDER-
9 STANDING PERFORMANCE.—The Secretary of Veterans
10 Affairs shall implement performance metrics for assessing
11 the performance by the Department of Veterans Affairs
12 and the Indian Health Service under the memorandum of
13 understanding entitled “Memorandum of Understanding
14 between the Department of Veterans Affairs (VA) and the
15 Indian Health Service (IHS)” in increasing access to
16 health care, improving quality and coordination of health
17 care, promoting effective patient-centered collaboration
18 and partnerships between the Department and the Serv-
19 ice, and ensuring health-promotion and disease-prevention
20 services are appropriately funded and available for bene-
21 ficiaries under both health care systems.

22 (c) REPORT.—Not later than 180 days after the date
23 of the enactment of this Act, the Secretary of Veterans
24 Affairs and the Director of the Indian Health Service shall

1 jointly submit to Congress a report on the feasibility and
2 advisability of the following:

3 (1) Entering into agreements for the reimburse-
4 ment by the Secretary of the costs of direct care
5 services provided through organizations receiving
6 amounts pursuant to grants made or contracts en-
7 tered into under section 503 of the Indian Health
8 Care Improvement Act (25 U.S.C. 1653) to veterans
9 who are otherwise eligible to receive health care from
10 such organizations.

11 (2) Including the reimbursement of the costs of
12 direct care services provided to veterans who are not
13 Indians in agreements between the Department and
14 the following:

15 (A) The Indian Health Service.

16 (B) An Indian tribe or tribal organization
17 operating a medical facility through a contract
18 or compact with the Indian Health Service
19 under the Indian Self-Determination and Edu-
20 cation Assistance Act (25 U.S.C. 450 et seq.).

21 (C) A medical facility of the Indian Health
22 Service.

23 (d) DEFINITIONS.—In this section:

24 (1) INDIAN.—The terms “Indian” and “Indian
25 tribe” have the meanings given those terms in sec-

1 tion 4 of the Indian Health Care Improvement Act
2 (25 U.S.C. 1603).

3 (2) MEDICAL FACILITY OF THE INDIAN
4 HEALTH SERVICE.—The term “medical facility of
5 the Indian Health Service” includes a facility oper-
6 ated by an Indian tribe or tribal organization
7 through a contract or compact with the Indian
8 Health Service under the Indian Self-Determination
9 and Education Assistance Act (25 U.S.C. 450 et
10 seq.).

11 (3) TRIBAL ORGANIZATION.—The term “tribal
12 organization” has the meaning given the term in
13 section 4 of the Indian Self-Determination and Edu-
14 cation Assistance Act (25 U.S.C. 450b).

15 **SEC. 305. ENHANCEMENT OF COLLABORATION BETWEEN**
16 **DEPARTMENT OF VETERANS AFFAIRS AND**
17 **NATIVE HAWAIIAN HEALTH CARE SYSTEMS.**

18 (a) IN GENERAL.—The Secretary of Veterans Affairs
19 shall, in consultation with Papa Ola Lokahi and such
20 other organizations involved in the delivery of health care
21 to Native Hawaiians as the Secretary considers appro-
22 priate, enter into contracts or agreements with Native Ha-
23 waiian health care systems that are in receipt of funds
24 from the Secretary of Health and Human Services pursu-
25 ant to grants awarded or contracts entered into under sec-

tion 6(a) of the Native Hawaiian Health Care Improvement Act (42 U.S.C. 11705(a)) for the reimbursement of direct care services provided to eligible veterans as specified in such contracts or agreements.

(b) DEFINITIONS.—In this section, the terms “Native Hawaiian”, “Native Hawaiian health care system”, and “Papa Ola Lokahi” have the meanings given those terms in section 12 of the Native Hawaiian Health Care Improvement Act (42 U.S.C. 11711).

SEC. 306. AUTHORIZATION OF EMERGENCY APPROPRIATIONS.

There is authorized to be appropriated for the Department of Veterans Affairs such sums as may be necessary to carry out this title.

**TITLE IV—HEALTH CARE
ADMINISTRATIVE MATTERS**

SEC. 401. IMPROVEMENT OF ACCESS OF VETERANS TO MOBILE VET CENTERS OF THE DEPARTMENT OF VETERANS AFFAIRS.

(a) IMPROVEMENT OF ACCESS.—

(1) IN GENERAL.—The Secretary of Veterans Affairs shall improve the access of veterans to telemedicine and other health care through the use of mobile vet centers of the Department of Veterans

1 Affairs by providing standardized requirements for
2 the operation of such centers.

3 (2) REQUIREMENTS.—The standardized re-
4 quirements required by paragraph (1) shall include
5 the following:

6 (A) The number of days each mobile vet
7 center of the Department is expected to travel
8 per year.

9 (B) The number of locations each center is
10 expected to visit per year.

11 (C) The number of appointments each cen-
12 ter is expected to conduct per year.

13 (D) The method and timing of notifica-
14 tions given by each center to individuals in the
15 area to which such center is traveling, including
16 notifications informing veterans of the avail-
17 ability to schedule appointments at the center.

18 (3) USE OF TELEMEDICINE.—The Secretary
19 shall ensure that each mobile vet center of the De-
20 partment has the capability to provide telemedicine
21 services.

