

Calendar No. 426

113TH CONGRESS
2D SESSION

S. 2450

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 9, 2014

Mr. SANDERS (for himself, Mr. MCCAIN, Mr. MERKLEY, Mr. KAINE, Mr. BURR, Mr. BOOKER, Mr. RUBIO, Mr. MANCHIN, Ms. COLLINS, Mr. BLUMENTHAL, Mr. MURPHY, Mr. BEGICH, Mr. UDALL of New Mexico, Mrs. HAGAN, Mr. CASEY, Ms. HIRONO, Mr. JOHANNES, Mr. COONS, Mr. SCHATZ, Mr. WHITEHOUSE, Mr. ISAKSON, Mr. PRYOR, and Mr. WALSH) introduced the following bill; which was read the first time

JUNE 10, 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 “Veterans’ Access to Care through Choice, Accountability,
 4 and Transparency Act of 2014”.

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

Sec. 1. Short title; table of contents.

TITLE I—IMPROVEMENT OF SCHEDULING SYSTEM FOR HEALTH
 CARE APPOINTMENTS

Sec. 101. Independent assessment of the scheduling of appointments and other
 health care management processes of the Department of Vet-
 erans Affairs.

Sec. 102. Technology task force on review of scheduling system and software
 of the Department of Veterans Affairs.

TITLE II—TRAINING AND HIRING OF HEALTH CARE STAFF

Sec. 201. Treatment of staffing shortage and biannual report on staffing of
 medical facilities of the Department of Veterans Affairs.

Sec. 202. Clinic management training for managers and health care providers
 of the Department of Veterans Affairs.

Sec. 203. Use of unobligated amounts to hire additional health care providers
 for the Veterans Health Administration.

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

Sec. 301. Expanded availability of hospital care and medical services for vet-
 erans through the use of contracts.

Sec. 302. 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. 303. Enhancement of collaboration between Department of Veterans Af-
 fairs and Indian Health Service.

Sec. 304. Enhancement of collaboration between Department of Veterans Af-
 fairs and Native Hawaiian health care systems.

Sec. 305. Sense of Congress on prompt payment by Department of Veterans
 Affairs.

TITLE IV—HEALTH CARE ADMINISTRATIVE MATTERS

Sec. 401. Improvement of access of veterans to mobile vet centers of the De-
 partment of Veterans Affairs.

Sec. 402. Commission on construction projects of the Department of Veterans
 Affairs.

Sec. 403. Commission on Access to Care.

- Sec. 404. Improved performance metrics for health care provided by Department of Veterans Affairs.
- Sec. 405. Improved transparency concerning health care provided by Department of Veterans Affairs.
- Sec. 406. Information for veterans on the credentials of Department of Veterans Affairs physicians.
- Sec. 407. Information in annual budget of the President on hospital care and medical services furnished through expanded use of contracts for such care.
- Sec. 408. Prohibition on falsification of data concerning wait times and quality measures at Department of Veterans Affairs.
- Sec. 409. Removal of Senior Executive Service employees of the Department of Veterans Affairs for performance.

TITLE V—HEALTH CARE RELATED TO SEXUAL TRAUMA

- Sec. 501. Expansion of eligibility for sexual trauma counseling and treatment to veterans on inactive duty training.
- Sec. 502. Provision of counseling and treatment for sexual trauma by the Department of Veterans Affairs to members of the Armed Forces.
- Sec. 503. Reports on military sexual trauma.

TITLE VI—MAJOR MEDICAL FACILITY LEASES

- Sec. 601. Authorization of major medical facility leases.
- Sec. 602. Budgetary treatment of Department of Veterans Affairs major medical facilities leases.

TITLE VII—VETERANS BENEFITS MATTERS

- Sec. 701. Expansion of Marine Gunnery Sergeant John David Fry Scholarship.
- Sec. 702. Approval of courses of education provided by public institutions of higher learning for purposes of All-Volunteer Force Educational Assistance Program and Post-9/11 Educational Assistance conditional on in-State tuition rate for veterans.

TITLE VIII—APPROPRIATION AND EMERGENCY DESIGNATIONS

- Sec. 801. Appropriation of emergency amounts.
- Sec. 802. Emergency designations.

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

5 **SEC. 101. INDEPENDENT ASSESSMENT OF THE SCHED-**
 6 **ULING OF APPOINTMENTS AND OTHER**
 7 **HEALTH CARE MANAGEMENT PROCESSES OF**
 8 **THE DEPARTMENT OF VETERANS AFFAIRS.**

9 (a) INDEPENDENT ASSESSMENT.—

10 (1) ASSESSMENT.—Not later than 30 days
 11 after the date of the enactment of this Act, the Sec-
 12 retary of Veterans Affairs shall enter into a contract
 13 with an independent third party to assess the fol-
 14 lowing:

15 (A) The process at each medical facility of
 16 the Department of Veterans Affairs for sched-
 17 uling appointments for veterans to receive hos-
 18 pital care, medical services, or other health care
 19 from the Department.

20 (B) The staffing level and productivity of
 21 each medical facility of the Department, includ-
 22 ing the following:

23 (i) The case load of each health care
 24 provider of the Department.

1 (ii) The time spent by each health
2 care provider of the Department on mat-
3 ters other than the case load of such
4 health care provider, including time spent
5 by such health care provider as follows:

6 (I) At a medical facility that is
7 affiliated with the Department.

8 (II) Conducting research.

9 (III) Training or overseeing other
10 health care professionals of the De-
11 partment.

12 (C) The organization, processes, and tools
13 used by the Department to support clinical doc-
14 umentation and the subsequent coding of inpa-
15 tient services.

16 (D) The purchasing, distribution, and use
17 of pharmaceuticals, medical and surgical sup-
18 plies, and medical devices by the Department,
19 including the following:

20 (i) The prices paid for, standardiza-
21 tion of, and use by the Department of the
22 following:

23 (I) High-cost pharmaceuticals.

24 (II) Medical and surgical sup-
25 plies.

(III) Medical devices.

(ii) The use by the Department of group purchasing arrangements to purchase pharmaceuticals, medical and surgical supplies, medical devices, and health care related services.

(iii) The strategy used by the Department to distribute pharmaceuticals, medical and surgical supplies, and medical devices to Veterans Integrated Service Networks and medical facilities of the Department.

(E) The performance of the Department in paying amounts owed to third parties and collecting amounts owed to the Department with respect to hospital care, medical services, and other health care, including any recommendations of the independent third party as follows:

(i) To avoid the payment of penalties to vendors.

(ii) To increase the collection of amounts owed to the Department for hospital care, medical services, or other health care provided by the Department for which

1 reimbursement from a third party is au-
2 thorized.

3 (iii) To increase the collection of any
4 other amounts owed to the Department.

5 (2) ELEMENTS OF SCHEDULING ASSESS-
6 MENT.—In carrying out the assessment required by
7 paragraph (1)(A), the independent third party shall
8 do the following:

9 (A) Review all training materials per-
10 taining to scheduling of appointments at each
11 medical facility of the Department.

12 (B) Assess whether all employees of the
13 Department conducting tasks related to sched-
14 uling are properly trained for conducting such
15 tasks.

16 (C) Assess whether changes in the tech-
17 nology or system used in scheduling appoint-
18 ments are necessary to limit access to the sys-
19 tem to only those employees that have been
20 properly trained in conducting such tasks.

21 (D) Assess whether health care providers
22 of the Department are making changes to their
23 schedules that hinder the ability of employees
24 conducting such tasks to perform such tasks.

1 (E) Assess whether the establishment of a
2 centralized call center throughout the Depart-
3 ment for scheduling appointments at medical
4 facilities of the Department would improve the
5 process of scheduling such appointments.

6 (F) Assess whether booking templates for
7 each medical facility or clinic of the Depart-
8 ment would improve the process of scheduling
9 such appointments.

10 (G) Recommend any actions to be taken by
11 the Department to improve the process for
12 scheduling such appointments, including the fol-
13 lowing:

14 (i) Changes in training materials pro-
15 vided to employees of the Department with
16 respect to conducting tasks related to
17 scheduling such appointments.

18 (ii) Changes in monitoring and assess-
19 ment conducted by the Department of wait
20 times of veterans for such appointments.

21 (iii) Changes in the system used to
22 schedule such appointments, including
23 changes to improve how the Department—

24 (I) measures wait times of vet-
25 erans for such appointments;

1 (II) monitors the availability of
2 health care providers of the Depart-
3 ment; and

4 (III) provides veterans the ability
5 to schedule such appointments.

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

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

13 (b) REPORT.—

14 (1) IN GENERAL.—Not later than 90 days after
15 the date on which the independent third party com-
16 pletes the assessment under this section, the Sec-
17 retary shall submit to the Committee on Veterans'
18 Affairs of the Senate and the Committee on Vet-
19 erans' Affairs of the House of Representatives a re-
20 port on the results of such assessment.

21 (2) PUBLICATION.—Not later than 30 days
22 after submitting the report under paragraph (1), the
23 Secretary shall publish such report in the Federal
24 Register and on an Internet website of the Depart-
25 ment accessible to the public.

1 **SEC. 102. TECHNOLOGY TASK FORCE ON REVIEW OF**
2 **SCHEDULING SYSTEM AND SOFTWARE OF**
3 **THE DEPARTMENT OF VETERANS AFFAIRS.**

4 (a) TASK FORCE REVIEW.—

5 (1) IN GENERAL.—The Secretary of Veterans
6 Affairs shall, through the use of a technology task
7 force, conduct a review of the needs of the Depart-
8 ment of Veterans Affairs with respect to the sched-
9 uling system and scheduling software of the Depart-
10 ment of Veterans Affairs that is used by the Depart-
11 ment to schedule appointments for veterans for hos-
12 pital care, medical services, and other health care
13 from the Department.

14 (2) AGREEMENT.—

15 (A) IN GENERAL.—The Secretary shall
16 seek to enter into an agreement with a tech-
17 nology organization or technology organizations
18 to carry out the review required by paragraph
19 (1).

20 (B) PROHIBITION ON USE OF FUNDS.—No
21 Federal funds may be used to assist the tech-
22 nology organization or technology organizations
23 under subparagraph (A) in carrying out the re-
24 view required by paragraph (1).

25 (b) REPORT.—

1 (1) IN GENERAL.—Not later than 45 days after
2 the date of the enactment of this Act, the technology
3 task force required under subsection (a)(1) shall
4 submit to the Secretary, the Committee on Veterans’
5 Affairs of the Senate, and the Committee on Vet-
6 erans’ Affairs of the House of Representatives a re-
7 port setting forth the findings and recommendations
8 of the technology task force regarding the needs of
9 the Department with respect to the scheduling sys-
10 tem and scheduling software of the Department de-
11 scribed in such subsection.

12 (2) ELEMENTS.—The report required by para-
13 graph (1) shall include the following:

14 (A) Proposals for specific actions to be
15 taken by the Department to improve the sched-
16 uling system and scheduling software of the De-
17 partment described in subsection (a)(1).

18 (B) A determination as to whether an ex-
19 isting off-the-shelf system would—

20 (i) meet the needs of the Department
21 to schedule appointments for veterans for
22 hospital care, medical services, and other
23 health care from the Department; and

24 (ii) improve the access of veterans to
25 such care and services.

