

119TH CONGRESS
2D SESSION

H. R. 9237

To amend titles 10 and 38, United States Code, and other Federal laws, to improve benefits for veterans and the administration of the Department of Veterans Affairs.

IN THE HOUSE OF REPRESENTATIVES

JUNE 10, 2026

Mr. BOST (for himself, Mr. BILIRAKIS, Mr. HUDSON, Mr. LAWLER, Mr. VAN ORDEN, Mrs. MILLER-MEEKS, Mr. MURPHY, Mr. MCGUIRE, Mr. BARRITT, Mr. BERGMAN, Mr. BAIRD, Mr. MEUSER, Ms. KING-HINDS, Mrs. KIGGANS of Virginia, Mr. HAMADEH of Arizona, Mr. HILL of Arkansas, Mr. OBERNOLTE, Mr. EDWARDS, Mr. MOOLENAAR, Mr. TAYLOR, and Mr. KELLY of Pennsylvania) introduced the following bill; which was referred to the Committee on Veterans' Affairs, and in addition to the Committee on Armed Services, for a period to be subsequently determined by the Speaker, in each case for consideration of such provisions as fall within the jurisdiction of the committee concerned

A BILL

To amend titles 10 and 38, United States Code, and other Federal laws, to improve benefits for veterans and the administration of the Department of Veterans Affairs.

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 “Take Care of America’s Veterans Act”.

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

Sec. 1. Short title; table of contents.

TITLE I—COMPENSATION

Sec. 101. Major Richard Star Act.

Sec. 102. Love Lives On Act.

Sec. 103. Extension of increased dependency and indemnity compensation to surviving spouses of veterans who die from amyotrophic lateral sclerosis.

Sec. 104. Sharri Briley and Eric Edmundson Veterans Benefits Expansion Act of 2026.

Sec. 105. Claims: prohibition on denial solely for certain reason; improved efficiency of adjudications and appeals.

Sec. 106. Annual report on causes of death among veterans.

Sec. 107. Plan for use of automation tools to process claims under laws administered by the Secretary of Veterans Affairs.

Sec. 108. Reforms relating to Department of Veterans Affairs disability ratings.

Sec. 109. Improvements to temporary licensure requirements for contract health care professionals who perform medical disability examinations for the Department of Veterans Affairs.

Sec. 110. Disability examinations: study on access in rural areas; review of training; review of inadequate or unnecessary examinations.

Sec. 111. Improvements to processing and outreach regarding claims involving military sexual trauma.

Sec. 112. Independent assessment of notices that the Secretary of Veterans Affairs sends to claimants.

Sec. 113. Independent assessment of forms that the Secretary of Veterans Affairs sends to claimants.

TITLE II—EDUCATION AND ECONOMIC OPPORTUNITY

Sec. 201. Vets Opportunity Act.

Sec. 202. Improvements to process for making payments to automobile sellers for automobiles purchased for certain disabled veterans.

Sec. 203. Monthly housing stipend under the Post-9/11 Educational Assistance Program for individuals who pursue summer programs of education solely through distance learning.

Sec. 204. Clarification regarding inclusion of medically necessary automobile adaptations in Department of Veterans Affairs definition of “medical services”.

Sec. 205. Digital communications: Solid Start program; educational assistance.

Sec. 206. Improvements to Transition Assistance Program and Skillbridge.

Sec. 207. Transition Assistance Program: presentation in preseparation counseling to promote benefits available to veterans.

Sec. 208. Elimination of requirement that on-campus educational and vocational counseling is provided by certain Department of Veterans Affairs employees.

Sec. 209. Expansion of entitlement for payment for licensing or certification tests for veterans entitled to educational assistance.

- Sec. 210. Increase of amount of educational assistance paid by the Secretary of Veterans Affairs for first year of a full-time program of apprenticeship or other on-job training.
- Sec. 211. Improving emerging technology opportunities for veterans.