22 (b) REPORTS.—Not later than one year after the date
23 of the enactment of this Act, and not later than September
24 30 each year thereafter, the Secretary of Veterans Affairs
25 shall submit to the Committee on Veterans' Affairs of the

1 Senate and the Committee on Veterans' Affairs of the
2 House of Representatives a report on the following:

3 (1) The use of mobile vet centers to provide
4 telemedicine services to veterans during the year
5 preceding the submittal of the report, including the
6 following:

7 (A) The number of days each mobile vet
8 center was open to provide such services.

9 (B) The number of days each mobile vet
10 center traveled to a location other than the
11 headquarters of the mobile vet center to provide
12 such services.

13 (C) The number of appointments each cen-
14 ter conducted to provide such services on aver-
15 age per month and in total during such year.

16 (2) An analysis of the effectiveness of using mo-
17 bile vet centers to provide health care services to vet-
18 erans through the use of telemedicine.

19 (3) Any recommendations for an increase in the
20 number of mobile vet centers of the Department.

21 (4) Any recommendations for an increase in the
22 telemedicine capabilities of each mobile vet center.

23 (5) The feasibility and advisability of using
24 temporary health care providers, including locum

1 tenens, to provide direct health care services to vet-
 2 erans at mobile vet centers.

3 (6) Such other recommendations on improve-
 4 ment of the use of mobile vet centers by the Depart-
 5 ment as the Secretary considers appropriate.

6 **SEC. 402. COMMISSION ON ACCESS TO CARE.**

7 (a) ESTABLISHMENT OF COMMISSION.—

8 (1) IN GENERAL.—There is established the
 9 Commission on Access to Care (in this section re-
 10 ferred to as the “Commission”) to examine the ac-
 11 cess of veterans to health care from the Department
 12 of Veterans Affairs and strategically examine how
 13 best to organize the Veterans Health Administra-
 14 tion, locate health care resources, and deliver health
 15 care to veterans during the next 10 to 20 years.

16 (2) MEMBERSHIP.—

17 (A) VOTING MEMBERS.—The Commission
 18 shall be composed of 10 voting members who
 19 are appointed by the President as follows:

20 (i) At least two members who rep-
 21 resent an organization recognized by the
 22 Secretary of Veterans Affairs for the rep-
 23 resentation of veterans under section 5902
 24 of title 38, United States Code.

1 (ii) At least one member from among
2 persons who are experts concerning a pub-
3 lic or private hospital system.

4 (iii) At least one member from among
5 persons who are familiar with government
6 health care systems, including those sys-
7 tems of the Department of Defense, the
8 Indian Health Service, and Federally-quali-
9 fied health centers (as defined in section
10 1905(l)(2)(B) of the Social Security Act
11 (42 U.S.C. 1396d(l)(2)(B))).

12 (iv) At least two members from
13 among persons who are familiar with the
14 Veterans Health Administration.

15 (B) NONVOTING MEMBERS.—In addition
16 to members appointed under subparagraph (A),
17 the Commission shall be composed of 10 non-
18 voting members who are appointed by the
19 President as follows:

20 (i) At least two members who rep-
21 resent an organization recognized by the
22 Secretary of Veterans Affairs for the rep-
23 resentation of veterans under section 5902
24 of title 38, United States Code.

1 (ii) At least one member from among
2 persons who are experts in a public or pri-
3 vate hospital system.

4 (iii) At least one member from among
5 persons who are familiar with government
6 health care systems, including those sys-
7 tems of the Department of Defense, the
8 Indian Health Service, and Federally-quali-
9 fied health centers (as defined in section
10 1905(l)(2)(B) of the Social Security Act
11 (42 U.S.C. 1396d(l)(2)(B))).

12 (iv) At least two members from
13 among persons who are familiar with the
14 Veterans Health Administration.

15 (C) DATE.—The appointments of members
16 of the Commission shall be made not later than
17 60 days after the date of the enactment of this
18 Act.

19 (3) PERIOD OF APPOINTMENT; VACANCIES.—
20 Members shall be appointed for the life of the Com-
21 mission. Any vacancy in the Commission shall not
22 affect its powers, but shall be filled in the same
23 manner as the original appointment.

24 (4) INITIAL MEETING.—Not later than 15 days
25 after the date on which seven voting members of the

1 Commission have been appointed, the Commission
2 shall hold its first meeting.

3 (5) MEETINGS.—The Commission shall meet at
4 the call of the Chairperson.

5 (6) QUORUM.—A majority of the members of
6 the Commission shall constitute a quorum, but a
7 lesser number of members may hold hearings.

8 (7) CHAIRPERSON AND VICE CHAIRPERSON.—
9 The Commission shall select a Chairperson and Vice
10 Chairperson from among its members.

11 (b) DUTIES OF COMMISSION.—

12 (1) EVALUATION AND ASSESSMENT.—The Com-
13 mission shall undertake a comprehensive evaluation
14 and assessment of access to health care at the De-
15 partment of Veterans Affairs.

16 (2) MATTERS EVALUATED AND ASSESSED.—
17 The matters evaluated and assessed by the Commis-
18 sion shall include the following:

19 (A) The appropriateness of current stand-
20 ards of the Department of Veterans Affairs
21 concerning access to health care.

22 (B) The measurement of such standards.

23 (C) The appropriateness of performance
24 standards and incentives in relation to stand-
25 ards described in subparagraph (A).

1 (D) Staffing levels throughout the Vet-
2 erans Health Administration and whether they
3 are sufficient to meet current demand for
4 health care from the Administration.