1 (3) PUBLICATION.—Not later than 30 days
 2 after the receipt of the report required by paragraph
 3 (1), the Secretary shall publish such report in the
 4 Federal Register and on an Internet website of the
 5 Department accessible to the public.

6 (c) IMPLEMENTATION OF TASK FORCE REC-
 7 OMMENDATIONS.—Not later than one year after the re-
 8 ceipt of the report required by subsection (b)(1), the Sec-
 9 retary shall implement the recommendations set forth in
 10 such report that the Secretary considers are feasible, ad-
 11 visable, and cost-effective.

12 **TITLE II—TRAINING AND HIRING** 13 **OF HEALTH CARE STAFF**

14 **SEC. 201. TREATMENT OF STAFFING SHORTAGE AND BIAN-** 15 **NUAL REPORT ON STAFFING OF MEDICAL FA-** 16 **CILITIES OF THE DEPARTMENT OF VET-** 17 **ERANS AFFAIRS.**

18 (a) STAFFING SHORTAGE.—

19 (1) IN GENERAL.—Not later than 180 days
 20 after the date of the enactment of this Act, and not
 21 later than September 30 each year thereafter, the
 22 Inspector General of the Department of Veterans
 23 Affairs shall determine, and the Secretary of Vet-
 24 erans Affairs shall publish in the Federal Register,
 25 the five occupations of health care providers of the

1 Department of Veterans Affairs for which there is
2 the largest staffing shortage throughout the Depart-
3 ment.

4 (2) RECRUITMENT AND APPOINTMENT.—Not-
5 withstanding sections 3304 and 3309 through 3318
6 of title 5, United States Code, the Secretary may,
7 upon a determination by the Inspector General
8 under paragraph (1) that there is a staffing short-
9 age throughout the Department with respect to a
10 particular occupation of health care provider, recruit
11 and directly appoint highly qualified health care pro-
12 viders to serve as health care providers in that par-
13 ticular occupation for the Department.

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

18 (A) in subparagraph (A), by striking
19 “and” at the end;

20 (B) by redesignating subparagraph (B) as
21 subparagraph (C); and

22 (C) by inserting after subparagraph (A)
23 the following new subparagraph (B):

24 “(B) shall give priority to applicants pursuing
25 a course of education or training towards a career

1 in an occupation for which the Secretary has, in the
2 most current determination published in the Federal
3 Register pursuant to section 201(a)(1) of the Vet-
4 erans' Access to Care through Choice, Account-
5 ability, and Transparency Act of 2014, determined
6 that there is one of the largest staffing shortages
7 throughout the Department with respect to such oc-
8 cupation; and”.

9 (b) REPORTS.—

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

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

21 (A) The results of a system-wide assess-
22 ment of all medical facilities of the Department
23 to ensure the following:

24 (i) Appropriate staffing levels for
25 health care providers to meet the goals of

1 the Secretary for timely access to care for
2 veterans.

3 (ii) Appropriate staffing levels for
4 support personnel, including clerks.

5 (iii) Appropriate sizes for clinical pan-
6 els.

7 (iv) Appropriate numbers of full-time
8 staff, or full-time equivalents, dedicated to
9 direct care of patients.

10 (v) Appropriate physical plant space
11 to meet the capacity needs of the Depart-
12 ment in that area.

13 (vi) Such other factors as the Sec-
14 retary considers necessary.

15 (B) A plan for addressing any issues iden-
16 tified in the assessment described in subpara-
17 graph (A), including a timeline for addressing
18 such issues.

19 (C) A list of the current wait times and
20 workload levels for the following clinics in each
21 medical facility:

22 (i) Mental health.

23 (ii) Primary care.

24 (iii) Gastroenterology.

25 (iv) Women's health.

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

3 (D) A description of the results of the
4 most current determination of the Inspector
5 General under paragraph (1) of subsection (a)
6 and a plan to use direct appointment authority
7 under paragraph (2) of such subsection to fill
8 staffing shortages, including recommendations
9 for improving the speed at which the
10 credentialing and privileging process can be
11 conducted.

12 (E) The current staffing models of the De-
13 partment for the following clinics, including rec-
14 ommendations for changes to such models:

- 15 (i) Mental health.
- 16 (ii) Primary care.
- 17 (iii) Gastroenterology.
- 18 (iv) Women's health.

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

21 (F) A detailed analysis of succession plan-
22 ning at medical facilities of the Department, in-
23 cluding the following:

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

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

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

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

12 (v) A plan for handling emergency cir-
13 cumstances, such as administrative leave
14 or sudden medical leave for senior officials.

15 (G) The number of health care providers of
16 the Department who have been removed from
17 their positions, have retired, or have left their
18 positions for another reason, disaggregated by
19 provider type, during the two-year period pre-
20 ceding the submittal of the report.

21 (H) Of the health care providers specified
22 in subparagraph (G) who have been removed
23 from their positions, the following:

1 (i) The number of such health care
 2 providers who were reassigned to other po-
 3 sitions in the Department.

4 (ii) The number of such health care
 5 providers who left the Department.

6 (iii) The number of such health care
 7 providers who left the Department and
 8 were subsequently rehired by the Depart-
 9 ment.

10 **SEC. 202. CLINIC MANAGEMENT TRAINING FOR MANAGERS**
 11 **AND HEALTH CARE PROVIDERS OF THE DE-**
 12 **PARTMENT OF VETERANS AFFAIRS.**

13 (a) CLINIC MANAGEMENT TRAINING PROGRAM.—

14 (1) IN GENERAL.—Not later than 180 days
 15 after the date of the enactment of this Act, the Sec-
 16 retary of Veterans Affairs shall commence a clinic
 17 management training program to provide in-person,
 18 standardized education on health care management
 19 to all managers of, and health care providers at,
 20 medical facilities of the Department of Veterans Af-
 21 fairs.

22 (2) ELEMENTS.—The clinic management train-
 23 ing program required by paragraph (1) shall include
 24 the following:

1 (A) Training on how to manage the sched-
2 ules of health care providers of the Department,
3 including the following:

4 (i) Maintaining such schedules in a
5 manner that allows appointments to be
6 booked at least eight weeks in advance.

7 (ii) Proper planning procedures for
8 vacation, leave, and graduate medical edu-
9 cation training schedules.

10 (B) Training on the appropriate number of
11 appointments that a health care provider should
12 conduct on a daily basis, based on specialty.

13 (C) Training on how to determine whether
14 there are enough available appointment slots to
15 manage demand for different appointment types
16 and mechanisms for alerting management of in-
17 sufficient slots.

18 (D) Training on how to properly use the
19 appointment scheduling system of the Depart-
20 ment, including any new scheduling system im-
21 plemented by the Department.

22 (E) Training on how to optimize the use of
23 technology, including the following:

24 (i) Telemedicine.

25 (ii) Electronic mail.

1 (iii) Text messaging.

2 (iv) Such other technologies as speci-
3 fied by the Secretary.

4 (F) Training on how to properly use phys-
5 ical plant space at medical facilities of the De-
6 partment to ensure efficient flow and privacy
7 for patients and staff.

8 (3) SUNSET.—The clinic management training
9 program required by paragraph (1) shall terminate
10 on the date that is two years after the date on which
11 the Secretary commences such program.

12 (b) TRAINING MATERIALS.—

13 (1) IN GENERAL.—After the termination of the
14 clinic management training program required by
15 subsection (a), the Secretary shall provide training
16 materials on health care management to each of the
17 following employees of the Department upon the
18 commencement of employment of such employee:

19 (A) Any manager of a medical facility of
20 the Department.

21 (B) Any health care provider at a medical
22 facility of the Department.

23 (C) Such other employees of the Depart-
24 ment as the Secretary considers appropriate.

1 (2) UPDATE.—The Secretary shall regularly up-
2 date the training materials required under para-
3 graph (1).

4 **SEC. 203. USE OF UNOBLIGATED AMOUNTS TO HIRE ADDI-**
5 **TIONAL HEALTH CARE PROVIDERS FOR THE**
6 **VETERANS HEALTH ADMINISTRATION.**

7 (a) IN GENERAL.—At the end of each of fiscal years
8 2014 and 2015, all covered amounts shall be made avail-
9 able to the Secretary of Veterans Affairs to hire additional
10 health care providers for the Veterans Health Administra-
11 tion of the Department of Veterans Affairs, or to carry
12 out any provision of this Act or the amendments made
13 by this Act, and shall remain available until expended.

14 (b) PRIORITY IN HIRING.—The Secretary shall
15 prioritize hiring additional health care providers under
16 subsection (a) at medical facilities of the Department and
17 in geographic areas in which the Secretary identifies the
18 greatest shortage of health care providers.

19 (c) COVERED AMOUNTS DEFINED.—In this section,
20 the term “covered amounts” means amounts—

21 (1) that are made available to the Veterans
22 Health Administration of the Department for an ap-
23 propriations account—

24 (A) under the heading “MEDICAL SERV-
25 ICES”;

1 (B) under the heading “MEDICAL SUPPORT
2 AND COMPLIANCE”; or

3 (C) under the heading “MEDICAL FACILI-
4 TIES”; and

5 (2) that are unobligated at the end of the appli-
6 cable fiscal year.

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

11 **SEC. 301. EXPANDED AVAILABILITY OF HOSPITAL CARE**
12 **AND MEDICAL SERVICES FOR VETERANS**
13 **THROUGH THE USE OF CONTRACTS.**

14 (a) EXPANSION OF AVAILABLE CARE AND SERV-
15 ICES.—

16 (1) FURNISHING OF CARE.—

17 (A) IN GENERAL.—Hospital care and med-
18 ical services under chapter 17 of title 38,
19 United States Code, shall be furnished to an el-
20 igible veteran described in subsection (b), at the
21 election of such veteran, through contracts au-
22 thorized under subsection (d), or any other law
23 administered by the Secretary of Veterans Af-
24 fairs, with entities specified in subparagraph

1 (B) for the furnishing of such care and services
2 to veterans.

3 (B) ENTITIES SPECIFIED.—The entities
4 specified in this subparagraph are the following:

5 (i) Any health care provider that is
6 participating in the Medicare program
7 under title XVIII of the Social Security
8 Act (42 U.S.C. 1395 et seq.).

9 (ii) Any Federally-qualified health
10 center (as defined in section 1905(l)(2)(B)
11 of the Social Security Act (42 U.S.C.
12 1396d(l)(2)(B))).

13 (iii) The Department of Defense.

14 (iv) The Indian Health Service.

15 (2) CHOICE OF PROVIDER.—An eligible veteran
16 who elects to receive care and services under this
17 section may select the provider of such care and
18 services from among any source of provider of such
19 care and services through an entity specified in
20 paragraph (1)(B) that is accessible to the veteran.

21 (3) COORDINATION OF CARE AND SERVICES.—
22 The Secretary shall coordinate, through the Non-VA
23 Care Coordination Program of the Department of
24 Veterans Affairs, the furnishing of care and services
25 under this section to eligible veterans, including by

1 ensuring that an eligible veteran receives an appoint-
2 ment for such care and services within the current
3 wait-time goals of the Veterans Health Administra-
4 tion for the furnishing of hospital care and medical
5 services.

