

## Calendar No. 273

115TH CONGRESS  
1ST SESSION**S. 2193**

To amend title 38, United States Code, to improve health care for veterans,  
and for other purposes.

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IN THE SENATE OF THE UNITED STATES

DECEMBER 5, 2017

Mr. ISAKSON, from the Committee on Veterans' Affairs, reported the following  
original bill; which was read twice and placed on the calendar

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**A BILL**

To amend title 38, United States Code, to improve health  
care for veterans, and for other purposes.

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

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

4       (a) SHORT TITLE.—This Act may be cited as the  
5       “Caring for our Veterans Act of 2017”.

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

Sec. 1. Short title; table of contents.

Sec. 2. References to title 38, United States Code.

## TITLE I—DEVELOPING AN INTEGRATED HIGH-PERFORMING NETWORK

### Subtitle A—Establishing Community Care Programs

- Sec. 101. Establishment of Veterans Community Care Program.
- Sec. 102. Authorization of agreements between Department of Veterans Affairs and non-Department providers.
- Sec. 103. Conforming amendments for State veterans homes.
- Sec. 104. Access guidelines and standards for quality.
- Sec. 105. Access to walk-in care.
- Sec. 106. Strategy regarding the Department of Veterans Affairs High-Performing Integrated Health Care Network.
- Sec. 107. Applicability of Directive of Office of Federal Contract Compliance Programs.
- Sec. 108. Prevention of certain health care providers from providing non-Department health care services to veterans.

### Subtitle B—Paying Providers and Improving Collections

- Sec. 111. Prompt payment to providers.
- Sec. 112. Authority to pay for authorized care not subject to an agreement.
- Sec. 113. Improvement of authority to recover the cost of services furnished for non-service-connected disabilities.
- Sec. 114. Processing of claims for reimbursement through electronic interface.

### Subtitle C—Education and Training Programs

- Sec. 121. Education program on health care options.
- Sec. 122. Training program for administration of non-Department of Veterans Affairs health care.
- Sec. 123. Continuing medical education for non-Department medical professionals.

### Subtitle D—Other Matters Relating to Non-Department of Veterans Affairs Providers

- Sec. 131. Establishment of processes to ensure safe opioid prescribing practices by non-Department of Veterans Affairs health care providers.
- Sec. 132. Improving information sharing with community providers.
- Sec. 133. Competency standards for non-Department of Veterans Affairs health care providers.

### Subtitle E—Other Non-Department Health Care Matters

- Sec. 141. Plans for Use of Supplemental Appropriations Required.
- Sec. 142. Veterans Choice Fund flexibility.
- Sec. 143. Sunset of Veterans Choice Program.
- Sec. 144. Conforming amendments.

## TITLE II—IMPROVING DEPARTMENT OF VETERANS AFFAIRS HEALTH CARE DELIVERY

### Subtitle A—Personnel Practices

#### PART I—ADMINISTRATION

- Sec. 201. Licensure of health care professionals of the Department of Veterans Affairs providing treatment via telemedicine.
- Sec. 202. Role of podiatrists in Department of Veterans Affairs.
- Sec. 203. Modification of treatment of certified clinical perfusionists of the Department.
- Sec. 204. Amending statutory requirements for the position of the Chief Officer of the Readjustment Counseling Service.
- Sec. 205. Technical amendment to appointment and compensation system for directors of medical centers and directors of Veterans Integrated Service Networks.
- Sec. 206. Identification and staffing of certain health care vacancies.
- Sec. 207. Department of Veterans Affairs personnel transparency.
- Sec. 208. Program on establishment of peer specialists in patient aligned care team settings within medical centers of Department of Veterans Affairs.
- Sec. 209. Pilot program on increasing the use of medical scribes to maximize the efficiency of physicians at medical facilities of the Department of Veterans Affairs.
- Sec. 210. Sense of Congress regarding Department of Veterans Affairs staffing levels.

#### PART II—EDUCATION AND TRAINING

- Sec. 211. Graduate medical education and residency.
- Sec. 212. Pilot program to establish or affiliate with graduate medical residency programs at facilities operated by Indian tribes, tribal organizations, and the Indian Health Service in rural areas.
- Sec. 213. Reimbursement of continuing professional education requirements for board certified advanced practice registered nurses.
- Sec. 214. Increase in maximum amount of debt that may be reduced under Education Debt Reduction Program of Department of Veterans Affairs.
- Sec. 215. Demonstration program on training and employment of alternative dental health care providers for dental health care services for veterans in rural and other underserved communities.

#### PART III—OTHER PERSONNEL MATTERS

- Sec. 221. Exception on limitation on awards and bonuses for recruitment, relocation, and retention.
- Sec. 222. Annual report on performance awards and bonuses awarded to certain high-level employees of the Department.
- Sec. 223. Authority to regulate additional pay for certain health care employees of the Department.
- Sec. 224. Modification of pay cap for nurses.

#### Subtitle B—Improvement of Underserved Facilities of the Department

- Sec. 231. Development of criteria for designation of certain medical facilities of the Department of Veterans Affairs as underserved facilities and plan to address problem of underserved facilities.
- Sec. 232. Pilot program on tuition reimbursement and loan repayment for health care providers of the Department of Veterans Affairs at underserved facilities.
- Sec. 233. Program to furnish mobile deployment teams to underserved facilities.

Sec. 234. Inclusion of Vet Center employees in education debt reduction program of Department of Veterans Affairs.

#### Subtitle C—Construction and Leases

Sec. 241. Definition of major medical facility project and major medical facility lease.

Sec. 242. Facilitating sharing of medical facilities with other Federal agencies.

Sec. 243. Review of enhanced use leases.

Sec. 244. Authorization of certain major medical facility projects of the Department of Veterans Affairs.

#### Subtitle D—Other Health Care Matters

Sec. 251. Program on use of wellness programs as complementary approach to mental health care for veterans and family members of veterans.

Sec. 252. Authorization to provide for operations on live donors for purposes of conducting transplant procedures for veterans.

Sec. 253. Sense of the Senate.

### TITLE III—FAMILY CAREGIVERS

Sec. 301. Expansion of family caregiver program of Department of Veterans Affairs.

Sec. 302. Implementation of information technology system of Department of Veterans Affairs to assess and improve the family caregiver program.

Sec. 303. Modifications to annual evaluation report on caregiver program of Department of Veterans Affairs.

### TITLE IV—APPROPRIATION OF AMOUNTS

Sec. 401. Appropriation of amounts for health care from Department of Veterans Affairs.

Sec. 402. Appropriation of amounts for Veterans Choice Program.

## 1 **SEC. 2. REFERENCES TO TITLE 38, UNITED STATES CODE.**

2       Except as otherwise expressly provided, whenever in  
3 this Act an amendment or repeal is expressed in terms  
4 of an amendment to, or repeal of, a section or other provi-  
5 sion, the reference shall be considered to be made to a  
6 section or other provision of title 38, United States Code.

1 **TITLE I—DEVELOPING AN INTE-**  
 2 **GRATED HIGH-PERFORMING**  
 3 **NETWORK**

4 **Subtitle A—Establishing**  
 5 **Community Care Programs**

6 **SEC. 101. ESTABLISHMENT OF VETERANS COMMUNITY**  
 7 **CARE PROGRAM.**

8 (a) ESTABLISHMENT OF PROGRAM.—

9 (1) IN GENERAL.—Section 1703 is amended to  
 10 read as follows:

11 **“§ 1703. Veterans Community Care Program**

12 “(a) IN GENERAL.—(1) There is established a pro-  
 13 gram to furnish hospital care, medical services, and ex-  
 14 tended care services to covered veterans through health  
 15 care providers specified in subsection (c).

16 “(2) The Secretary shall coordinate the furnishing of  
 17 hospital care, medical services, and extended care services  
 18 under this section to covered veterans, including coordina-  
 19 tion of, at a minimum, the following:

20 “(A) Ensuring the scheduling of medical ap-  
 21 pointments in a timely manner and the establish-  
 22 ment of a mechanism to receive medical records  
 23 from non-Department providers.

24 “(B) Ensuring continuity of care and services.

1           “(C) Ensuring coordination among regional  
2           networks if the covered veteran accesses care and  
3           services in a different network than the regional net-  
4           work in which the covered veteran resides.

5           “(D) Ensuring that covered veterans do not ex-  
6           perience a lapse resulting from errors or delays by  
7           the Department or its contractors or an unusual or  
8           excessive burden in accessing hospital care, medical  
9           services, or extended care services.

10          “(b) COVERED VETERANS.—For purposes of this  
11          section, a covered veteran is any veteran who—

12               “(1) is enrolled in the system of annual patient  
13               enrollment established and operated under section  
14               1705 of this title; or

15               “(2) is not enrolled in such system but is other-  
16               wise entitled to hospital care, medical services, or ex-  
17               tended care services under subsection (c)(2) of such  
18               section.

19          “(c) HEALTH CARE PROVIDERS SPECIFIED.—Health  
20          care providers specified in this subsection are the fol-  
21          lowing:

22               “(1) Any health care provider that is partici-  
23               pating in the Medicare program under title XVIII of  
24               the Social Security Act (42 U.S.C. 1395 et seq.), in-

1 including any physician furnishing services under such  
2 a program.

3 “(2) The Department of Defense.

4 “(3) The Indian Health Service.

5 “(4) Any Federally-qualified health center (as  
6 defined in section 1905(l)(2)(B) of the Social Secu-  
7 rity Act (42 U.S.C. 1396d(l)(2)(B))).

8 “(5) Any health care provider not otherwise  
9 covered under any of paragraphs (1) through (4)  
10 that meets criteria established by the Secretary for  
11 purposes of this section.

12 “(d) CONDITIONS UNDER WHICH CARE IS RE-  
13 QUIRED TO BE FURNISHED THROUGH NON-DEPART-  
14 MENT PROVIDERS.—(1) The Secretary shall, subject to  
15 the availability of appropriations, furnish hospital care,  
16 medical services, and extended care services to a covered  
17 veteran through health care providers specified in sub-  
18 section (c) if—

19 “(A) the Department does not offer the care or  
20 services the veteran requires;

21 “(B) the Department does not operate a full-  
22 service medical facility in the State in which the cov-  
23 ered veteran resides;

24 “(C) the covered veteran was an eligible veteran  
25 under section 101(b)(2)(B) of the Veterans Access,

1 Choice, and Accountability Act of 2014 (Public Law  
2 113–146; 38 U.S.C. 1701 note) as of the day before  
3 the date of the enactment of the Caring for our Vet-  
4 erans Act of 2017; or

5 “(D) the covered veteran and the covered vet-  
6 eran’s primary care provider agree that furnishing  
7 care and services through a non-Department entity  
8 or provider would be in the best medical interest of  
9 the covered veteran based upon criteria developed by  
10 the Secretary.

11 “(2) The Secretary shall ensure that the criteria de-  
12 veloped under paragraph (1)(D) include consideration of  
13 the following:

14 “(A) The distance between the covered veteran  
15 and the facility that provides the hospital care, med-  
16 ical services, or extended care services the veteran  
17 needs.

18 “(B) The nature of the hospital care, medical  
19 services, or extended care services required.

20 “(C) The frequency that the hospital care, med-  
21 ical services, or extended care services needs to be  
22 furnished.

23 “(D) Whether an appointment for the hospital  
24 care, medical services, or extended care services the  
25 covered veteran requires is available from a health

1 care provider of the Department within the lesser  
2 of—

3 “(i) the access guidelines for such hospital  
4 care, medical services, or extended care services  
5 as established by the Secretary; and

6 “(ii) a period determined by a health care  
7 provider of the Department to be clinically nec-  
8 essary for the receipt of such hospital care,  
9 medical services, or extended care services.

10 “(E) Whether the covered veteran faces an un-  
11 usual or excessive burden to access hospital care,  
12 medical services, or extended care services from the  
13 Department medical facility where a covered veteran  
14 seeks hospital care, medical services, or extended  
15 care services, which shall include consideration of  
16 the following:

17 “(i) Whether the covered veteran faces an  
18 excessive driving distance, geographical chal-  
19 lenge, or environmental factor that impedes the  
20 access of the covered veteran.

21 “(ii) Whether the hospital care, medical  
22 services, or extended care services sought by the  
23 veteran is provided by a medical facility of the  
24 Department that is reasonably accessible to a  
25 covered veteran.

1           “(iii) Whether a medical condition of the  
2 covered veteran affects the ability of the covered  
3 veteran to travel.

4           “(iv) Whether there is compelling reason,  
5 as determined by the Secretary, that the vet-  
6 eran needs to receive hospital care, medical  
7 services, or extended care services from a med-  
8 ical facility other than a medical facility of the  
9 Department.

10           “(v) Such other considerations as the Sec-  
11 retary considers appropriate.

12       “(3) If the Secretary has determined that the Depart-  
13 ment does not offer the care or services the covered vet-  
14 eran requires under subparagraph (A) of paragraph (1),  
15 that the Department does not operate a full-service med-  
16 ical facility in the State in which the covered veteran re-  
17 sides under subparagraph (B) of such paragraph, or that  
18 the covered veteran is described under subparagraph (C)  
19 of such paragraph, the decision to receive hospital care,  
20 medical services, or extended care services under such sub-  
21 paragraphs from a health care provider specified in sub-  
22 section (c) shall be at the election of the veteran.

23       “(e) CONDITIONS UNDER WHICH CARE IS AUTHOR-  
24 IZED TO BE FURNISHED THROUGH NON-DEPARTMENT  
25 PROVIDERS.—(1)(A) The Secretary may furnish hospital

1 care, medical services, or extended care services through  
2 a health care provider specified in subsection (c) to a cov-  
3 ered veteran served by a medical service line of the De-  
4 partment that the Secretary has determined is not pro-  
5 viding care that meets such quality and access standards  
6 as the Secretary shall develop.

7 “(B) In carrying out subparagraph (A), the Secretary  
8 shall—

9 “(i) measure access of the medical service line  
10 at a facility of the Department when compared with  
11 the same medical service line at different Depart-  
12 ment facilities; and

13 “(ii) measure quality at a medical service line  
14 of a facility of the Department by comparing it with  
15 two or more distinct and appropriate quality meas-  
16 ures at non-Department medical service lines.

17 “(C)(i) The Secretary may not concurrently furnish  
18 hospital care, medical services, or extended care services  
19 under subparagraph (A) with respect to more than three  
20 medical service lines described in such subparagraph at  
21 any one health care facility of the Department.

22 “(ii) The Secretary may not concurrently furnish hos-  
23 pital care, medical services, or extended care services  
24 under subparagraph (A) with respect to more than 36

1 medical service lines nationally described in such subpara-  
2 graph.

3 “(2) The Secretary may limit the types of hospital  
4 care, medical services, or extended care services covered  
5 veterans may receive under paragraph (1) because of an  
6 access and quality deficiency of a medical service line in  
7 terms of the length of time such care and services will  
8 be available, the location at which such care and services  
9 will be available, and the clinical care and services that  
10 will be available.

11 “(3) The hospital care, medical services, and ex-  
12 tended care services authorized under paragraph (1) with  
13 respect to a medical service line shall cease when the reme-  
14 diation described in subsection (g) with respect to such  
15 medical service line is complete.

16 “(4) The Secretary shall publish in the Federal Reg-  
17 ister, and shall take all reasonable steps to provide direct  
18 notice to covered veterans affected under this subsection,  
19 at least once each year stating the time period during  
20 which such care and services will be available, the location  
21 or locations where such care and services will be available,  
22 and the clinical services available at each location under  
23 this subsection in accordance with regulations the Sec-  
24 retary shall prescribe.

1       “(5) When the Secretary exercises the authority  
2 under paragraph (1), the decision to receive care or serv-  
3 ices under such paragraph from a health care provider  
4 specified in subsection (c) shall be at the election of the  
5 covered veteran.

6       “(f) REVIEW OF DECISIONS.—The review of any de-  
7 cision under subsection (d) or (e) shall be subject to the  
8 Department’s local clinical appeals process, and such deci-  
9 sions may not be appealed to the Board of Veterans’ Ap-  
10 peals.

11       “(g) REMEDIATION OF MEDICAL SERVICE LINES.—  
12 (1) Not later than 30 days after determining under sub-  
13 section (e)(1) that a medical service line of the Depart-  
14 ment is providing hospital care, medical services, or ex-  
15 tended care services that does not comply with the access  
16 guidelines and meet the standards of quality established  
17 by the Secretary, the Secretary shall submit to Congress  
18 an assessment of the factors that led the Secretary to  
19 make such determination and a plan with specific actions,  
20 and the time to complete them, to be taken to comply with  
21 such access guidelines and meet such standards of quality,  
22 including the following:

23               “(A) Increasing personnel or temporary per-  
24 sonnel assistance, including mobile deployment  
25 teams.

1           “(B) Special hiring incentives, including the  
2           Education Debt Reduction Program under sub-  
3           chapter VII of chapter 76 of this title and recruit-  
4           ment, relocation, and retention incentives.

5           “(C) Utilizing direct hiring authority.

6           “(D) Providing improved training opportunities  
7           for staff.

8           “(E) Acquiring improved equipment.

9           “(F) Making structural modifications to the fa-  
10          cility used by the medical service line.

11          “(G) Such other actions as the Secretary con-  
12          siders appropriate.

13          “(2) In each assessment submitted under paragraph  
14          (1) with respect to a medical service line, the Secretary  
15          shall identify the individuals at the Central Office of the  
16          Veterans Health Administration, the facility used by the  
17          medical service line, and the central office of the relevant  
18          Veterans Integrated Service Network who are responsible  
19          for overseeing the progress of that medical service line in  
20          complying with the access guidelines and meeting the  
21          standards of quality established by the Secretary.

22          “(3) Not later than 180 days after submitting an as-  
23          sessment under paragraph (1) with respect to a medical  
24          service line, the Secretary shall submit to Congress a re-  
25          port on the progress of that medical service line in com-

1 plying with the access guidelines and meeting the stand-  
2 ards of quality established by the Secretary and any other  
3 measures the Secretary will take to assist the medical  
4 service line in complying with such access guidelines and  
5 meeting such standards of quality.

6 “(4) Not less frequently than once each year, the Sec-  
7 retary shall—

8 “(A) submit to Congress an analysis of the re-  
9 mediation actions and costs of such actions taken  
10 with respect to each medical service line with respect  
11 to which the Secretary submitted an assessment and  
12 plan under paragraph (1) in the preceding year, in-  
13 cluding an update on the progress of each such med-  
14 ical service line in meeting the quality and access  
15 standards established by the Secretary and any  
16 other actions the Secretary is undertaking to assist  
17 the medical service line in complying with access  
18 guidelines and meeting standards of quality as es-  
19 tablished by the Secretary; and

20 “(B) publish such analysis on the Internet  
21 website of the Department.

22 “(h) ACCESS GUIDELINES AND STANDARDS FOR  
23 QUALITY.—(1) The Secretary shall establish access guide-  
24 lines under section 1703B of this title and standards for  
25 quality under section 1703C of this title for furnishing

1 hospital care, medical services, or extended care services  
2 to a covered veteran for the purposes of subsections (d)  
3 and (e).

4 “(2) The Secretary shall ensure that the access  
5 guidelines and standards for quality required by sections  
6 1703B and 1703C of this title provide covered veterans,  
7 employees of the Department, and health care providers  
8 in the network established under subsection (j) with rel-  
9 evant comparative information that is clear, useful, and  
10 timely, so that covered veterans can make informed deci-  
11 sions regarding their health care.

12 “(3) The Secretary shall consult with all pertinent  
13 Federal entities (including the Department of Defense, the  
14 Department of Health and Human Services, and the Cen-  
15 ters for Medicare & Medicaid Services), entities in the pri-  
16 vate sector, and other nongovernmental entities in estab-  
17 lishing access guidelines and standards for quality as re-  
18 quired by sections 1703B and 1703C of this title.

19 “(4) Not later than 270 days after the date of the  
20 enactment of the Caring for our Veterans Act of 2017,  
21 the Secretary shall submit to the appropriate committees  
22 of Congress a report detailing the access guidelines and  
23 standards for quality established under sections 1703B  
24 and 1703C of this title.

1 “(5) Not later than three years after the date on  
2 which the Secretary establishes access guidelines and  
3 standards for quality under paragraph (1) and not less  
4 frequently than once every three years thereafter, the Sec-  
5 retary shall—

6 “(A) conduct a review of such guidelines and  
7 standards; and

8 “(B) submit to the appropriate committees of  
9 Congress a report on the findings and any modifica-  
10 tion to the access guidelines and standards for qual-  
11 ity with respect to the review conducted under sub-  
12 paragraph (A).

13 “(6) The Secretary shall ensure health care providers  
14 specified under subsection (c) are able to meet the applica-  
15 ble access guidelines and standards of quality established  
16 by the Secretary.

17 “(i) TIERED NETWORK.—(1) To promote the provi-  
18 sion of high-quality and high-value hospital care, medical  
19 services, and extended care services under this section, the  
20 Secretary may develop a tiered provider network of eligible  
21 providers based on criteria established by the Secretary  
22 for purposes of this section.

23 “(2) In developing a tiered provider network of eligi-  
24 ble providers under paragraph (1), the Secretary shall not  
25 prioritize providers in a tier over providers in any other

1 tier in a manner that limits the choice of a covered veteran  
 2 in selecting a health care provider specified in subsection  
 3 (c) for receipt of hospital care, medical services, or ex-  
 4 tended care services under this section.

5 “(j) CONTRACTS TO ESTABLISH NETWORKS OF  
 6 HEALTH CARE PROVIDERS.—(1) The Secretary shall  
 7 enter into consolidated, competitively bid contracts to es-  
 8 tablish networks of health care providers specified in para-  
 9 graphs (1) and (5) of subsection (c) for purposes of pro-  
 10 viding sufficient access to hospital care, medical services,  
 11 or extended care services under this section.

12 “(2)(A) The Secretary shall, to the extent practicable,  
 13 ensure that covered veterans are able to make their own  
 14 appointments using advanced technology.

15 “(B) To the extent practicable, the Secretary shall  
 16 be responsible for the scheduling of appointments for hos-  
 17 pital care, medical services, and extended care services  
 18 under this section.

19 “(3)(A) The Secretary may terminate a contract with  
 20 an entity entered into under paragraph (1) at such time  
 21 and upon such notice to the entity as the Secretary may  
 22 specify for purposes of this section, if the Secretary noti-  
 23 fies the appropriate committees of Congress that, at a  
 24 minimum—

25 “(i) the entity—

1           “(I) failed to comply substantially with the  
2           provisions of the contract or with the provisions  
3           of this section and the regulations prescribed  
4           under this section;

5           “(II) failed to comply with the access  
6           guidelines or meet the standards of quality es-  
7           tablished by the Secretary;

8           “(III) is excluded from participation in a  
9           Federal health care program (as defined in sec-  
10          tion 1128B(f) of the Social Security Act (42  
11          U.S.C. 1320a-7b(f))) under section 1128 or  
12          1128A of the Social Security Act (42 U.S.C.  
13          1320a-7 and 1320a-7a);

14          “(IV) is identified as an excluded source  
15          on the list maintained in the System for Award  
16          Management, or any successor system; or

17          “(V) has been convicted of a felony or  
18          other serious offense under Federal or State  
19          law and the continued participation of the enti-  
20          ty would be detrimental to the best interests of  
21          veterans or the Department;

22          “(ii) it is reasonable to terminate the contract  
23          based on the health care needs of veterans; or

24          “(iii) it is reasonable to terminate the contract  
25          based on coverage provided by contracts or sharing

1       agreements entered into under authorities other  
2       than this section.

3       “(B) Nothing in subparagraph (A) may be construed  
4       to restrict the authority of the Secretary to terminate a  
5       contract entered into under paragraph (1) under any other  
6       provision of law.