5 (3) REPORTS.—The Commission shall submit
6 to the President, through the Secretary of Veterans
7 Affairs, reports as follows:

8 (A) Not later than 90 days after the date
9 of the initial meeting of the Commission, an in-
10 terim report on—

11 (i) the findings of the Commission
12 with respect to the evaluation and assess-
13 ment required by this subsection; and

14 (ii) such recommendations as the
15 Commission may have for legislative or ad-
16 ministrative action to improve access to
17 health care through the Veterans Health
18 Administration.

19 (B) Not later than 180 days after the date
20 of the initial meeting of the Commission, a final
21 report on—

22 (i) the findings of the Commission
23 with respect to the evaluation and assess-
24 ment required by this subsection; and

1 (ii) such recommendations as the
 2 Commission may have for legislative or ad-
 3 ministrative action to improve access to
 4 health care through the Veterans Health
 5 Administration.

6 (c) POWERS OF THE COMMISSION.—

7 (1) HEARINGS.—The Commission may hold
 8 such hearings, sit and act at such times and places,
 9 take such testimony, and receive such evidence as
 10 the Commission considers advisable to carry out this
 11 section.

12 (2) INFORMATION FROM FEDERAL AGENCIES.—

13 The Commission may secure directly from any Fed-
 14 eral department or agency such information as the
 15 Commission considers necessary to carry out this
 16 section. Upon request of the Chairperson of the
 17 Commission, the head of such department or agency
 18 shall furnish such information to the Commission.

19 (d) COMMISSION PERSONNEL MATTERS.—

20 (1) COMPENSATION OF MEMBERS.—Each mem-
 21 ber of the Commission who is not an officer or em-
 22 ployee of the Federal Government shall be com-
 23 pensated at a rate equal to the daily equivalent of
 24 the annual rate of basic pay prescribed for level IV
 25 of the Executive Schedule under section 5315 of title

1 5, United States Code, for each day (including travel
2 time) during which such member is engaged in the
3 performance of the duties of the Commission. All
4 members of the Commission who are officers or em-
5 ployees of the United States shall serve without com-
6 pensation in addition to that received for their serv-
7 ices as officers or employees of the United States.

8 (2) TRAVEL EXPENSES.—The members of the
9 Commission shall be allowed travel expenses, includ-
10 ing per diem in lieu of subsistence, at rates author-
11 ized for employees of agencies under subchapter I of
12 chapter 57 of title 5, United States Code, while
13 away from their homes or regular places of business
14 in the performance of services for the Commission.

15 (3) STAFF.—

16 (A) IN GENERAL.—The Chairperson of the
17 Commission may, without regard to the civil
18 service laws and regulations, appoint and termi-
19 nate an executive director and such other addi-
20 tional personnel as may be necessary to enable
21 the Commission to perform its duties. The em-
22 ployment of an executive director shall be sub-
23 ject to confirmation by the Commission.

24 (B) COMPENSATION.—The Chairperson of
25 the Commission may fix the compensation of

the executive director and other personnel without regard to chapter 51 and subchapter III of chapter 53 of title 5, United States Code, relating to classification of positions and General Schedule pay rates, except that the rate of pay for the executive director and other personnel may not exceed the rate payable for level V of the Executive Schedule under section 5316 of such title.

(4) DETAIL OF GOVERNMENT EMPLOYEES.—

Any Federal Government employee may be detailed to the Commission without reimbursement, and such detail shall be without interruption or loss of civil service status or privilege.

(5) PROCUREMENT OF TEMPORARY AND INTER-

MITTENT SERVICES.—The Chairperson of the Commission may procure temporary and intermittent services under section 3109(b) of title 5, United States Code, at rates for individuals which do not exceed the daily equivalent of the annual rate of basic pay prescribed for level V of the Executive Schedule under section 5316 of such title.

(e) TERMINATION OF THE COMMISSION.—The Com-

mission shall terminate 30 days after the date on which

1 the Commission submits its report under subsection
2 (b)(3)(B).

3 (f) FUNDING.—The Secretary of Veterans Affairs
4 shall make available to the Commission from amounts ap-
5 propriated or otherwise made available to the Secretary
6 such amounts as the Secretary and the Chairperson of the
7 Commission jointly consider appropriate for the Commis-
8 sion to perform its duties under this section.

9 (g) EXECUTIVE ACTION.—

10 (1) ACTION ON RECOMMENDATIONS.—The
11 President shall require the Secretary of Veterans Af-
12 fairs and such other heads of relevant Federal de-
13 partments and agencies to implement each rec-
14 ommendation set forth in a report submitted under
15 subsection (b)(3) that the President—

16 (A) considers feasible and advisable; and

17 (B) determines can be implemented with-
18 out further legislative action.

19 (2) REPORTS.—Not later than 60 days after
20 the date on which the President receives a report
21 under subsection (b)(3), the President shall submit
22 to the Committee on Veterans' Affairs of the Senate
23 and the Committee on Veterans' Affairs of the
24 House of Representatives and such other committees

1 of Congress as the President considers appropriate
2 a report setting forth the following:

3 (A) An assessment of the feasibility and
4 advisability of each recommendation contained
5 in the report received by the President.

6 (B) For each recommendation assessed as
7 feasible and advisable under subparagraph (A)
8 the following:

9 (i) Whether such recommendation re-
10 quires legislative action.

11 (ii) If such recommendation requires
12 legislative action, a recommendation con-
13 cerning such legislative action.

14 (iii) A description of any administra-
15 tive action already taken to carry out such
16 recommendation.

17 (iv) A description of any administra-
18 tive action the President intends to be
19 taken to carry out such recommendation
20 and by whom.