6 (b) ELIGIBLE VETERANS.—A veteran is an eligible
7 veteran for purposes of this section if—

8 (1)(A) the veteran is enrolled in the patient en-
9 rollment system of the Department of Veterans Af-
10 fairs established and operated under section 1705 of
11 title 38, United States Code; or

12 (B) the veteran is enrolled in such system, has
13 not received hospital care or medical services from
14 the Department, and has contacted the Department
15 seeking an initial appointment from the Department
16 for the receipt of such care or services; and

17 (2) the veteran—

18 (A)(i) attempts, or has attempted under
19 paragraph (1)(B), to schedule an appointment
20 for the receipt of hospital care or medical serv-
21 ices under chapter 17 of title 38, United States
22 Code, but is unable to schedule an appointment
23 within the current wait-time goals of the Vet-
24 erans Health Administration for the furnishing
25 of such care or services; and

1 (ii) elects, and is authorized, to be fur-
 2 nished such care or services pursuant to sub-
 3 section (c)(2);

4 (B) resides more than 40 miles from the
 5 nearest medical facility of the Department, in-
 6 cluding a community-based outpatient clinic,
 7 that is closest to the residence of the veteran;
 8 or

9 (C) resides—

10 (i) in a State without a medical facil-
 11 ity of the Department that provides—

12 (I) hospital care;

13 (II) emergency medical services;

14 and

15 (III) surgical care rated by the
 16 Secretary as having a surgical com-
 17 plexity of standard; and

18 (ii) more than 20 miles from a med-
 19 ical facility of the Department described in
 20 clause (i).

21 (c) ELECTION AND AUTHORIZATION.—

22 (1) IN GENERAL.—If the Secretary confirms
 23 that an appointment for an eligible veteran described
 24 in subsection (b)(2)(A) for the receipt of hospital
 25 care or medical services under chapter 17 of title 38,

1 United States Code, is unavailable within the cur-
2 rent wait-time goals of the Department for the fur-
3 nishing of such care or services, the Secretary shall,
4 at the election of the eligible veteran—

5 (A) place such eligible veteran on an elec-
6 tronic waiting list described in paragraph (2)
7 for such an appointment; or

8 (B)(i) authorize that such care and serv-
9 ices be furnished to the eligible veteran under
10 this section for a period of time specified by the
11 Secretary; and

12 (ii) send a letter to the eligible veteran de-
13 scribing the care and services the eligible vet-
14 eran is eligible to receive under this section.

15 (2) ELECTRONIC WAITING LIST.—The elec-
16 tronic waiting list described in this paragraph shall
17 be maintained by the Department and allow access
18 by each eligible veteran via www.myhealth.va.gov or
19 any successor website for the following purposes:

20 (A) To determine the place of such eligible
21 veteran on the waiting list.

22 (B) To determine the average length of
23 time an individual spends on the waiting list,
24 disaggregated by medical facility of the Depart-
25 ment and type of care or service needed, for

1 purposes of allowing such eligible veteran to
2 make an informed election under paragraph
3 (1).

4 (d) CARE AND SERVICES THROUGH CONTRACTS.—

5 (1) IN GENERAL.—The Secretary shall enter
6 into contracts with health care providers that are
7 participating in the Medicare program under title
8 XVIII of the Social Security Act (42 U.S.C. 1395 et
9 seq.) to furnish care and services to eligible veterans
10 under this section.

11 (2) RATES AND REIMBURSEMENT.—

12 (A) IN GENERAL.—In entering into a con-
13 tract under this subsection, the Secretary
14 shall—

15 (i) negotiate rates for the furnishing
16 of care and services under this section; and

17 (ii) reimburse the health care provider
18 for such care and services at the rates ne-
19 gotiated pursuant to clause (i) as provided
20 in such contract.

21 (B) LIMIT ON RATES.—

22 (i) IN GENERAL.—Except as provided
23 in clause (ii), rates negotiated under sub-
24 paragraph (A)(i) shall not be more than
25 the rates paid by the United States to a

1 provider of services (as defined in section
2 1861(u) of the Social Security Act (42
3 U.S.C. 1395x(u))) or a supplier (as defined
4 in section 1861(d) of such Act (42 U.S.C.
5 1395x(d))) under the Medicare program
6 under title XVIII of the Social Security
7 Act (42 U.S.C. 1395 et seq.) for the same
8 care and services.

9 (ii) EXCEPTION.—The Secretary may
10 negotiate a rate that is more than the rate
11 paid by the United States as described in
12 clause (i) with respect to the furnishing of
13 care or services under this section to an el-
14 igible veteran if the Secretary determines
15 that there is no health care provider that
16 will provide such care or services to such
17 eligible veteran at the rate required under
18 such clause—

19 (I) within the current wait-time
20 goals of the Veterans Health Adminis-
21 tration for the furnishing of such care
22 or services; and

23 (II) at a location not more than
24 40 miles from the residence of such
25 eligible veteran.

1 (C) LIMIT ON COLLECTION.—For the fur-
 2 nishing of care and services pursuant to a con-
 3 tract under this section, a health care provider
 4 may not collect any amount that is greater than
 5 the rate negotiated pursuant to subparagraph
 6 (A)(i).

7 (3) INFORMATION ON POLICIES AND PROCE-
 8 DURES.—The Secretary shall provide to any health
 9 care provider with which the Secretary has entered
 10 into a contract under paragraph (1) the following:

11 (A) Information on applicable policies and
 12 procedures for submitting bills or claims for au-
 13 thorized care and services furnished to eligible
 14 veterans under this section.

15 (B) Access to a telephone hotline main-
 16 tained by the Department that such health care
 17 provider may call for information on the fol-
 18 lowing:

19 (i) Procedures for furnishing care and
 20 services under this section.

21 (ii) Procedures for submitting bills or
 22 claims for authorized care and services fur-
 23 nished to eligible veterans under this sec-
 24 tion and being reimbursed for furnishing
 25 such care and services.

1 (iii) Whether particular care or serv-
2 ices under this section are authorized, and
3 the procedures for authorization of such
4 care or services.

5 (e) CHOICE CARD.—

6 (1) IN GENERAL.—For purposes of receiving
7 care and services under this section, the Secretary
8 shall issue to each eligible veteran a card that the
9 eligible veteran shall present to a health care pro-
10 vider that is eligible to furnish care and services
11 under this section before receiving such care and
12 services.

13 (2) NAME OF CARD.—Each card issued under
14 paragraph (1) shall be known as a “Choice Card”.

15 (3) DETAILS OF CARD.—Each Choice Card
16 issued to an eligible veteran under paragraph (1)
17 shall include the following:

18 (A) The name of the eligible veteran.

19 (B) An identification number for the eligi-
20 ble veteran that is not the social security num-
21 ber of the eligible veteran.

22 (C) The contact information of an appro-
23 priate office of the Department for health care
24 providers to confirm that care and services

1 under this section are authorized for the eligible
2 veteran.

3 (D) Contact information and other rel-
4 evant information for the submittal of claims or
5 bills for the furnishing of care and services
6 under this section.

7 (E) The following statement: “This card is
8 for qualifying medical care outside the Depart-
9 ment of Veterans Affairs. Please call the De-
10 partment of Veterans Affairs phone number
11 specified on this card to ensure that treatment
12 has been authorized.”.

13 (4) INFORMATION ON USE OF CARD.—Upon
14 issuing a Choice Card to an eligible veteran, the Sec-
15 retary shall provide the eligible veteran with infor-
16 mation clearly stating the circumstances under
17 which the veteran may be eligible for care and serv-
18 ices under this section.

19 (f) INFORMATION ON AVAILABILITY OF CARE.—The
20 Secretary shall provide information to a veteran about the
21 availability of care and services under this section in the
22 following circumstances:

23 (1) When the veteran enrolls in the patient en-
24 rollment system of the Department under section
25 1705 of title 38, United States Code.

1 (2) When the veteran attempts to schedule an
2 appointment for the receipt of hospital care or med-
3 ical services from the Department but is unable to
4 schedule an appointment within the current wait-
5 time goals of the Veterans Health Administration
6 for delivery of such care or services.

7 (g) PROVIDERS.—To be eligible to furnish care and
8 services under this section, a health care provider must—

9 (1) maintain at least the same or similar cre-
10 dentials and licenses as those credentials and li-
11 censes that are required of health care providers of
12 the Department, as determined by the Secretary for
13 purposes of this section; and

14 (2) submit, not less frequently than once each
15 year, verification of such licenses and credentials
16 maintained by such health care provider.

17 (h) COST-SHARING.—

18 (1) IN GENERAL.—The Secretary shall require
19 an eligible veteran to pay a copayment to the De-
20 partment for the receipt of care and services under
21 this section only if such eligible veteran would be re-
22 quired to pay such copayment for the receipt of such
23 care and services at a medical facility of the Depart-
24 ment.

1 (2) LIMITATION.—The copayment required
2 under paragraph (1) shall not be greater than the
3 copayment required of such eligible veteran by the
4 Department for the receipt of such care and services
5 at a medical facility of the Department.

6 (i) CLAIMS PROCESSING SYSTEM.—

7 (1) IN GENERAL.—The Secretary shall provide
8 for an efficient nationwide system for processing and
9 paying bills or claims for authorized care and serv-
10 ices furnished to eligible veterans under this section.

11 (2) REGULATIONS.—Not later than 90 days
12 after the date of the enactment of this Act, the Sec-
13 retary of Veterans Affairs shall prescribe regulations
14 for the implementation of such system.

15 (3) OVERSIGHT.—The Chief Business Office of
16 the Veterans Health Administration shall oversee the
17 implementation and maintenance of such system.

18 (4) ACCURACY OF PAYMENT.—

19 (A) IN GENERAL.—The Secretary shall en-
20 sure that such system meets such goals for ac-
21 curacy of payment as the Secretary shall specify
22 for purposes of this section.

23 (B) ANNUAL REPORT.—

24 (i) IN GENERAL.—Not later than one
25 year after the date of the enactment of this

1 Act, and annually thereafter until the ter-
2 mination date specified in subsection (n),
3 the Secretary shall submit to the Com-
4 mittee on Veterans' Affairs of the Senate
5 and the Committee on Veterans' Affairs of
6 the House of Representatives a report on
7 the goals for accuracy of such system.

8 (ii) ELEMENTS.—Each report re-
9 quired by clause (i) shall include the fol-
10 lowing:

11 (I) A description of the goals for
12 accuracy for such system specified by
13 the Secretary under subparagraph
14 (A).

15 (II) An assessment of the success
16 of the Department in meeting such
17 goals during the year preceding the
18 submittal of the report.

19 (j) MEDICAL RECORDS.—The Secretary shall ensure
20 that any health care provider that furnishes care and serv-
21 ices under this section to an eligible veteran submits to
22 the Department any medical record related to the care and
23 services provided to such eligible veteran by such health
24 care provider for inclusion in the electronic medical record
25 of such eligible veteran maintained by the Department

1 upon the completion of the provision of such care and serv-
2 ices to such eligible veteran.

3 (k) TRACKING OF MISSED APPOINTMENTS.—The
4 Secretary shall implement a mechanism to track any
5 missed appointments for care and services under this sec-
6 tion by eligible veterans to ensure that the Department
7 does not pay for such care and services that were not fur-
8 nished to an eligible veteran.

9 (l) IMPLEMENTATION.—Not later than 90 days after
10 the date of the enactment of this Act, the Secretary shall
11 prescribe interim final regulations on the implementation
12 of this section and publish such regulations in the Federal
13 Register.