7       “(4) Whenever the Secretary provides notice to an  
8       entity that the entity is failing to meet contractual obliga-  
9       tions entered into under paragraph (1), the Secretary shall  
10      submit to the Committee on Veterans’ Affairs of the Sen-  
11      ate and the Committee on Veterans’ Affairs of the House  
12      of Representatives a report on such failure. Such report  
13      shall include the following:

14               “(A) An explanation of the reasons for pro-  
15      viding such notice.

16               “(B) A description of the effect of such failure,  
17      including with respect to cost, schedule, and require-  
18      ments.

19               “(C) A description of the actions taken by the  
20      Secretary to mitigate such failure.

21               “(D) A description of the actions taken by the  
22      contractor to address such failure.

23               “(E) A description of any effect on the commu-  
24      nity provider market for veterans in the affected  
25      area.

1       “(5)(A) The Secretary shall instruct each entity  
2 awarded a contract under paragraph (1) to recognize and  
3 accept, on an interim basis, the credentials and qualifica-  
4 tions of health care providers who are authorized to fur-  
5 nished hospital care and medical services to veterans  
6 under a community care program of the Department in  
7 effect as of the day before the date of the enactment of  
8 the Caring for our Veterans Act of 2017, including under  
9 the Patient-Centered Community Care Program and the  
10 Veterans Choice Program under section 101 of the Vet-  
11 erans Access, Choice, and Accountability Act of 2014  
12 (Public Law 113–146; 38 U.S.C. 1701 note), as qualified  
13 providers under the program established under this sec-  
14 tion.

15       “(B) The interim acceptance period under subpara-  
16 graph (A) shall be determined by the Secretary based on  
17 the following criteria:

18               “(i) With respect to a health care provider,  
19 when the current certification agreement for the  
20 health care provider expires.

21               “(ii) Whether the Department has enacted cer-  
22 tification and eligibility criteria and regulatory pro-  
23 cedures by which non-Department providers will be  
24 authorized under this section.

1       “(6) The Secretary shall establish through regulation  
 2 a system or systems for monitoring the quality of care pro-  
 3 vided to covered veterans through a network under this  
 4 subsection and for assessing the quality of hospital care,  
 5 medical services, and extended care services furnished  
 6 through such network before the renewal of the contract  
 7 for such network.

8       “(k) PAYMENT RATES FOR CARE AND SERVICES.—

9 (1) Except as provided in paragraph (2), and to the extent  
 10 practicable, the rate paid for hospital care, medical serv-  
 11 ices, or extended care services under any provision in this  
 12 title may not exceed the rate paid by the United States  
 13 to a provider of services (as defined in section 1861(u)  
 14 of the Social Security Act (42 U.S.C. 1395x(u))) or a sup-  
 15 plier (as defined in section 1861(d) of such Act (42 U.S.C.  
 16 1395x(d))) under the Medicare program under title XI or  
 17 title XVIII of the Social Security Act (42 U.S.C. 1301  
 18 et seq.) for the same care or services.

19       “(2)(A) A higher rate than the rate paid by the  
 20 United States as described in paragraph (1) may be nego-  
 21 tiated with respect to the furnishing of care or services  
 22 to a covered veteran who resides in a highly rural area.

23       “(B) In this paragraph, the term ‘highly rural area’  
 24 means an area located in a county that has fewer than  
 25 seven individuals residing in that county per square mile.

1       “(3) With respect to furnishing care or services under  
2 this section in Alaska, the Alaska Fee Schedule of the De-  
3 partment of Veterans Affairs shall be followed, except for  
4 when another payment agreement, including a contract or  
5 provider agreement, is in effect.

6       “(4) With respect to furnishing hospital care, medical  
7 services, or extended care services under this section in  
8 a State with an All-Payer Model Agreement under section  
9 1814(b)(3) of the Social Security Act (42 U.S.C.  
10 1395f(b)(3)) that became effective on or after January 1,  
11 2014, the Medicare payment rates under paragraph  
12 (2)(A) shall be calculated based on the payment rates  
13 under such agreement.

14       “(5) Notwithstanding paragraph (1), the Secretary  
15 may incorporate, to the greatest extent practicable, the  
16 use of value-based reimbursement models to promote the  
17 provision of high-quality care.

18       “(6) With respect to hospital care, medical services,  
19 or extended care services for which there is not a rate paid  
20 under the Medicare program as described in paragraph  
21 (1), the rate paid for such care or services shall be deter-  
22 mined by the Secretary.

23       “(1) TREATMENT OF OTHER HEALTH CARE  
24 PLANS.—(1) In any case in which a covered veteran is  
25 furnished hospital care, medical services, or extended care

1 services under this section for a non-service-connected dis-  
2 ability described in subsection (a)(2) of section 1729 of  
3 this title, the Secretary shall recover or collect reasonable  
4 charges for such care or services from a health care plan  
5 described in paragraph (2) in accordance with such sec-  
6 tion.

7 “(2) A health care plan described in this paragraph—

8 “(A) is an insurance policy or contract, medical  
9 or hospital service agreement, membership or sub-  
10 scription contract, or similar arrangement not ad-  
11 ministered by the Secretary, under which hospital  
12 care, medical services, or extended care services for  
13 individuals are provided or the expenses of such care  
14 or services are paid; and

15 “(B) does not include any such policy, contract,  
16 agreement, or similar arrangement pursuant to title  
17 XVIII or XIX of the Social Security Act (42 U.S.C.  
18 1395 et seq.) or chapter 55 of title 10.

19 “(m) PAYMENT BY VETERAN.—A covered veteran  
20 shall not pay a greater amount for receiving care or serv-  
21 ices under this section than the amount the veteran would  
22 pay for receiving the same or comparable care or services  
23 at a medical facility of the Department or from a health  
24 care provider of the Department.

1       “(n) MONITORING OF CARE PROVIDED.—(1)(A) Not  
2 later than 540 days after the date of the enactment of  
3 the Caring for our Veterans Act of 2017, and not less  
4 frequently than annually thereafter, the Secretary shall  
5 submit to appropriate committees of Congress a review of  
6 the types and frequency of care sought under subsection  
7 (d).

8       “(B) The review submitted under subparagraph (A)  
9 shall include an assessment of the following:

10           “(i) The top 25 percent of types of care and  
11 services most frequently provided under subsection  
12 (d) due to the Department not offering such care  
13 and services.

14           “(ii) The frequency such care and services were  
15 sought by covered veterans under this section.

16           “(iii) An analysis of the reasons the Depart-  
17 ment was unable to provide such care and services.

18           “(iv) Any steps the Department took to provide  
19 such care and services at a medical facility of the  
20 Department.

21           “(v) The cost of such care and services.

22       “(2) In monitoring the hospital care, medical serv-  
23 ices, and extended care services furnished under this sec-  
24 tion, the Secretary shall do the following:

1           “(A) With respect to hospital care, medical  
2           services, and extended care services furnished  
3           through provider networks established under sub-  
4           section (j)—

5                 “(i) compile data on the types of hospital  
6           care, medical services, and extended care serv-  
7           ices furnished through such networks and how  
8           many patients used each type of care and serv-  
9           ice;

10                “(ii) identify gaps in hospital care, medical  
11           services, or extended care services furnished  
12           through such networks;

13                “(iii) identify how such gaps may be fixed  
14           through new contracts within such networks or  
15           changes in the manner in which hospital care,  
16           medical services, or extended care services are  
17           furnished through such networks;

18                “(iv) assess the total amounts spent by the  
19           Department on hospital care, medical services,  
20           and extended care services furnished through  
21           such networks;

22                “(v) assess the timeliness of the Depart-  
23           ment in referring hospital care, medical serv-  
24           ices, and extended care services to such net-  
25           works; and

1           “(vi) assess the timeliness of such net-  
2           works in—

3                   “(I) accepting referrals; and

4                   “(II) scheduling and completing ap-  
5                   pointments.

6           “(B) Report the number of medical service lines  
7           the Secretary has determined under subsection  
8           (e)(1) not to be providing hospital care, medical  
9           services, or extended care services that comply with  
10          the access guidelines or meet the standards of qual-  
11          ity established by the Secretary.

12          “(C) Assess the use of academic affiliates and  
13          centers of excellence of the Department to furnish  
14          hospital care, medical services, and extended care  
15          services to covered veterans under this section.

16          “(D) Assess the hospital care, medical services,  
17          and extended care services furnished to covered vet-  
18          erans under this section by medical facilities oper-  
19          ated by Federal agencies other than the Depart-  
20          ment.

21          “(3) Not later than 540 days after the date of the  
22          enactment of the Caring for our Veterans Act of 2017 and  
23          not less frequently than once each year thereafter, the Sec-  
24          retary shall submit to the Committee on Veterans’ Affairs  
25          of the Senate and the Committee on Veterans’ Affairs of

1 the House of Representatives a report on the information  
 2 gathered under paragraph (2).

3 “(o) PROHIBITION ON CERTAIN LIMITATIONS.—The  
 4 Secretary shall not limit the types of hospital care, medical  
 5 services, or extended care services covered veterans may  
 6 receive under this section if it is in the best interest of  
 7 the veteran to receive such hospital care, medical services,  
 8 or extended care services, as determined by the veteran  
 9 and the veteran’s health care provider.

10 “(p) DEFINITIONS.—In this section:

11 “(1) The term ‘appropriate committees of Con-  
 12 gress’ means—

13 “(A) the Committee on Veterans’ Affairs  
 14 and the Committee on Appropriations of the  
 15 Senate; and

16 “(B) the Committee on Veterans’ Affairs  
 17 and the Committee on Appropriations of the  
 18 House of Representatives.

19 “(2) The term ‘medical service line’ means a  
 20 clinic within a Department medical center.”.

21 (2) CLERICAL AMENDMENT.—The table of sec-  
 22 tions at the beginning of chapter 17 is amended by  
 23 striking the item relating to section 1703 and insert-  
 24 ing the following new item:

“1703. Veterans Community Care Program.”.

1 (b) EFFECTIVE DATE.—Section 1703 of title 38,  
2 United States Code, as amended by subsection (a), shall  
3 take effect on the later of—

4 (1) the date that is 30 days after the date on  
5 which the Secretary of Veterans Affairs submits the  
6 report required under section 101(q)(2) of the Vet-  
7 erans Access, Choice, and Accountability Act of  
8 2014 (Public Law 113–146; 38 U.S.C. 1701 note);  
9 or

10 (2) the date on which the Secretary promul-  
11 gates regulations pursuant to subsection (c).

12 (c) REGULATIONS.—Not later than one year after the  
13 date of the enactment of this Act, the Secretary of Vet-  
14 erans Affairs shall promulgate regulations to carry out  
15 section 1703 of title 38, United States Code, as amended  
16 by subsection (a) of this section.

17 (d) CONTINUITY OF EXISTING AGREEMENTS.—

18 (1) IN GENERAL.—Notwithstanding section  
19 1703 of title 38, United States Code, as amended by  
20 subsection (a), the Secretary of Veterans Affairs  
21 shall continue all contracts, memorandums of under-  
22 standing, memorandums of agreements, and other  
23 arrangements that were in effect on the day before  
24 the date of the enactment of this Act between the  
25 Department of Veterans Affairs and the American

1 Indian and Alaska Native health care systems as es-  
2 tablished under the terms of the Department of Vet-  
3 erans Affairs and Indian Health Service Memo-  
4 randum of Understanding, signed October 1, 2010,  
5 the National Reimbursement Agreement, signed De-  
6 cember 5, 2012, and agreements entered into under  
7 sections 102 and 103 of the Veterans Access,  
8 Choice, and Accountability Act of 2014 (Public Law  
9 113–146).

10 (2) MODIFICATIONS.—Paragraph (1) shall not  
11 be construed to prohibit the Secretary and the par-  
12 ties to the contracts, memorandums of under-  
13 standing, memorandums of agreements, and other  
14 arrangements described in such paragraph from  
15 making such changes to such contracts, memoran-  
16 dums of understanding, memorandums of agree-  
17 ments, and other arrangements as may be otherwise  
18 authorized pursuant to other provisions of law or the  
19 terms of the contracts, memorandums of under-  
20 standing, memorandums of agreements, and other  
21 arrangements.

1 **SEC. 102. AUTHORIZATION OF AGREEMENTS BETWEEN DE-**  
 2 **PARTMENT OF VETERANS AFFAIRS AND NON-**  
 3 **DEPARTMENT PROVIDERS.**

4 (a) IN GENERAL.—Subchapter I of chapter 17 is  
 5 amended by inserting after section 1703 the following new  
 6 section:

7 **“§ 1703A. Agreements with eligible entities or pro-**  
 8 **viders; certification processes**

9 “(a) AGREEMENTS AUTHORIZED.—(1)(A) When hos-  
 10 pital care, a medical service, or an extended care service  
 11 required by a veteran who is entitled to such care or serv-  
 12 ice under this chapter is not feasibly available to the vet-  
 13 eran from a facility of the Department or through a con-  
 14 tract or sharing agreement entered into pursuant to an-  
 15 other provision of law, the Secretary may furnish such  
 16 care or service to such veteran by entering into an agree-  
 17 ment under this section with an eligible entity or provider  
 18 to provide such hospital care, medical service, or extended  
 19 care service.

20 “(B) An agreement entered into under this section  
 21 to provide hospital care, a medical service, or an extended  
 22 care service shall be known as a ‘Veterans Care Agree-  
 23 ment’.

24 “(C) For purposes of subparagraph (A), hospital  
 25 care, a medical service, or an extended care service may  
 26 be considered not feasibly available to a veteran from a

1 facility of the Department or through a contract or shar-  
2 ing agreement described in such subparagraph when the  
3 Secretary determines the veteran's medical condition, the  
4 travel involved, the nature of the care or services required,  
5 or a combination of these factors make the use of a facility  
6 of the Department or a contract or sharing agreement de-  
7 scribed in such subparagraph impracticable or inadvisable.

8       “(D) A Veterans Care Agreement may be entered  
9 into by the Secretary or any Department official author-  
10 ized by the Secretary.

11       “(2)(A) Subject to subparagraph (B), the Secretary  
12 shall review each Veterans Care Agreement of material  
13 size, as determined by the Secretary or set forth in para-  
14 graph (3), for hospital care, a medical service, or an ex-  
15 tended care service to determine whether it is feasible and  
16 advisable to provide such care or service within a facility  
17 of the Department or by contract or sharing agreement  
18 entered into pursuant to another provision of law and, if  
19 so, take action to do so.

20       “(B)(i) The Secretary shall review each Veterans  
21 Care Agreement of material size that has been in effect  
22 for at least six months within the first two years of its  
23 taking effect, and not less frequently than once every four  
24 years thereafter.

1       “(ii) If a Veterans Care Agreement has not been in  
2 effect for at least six months by the date of the review  
3 required by subparagraph (A), the agreement shall be re-  
4 viewed during the next cycle required by subparagraph  
5 (A), and such review shall serve as its review within the  
6 first two years of its taking effect for purposes of clause  
7 (i).

8       “(3)(A) In fiscal year 2018 and in each fiscal year  
9 thereafter, in addition to such other Veterans Care Agree-  
10 ments as the Secretary may determine are of material size,  
11 a Veterans Care Agreement for the purchase of extended  
12 care services that exceeds \$5,000,000 annually shall be  
13 considered of material size.

14       “(B) From time to time, the Secretary may publish  
15 a notice in the Federal Register to adjust the dollar  
16 amount specified in subparagraph (A) to account for  
17 changes in the cost of health care based upon recognized  
18 health care market surveys and other available data.

19       “(b) ELIGIBLE ENTITIES AND PROVIDERS.—For  
20 purposes of this section, an eligible entity or provider is—

21               “(1) any provider of services that has enrolled  
22 and entered into a provider agreement under section  
23 1866(a) of the Social Security Act (42 U.S.C.  
24 1395cc(a)) and any physician or other supplier who  
25 has enrolled and entered into a participation agree-

1       ment under section 1842(h) of such Act (42 U.S.C.  
2       1395u(h));

3           “(2) any provider participating under a State  
4       plan under title XIX of such Act (42 U.S.C. 1396  
5       et seq.); or

6           “(3) any entity or provider not described in  
7       paragraph (1) or (2) of this subsection that the Sec-  
8       retary determines to be eligible pursuant to the cer-  
9       tification process described in subsection (c).

10       “(c) ELIGIBLE ENTITY OR PROVIDER CERTIFI-  
11       CATION PROCESS.—The Secretary shall establish by regu-  
12       lation a process for the certification of eligible entities or  
13       providers or recertification of eligible entities or providers  
14       under this section. Such a process shall, at a minimum—

15           “(1) establish deadlines for actions on applica-  
16       tions for certification;

17           “(2) set forth standards for an approval or de-  
18       nial of certification, duration of certification, revoca-  
19       tion of an eligible entity or provider’s certification,  
20       and recertification of eligible entities or providers;

21           “(3) require the denial of certification if the  
22       Secretary determines the eligible entity or provider  
23       is excluded from participation in a Federal health  
24       care program under section 1128 or section 1128A  
25       of the Social Security Act (42 U.S.C. 1320a–7 or

1       1320a–7a) or is currently identified as an excluded  
 2       source on the System for Award Management Exclu-  
 3       sions list described in part 9 of title 48, Code of  
 4       Federal Regulations, and part 180 of title 2 of such  
 5       Code, or successor regulations;

6           “(4) establish procedures for screening eligible  
 7       entities or providers according to the risk of fraud,  
 8       waste, and abuse that are similar to the standards  
 9       under section 1866(j)(2)(B) of the Social Security  
 10      Act (42 U.S.C. 1395cc(j)(2)(B)) and section 9.104  
 11      of title 48, Code of Federal Regulations, or suc-  
 12      cessor regulations; and

13           “(5) incorporate and apply the restrictions and  
 14      penalties set forth in chapter 21 of title 41 and treat  
 15      this section as a procurement program only for pur-  
 16      poses of applying such provisions.

17      “(d) RATES.—To the extent practicable, the rates  
 18      paid by the Secretary for hospital care, medical services,  
 19      and extended care services provided under a Veterans  
 20      Care Agreement shall be in accordance with the rates paid  
 21      by the United States under the Medicare program.

22      “(e) TERMS OF VETERANS CARE AGREEMENTS.—(1)  
 23      Pursuant to regulations promulgated under subsection  
 24      (k), the Secretary may define the requirements for pro-  
 25      viders and entities entering into agreements under this

1 section based upon such factors as the number of patients  
2 receiving care or services, the number of employees em-  
3 ployed by the entity or provider furnishing such care or  
4 services, the amount paid by the Secretary to the provider  
5 or entity, or other factors as determined by the Secretary.

6 “(2) To furnish hospital care, medical services, or ex-  
7 tended care services under this section, an eligible entity  
8 or provider shall agree—

9 “(A) to accept payment at the rates established  
10 in regulations prescribed under this section;

11 “(B) that payment by the Secretary under this  
12 section on behalf of a veteran to a provider of serv-  
13 ices or care shall, unless rejected and refunded by  
14 the provider within 30 days of receipt, constitute  
15 payment in full and extinguish any liability on the  
16 part of the veteran for the treatment or care pro-  
17 vided, and no provision of a contract, agreement, or  
18 assignment to the contrary shall operate to modify,  
19 limit, or negate this requirement;

20 “(C) to provide only the care and services au-  
21 thorized by the Department under this section and  
22 to obtain the prior written consent of the Depart-  
23 ment to furnish care or services outside the scope of  
24 such authorization;

1           “(D) to bill the Department in accordance with  
2           the methodology outlined in regulations prescribed  
3           under this section;

4           “(E) to not seek to recover or collect from a  
5           health plan contract or third party, as those terms  
6           are defined in section 1729 of this title, for any care  
7           or service that is furnished or paid for by the De-  
8           partment;

9           “(F) to provide medical records to the Depart-  
10          ment in the time frame and format specified by the  
11          Department; and

12          “(G) to meet such other terms and conditions,  
13          including quality of care assurance standards, as the  
14          Secretary may specify in regulation.

15          “(f) DISCONTINUATION OR NONRENEWAL OF A VET-  
16          ERANS CARE AGREEMENT.—(1) An eligible entity or pro-  
17          vider may discontinue a Veterans Care Agreement at such  
18          time and upon such notice to the Secretary as may be  
19          provided in regulations prescribed under this section.

20          “(2) The Secretary may discontinue a Veterans Care  
21          Agreement with an eligible entity or provider at such time  
22          and upon such reasonable notice to the eligible entity or  
23          provider as may be specified in regulations prescribed  
24          under this section, if an official designated by the Sec-  
25          retary—

1           “(A) has determined that the eligible entity or  
2           provider failed to comply substantially with the pro-  
3           visions of the Veterans Care Agreement, or with the  
4           provisions of this section or regulations prescribed  
5           under this section;

6           “(B) has determined the eligible entity or pro-  
7           vider is excluded from participation in a Federal  
8           health care program under section 1128 or section  
9           1128A of the Social Security Act (42 U.S.C. 1320a-  
10          7 or 1320a-7a) or is identified on the System for  
11          Award Management Exclusions list as provided in  
12          part 9 of title 48, Code of Federal Regulations, and  
13          part 180 of title 2 of such Code, or successor regula-  
14          tions;

15          “(C) has ascertained that the eligible entity or  
16          provider has been convicted of a felony or other seri-  
17          ous offense under Federal or State law and deter-  
18          mines the eligible entity or provider’s continued par-  
19          ticipation would be detrimental to the best interests  
20          of veterans or the Department; or

21          “(D) has determined that it is reasonable to  
22          terminate the agreement based on the health care  
23          needs of a veteran.

24          “(g) QUALITY OF CARE.—The Secretary shall estab-  
25          lish through regulation a system or systems for monitoring

1 the quality of care provided to veterans through Veterans  
2 Care Agreements and for assessing the quality of hospital  
3 care, medical services, and extended care services fur-  
4 nished by eligible entities and providers before the renewal  
5 of Veterans Care Agreements.

6 “(h) DISPUTES.—(1) The Secretary shall promulgate  
7 administrative procedures for eligible entities and pro-  
8 viders to present all disputes arising under or related to  
9 Veterans Care Agreements.

10 “(2) Such procedures constitute the eligible entities’  
11 and providers’ exhaustive and exclusive administrative  
12 remedies.

13 “(3) Eligible entities or providers must first exhaust  
14 such administrative procedures before seeking any judicial  
15 review under section 1346 of title 28 (known as the ‘Tuck-  
16 er Act’).

17 “(4) Disputes under this section must pertain to ei-  
18 ther the scope of authorization under the Veterans Care  
19 Agreement or claims for payment subject to the Veterans  
20 Care Agreement and are not claims for the purposes of  
21 such laws that would otherwise require application of sec-  
22 tions 7101 through 7109 of title 41, United States Code.

23 “(i) APPLICABILITY OF OTHER PROVISIONS OF  
24 LAW.—(1) A Veterans Care Agreement may be authorized

1 by the Secretary or any Department official authorized by  
 2 the Secretary, and such action shall not be treated as—

3 “(A) an award for the purposes of such laws  
 4 that would otherwise require the use of competitive  
 5 procedures for the furnishing of care and services; or

6 “(B) a Federal contract for the acquisition of  
 7 goods or services for purposes of any provision of  
 8 Federal law governing Federal contracts for the ac-  
 9 quisition of goods or services.

10 “(2)(A) Except as provided in subparagraph (B), and  
 11 unless otherwise provided in this section or regulations  
 12 prescribed pursuant to this section, an eligible entity or  
 13 provider that enters into an agreement under this section  
 14 is not subject to, in the carrying out of the agreement,  
 15 any law to which providers of services and suppliers under  
 16 the Medicare program under title XVIII of the Social Se-  
 17 curity Act (42 U.S.C. 1395 et seq.) are not subject.