21 **SEC. 403. COMMISSION ON CAPITAL PLANNING FOR DE-**
22 **PARTMENT OF VETERANS AFFAIRS MEDICAL**
23 **FACILITIES.**

24 (a) ESTABLISHMENT OF COMMISSION.—

1 (1) ESTABLISHMENT.—There is established the
2 Commission on Capital Planning for Department of
3 Veterans Affairs Medical Facilities (in this section
4 referred to as the “Commission”).

5 (2) MEMBERSHIP.—

6 (A) VOTING MEMBERS.—The Commission
7 shall, subject to subparagraph (B), be composed
8 of 10 voting members as follows:

9 (i) 1 shall be appointed by the Presi-
10 dent.

11 (ii) 1 shall be appointed by the Ad-
12 ministrator of General Services.

13 (iii) 3 shall be appointed by the Sec-
14 retary of Veterans Affairs, of whom—

15 (I) 1 shall be an employee of the
16 Veterans Health Administration;

17 (II) 1 shall be an employee of the
18 Office of Asset Enterprise Manage-
19 ment of the Department of Veterans
20 Affairs; and

21 (III) 1 shall be an employee of
22 the Office of Construction and Facili-
23 ties Management of the Department
24 of Veterans Affairs.

1 (iv) 1 shall be appointed by the Sec-
2 retary of Defense from among employees
3 of the Army Corps of Engineers.

4 (v) 1 shall be appointed by the major-
5 ity leader of the Senate.

6 (vi) 1 shall be appointed by the minor-
7 ity leader of the Senate.

8 (vii) 1 shall be appointed by the
9 Speaker of the House of Representatives.

10 (viii) 1 shall be appointed by the mi-
11 nority leader of the House of Representa-
12 tives.

13 (B) REQUIREMENT RELATING TO CERTAIN
14 APPOINTMENTS OF VOTING MEMBERS.—Of the
15 members appointed pursuant to clause (i), (ii),
16 and (iv) through (viii) of subparagraph (A), all
17 shall have expertise in capital leasing, construc-
18 tion, or health facility management planning.

19 (C) NON-VOTING MEMBERS.—The Com-
20 mission shall be assisted by 10 non-voting mem-
21 bers, appointed by the vote of a majority of
22 members of the Commission under subpara-
23 graph (A), of whom—

1 (i) 6 shall be representatives of vet-
 2 erans service organizations recognized by
 3 the Secretary of Veterans Affairs; and

4 (ii) 4 shall be individuals from outside
 5 the Department of Veterans Affairs with
 6 experience and expertise in matters relat-
 7 ing to management, construction, and leas-
 8 ing of capital assets.

9 (D) DATE OF APPOINTMENT OF VOTING
 10 MEMBERS.—The appointments of the members
 11 of the Commission under subparagraph (A)
 12 shall be made not later than 60 days after the
 13 date of the enactment of this Act.

14 (3) PERIOD OF APPOINTMENT; VACANCIES.—
 15 Members shall be appointed for the life of the Com-
 16 mission. Any vacancy in the Commission shall not
 17 affect its powers, but shall be filled in the same
 18 manner as the original appointment.

19 (4) INITIAL MEETING.—Not later than 15 days
 20 after the date on which 7 members of the Commis-
 21 sion have been appointed, the Commission shall hold
 22 its first meeting.

23 (5) MEETINGS.—The Commission shall meet at
 24 the call of the Chair.

1 (6) QUORUM.—A majority of the members of
 2 the Commission shall constitute a quorum, but a
 3 lesser number of members may hold hearings.

4 (7) CHAIR AND VICE CHAIR.—The Commission
 5 shall select a Chair and Vice Chair from among its
 6 members.

7 (b) DUTIES OF COMMISSION.—

8 (1) IN GENERAL.—The Commission shall un-
 9 dertake a comprehensive evaluation and assessment
 10 of various options for capital planning for Depart-
 11 ment of Veterans Affairs medical facilities, including
 12 an evaluation and assessment of the mechanisms by
 13 which the Department currently selects means for
 14 the delivery of health care, whether by major con-
 15 struction, major medical facility leases, sharing
 16 agreements with the Department of Defense, the In-
 17 dian Health Service, and Federally Qualified Health
 18 Clinics under section 330 of the Public Health Serv-
 19 ice Act (42 U.S.C. 254b), contract care, multisite
 20 care, telemedicine, extended hours for care, or other
 21 means.

22 (2) CONTEXT OF EVALUATION AND ASSESS-
 23 MENT.—In undertaking the evaluation and assess-
 24 ment, the Commission shall consider—

1 (A) the importance of access to health care
2 through the Department, including associated
3 guidelines of the Department on access to, and
4 drive time for, health care;

5 (B) limitations and requirements applica-
6 ble to the construction and leasing of medical
7 facilities for the Department, including applica-
8 ble laws, regulations, and costs as determined
9 by both the Congressional Budget Office and
10 the Office of Management and Budget;

11 (C) the nature of capital planning for De-
12 partment medical facilities in an era of fiscal
13 uncertainty;

14 (D) projected future fluctuations in the
15 population of veterans; and

16 (E) the extent to which the Department
17 was able to meet the mandates of the Capital
18 Asset Realignment for Enhanced Services Com-
19 mission.

20 (3) PARTICULAR CONSIDERATIONS.—In under-
21 taking the evaluation and assessment, the Commis-
22 sion shall address, in particular, the following:

23 (A) The Major Medical Facility Lease Pro-
24 gram of the Department, including an identi-

1 fication of potential improvements to the lease
2 authorization processes under that Program.