14 (m) INSPECTOR GENERAL REPORT.—Not later than
15 540 days after the publication of the interim final regula-
16 tions under subsection (l), the Inspector General of the
17 Department shall submit to the Secretary a report on the
18 results of an audit of the care and services furnished
19 under this section to ensure the accuracy and timeliness
20 of payments by the Department for the cost of such care
21 and services, including any findings and recommendations
22 of the Inspector General.

23 (n) TERMINATION.—The requirement of the Sec-
24 retary to furnish care and services under this section ter-
25 minates on the date that is two years after the date on

1 which the Secretary publishes the interim final regulations
2 under subsection (l).

3 (o) REPORTS.—

4 (1) INITIAL REPORT.—Not later than 90 days
5 after the publication of the interim final regulations
6 under subsection (l), the Secretary shall submit to
7 the Committee on Veterans' Affairs of the Senate
8 and the Committee on Veterans' Affairs of the
9 House of Representatives a report on the furnishing
10 of care and services under this section that includes
11 the following:

12 (A) The number of eligible veterans who
13 have received care and services under this sec-
14 tion.

15 (B) A description of the type of care and
16 services furnished to eligible veterans under this
17 section.

18 (2) FINAL REPORT.—Not later than 540 days
19 after the publication of the interim final regulations
20 under subsection (l), the Secretary shall submit to
21 the Committee on Veterans' Affairs of the Senate
22 and the Committee on Veterans' Affairs of the
23 House of Representatives a report on the furnishing
24 of care and services under this section that includes
25 the following:

1 (A) The total number of eligible veterans
2 who have received care and services under this
3 section, disaggregated by—

4 (i) eligible veterans described in sub-
5 section (b)(2)(A); and

6 (ii) eligible veterans described in sub-
7 section (b)(2)(B).

8 (B) A description of the type of care and
9 services furnished to eligible veterans under this
10 section.

11 (C) An accounting of the total cost of fur-
12 nishing care and services to eligible veterans
13 under this section.

14 (D) The results of a survey of eligible vet-
15 erans who have received care or services under
16 this section on the satisfaction of such eligible
17 veterans with the care or services received by
18 such eligible veterans under this section.

19 (E) An assessment of the effect of fur-
20 nishing care and services under this section on
21 wait times for an appointment for the receipt of
22 hospital care and medical services from the De-
23 partment.

24 (F) An assessment of the feasibility and
25 advisability of continuing furnishing care and

1 services under this section after the termination
 2 date specified in subsection (n).

3 (p) RULES OF CONSTRUCTION.—

4 (1) NO MODIFICATION OF CONTRACTS.—Noth-
 5 ing in this section shall be construed to require the
 6 Secretary to renegotiate contracts for the furnishing
 7 of hospital care or medical services to veterans en-
 8 tered into by the Department before the date of the
 9 enactment of this Act.

10 (2) FILLING AND PAYING FOR PRESCRIPTION
 11 MEDICATIONS.—Nothing in this section shall be con-
 12 strued to alter the process of the Department for
 13 filling and paying for prescription medications.

14 **SEC. 302. TRANSFER OF AUTHORITY FOR PAYMENTS FOR**
 15 **HOSPITAL CARE, MEDICAL SERVICES, AND**
 16 **OTHER HEALTH CARE FROM NON-DEPART-**
 17 **MENT PROVIDERS TO THE CHIEF BUSINESS**
 18 **OFFICE OF THE VETERANS HEALTH ADMINIS-**
 19 **TRATION OF THE DEPARTMENT.**

20 (a) TRANSFER OF AUTHORITY.—

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

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

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

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

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

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

1 carry out the transfer of authority to pay for such
2 care and services under subsection (a), including any
3 increase in staff; and

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

8 **SEC. 303. ENHANCEMENT OF COLLABORATION BETWEEN**
9 **DEPARTMENT OF VETERANS AFFAIRS AND**
10 **INDIAN HEALTH SERVICE.**

11 (a) OUTREACH TO TRIBAL-RUN MEDICAL FACILI-
12 TIES.—The Secretary of Veterans Affairs shall, in con-
13 sultation with the Director of the Indian Health Service,
14 conduct outreach to each medical facility operated by an
15 Indian tribe or tribal organization through a contract or
16 compact with the Indian Health Service under the Indian
17 Self-Determination and Education Assistance Act (25
18 U.S.C. 450 et seq.) to raise awareness of the ability of
19 such facilities, Indian tribes, and tribal organizations to
20 enter into agreements with the Department of Veterans
21 Affairs under which the Secretary reimburses such facili-
22 ties, Indian tribes, or tribal organizations, as the case may
23 be, for health care provided to veterans eligible for health
24 care at such facilities.

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

15 (c) REPORT.—Not later than 180 days after the date
16 of the enactment of this Act, the Secretary of Veterans
17 Affairs and the Director of the Indian Health Service shall
18 jointly submit to Congress a report on the feasibility and
19 advisability of the following:

20 (1) Entering into agreements for the reimburse-
21 ment by the Secretary of the costs of direct care
22 services provided through organizations receiving
23 amounts pursuant to grants made or contracts en-
24 tered into under section 503 of the Indian Health
25 Care Improvement Act (25 U.S.C. 1653) to veterans

1 who are otherwise eligible to receive health care from
 2 such organizations.

3 (2) Including the reimbursement of the costs of
 4 direct care services provided to veterans who are not
 5 Indians in agreements between the Department and
 6 the following:

7 (A) The Indian Health Service.

8 (B) An Indian tribe or tribal organization
 9 operating a medical facility through a contract
 10 or compact with the Indian Health Service
 11 under the Indian Self-Determination and Edu-
 12 cation Assistance Act (25 U.S.C. 450 et seq.).

13 (C) A medical facility of the Indian Health
 14 Service.

15 (d) DEFINITIONS.—In this section:

16 (1) INDIAN.—The terms “Indian” and “Indian
 17 tribe” have the meanings given those terms in sec-
 18 tion 4 of the Indian Health Care Improvement Act
 19 (25 U.S.C. 1603).

20 (2) MEDICAL FACILITY OF THE INDIAN
 21 HEALTH SERVICE.—The term “medical facility of
 22 the Indian Health Service” includes a facility oper-
 23 ated by an Indian tribe or tribal organization
 24 through a contract or compact with the Indian
 25 Health Service under the Indian Self-Determination

1 and Education Assistance Act (25 U.S.C. 450 et
2 seq.).

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

7 **SEC. 304. ENHANCEMENT OF COLLABORATION BETWEEN**
8 **DEPARTMENT OF VETERANS AFFAIRS AND**
9 **NATIVE HAWAIIAN HEALTH CARE SYSTEMS.**

10 (a) IN GENERAL.—The Secretary of Veterans Affairs
11 shall, in consultation with Papa Ola Lokahi and such
12 other organizations involved in the delivery of health care
13 to Native Hawaiians as the Secretary considers appro-
14 priate, enter into contracts or agreements with Native Ha-
15 waiian health care systems that are in receipt of funds
16 from the Secretary of Health and Human Services pursu-
17 ant to grants awarded or contracts entered into under sec-
18 tion 6(a) of the Native Hawaiian Health Care Improve-
19 ment Act (42 U.S.C. 11705(a)) for the reimbursement of
20 direct care services provided to eligible veterans as speci-
21 fied in such contracts or agreements.

22 (b) DEFINITIONS.—In this section, the terms “Native
23 Hawaiian”, “Native Hawaiian health care system”, and
24 “Papa Ola Lokahi” have the meanings given those terms

1 in section 12 of the Native Hawaiian Health Care Im-
 2 provement Act (42 U.S.C. 11711).

3 **SEC. 305. SENSE OF CONGRESS ON PROMPT PAYMENT BY**
 4 **DEPARTMENT OF VETERANS AFFAIRS.**

5 It is the sense of Congress that the Secretary of Vet-
 6 erans Affairs shall comply with section 1315 of title 5,
 7 Code of Federal Regulations (commonly known as the
 8 “prompt payment rule”), or any corresponding similar
 9 regulation or ruling, in paying for health care pursuant
 10 to contracts entered into with non-Department of Vet-
 11 erans Affairs providers to provide health care under the
 12 laws administered by the Secretary.

13 **TITLE IV—HEALTH CARE**
 14 **ADMINISTRATIVE MATTERS**

15 **SEC. 401. IMPROVEMENT OF ACCESS OF VETERANS TO MO-**
 16 **BILE VET CENTERS OF THE DEPARTMENT OF**
 17 **VETERANS AFFAIRS.**

18 (a) IMPROVEMENT OF ACCESS.—

19 (1) IN GENERAL.—The Secretary of Veterans
 20 Affairs shall improve the access of veterans to tele-
 21 medicine and other health care through the use of
 22 mobile vet centers of the Department of Veterans
 23 Affairs by providing standardized requirements for
 24 the operation of such centers.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

21 (5) The feasibility and advisability of using
22 temporary health care providers, including locum
23 tenens, to provide direct health care services to vet-
24 erans at mobile vet centers.

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

4 **SEC. 402. COMMISSION ON CONSTRUCTION PROJECTS OF**
 5 **THE DEPARTMENT OF VETERANS AFFAIRS.**

6 (a) ESTABLISHMENT OF COMMISSION.—

7 (1) ESTABLISHMENT.—There is established an
 8 Independent Commission on Department of Vet-
 9 erans Affairs Construction Projects (in this section
 10 referred to as the “Commission”).

11 (2) MEMBERSHIP.—

12 (A) VOTING MEMBERS.—The Commission
 13 shall be composed of 10 voting members as fol-
 14 lows:

15 (i) Three members to be appointed by
 16 the President from among members of the
 17 National Academy of Engineering who are
 18 nominated under subparagraph (B).

19 (ii) Three members to be appointed by
 20 the President from among members of the
 21 National Institute of Building Sciences
 22 who are nominated under subparagraph
 23 (B).

24 (iii) Four members to be appointed by
 25 the President from among veterans en-

1 rolled in the patient enrollment system of
 2 the Department of Veterans Affairs under
 3 section 1705 of title 38, United States
 4 Code, who are nominated under subpara-
 5 graph (B).

6 (B) NOMINATION OF VOTING MEMBERS.—

7 The majority leader of the Senate, the minority
 8 leader of the Senate, the speaker of the House
 9 of Representatives, and the minority leader of
 10 the House of Representatives shall jointly nomi-
 11 nate not less than 24 individuals to be consid-
 12 ered by the President for appointment under
 13 subparagraph (A).

14 (C) NONVOTING MEMBERS.—The Commis-
 15 sion shall be composed of the following non-
 16 voting members:

17 (i) The Comptroller General of the
 18 United States, or designee.

19 (ii) The Secretary of Veterans Affairs,
 20 or designee.

21 (iii) The Inspector General of the De-
 22 partment of Veterans Affairs, or designee.

23 (D) DATE OF APPOINTMENT OF MEM-
 24 BERS.—The appointments of the members of
 25 the Commission under subparagraph (A) shall

1 be made not later than 14 days after the date
2 of the enactment of this Act.

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

8 (4) INITIAL MEETING.—Not later than five
9 days after the date on which all members of the
10 Commission have been appointed, the Commission
11 shall hold its first meeting.

12 (5) MEETINGS.—The Commission shall meet at
13 the call of the Chairperson.

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

17 (7) CHAIRPERSON AND VICE CHAIRPERSON.—
18 The Commission shall select a Chairperson and Vice
19 Chairperson from among its members.