18 “(B) An eligible entity or provider that enters into  
 19 an agreement under this section is subject to—

20 “(i) all laws regarding integrity, ethics, or  
 21 fraud, or that subject a person to civil or criminal  
 22 penalties; and

23 “(ii) all laws that protect against employment  
 24 discrimination or that otherwise ensure equal em-  
 25 ployment opportunities.

1 “(3) Notwithstanding paragraph (2)(B)(i), an eligible  
 2 entity or provider that enters into an agreement under this  
 3 section shall not be treated as a Federal contractor or sub-  
 4 contractor for purposes of chapter 67 of title 41 (com-  
 5 monly known as the ‘McNamara-O’Hara Service Contract  
 6 Act of 1965’).

7 “(j) PARITY OF TREATMENT.—Eligibility for hospital  
 8 care, medical services, and extended care services fur-  
 9 nished to any veteran pursuant to a Veterans Care Agree-  
 10 ment shall be subject to the same terms as though pro-  
 11 vided in a facility of the Department, and provisions of  
 12 this chapter applicable to veterans receiving such care and  
 13 services in a facility of the Department shall apply to vet-  
 14 erans treated under this section.

15 “(k) RULEMAKING.—The Secretary shall promulgate  
 16 regulations to carry out this section.”.

17 (b) CLERICAL AMENDMENT.—The table of sections  
 18 at the beginning of such chapter is amended by inserting  
 19 after the item related to section 1703 the following new  
 20 item:

“1703A. Agreements with eligible entities or providers; certification processes.”.

21 **SEC. 103. CONFORMING AMENDMENTS FOR STATE VET-**  
 22 **ERANS HOMES.**

23 (a) IN GENERAL.—Section 1745(a) is amended—

1           (1) in paragraph (1), by striking “(or agree-  
 2           ment under section 1720(c)(1) of this title)” and in-  
 3           serting “(or an agreement)”; and

4           (2) by adding at the end the following new  
 5           paragraph:

6           “(4)(A) An agreement under this section may be au-  
 7           thorized by the Secretary or any Department official au-  
 8           thorized by the Secretary, and any such action is not an  
 9           award for purposes of such laws that would otherwise re-  
 10          quire the use of competitive procedures for the furnishing  
 11          of hospital care, medical services, and extended care serv-  
 12          ices.

13          “(B)(i) Except as provided in clause (ii), and unless  
 14          otherwise provided in this section or regulations prescribed  
 15          pursuant to this section, a State home that enters into  
 16          an agreement under this section is not subject to, in the  
 17          carrying out of the agreement, any provision of law to  
 18          which providers of services and suppliers under the Medi-  
 19          care program under title XVIII of the Social Security Act  
 20          (42 U.S.C. 1395 et seq.) are not subject.

21          “(ii) A State home that enters into an agreement  
 22          under this section is subject to—

23                 “(I) all provisions of law regarding integrity,  
 24                 ethics, or fraud, or that subject a person to civil or  
 25                 criminal penalties; and

1           “(II) all provisions of law that protect against  
2           employment discrimination or that otherwise ensure  
3           equal employment opportunities.

4           “(iii) Notwithstanding subparagraph (B)(ii)(I), a  
5           State home that enters into an agreement under this sec-  
6           tion may not be treated as a Federal contractor or subcon-  
7           tractor for purposes of chapter 67 of title 41 (known as  
8           the ‘McNamara-O’Hara Service Contract Act of 1965’).”.

9           (b) EFFECTIVE DATE.—The amendment made by  
10          subsection (a) shall apply to care provided on or after the  
11          effective date of regulations issued by the Secretary of  
12          Veterans Affairs to carry out this section.

13       **SEC. 104. ACCESS GUIDELINES AND STANDARDS FOR QUAL-**  
14                               **ITY.**

15          (a) IN GENERAL.—Subchapter I of chapter 17, as  
16          amended by section 102, is further amended by inserting  
17          after section 1703A the following new sections:

18       **“§ 1703B. Access guidelines**

19           “The Secretary shall consult with all pertinent Fed-  
20          eral entities to examine health care access measurements  
21          and establish localized benchmarking guidelines that can  
22          inform provider and veteran clinical decisionmaking. The  
23          Secretary shall establish such guidelines for all hospital  
24          care, medical services, and extended care services fur-  
25          nished or otherwise made available under laws adminis-

1 tered by the Secretary, including through non-Department  
2 health care providers.

3 **“§ 1703C. Standards for quality**

4 “(a) IN GENERAL.—(1) The Secretary shall establish  
5 standards for quality, in coordination or consultation with  
6 entities pursuant to section 1703(h)(3) of this title, re-  
7 garding hospital care, medical services, and extended care  
8 services furnished by the Department pursuant to this  
9 title, including through non-Department health care pro-  
10 viders pursuant to section 1703 of this title.

11 “(2) In establishing standards for quality under para-  
12 graph (1), the Secretary shall consider existing health  
13 quality measures that are applied to public and privately  
14 sponsored health care systems with the purpose of pro-  
15 viding covered veterans relevant comparative information  
16 to make informed decisions regarding their health care.

17 “(3) The Secretary shall collect and consider data for  
18 purposes of establishing the standards under paragraph  
19 (1). Such data collection shall include—

20 “(A) after consultation with veterans service or-  
21 ganizations and other key stakeholders on survey de-  
22 velopment or modification of an existing survey, a  
23 survey of veterans who have used hospital care, med-  
24 ical services, or extended care services furnished by  
25 the Veterans Health Administration during the most

1 recent two-year period to assess the satisfaction of  
2 the veterans with service and quality of care; and

3 “(B) datasets that include, at a minimum, ele-  
4 ments relating to the following:

5 “(i) Timely care.

6 “(ii) Effective care.

7 “(iii) Safety, including, at a minimum,  
8 complications, readmissions, and deaths.

9 “(iv) Efficiency.

10 “(b) PUBLICATION AND CONSIDERATION OF PUBLIC  
11 COMMENTS.—(1) Not later than one year after the date  
12 on which the Secretary establishes standards for quality  
13 under subsection (a), the Secretary shall publish the qual-  
14 ity rating of medical facilities of the Department in the  
15 publicly available Hospital Compare website through the  
16 Centers for Medicare & Medicaid Services for the purpose  
17 of providing veterans with information that allows them  
18 to compare performance measure information among De-  
19 partment and non-Department health care providers.

20 “(2) Not later than two years after the date on which  
21 the Secretary establishes standards for quality under sub-  
22 section (a), the Secretary shall consider and solicit public  
23 comment on potential changes to the measures used in  
24 such standards to ensure that they include the most up-  
25 to-date and applicable industry measures for veterans.”.

1 (b) CLERICAL AMENDMENT.—The table of sections  
 2 at the beginning of chapter 17, as amended by section  
 3 102, is further amended by inserting after the item relat-  
 4 ing to section 1703A the following new items:

“1703B. Access guidelines.

“1703C. Standards for quality.”.

5 **SEC. 105. ACCESS TO WALK-IN CARE.**

6 (a) IN GENERAL.—Chapter 17 is amended by insert-  
 7 ing after section 1725 the following new section:

8 **“§ 1725A. Access to walk-in care**

9 “(a) PROCEDURES TO ENSURE ACCESS TO WALK-  
 10 IN CARE.—The Secretary shall develop procedures to en-  
 11 sure that eligible veterans are able to access walk-in care  
 12 from qualifying non-Department entities or providers.

13 “(b) ELIGIBLE VETERANS.—For purposes of this  
 14 section, an eligible veteran is any individual who—

15 “(1) is enrolled in the health care system estab-  
 16 lished under section 1705(a) of this title; and

17 “(2) has received care under this chapter within  
 18 the 24-month period preceding the furnishing of  
 19 walk-in care under this section.

20 “(c) QUALIFYING NON-DEPARTMENT ENTITIES OR  
 21 PROVIDERS.—For purposes of this section, a qualifying  
 22 non-Department entity or provider is a non-Department  
 23 entity or provider that has entered into a contract or other

1 agreement with the Secretary to furnish services under  
2 this section.

3 “(d) **FEDERALLY-QUALIFIED HEALTH CENTERS.**—  
4 Whenever practicable, the Secretary may use a Federally-  
5 qualified health center (as defined in section 1905(l)(2)(B)  
6 of the Social Security Act (42 U.S.C. 1396d(l)(2)(B))) to  
7 carry out this section.

8 “(e) **CONTINUITY OF CARE.**—The Secretary shall en-  
9 sure continuity of care for those veterans who receive  
10 walk-in care services under this section, including through  
11 the establishment of a mechanism to receive medical  
12 records from walk-in care providers and provide pertinent  
13 patient medical records to providers of walk-in care.

14 “(f) **COPAYMENTS.**—(1)(A) The Secretary shall re-  
15 quire all eligible veterans to pay the United States a co-  
16 payment for each episode of hospital care and medical  
17 service provided under this section if otherwise required  
18 to pay a copayment under this title.

19 “(B) Those not required to pay a copayment under  
20 this title may access walk-in care without a copayment for  
21 the first two visits in a calendar year. For any additional  
22 visits, a copayment at an amount determined by the Sec-  
23 retary shall be paid.

24 “(C) For those veterans required to pay a copayment  
25 under title 38, they are required to pay their regular co-

1 payment for their first two walk-in care visits in a cal-  
2 endar year. For any additional visits, a higher copayment  
3 at an amount determined by the Secretary shall be paid.

4 “(2) After the first two episodes of care furnished  
5 to a veteran under this section, the Secretary may adjust  
6 the copayment required of the veteran under this sub-  
7 section based upon the priority group of enrollment of the  
8 veteran, the number of episodes of care furnished to the  
9 veteran during a year, and other factors the Secretary con-  
10 siderers appropriate under this section.

11 “(3) The amount or amounts of the copayments re-  
12 quired under this subsection shall be prescribed by the  
13 Secretary by rule.

14 “(4) Section 8153(c) of this title shall not apply to  
15 this subsection.

16 “(g) REGULATIONS.—Not later than one year after  
17 the date of the enactment of the Caring for our Veterans  
18 Act of 2017, the Secretary shall promulgate regulations  
19 to carry out this section.

20 “(h) WALK-IN CARE DEFINED.—In this section, the  
21 term ‘walk-in care’ means non-emergent care provided by  
22 a qualifying non-Department entity or provider that fur-  
23 nishes episodic care and not longitudinal management of  
24 conditions and is otherwise defined through regulations  
25 the Secretary shall promulgate.”.

1 (b) EFFECTIVE DATE.—Section 1725A of title 38,  
 2 United States Code, as added by subsection (a) shall take  
 3 effect on the date upon which final regulations imple-  
 4 menting such section take effect.

5 (c) CLERICAL AMENDMENT.—The table of sections  
 6 at the beginning of such chapter is amended by inserting  
 7 after the item related to section 1725 the following new  
 8 item:

“§1725A. Access to walk-in care.”.

9 **SEC. 106. STRATEGY REGARDING THE DEPARTMENT OF**  
 10 **VETERANS AFFAIRS HIGH-PERFORMING IN-**  
 11 **TEGRATED HEALTH CARE NETWORK.**

12 (a) MARKET AREA ASSESSMENTS.—

13 (1) IN GENERAL.—Not less frequently than  
 14 every four years, the Secretary of Veterans Affairs  
 15 shall perform market area assessments regarding the  
 16 health care services furnished under the laws admin-  
 17 istered by the Secretary.

18 (2) ELEMENTS.—Each market area assessment  
 19 established under paragraph (1) shall include the  
 20 following:

21 (A) An assessment of the demand for  
 22 health care from the Department, disaggregated  
 23 by geographic market areas as determined by  
 24 the Secretary, including the number of requests

1 for health care services under the laws adminis-  
2 tered by the Secretary.

3 (B) An inventory of the health care capac-  
4 ity of the Department of Veterans Affairs  
5 across the Department's system of facilities.

6 (C) An assessment of the health care ca-  
7 pacity to be provided through contracted com-  
8 munity care providers and providers who en-  
9 tered into a provider agreement with the De-  
10 partment under section 1703A of title 38,  
11 United States Code, as added by section  
12 102(a), including the number of providers, the  
13 geographic location of the providers, and cat-  
14 egories or types of health care services provided  
15 by the providers.

16 (D) An assessment obtained from other  
17 Federal direct delivery systems of their capacity  
18 to provide health care to veterans.

19 (E) An assessment of the health care ca-  
20 pacity of non-contracted providers where there  
21 is insufficient network supply.

22 (F) An assessment of the health care ca-  
23 pacity of academic affiliates and other collabo-  
24 rations of the Department as it relates to pro-  
25 viding health care to veterans.

1 (G) An assessment of the effects on health  
 2 care capacity by the access guidelines and  
 3 standards for quality established under section  
 4 1703(h) of title 38, United States Code, as  
 5 amended by section 101(a)(1).

6 (H) The number of appointments for  
 7 health care services under the laws adminis-  
 8 tered by the Secretary, disaggregated by—

9 (i) appointments at facilities of the  
 10 Department of Veterans Affairs; and

11 (ii) appointments with non-Depart-  
 12 ment health care providers.

13 (3) SUBMITTAL TO CONGRESS.—The Secretary  
 14 shall submit to the appropriate committees of Con-  
 15 gress the market area assessments established in  
 16 paragraph (1).

17 (4) USE OF MARKET AREA ASSESSMENTS FOR  
 18 INTEGRATED HEALTH CARE DELIVERY.—

19 (A) IN GENERAL.—The Secretary shall use  
 20 the market area assessments established under  
 21 paragraph (1) in determining the capacity of  
 22 the health care provider networks established  
 23 under section 1703(j) of title 38, United States  
 24 Code, as amended by section 101(a)(1).

1 (B) BUDGET.—The Secretary shall ensure  
 2 that the Department budget for any fiscal year  
 3 (as submitted with the budget of the President  
 4 under section 1105(a) of title 31, United States  
 5 Code) reflects the findings of the Secretary with  
 6 respect to the most recent market area assess-  
 7 ments under paragraph (1).

8 (5) EFFECTIVE DATE.—The amendments made  
 9 by subsection (a) shall take effect on September 30,  
 10 2018.

11 (b) STRATEGIC PLAN TO MEET HEALTH CARE DE-  
 12 MAND.—

13 (1) IN GENERAL.—Not later than one year  
 14 after the date of the enactment of this Act and not  
 15 less frequently than once every four years thereafter,  
 16 the Secretary shall submit to the appropriate com-  
 17 mittees of Congress a strategic plan that specifies a  
 18 four-year forecast of—

19 (A) the demand for health care from the  
 20 Department, disaggregated by geographic area  
 21 as determined by the Secretary;

22 (B) the health care capacity to be provided  
 23 at each medical center of the Department; and

24 (C) the health care capacity to be provided  
 25 through community care providers.

1           (2) ELEMENTS.—In preparing the strategic  
2 plan under paragraph (1), the Secretary shall—

3           (A) consider the access guidelines and  
4 standards for quality established under section  
5 1703(h) of title 38, United States Code, as  
6 amended by section 101(a)(1);

7           (B) consider the market area assessments  
8 established under subsection (a);

9           (C) consider the needs of the Department  
10 based on identified services that provide man-  
11 agement of conditions or disorders related to  
12 military service for which there is limited expe-  
13 rience or access in the national market, the  
14 overall health of veterans throughout their life-  
15 span, or other services as the Secretary deter-  
16 mines appropriate;

17           (D) consult with key stakeholders within  
18 the Department, the heads of other Federal  
19 agencies, and other relevant governmental and  
20 nongovernmental entities, including State, local,  
21 and tribal government officials, members of  
22 Congress, veterans service organizations, pri-  
23 vate sector representatives, academics, and  
24 other policy experts;

1           (E) identify emerging issues, trends, prob-  
 2           lems, and opportunities that could affect health  
 3           care services furnished under the laws adminis-  
 4           tered by the Secretary;

5           (F) develop recommendations regarding  
 6           both short- and long-term priorities for health  
 7           care services furnished under the laws adminis-  
 8           tered by the Secretary;

9           (G) after consultation with veterans service  
 10          organizations and other key stakeholders on  
 11          survey development or modification of an exist-  
 12          ing survey, consider a survey of veterans who  
 13          have used hospital care, medical services, or ex-  
 14          tended care services furnished by the Veterans  
 15          Health Administration during the most recent  
 16          two-year period to assess the satisfaction of the  
 17          veterans with service and quality of care; and

18          (H) consider such other matters as the  
 19          Secretary considers appropriate.

20          (c) APPROPRIATE COMMITTEES OF CONGRESS DE-  
 21          FINED.—In this section, the term “appropriate commit-  
 22          tees of Congress” means—

23               (1) the Committee on Veterans’ Affairs and the  
 24          Committee on Appropriations of the Senate; and

1           (2) the Committee on Veterans' Affairs and the  
2           Committee on Appropriations of the House of Rep-  
3           resentatives.

4 **SEC. 107. APPLICABILITY OF DIRECTIVE OF OFFICE OF**  
5 **FEDERAL CONTRACT COMPLIANCE PRO-**  
6 **GRAMS.**

7           (a) IN GENERAL.—Notwithstanding the treatment of  
8           certain laws under subsection (i) of section 1703A of title  
9           38, United States Code, as added by section 102 of this  
10          Act, Directive 2014–01 of the Office of Federal Contract  
11          Compliance Programs of the Department of Labor (effec-  
12          tive as of May 7, 2014) shall apply to any entity entering  
13          into an agreement under such section 1703A or section  
14          1745 of such title, as amended by section 103, in the same  
15          manner as such directive applies to subcontractors under  
16          the TRICARE program for the duration of the morato-  
17          rium provided under such directive.

18          (b) APPLICABILITY PERIOD.—The directive described  
19          in subsection (a), and the moratorium provided under such  
20          directive, shall not be altered or rescinded before May 7,  
21          2019.

22          (c) TRICARE PROGRAM DEFINED.—In this section,  
23          the term “TRICARE program” has the meaning given  
24          that term in section 1072 of title 10, United States Code.

1 **SEC. 108. PREVENTION OF CERTAIN HEALTH CARE PRO-**  
2 **VIDERS FROM PROVIDING NON-DEPARTMENT**  
3 **HEALTH CARE SERVICES TO VETERANS.**

4 (a) IN GENERAL.—On and after the date that is one  
5 year after the date of the enactment of this Act, the Sec-  
6 retary of Veterans Affairs shall deny or revoke the eligi-  
7 bility of a health care provider to provide non-Department  
8 health care services to veterans if the Secretary determines  
9 that the health care provider—

10 (1) was removed from employment with the De-  
11 partment of Veterans Affairs due to conduct that  
12 violated a policy of the Department relating to the  
13 delivery of safe and appropriate health care; or  
14 (2) violated the requirements of a medical li-  
15 cense of the health care provider that resulted in the  
16 loss of such medical license.

17 (b) PERMISSIVE ACTION.—On and after the date that  
18 is one year after the date of the enactment of this Act,  
19 the Secretary may deny, revoke, or suspend the eligibility  
20 of a health care provider to provide non-Department  
21 health care services if the Secretary determines such ac-  
22 tion is necessary to immediately protect the health, safety,  
23 or welfare of veterans and the health care provider is  
24 under investigation by the medical licensing board of a  
25 State in which the health care provider is licensed or prac-  
26 tices.

1       (c) SUSPENSION.—The Secretary shall suspend the  
2 eligibility of a health care provider to provide non-Depart-  
3 ment health care services to veterans if the health care  
4 provider is suspended from serving as a health care pro-  
5 vider of the Department.

6       (d) COMPTROLLER GENERAL REPORT.—Not later  
7 than two years after the date of the enactment of this Act,  
8 the Comptroller General of the United States shall submit  
9 to Congress a report on the implementation by the Sec-  
10 retary of this section, including the following:

11           (1) The aggregate number of health care pro-  
12 viders denied or suspended under this section from  
13 participation in providing non-Department health  
14 care services.

15           (2) An evaluation of any impact on access to  
16 health care for patients or staffing shortages in pro-  
17 grams of the Department providing non-Department  
18 health care services.

19           (3) An explanation of the coordination of the  
20 Department with the medical licensing boards of  
21 States in implementing this section, the amount of  
22 involvement of such boards in such implementation,  
23 and efforts by the Department to address any con-  
24 cerns raised by such boards with respect to such im-  
25 plementation.

1           (4) Such recommendations as the Comptroller  
 2       General considers appropriate regarding harmo-  
 3       nizing eligibility criteria between health care pro-  
 4       viders of the Department and health care providers  
 5       eligible to provide non-Department health care serv-  
 6       ices.

7       (e) NON-DEPARTMENT HEALTH CARE SERVICES  
 8       DEFINED.—In this section, the term “non-Department  
 9       health care services” means services—

10           (1) provided under subchapter I of chapter 17  
 11       of title 38, United States Code, at non-Department  
 12       facilities (as defined in section 1701 of such title);

13           (2) provided under section 101 of the Veterans  
 14       Access, Choice, and Accountability Act of 2014  
 15       (Public Law 113–146; 38 U.S.C. 1701 note);

16           (3) purchased through the Medical Community  
 17       Care account of the Department; or

18           (4) purchased with amounts deposited in the  
 19       Veterans Choice Fund under section 802 of the Vet-  
 20       erans Access, Choice, and Accountability Act of  
 21       2014.

1     **Subtitle B—Paying Providers and**  
2                     **Improving Collections**

3     **SEC. 111. PROMPT PAYMENT TO PROVIDERS.**

4             (a) IN GENERAL.—Subchapter I of chapter 17 is  
5     amended by inserting after section 1703C, as added by  
6     section 104 of this Act, the following new section:

7     **“§ 1703D. Prompt payment standard**

8             “(a) IN GENERAL.—(1) Notwithstanding any other  
9     provision of this title or of any other provision of law, the  
10    Secretary shall pay for hospital care, medical services, or  
11    extended care services furnished by health care entities or  
12    providers under this chapter within 45 calendar days upon  
13    receipt of a clean paper claim or 30 calendar days upon  
14    receipt of a clean electronic claim.

15            “(2) If a claim is denied, the Secretary shall, within  
16    45 calendar days of denial for a paper claim and 30 cal-  
17    endar days of denial for an electronic claim, notify the  
18    health care entity or provider of the reason for denying  
19    the claim and what, if any, additional information is re-  
20    quired to process the claim.

21            “(3) Upon the receipt of the additional information,  
22    the Secretary shall ensure that the claim is paid, denied,  
23    or otherwise adjudicated within 30 calendar days from the  
24    receipt of the requested information.

1       “(4) This section shall only apply to payments made  
2 on an invoice basis and shall not apply to capitation or  
3 other forms of periodic payment to entities or providers.

4       “(b) SUBMITTAL OF CLAIMS BY HEALTH CARE EN-  
5 TITIES AND PROVIDERS.—A health care entity or provider  
6 that furnishes hospital care, a medical service, or an ex-  
7 tended care service under this chapter shall submit to the  
8 Secretary a claim for payment for furnishing the hospital  
9 care, medical service, or extended care service not later  
10 than 180 days after the date on which the entity or pro-  
11 vider furnished the hospital care, medical service, or ex-  
12 tended care service.

13       “(c) FRAUDULENT CLAIMS.—(1) Sections 3729  
14 through 3733 of title 31 shall apply to fraudulent claims  
15 for payment submitted to the Secretary by a health care  
16 entity or provider under this chapter.

17       “(2) Pursuant to regulations prescribed by the Sec-  
18 retary, the Secretary shall bar a health care entity or pro-  
19 vider from furnishing hospital care, medical services, and  
20 extended care services under this chapter when the Sec-  
21 retary determines the entity or provider has submitted to  
22 the Secretary fraudulent health care claims for payment  
23 by the Secretary.