3 (B) The management processes of the De-
4 partment for its Major Medical Facility Con-
5 struction Program, including processes relating
6 to contract award and management, project
7 management, and processing of change orders.

8 (C) The overall capital planning program
9 of the Department for medical facilities, includ-
10 ing an evaluation and assessment of—

11 (i) the manner in which the Depart-
12 ment determines whether to use capital or
13 non-capital means to expand access to
14 health care;

15 (ii) the manner in which the Depart-
16 ment determines the disposition of under-
17 utilized and un-utilized buildings on cam-
18 puses of Department medical centers, and
19 any barriers to disposition;

20 (iii) the effectiveness of the facility
21 master planning initiative of the Depart-
22 ment; and

23 (iv) the extent to which sustainable
24 attributes are planned for to decrease oper-

1 ating costs for Department medical facili-
2 ties.

3 (D) The current backlog of construction
4 projects for Department medical facilities, in-
5 cluding an identification of the most effective
6 means to quickly secure the most critical re-
7 pairs required, including repairs relating to fa-
8 cility condition deficiencies, structural safety,
9 and compliance with the Americans With Dis-
10 abilities Act of 1990.

11 (4) REPORTS.—Subject to paragraph (5), the
12 Commission shall submit to the Secretary of Vet-
13 erans Affairs, and to the Committee Veterans’ Af-
14 fairs of the Senate and the Committee on Veterans’
15 Affairs of the House of Representatives, reports as
16 follows:

17 (A) Not later than six months after its ini-
18 tial meeting under subsection (a)(4), a report
19 on the Major Medical Facility Lease Program
20 and the Congressional lease authorization proc-
21 ess.

22 (B) Not later than one year after its initial
23 meeting, a report—

1 (i) on the management processes of
2 the Department for the construction of De-
3 partment medical facilities; and

4 (ii) setting forth an update of any
5 matters covered in the report under sub-
6 paragraph (A).

7 (C) Not later than 18 months after its ini-
8 tial meeting, a report—

9 (i) on the overall capital planning pro-
10 gram of the Department for medical facili-
11 ties; and

12 (ii) setting forth an update of any
13 matters covered in earlier reports under
14 this paragraph.

15 (D) Not later than two years after its ini-
16 tial meeting, a report—

17 (i) on the current backlog of construc-
18 tion projects for Department medical facili-
19 ties;

20 (ii) setting forth an update of any
21 matters covered in earlier reports under
22 this paragraph; and

23 (iii) including such other matters re-
24 lating to the duties of the Commission that
25 the Commission considers appropriate.

1 (E) Not later than 27 months after its ini-
2 tial meeting, a report on the implementation by
3 the Secretary of Veterans Affairs pursuant to
4 subsection (g) of the recommendations included
5 pursuant to paragraph (5) in the reports under
6 this paragraph.

7 (5) RECOMMENDATIONS.—Each report under
8 paragraph (4) shall include, for the aspect of the
9 capital asset planning process of the Department
10 covered by such report, such recommendations as
11 the Commission considers appropriate for the im-
12 provement and enhancement of such aspect of the
13 capital asset planning process.

14 (c) POWERS OF COMMISSION.—

15 (1) HEARINGS.—The Commission may hold
16 such hearings, sit and act at such times and places,
17 take such testimony, and receive such evidence as
18 the Commission considers advisable to carry out this
19 section.

20 (2) INFORMATION FROM FEDERAL AGENCIES.—
21 The Commission may secure directly from any Fed-
22 eral department or agency such information as the
23 Commission considers necessary to carry out this
24 section. Upon request of the Chair of the Commis-

1 sion, the head of such department or agency shall
2 furnish such information to the Commission.

3 (d) COMMISSION PERSONNEL MATTERS.—

4 (1) COMPENSATION OF MEMBERS.—Each mem-
5 ber of the Commission who is not an officer or em-
6 ployee of the Federal Government shall be com-
7 pensated at a rate equal to the daily equivalent of
8 the annual rate of basic pay prescribed for level IV
9 of the Executive Schedule under section 5315 of title
10 5, United States Code, for each day (including travel
11 time) during which such member is engaged in the
12 performance of the duties of the Commission. All
13 members of the Commission who are officers or em-
14 ployees of the United States shall serve without com-
15 pensation in addition to that received for their serv-
16 ices as officers or employees of the United States.

17 (2) TRAVEL EXPENSES.—The members of the
18 Commission shall be allowed travel expenses, includ-
19 ing per diem in lieu of subsistence, at rates author-
20 ized for employees of agencies under subchapter I of
21 chapter 57 of title 5, United States Code, while
22 away from their homes or regular places of business
23 in the performance of services for the Commission.

24 (3) STAFF.—

1 (A) IN GENERAL.—The Chair of the Com-
2 mission may, without regard to the civil service
3 laws and regulations, appoint and terminate an
4 executive director and such other additional
5 personnel as may be necessary to enable the
6 Commission to perform its duties. The employ-
7 ment of an executive director shall be subject to
8 confirmation by the Commission.

9 (B) COMPENSATION.—The Chair of the
10 Commission may fix the compensation of the
11 executive director and other personnel without
12 regard to chapter 51 and subchapter III of
13 chapter 53 of title 5, United States Code, relat-
14 ing to classification of positions and General
15 Schedule pay rates, except that the rate of pay
16 for the executive director and other personnel
17 may not exceed the rate payable for level V of
18 the Executive Schedule under section 5316 of
19 such title.