TITLE III—HEALTH CARE

- Sec. 301. Extension and modification of transportation grant program of Department of Veterans Affairs.
- Sec. 302. Veteran Caregiver Reeducation, Reemployment, and Retirement Act.
- Sec. 303. Veterans TBI Breakthrough Exploration of Adaptive Care Opportunities Nationwide Act.
- Sec. 304. Department of Veterans Affairs assignment of traveling physicians to serve territories and possessions.
- Sec. 305. Inclusion of adaptive prostheses and terminal devices for sports and other recreational activities in medical services furnished to eligible veterans by the Secretary of Veterans Affairs.
- Sec. 306. Modifications to and reauthorization of Staff Sergeant Parker Gordon Fox Suicide Prevention Grant Program of Department of Veterans Affairs.
- Sec. 307. Reports on the use of hyperbaric oxygen therapy.
- Sec. 308. Department of Veterans Affairs pilot program to provide grants to mental health care providers for the provision of mental health care for veterans.
- Sec. 309. Furnishing of certain health services to veterans in the Freely Associated States.
- Sec. 310. Modification of Precision Medicine for Veterans Initiative; reporting on suicide by veterans and members of the Armed Forces.
- Sec. 311. Establishment of the Blast Overpressure Task Force of the Department of Veterans Affairs.
- Sec. 312. Extension of sharing of Department of Veterans Affairs and Department of Defense Health Care Resources; resource sharing oversight and implementation plan.
- Sec. 313. Timely reporting of the death of a veteran.
- Sec. 314. Expansion of access by veterans to critical access hospitals and affiliated clinics under the Veterans Community Care Program.
- Sec. 315. Pilot platform for services for veterans; collection from veterans of information related to social determinants of health.
- Sec. 316. Improvements to Department of Veterans Affairs prosthetic and rehabilitative items and service.
- Sec. 317. Improvement of submission of medical documentation to the Secretary of Veterans Affairs by community care providers.
- Sec. 318. Implementation of and report on efforts of Department of Veterans Affairs to improve health care appointment scheduling.
- Sec. 319. Pilot program on coordination of care between Department of Veterans Affairs and Medicare program.
- Sec. 320. Fisher House availability.
- Sec. 321. Agreements between medical facilities of Department of Veterans Affairs and rural medical facilities.
- Sec. 322. Study on quality of care difference between mental health and addiction therapy care provided by health care providers of Department of Veterans Affairs compared to non-Department providers.
- Sec. 323. Lactation spaces in medical centers of the Department of Veterans Affairs.

- Sec. 324. Research related to menopause, perimenopause, and mid-life women's health: report; plan.
- Sec. 325. Pilot program on provision of opioid rescue medications to veterans.
- Sec. 326. Establishment of Veterans Health Administration Policy Advisory Commission.
- Sec. 327. Access to health care.
- Sec. 328. Research on health conditions of descendants of toxic-exposed veterans.
- Sec. 329. Veterans Spinal Trauma Access to New Devices Act.
- Sec. 330. Department of Veterans Affairs pilot program to award grants for the provision of service dogs to veterans.
- Sec. 331. Authorization of major medical facility project of Department of Veterans Affairs for fiscal year 2027 in Manchester, New Hampshire.
- Sec. 332. Bowel and bladder care program of Department of Veterans Affairs.

TITLE IV—ORGANIZATION

- Sec. 401. Authorization of appropriations to the Office of Information and Technology of the Department of Veterans Affairs for certain purposes.
- Sec. 402. Establishment of Under Secretary for Management and Chief Financial Officer.
- Sec. 403. Department of Veterans Affairs acquisition reform and cost assessment.
- Sec. 404. Improvement of telephone communication by Department of Veterans Affairs.
- Sec. 405. Advancing Department of Veterans Affairs emergency response to crisis.
- Sec. 406. Membership of Department of Veterans Affairs Geriatrics and Gerontology Advisory Committee.
- Sec. 407. Scheduling of appointments under the Veterans Community Care Program.

TITLE V—MEMORIAL AFFAIRS

- Sec. 501. Expansion of eligibility for Department of Veterans Affairs memorial headstone or marker for certain individuals.
- Sec. 502. Department of Veterans Affairs provision of additional burial benefits when an urn or commemorative plaque is furnished.
- Sec. 503. Fallen Servicemembers Religious Heritage Restoration Program.

TITLE VI—VETERANS' ASSURING CRITICAL CARE EXPANSIONS TO SUPPORT SERVICEMEMBERS

Subtitle A—Improvement of Veterans Community Care Program

- Sec. 601. Codification of requirements for eligibility standards for access to community care from Department of Veterans Affairs.
- Sec. 602. Requirement that Secretary notify veterans of eligibility for care or denial of request for care under Veterans Community Care Program.
- Sec. 603. Consideration under Veterans Community Care Program of continuity of care and need for caregiver or attendant.
- Sec. 604. Discussion of telehealth options under Veterans Community Care Program.