24       “(d) OVERDUE CLAIMS.—(1) Any claim that has not  
25 been denied with notice, made pending with notice, or paid

1 to the health care entity or provider by the Secretary shall  
2 be overdue if the notice or payment is not received by the  
3 entity provider within the time periods specified in sub-  
4 section (a).

5 “(2)(A) If a claim is overdue under this subsection,  
6 the Secretary may, under the requirements established by  
7 subsection (a) and consistent with the provisions of chap-  
8 ter 39 of title 31 (commonly referred to as the ‘Prompt  
9 Payment Act’), require that interest be paid on clean  
10 claims.

11 “(B) Interest paid under subparagraph (A) shall be  
12 computed at the rate of interest established by the Sec-  
13 retary of the Treasury under section 3902 of title 31 and  
14 published in the Federal Register.

15 “(3) Not less frequently than annually, the Secretary  
16 shall submit to Congress a report on payment of overdue  
17 claims under this subsection, disaggregated by paper and  
18 electronic claims, that includes the following:

19 “(A) The amount paid in overdue claims de-  
20 scribed in this subsection, disaggregated by the  
21 amount of the overdue claim and the amount of in-  
22 terest paid on such overdue claim.

23 “(B) The number of such overdue claims and  
24 the average number of days late each claim was

1       paid, disaggregated by facility of the Department  
2       and Veterans Integrated Service Network region.

3       “(e) OVERPAYMENT.—(1) The Secretary shall deduct  
4 the amount of any overpayment from payments due a  
5 health care entity or provider under this chapter.

6       “(2) Deductions may not be made under this sub-  
7 section unless the Secretary has made reasonable efforts  
8 to notify a health care entity or provider of the right to  
9 dispute the existence or amount of such indebtedness and  
10 the right to request a compromise of such indebtedness.

11       “(3) The Secretary shall make a determination with  
12 respect to any such dispute or request prior to deducting  
13 any overpayment unless the time required to make such  
14 a determination before making any deductions would jeop-  
15 ardize the Secretary’s ability to recover the full amount  
16 of such indebtedness.

17       “(f) INFORMATION AND DOCUMENTATION RE-  
18 QUIRED.—(1) The Secretary shall provide to all health  
19 care entities and providers participating in a program to  
20 furnish hospital care, medical services, or extended care  
21 services under this chapter a list of information and docu-  
22 mentation that is required to establish a clean claim under  
23 this section.

24       “(2) The Secretary shall consult with entities in the  
25 health care industry, in the public and private sector, to

1 determine the information and documentation to include  
2 in the list under paragraph (1).

3 “(3) If the Secretary modifies the information and  
4 documentation included in the list under paragraph (1),  
5 the Secretary shall notify all health care entities and pro-  
6 viders described in paragraph (1) not later than 30 days  
7 before such modifications take effect.

8 “(g) PROCESSING OF CLAIMS.—In processing a claim  
9 for compensation for hospital care, medical services, or ex-  
10 tended care services furnished by a health care entity or  
11 provider under this chapter, the Secretary shall act  
12 through—

13 “(1) a non-Department entity that is under  
14 contract or agreement for the program established  
15 under section 1703(a) of this title; or

16 “(2) a non-Department entity that specializes  
17 in such processing for other Federal agency health  
18 care systems.

19 “(h) REPORT ON ENCOUNTER DATA SYSTEM.—(1)  
20 Not later than 90 days after the date of the enactment  
21 of the Caring for our Veterans Act of 2017, the Secretary  
22 shall submit to the appropriate committees of Congress  
23 a report on the feasibility and advisability of adopting a  
24 funding mechanism similar to what is utilized by other  
25 Federal agencies to allow a contracted entity to act as a

1 fiscal intermediary for the Federal Government to dis-  
2 tribute, or pass through, Federal Government funds for  
3 certain non-underwritten hospital care, medical services,  
4 or extended care services.

5 “(2) The Secretary may coordinate with the Depart-  
6 ment of Defense, the Department of Health and Human  
7 Services, and the Department of the Treasury in devel-  
8 oping the report required by paragraph (1).

9 “(i) DEFINITIONS.—In this section:

10 “(1) The term ‘appropriate committees of Con-  
11 gress’ means—

12 “(A) the Committee on Veterans’ Affairs  
13 and the Committee on Appropriations of the  
14 Senate; and

15 “(B) the Committee on Veterans’ Affairs  
16 and the Committee on Appropriations of the  
17 House of Representatives.

18 “(2) The term ‘clean electronic claim’ means  
19 the transmission of data for purposes of payment of  
20 covered health care expenses that is submitted to the  
21 Secretary which contains substantially all of the re-  
22 quired data elements necessary for accurate adju-  
23 dication, without obtaining additional information  
24 from the entity or provider that furnished the care  
25 or service, submitted in such format as prescribed by

1 the Secretary in regulations for the purpose of pay-  
2 ing claims for care or services.

3 “(3) The term ‘clean paper claim’ means a  
4 paper claim for payment of covered health care ex-  
5 penses that is submitted to the Secretary which con-  
6 tains substantially all of the required data elements  
7 necessary for accurate adjudication, without obtain-  
8 ing additional information from the entity or pro-  
9 vider that furnished the care or service, submitted in  
10 such format as prescribed by the Secretary in regu-  
11 lations for the purpose of paying claims for care or  
12 services.

13 “(4) The term ‘fraudulent claims’ means the in-  
14 tentional and deliberate misrepresentation of a mate-  
15 rial fact or facts by a health care entity or provider  
16 made to induce the Secretary to pay a claim that  
17 was not legally payable to that provider. This term,  
18 as used in this section, shall not include a good faith  
19 interpretation by a health care entity or provider of  
20 utilization, medical necessity, coding, and billing re-  
21 quirements of the Secretary.

22 “(5) The term ‘health care entity or provider’  
23 includes any non-Department health care entity or  
24 provider, but does not include any Federal health  
25 care entity or provider.”.

1 (b) CLERICAL AMENDMENT.—The table of sections  
 2 at the beginning of such chapter is amended by inserting  
 3 after the item related to section 1703C, as added by sec-  
 4 tion 104 of this Act, the following new item:

“1703D. Prompt payment standard.”.

5 **SEC. 112. AUTHORITY TO PAY FOR AUTHORIZED CARE NOT**  
 6 **SUBJECT TO AN AGREEMENT.**

7 (a) IN GENERAL.—Subchapter IV of chapter 81 is  
 8 amended by adding at the end the following new section:

9 **“§ 8159. Authority to pay for services authorized but**  
 10 **not subject to an agreement**

11 “(a) IN GENERAL.—If, in the course of furnishing  
 12 hospital care, a medical service, or an extended care serv-  
 13 ice authorized by the Secretary and pursuant to a con-  
 14 tract, agreement, or other arrangement with the Sec-  
 15 retary, a provider who is not a party to the contract,  
 16 agreement, or other arrangement furnishes hospital care,  
 17 a medical service, or an extended care service that the Sec-  
 18 retary considers necessary, the Secretary may compensate  
 19 the provider for the cost of such care or service.

20 “(b) NEW CONTRACTS AND AGREEMENTS.—The  
 21 Secretary shall take reasonable efforts to enter into a con-  
 22 tract, agreement, or other arrangement with a provider  
 23 described in subsection (a) to ensure that future care and  
 24 services authorized by the Secretary and furnished by the

1 provider are subject to such a contract, agreement, or  
 2 other arrangement.”.

3 (b) CLERICAL AMENDMENT.—The table of sections  
 4 at the beginning of such chapter is amended by inserting  
 5 after the item relating to section 8158 the following new  
 6 item:

“8159. Authority to pay for services authorized but not subject to an agree-  
 ment.”.

7 **SEC. 113. IMPROVEMENT OF AUTHORITY TO RECOVER THE**  
 8 **COST OF SERVICES FURNISHED FOR NON-**  
 9 **SERVICE-CONNECTED DISABILITIES.**

10 (a) BROADENING SCOPE OF APPLICABILITY.—Sec-  
 11 tion 1729 is amended—

12 (1) in subsection (a)—

13 (A) in paragraph (2)(A)—

14 (i) by striking “the veteran’s” and in-  
 15 serting “the individual’s”; and

16 (ii) by striking “the veteran” and in-  
 17 serting “the individual”; and

18 (B) in paragraph (3)—

19 (i) in the matter preceding subpara-  
 20 graph (A), by striking “the veteran” and  
 21 inserting “the individual”; and

22 (ii) in subparagraph (A), by striking  
 23 “the veteran’s” and inserting “the individ-  
 24 ual’s”;

1 (2) in subsection (b)—

2 (A) in paragraph (1)—

3 (i) by striking “the veteran” and in-  
4 serting “the individual”; and

5 (ii) by striking “the veteran’s” and in-  
6 serting “the individual’s”; and

7 (B) in paragraph (2)—

8 (i) in subparagraph (A)—

9 (I) by striking “the veteran” and  
10 inserting “the individual”; and

11 (II) by striking “the veteran’s”  
12 and inserting “the individual’s”; and

13 (ii) in subparagraph (B)—

14 (I) in clause (i), by striking “the  
15 veteran” and inserting “the indi-  
16 vidual”; and

17 (II) in clause (ii)—

18 (aa) by striking “the vet-  
19 eran” and inserting “the indi-  
20 vidual”; and

21 (bb) by striking “the vet-  
22 eran’s” each place it appears and  
23 inserting “the individual’s”;

24 (3) in subsection (e), by striking “A veteran”  
25 and inserting “An individual”; and

1 (4) in subsection (h)—

2 (A) in paragraph (1)—

3 (i) in the matter preceding subpara-  
4 graph (A), by striking “a veteran” and in-  
5 serting “an individual”;

6 (ii) in subparagraph (A), by striking  
7 “the veteran” and inserting “the indi-  
8 vidual”; and

9 (iii) in subparagraph (B), by striking  
10 “the veteran” and inserting “the indi-  
11 vidual”; and

12 (B) in paragraph (2)—

13 (i) by striking “A veteran” and insert-  
14 ing “An individual”;

15 (ii) by striking “a veteran” and in-  
16 serting “an individual”; and

17 (iii) by striking “the veteran” and in-  
18 serting “the individual”.

19 (b) MODIFICATION OF AUTHORITY.—Subsection  
20 (a)(1) of such section is amended by striking “(1) Sub-  
21 ject” and all that follows through the period and inserting  
22 the following: “(1) Subject to the provisions of this sec-  
23 tion, in any case in which the United States is required  
24 by law to furnish or pay for care or services under this  
25 chapter for a non-service-connected disability described in

1 paragraph (2) of this subsection, the United States has  
2 the right to recover or collect from a third party the rea-  
3 sonable charges of care or services so furnished or paid  
4 for to the extent that the recipient or provider of the care  
5 or services would be eligible to receive payment for such  
6 care or services from such third party if the care or serv-  
7 ices had not been furnished or paid for by a department  
8 or agency of the United States.”

9 (c) MODIFICATION OF ELIGIBLE INDIVIDUALS.—  
10 Subparagraph (D) of subsection (a)(2) of such section is  
11 amended to read as follows:

12 “(D) that is incurred by an individual who is  
13 entitled to care (or payment of the expenses of care)  
14 under a health-plan contract.”.

15 **SEC. 114. PROCESSING OF CLAIMS FOR REIMBURSEMENT**  
16 **THROUGH ELECTRONIC INTERFACE.**

17 The Secretary of Veterans Affairs may enter into an  
18 agreement with a third-party entity to process, through  
19 the use of an electronic interface, claims for reimburse-  
20 ment for health care provided under the laws administered  
21 by the Secretary.

## **Subtitle C—Education and Training Programs**

### **SEC. 121. EDUCATION PROGRAM ON HEALTH CARE OP- TIONS.**

(a) IN GENERAL.—The Secretary of Veterans Affairs shall develop and administer an education program that teaches veterans about their health care options through the Department of Veterans Affairs.

(b) ELEMENTS.—The program under subsection (a) shall—

(1) teach veterans about—

(A) eligibility criteria for care from the Department set forth under sections 1703, as amended by section 101 of this Act, and 1710 of title 38, United States Code;

(B) priority groups for enrollment in the system of annual patient enrollment under section 1705(a) of such title;

(C) the copayments and other financial obligations, if any, required of certain individuals for certain services; and

(D) how to utilize the access guidelines and standards for quality established under sections 1703B and 1703C of such title.

1           (2) teach veterans about the interaction be-  
2       tween health insurance (including private insurance,  
3       Medicare, Medicaid, the TRICARE program, the In-  
4       dian Health Service, tribal health programs, and  
5       other forms of insurance) and health care from the  
6       Department; and

7           (3) provide veterans with information on what  
8       to do when they have a complaint about health care  
9       received from the Department (whether about the  
10      provider, the Department, or any other type of com-  
11      plaint).

12      (c) ACCESSIBILITY.—In developing the education  
13      program under this section, the Secretary shall ensure  
14      that materials under such program are accessible —

15           (1) to veterans who may not have access to the  
16      Internet; and

17           (2) to veterans in a manner that complies with  
18      the Americans with Disabilities Act of 1990 (42  
19      U.S.C. 12101 et seq.).

20      (d) ANNUAL EVALUATION AND REPORT.—

21           (1) EVALUATION.—The Secretary shall develop  
22      a method to evaluate the effectiveness of the edu-  
23      cation program under this section and evaluate the  
24      program using the method not less frequently than  
25      once each year.

1           (2) REPORT.—Not less frequently than once  
 2           each year, the Secretary shall submit to Congress a  
 3           report on the findings of the Secretary with respect  
 4           to the most recent evaluation conducted by the Sec-  
 5           retary under paragraph (1).

6           (e) DEFINITIONS.—In this section:

7           (1) MEDICAID.—The term “Medicaid” means  
 8           the Medicaid program under title XIX of the Social  
 9           Security Act (42 U.S.C. 1396 et seq.).

10          (2) MEDICARE.—The term “Medicare” means  
 11          the Medicare program under title XVIII of such Act  
 12          (42 U.S.C. 1395 et seq.).

13          (3) TRICARE PROGRAM.—The term “TRICARE  
 14          program” has the meaning given that term in sec-  
 15          tion 1072 of title 10, United States Code.

16 **SEC. 122. TRAINING PROGRAM FOR ADMINISTRATION OF**  
 17 **NON-DEPARTMENT OF VETERANS AFFAIRS**  
 18 **HEALTH CARE.**

19          (a) ESTABLISHMENT OF PROGRAM.—The Secretary  
 20          of Veterans Affairs shall develop and implement a training  
 21          program to train employees and contractors of the Depart-  
 22          ment of Veterans Affairs on how to administer non-De-  
 23          partment health care programs, including the following:

24               (1) Reimbursement for non-Department emer-  
 25               gency room care.

1           (2) The Veterans Community Care Program  
2           under section 1703 of such title, as amended by sec-  
3           tion 101.

4           (3) Management of prescriptions pursuant to  
5           improvements under section 131.

6           (b) ANNUAL EVALUATION AND REPORT.—The Sec-  
7           retary shall—

8           (1) develop a method to evaluate the effective-  
9           ness of the training program developed and imple-  
10          mented under subsection (a);

11          (2) evaluate such program not less frequently  
12          than once each year; and

13          (3) not less frequently than once each year,  
14          submit to Congress the findings of the Secretary  
15          with respect to the most recent evaluation carried  
16          out under paragraph (2).

17   **SEC. 123. CONTINUING MEDICAL EDUCATION FOR NON-DE-**  
18                           **PARTMENT MEDICAL PROFESSIONALS.**

19          (a) ESTABLISHMENT OF PROGRAM.—

20          (1) IN GENERAL.—The Secretary of Veterans  
21          Affairs shall establish a program to provide con-  
22          tinuing medical education material to non-Depart-  
23          ment medical professionals.

1           (2) EDUCATION PROVIDED.—The program es-  
2           tablished under paragraph (1) shall include edu-  
3           cation on the following:

4                   (A) Identifying and treating common men-  
5                   tal and physical conditions of veterans and fam-  
6                   ily members of veterans.

7                   (B) The health care system of the Depart-  
8                   ment of Veterans Affairs.

9                   (C) Such other matters as the Secretary  
10                  considers appropriate.

11          (b) MATERIAL PROVIDED.—The continuing medical  
12          education material provided to non-Department medical  
13          professionals under the program established under sub-  
14          section (a) shall be the same material provided to medical  
15          professionals of the Department to ensure that all medical  
16          professionals treating veterans have access to the same  
17          materials, which supports core competencies throughout  
18          the community.

19          (c) ADMINISTRATION OF PROGRAM.—

20                   (1) IN GENERAL.—The Secretary shall admin-  
21                   ister the program established under subsection (a) to  
22                   participating non-Department medical professionals  
23                   through an Internet website of the Department of  
24                   Veterans Affairs.

1           (2) CURRICULUM AND CREDIT PROVIDED.—The  
2       Secretary shall determine the curriculum of the pro-  
3       gram and the number of hours of credit to provide  
4       to participating non-Department medical profes-  
5       sionals for continuing medical education.

6           (3) ACCREDITATION.—The Secretary shall en-  
7       sure that the program is accredited in as many  
8       States as practicable.

9           (4) CONSISTENCY WITH EXISTING RULES.—The  
10      Secretary shall ensure that the program is consistent  
11      with the rules and regulations of the following:

12                (A) The medical licensing agency of each  
13      State in which the program is accredited.

14                (B) Such medical credentialing organiza-  
15      tions as the Secretary considers appropriate.

16           (5) USER COST.—The Secretary shall carry out  
17      the program at no cost to participating non-Depart-  
18      ment medical professionals.

19           (6) MONITORING, EVALUATION, AND REPORT.—  
20      The Secretary shall monitor the utilization of the  
21      program established under subsection (a), evaluate  
22      its effectiveness, and report to Congress on utiliza-  
23      tion and effectiveness not less frequently than once  
24      each year.

1 (d) NON-DEPARTMENT MEDICAL PROFESSIONAL  
 2 DEFINED.—In this section, the term “non-Department  
 3 medical professional” means any individual who is licensed  
 4 by an appropriate medical authority in the United States  
 5 and is in good standing, is not an employee of the Depart-  
 6 ment of Veterans Affairs, and provides care to veterans  
 7 or family members of veterans under the laws adminis-  
 8 tered by the Secretary of Veterans Affairs.

9 **Subtitle D—Other Matters Relating**  
 10 **to Non-Department of Veterans**  
 11 **Affairs Providers**

12 **SEC. 131. ESTABLISHMENT OF PROCESSES TO ENSURE**  
 13 **SAFE OPIOID PRESCRIBING PRACTICES BY**  
 14 **NON-DEPARTMENT OF VETERANS AFFAIRS**  
 15 **HEALTH CARE PROVIDERS.**

16 (a) RECEIPT AND REVIEW OF GUIDELINES.—The  
 17 Secretary of Veterans Affairs shall ensure that all covered  
 18 health care providers are provided a copy of and certify  
 19 that they have reviewed the evidence-based guidelines for  
 20 prescribing opioids set forth by the Opioid Safety Initia-  
 21 tive of the Department of Veterans Affairs under sections  
 22 911(a)(2) and 912(c) of the Jason Simcakoski Memorial  
 23 and Promise Act (Public Law 114–198; 38 U.S.C. 1701  
 24 note) before first providing care under the laws adminis-

1 tered by the Secretary and at any time when those guide-  
 2 lines are modified thereafter.

3 (b) INCLUSION OF MEDICAL HISTORY AND CURRENT  
 4 MEDICATIONS.—The Secretary shall implement a process  
 5 to ensure that, if care of a veteran by a covered health  
 6 care provider is authorized under the laws administered  
 7 by the Secretary, the document authorizing such care in-  
 8 cludes the relevant medical history of the veteran and a  
 9 list of all medications prescribed to the veteran.

10 (c) SUBMITTAL OF PRESCRIPTIONS.—

11 (1) IN GENERAL.—Except as provided in para-  
 12 graph (3), the Secretary shall require, to the max-  
 13 imum extent practicable, each non-Department  
 14 health care provider to submit prescriptions for  
 15 opioids—

16 (A) to the Department for prior authoriza-  
 17 tion for the prescribing of a limited amount of  
 18 opioids under contracts the Department has  
 19 with retail pharmacies; or

20 (B) directly to a pharmacy of the Depart-  
 21 ment for dispensing of the prescriptions.

22 (2) RESPONSIBILITY OF DEPARTMENT FOR RE-  
 23 CORDING AND MONITORING.—In carrying out para-  
 24 graph (1) and upon the receipt by the Department

1 of the prescription for opioids to veterans under laws  
2 administered by the Secretary, the Secretary shall—

3 (A) ensure the Department is responsible  
4 for the recording of the prescription in the elec-  
5 tronic health record of the veteran; and

6 (B) enable other monitoring of the pre-  
7 scription as outlined in the Opioid Safety Initia-  
8 tive of the Department.

9 (3) EXCEPTION.—

10 (A) IN GENERAL.—A covered health care  
11 provider is not required under paragraph (1)(B)  
12 to submit an opioid prescription directly to a  
13 pharmacy of the Department if—

14 (i) the health care provider determines  
15 that there is an immediate medical need  
16 for the prescription, including an urgent or  
17 emergent prescription or a prescription dis-  
18 pensed as part of an opioid treatment pro-  
19 gram that provides office-based medica-  
20 tions; and

21 (ii)(I) following an inquiry into the  
22 matter, a pharmacy of the Department no-  
23 tifies the health care provider that it can-  
24 not fill the prescription in a timely man-  
25 ner; or

1 (II) the health care provider deter-  
2 mines that the requirement under para-  
3 graph (1)(B) would impose an undue hard-  
4 ship on the veteran, including with respect  
5 to travel distances, as determined by the  
6 Secretary.

7 (B) NOTIFICATION TO DEPARTMENT.—If a  
8 covered health care provider uses an exception  
9 under subparagraph (A) with respect to an  
10 opioid prescription for a veteran, the health  
11 care provider shall, on the same day the pre-  
12 scription is written, submit to the Secretary for  
13 inclusion in the electronic health record of the  
14 veteran a notice, in such form as the Secretary  
15 may establish, providing information about the  
16 prescription and describing the reason for the  
17 exception.

18 (C) REPORT.—

19 (i) IN GENERAL.—Not less frequently  
20 than quarterly, the Secretary shall submit  
21 to the Committee on Veterans' Affairs of  
22 the Senate and the Committee on Vet-  
23 erans' Affairs of the House of Representa-  
24 tives a report evaluating the compliance of  
25 covered health care providers with the re-

1           quirements under this paragraph and set-  
2           ting forth data on the use by health care  
3           providers of exceptions under subpara-  
4           graph (A) and notices under subparagraph  
5           (B).

6           (ii) ELEMENTS.—Each report re-  
7           quired by clause (i) shall include the fol-  
8           lowing with respect to the quarter covered  
9           by the report:

10           (I) The number of exceptions  
11           used under subparagraph (A) and no-  
12           tices received under subparagraph  
13           (B).

14           (II) The rate of compliance by  
15           the Department with the requirement  
16           under subparagraph (B) to include  
17           such notices in the health records of  
18           veterans.

19           (III) The identification of any  
20           covered health care providers that,  
21           based on criteria prescribed by the  
22           Secretary, are determined by the Sec-  
23           retary to be statistical outliers regard-  
24           ing the use of exceptions under sub-  
25           paragraph (A).

1 (d) USE OF OPIOID SAFETY INITIATIVE GUIDE-  
2 LINES.—

3 (1) IN GENERAL.—If a director of a medical  
4 center of the Department or a Veterans Integrated  
5 Service Network determines that the opioid pre-  
6 scribing practices of a covered health care provider  
7 conflicts with or is otherwise inconsistent with the  
8 standards of appropriate and safe care, as that term  
9 is used in section 913(d) of the Jason Simcakoski  
10 Memorial and Promise Act (Public Law 114–198;  
11 38 U.S.C. 1701 note), the director shall take such  
12 action as the director considers appropriate to en-  
13 sure the safety of all veterans receiving care from  
14 that health care provider, including removing or di-  
15 recting the removal of any such health care provider  
16 from provider networks or otherwise refusing to au-  
17 thorize care of veterans by such health care provider  
18 in any program authorized under the laws adminis-  
19 tered by the Secretary.