20 (4) DETAIL OF GOVERNMENT EMPLOYEES.—
21 Any Federal Government employee may be detailed
22 to the Commission without reimbursement, and such
23 detail shall be without interruption or loss of civil
24 service status or privilege.

1 (5) PROCUREMENT OF TEMPORARY AND INTER-
2 MITTENT SERVICES.—The Chair of the Commission
3 may procure temporary and intermittent services
4 under section 3109(b) of title 5, United States Code,
5 at rates for individuals which do not exceed the daily
6 equivalent of the annual rate of basic pay prescribed
7 for level V of the Executive Schedule under section
8 5316 of such title.

9 (e) TERMINATION OF COMMISSION.—The Commis-
10 sion shall terminate 60 days after the date on which the
11 Commission submits its report under subsection
12 (b)(4)(E).

13 (f) FUNDING.—The Secretary of Veterans Affairs
14 shall make available to the Commission such amounts as
15 the Secretary and the Chair of the Commission jointly
16 consider appropriate for the Commission to perform its
17 duties under this section.

18 (g) ACTION ON RECOMMENDATIONS.—

19 (1) IN GENERAL.—The Secretary of Veterans
20 Affairs shall implement each recommendation in-
21 cluded in a report under subsection (b)(4) that the
22 Secretary considers feasible and advisable and can
23 be implemented without further legislative action.

24 (2) REPORTS.—Not later than 120 days after
25 receipt of a report under subparagraphs (A) through

1 (D) of subsection (b)(4), the Secretary shall submit
 2 to the Committee Veterans' Affairs of the Senate
 3 and the Committee on Veterans' Affairs of the
 4 House of Representatives a report setting forth the
 5 following:

6 (A) An assessment of the feasibility and
 7 advisability of each recommendation contained
 8 in such report.

9 (B) For each recommendation assessed as
 10 feasible and advisable—

11 (i) if such recommendation does not
 12 require further legislative action for imple-
 13 mentation, a description of the actions
 14 taken, and to be taken, by the Secretary to
 15 implement such recommendation; and

16 (ii) if such recommendation requires
 17 further legislative action for implementa-
 18 tion, recommendations for such legislative
 19 action.

20 **SEC. 404. REMOVAL OF SENIOR EXECUTIVE SERVICE EM-**
 21 **PLOYEES OF THE DEPARTMENT OF VET-**
 22 **ERANS AFFAIRS FOR PERFORMANCE.**

23 (a) REMOVAL OR TRANSFER.—

1 (1) IN GENERAL.—Chapter 7 of title 38, United
 2 States Code, is amended by adding at the end the
 3 following new section:

4 **“§ 713. Senior Executive Service: removal based on**
 5 **performance**

6 “(a) IN GENERAL.—The Secretary may remove any
 7 individual from the Senior Executive Service if the Sec-
 8 retary determines the performance of the individual war-
 9 rants such removal. If the Secretary so removes such an
 10 individual, the Secretary may—

11 “(1) remove the individual from the civil service
 12 (as defined in section 2101 of title 5); or

13 “(2) transfer the individual to a General Sched-
 14 ule position at any grade of the General Schedule for
 15 which the individual is qualified and that the Sec-
 16 retary determines is appropriate.

17 “(b) NOTICE TO CONGRESS.—Not later than 30 days
 18 after removing or transferring an individual from the Sen-
 19 ior Executive Service under paragraph (1), the Secretary
 20 shall submit to the Committees on Veterans’ Affairs of
 21 the Senate and House of Representatives notice in writing
 22 of such removal or transfer and the reason for such re-
 23 moval or transfer.

24 “(c) APPEAL OF REMOVAL OR TRANSFER.—Any re-
 25 moval or transfer under subsection (a) may be appealed

1 to the Merit Systems Protection Board under section 7701
 2 of title 5 not later than 7 days after such removal or trans-
 3 fer.

4 “(d) EXPEDITED REVIEW BY MERIT SYSTEMS PRO-
 5 TECTION BOARD.—(1) The Merit Systems Protection
 6 Board shall expedite any appeal under section 7701 of
 7 title 5 of a removal or transfer under subsection (a) and,
 8 in any such case, shall issue a decision not later than 21
 9 days after the date of the appeal.

10 “(2) In any case in which the Merit Systems Protec-
 11 tion Board determines that it cannot issue a decision in
 12 accordance with the 21-day requirement under paragraph
 13 (1), the Merit Systems Protection Board shall submit to
 14 Congress a report that explains the reason why the Merit
 15 Systems Protection Board is unable to issue a decision in
 16 accordance with such requirement in such case.

17 “(3) There is authorized to be appropriated such
 18 sums as may be necessary for the Merit Systems Protec-
 19 tion Board to expedite appeals under paragraph (1).

20 “(4) The Merit Systems Protection Board may not
 21 stay any personnel action taken under this section.”.

22 (2) CLERICAL AMENDMENT.—The table of sec-
 23 tions at the beginning of such chapter is amended
 24 by adding at the end the following new item:

“713. Senior Executive Service: removal based on performance.”.

1 (b) ESTABLISHMENT OF EXPEDITED REVIEW PROC-
2 ESS.—

3 (1) IN GENERAL.—Not later than 30 days after
4 the date of the enactment of this Act, the Merit Sys-
5 tems Protection Board shall establish and put into
6 effect a process to conduct expedited reviews in ac-
7 cordance with section 713(d) of title 38, United
8 States Code.