- Sec. 605. Extension of deadline for submittal of claims by health care entities and providers under prompt payment standard.
- Sec. 606. Audit of representative sample of veterans receiving care and services under Veterans Community Care Program.
- Sec. 607. Information on wait time and drive time options for receipt of care by veterans.
- Sec. 608. Establishment of period during which a referral under Veterans Community Care Program remains valid.
- Sec. 609. Updates to contracting requirements under Veterans Community Care Program.
- Sec. 610. Publication of community care network sufficiency and payment waiver requests and approvals.
- Sec. 611. Requirements relating to quality of community care providers.
- Sec. 612. Provider training.
- Sec. 613. Oversight authority over community care.

Subtitle B—Mental Health Treatment Programs

- Sec. 621. Veteran participation in certain mental health programs.
- Sec. 622. Access to mental health residential rehabilitation treatment programs for veterans with spinal cord injury or disorder.

Subtitle C—Staffing Matters

- Sec. 631. Treatment of psychologists.
- Sec. 632. Mentorship program for executive leadership teams at medical centers of the Department of Veterans Affairs.
- Sec. 633. Requirement for equivalent role postings for vacant positions at Department of Veterans Affairs.
- Sec. 634. Improvements to Department of Veterans Affairs hiring processes.
- Sec. 635. Department of Veterans Affairs telework policy.
- Sec. 636. Expansion of reimbursement of continuing professional education expenses.
- Sec. 637. Department of Veterans Affairs personnel transparency.
- Sec. 638. Modification of authority of licensure of health care professionals providing treatment via telemedicine.
- Sec. 639. Provision of data on educational assistance programs of Veterans Health Administration.

Subtitle D—Optimization of Workforce

- Sec. 641. Department of Veterans Affairs strategic human capital plan.
- Sec. 642. Department of Veterans Affairs reduction in force notice requirement.
- Sec. 643. Detailed plans and justifications for reorganization of offices.
- Sec. 644. Rule of construction.

Subtitle E—Veterans Infrastructure and Transformation

- Sec. 651. Short title.
- Sec. 652. Modification of authority for sharing of health-care resources of Department of Veterans Affairs to include flexible space utilization and streamlined service agreements.
- Sec. 653. Use of commercial construction and facilities code and standards.
- Sec. 654. Feasibility study for full-service hospital of Department of Veterans Affairs in certain States.

- Sec. 655. Report on strategic plan for infrastructure and capital assets of Department of Veterans Affairs.
- Sec. 656. Permanent extension of pilot program on acceptance by the Department of Veterans Affairs of donated facilities and related improvements.
- Sec. 657. Authority to accept donations of construction services, minor construction or nonrecurring maintenance projects, and targeted contributions.
- Sec. 658. Report on use of additional authorities relating to recruitment and retention of personnel.
- Sec. 659. Reports on key capital asset investments, activities, and performance of Department of Veterans Affairs.
- Sec. 660. Development of streamlined procurement model; report.
- Sec. 661. Submission and notification of cost estimates for medical facility leases.
- Sec. 662. Report on capital asset and information technology needs of the research and development program of Department of Veterans Affairs.
- Sec. 663. Improving prevention, detection, and reporting of waste, fraud, and abuse in Department of Veterans Affairs capital asset projects and activities.
- Sec. 664. Report on long-term care physical infrastructure needs of Department of Veterans Affairs.

Subtitle F—Other Health Care Matters

- Sec. 671. Prescription, delivery, distribution, and dispensation of controlled substance medications by covered health care professionals of Department of Veterans Affairs via telemedicine.
- Sec. 672. Copayments for limited supplies of medications.
- Sec. 673. Plan on establishment of interactive, online self-service module for care.
- Sec. 674. Modification of requirements for Center for Innovation for Care and Payment of the Department of Veterans Affairs and transfer of authority.
- Sec. 675. Report on improvements to clinical appeals process.
- Sec. 676. Plan on increasing accessibility of care for veterans with spinal cord injury or disorder.