20 (2) INCLUSION IN CONTRACTS.—The Secretary  
21 shall ensure that any contracts entered into by the  
22 Secretary with third parties involved in admin-  
23 istering programs that provide care in the commu-  
24 nity to veterans under the laws administered by the  
25 Secretary specifically grant the authority set forth in

1 paragraph (1) to such third parties and to the direc-  
 2 tors described in that paragraph, as the case may  
 3 be.

4 (e) DENIAL OR REVOCATION OF ELIGIBILITY OF  
 5 NON-DEPARTMENT PROVIDERS.—The Secretary shall  
 6 deny or revoke the eligibility of a non-Department health  
 7 care provider to provide health care to veterans under the  
 8 laws administered by the Secretary if the Secretary deter-  
 9 mines that the opioid prescribing practices of the pro-  
 10 vider—

11 (1) violate the requirements of a medical license  
 12 of the health care provider; or

13 (2) detract from the ability of the health care  
 14 provider to deliver safe and appropriate health care.

15 (f) COVERED HEALTH CARE PROVIDER DEFINED.—  
 16 In this section, the term “covered health care provider”  
 17 means a non-Department of Veterans Affairs health care  
 18 provider who provides health care to veterans under the  
 19 laws administered by the Secretary of Veterans Affairs.

20 **SEC. 132. IMPROVING INFORMATION SHARING WITH COM-**  
 21 **MUNITY PROVIDERS.**

22 Section 7332(b)(2) is amended by striking subpara-  
 23 graph (H) and inserting the following new subparagraphs:

24 “(H)(i) To a non-Department entity (including  
 25 private entities and other Federal agencies) for pur-

poses of providing health care, including hospital care, medical services, and extended care services, to patients.

“(ii) An entity to which a record is disclosed under this subparagraph may not disclose or use such record for a purpose other than that for which the disclosure was made.

“(I) To a third party in order to recover or collect reasonable charges for care furnished to, or paid on behalf of, a patient in connection with a non-service connected disability as permitted by section 1729 of this title or for a condition for which recovery is authorized or with respect to which the United States is deemed to be a third party beneficiary under the Act entitled ‘An Act to provide for the recovery from tortiously liable third persons of the cost of hospital and medical care and treatment furnished by the United States’ (Public Law 87–693; 42 U.S.C. 2651 et seq.; commonly known as the ‘Federal Medical Care Recovery Act’).”.

**SEC. 133. COMPETENCY STANDARDS FOR NON-DEPARTMENT OF VETERANS AFFAIRS HEALTH CARE PROVIDERS.**

(a) ESTABLISHMENT OF STANDARDS AND REQUIREMENTS.—The Secretary of Veterans Affairs shall establish

1 standards and requirements for the provision of care by  
2 non-Department of Veterans Affairs health care providers  
3 in clinical areas for which the Department of Veterans Af-  
4 fairs has special expertise, including post-traumatic stress  
5 disorder, military sexual trauma-related conditions, and  
6 traumatic brain injuries.

7 (b) CONDITION FOR ELIGIBILITY TO PARTICIPATE IN  
8 VETERANS CHOICE PROGRAM.—Each non-Department of  
9 Veterans Affairs health care provider shall meet the stand-  
10 ards and requirements established pursuant to subsection  
11 (a) before entering into a contact with the Department  
12 of Veterans Affairs to participate in the Veterans Choice  
13 Program under section 101 of the Veterans Access,  
14 Choice, and Accountability Act of 2014 (Public Law 113–  
15 146; 38 U.S.C. 1701 note). Non-Department of Veterans  
16 Affairs health care providers participating in the Veterans  
17 Choice Program shall fulfill training requirements estab-  
18 lished by the Secretary on how to deliver evidence-based  
19 treatments in the clinical areas for which the Department  
20 of Veterans Affairs has special expertise.

1   **Subtitle E—Other Non-Department**  
2                   **Health Care Matters**

3   **SEC. 141. PLANS FOR USE OF SUPPLEMENTAL APPROPRIA-**  
4                   **TIONS REQUIRED.**

5           Whenever the Secretary submits to Congress a re-  
6   quest for supplemental appropriations or any other appro-  
7   priation outside the standard budget process to address  
8   a budgetary issue affecting the Department of Veterans  
9   Affairs, the Secretary shall, not later than 45 days before  
10  the date on which such budgetary issue would start affect-  
11  ing a program or service, submit to Congress a justifica-  
12  tion for the request, including a plan that details how the  
13  Secretary intends to use the requested appropriation and  
14  how long the requested appropriation is expected to meet  
15  the needs of the Department and certification that the re-  
16  quest was made using an updated and sound actuarial  
17  analysis.

18   **SEC. 142. VETERANS CHOICE FUND FLEXIBILITY.**

19           Section 802 of the Veterans Access, Choice, and Ac-  
20  countability Act of 2014 (Public Law 113–146; 38 U.S.C.  
21  1701 note) is amended—

22                   (1) in subsection (c)—

23                           (A) in paragraph (1), by striking “by para-  
24                   graph (3)” and inserting “in paragraphs (3)  
25                   and (4)”; and

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

3 “(4) PERMANENT AUTHORITY FOR OTHER  
 4 USES.—Beginning in fiscal year 2019, amounts re-  
 5 maining in the Veterans Choice Fund may be used  
 6 to furnish hospital care, medical services, and ex-  
 7 tended care services to individuals pursuant to chap-  
 8 ter 17 of title 38, United States Code, at non-De-  
 9 partment facilities, including pursuant to non-De-  
 10 partment provider programs other than the program  
 11 established by section 101. Such amounts shall be  
 12 available in addition to amounts available in other  
 13 appropriations accounts for such purposes.”; and

14 (2) in subsection (d)(1), by striking “to sub-  
 15 section (c)(3)” and inserting “to paragraphs (3) and  
 16 (4) of subsection (c)”.

17 **SEC. 143. SUNSET OF VETERANS CHOICE PROGRAM.**

18 Subsection (p) of section 101 of the Veterans Access,  
 19 Choice, and Accountability Act of 2014 (Public Law 113–  
 20 146; 38 U.S.C. 1701 note) is amended to read as follows:

21 “(p) AUTHORITY TO FURNISH CARE AND SERV-  
 22 ICES.—The Secretary may not use the authority under  
 23 this section to furnish care and services after December  
 24 31, 2018.”.

1 **SEC. 144. CONFORMING AMENDMENTS.**

2 (a) IN GENERAL.—

3 (1) TITLE 38.—Title 38, United States Code, is  
4 amended—

5 (A) in section 1712(a)—

6 (i) in paragraph (3), by striking  
7 “under clause (1), (2), or (5) of section  
8 1703(a) of this title” and inserting “or en-  
9 tered an agreement”; and

10 (ii) in paragraph (4)(A), by striking  
11 “under the provisions of this subsection  
12 and section 1703 of this title”;

13 (B) in section 1712A(e)(1)—

14 (i) by inserting “or agreements” after  
15 “contracts”; and

16 (ii) by striking “(under sections  
17 1703(a)(2) and 1710(a)(1)(B) of this  
18 title)”; and

19 (C) in section 2303(a)(2)(B)(i), by striking  
20 “with section 1703” and inserting “with sec-  
21 tions 1703A, 8111, and 8153”.

22 (2) SOCIAL SECURITY ACT.—Section  
23 1866(a)(1)(L) of the Social Security Act (42 U.S.C.  
24 1395cc(a)(1)(L)) is amended by striking “under sec-  
25 tion 1703” and inserting “under chapter 17”.

1 (3) VETERANS' BENEFITS IMPROVEMENTS ACT  
 2 OF 1994.—Section 104(a)(4)(A) of the Veterans'  
 3 Benefits Improvements Act of 1994 (Public Law  
 4 103–446; 38 U.S.C. 1117 note) is amended by strik-  
 5 ing “in section 1703” and inserting “in sections  
 6 1703A, 8111, and 8153”.

7 (b) EFFECTIVE DATE.—The amendments made by  
 8 subsection (a) shall take effect on the date described in  
 9 section 101(b).

10 **TITLE II—IMPROVING DEPART-**  
 11 **MENT OF VETERANS AFFAIRS**  
 12 **HEALTH CARE DELIVERY**

13 **Subtitle A—Personnel Practices**

14 **PART I—ADMINISTRATION**

15 **SEC. 201. LICENSURE OF HEALTH CARE PROFESSIONALS**  
 16 **OF THE DEPARTMENT OF VETERANS AF-**  
 17 **FAIRS PROVIDING TREATMENT VIA TELE-**  
 18 **MEDICINE.**

19 (a) IN GENERAL.—Chapter 17 is amended by insert-  
 20 ing after section 1730A the following new section:

21 **“§ 1730B. Licensure of health care professionals pro-**  
 22 **viding treatment via telemedicine**

23 “(a) IN GENERAL.—Notwithstanding any provision  
 24 of law regarding the licensure of health care professionals,  
 25 a covered health care professional may practice the health

1 care profession of the health care professional at any loca-  
 2 tion in any State, regardless of where the covered health  
 3 care professional or the patient is located, if the covered  
 4 health care professional is using telemedicine to provide  
 5 treatment to an individual under this chapter.

6 “(b) COVERED HEALTH CARE PROFESSIONALS.—

7 For purposes of this section, a covered health care profes-  
 8 sional is any health care professional who—

9 “(1) is an employee of the Department ap-  
 10 pointed under the authority under section 7306,  
 11 7401, 7405, 7406, or 7408 of this title or title 5;

12 “(2) is authorized by the Secretary to provide  
 13 health care under this chapter;

14 “(3) is required to adhere to all standards of  
 15 quality relating to the provision of medicine in ac-  
 16 cordance with applicable policies of the Department;  
 17 and

18 “(4) has an active, current, full, and unre-  
 19 stricted license, registration, or certification in a  
 20 State to practice the health care profession of the  
 21 health care professional.

22 “(c) PROPERTY OF FEDERAL GOVERNMENT.—Sub-  
 23 section (a) shall apply to a covered health care professional  
 24 providing treatment to a patient regardless of whether the  
 25 covered health care professional or patient is located in

1 a facility owned by the Federal Government during such  
2 treatment.

3 “(d) RELATION TO STATE LAW.—(1) The provisions  
4 of this section shall supersede any provisions of the law  
5 of any State to the extent that such provision of State  
6 law are inconsistent with this section.

7 “(2) No State shall deny or revoke the license, reg-  
8 istration, or certification of a covered health care profes-  
9 sional who otherwise meets the qualifications of the State  
10 for holding the license, registration, or certification on the  
11 basis that the covered health care professional has en-  
12 gaged or intends to engage in activity covered by sub-  
13 section (a).

14 “(e) RULE OF CONSTRUCTION.—Nothing in this sec-  
15 tion may be construed to remove, limit, or otherwise affect  
16 any obligation of a covered health care professional under  
17 the Controlled Substances Act (21 U.S.C. 801 et seq.).”.

18 (b) CLERICAL AMENDMENT.—The table of sections  
19 at the beginning of chapter 17 of such title is amended  
20 by inserting after the item relating to section 1730A the  
21 following new item:

“1730B. Licensure of health care professionals providing treatment via telemedi-  
cine.”.

22 (c) REPORT ON TELEMEDICINE.—

23 (1) IN GENERAL.—Not later than one year  
24 after the earlier of the date on which services pro-

1 vided under section 1730B of title 38, United States  
2 Code, as added by subsection (a), first occur or reg-  
3 ulations are promulgated to carry out such section,  
4 the Secretary of Veterans Affairs shall submit to the  
5 Committee on Veterans' Affairs of the Senate and  
6 the Committee on Veterans' Affairs of the House of  
7 Representatives a report on the effectiveness of the  
8 use of telemedicine by the Department of Veterans  
9 Affairs.

10 (2) ELEMENTS.—The report required by para-  
11 graph (1) shall include an assessment of the fol-  
12 lowing:

13 (A) The satisfaction of veterans with tele-  
14 medicine furnished by the Department.

15 (B) The satisfaction of health care pro-  
16 viders in providing telemedicine furnished by  
17 the Department.

18 (C) The effect of telemedicine furnished by  
19 the Department on the following:

20 (i) The ability of veterans to access  
21 health care, whether from the Department  
22 or from non-Department health care pro-  
23 viders.

24 (ii) The frequency of use by veterans  
25 of telemedicine.

1 (iii) The productivity of health care  
2 providers.

3 (iv) Wait times for an appointment  
4 for the receipt of health care from the De-  
5 partment.

6 (v) The use by veterans of in-person  
7 services at Department facilities and non-  
8 Department facilities.

9 (D) The types of appointments for the re-  
10 ceipt of telemedicine furnished by the Depart-  
11 ment that were provided during the one-year  
12 period preceding the submittal of the report.

13 (E) The number of appointments for the  
14 receipt of telemedicine furnished by the Depart-  
15 ment that were requested during such period,  
16 disaggregated by medical facility.

17 (F) Savings by the Department, if any, in-  
18 cluding travel costs, from furnishing health care  
19 through the use of telemedicine during such pe-  
20 riod.

21 **SEC. 202. ROLE OF PODIATRISTS IN DEPARTMENT OF VET-**  
22 **ERANS AFFAIRS.**

23 (a) INCLUSION AS PHYSICIAN.—

1           (1) IN GENERAL.—Subchapter I of chapter 74  
 2           is amended by adding at the end the following new  
 3           section:

4   **“§ 7413. Treatment of podiatrists; clinical oversight**  
 5                 **standards**

6           “(a) PODIATRISTS.—Except as provided by sub-  
 7           section (b), a doctor of podiatric medicine who is ap-  
 8           pointed as a podiatrist under section 7401(1) of this title  
 9           is eligible for any supervisory position in the Veterans  
 10          Health Administration to the same degree that a physician  
 11          appointed under such section is eligible for the position.

12          “(b) ESTABLISHMENT OF CLINICAL OVERSIGHT  
 13          STANDARDS.—The Secretary, in consultation with appro-  
 14          priate stakeholders, shall establish standards to ensure  
 15          that specialists appointed in the Veterans Health Adminis-  
 16          tration to supervisory positions do not provide direct clin-  
 17          ical oversight for purposes of peer review or practice eval-  
 18          uation for providers of other clinical specialties.”.

19                 (2) CLERICAL AMENDMENT.—The table of sec-  
 20          tions at the beginning of chapter 74 is amended by  
 21          inserting after the item relating to section 7412 the  
 22          following new item:

“7413. Treatment of podiatrists; clinical oversight standards.”.

23                 (b) MODIFICATION AND CLARIFICATION OF PAY  
 24          GRADE.—

1 (1) GRADE.—The list in section 7404(b) of  
 2 such title is amended—

3 (A) by striking “PHYSICIAN AND DEN-  
 4 TIST SCHEDULE” and inserting “PHYSI-  
 5 CIAN AND SURGEON (MD/DO),  
 6 PODIATRIC SURGEON (DPM), AND DEN-  
 7 TIST AND ORAL SURGEON (DDS, DMD)  
 8 SCHEDULE”;

9 (B) by striking, “Physician grade” and in-  
 10 serting “Physician and surgeon grade”; and

11 (C) by striking “PODLATRIST, CHIRO-  
 12 PRACTOR, AND” and inserting “CHIRO-  
 13 PRACTOR AND”.

14 (2) APPLICATION.—The amendments made by  
 15 paragraph (1) shall apply with respect to a pay pe-  
 16 riod of the Department of Veterans Affairs begin-  
 17 ning on or after the date that is 30 days after the  
 18 date of the enactment of this Act.

19 **SEC. 203. MODIFICATION OF TREATMENT OF CERTIFIED**  
 20 **CLINICAL PERFUSIONISTS OF THE DEPART-**  
 21 **MENT.**

22 (a) APPOINTMENT.—Section 7401(1) is amended by  
 23 inserting “certified clinical perfusionists,” after “physician  
 24 assistants,”.

1 (b) INCREASES IN RATES OF BASIC PAY.—Section  
 2 7455(c)(1) is amended by inserting “certified clinical  
 3 perfusionists,” after “pharmacists,”.

4 **SEC. 204. AMENDING STATUTORY REQUIREMENTS FOR THE**  
 5 **POSITION OF THE CHIEF OFFICER OF THE**  
 6 **READJUSTMENT COUNSELING SERVICE.**

7 Section 7309(b)(2) is amended—

8 (1) in subparagraph (B), by striking “in the  
 9 Readjustment Counseling Service”; and

10 (2) in subparagraph (C), by striking “in the  
 11 Readjustment Counseling Service”.

12 **SEC. 205. TECHNICAL AMENDMENT TO APPOINTMENT AND**  
 13 **COMPENSATION SYSTEM FOR DIRECTORS OF**  
 14 **MEDICAL CENTERS AND DIRECTORS OF VET-**  
 15 **ERANS INTEGRATED SERVICE NETWORKS.**

16 Section 7404(d) is amended by striking “Except”  
 17 and inserting “Except for positions described in section  
 18 7401(4) of this title and except”.

19 **SEC. 206. IDENTIFICATION AND STAFFING OF CERTAIN**  
 20 **HEALTH CARE VACANCIES.**

21 (a) IN GENERAL.—Not later than 180 days after the  
 22 date of the enactment of this Act, the Secretary of Vet-  
 23 erans Affairs shall identify and fully staff—

24 (1) all mental health vacancies within the De-  
 25 partment of Veterans Affairs; and

1           (2) all primary care and mental health vacan-  
 2           cies in Patient Aligned Care Teams of the Depart-  
 3           ment.

4           (b) REPORT.—Not later than 210 days after the date  
 5 of the enactment of this Act, the Secretary shall submit  
 6 to Congress a report that specifies—

7           (1) whether the Department has complied with  
 8           the requirements under subsection (a); and

9           (2) if the Secretary has not complied with such  
 10          requirements—

11           (A) how many vacancies described in sub-  
 12          section (a) remain; and

13           (B) why the Department was unable to fill  
 14          such vacancies.

15 **SEC. 207. DEPARTMENT OF VETERANS AFFAIRS PER-**  
 16 **SONNEL TRANSPARENCY.**

17          (a) PUBLICATION OF STAFFING AND VACANCIES.—

18           (1) WEBSITE REQUIRED.—Not later than 30  
 19          days after the date of the enactment of this Act, the  
 20          Secretary of Veterans Affairs shall make publicly  
 21          available on an Internet website of the Department  
 22          of Veterans Affairs the following information, which  
 23          shall be displayed by departmental component or, in  
 24          the case of information relating to Veterans Health  
 25          Administration positions, by medical facility:

1 (A) The number of personnel encumbering  
2 positions.

3 (B) The number of accessions and de-ac-  
4 cessions of personnel during the month pre-  
5 ceeding the date of the publication of the infor-  
6 mation.

7 (C) The number of vacancies, by occupa-  
8 tion.

9 (D) The number of active job postings that  
10 have been filled during the 30-day period end-  
11 ing on the date of publication of the informa-  
12 tion, including the length of time for which each  
13 position was posted prior to being filled.

14 (2) UPDATE OF INFORMATION.—The Secretary  
15 shall update the information on the website required  
16 under paragraph (1) on a monthly basis.

17 (3) TREATMENT OF CONTRACTOR POSITIONS.—  
18 Any Department of Veterans Affairs position that is  
19 filled through a contractor employee may not be  
20 treated as a Department position for purposes of the  
21 information required to be published under para-  
22 graph (1).

23 (4) INSPECTOR GENERAL REVIEW.—On a semi-  
24 annual basis, the Inspector General of the Depart-  
25 ment shall review the administration of the website

1 required under paragraph (1) and make rec-  
2 ommendations relating to the improvement of such  
3 administration.

4 (b) REPORT TO CONGRESS.—The Secretary of Vet-  
5 erans Affairs shall submit to Congress an annual report  
6 on the steps the Department is taking to achieve full staff-  
7 ing capacity. Each such report shall include the amount  
8 of additional funds necessary to enable the Department  
9 to reach full staffing capacity.

10 **SEC. 208. PROGRAM ON ESTABLISHMENT OF PEER SPE-**  
11 **CIALISTS IN PATIENT ALIGNED CARE TEAM**  
12 **SETTINGS WITHIN MEDICAL CENTERS OF DE-**  
13 **PARTMENT OF VETERANS AFFAIRS.**

14 (a) PROGRAM REQUIRED.—The Secretary of Vet-  
15 erans Affairs shall carry out a program to establish not  
16 fewer than two peer specialists in patient aligned care  
17 teams at medical centers of the Department of Veterans  
18 Affairs to promote the use and integration of services for  
19 mental health, substance use disorder, and behavior health  
20 in a primary care setting.

21 (b) TIMEFRAME FOR ESTABLISHMENT OF PRO-  
22 GRAM.—The Secretary shall carry out the program at  
23 medical centers of the Department as follows:

24 (1) Not later than December 31, 2018, at not  
25 fewer than 25 medical centers of the Department.

1           (2) Not later than December 31, 2019, at not  
2 fewer than 50 medical centers of the Department.

3           (c) SELECTION OF LOCATIONS.—

4           (1) IN GENERAL.—The Secretary shall select  
5 medical centers for the program as follows:

6           (A) Not fewer than five shall be medical  
7 centers of the Department that are designated  
8 by the Secretary as polytrauma centers.

9           (B) Not fewer than ten shall be medical  
10 centers of the Department that are not des-  
11 ignated by the Secretary as polytrauma centers.

12          (2) CONSIDERATIONS.—In selecting medical  
13 centers for the program under paragraph (1), the  
14 Secretary shall consider the feasibility and advis-  
15 ability of selecting medical centers in the following  
16 areas:

17          (A) Rural areas and other areas that are  
18 underserved by the Department.

19          (B) Areas that are not in close proximity  
20 to an active duty military installation.

21          (C) Areas representing different geo-  
22 graphic locations, such as census tracts estab-  
23 lished by the Bureau of the Census.

1 (d) GENDER-SPECIFIC SERVICES.—In carrying out  
2 the program at each location selected under subsection (c),  
3 the Secretary shall ensure that—

4 (1) the needs of female veterans are specifically  
5 considered and addressed; and

6 (2) female peer specialists are made available to  
7 female veterans who are treated at each location.

8 (e) ENGAGEMENT WITH COMMUNITY PROVIDERS.—  
9 At each location selected under subsection (c), the Sec-  
10 retary shall consider ways in which peer specialists can  
11 conduct outreach to health care providers in the commu-  
12 nity who are known to be serving veterans to engage with  
13 those providers and veterans served by those providers.

14 (f) REPORTS.—

15 (1) PERIODIC REPORTS.—

16 (A) IN GENERAL.—Not later than 180  
17 days after the date of the enactment of this  
18 Act, and not less frequently than once every  
19 180 days thereafter until the Secretary deter-  
20 mines that the program is being carried out at  
21 the last location to be selected under subsection  
22 (c), the Secretary shall submit to Congress a  
23 report on the program.

24 (B) ELEMENTS.—Each report required by  
25 subparagraph (A) shall, with respect to the

1           180-day period preceding the submittal of the  
2           report, include the following:

3                   (i) The findings and conclusions of  
4                   the Secretary with respect to the program.

5                   (ii) An assessment of the benefits of  
6                   the program to veterans and family mem-  
7                   bers of veterans.

8                   (iii) An assessment of the effective-  
9                   ness of peer specialists in engaging under  
10                  subsection (e) with health care providers in  
11                  the community and veterans served by  
12                  those providers.