20 (b) DUTIES OF COMMISSION.—

21 (1) REVIEW.—The Commission shall review
22 current construction and maintenance projects and
23 the medical facility leasing program of the Depart-
24 ment of Veterans Affairs to identify any problems

1 experienced by the Department in carrying out such
2 projects and program.

3 (2) REPORTS.—

4 (A) COMMISSION REPORT.—Not later than
5 120 days after the date of the enactment of this
6 Act, the Commission shall submit to the Sec-
7 retary of Veterans Affairs, the Committee on
8 Veterans' Affairs of the Senate, and the Com-
9 mittee on Veterans' Affairs of the House of
10 Representatives a report setting forth rec-
11 ommendations, if any, for improving the man-
12 ner in which the Secretary carries out the
13 projects and program specified in paragraph
14 (1).

15 (B) DEPARTMENT REPORT.—Not later
16 than 60 days after the submittal of the report
17 under subparagraph (A), the Secretary of Vet-
18 erans Affairs shall submit to the Committee on
19 Veterans' Affairs of the Senate and the Com-
20 mittee on Veterans' Affairs of the House of
21 Representatives a report on the feasibility and
22 advisability of implementing the recommenda-
23 tions of the Commission, if any, included in the
24 report submitted under such subparagraph, in-

1 cluding a timeline for the implementation of
2 such recommendations.

3 (c) POWERS OF COMMISSION.—

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

9 (2) INFORMATION FROM FEDERAL AGENCIES.—

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

16 (d) COMMISSION PERSONNEL MATTERS.—

17 (1) COMPENSATION OF MEMBERS.—Each mem-
18 ber of the Commission who is not an officer or em-
19 ployee of the Federal Government shall be com-
20 pensated at a rate equal to the daily equivalent of
21 the annual rate of basic pay prescribed for level IV
22 of the Executive Schedule under section 5315 of title
23 5, United States Code, for each day (including travel
24 time) during which such member is engaged in the
25 performance of the duties of the Commission. All

1 members of the Commission who are officers or em-
2 ployees of the United States shall serve without com-
3 pensation in addition to that received for their serv-
4 ices as officers or employees of the United States.

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

12 (3) STAFF.—

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

21 (B) COMPENSATION.—The Chairperson of
22 the Commission may fix the compensation of
23 the executive director and other personnel with-
24 out regard to chapter 51 and subchapter III of
25 chapter 53 of title 5, United States Code, relat-

1 ing to classification of positions and General
 2 Schedule pay rates, except that the rate of pay
 3 for the executive director and other personnel
 4 may not exceed the rate payable for level V of
 5 the Executive Schedule under section 5316 of
 6 such title.

7 (4) DETAIL OF GOVERNMENT EMPLOYEES.—
 8 Any Federal Government employee may be detailed
 9 to the Commission without reimbursement, and such
 10 detail shall be without interruption or loss of civil
 11 service status or privilege.

12 (5) PROCUREMENT OF TEMPORARY AND INTER-
 13 MITTENT SERVICES.—The Chairperson of the Com-
 14 mission may procure temporary and intermittent
 15 services under section 3109(b) of title 5, United
 16 States Code, at rates for individuals that do not ex-
 17 ceed the daily equivalent of the annual rate of basic
 18 pay prescribed for level V of the Executive Schedule
 19 under section 5316 of such title.

20 (e) TERMINATION OF COMMISSION.—The Commis-
 21 sion shall terminate 30 days after the date on which the
 22 Commission submits its report under subsection (b)(2)(A).

23 **SEC. 403. COMMISSION ON ACCESS TO CARE.**

24 (a) ESTABLISHMENT OF COMMISSION.—

1 (1) IN GENERAL.—There is established the
2 Commission on Access to Care (in this section re-
3 ferred to as the “Commission”) to examine the ac-
4 cess of veterans to health care from the Department
5 of Veterans Affairs and strategically examine how
6 best to organize the Veterans Health Administra-
7 tion, locate health care resources, and deliver health
8 care to veterans during the 10- to 20-year period be-
9 ginning on the date of the enactment of this Act.

10 (2) MEMBERSHIP.—

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

14 (i) At least two members who rep-
15 resent an organization recognized by the
16 Secretary of Veterans Affairs for the rep-
17 resentation of veterans under section 5902
18 of title 38, United States Code.

19 (ii) At least one member from among
20 persons who have experience as senior
21 management for a private integrated
22 health care system with an annual gross
23 revenue of more than \$50,000,000.

24 (iii) At least one member from among
25 persons who are familiar with government

1 health care systems, including those sys-
2 tems of the Department of Defense, the
3 Indian Health Service, and Federally-quali-
4 fied health centers (as defined in section
5 1905(l)(2)(B) of the Social Security Act
6 (42 U.S.C. 1396d(l)(2)(B))).

7 (iv) At least two members from
8 among persons who are familiar with the
9 Veterans Health Administration but are
10 not current employees of the Veterans
11 Health Administration.

12 (v) At least two members from among
13 persons who are veterans or eligible for
14 hospital care, medical services, or other
15 health care under the laws administered by
16 the Secretary of Veterans Affairs.

17 (B) NONVOTING MEMBERS.—

18 (i) IN GENERAL.—In addition to
19 members appointed under subparagraph
20 (A), the Commission shall be composed of
21 10 nonvoting members who are appointed
22 by the President as follows:

23 (I) At least two members who
24 represent an organization recognized
25 by the Secretary of Veterans Affairs

1 for the representation of veterans
2 under section 5902 of title 38, United
3 States Code.

4 (II) At least one member from
5 among persons who have experience
6 as senior management for a private
7 integrated health care system with an
8 annual gross revenue of more than
9 \$50,000,000.

10 (III) At least one member from
11 among persons who are familiar with
12 government health care systems, in-
13 cluding those systems of the Depart-
14 ment of Defense, the Indian Health
15 Service, and Federally-qualified health
16 centers (as defined in section
17 1905(l)(2)(B) of the Social Security
18 Act (42 U.S.C. 1396d(l)(2)(B))).

19 (IV) At least two members from
20 among persons who are familiar with
21 the Veterans Health Administration
22 but are not current employees of the
23 Veterans Health Administration.

24 (V) At least two members from
25 among persons who are veterans or el-

1 igible for hospital care, medical serv-
 2 ices, or other health care under the
 3 laws administered by the Secretary of
 4 Veterans Affairs.

5 (ii) ADDITIONAL NONVOTING MEM-
 6 BERS.—In addition to members appointed
 7 under subparagraph (A) and clause (i), the
 8 Commission shall be composed of the fol-
 9 lowing nonvoting members:

10 (I) The Comptroller General of
 11 the United States, or designee.

12 (II) The Inspector General of the
 13 Department of Veterans Affairs, or
 14 designee.

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 (E) The results of the assessment con-
6 ducted by an independent third party under
7 section 101(a), including any data or rec-
8 ommendations included in such assessment.

9 (3) REPORTS.—The Commission shall submit
10 to the President, through the Secretary of Veterans
11 Affairs, reports as follows:

12 (A) Not later than 90 days after the date
13 of the initial meeting of the Commission, an in-
14 terim report on—

15 (i) the findings of the Commission
16 with respect to the evaluation and assess-
17 ment required by this subsection; and

18 (ii) such recommendations as the
19 Commission may have for legislative or ad-
20 ministrative action to improve access to
21 health care through the Veterans Health
22 Administration.

23 (B) Not later than 180 days after the date
24 of the initial meeting of the Commission, a final
25 report on—

1 (i) the findings of the Commission
2 with respect to the evaluation and assess-
3 ment required by this subsection; and

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

9 (c) POWERS OF THE COMMISSION.—

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

15 (2) INFORMATION FROM FEDERAL AGENCIES.—

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

22 (d) COMMISSION PERSONNEL MATTERS.—

23 (1) COMPENSATION OF MEMBERS.—Each mem-
24 ber of the Commission who is not an officer or em-
25 ployee of the Federal Government shall be com-

1 compensated at a rate equal to the daily equivalent of
2 the annual rate of basic pay prescribed for level IV
3 of the Executive Schedule under section 5315 of title
4 5, United States Code, for each day (including travel
5 time) during which such member is engaged in the
6 performance of the duties of the Commission. All
7 members of the Commission who are officers or em-
8 ployees of the United States shall serve without com-
9 pensation in addition to that received for their serv-
10 ices as officers or employees of the United States.

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

18 (3) STAFF.—

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

1 ployment of an executive director shall be sub-
2 ject to confirmation by the Commission.

3 (B) COMPENSATION.—The Chairperson of
4 the Commission may fix the compensation of
5 the executive director and other personnel with-
6 out regard to chapter 51 and subchapter III of
7 chapter 53 of title 5, United States Code, relat-
8 ing to classification of positions and General
9 Schedule pay rates, except that the rate of pay
10 for the executive director and other personnel
11 may not exceed the rate payable for level V of
12 the Executive Schedule under section 5316 of
13 such title.

14 (4) DETAIL OF GOVERNMENT EMPLOYEES.—
15 Any Federal Government employee may be detailed
16 to the Commission without reimbursement, and such
17 detail shall be without interruption or loss of civil
18 service status or privilege.

19 (5) PROCUREMENT OF TEMPORARY AND INTER-
20 MITTENT SERVICES.—The Chairperson of the Com-
21 mission may procure temporary and intermittent
22 services under section 3109(b) of title 5, United
23 States Code, at rates for individuals that do not ex-
24 ceed the daily equivalent of the annual rate of basic

1 pay prescribed for level V of the Executive Schedule
2 under section 5316 of such title.

3 (e) TERMINATION OF THE COMMISSION.—The Com-
4 mission shall terminate 30 days after the date on which
5 the Commission submits its report under subsection
6 (b)(3)(B).

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

13 (g) EXECUTIVE ACTION.—

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

20 (A) considers feasible and advisable; and

21 (B) determines can be implemented with-
22 out further legislative action.

23 (2) REPORTS.—Not later than 60 days after
24 the date on which the President receives a report
25 under subsection (b)(3), the President shall submit

1 to the Committee on Veterans' Affairs of the Senate
2 and the Committee on Veterans' Affairs of the
3 House of Representatives and such other committees
4 of Congress as the President considers appropriate
5 a report setting forth the following:

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

9 (B) For each recommendation assessed as
10 feasible and advisable under subparagraph (A)
11 the following:

12 (i) Whether such recommendation re-
13 quires legislative action.

14 (ii) If such recommendation requires
15 legislative action, a recommendation con-
16 cerning such legislative action.

17 (iii) A description of any administra-
18 tive action already taken to carry out such
19 recommendation.

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

1 **SEC. 404. IMPROVED PERFORMANCE METRICS FOR**
2 **HEALTH CARE PROVIDED BY DEPARTMENT**
3 **OF VETERANS AFFAIRS.**

4 (a) PROHIBITION ON USE OF SCHEDULING AND
5 WAIT-TIME METRICS IN DETERMINATION OF PERFORM-
6 ANCE AWARDS.—The Secretary of Veterans Affairs shall
7 ensure that scheduling and wait-time metrics or goals are
8 not used as factors in determining the performance of the
9 following employees for purposes of determining whether
10 to pay performance awards to such employees:

11 (1) Directors, associate directors, assistant di-
12 rectors, deputy directors, chiefs of staff, and clinical
13 leads of medical centers of the Department of Vet-
14 erans Affairs.