1 **TITLE I—COMPENSATION**

2 **SEC. 101. MAJOR RICHARD STAR ACT.**

3 (a) CONCURRENT RECEIPT GENERALLY.—Section
 4 1414(b) of title 10, United States Code, is amended by
 5 striking paragraph (2) and inserting the following new
 6 paragraphs:

7 “(2) COMBAT-RELATED DISABILITY RETIR-
 8 EES.—

1 “(A) IN GENERAL.—A member retired
2 under chapter 61 of this title with a combat-re-
3 lated disability who is entitled for any month to
4 retired pay under chapter 61 of this title and
5 is also entitled for that month to veterans’ dis-
6 ability compensation under title 38, is entitled
7 to be paid both without regard to sections 5304
8 and 5305 of title 38, as provided by subpara-
9 graphs (B) and (C).

10 “(B) CAREER RETIREES.—In the case of a
11 member retired under chapter 61 of this title
12 who has a combat-related disability that is not
13 a qualifying service-connected disability (as de-
14 fined in subsection (a)(2)) and who, at the time
15 of the member’s retirement, had 20 years or
16 more of service otherwise creditable under sec-
17 tion 1405 of this title or at least 20 years of
18 service computed under section 12732 of this
19 title, the member may receive, without regard
20 to sections 5304 and 5305 of title 38, both—

21 “(i) the amount of retired pay to
22 which the member would have been enti-
23 tled under any other provision of law based
24 on the member’s service in the uniformed

1 services if the member had not been retired
2 under chapter 61 of this title; and

3 “(ii) veterans’ disability compensation
4 under title 38.

5 “(C) DISABILITY RETIREES WITH LESS
6 THAN 20 YEARS OF SERVICE.—In the case of a
7 member retired under chapter 61 of this title
8 with a combat-related disability and who, at the
9 time of the member’s retirement, had less than
10 20 years of service otherwise creditable under
11 section 1405 of this title or less than 20 years
12 of service computed under section 12732 of this
13 title, the member may receive, without regard
14 to sections 5304 and 5305 of title 38, the lesser
15 of—

16 “(i) both—

17 “(I) the retired pay for which the
18 member is eligible under chapter 61
19 of this title; and

20 “(II) veterans’ disability com-
21 pensation under title 38; or

22 “(ii) both—

23 “(I) an amount equal to the
24 product of the retired pay base com-
25 puted under section 1406(b) or 1407

1 of this title and the retired pay multi-
2 plier determined under section 1409
3 of this title, as such base pay and
4 multiplier would be computed if the
5 member had 20 years of service cred-
6 itable under section 1405 of this title;
7 and

8 “(II) veterans’ disability com-
9 pensation under title 38.

10 “(D) COMBAT-RELATED DISABILITY DE-
11 FINED.—In this paragraph, the term ‘combat-
12 related disability’ has the meaning given that
13 term in subsection (e) of section 1413a of this
14 title and as determined under the criteria and
15 procedures used for purposes of such section.

16 “(3) EXCLUSION OF OTHER RETIREES.—Sub-
17 section (a) does not apply to a member retired under
18 chapter 61 of this title if the member is not covered
19 by paragraph (1) or (2).”.

20 (b) TECHNICAL AND CONFORMING AMENDMENTS.—

21 (1) COORDINATION WITH COMBAT-RELATED
22 SPECIAL COMPENSATION PROGRAM.—Section
23 1414(d) of title 10, United States Code, is amended
24 by striking “qualified retiree under this section” and

1 inserting “qualified retiree under subsection (a) or is
2 entitled to a payment under subsection (b)(2)”.

3 (2) AMENDMENTS REFLECTING END OF CON-
4 CURRENT RECEIPT PHASE-IN PERIOD.—Section
5 1414 of title 10, United States Code, is further
6 amended—

7 (A) in subsection (a)(1)—

8 (i) by striking the second sentence;

9 and

10 (ii) by striking subparagraphs (A) and

11 (B);

12 (B) by striking subsection (c) and redesign-
13 nating subsections (d) and (e) as subsections
14 (c) and (d), respectively; and

15 (C) in subsection (d), as redesignated, by
16 striking paragraphs (3) and (4).

17 (3) SECTION HEADING.—The heading of section
18 1414 of such title is amended to read as follows:

19 **“§ 1414. Members eligible for retired pay who are also**
20 **eligible for veterans’ disability compensa-**
21 **tion: concurrent receipt”.**

22 (4) CONFORMING AMENDMENT.—Section
23 1413a(f) of such title is amended by striking “Sub-
24 section (d)” and inserting “Subsection (c)”.