13           (2) FINAL REPORT.—Not later than 180 days  
14           after the Secretary determines that the program is  
15           being carried out at the last location to be selected  
16           under subsection (c), the Secretary shall submit to  
17           Congress a report detailing the recommendations of  
18           the Secretary as to the feasibility and advisability of  
19           expanding the program to additional locations.

1 **SEC. 209. PILOT PROGRAM ON INCREASING THE USE OF**  
2 **MEDICAL SCRIBES TO MAXIMIZE THE EFFI-**  
3 **CIENCY OF PHYSICIANS AT MEDICAL FACILI-**  
4 **TIES OF THE DEPARTMENT OF VETERANS AF-**  
5 **FAIRS.**

6 (a) IN GENERAL.—Commencing not later than 120  
7 days after the date of the enactment of this Act, the Sec-  
8 retary of Veterans Affairs shall carry out a pilot program  
9 to increase the use of medical scribes to maximize the effi-  
10 ciency of physicians at medical facilities of the Depart-  
11 ment of Veterans Affairs.

12 (b) DURATION.—The Secretary shall carry out the  
13 pilot program during the 18-month period beginning on  
14 the date of the commencement of the pilot program.

15 (c) LOCATIONS.—The Secretary shall carry out the  
16 pilot program at not fewer than five medical facilities of  
17 the Department—

18 (1) at which the Secretary has determined there  
19 is a high volume of patients; or

20 (2) that are located in rural areas and at which  
21 the Secretary has determined there is a shortage of  
22 physicians and each physician has a high caseload.

23 (d) CONTRACTS.—

24 (1) IN GENERAL.—In carrying out the pilot  
25 program, the Secretary shall enter into a contract

1 with one or more appropriate nongovernmental enti-  
 2 ties described in paragraph (2).

3 (2) APPROPRIATE NONGOVERNMENTAL ENTI-  
 4 TIES DESCRIBED.—An appropriate nongovernmental  
 5 entity described in this paragraph is an entity that  
 6 trains and employs professional medical scribes who  
 7 specialize in the collection of medical data and data  
 8 entry into electronic health records.

9 (e) COLLECTION OF DATA.—

10 (1) IN GENERAL.—The Secretary shall collect  
 11 data on the pilot program to determine the effective-  
 12 ness of the pilot program in increasing the efficiency  
 13 of physicians at medical facilities of the Department.

14 (2) ELEMENTS.—The data collected under  
 15 paragraph (1) shall include the following with re-  
 16 spect to each medical facility participating in the  
 17 pilot program:

18 (A) The average wait time for a veteran to  
 19 receive care from a physician at such medical  
 20 facility before implementation of the pilot pro-  
 21 gram.

22 (B) The average wait time for a veteran to  
 23 receive care from such a physician after imple-  
 24 mentation of the pilot program.

1           (C) The average number of patients that  
2 such a physician is able to see on a daily basis  
3 before implementation of the pilot program.

4           (D) The average number of patients that  
5 such a physician is able to see on a daily basis  
6 after implementation of the pilot program.

7           (E) The average amount of time such a  
8 physician spends on documentation on a daily  
9 basis before implementation of the pilot pro-  
10 gram.

11          (F) The average amount of time such a  
12 physician spends on documentation on a daily  
13 basis after implementation of the pilot program.

14          (G) The satisfaction and retention scores  
15 of each such physician before implementation of  
16 the pilot program.

17          (H) The satisfaction and retention scores  
18 of each such physician after implementation of  
19 the pilot program.

20          (I) The patient satisfaction scores for each  
21 such physician before implementation of the  
22 pilot program.

23          (J) The patient satisfaction scores for each  
24 such physician after implementation of the pilot  
25 program.

1           (K) The patient satisfaction scores for  
2           their health care experience before implementa-  
3           tion of the pilot program.

4           (L) The patient satisfaction scores for  
5           their health care experience after implementa-  
6           tion of the pilot program.

7       (f) REPORT.—

8           (1) IN GENERAL.—Not later than 180 days  
9           after the commencement of the pilot program, and  
10          not less frequently than once every 180 days there-  
11          after for the duration of the pilot program, the Sec-  
12          retary shall submit to Congress a report on the pilot  
13          program.

14          (2) ELEMENTS.—Each report required by para-  
15          graph (1) shall include the following:

16               (A) The number of medical facilities of the  
17               Department that are participating in the pilot  
18               program.

19               (B) With respect to each such medical fa-  
20               cility, an assessment of the effects that partici-  
21               pation in the pilot program has had on the fol-  
22               lowing—

23                       (i) Maximizing the efficiency of physi-  
24                       cians at such medical facility.

1 (ii) Reducing average wait times for  
2 appointments.

3 (iii) Improving access of patients to  
4 electronic medical records.

5 (iv) Mitigating physician shortages by  
6 increasing the productivity of physicians.

7 (C) All data collected under subsection (e).

8 (D) Such recommendations as the Sec-  
9 retary may have with respect to the extension  
10 or expansion of the pilot program.

11 (g) MEDICAL SCRIBE DEFINED.—In this section, the  
12 term “medical scribe” means a member of the medical  
13 team hired and trained specifically and exclusively to per-  
14 form documentation in an electronic health record to  
15 maximize the productivity of a physician.

16 **SEC. 210. SENSE OF CONGRESS REGARDING DEPARTMENT**  
17 **OF VETERANS AFFAIRS STAFFING LEVELS.**

18 (a) FINDINGS.—Congress makes the following find-  
19 ings:

20 (1) The Department of Veterans Affairs needs  
21 to fill at least 35,000 positions.

22 (2) Prolonged personnel vacancies in the De-  
23 partment result in staffing shortages that cause vet-  
24 erans to receive delayed benefits and services.

1 (b) SENSE OF CONGRESS.—It is the sense of Con-  
 2 gress that the Department should make the resolution of  
 3 staffing shortages a top priority.

4 **PART II—EDUCATION AND TRAINING**

5 **SEC. 211. GRADUATE MEDICAL EDUCATION AND RESI-**  
 6 **DENCY.**

7 (a) INCREASE IN NUMBER OF GRADUATE MEDICAL  
 8 EDUCATION RESIDENCY POSITIONS.—

9 (1) IN GENERAL.—The Secretary of Veterans  
 10 Affairs shall increase the number of graduate med-  
 11 ical education residency positions at covered facilities  
 12 by up to 1,500 positions in the 10-year period begin-  
 13 ning on the date of the enactment of this Act.

14 (2) COVERED FACILITIES.—For purposes of  
 15 this section, a covered facility is any of the following:

16 (A) A facility of the Department of Vet-  
 17 erans Affairs.

18 (B) A facility operated by an Indian tribe  
 19 or a tribal organization, as those terms are de-  
 20 fined in section 4 of the Indian Self-Determina-  
 21 tion and Education Assistance Act (25 U.S.C.  
 22 5304).

23 (C) A facility operated by the Indian  
 24 Health Service.

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

4 (E) A community health center.

5 (F) A facility operated by the Department  
6 of Defense.

7 (G) Such other health care facility as the  
8 Secretary considers appropriate for purposes of  
9 this section.

10 (3) STIPENDS AND BENEFITS.—The Secretary  
11 may pay stipends and provide benefits for residents  
12 in positions under paragraph (1), regardless of  
13 whether they have been assigned in a Department  
14 facility.

15 (4) PARAMETERS FOR LOCATION, AFFILIATE  
16 SPONSOR, AND DURATION.—When determining char-  
17 acteristics of residency positions under paragraph  
18 (1), the Secretary shall consider the extent to which  
19 there is a clinical need for providers, as determined  
20 by the following:

21 (A) The ratio of veterans to health care  
22 providers of the Department for a standardized  
23 geographic area surrounding a facility, includ-  
24 ing a separate ratio for general practitioners  
25 and specialists.

1 (B) Whether the local community is medi-  
2 cally underserved.

3 (C) Whether the facility is located in a  
4 rural or remote area.

5 (D) Such other criteria as the Secretary  
6 considers important in determining which facili-  
7 ties are not adequately serving area veterans.

8 (5) PARAMETERS FOR TYPES OF SPECIAL-  
9 TIES.—When determining the types of specialties to  
10 be included in residency positions under paragraph  
11 (1), the Secretary shall consider the following:

12 (A) The types of specialties that improve  
13 the quality and coverage of medical services  
14 provided to veterans.

15 (B) The range of clinical specialties cov-  
16 ered by providers in standardized geographic  
17 areas surrounding facilities.

18 (C) Whether the specialty is included in  
19 the most recent staffing shortage determination  
20 of the Department under section 7412 of title  
21 38, United States Code.

22 (b) APPLICATION TO PARTICIPATE.—To participate  
23 as a resident in one of the positions increased under sub-  
24 section (a)(1), an individual shall submit to the Secretary  
25 an application therefor together with an agreement de-

1 scribed in subsection (d) under which the participant  
2 agrees to serve a period of obligated service in the Vet-  
3 erans Health Administration as provided in the agreement  
4 in return for payment of stipend and benefit support as  
5 provided in the agreement.

6 (c) SELECTION.—

7 (1) IN GENERAL.—An individual becomes a  
8 participant in a residency program under this sec-  
9 tion upon the Secretary's approval of the individual's  
10 application under subsection (b) and the Secretary's  
11 acceptance of the agreement under subsection (d) (if  
12 required).

13 (2) NOTICE.—Upon the Secretary's approval of  
14 an individual's participation in the program under  
15 paragraph (1), the Secretary shall promptly notify  
16 the individual of that approval. Such notice shall be  
17 in writing.

18 (d) AGREEMENT.—

19 (1) IN GENERAL.—An agreement between the  
20 Secretary and a resident in a position under sub-  
21 section (a)(1) shall be in writing and shall be signed  
22 by the resident containing such terms as the Sec-  
23 retary may specify.

24 (2) REQUIREMENTS.—The agreement must  
25 specify the terms of the service obligation resulting

1 from participating as a resident under this section,  
2 including by requiring a service obligation equal to  
3 the number of years of stipend and benefit support.

4 (e) CONDITIONS OF EMPLOYMENT.—The Secretary  
5 may prescribe the conditions of employment of individuals  
6 appointed to positions under subsection (a)(1), including  
7 necessary training, and the customary amount and terms  
8 of pay for such positions during the period of such employ-  
9 ment and training.

10 (f) OBLIGATED SERVICE.—

11 (1) IN GENERAL.—Each individual appointed to  
12 a position under subsection (a)(1) shall provide serv-  
13 ice as a full-time employee of the Department for  
14 the period of obligated service provided in the agree-  
15 ment of the participant entered into under sub-  
16 section (d). Such service shall be provided in the  
17 full-time clinical practice of such participant's pro-  
18 fession or in another health care position in an as-  
19 signment or location determined by the Secretary.

20 (2) COMMENCEMENT DATE.—Not later than 60  
21 days before the date on which an individual com-  
22 mences serving in a position under subsection (a)(1),  
23 the Secretary shall notify the individual of such  
24 date. Such date shall be the first day of the individ-  
25 ual's period of obligated service.

1 (g) BREACH OF AGREEMENT: LIABILITY.—

2 (1) PENALTY.—An individual appointed under  
 3 this section to a position under subsection (a)(1)  
 4 (other than an individual who is liable under para-  
 5 graph (2)) who fails to accept payment, or instructs  
 6 the educational institution in which the individual is  
 7 enrolled not to accept payment, in whole or in part,  
 8 for a residency under the agreement entered into  
 9 under subsection (d) of this title shall be liable to  
 10 the United States for liquidated damages in the  
 11 amount of \$1,500. Such liability is in addition to  
 12 any period of obligated service or other obligation or  
 13 liability under the agreement.

14 (2) LIABILITY.—

15 (A) IN GENERAL.—An individual ap-  
 16 pointed to a position under subsection (a)(1)  
 17 shall be liable to the United States for the  
 18 amount which has been paid to or on behalf of  
 19 the individual under the agreement if any of the  
 20 following occurs:

21 (i) The individual is dismissed from  
 22 the position for disciplinary reasons.

23 (ii) The individual voluntarily termi-  
 24 nates the residency before the completion  
 25 of such course of training.

1 (iii) The individual loses the individ-  
 2 ual's license, registration, or certification  
 3 to practice the individual's health care pro-  
 4 fession in a State.

5 (B) LIABILITY SUPPLANTS SERVICE OBLI-  
 6 GATION.—Liability under this paragraph is in  
 7 lieu of any service obligation arising under the  
 8 individual's agreement under subsection (d).

9 (h) RECOVERY.—

10 (1) IN GENERAL.—If an individual breaches the  
 11 individuals's agreement under subsection (d) by fail-  
 12 ing (for any reason) to complete such individual's  
 13 period of obligated service, the United States shall  
 14 be entitled to recover from the individual an amount  
 15 equal to the product of—

16 (A) three;

17 (B) the sum of—

18 (i) the amounts paid under this sec-  
 19 tion to or on behalf of the individual; and

20 (ii) the interest on such amounts that  
 21 would be payable if at the time the  
 22 amounts were paid they were loans bearing  
 23 interest at the maximum legal prevailing  
 24 rate, as determined by the Treasurer of  
 25 the United States; and

1 (C) the quotient of—

2 (i) the difference between—

3 (I) the total number of months in  
4 the individual's period of obligated  
5 service; and

6 (II) the number of months of  
7 such period served by the individual;  
8 and

9 (ii) the total number of months in the  
10 individual's period of obligated service.

11 (2) PERIOD OF RECOVERY.—Any amount which  
12 the United States is entitled to recover under this  
13 subsection shall be paid to the United States not  
14 later than the date that is one year after the date  
15 of the breach of the agreement.

16 (i) ANNUAL REPORT.—

17 (1) IN GENERAL.—Not later than one year  
18 after the date of the enactment of this Act and not  
19 less frequently than once each year thereafter, the  
20 Secretary shall submit to the appropriate committees  
21 of Congress a report on the implementation of this  
22 section during the previous year.

23 (2) CONTENTS.—Each report submitted under  
24 paragraph (1) shall include, for the period covered  
25 by the report, the following:

1 (A) The number of positions described in  
2 subsection (a) that were filled.

3 (B) The location of each such position.

4 (C) The academic affiliate associated with  
5 each such position.

6 (D) A description of the challenges faced  
7 in filling the positions described in subsection  
8 (a) and the actions the Secretary has taken to  
9 address such challenges.

10 (3) APPROPRIATE COMMITTEES OF CONGRESS  
11 DEFINED.—In this subsection, the term “appro-  
12 priate committees of Congress” means—

13 (A) the Committee on Veterans’ Affairs  
14 and the Committee on Appropriations of the  
15 Senate; and

16 (B) the Committee on Veterans’ Affairs  
17 and the Committee on Appropriations of the  
18 House of Representatives.

19 **SEC. 212. PILOT PROGRAM TO ESTABLISH OR AFFILIATE**  
20 **WITH GRADUATE MEDICAL RESIDENCY PRO-**  
21 **GRAMS AT FACILITIES OPERATED BY INDIAN**  
22 **TRIBES, TRIBAL ORGANIZATIONS, AND THE**  
23 **INDIAN HEALTH SERVICE IN RURAL AREAS.**

24 (a) PILOT PROGRAM REQUIRED.—The Secretary of  
25 Veterans Affairs, in consultation with the Director of the

1 Indian Health Service and such other persons as the Sec-  
2 retary considers appropriate, shall carry out a pilot pro-  
3 gram—

4 (1) to establish graduate medical education  
5 residency training programs at covered facilities; or

6 (2) to affiliate with established programs de-  
7 scribed in paragraph (1).

8 (b) COVERED FACILITIES.—For purposes of the pilot  
9 program, a covered facility is any facility—

10 (1)(A) described in subparagraph (B) or (C) of  
11 section 211(a)(2); or

12 (B) with an agreement with the Department de-  
13 scribed in section 101(d)(1); and

14 (2) located in a rural or remote area.

15 (c) LOCATIONS.—

16 (1) IN GENERAL.—The Secretary shall carry  
17 out the pilot program at not more than five covered  
18 facilities that have been selected by the Secretary for  
19 purposes of the pilot program.

20 (2) CRITERIA.—The Secretary shall establish  
21 criteria for selecting covered facilities under para-  
22 graph (1).

23 (d) DURATION.—The Secretary shall carry out the  
24 pilot program during the eight-year period beginning on

1 the date that is 180 days after the date of the enactment  
2 of this Act.

3 (e) REIMBURSEMENT OF COSTS.—The Secretary  
4 shall reimburse each covered facility participating in the  
5 pilot program for the following costs associated with the  
6 pilot program:

7 (1) Curriculum development.

8 (2) Recruitment, training, supervision, and re-  
9 tention of residents and faculty.

10 (3) Accreditation of programs of education  
11 under the pilot program by the Accreditation Coun-  
12 cil for Graduate Medical Education (ACGME) or the  
13 American Osteopathic Association (AOA).

14 (4) The portion of faculty salaries attributable  
15 to activities relating to carrying out the pilot pro-  
16 gram.

17 (5) Payment for expenses relating to providing  
18 medical education under the pilot program.

19 (6) Stipends and benefits.

20 (f) PERIOD OF OBLIGATED SERVICE.—

21 (1) IN GENERAL.—The Secretary shall enter  
22 into an agreement with each individual who partici-  
23 pates in the pilot program under which such indi-  
24 vidual agrees to serve under the same terms as es-  
25 tablished under section 211.

1           (2) LOAN REPAYMENT.—During the period of  
2 obligated service of an individual under paragraph  
3 (1), the individual—

4           (A) shall be deemed to be an eligible indi-  
5 vidual under subsection (b) of section 108 of  
6 the Indian Health Care Improvement Act (25  
7 U.S.C. 1616a) for purposes of participation in  
8 the Indian Health Service Loan Repayment  
9 Program under such section during the portion  
10 of such period that the individual serves at a  
11 covered facility; and

12          (B) shall be deemed to be an eligible indi-  
13 vidual under section 7682(a) of title 38, United  
14 States Code, for purposes of participation in  
15 the Department of Veterans Affairs Education  
16 Debt Reduction Program under subchapter VII  
17 of chapter 76 of such title during the portion  
18 of such period that the individual serves at a fa-  
19 cility of the Department.

20          (3) CONCURRENT SERVICE.—Any period of ob-  
21 ligated service required of an individual under para-  
22 graph (1) shall be served—

23          (A) with respect to service at a covered fa-  
24 cility, concurrently with any period of obligated

1 service required of the individual by the Indian  
2 Health Service; and

3 (B) with respect to service at a facility of  
4 the Department of Veterans Affairs, concu-  
5 rently with any period of obligated service re-  
6 quired of the individual by the Department.

7 (g) TREATMENT OF PARTICIPANTS.—A residency po-  
8 sition into which a participant in the pilot program is  
9 placed as part of the pilot program shall be considered  
10 a position referred to in section 211(a)(1) for purposes  
11 of the limitation on number of new positions authorized  
12 under such section.

13 (h) REPORT.—Not later than three years before the  
14 date on which the pilot program terminates, the Secretary  
15 of Veterans Affairs shall submit to the Committee on Vet-  
16 erans' Affairs of the Senate and the Committee on Vet-  
17 erans' Affairs of the House of Representatives a report  
18 on the feasibility and advisability of—

19 (1) expanding the pilot program to additional  
20 locations; and

21 (2) making the pilot program or any aspect of  
22 the pilot program permanent.

1 **SEC. 213. REIMBURSEMENT OF CONTINUING PROFES-**  
2 **SIONAL EDUCATION REQUIREMENTS FOR**  
3 **BOARD CERTIFIED ADVANCED PRACTICE**  
4 **REGISTERED NURSES.**

5 (a) IN GENERAL.—Section 7411 is amended to read  
6 as follows:

7 **“§ 7411. Reimbursement of continuing professional**  
8 **education expenses**

9 “The Secretary shall reimburse any full-time board-  
10 certified advanced practice registered nurse, physician, or  
11 dentist appointed under section 7401(1) of this title for  
12 expenses incurred, up to \$1,000 per year, for continuing  
13 professional education.”.

14 (b) CLERICAL AMENDMENT.—The table of sections  
15 at the beginning of chapter 74 is amended by striking the  
16 item relating to section 7411 and inserting the following  
17 new item:

“7411. Reimbursement of continuing professional education expenses.”.

18 **SEC. 214. INCREASE IN MAXIMUM AMOUNT OF DEBT THAT**  
19 **MAY BE REDUCED UNDER EDUCATION DEBT**  
20 **REDUCTION PROGRAM OF DEPARTMENT OF**  
21 **VETERANS AFFAIRS.**

22 (a) INCREASE IN AMOUNT.—Section 7683(d)(1) is  
23 amended—

24 (1) by striking “\$120,000” and inserting  
25 “\$240,000”; and

1           (2) by striking “\$24,000” and inserting  
2           “\$48,000”.

3           (b) STUDY.—

4           (1) IN GENERAL.—Not later than one year  
5           after the date of the enactment of this Act, the Sec-  
6           retary of Veterans Affairs shall—

7                   (A) conduct a study on the demand for  
8                   education debt reduction under subchapter VII  
9                   of chapter 76 of title 38, United States Code;  
10                  and

11                   (B) submit to the Committee on Veterans’  
12                   Affairs of the Senate and the Committee on  
13                   Veterans’ Affairs of the House of Representa-  
14                   tives a report on the findings of the Secretary  
15                   with respect to the study carried out under sub-  
16                   paragraph (A).

17           (2) CONSIDERATIONS.—In carrying out the  
18           study required by paragraph (1)(A), the Secretary  
19           shall consider the following:

20                   (A) The total number of vacancies within  
21                   the Veterans Health Administration whose ap-  
22                   plicants are eligible to participate in the Edu-  
23                   cation Debt Reduction Program pursuant to  
24                   section 7682(a) of such title.

1 (B) The types of medical professionals in  
2 greatest demand in the United States.

3 (C) Projections by the Secretary of the  
4 numbers and types of medical professions that  
5 meet the needs of veterans.

6 **SEC. 215. DEMONSTRATION PROGRAM ON TRAINING AND**  
7 **EMPLOYMENT OF ALTERNATIVE DENTAL**  
8 **HEALTH CARE PROVIDERS FOR DENTAL**  
9 **HEALTH CARE SERVICES FOR VETERANS IN**  
10 **RURAL AND OTHER UNDERSERVED COMMU-**  
11 **NITIES.**

12 (a) DEMONSTRATION PROGRAM AUTHORIZED.—The  
13 Secretary of Veterans Affairs may carry out a demonstra-  
14 tion program to establish programs to train and employ  
15 alternative dental health care providers in order to in-  
16 crease access to dental health care services for veterans  
17 who are entitled to such services from the Department of  
18 Veterans Affairs and reside in rural and other underserved  
19 communities.

20 (b) PRIORITY.—The Secretary shall prioritize the es-  
21 tablishment of programs under the demonstration pro-  
22 gram under this section in States that do not have a facil-  
23 ity of the Department that offers on-site dental services.

24 (c) TELEHEALTH.—For purposes of alternative den-  
25 tal health care providers and other dental care providers

1 who are licensed to provide clinical care, dental services  
 2 provided under the demonstration program under this sec-  
 3 tion may be administered by such providers through tele-  
 4 health-enabled collaboration and supervision when appro-  
 5 priate and feasible.

6 (d) AUTHORIZATION OF APPROPRIATIONS.—There  
 7 are authorized to be appropriated to the Secretary such  
 8 sums as are necessary to carry out the demonstration pro-  
 9 gram under this section.

10 (e) ALTERNATIVE DENTAL HEALTH CARE PRO-  
 11 VIDERS DEFINED.—In this section, the term “alternative  
 12 dental health care providers” has the meaning given that  
 13 term in section 340G–1(a)(2) of the Public Health Service  
 14 Act (42 U.S.C. 256g–1(a)(2)).