9 (2) INAPPLICABILITY OF CERTAIN REGULA-
10 TIONS.—Section 1201.22 of title 5, Code of Federal
11 Regulations, as in effect on the day before the date
12 of the enactment of this Act, shall not apply to expe-
13 dited reviews carried out under section 713(d) of
14 title 38, United States Code.

15 (3) REPORT BY MERIT SYSTEMS PROTECTION
16 BOARD.—Not later than 30 days after the date of
17 the enactment of this Act, the Merit Systems Pro-
18 tection Board shall submit to Congress a report on
19 the actions the Board plans to take to conduct expe-
20 dited reviews under section 713(d) of title 38,
21 United States Code, as added by subsection (a).
22 Such report shall include a description of the re-
23 sources the Board determines will be necessary to
24 conduct such reviews and a description of whether
25 any resources will be necessary to conduct such re-

1 views that were not available to the Board on the
 2 day before the date of the enactment of this Act.

3 (c) TEMPORARY EXEMPTION FROM CERTAIN LIM-
 4 TATION ON INITIATION OF REMOVAL FROM SENIOR EX-
 5 ECUTIVE SERVICE.—During the 120-day period beginning
 6 on the date of the enactment of this Act, an action to re-
 7 move an individual from the Senior Executive Service at
 8 the Department of Veterans Affairs pursuant to section
 9 713 of title 38, United States Code, as added by sub-
 10 section (a), or section 7543 of title 5, United States Code,
 11 may be initiated, notwithstanding section 3592(b) of title
 12 5, United States Code, or any other provision of law.

13 (d) CONSTRUCTION.—Nothing in this section or sec-
 14 tion 713 of title 38, United States Code, as added by sub-
 15 section (a), shall be construed to apply to an appeal of
 16 a removal, transfer, or other personnel action that was
 17 pending before the date of the enactment of this Act.

18 **TITLE V—MAJOR MEDICAL** 19 **FACILITY LEASES**

20 **SEC. 501. AUTHORIZATION OF MAJOR MEDICAL FACILITY** 21 **LEASES.**

22 The Secretary of Veterans Affairs may carry out the
 23 following major medical facility leases at the locations
 24 specified, and in an amount for each lease not to exceed

1 the amount shown for such location (not including any es-
2 timated cancellation costs):

3 (1) For a clinical research and pharmacy co-
4 ordinating center, Albuquerque, New Mexico, an
5 amount not to exceed \$9,560,000.

6 (2) For a community-based outpatient clinic,
7 Brick, New Jersey, an amount not to exceed
8 \$7,280,000.

9 (3) For a new primary care and dental clinic
10 annex, Charleston, South Carolina, an amount not
11 to exceed \$7,070,250.

12 (4) For the Cobb County community-based
13 Outpatient Clinic, Cobb County, Georgia, an amount
14 not to exceed \$6,409,000.

15 (5) For the Leeward Outpatient Healthcare Ac-
16 cess Center, Honolulu, Hawaii, including a co-lo-
17 cated clinic with the Department of Defense and the
18 co-location of the Honolulu Regional Office of the
19 Veterans Benefits Administration and the Kapolei
20 Vet Center of the Department of Veterans Affairs,
21 an amount not to exceed \$15,887,370.

22 (6) For a community-based outpatient clinic,
23 Johnson County, Kansas, an amount not to exceed
24 \$2,263,000.

1 (7) For a replacement community-based out-
2 patient clinic, Lafayette, Louisiana, an amount not
3 to exceed \$2,996,000.

4 (8) For a community-based outpatient clinic,
5 Lake Charles, Louisiana, an amount not to exceed
6 \$2,626,000.

7 (9) For outpatient clinic consolidation, New
8 Port Richey, Florida, an amount not to exceed
9 \$11,927,000.

10 (10) For an outpatient clinic, Ponce, Puerto
11 Rico, an amount not to exceed \$11,535,000.

12 (11) For lease consolidation, San Antonio,
13 Texas, an amount not to exceed \$19,426,000.

14 (12) For a community-based outpatient clinic,
15 San Diego, California, an amount not to exceed
16 \$11,946,100.

17 (13) For an outpatient clinic, Tyler, Texas, an
18 amount not to exceed \$4,327,000.

19 (14) For the Errera Community Care Center,
20 West Haven, Connecticut, an amount not to exceed
21 \$4,883,000.

22 (15) For the Worcester community-based Out-
23 patient Clinic, Worcester, Massachusetts, an amount
24 not to exceed \$4,855,000.

1 (16) For the expansion of a community-based
2 outpatient clinic, Cape Girardeau, Missouri, an
3 amount not to exceed \$4,232,060.

4 (17) For a multispecialty clinic, Chattanooga,
5 Tennessee, an amount not to exceed \$7,069,000.

6 (18) For the expansion of a community-based
7 outpatient clinic, Chico, California, an amount not to
8 exceed \$4,534,000.

9 (19) For a community-based outpatient clinic,
10 Chula Vista, California, an amount not to exceed
11 \$3,714,000.

12 (20) For a new research lease, Hines, Illinois,
13 an amount not to exceed \$22,032,000.

14 (21) For a replacement research lease, Hous-
15 ton, Texas, an amount not to exceed \$6,142,000.

16 (22) For a community-based outpatient clinic,
17 Lincoln, Nebraska, an amount not to exceed
18 \$7,178,400.