1 (c) EFFECTIVE DATE.—The amendments made by
2 this section shall take effect on January 1, 2027, and shall
3 apply to payments for months beginning on or after that
4 date.

5 **SEC. 102. LOVE LIVES ON ACT.**

6 (a) MODIFICATION OF ENTITLEMENT TO VETERANS
7 DEPENDENCY AND INDEMNITY COMPENSATION FOR SUR-
8 VIVING SPOUSES WHO REMARRY.—Section 103(d) of title
9 38, United States Code, is amended—

10 (1) in paragraph (2)(B)—

11 (A) by inserting “(i)” before “The remar-
12 riage”;

13 (B) in clause (i), as designated by subpara-
14 graph (A), by striking “Notwithstanding the
15 previous sentence” and inserting the following:

16 “(ii) Notwithstanding clause (i)”;

17 (C) by adding at the end the following new
18 clause:

19 “(iii) Notwithstanding clause (ii), the remarriage of
20 a surviving spouse shall not bar the furnishing of benefits
21 under section 1311 or 1562 of this title to the surviving
22 spouse of a veteran.”;

23 (2) in paragraph (5)—

24 (A) by striking subparagraph (A); and

1 (B) by renumbering subparagraphs (B)
2 through (E) as subparagraphs (A) through (D),
3 respectively.

4 (b) CONTINUED ELIGIBILITY FOR SURVIVOR BEN-
5 EFIT PLAN FOR CERTAIN SURVIVING SPOUSES WHO RE-
6 MARRY.—Section 1450(b)(2) of title 10, United States
7 Code, is amended—

8 (1) by striking “An annuity” and inserting the
9 following:

10 “(A) IN GENERAL.—(A) Subject to sub-
11 paragraph (B), an annuity”; and

12 (2) by adding at the end the following new sub-
13 paragraph:

14 “(B) TREATMENT OF SURVIVORS OF MEM-
15 BERS WHO DIE ON ACTIVE DUTY.—The Sec-
16 retary may not terminate payment of an annu-
17 ity for a surviving spouse described in subpara-
18 graph (A) or (B) of section 1448(d)(1) solely
19 because that surviving spouse remarries. In the
20 case of a surviving spouse who remarried before
21 reaching age 55 and before the date of the en-
22 actment of Take Care of America’s Veterans
23 Act, the Secretary shall resume payment of the
24 annuity to that surviving spouse—

1 “(i) except as provided by clause (ii),
2 for each month that begins on or after the
3 date that is one year after such date of en-
4 actment; or

5 “(ii) on the first day of the first
6 month beginning after such date of enact-
7 ment, in the case of a surviving spouse
8 who elected to transfer payment of that
9 annuity to a surviving child or children
10 under the provisions of section
11 1448(d)(2)(B) of title 10, United States
12 Code, as in effect on December 31, 2019.”.

13 (c) EXPANSION OF DEFINITION OF DEPENDENT
14 UNDER TRICARE PROGRAM TO INCLUDE A REMARRIED
15 WIDOW OR WIDOWER WHOSE SUBSEQUENT MARRIAGE
16 HAS ENDED.—Section 1072(2) of title 10, United States
17 Code, is amended—

18 (1) in subparagraph (H), by striking “; and”
19 and inserting a semicolon;

20 (2) in subparagraph (I)(v), by striking the pe-
21 riod at the end and inserting “; and”; and

22 (3) by adding at the end the following new sub-
23 paragraph:

1 “(J) a remarried widow or widower whose
 2 subsequent marriage has ended due to death,
 3 divorce, or annulment.”.

4 **SEC. 103. EXTENSION OF INCREASED DEPENDENCY AND IN-**
 5 **DEMNITY COMPENSATION TO SURVIVING**
 6 **SPOUSES OF VETERANS WHO DIE FROM**
 7 **AMYOTROPHIC LATERAL SCLEROSIS.**

8 (a) EXTENSION.—Section 1311(a)(2) of title 38,
 9 United States Code, is amended—

10 (1) by inserting “(A)” before “The rate”; and

11 (2) by adding at the end the following new sub-
 12 paragraph:

13 “(B) A veteran whom the Secretary determines died
 14 from amyotrophic lateral sclerosis shall be treated as a
 15 veteran described in subparagraph (A) without regard for
 16 how long the veteran had such disease prior to death.”.