### 15 **PART III—OTHER PERSONNEL MATTERS**

#### 16 **SEC. 221. EXCEPTION ON LIMITATION ON AWARDS AND BO-** 17 **NUSES FOR RECRUITMENT, RELOCATION,** 18 **AND RETENTION.**

19 Section 705(a) of the Veterans Access, Choice, and  
 20 Accountability Act of 2014 (Public Law 113–146; 38  
 21 U.S.C. 703 note) is amended, in the matter preceding  
 22 paragraph (1), by inserting “other than recruitment, relo-  
 23 cation, or retention incentives,” after “title 38, United  
 24 States Code,”.

1 **SEC. 222. ANNUAL REPORT ON PERFORMANCE AWARDS**  
2 **AND BONUSES AWARDED TO CERTAIN HIGH-**  
3 **LEVEL EMPLOYEES OF THE DEPARTMENT.**

4 (a) IN GENERAL.—Chapter 7 is amended by adding  
5 at the end the following new section:

6 **“§ 726. Annual report on performance awards and bo-**  
7 **nuses awarded to certain high-level em-**  
8 **ployees**

9 “(a) IN GENERAL.—Not later than 30 days after the  
10 end of each fiscal year, the Secretary shall submit to the  
11 appropriate committees of Congress a report that con-  
12 tains, for the most recent fiscal year ending before the  
13 submittal of the report, a description of the performance  
14 awards and bonuses awarded to Regional Office Directors  
15 of the Department, Directors of Medical Centers of the  
16 Department, and Directors of Veterans Integrated Service  
17 Networks.

18 “(b) ELEMENTS.—Each report submitted under sub-  
19 section (a) shall include the following with respect to each  
20 performance award or bonus awarded to an individual de-  
21 scribed in such subsection:

22 “(1) The amount of each award or bonus.

23 “(2) The job title of the individual awarded the  
24 award or bonus.

25 “(3) The location where the individual awarded  
26 the award or bonus works.

1 “(c) APPROPRIATE COMMITTEES OF CONGRESS.—In  
 2 this section, the term ‘appropriate committees of Con-  
 3 gress’ means—

4 “(1) the Committee on Veterans’ Affairs and  
 5 the Committee on Appropriations of the Senate; and

6 “(2) the Committee on Veterans’ Affairs and  
 7 the Committee on Appropriations of the House of  
 8 Representatives.”.

9 (b) CLERICAL AMENDMENT.—The table of sections  
 10 at the beginning of chapter 7 is amended by inserting  
 11 after the item relating to section 725 the following new  
 12 item:

“726. Annual report on performance awards and bonuses awarded to certain  
 high-level employees.”.

13 **SEC. 223. AUTHORITY TO REGULATE ADDITIONAL PAY FOR**  
 14 **CERTAIN HEALTH CARE EMPLOYEES OF THE**  
 15 **DEPARTMENT.**

16 Section 7454 is amended by adding at the end the  
 17 following new subsection:

18 “(d) In this section, the term ‘compensation’ includes  
 19 all compensation earned by employees when performing  
 20 duties authorized by the Secretary or when the employee  
 21 is approved to use annual, sick, family medical, military,  
 22 or court leave or during any other paid absence for which  
 23 pay is not already regulated.”.

1 **SEC. 224. MODIFICATION OF PAY CAP FOR NURSES.**

2 Paragraph (2) of section 7451(c) is amended to read  
3 as follows:

4 “(2)(A) The maximum rate of basic pay for any  
5 grade for health-care personnel positions referred to in  
6 paragraphs (1) and (3) of section 7401 of this title (other  
7 than the positions of physician, dentist, and registered  
8 nurse) may not exceed the rate of basic pay established  
9 for positions in level IV of the Executive Schedule under  
10 section 5315 of title 5.

11 “(B) Pursuant to an adjustment under subsection  
12 (d), the maximum rate of basic pay for a registered nurse  
13 serving as a nurse executive or a grade for the position  
14 of certified registered nurse anesthetist may exceed the  
15 rate of basic pay established for positions in level IV of  
16 the Executive Schedule under section 5315 of title 5 but  
17 may not exceed the rate of basic pay established for posi-  
18 tions in level I of the Executive Schedule under section  
19 5312 of title 5.

20 “(C) Pursuant to an adjustment under subsection  
21 (d), the maximum rate of basic pay for all registered  
22 nurses not described in subparagraph (B) may exceed the  
23 rate of basic pay established for positions in level IV of  
24 the Executive Schedule under section 5315 of title 5 but  
25 may not exceed the rate of basic pay established for posi-

1 tions in level III of the Executive Schedule under section  
2 5314 of title 5.”.

3 **Subtitle B—Improvement of Under-**  
4 **served Facilities of the Depart-**  
5 **ment**

6 **SEC. 231. DEVELOPMENT OF CRITERIA FOR DESIGNATION**  
7 **OF CERTAIN MEDICAL FACILITIES OF THE**  
8 **DEPARTMENT OF VETERANS AFFAIRS AS UN-**  
9 **DERSERVED FACILITIES AND PLAN TO AD-**  
10 **DRESS PROBLEM OF UNDERSERVED FACILI-**  
11 **TIES.**

12 (a) IN GENERAL.—Not later than 180 days after the  
13 date of the enactment of this Act, the Secretary of Vet-  
14 erans Affairs shall develop criteria to designate medical  
15 centers, ambulatory care facilities, and community based  
16 outpatient clinics of the Department of Veterans Affairs  
17 as underserved facilities.

18 (b) CONSIDERATION.—Criteria developed under sub-  
19 section (a) shall include consideration of the following with  
20 respect to a facility:

21 (1) The ratio of veterans to health care pro-  
22 viders of the Department of Veterans Affairs for a  
23 standardized geographic area surrounding the facil-  
24 ity, including a separate ratio for general practi-  
25 tioners and specialists.

1           (2) The range of clinical specialties covered by  
2           such providers in such area.

3           (3) Whether the local community is medically  
4           underserved.

5           (4) The type, number, and age of open consults.

6           (5) Whether the facility is meeting the wait-  
7           time goals of the Department.

8           (6) Such other criteria as the Secretary con-  
9           siders important in determining which facilities are  
10          not adequately serving area veterans.

11       (c) ANALYSIS OF FACILITIES.—Not less frequently  
12       than annually, directors of Veterans Integrated Service  
13       Networks of the Department shall perform an analysis to  
14       determine which facilities within that Veterans Integrated  
15       Service Network qualify as underserved facilities pursuant  
16       to criteria developed under subsection (a).

17       (d) ANNUAL PLAN TO ADDRESS UNDERSERVED FA-  
18       CILITIES.—

19           (1) PLAN REQUIRED.—Not later than one year  
20           after the date of the enactment of this Act and not  
21           less frequently than once each year, the Secretary  
22           shall submit to Congress a plan to address the prob-  
23           lem of underserved facilities of the Department, as  
24           designated pursuant to criteria developed under sub-  
25           section (a).

(2) CONTENTS.—Each plan submitted under paragraph (1) shall address the following:

(A) Increasing personnel or temporary personnel assistance, including mobile deployment teams furnished under section 233.

(B) Providing special hiring incentives, including under the Education Debt Reduction Program under subchapter VII of chapter 76 of title 38, United States Code, and recruitment, relocation, and retention incentives.

(C) Using direct hiring authority.

(D) Improving training opportunities for staff.

(E) Such other actions as the Secretary considers appropriate.

**SEC. 232. PILOT PROGRAM ON TUITION REIMBURSEMENT  
AND LOAN REPAYMENT FOR HEALTH CARE  
PROVIDERS OF THE DEPARTMENT OF VET-  
ERANS AFFAIRS AT UNDERSERVED FACILI-  
TIES.**

(a) IN GENERAL.—Not later than 90 days after the date of the enactment of this Act, the Secretary of Veterans Affairs shall commence a pilot program to assess the feasibility and advisability of providing incentives to individuals to work at underserved facilities of the Vet-

1 erans Health Administration by providing tuition reim-  
2 bursement and loan repayment to medical students and  
3 health care providers who commit to serving in under-  
4 served facilities selected under subsection (c).

5 (b) DURATION.—The Secretary shall carry out the  
6 pilot program during the six-year period beginning on the  
7 date of the commencement of the pilot program.

8 (c) SELECTION OF LOCATIONS.—

9 (1) IN GENERAL.—The Secretary shall select  
10 not fewer than three medical centers and seven am-  
11 bulatory care facilities or community based out-  
12 patient clinics of the Department to participate in  
13 the pilot program.

14 (2) RURAL AND HIGHLY RURAL AREAS.—Not  
15 fewer than two of the medical centers and five of the  
16 ambulatory care facilities or community based out-  
17 patient clinics selected under paragraph (1) shall be  
18 in States or United States territories that are among  
19 the ten States or United States territories with—

20 (A) the highest percentage of land des-  
21 ignated as highly rural pursuant to the rural-  
22 urban commuting area codes set forth by the  
23 Department of Agriculture; or

1 (B) the highest percentage of enrolled vet-  
 2 erans living in rural, highly rural, or insular is-  
 3 land areas.

4 (3) STATES.—Facilities selected under para-  
 5 graph (1) shall be located in not fewer than eight  
 6 different States.

7 (d) USE OF AMOUNTS.—Of the amounts used to pro-  
 8 vide tuition reimbursement or loan repayment under the  
 9 pilot program—

10 (1) one-half shall be used to provide tuition re-  
 11 imbursement or loan repayment for individuals prac-  
 12 ticing in a general practice position; and

13 (2) one-half shall be used to provide tuition re-  
 14 imbursement or loan repayment for individuals prac-  
 15 ticing—

16 (A) in a specialist position; or

17 (B) in an occupation, other than a position  
 18 described in paragraph (1), included in the  
 19 most recent staffing shortage determination of  
 20 the Department under section 7412 of title 38,  
 21 United States Code.

22 (e) TUITION REIMBURSEMENT.—Under the pilot pro-  
 23 gram, the Secretary may provide to an individual attend-  
 24 ing medical school and seeking a degree as a Doctor of  
 25 Medicine or a Doctor of Osteopathic Medicine full tuition

1 reimbursement in exchange for a five-year commitment to  
2 serve at an underserved facility selected under subsection  
3 (c).

4 (f) STUDENT LOAN REPAYMENT.—Under the pilot  
5 program, in exchange for a three-year commitment to  
6 serve at an underserved facility selected under subsection  
7 (c), the Secretary may provide—

8 (1) to an individual currently serving as a  
9 health care provider at an underserved facility, an  
10 amount not to exceed \$30,000 to apply to any re-  
11 maining student loan debt of the individual; and

12 (2) to an individual other than an individual de-  
13 scribed in paragraph (1), an amount not to exceed  
14 \$50,000 to apply to any remaining student loan debt  
15 of the individual.

16 (g) BREACH.—An individual who participates in the  
17 pilot program and fails to satisfy a period of obligated  
18 service under subsection (d) or (e) shall be liable to the  
19 United States, in lieu of such obligated service, for the  
20 amount that has been paid or is payable to or on behalf  
21 of the individual under the pilot program, reduced by the  
22 proportion that the number of days served for completion  
23 of the period of obligated service bears to the total number  
24 of days in the period of obligated service of such indi-  
25 vidual.

1       (h) EXPEDITED HIRING.—The Secretary shall ensure  
2 that the hiring of individuals to serve in the Department  
3 under the pilot program is conducted in an expedited man-  
4 ner.

5       (i) CONTINUATION IN PILOT PROGRAM.—An indi-  
6 vidual participating in the pilot program in an occupation  
7 included in a staffing shortage determination of the De-  
8 partment under section 7412 of title 38, United States  
9 Code, may continue participating in the pilot program not-  
10 withstanding that the occupation is no longer included in  
11 such determination under such section.

12       (j) ANNUAL REPORT.—

13           (1) IN GENERAL.—Not later than one year  
14 after the date of the enactment of this Act and not  
15 less frequently than once each year thereafter, the  
16 Secretary shall submit to Congress a report on the  
17 pilot program.

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

20               (A) The number of participants, including  
21 number receiving tuition reimbursement and  
22 student loan repayment.

23               (B) The number of facilities where partici-  
24 pants are located.

1 (C) The number of individuals who have  
2 applied to participate in the pilot program.

3 (D) A list of the five most common occupa-  
4 tions of the participants in the pilot program,  
5 other than general practice.

6 (k) DEFINITIONS.—In this section:

7 (1) ENROLLED VETERAN.—The term “enrolled  
8 veteran” means a veteran who is enrolled in the sys-  
9 tem of annual patient enrollment established and op-  
10 erated under section 1705(a) of title 38, United  
11 States Code.

12 (2) UNDERSERVED FACILITY.—The term “un-  
13 derserved facility” means a medical center, ambula-  
14 tory care facility, or community based outpatient  
15 clinic of the Department of Veterans Affairs des-  
16 ignated by the Secretary of Veterans Affairs pursu-  
17 ant to criteria developed under section 231.

18 **SEC. 233. PROGRAM TO FURNISH MOBILE DEPLOYMENT**  
19 **TEAMS TO UNDERSERVED FACILITIES.**

20 (a) IN GENERAL.—The Secretary of Veterans Affairs  
21 shall establish a program to furnish mobile deployment  
22 teams of medical personnel to underserved facilities.

23 (b) ELEMENTS.—In furnishing mobile deployment  
24 teams under subsection (a), the Secretary shall consider  
25 the following elements:

(3) Such other elements as the Secretary considers necessary for effective oversight of the program established under subsection (a).

(d) UNDERSERVED FACILITY DEFINED.—In this section, the term “underserved facility” means a medical center, ambulatory care facility, or community based outpatient clinic of the Department of Veterans Affairs designated by the Secretary of Veterans Affairs pursuant to criteria developed under section 231.

(a) IN GENERAL.—The Secretary of Veterans Affairs shall ensure that clinical staff working at Vet Centers are eligible to participate in the education debt reduction pro-

1 gram of the Department of Veterans Affairs under sub-  
 2 chapter VII of chapter 76 of title 38, United States Code.

3 (b) REPORT.—Not later than one year after the date  
 4 of the enactment of this Act, the Secretary shall submit  
 5 to the Committee on Veterans’ Affairs of the Senate and  
 6 the Committee on Veterans’ Affairs of the House of Rep-  
 7 resentatives a report on the number of participants in the  
 8 education debt reduction program of the Department  
 9 under such subchapter who work at Vet Centers.

10 (c) VET CENTER DEFINED.—In this section, the  
 11 term “Vet Center” has the meaning given that term in  
 12 section 1712A(h) of title 38, United States Code.

## 13 **Subtitle C—Construction and** 14 **Leases**

### 15 **SEC. 241. DEFINITION OF MAJOR MEDICAL FACILITY** 16 **PROJECT AND MAJOR MEDICAL FACILITY** 17 **LEASE.**

18 (a) MODIFICATION OF DEFINITION OF MEDICAL FA-  
 19 CILITY.—Section 8101(3) is amended by striking “Sec-  
 20 retary” and all that follows through “nursing home,” and  
 21 inserting “Secretary, or as otherwise authorized by law,  
 22 for the provision of health-care services (including hos-  
 23 pital, outpatient clinic, nursing home,”.

24 (b) MODIFICATION OF DEFINITIONS OF MAJOR MED-  
 25 ICAL FACILITY PROJECT AND MAJOR MEDICAL FACILITY

1 LEASE.—Paragraph (3) of section 8104(a) is amended to  
2 read as follows:

3 “(3) For purposes of this subsection:

4 “(A) The term ‘major medical facility project’  
5 means a project for the construction, alteration, or  
6 acquisition of a medical facility involving a total ex-  
7 penditure of more than \$20,000,000, but such term  
8 does not include an acquisition by exchange, non-re-  
9 curring maintenance projects of the Department, or  
10 the construction, alteration, or acquisition of a  
11 shared Federal medical facility for which the De-  
12 partment’s estimated share of the project costs does  
13 not exceed \$20,000,000.

14 “(B) The term ‘major medical facility lease’  
15 means a lease for space for use as a new medical fa-  
16 cility at an average annual rental equal to or greater  
17 than the dollar threshold for leases procured through  
18 the General Services Administration under section  
19 3307(a)(2) of title 40, which shall be subject to an-  
20 nual adjustment in accordance with section 3307(h)  
21 of such title.”.

1 **SEC. 242. FACILITATING SHARING OF MEDICAL FACILITIES**  
2 **WITH OTHER FEDERAL AGENCIES.**

3 (a) IN GENERAL.—Subchapter I of chapter 81 is  
4 amended by inserting after section 8111A the following  
5 new section:

6 **“§ 8111B. Authority to plan, design, construct, or**  
7 **lease a shared medical facility**

8 “(a) IN GENERAL.—(1) The Secretary may enter  
9 into agreements with other Federal agencies for the plan-  
10 ning, designing, constructing, or leasing of shared medical  
11 facilities with the goal of improving access to, and quality  
12 and cost effectiveness of, health care provided by the De-  
13 partment and other Federal agencies.

14 “(2) Facilities planned, designed, constructed, or  
15 leased under paragraph (1) shall be managed by the  
16 Under Secretary for Health.

17 “(b) TRANSFER OF AMOUNTS TO OTHER FEDERAL  
18 AGENCIES.—(1) The Secretary may transfer to another  
19 Federal agency amounts appropriated to the Department  
20 for ‘Construction, Minor Projects’ for use for the plan-  
21 ning, design, or construction of a shared medical facility  
22 if the estimated share of the project costs to be borne by  
23 the Department does not exceed the threshold for a major  
24 medical facility project under section 8104(a)(3)(A) of this  
25 title.

1       “(2) The Secretary may transfer to another Federal  
2 agency amounts appropriated to the Department for ‘Con-  
3 struction, Major Projects’ for use for the planning, design,  
4 or construction of a shared medical facility if—

5           “(A) the estimated share of the project costs to  
6 be borne by the Department is more than the  
7 threshold for a major medical facility project under  
8 subsection (a)(3)(A) of section 8104 of this title;  
9 and

10          “(B) the requirements for such a project under  
11 such section have been met.

12       “(3) The Secretary may transfer to another Federal  
13 agency amounts appropriated to the applicable appropria-  
14 tions account of the Department for the purpose of leasing  
15 space for a shared medical facility if the estimated share  
16 of the lease costs to be borne by the Department does not  
17 exceed the threshold for a major medical facility lease  
18 under section 8104(a)(3)(B) of this title.

19       “(c) TRANSFER OF AMOUNTS TO DEPARTMENT.—(1)  
20 Amounts transferred to the Department by another Fed-  
21 eral agency for the necessary expenses of planning, design-  
22 ing, or constructing a shared medical facility for which  
23 the estimated share of the project costs to be borne by  
24 the Department does not exceed the threshold for a major  
25 medical facility project under section 8104(a)(3)(A) of this

1 title may be deposited in the ‘Construction, Minor  
2 Projects’ account of the Department and used for such  
3 necessary expenses.

4 “(2) Amounts transferred to the Department by an-  
5 other Federal agency for the necessary expenses of plan-  
6 ning, designing, or constructing a shared medical facility  
7 for which the estimated share of the project costs to be  
8 borne by the Department is more than the threshold for  
9 a major medical facility project under section  
10 8104(a)(3)(A) of this title may be deposited in the ‘Con-  
11 struction, Major Projects’ account of the Department and  
12 used for such necessary expenses if the requirements for  
13 such project under section 8104 of this title have been  
14 met.

15 “(3) Amounts transferred to the Department by an-  
16 other Federal agency for the purpose of leasing space for  
17 a shared medical facility may be credited to the applicable  
18 appropriations account of the Department and shall be  
19 available without fiscal year limitation.

20 “(4) Amounts transferred under paragraphs (1) and  
21 (2) shall be available for the same time period as amounts  
22 in the account to which those amounts are transferred.”.

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

1 after the item relating to section 8111A the following new  
 2 item:

“8111B. Authority to plan, design, construct, or lease a shared medical facility.”.

3 **SEC. 243. REVIEW OF ENHANCED USE LEASES.**

4 Section 8162(b)(6) is amended to read as follows:

5 “(6) The Office of Management and Budget shall re-  
 6 view each enhanced-use lease before the lease goes into  
 7 effect to determine whether the lease is in compliance with  
 8 paragraph (5).”.

9 **SEC. 244. AUTHORIZATION OF CERTAIN MAJOR MEDICAL**  
 10 **FACILITY PROJECTS OF THE DEPARTMENT**  
 11 **OF VETERANS AFFAIRS.**

12 (a) AUTHORIZATION.—The Secretary of Veterans Af-  
 13 fairs may carry out the following major medical facility  
 14 project, to be carried out in an amount not to exceed the  
 15 amount specified for that project: Construction of the new  
 16 East Bay Community Based Outpatient Clinic and all as-  
 17 sociated site work, utilities, parking, and landscaping, con-  
 18 struction of the Central Valley Engineering and Logistics  
 19 support facility, and enhanced flood plain mitigation at the  
 20 Central Valley and East Bay Community Based Out-  
 21 patient Clinics as part of the realignment of medical facili-  
 22 ties in Livermore, California, in an amount not to exceed  
 23 \$117,300,000.

1 (b) AUTHORIZATION OF APPROPRIATIONS FOR CON-  
2 STRUCTION.—There is authorized to be appropriated to  
3 the Secretary of Veterans Affairs for fiscal year 2018 or  
4 the year in which funds are appropriated for the Construc-  
5 tion, Major Projects account, \$117,300,000 for the project  
6 authorized in subsection (a).

7 (c) SUBMITTAL OF INFORMATION.—Not later than  
8 90 days after the date of the enactment of this Act, for  
9 the project authorized in section (a), the Secretary of Vet-  
10 erans Affairs shall submit to the Committee on Veterans’  
11 Affairs of the Senate and the Committee on Veterans’ Af-  
12 fairs of the House of Representatives the following infor-  
13 mation:

14 (1) A line item accounting of expenditures re-  
15 lating to construction management carried out by  
16 the Department of Veterans Affairs for such project.

17 (2) The future amounts that are budgeted to be  
18 obligated for construction management carried out  
19 by the Department for such project.

20 (3) A justification for the expenditures de-  
21 scribed in paragraph (1) and the future amounts de-  
22 scribed in paragraph (2).

23 (4) Any agreement entered into by the Sec-  
24 retary regarding a non-Department of Veterans Af-  
25 fairs Federal entity providing management services

1 relating to such project, including reimbursement  
2 agreements and the costs to the Department for  
3 such services.

## 4 **Subtitle D—Other Health Care** 5 **Matters**

### 6 **SEC. 251. PROGRAM ON USE OF WELLNESS PROGRAMS AS** 7 **COMPLEMENTARY APPROACH TO MENTAL** 8 **HEALTH CARE FOR VETERANS AND FAMILY** 9 **MEMBERS OF VETERANS.**

10 (a) PROGRAM REQUIRED.—

11 (1) IN GENERAL.—The Secretary of Veterans  
12 Affairs shall carry out a program through the award  
13 of grants to public or private nonprofit entities to  
14 assess the feasibility and advisability of using  
15 wellness programs to complement the provision of  
16 mental health care to veterans and family members  
17 eligible for counseling under section 1712A(a)(1)(C)  
18 of title 38, United States Code.

19 (2) MATTERS TO BE ADDRESSED.—The pro-  
20 gram shall be carried out so as to assess the fol-  
21 lowing:

22 (A) Means of improving coordination be-  
23 tween Federal, State, local, and community pro-  
24 viders of health care in the provision of mental

1 health care to veterans and family members de-  
2 scribed in paragraph (1).

3 (B) Means of enhancing outreach, and co-  
4 ordination of outreach, by and among providers  
5 of health care referred to in subparagraph (A)  
6 on the mental health care services available to  
7 veterans and family members described in para-  
8 graph (1).