15 (2) Directors, assistant directors, and quality
16 management officers of Veterans Integrated Service
17 Networks of the Department of Veterans Affairs.

18 (b) MODIFICATION OF PERFORMANCE PLANS.—

19 (1) IN GENERAL.—Not later than 30 days after
20 the date of the enactment of this Act, the Secretary
21 shall modify the performance plans of the directors
22 of the medical centers of the Department and the di-
23 rectors of the Veterans Integrated Service Networks
24 to ensure that such plans are based on the quality
25 of care received by veterans at the health care facili-
26 ties under the jurisdictions of such directors.

1 (2) FACTORS.—In modifying performance plans
2 under paragraph (1), the Secretary shall ensure that
3 assessment of the quality of care provided at health
4 care facilities under the jurisdiction of a director de-
5 scribed in paragraph (1) includes consideration of
6 the following:

7 (A) Recent reviews by the Joint Commis-
8 sion (formerly known as the “Joint Commission
9 on Accreditation of Healthcare Organizations”)
10 of such facilities.

11 (B) The number and nature of rec-
12 ommendations concerning such facilities by the
13 Inspector General of the Department in reviews
14 conducted through the Combined Assessment
15 Program (CAP), in the reviews by the Inspector
16 General of community based outpatient clinics
17 and primary care clinics, and in reviews con-
18 ducted through the Office of Healthcare Inspec-
19 tions during the two most recently completed
20 fiscal years.

21 (C) The number of recommendations de-
22 scribed in subparagraph (B) that the Inspector
23 General of the Department determines have not
24 been carried out satisfactorily with respect to
25 such facilities.

1 (D) Reviews of such facilities by the Com-
2 mission on Accreditation of Rehabilitation Fa-
3 cilities.

4 (E) The number and outcomes of adminis-
5 trative investigation boards, root cause analysis,
6 and peer reviews conducted at such facilities
7 during the fiscal year for which the assessment
8 is being conducted.

9 (F) The effectiveness of any remedial ac-
10 tions or plans resulting from any Inspector
11 General recommendations in the reviews and
12 analyses described in subparagraphs (A)
13 through (E).

14 (3) ADDITIONAL LEADERSHIP POSITIONS.—To
15 the degree practicable, the Secretary shall assess the
16 performance of other employees of the Department
17 in leadership positions at Department medical cen-
18 ters, including associate directors, assistant direc-
19 tors, deputy directors, chiefs of staff, and clinical
20 leads, and in Veterans Integrated Service Networks,
21 including assistant directors and quality manage-
22 ment officers, using factors and criteria similar to
23 those used in the performance plans modified under
24 paragraph (1).

1 (c) REMOVAL OF CERTAIN PERFORMANCE GOALS.—
 2 For each fiscal year that begins after the date of the en-
 3 actment of this Act, the Secretary shall not include in the
 4 performance goals of any employee of a Veterans Inte-
 5 grated Service Network or medical center of the Depart-
 6 ment any performance goal that might disincentivize the
 7 payment of Department amounts to provide hospital care,
 8 medical services, or other health care through a non-De-
 9 partment provider.

10 **SEC. 405. IMPROVED TRANSPARENCY CONCERNING**
 11 **HEALTH CARE PROVIDED BY DEPARTMENT**
 12 **OF VETERANS AFFAIRS.**

13 (a) PUBLICATION OF WAIT TIMES.—

14 (1) GOALS.—

15 (A) INITIAL.—Not later than 90 days after
 16 the date of the enactment of this Act, the Sec-
 17 retary of Veterans Affairs shall publish in the
 18 Federal Register, and on an Internet website
 19 accessible to the public of each medical center
 20 of the Department of Veterans Affairs, the
 21 wait-time goals of the Department for the
 22 scheduling of an appointment by a veteran for
 23 the receipt of health care from the Department.

24 (B) SUBSEQUENT CHANGES.—

1 (i) IN GENERAL.—If the Secretary
2 modifies the wait-time goals described in
3 subparagraph (A), the Secretary shall pub-
4 lish the new wait-times goals—

5 (I) on an Internet website acces-
6 sible to the public of each medical
7 center of the Department not later
8 than 30 days after such modification;
9 and

10 (II) in the Federal Register not
11 later than 90 days after such modi-
12 fication.

13 (ii) EFFECTIVE DATE.—Any modifica-
14 tion under clause (i) shall take effect on
15 the date of publication in the Federal Reg-
16 ister.

17 (C) GOALS DESCRIBED.—Wait-time goals
18 published under this paragraph shall include
19 goals for primary care appointments, specialty
20 care appointments, and appointments based on
21 the general severity of the condition of the vet-
22 eran.

23 (2) WAIT TIMES AT MEDICAL CENTERS OF THE
24 DEPARTMENT.—Not later than one year after the
25 date of the enactment of this Act, the Secretary of

1 Veterans Affairs shall publish on an Internet website
2 accessible to the public of each medical center of the
3 Department the current wait time for an appoint-
4 ment for primary care and specialty care at the
5 medical center.

6 (b) PUBLICLY AVAILABLE DATABASE OF PATIENT
7 SAFETY, QUALITY OF CARE, AND OUTCOME MEAS-
8 URES.—

9 (1) IN GENERAL.—Not later than 180 days
10 after the date of the enactment of this Act, the Sec-
11 retary shall develop and make available to the public
12 a comprehensive database containing all applicable
13 patient safety, quality of care, and outcome meas-
14 ures for health care provided by the Department
15 that are tracked by the Secretary.

16 (2) UPDATE FREQUENCY.—The Secretary shall
17 update the database required by paragraph (1) not
18 less frequently than once each year.

19 (3) UNAVAILABLE MEASURES.—For all meas-
20 ures that the Secretary would otherwise publish in
21 the database required by paragraph (1) but has not
22 done so because such measures are not available, the
23 Secretary shall publish notice in the database of the
24 reason for such unavailability and a timeline for
25 making such measures available in the database.

1 (4) ACCESSIBILITY.—The Secretary shall en-
2 sure that the database required by paragraph (1) is
3 accessible to the public through the primary Internet
4 website of the Department and through each pri-
5 mary Internet website of a Department medical cen-
6 ter.

7 (c) HOSPITAL COMPARE WEBSITE OF DEPARTMENT
8 OF HEALTH AND HUMAN SERVICES.—

9 (1) AGREEMENT REQUIRED.—Not later than
10 180 days after the date of the enactment of this Act,
11 the Secretary of Veterans Affairs shall enter into an
12 agreement with the Secretary of Health and Human
13 Services for the provision by the Secretary of Vet-
14 erans Affairs of such information as the Secretary of
15 Health and Human Services may require to report
16 and make publicly available patient quality and out-
17 come information concerning Department of Vet-
18 erans Affairs medical centers through the Hospital
19 Compare Internet website of the Department of
20 Health and Human Services or any successor Inter-
21 net website.

22 (2) INFORMATION PROVIDED.—The information
23 provided by the Secretary of Veterans Affairs to the
24 Secretary of Health and Human Services under
25 paragraph (1) shall include the following:

1 (A) Measures of timely and effective health
2 care.

3 (B) Measures of readmissions, complica-
4 tions of death, including with respect to 30-day
5 mortality rates and 30-day readmission rates,
6 surgical complication measures, and health care
7 related infection measures.

8 (C) Survey data of patient experiences, in-
9 cluding the Hospital Consumer Assessment of
10 Healthcare Providers and Systems or any simi-
11 lar successor survey developed by the Depart-
12 ment of Health and Human Services.

13 (D) Any other measures required of or re-
14 ported with respect to hospitals participating in
15 the Medicare program under title XVIII of the
16 Social Security Act (42 U.S.C. 1395 et seq.).

17 (3) UNAVAILABLE INFORMATION.—For any ap-
18 plicable metric collected by the Department of Vet-
19 erans Affairs or required to be provided under para-
20 graph (2) and withheld from or unavailable in the
21 Hospital Compare Internet website, the Secretary of
22 Veterans Affairs shall publish a notice in the Fed-
23 eral Register stating the reason why such metric was
24 withheld from public disclosure and a timeline for
25 making such metric available, if applicable.

1 (d) COMPTROLLER GENERAL REVIEW OF PUBLICLY
 2 AVAILABLE SAFETY AND QUALITY METRICS.—Not later
 3 than three years after the date of the enactment of this
 4 Act, the Comptroller General of the United States shall
 5 conduct a review of the safety and quality metrics made
 6 publicly available by the Secretary of Veterans Affairs
 7 under this section to assess the degree to which the Sec-
 8 retary is complying with the provisions of this section.

9 **SEC. 406. INFORMATION FOR VETERANS ON THE CREDEN-**
 10 **TIALS OF DEPARTMENT OF VETERANS AF-**
 11 **FAIRS PHYSICIANS.**

12 (a) IMPROVEMENT OF “OUR PROVIDERS” INTERNET
 13 WEBSITE LINKS.—

14 (1) AVAILABILITY THROUGH DEPARTMENT OF
 15 VETERANS AFFAIRS HOMEPAGE.—A link to the “Our
 16 Providers” health care providers database of the De-
 17 partment of Veterans Affairs, or any successor data-
 18 base, shall be available on and through the home-
 19 page of the Internet website of the Department that
 20 is accessible to the public.

21 (2) INFORMATION ON LOCATION OF RESIDENCY
 22 TRAINING.—The Internet website of the Department
 23 that is accessible to the public shall include under
 24 the link to the “Our Providers” health care pro-
 25 viders database of the Department, or any successor

1 database, the location of residency training of each
2 licensed physician of the Department.

3 (3) INFORMATION ON PHYSICIANS AT PAR-
4 TICULAR FACILITIES.—The “Our Providers” health
5 care providers database of the Department, or any
6 successor database, shall identify whether each li-
7 censed physician of the Department is a physician in
8 residency.

9 (b) INFORMATION ON CREDENTIALS OF PHYSICIANS
10 FOR VETERANS UNDERGOING SURGICAL PROCEDURES.—

11 (1) IN GENERAL.—Each veteran who is under-
12 going a surgical procedure by or through the De-
13 partment shall be provided information on the cre-
14 dentials of the surgeon to be performing such proce-
15 dure at such time in advance of the procedure as is
16 appropriate to permit such veteran to evaluate such
17 information.

18 (2) OTHER INDIVIDUALS.—If a veteran is un-
19 able to evaluate the information provided under
20 paragraph (1) due to the health or mental com-
21 petence of the veteran, such information shall be
22 provided to an individual acting on behalf of the vet-
23 eran.

24 (c) COMPTROLLER GENERAL REPORT AND PLAN.—

1 (1) REPORT.—Not later than two years after
2 the date of the enactment of this Act, the Comp-
3 troller General of the United States shall submit to
4 the Committee on Veterans’ Affairs of the Senate
5 and the Committee on Veterans’ Affairs of the
6 House of Representatives a report setting forth an
7 assessment by the Comptroller General of the fol-
8 lowing:

9 (A) The manner in which contractors
10 under the Patient-Centered Community Care
11 initiative of the Department perform oversight
12 of the credentials of physicians within the net-
13 works of such contractors under the initiative.

14 (B) The oversight by the Department of
15 the contracts under the Patient-Centered Com-
16 munity Care initiative.