19 (23) For a community-based outpatient clinic,
20 Lubbock, Texas, an amount not to exceed
21 \$8,554,000.

22 (24) For a community-based outpatient clinic
23 consolidation, Myrtle Beach, South Carolina, an
24 amount not to exceed \$8,022,000.

1 (25) For a community-based outpatient clinic,
 2 Phoenix, Arizona, an amount not to exceed
 3 \$20,757,000.

4 (26) For the expansion of a community-based
 5 outpatient clinic, Redding, California, an amount not
 6 to exceed \$8,154,000.

7 (27) For the expansion of a community-based
 8 outpatient clinic, Tulsa, Oklahoma, an amount not
 9 to exceed \$13,269,200.

10 **SEC. 502. BUDGETARY TREATMENT OF DEPARTMENT OF**
 11 **VETERANS AFFAIRS MAJOR MEDICAL FACILI-**
 12 **TIES LEASES.**

13 (a) FINDINGS.—Congress finds the following:

14 (1) Title 31, United States Code, requires the
 15 Department of Veterans Affairs to record the full
 16 cost of its contractual obligation against funds avail-
 17 able at the time a contract is executed.

18 (2) Office of Management and Budget Circular
 19 A–11 provides guidance to agencies in meeting the
 20 statutory requirements under title 31, United States
 21 Code, with respect to leases.

22 (3) For operating leases, Office of Management
 23 and Budget Circular A–11 requires the Department
 24 of Veterans Affairs to record up-front budget au-
 25 thority in an “amount equal to total payments under

1 the full term of the lease or [an] amount sufficient
2 to cover first year lease payments plus cancellation
3 costs”.

4 (b) REQUIREMENT FOR OBLIGATION OF FULL
5 COST.—

6 (1) IN GENERAL.—Subject to the availability of
7 appropriations provided in advance, in exercising the
8 authority of the Secretary of Veterans Affairs to
9 enter into leases provided in this Act, the Secretary
10 shall record, pursuant to section 1501 of title 31,
11 United States Code, as the full cost of the contrac-
12 tual obligation at the time a contract is executed ei-
13 ther—

14 (A) an amount equal to total payments
15 under the full term of the lease; or

16 (B) if the lease specifies payments to be
17 made in the event the lease is terminated before
18 its full term, an amount sufficient to cover the
19 first year lease payments plus the specified can-
20 cellation costs.

21 (2) SELF-INSURING AUTHORITY.—The require-
22 ments of paragraph (1) may be satisfied through the
23 use of a self-insuring authority consistent with Of-
24 fice of Management and Budget Circular A-11.

25 (c) TRANSPARENCY.—

1 (1) COMPLIANCE.—Subsection (b) of section
2 8104 of title 38, United States Code, is amended by
3 adding at the end the following new paragraph:

4 “(7) In the case of a prospectus proposing
5 funding for a major medical facility lease, a detailed
6 analysis of how the lease is expected to comply with
7 Office of Management and Budget Circular A-11
8 and section 1341 of title 31 (commonly referred to
9 as the ‘Anti-Deficiency Act’). Any such analysis shall
10 include—

11 “(A) an analysis of the classification of the
12 lease as a ‘lease-purchase’, ‘capital lease’, or
13 ‘operating lease’ as those terms are defined in
14 Office of Management and Budget Circular A-
15 11;

16 “(B) an analysis of the obligation of budg-
17 etary resources associated with the lease; and

18 “(C) an analysis of the methodology used
19 in determining the asset cost, fair market value,
20 and cancellation costs of the lease.”.

21 (2) SUBMITTAL TO CONGRESS.—Such section
22 8104 is further amended by adding at the end the
23 following new subsection:

24 “(h)(1) Not less than 30 days before entering into
25 a major medical facility lease, the Secretary shall submit

1 to the Committees on Veterans' Affairs of the Senate and
2 the House of Representatives—

3 “(A) notice of the Secretary’s intention to enter
4 into the lease;

5 “(B) a detailed summary of the proposed lease;

6 “(C) a description and analysis of any dif-
7 ferences between the prospectus submitted pursuant
8 to subsection (b) and the proposed lease; and

9 “(D) a scoring analysis demonstrating that the
10 proposed lease fully complies with Office of Manage-
11 ment and Budget Circular A–11.

12 “(2) Each committee described in paragraph (1) shall
13 ensure that any information submitted to the committee
14 under such paragraph is treated by the committee with
15 the same level of confidentiality as is required by law of
16 the Secretary and subject to the same statutory penalties
17 for unauthorized disclosure or use as the Secretary.

18 “(3) Not more than 30 days after entering into a
19 major medical facility lease, the Secretary shall submit to
20 each committee described in paragraph (1) a report on
21 any material differences between the lease that was en-
22 tered into and the proposed lease described under such
23 paragraph, including how the lease that was entered into
24 changes the previously submitted scoring analysis de-
25 scribed in subparagraph (D) of such paragraph.”.

1 (d) RULE OF CONSTRUCTION.—Nothing in this sec-
2 tion, or the amendments made by this section, shall be
3 construed to in any way relieve the Department of Vet-
4 erans Affairs from any statutory or regulatory obligations
5 or requirements existing prior to the enactment of this
6 section and such amendments.

Calendar No. 408

113TH CONGRESS
2D Session

S. 2422

A BILL

To improve the access of veterans to medical services from the Department of Veterans Affairs, and for other purposes.

JUNE 4, 2014

Read the second time and placed on the calendar