9 (C) Means of using wellness programs of  
10 providers of health care referred to in subpara-  
11 graph (A) as complements to the provision by  
12 the Department of Veterans Affairs of mental  
13 health care to veterans and family members de-  
14 scribed in paragraph (1).

15 (D) Whether wellness programs described  
16 in subparagraph (C) are effective in enhancing  
17 the quality of life and well-being of veterans  
18 and family members described in paragraph  
19 (1).

20 (E) Whether wellness programs described  
21 in subparagraph (C) are effective in increasing  
22 the adherence of veterans described in para-  
23 graph (1) to the primary mental health services  
24 provided such veterans by the Department.

1 (F) Whether wellness programs described  
2 in subparagraph (C) have an impact on the  
3 sense of wellbeing of veterans described in para-  
4 graph (1) who receive primary mental health  
5 services from the Department.

6 (G) Whether wellness programs described  
7 in subparagraph (C) are effective in encour-  
8 aging veterans receiving health care from the  
9 Department to adopt a more healthy lifestyle.

10 (b) DURATION.—The Secretary shall carry out the  
11 program for a period of three years beginning on the date  
12 that is one year after the date of the enactment of this  
13 Act.

14 (c) LOCATIONS.—The Secretary shall carry out the  
15 program at facilities of the Department providing mental  
16 health care services to veterans and family members de-  
17 scribed in subsection (a)(1).

18 (d) GRANT PROPOSALS.—

19 (1) IN GENERAL.—A public or private nonprofit  
20 entity seeking the award of a grant under this sec-  
21 tion shall submit an application therefor to the Sec-  
22 retary in such form and in such manner as the Sec-  
23 retary may require.

1           (2) APPLICATION CONTENTS.—Each application  
2       submitted under paragraph (1) shall include the fol-  
3       lowing:

4           (A) A plan to coordinate activities under  
5       the program, to the extent possible, with Fed-  
6       eral, State, and local providers of services for  
7       veterans to enhance the following:

8           (i) Awareness by veterans of benefits  
9       and health care services provided by the  
10      Department.

11          (ii) Outreach efforts to increase the  
12      use by veterans of services provided by the  
13      Department.

14          (iii) Educational efforts to inform vet-  
15      erans of the benefits of a healthy and ac-  
16      tive lifestyle.

17          (B) A statement of understanding from  
18      the entity submitting the application that, if se-  
19      lected, such entity will be required to report to  
20      the Secretary periodically on standardized data  
21      and other performance data necessary to evalu-  
22      ate individual outcomes and to facilitate evalua-  
23      tions among entities participating in the pro-  
24      gram.

1 (C) Other requirements that the Secretary  
2 may prescribe.

3 (e) GRANT USES.—

4 (1) IN GENERAL.—A public or private nonprofit  
5 entity awarded a grant under this section shall use  
6 the award for purposes prescribed by the Secretary.

7 (2) ELIGIBLE VETERANS AND FAMILY.—In car-  
8 rying out the purposes prescribed by the Secretary  
9 in paragraph (1), a public or private nonprofit entity  
10 awarded a grant under this section shall use the  
11 award to furnish services only to individuals speci-  
12 fied in section 1712A(a)(1)(C) of title 38, United  
13 States Code.

14 (f) REPORTS.—

15 (1) PERIODIC REPORTS.—

16 (A) IN GENERAL.—Not later than 180  
17 days after the date of the commencement of the  
18 program, and every 180 days thereafter, the  
19 Secretary shall submit to Congress a report on  
20 the program.

21 (B) REPORT ELEMENTS.—Each report re-  
22 quired by subparagraph (A) shall include the  
23 following:

24 (i) The findings and conclusions of  
25 the Secretary with respect to the program

1           during the 180-day period preceding the  
2           report.

3           (ii) An assessment of the benefits of  
4           the program to veterans and their family  
5           members during the 180-day period pre-  
6           ceding the report.

7           (2) FINAL REPORT.—Not later than 180 days  
8           after the end of the program, the Secretary shall  
9           submit to Congress a report detailing the rec-  
10          ommendations of the Secretary as to the advisability  
11          of continuing or expanding the program.

12          (g) WELLNESS DEFINED.—In this section, the term  
13          “wellness” has the meaning given that term in regulations  
14          prescribed by the Secretary.

15   **SEC. 252. AUTHORIZATION TO PROVIDE FOR OPERATIONS**  
16                   **ON LIVE DONORS FOR PURPOSES OF CON-**  
17                   **DUCTING TRANSPLANT PROCEDURES FOR**  
18                   **VETERANS.**

19          (a) IN GENERAL.—Subchapter VIII of chapter 17 is  
20          amended by adding at the end the following new section:

21   **“§ 1788. Transplant procedures with live donors and**  
22                   **related services**

23          “(a) IN GENERAL.—Subject to subsections (b) and  
24          (c), in a case in which a veteran is eligible for a transplant  
25          procedure from the Department, the Secretary may pro-

1 vide for an operation on a live donor to carry out such  
 2 procedure for such veteran, notwithstanding that the live  
 3 donor may not be eligible for health care from the Depart-  
 4 ment.

5 “(b) OTHER SERVICES.—Subject to the availability  
 6 of appropriations for such purpose, the Secretary shall  
 7 furnish to a live donor any care or services before and  
 8 after conducting the transplant procedure under sub-  
 9 section (a) that may be required in connection with such  
 10 procedure.

11 “(c) USE OF NON-DEPARTMENT FACILITIES.—In  
 12 carrying out this section, the Secretary may provide for  
 13 the operation described in subsection (a) on a live donor  
 14 and furnish to the live donor the care and services de-  
 15 scribed in subsection (b) at a non-Department facility pur-  
 16 suant to an agreement entered into by the Secretary under  
 17 this chapter. The live donor shall be deemed to be an indi-  
 18 vidual eligible for hospital care and medical services at a  
 19 non-Department facility pursuant to such an agreement  
 20 solely for the purposes of receiving such operation, care,  
 21 and services at the non-Department facility.”.

22 (b) CLERICAL AMENDMENT.—The table of sections  
 23 at the beginning of chapter 17 is amended by inserting  
 24 after the item relating to section 1787 the following new  
 25 item:

“1788. Transplant procedures with live donors and related services.”.

1 **SEC. 253. SENSE OF THE SENATE.**

2 It is the sense of the Senate that—

3 (1) a strong and fully resourced Veterans  
4 Health Administration is necessary to effectively  
5 serve our veterans community;

6 (2) veterans overwhelmingly report that they  
7 are satisfied with the care they receive at facilities  
8 operated by the Administration;

9 (3) research has shown that the Administration  
10 produces as good or better outcomes for its patients  
11 than private health care systems; and

12 (4) the Senate opposes any effort that would  
13 weaken the Administration or put the Administra-  
14 tion on a path toward privatization.

15 **TITLE III—FAMILY CAREGIVERS**

16 **SEC. 301. EXPANSION OF FAMILY CAREGIVER PROGRAM OF**  
17 **DEPARTMENT OF VETERANS AFFAIRS.**

18 (a) FAMILY CAREGIVER PROGRAM.—

19 (1) EXPANSION OF ELIGIBILITY.—

20 (A) IN GENERAL.—Subparagraph (B) of  
21 subsection (a)(2) of section 1720G is amended  
22 to read as follows:

23 “(B) for assistance provided under this sub-  
24 section—

25 “(i) before the date on which the Secretary  
26 submits to Congress a certification that the De-

1           partment has fully implemented the information  
2           technology system required by section 302(a) of  
3           the Caring for our Veterans Act of 2017, has  
4           a serious injury (including traumatic brain in-  
5           jury, psychological trauma, or other mental dis-  
6           order) incurred or aggravated in the line of  
7           duty in the active military, naval, or air service  
8           on or after September 11, 2001;

9           “(ii) during the two-year period beginning  
10          on the date on which the Secretary submitted  
11          to Congress the certification described in clause  
12          (i), has a serious injury (including traumatic  
13          brain injury, psychological trauma, or other  
14          mental disorder) incurred or aggravated in the  
15          line of duty in the active military, naval, or air  
16          service—

17                       “(I) on or before May 7, 1975; or

18                       “(II) on or after September 11, 2001;

19                       or

20           “(iii) after the date that is two years after  
21          the date on which the Secretary submits to  
22          Congress the certification described in clause  
23          (i), has a serious injury (including traumatic  
24          brain injury, psychological trauma, or other  
25          mental disorder) incurred or aggravated in the

1 line of duty in the active military, naval, or air  
2 service; and”.

3 (B) PUBLICATION IN FEDERAL REG-  
4 ISTER.—Not later than 30 days after the date  
5 on which the Secretary of Veterans Affairs sub-  
6 mits to Congress the certification described in  
7 subsection (a)(2)(B)(i) of section 1720G of  
8 such title, as amended by subparagraph (A) of  
9 this paragraph, the Secretary shall publish the  
10 date specified in such subsection in the Federal  
11 Register.

12 (2) EXPANSION OF NEEDED SERVICES IN ELI-  
13 GIBILITY CRITERIA.—Subsection (a)(2)(C) of such  
14 section is amended—

15 (A) in clause (ii), by striking “; or” and in-  
16 serting a semicolon;

17 (B) by redesignating clause (iii) as clause  
18 (iv); and

19 (C) by inserting after clause (ii) the fol-  
20 lowing new clause (iii):

21 “(iii) a need for regular or extensive in-  
22 struction or supervision without which the abil-  
23 ity of the veteran to function in daily life would  
24 be seriously impaired; or”.

1           (3) EXPANSION OF SERVICES PROVIDED.—Sub-  
2       section (a)(3)(A)(ii) of such section is amended—

3           (A) in subclause (IV), by striking “; and”  
4       and inserting a semicolon;

5           (B) in subclause (V), by striking the period  
6       at the end and inserting “; and”; and

7           (C) by adding at the end the following new  
8       subclause:

9           “(VI) through the use of contracts with, or  
10       the provision of grants to, public or private en-  
11       tities—

12           “(aa) financial planning services relat-  
13       ing to the needs of injured veterans and  
14       their caregivers; and

15           “(bb) legal services, including legal  
16       advice and consultation, relating to the  
17       needs of injured veterans and their care-  
18       givers.”.

19       (4) MODIFICATION OF STIPEND CALCULA-  
20       TION.—Subsection (a)(3)(C) of such section is  
21       amended—

22           (A) by redesignating clause (iii) as clause  
23       (iv); and

24           (B) by inserting after clause (ii) the fol-  
25       lowing new clause (iii):

1       “(iii) In determining the amount and degree of per-  
2       sonal care services provided under clause (i) with respect  
3       to an eligible veteran whose need for personal care services  
4       is based in whole or in part on a need for supervision or  
5       protection under paragraph (2)(C)(ii) or regular instruc-  
6       tion or supervision under paragraph (2)(C)(iii), the Sec-  
7       retary shall take into account the following:

8               “(I) The assessment by the family caregiver of  
9       the needs and limitations of the veteran.

10              “(II) The extent to which the veteran can func-  
11       tion safely and independently in the absence of such  
12       supervision, protection, or instruction.

13              “(III) The amount of time required for the  
14       family caregiver to provide such supervision, protec-  
15       tion, or instruction to the veteran.”.

16              (5) PERIODIC EVALUATION OF NEED FOR CER-  
17       TAIN SERVICES.—Subsection (a)(3) of such section  
18       is amended by adding at the end the following new  
19       subparagraph:

20              “(D) In providing instruction, preparation, and train-  
21       ing under subparagraph (A)(i)(I) and technical support  
22       under subparagraph (A)(i)(II) to each family caregiver  
23       who is approved as a provider of personal care services  
24       for an eligible veteran under paragraph (6), the Secretary  
25       shall periodically evaluate the needs of the eligible veteran

1 and the skills of the family caregiver of such veteran to  
2 determine if additional instruction, preparation, training,  
3 or technical support under those subparagraphs is nec-  
4 essary.”.

5 (6) USE OF PRIMARY CARE TEAMS.—Subsection  
6 (a)(5) of such section is amended, in the matter pre-  
7 ceding subparagraph (A), by inserting “(in collabo-  
8 ration with the primary care team for the eligible  
9 veteran to the maximum extent practicable)” after  
10 “evaluate”.

11 (7) ASSISTANCE FOR FAMILY CAREGIVERS.—  
12 Subsection (a) of such section is amended by adding  
13 at the end the following new paragraph:

14 “(11)(A) In providing assistance under this sub-  
15 section to family caregivers of eligible veterans, the Sec-  
16 retary may enter into contracts, provider agreements, and  
17 memoranda of understanding with Federal agencies,  
18 States, and private, nonprofit, and other entities to pro-  
19 vide such assistance to such family caregivers.

20 “(B) The Secretary may provide assistance under  
21 this paragraph only if such assistance is reasonably acces-  
22 sible to the family caregiver and is substantially equivalent  
23 or better in quality to similar services provided by the De-  
24 partment.

1       “(C) The Secretary may provide fair compensation  
 2 to Federal agencies, States, and other entities that provide  
 3 assistance under this paragraph.”.

4       (b) MODIFICATION OF DEFINITION OF PERSONAL  
 5 CARE SERVICES.—Subsection (d)(4) of such section is  
 6 amended—

7           (1) in subparagraph (A), by striking “inde-  
 8 pendent”;

9           (2) by redesignating subparagraph (B) as sub-  
 10 paragraph (D); and

11           (3) by inserting after subparagraph (A) the fol-  
 12 lowing new subparagraphs:

13           “(B) Supervision or protection based on  
 14 symptoms or residuals of neurological or other  
 15 impairment or injury.

16           “(C) Regular or extensive instruction or  
 17 supervision without which the ability of the vet-  
 18 eran to function in daily life would be seriously  
 19 impaired.”.

20 **SEC. 302. IMPLEMENTATION OF INFORMATION TECH-**  
 21 **NOLOGY SYSTEM OF DEPARTMENT OF VET-**  
 22 **ERANS AFFAIRS TO ASSESS AND IMPROVE**  
 23 **THE FAMILY CAREGIVER PROGRAM.**

24       (a) IMPLEMENTATION OF NEW SYSTEM.—

1           (1) IN GENERAL.—Not later than June 1,  
2           2018, the Secretary of Veterans Affairs shall imple-  
3           ment an information technology system that fully  
4           supports the Program and allows for data assess-  
5           ment and comprehensive monitoring of the Program.

6           (2) ELEMENTS OF SYSTEM.—The information  
7           technology system required to be implemented under  
8           paragraph (1) shall include the following:

9                   (A) The ability to easily retrieve data that  
10                  will allow all aspects of the Program (at the  
11                  medical center and aggregate levels) and the  
12                  workload trends for the Program to be assessed  
13                  and comprehensively monitored.

14                  (B) The ability to manage data with re-  
15                  spect to a number of caregivers that is more  
16                  than the number of caregivers that the Sec-  
17                  retary expects to apply for the Program.

18                  (C) The ability to integrate the system  
19                  with other relevant information technology sys-  
20                  tems of the Veterans Health Administration.

21           (b) ASSESSMENT OF PROGRAM.—Not later than 180  
22           days after implementing the system described in sub-  
23           section (a), the Secretary shall, through the Under Sec-  
24           retary for Health, use data from the system and other rel-

1 evant data to conduct an assessment of how key aspects  
2 of the Program are structured and carried out.

3 (c) ONGOING MONITORING OF AND MODIFICATIONS  
4 TO PROGRAM.—

5 (1) MONITORING.—The Secretary shall use the  
6 system implemented under subsection (a) to monitor  
7 and assess the workload of the Program, including  
8 monitoring and assessment of data on—

9 (A) the status of applications, appeals, and  
10 home visits in connection with the Program;  
11 and

12 (B) the use by caregivers participating in  
13 the Program of other support services under  
14 the Program such as respite care.

15 (2) MODIFICATIONS.—Based on the monitoring  
16 and assessment conducted under paragraph (1), the  
17 Secretary shall identify and implement such modi-  
18 fications to the Program as the Secretary considers  
19 necessary to ensure the Program is functioning as  
20 intended and providing veterans and caregivers par-  
21 ticipating in the Program with services in a timely  
22 manner.

23 (d) REPORTS.—

24 (1) INITIAL REPORT.—

1 (A) IN GENERAL.—Not later than 90 days  
2 after the date of the enactment of this Act, the  
3 Secretary shall submit to the Committee on  
4 Veterans' Affairs of the Senate, the Committee  
5 on Veterans' Affairs of the House of Represent-  
6 atives, and the Comptroller General of the  
7 United States a report that includes—

8 (i) the status of the planning, develop-  
9 ment, and deployment of the system re-  
10 quired to be implemented under subsection  
11 (a), including any changes in the timeline  
12 for the implementation of the system; and

13 (ii) an assessment of the needs of  
14 family caregivers of veterans described in  
15 subparagraph (B), the resources needed  
16 for the inclusion of such family caregivers  
17 in the Program, and such changes to the  
18 Program as the Secretary considers nec-  
19 essary to ensure the successful expansion  
20 of the Program to include such family  
21 caregivers.

22 (B) VETERANS DESCRIBED.—Veterans de-  
23 scribed in this subparagraph are veterans who  
24 are eligible for the Program under clause (ii) or  
25 (iii) of section 1720G(a)(2)(B) of title 38,

1 United States Code, as amended by section  
2 301(a)(1) of this Act, solely due to a serious in-  
3 jury (including traumatic brain injury, psycho-  
4 logical trauma, or other mental disorder) in-  
5 curred or aggravated in the line of duty in the  
6 active military, naval, or air service before Sep-  
7 tember 11, 2001.

8 (2) NOTIFICATION BY COMPTROLLER GEN-  
9 ERAL.—The Comptroller General shall review the re-  
10 port submitted under paragraph (1) and notify the  
11 Committee on Veterans' Affairs of the Senate and  
12 the Committee on Veterans' Affairs of the House of  
13 Representatives with respect to the progress of the  
14 Secretary in—

15 (A) fully implementing the system required  
16 under subsection (a); and

17 (B) implementing a process for using such  
18 system to monitor and assess the Program  
19 under subsection (c)(1) and modify the Pro-  
20 gram as considered necessary under subsection  
21 (c)(2).

22 (3) FINAL REPORT.—

23 (A) IN GENERAL.—Not later than June 1,  
24 2019, the Secretary shall submit to the Com-  
25 mittee on Veterans' Affairs of the Senate, the

Committee on Veterans' Affairs of the House of Representatives, and the Comptroller General a report on the implementation of subsections (a) through (c).

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

(i) A certification by the Secretary with respect to whether the information technology system described in subsection (a) has been implemented.

(ii) A description of how the Secretary has implemented such system.

(iii) A description of the modifications to the Program, if any, that were identified and implemented under subsection (c)(2).

(iv) A description of how the Secretary is using such system to monitor the workload of the Program.

(e) DEFINITIONS.—In this section:

(1) ACTIVE MILITARY, NAVAL, OR AIR SERVICE.—The term “active military, naval, or air service” has the meaning given that term in section 101 of title 38, United States Code.

(2) PROGRAM.—The term “Program” means the program of comprehensive assistance for family

1 caregivers under section 1720G(a) of title 38,  
 2 United States Code, as amended by section 301 of  
 3 this Act.

4 **SEC. 303. MODIFICATIONS TO ANNUAL EVALUATION RE-**  
 5 **PORT ON CAREGIVER PROGRAM OF DEPART-**  
 6 **MENT OF VETERANS AFFAIRS.**

7 (a) BARRIERS TO CARE AND SERVICES.—Subpara-  
 8 graph (A)(iv) of section 101(c)(2) of the Caregivers and  
 9 Veterans Omnibus Health Services Act of 2010 (Public  
 10 Law 111–163; 38 U.S.C. 1720G note) is amended by in-  
 11 serting “, including a description of any barriers to access-  
 12 ing and receiving care and services under such programs”  
 13 before the semicolon.

14 (b) SUFFICIENCY OF TRAINING FOR FAMILY CARE-  
 15 GIVER PROGRAM.—Subparagraph (B) of such section is  
 16 amended—

17 (1) in clause (i), by striking “; and” and insert-  
 18 ing a semicolon;

19 (2) in clause (ii), by striking the period at the  
 20 end and inserting “; and”; and

21 (3) by adding at the end the following new  
 22 clause:

23 “(iii) an evaluation of the sufficiency  
 24 and consistency of the training provided to  
 25 family caregivers under such program in

preparing family caregivers to provide care  
to veterans under such program.”.

## **TITLE IV—APPROPRIATION OF AMOUNTS**

### **SEC. 401. APPROPRIATION OF AMOUNTS FOR HEALTH CARE FROM DEPARTMENT OF VETERANS AF- FAIRS.**

(a) IN GENERAL.—There is authorized to be appro-  
priated, and is appropriated, to the Secretary of Veterans  
Affairs, out of any funds in the Treasury not otherwise  
appropriated, \$1,000,000,000 to carry out subsection (c).

(b) AVAILABILITY OF AMOUNTS.—The amount ap-  
propriated under subsection (a) shall be available for obli-  
gation or expenditure without fiscal year limitation.

(c) USE OF AMOUNTS.—The amount appropriated  
under subsection (a) shall be used by the Secretary to  
carry out the following:

(1) Subchapters II and VII of chapter 76 of  
title 38, United States Code;

(2) The program to increase the number of  
graduate medical education residency positions of  
the Department under sections 211 and 212; and

(3) Section 221.

(d) FUNDING PLAN.—Not later than 60 days after  
the date of the enactment of this Act, the Secretary shall

1 submit to the appropriate committees of Congress a fund-  
2 ing plan describing how the Secretary intends to use the  
3 amount appropriated under subsection (a).

4 (e) SUPPLEMENT NOT SUPPLANT.—Amounts appro-  
5 priated under subsection (a) for purposes of carrying out  
6 subchapters II and VII of chapter 76 of title 38, United  
7 States Code, shall supplement, not supplant, amounts oth-  
8 erwise made available to the Secretary to carry out such  
9 subchapters.

10 (f) REPORT.—Not later than one year after the date  
11 of the enactment of this Act, the Secretary shall submit  
12 to the appropriate committees of Congress a report on how  
13 the Secretary has obligated the amount appropriated  
14 under subsection (a) as of the date of the submittal of  
15 the report.

16 (g) APPROPRIATE COMMITTEES OF CONGRESS DE-  
17 FINED.—In this section, the term “appropriate commit-  
18 tees of Congress” means—

19 (1) the Committee on Veterans’ Affairs and the  
20 Committee on Appropriations of the Senate; and

21 (2) the Committee on Veterans’ Affairs and the  
22 Committee on Appropriations of the House of Rep-  
23 resentatives.

1 **SEC. 402. APPROPRIATION OF AMOUNTS FOR VETERANS**

2 **CHOICE PROGRAM.**

3 (a) IN GENERAL.—There is authorized to be appro-  
4 priated, and is appropriated, to the Secretary of Veterans  
5 Affairs, out of any funds in the Treasury not otherwise  
6 appropriated, \$4,000,000,000 to be deposited in the Vet-  
7 erans Choice Fund under section 802 of the Veterans Ac-  
8 cess, Choice, and Accountability Act of 2014 (Public Law  
9 113–146; 38 U.S.C. 1701 note).

10 (b) AVAILABILITY.—The amount appropriated under  
11 subsection (a) shall remain available until expended pursu-  
12 ant to section 802(c)(4) of the Veterans Access, Choice,  
13 and Accountability Act of 2014 (Public Law 113–146; 38  
14 U.S.C. 1701 note) as added by section 142.



**Calendar No. 273**

115<sup>TH</sup> CONGRESS  
1<sup>ST</sup> Session

**S. 2193**

**A BILL**

To amend title 38, United States Code, to improve health care for veterans, and for other purposes.

DECEMBER 5, 2017

Read twice and placed on the calendar