17 (C) The verification by the Department of
18 the credentials and licenses of health care pro-
19 viders furnishing hospital care and medical
20 services under section 301.

21 (2) PLAN.—

22 (A) IN GENERAL.—Not later than 30 days
23 after the submittal of the report under para-
24 graph (1), the Secretary shall—

(i) submit to the Comptroller General, the Committee on Veterans' Affairs of the Senate, and the Committee on Veterans' Affairs of the House of Representatives a plan to address any findings and recommendations of the Comptroller General included in such report; and

(ii) submit to the Committee on Veterans' Affairs of the Senate and the Committee on Veterans' Affairs of the House of Representatives a request for additional amounts, if any, that may be necessary to carry out such plan.

(B) IMPLEMENTATION.—Not later than 90 days after the submittal of the report under paragraph (1), the Secretary shall carry out such plan.

**SEC. 407. INFORMATION IN ANNUAL BUDGET OF THE
PRESIDENT ON HOSPITAL CARE AND MEDICAL SERVICES FURNISHED THROUGH EXPANDED USE OF CONTRACTS FOR SUCH CARE.**

The materials on the Department of Veterans Affairs in the budget of the President for a fiscal year, as sub-

1 mitted to Congress pursuant to section 1105(a) of title
2 31, United States Code, shall set forth the following:

3 (1) The number of veterans who received hos-
4 pital care and medical services under section 301
5 during the fiscal year preceding the fiscal year in
6 which such budget is submitted.

7 (2) The amount expended by the Department
8 on furnishing care and services under such section
9 during the fiscal year preceding the fiscal year in
10 which such budget is submitted.

11 (3) The amount requested in such budget for
12 the costs of furnishing care and services under such
13 section during the fiscal year covered by such budg-
14 et, set forth in aggregate and by amounts for each
15 account for which amounts are so requested.

16 (4) The number of veterans that the Depart-
17 ment estimates will receive hospital care and medical
18 services under such section during the fiscal years
19 covered by the budget submission.

20 (5) The number of employees of the Depart-
21 ment on paid administrative leave at any point dur-
22 ing the fiscal year preceding the fiscal year in which
23 such budget is submitted.

1 **SEC. 408. PROHIBITION ON FALSIFICATION OF DATA CON-**
 2 **CERNING WAIT TIMES AND QUALITY MEAS-**
 3 **URES AT DEPARTMENT OF VETERANS AF-**
 4 **FAIRS.**

5 Not later than 60 days after the date of the enact-
 6 ment of this Act, and in accordance with title 5, United
 7 States Code, the Secretary of Veterans Affairs shall estab-
 8 lish policies whereby any employee of the Department of
 9 Veterans Affairs who knowingly submits false data con-
 10 cerning wait times for health care or quality measures
 11 with respect to health care to another employee of the De-
 12 partment or knowingly requires another employee of the
 13 Department to submit false data concerning such wait
 14 times or quality measures to another employee of the De-
 15 partment is subject to a penalty the Secretary considers
 16 appropriate after notice and an opportunity for a hearing,
 17 including civil penalties, unpaid suspensions, or termi-
 18 nation.

19 **SEC. 409. REMOVAL OF SENIOR EXECUTIVE SERVICE EM-**
 20 **PLOYEES OF THE DEPARTMENT OF VET-**
 21 **ERANS AFFAIRS FOR PERFORMANCE.**

22 (a) REMOVAL OR TRANSFER.—

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

1 **“§ 713. Senior Executive Service: removal based on**
2 **performance**

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

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

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

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

21 “(c) PROCEDURE.—(1) The procedures under section
22 7543 of title 5 shall not apply to a removal or transfer
23 under this section.

24 “(2)(A) Subject to subparagraph (B), any removal or
25 transfer under subsection (a) may be appealed to the

1 Merit Systems Protection Board under section 7701 of
2 title 5.

3 “(B) An appeal under subparagraph (A) of a removal
4 or transfer may only be made if such appeal is made not
5 later than 7 days after the date of such removal or trans-
6 fer.

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

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

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

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

1 “(5) A person who appeals under section 7701 of title
 2 5 a removal under subsection (a)(1) may not receive any
 3 pay, awards, bonuses, incentives, allowances, differentials,
 4 student loan repayments, special payments, or benefits
 5 from the Secretary until the Merit Systems Protection
 6 Board has made a final decision on such appeal.

7 “(6) A decision made by the Merit Systems Protec-
 8 tion Board with respect to a removal or transfer under
 9 subsection (a) shall not be subject to any further appeal.”.

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

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

13 (b) ESTABLISHMENT OF EXPEDITED REVIEW PROC-
 14 ESS.—

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

21 (2) INAPPLICABILITY OF CERTAIN REGULA-
 22 TIONS.—Section 1201.22 of title 5, Code of Federal
 23 Regulations, as in effect on the day before the date
 24 of the enactment of this Act, shall not apply to expe-

1 dited reviews carried out under section 713(d) of
2 title 38, United States Code.

3 (3) REPORT BY MERIT SYSTEMS PROTECTION
4 BOARD.—Not later than 30 days after the date of
5 the enactment of this Act, the Merit Systems Pro-
6 tection Board shall submit to Congress a report on
7 the actions the Board plans to take to conduct expe-
8 dited reviews under section 713(d) of title 38,
9 United States Code, as added by subsection (a).
10 Such report shall include a description of the re-
11 sources the Board determines will be necessary to
12 conduct such reviews and a description of whether
13 any resources will be necessary to conduct such re-
14 views that were not available to the Board on the
15 day before the date of the enactment of this Act.

16 (c) TEMPORARY EXEMPTION FROM CERTAIN LIM-
17 ITATION ON INITIATION OF REMOVAL FROM SENIOR EX-
18 ECUTIVE SERVICE.—During the 120-day period beginning
19 on the date of the enactment of this Act, an action to re-
20 move an individual from the Senior Executive Service at
21 the Department of Veterans Affairs pursuant to section
22 713 of title 38, United States Code, as added by sub-
23 section (a), or section 7543 of title 5, United States Code,
24 may be initiated, notwithstanding section 3592(b) of title
25 5, United States Code, or any other provision of law.

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

6 **TITLE V—HEALTH CARE** 7 **RELATED TO SEXUAL TRAUMA**

8 **SEC. 501. EXPANSION OF ELIGIBILITY FOR SEXUAL TRAU-** 9 **MA COUNSELING AND TREATMENT TO VET-** 10 **ERANS ON INACTIVE DUTY TRAINING.**

11 Section 1720D(a)(1) of title 38, United States Code,
 12 is amended by striking “or active duty for training” and
 13 inserting “, active duty for training, or inactive duty train-
 14 ing”.

15 **SEC. 502. PROVISION OF COUNSELING AND TREATMENT** 16 **FOR SEXUAL TRAUMA BY THE DEPARTMENT** 17 **OF VETERANS AFFAIRS TO MEMBERS OF THE** 18 **ARMED FORCES.**

19 (a) EXPANSION OF COVERAGE TO MEMBERS OF THE
 20 ARMED FORCES.—Subsection (a) of section 1720D of title
 21 38, United States Code, is amended—

22 (1) by redesignating paragraph (2) as para-
 23 graph (3);

24 (2) by inserting after paragraph (1) the fol-
 25 lowing new paragraph (2):

1 “(2)(A) In operating the program required by para-
 2 graph (1), the Secretary may, in consultation with the
 3 Secretary of Defense, provide counseling and care and
 4 services to members of the Armed Forces (including mem-
 5 bers of the National Guard and Reserves) on active duty
 6 to overcome psychological trauma described in that para-
 7 graph.

8 “(B) A member described in subparagraph (A) shall
 9 not be required to obtain a referral before receiving coun-
 10 seling and care and services under this paragraph.”; and

11 (3) in paragraph (3), as redesignated by para-
 12 graph (1)—

13 (A) by striking “a veteran” and inserting
 14 “an individual”; and

15 (B) by striking “that veteran” each place
 16 it appears and inserting “that individual”.

17 (b) INFORMATION TO MEMBERS ON AVAILABILITY OF
 18 COUNSELING AND SERVICES.—Subsection (c) of such sec-
 19 tion is amended—

20 (1) by striking “to veterans” each place it ap-
 21 pears; and

22 (2) in paragraph (3), by inserting “members of
 23 the Armed Forces and” before “individuals”.

1 (c) INCLUSION OF MEMBERS IN REPORTS ON COUN-
 2 SELING AND SERVICES.—Subsection (e) of such section
 3 is amended—

4 (1) in the matter preceding paragraph (1), by
 5 striking “to veterans”;

6 (2) in paragraph (2)—

7 (A) by striking “women veterans” and in-
 8 serting “individuals”; and

9 (B) by striking “training under subsection
 10 (d).” and inserting “training under subsection
 11 (d), disaggregated by—

12 “(A) veterans;

13 “(B) members of the Armed Forces (in-
 14 cluding members of the National Guard and
 15 Reserves) on active duty; and

16 “(C) for each of subparagraphs (A) and
 17 (B)—

18 “(i) men; and

19 “(ii) women.”;

20 (3) in paragraph (4), by striking “veterans”
 21 and inserting “individuals”; and

22 (4) in paragraph (5)—

23 (A) by striking “women veterans” and in-
 24 serting “individuals” ; and

1 (B) by inserting “, including specific rec-
2 ommendations for individuals specified in sub-
3 paragraphs (A), (B), and (C) of paragraph (2)”
4 before the period at the end.

5 (d) EFFECTIVE DATE.—The amendments made by
6 this section shall take effect on the date that is one year
7 after the date of the enactment of this Act.

8 **SEC. 503. REPORTS ON MILITARY SEXUAL TRAUMA.**

9 (a) REPORT ON SERVICES AVAILABLE FOR MILITARY
10 SEXUAL TRAUMA IN THE DEPARTMENT OF VETERANS
11 AFFAIRS.—Not later than 630 days after the date of the
12 enactment of this Act, the Secretary of Veterans Affairs
13 shall submit to the Committee on Veterans’ Affairs of the
14 Senate and the Committee on Veterans’ Affairs of the
15 House of Representatives a report on the treatment and
16 services available from the Department of Veterans Af-
17 fairs for male veterans who experience military sexual
18 trauma compared to such treatment and services available
19 to female veterans who experience military sexual trauma.

20 (b) REPORTS ON TRANSITION OF MILITARY SEXUAL
21 TRAUMA TREATMENT FROM DEPARTMENT OF DEFENSE
22 TO DEPARTMENT OF VETERANS AFFAIRS.—Not later
23 than 630 days after the date of the enactment of this Act,
24 and annually thereafter for five years, the Department of
25 Veterans Affairs-Department of Defense Joint Executive

1 Committee established by section 320(a) of title 38,
2 United States Code, shall submit to the appropriate com-
3 mittees of Congress a report on military sexual trauma
4 that includes the following:

5 (1) The processes and procedures utilized by
6 the Department of Veterans Affairs and the Depart-
7 ment of Defense to facilitate transition of treatment
8 of individuals who have experienced military sexual
9 trauma from treatment provided by the Department
10 of Defense to treatment provided by the Department
11 of Veterans Affairs.

12 (2) A description and assessment of the collabora-
13 tion between the Department of Veterans Affairs
14 and the Department of Defense in assisting veterans
15 in filing claims for disabilities related to military
16 sexual trauma, including permitting veterans access
17 to information and evidence necessary to develop or
18 support such claims.