17 (b) APPLICABILITY.—Subparagraph (B) of section
 18 1311(a)(2) of title 38, United States Code, as added by
 19 subsection (a), shall apply to a veteran who dies from
 20 amyotrophic lateral sclerosis on or after October 1, 2022.

21 **SEC. 104. SHARRI BRILEY AND ERIC EDMUNDSON VET-**
 22 **ERANS BENEFITS EXPANSION ACT OF 2026.**

23 (a) INCREASE IN RATES OF CERTAIN DISABILITY
 24 COMPENSATION AND DEPENDENCY AND INDEMNITY

1 COMPENSATION UNDER LAWS ADMINISTERED BY SEC-
2 RETARY OF VETERANS AFFAIRS.—

3 (1) INCREASE TO RATES OF WARTIME DIS-
4 ABILITY COMPENSATION.—

5 (A) IN GENERAL.—Section 1114 of title
6 38, United States Code, is amended by adding
7 at the end the following new subsection:

8 “(u) In the case of a veteran eligible for a monthly
9 aid and attendance allowance under subsection (r) or sub-
10 section (t) of this section, the Secretary shall, in addition
11 to the total amount of compensation for which the veteran
12 is eligible under this section, pay the veteran a supple-
13 mental monthly allowance at the rate of \$833.33.”.

14 (B) EFFECTIVE DATE; APPLICABILITY.—
15 Subsection (u) of such section (as added by
16 subparagraph (A)) shall take effect on Decem-
17 ber 1, 2026, and shall apply to months begin-
18 ning on or after such date.

19 (2) INCREASE TO RATES OF DEPENDENCY AND
20 INDEMNITY COMPENSATION.—Section 5312 of such
21 title is amended by adding at the end the following
22 new subsection:

23 “(d)(1) Whenever there is an increase in benefit
24 amounts payable under title II of the Social Security Act
25 (42 U.S.C. 401 et seq.) as a result of a determination

1 made under section 215(i) of such Act (42 U.S.C. 415(i)),
2 the Secretary shall, except as provided in paragraph (2),
3 effective on the date of such increase in benefit amounts,
4 increase the dollar amounts in effect for the payment of
5 dependency and indemnity compensation by the Secretary
6 under paragraph (1) and paragraph (3) of section 1311(a)
7 of this title, as such amounts were in effect immediately
8 before the date of such increase in benefit amounts pay-
9 able under title II of the Social Security Act, by a percent-
10 age equal to the sum of—

11 “(A) the percentage by which such benefit
12 amounts are increased; and

13 “(B) one percent.

14 “(2) Whenever there is an increase under paragraph
15 (1) in amounts in effect for the payment of dependency
16 and indemnity compensation, the Secretary shall publish
17 such amounts, as increased pursuant to such paragraph,
18 in the Federal Register at the same time as the material
19 required by section 215(i)(2)(D) of the Social Security Act
20 (42 U.S.C. 415(i)(2)(D)) is published by reason of a de-
21 termination under section 215(i) of such Act (42 U.S.C.
22 415(i)).

23 “(3) The requirement to increase, pursuant to para-
24 graph (1), the amounts in effect for the payment of de-
25 pendency and indemnity compensation under paragraph

1 (1) and paragraph (3) of section 1311 (a) of this title by
 2 the Secretary shall—

3 “(A) take effect on December 1, 2026, and
 4 shall apply with respect to months beginning on or
 5 after such date; and

6 “(B) terminate after the date on which the
 7 third increase to such amounts pursuant to such
 8 paragraph occurs.”.

9 (b) MODIFICATION OF WAIVERS OF FEES COL-
 10 LECTED FOR HOUSING LOANS GUARANTEED, INSURED,
 11 OR MADE BY THE SECRETARY OF VETERANS AFFAIRS.—
 12 Section 3729(b)(2) of such title is amended, in the loan
 13 fee table—

14 (1) in subparagraph (E), by striking “0.50”
 15 both places it appears and inserting “1.42”; and

16 (2) in subparagraph (I), by striking “0.50”
 17 each place it appears and inserting “1.0”.