19 (c) DEFINITIONS.—In this section:

20 (1) APPROPRIATE COMMITTEES OF CON-
21 GRESS.—The term “appropriate committees of Con-
22 gress” means—

23 (A) the Committee on Veterans’ Affairs
24 and the Committee on Armed Services of the
25 Senate; and

1 (B) the Committee on Veterans' Affairs
2 and the Committee on Armed Services of the
3 House of Representatives.

4 (2) MILITARY SEXUAL TRAUMA.—The term
5 “military sexual trauma” means psychological trauma,
6 which in the judgment of a mental health professional
7 employed by the Department, resulted from a physical
8 assault of a sexual nature, battery of a sexual nature,
9 or sexual harassment which occurred while the veteran
10 was serving on active duty or active duty for training.

12 (3) SEXUAL HARASSMENT.—The term “sexual
13 harassment” means repeated, unsolicited verbal or
14 physical contact of a sexual nature which is threatening
15 in character.

16 (4) SEXUAL TRAUMA.—The term “sexual trauma”
17 shall have the meaning given that term by the
18 Secretary of Veterans Affairs for purposes of this
19 section.

20 (d) EFFECTIVE DATE.—This section shall take effect
21 on the date that is 270 days after the date of the enact-
22 ment of this Act.

TITLE VI—MAJOR MEDICAL FACILITY LEASES

SEC. 601. AUTHORIZATION OF MAJOR MEDICAL FACILITY LEASES.

The Secretary of Veterans Affairs may carry out the following major medical facility leases at the locations specified, and in an amount for each lease not to exceed the amount shown for such location (not including any estimated cancellation costs):

(1) For a clinical research and pharmacy coordinating center, Albuquerque, New Mexico, an amount not to exceed \$9,560,000.

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

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

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

(5) For the Leeward Outpatient Healthcare Access Center, Honolulu, Hawaii, including a co-located clinic with the Department of Defense and the co-location of the Honolulu Regional Office of the

1 Veterans Benefits Administration and the Kapolei
2 Vet Center of the Department of Veterans Affairs,
3 an amount not to exceed \$15,887,370.

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

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

10 (8) For a community-based outpatient clinic,
11 Lake Charles, Louisiana, an amount not to exceed
12 \$2,626,000.

13 (9) For outpatient clinic consolidation, New
14 Port Richey, Florida, an amount not to exceed
15 \$11,927,000.

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

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

20 (12) For a community-based outpatient clinic,
21 San Diego, California, an amount not to exceed
22 \$11,946,100.

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

1 (14) For the Errera Community Care Center,
2 West Haven, Connecticut, an amount not to exceed
3 \$4,883,000.

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

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

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

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

15 (19) For a community-based outpatient clinic,
16 Chula Vista, California, an amount not to exceed
17 \$3,714,000.

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

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

22 (22) For a community-based outpatient clinic,
23 Lincoln, Nebraska, an amount not to exceed
24 \$7,178,400.

1 (23) For a community-based outpatient clinic,
2 Lubbock, Texas, an amount not to exceed
3 \$8,554,000.

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

7 (25) For a community-based outpatient clinic,
8 Phoenix, Arizona, an amount not to exceed
9 \$20,757,000.

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

13 **SEC. 602. BUDGETARY TREATMENT OF DEPARTMENT OF**
14 **VETERANS AFFAIRS MAJOR MEDICAL FACILI-**
15 **TIES LEASES.**

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

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

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

1 (3) For operating leases, Office of Management
2 and Budget Circular A–11 requires the Department
3 of Veterans Affairs to record up-front budget au-
4 thority in an “amount equal to total payments under
5 the full term of the lease or [an] amount sufficient
6 to cover first year lease payments plus cancellation
7 costs”.

8 (b) REQUIREMENT FOR OBLIGATION OF FULL
9 COST.—

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

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

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

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

5 (c) TRANSPARENCY.—

6 (1) COMPLIANCE.—Subsection (b) of section
 7 8104 of title 38, United States Code, is amended by
 8 adding at the end the following new paragraph:

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

16 “(A) an analysis of the classification of the
 17 lease as a ‘lease-purchase’, ‘capital lease’, or
 18 ‘operating lease’ as those terms are defined in
 19 Office of Management and Budget Circular A–
 20 11;

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

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

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

4 “(h)(1) Not less than 30 days before entering into
5 a major medical facility lease, the Secretary shall submit
6 to the Committees on Veterans’ Affairs of the Senate and
7 the House of Representatives—

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

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

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

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

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

23 “(3) Not more than 30 days after entering into a
24 major medical facility lease, the Secretary shall submit to
25 each committee described in paragraph (1) a report on

1 any material differences between the lease that was en-
 2 tered into and the proposed lease described under such
 3 paragraph, including how the lease that was entered into
 4 changes the previously submitted scoring analysis de-
 5 scribed in subparagraph (D) of such paragraph.”.

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

12 **TITLE VII—VETERANS BENEFITS** 13 **MATTERS**

14 **SEC. 701. EXPANSION OF MARINE GUNNERY SERGEANT** 15 **JOHN DAVID FRY SCHOLARSHIP.**

16 (a) EXPANSION OF ENTITLEMENT.—Subsection
 17 (b)(9) of section 3311 of title 38, United States Code, is
 18 amended by inserting “or spouse” after “child”.

19 (b) LIMITATION AND ELECTION ON CERTAIN BENE-
 20 FITS.—Subsection (f) of such section is amended—

21 (1) by redesignating paragraph (2) as para-
 22 graph (4); and

23 (2) by inserting after paragraph (1) the fol-
 24 lowing new paragraphs:

1 “(2) LIMITATION.—The entitlement of an indi-
 2 vidual to assistance under subsection (a) pursuant to
 3 paragraph (9) of subsection (b) because the indi-
 4 vidual was a spouse of a person described in such
 5 paragraph shall expire on the earlier of—

6 “(A) the date that is 15 years after the
 7 date on which the person died; and

8 “(B) the date on which the individual re-
 9 marries.

10 “(3) ELECTION ON RECEIPT OF CERTAIN BENE-
 11 FITS.—A surviving spouse entitled to assistance
 12 under subsection (a) pursuant to paragraph (9) of
 13 subsection (b) who is also entitled to educational as-
 14 sistance under chapter 35 of this title may not re-
 15 ceive assistance under both this section and such
 16 chapter, but shall make an irrevocable election (in
 17 such form and manner as the Secretary may pre-
 18 scribe) under which section or chapter to receive
 19 educational assistance.”.

20 “(c) CONFORMING AMENDMENT.—Section 3321(b)(4)
 21 of such title is amended—

22 (1) by striking “an individual” and inserting “a
 23 child”; and

24 (2) by striking “such individual’s” each time it
 25 appears and inserting “such child’s”.

1 **SEC. 702. APPROVAL OF COURSES OF EDUCATION PRO-**
 2 **VIDED BY PUBLIC INSTITUTIONS OF HIGHER**
 3 **LEARNING FOR PURPOSES OF ALL-VOLUN-**
 4 **TEER FORCE EDUCATIONAL ASSISTANCE**
 5 **PROGRAM AND POST-9/11 EDUCATIONAL AS-**
 6 **SISTANCE CONDITIONAL ON IN-STATE TUI-**
 7 **TION RATE FOR VETERANS.**

8 (a) IN GENERAL.—Section 3679 of title 38, United
 9 States Code, is amended by adding at the end the fol-
 10 lowing new subsection:

11 “(c)(1) Notwithstanding any other provision of this
 12 chapter and subject to paragraphs (3) through (6), the
 13 Secretary shall disapprove a course of education provided
 14 by a public institution of higher learning to a covered indi-
 15 vidual pursuing a course of education with educational as-
 16 sistance under chapter 30 or 33 of this title while living
 17 in the State in which the public institution of higher learn-
 18 ing is located if the institution charges tuition and fees
 19 for that course for the covered individual at a rate that
 20 is higher than the rate the institution charges for tuition
 21 and fees for that course for residents of the State in which
 22 the institution is located, regardless of the covered individ-
 23 ual’s State of residence.

24 “(2) For purposes of this subsection, a covered indi-
 25 vidual is any individual as follows:

1 “(A) A veteran who was discharged or released
2 from a period of not fewer than 90 days of service
3 in the active military, naval, or air service less than
4 three years before the date of enrollment in the
5 course concerned.

6 “(B) An individual who is entitled to assistance
7 under section 3311(b)(9) or 3319 of this title by vir-
8 tue of such individual’s relationship to a veteran de-
9 scribed in subparagraph (A).

10 “(3) If after enrollment in a course of education that
11 is subject to disapproval under paragraph (1) by reason
12 of paragraph (2)(A) or (2)(B) a covered individual pur-
13 sues one or more courses of education at the same public
14 institution of higher learning while remaining continuously
15 enrolled (other than during regularly scheduled breaks be-
16 tween courses, semesters or terms) at that institution of
17 higher learning, any course so pursued by the covered indi-
18 vidual at that institution of higher learning while so con-
19 tinuously enrolled shall also be subject to disapproval
20 under paragraph (1).

21 “(4) It shall not be grounds to disapprove a course
22 of education under paragraph (1) if a public institution
23 of higher learning requires a covered individual pursuing
24 a course of education at the institution to demonstrate an
25 intent, by means other than satisfying a physical presence

1 requirement, to establish residency in the State in which
 2 the institution is located, or to satisfy other requirements
 3 not relating to the establishment of residency, in order to
 4 be charged tuition and fees for that course at a rate that
 5 is equal to or less than the rate the institution charges
 6 for tuition and fees for that course for residents of the
 7 State.

8 “(5) The Secretary may waive such requirements of
 9 paragraph (1) as the Secretary considers appropriate.

10 “(6) Disapproval under paragraph (1) shall apply
 11 only with respect to educational assistance under chapters
 12 30 and 33 of this title.”.

13 (b) EFFECTIVE DATE.—Subsection (c) of section
 14 3679 of title 38, United States Code (as added by sub-
 15 section (a) of this section), shall apply with respect to edu-
 16 cational assistance provided for pursuit of programs of
 17 education during academic terms that begin after July 1,
 18 2015, through courses of education that commence on or
 19 after that date.

20 **TITLE VIII—APPROPRIATION** 21 **AND EMERGENCY DESIGNA-** 22 **TIONS**

23 **SEC. 801. APPROPRIATION OF EMERGENCY AMOUNTS.**

24 There is authorized to be appropriated, and is appro-
 25 priated, to the Secretary of Veterans Affairs, out of any

1 funds in the Treasury not otherwise appropriated, for fis-
2 cal years 2014, 2015, and 2016, such sums as may be
3 necessary to carry out this Act.

4 **SEC. 802. EMERGENCY DESIGNATIONS.**

5 (a) IN GENERAL.—This Act is designated as an
6 emergency requirement pursuant to section 4(g) of the
7 Statutory Pay-As-You-Go Act of 2010 (2 U.S.C. 933(g)).

8 (b) DESIGNATION IN SENATE.—In the Senate, this
9 Act is designated as an emergency requirement pursuant
10 to section 403(a) of S. Con. Res. 13 (111th Congress),
11 the concurrent resolution on the budget for fiscal year
12 2010.

Calendar No. 426

113TH CONGRESS
2D Session

S. 2450

A BILL

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

JUNE 10, 2014

Read the second time and placed on the calendar