18 (c) HOME AFFORDABILITY FOR GUARD AND RE-
 19 SERVE.—

20 (1) ELIGIBILITY OF CERTAIN MEMBERS OF THE
 21 RESERVE COMPONENTS AND THE NATIONAL GUARD
 22 FOR GUARANTEED HOUSING LOANS.—

23 (A) EXPANDED DEFINITION OF “ACTIVE
 24 DUTY” FOR PURPOSES OF HOUSING LOANS.—

25 Section 3701(b) of title 38, United States Code,

1 is amended by adding at the end the following
2 new paragraph:

3 “(9) The term ‘active duty’ has the meanings
4 as follows:

5 “(A) In the case of members of the regular
6 components of the Armed Forces, the meaning
7 given such term in section 101(21)(A).

8 “(B) In the case of members of the reserve
9 components of the Armed Forces—

10 “(i) service on active duty (as defined
11 in section 101(d) of title 10), inactive-duty
12 training (as defined in section 101(d) of
13 title 10), or annual training duty; or

14 “(ii) service on active duty under a
15 call or order to active duty under section
16 688, 12301(a), 12301(d), 12301(g),
17 12301(h), 12302, 12304, 12304a, or
18 12304b of title 10 or section 713 of title
19 14, but not including inactive duty training
20 (as defined in section 101(d) of title 10) or
21 annual training duty.

22 “(C) In the case of a member of the Army
23 National Guard of the United States or Air Na-
24 tional Guard of the United States, in addition

1 to service described in subparagraph (B), full-
2 time service—

3 “(i) in the National Guard of a State
4 for the purpose of organizing, admin-
5 istering, recruiting, instructing, or training
6 the National Guard;

7 “(ii) in the National Guard when per-
8 forming full-time National Guard duty (as
9 defined in section 101 of title 32); or

10 “(iii) in the National Guard when per-
11 forming active duty (as defined in section
12 101 of title 32).”.

13 (B) RETROACTIVE APPLICABILITY TO
14 SERVICE PERFORMED.—The amendments made
15 by this subsection shall apply with respect to
16 any service performed on or after September
17 11, 2001.

18 (2) EXPANSION OF ELIGIBILITY FOR GUARAN-
19 TEED HOUSING LOANS TO CERTAIN ADDITIONAL
20 PERSONNEL UPON PAYMENT OF ADDITIONAL LOAN
21 FEE.—

22 (A) EXPANSION TO INDIVIDUALS WITH AT
23 LEAST 14 DAYS OF SERVICE.—Section 3701(b)
24 of title 38, United States Code, is amended by

1 inserting after paragraph (7) the following new
2 paragraph:

3 “(8) The term ‘veteran’ also includes, for pur-
4 poses of home loans (subject to the additional loan
5 fee in section 3729(b)(4)(J) of this title), an indi-
6 vidual who—

7 “(A) is not otherwise eligible for the bene-
8 fits of this chapter;

9 “(B) has completed a total service of at
10 least 14 days on active duty under paragraph
11 (B) or (C) of paragraph (9); and

12 “(C) following completion of such service,
13 continued to serve until the completion of entry
14 level and skill training (as defined in section
15 3301(3) of this title).”.

16 (B) BASIC ENTITLEMENT.—Section
17 3702(a)(2) of title 38, United States Code, is
18 amended by adding at the end the following:

19 “(H) Each individual described in section
20 3701(b)(8) of this title.”.

21 (C) ADDITIONAL LOAN FEE FOR SUCH IN-
22 DIVIDUALS.—Section 3729(b)(4) of title 38,
23 United States Code, is amended by adding at
24 the end the following new subparagraph:

1 “(J) In the case of a housing loan in which the
2 veteran has eligibility under section 3701(b)(8) of
3 this title and does not otherwise have eligibility, the
4 loan fee table in paragraph (2) shall be applied to
5 the veteran or other obligor (as applicable) by add-
6 ing 1.00 to the percentage in the table.”.

7 (D) NOTIFICATION TO PERSONNEL.—The
8 Secretary of Veterans Affairs shall provide in-
9 formation about this benefit to the Secretary of
10 Defense to ensure that each member of a re-
11 serve component or a member of the Army Na-
12 tional Guard of the United States or Air Na-
13 tional Guard of the United States who com-
14 pletes entry level and skill training (as defined
15 in section 3301(3) of title 38, United States
16 Code) after the date of the enactment of this
17 Act is notified of their eligibility for housing
18 loan benefits under chapter 37 of such title, in-
19 cluding eligibility (subject to the additional loan
20 fee) under section 3701(b)(8) of such title.

21 **SEC. 105. CLAIMS: PROHIBITION ON DENIAL SOLELY FOR**
22 **CERTAIN REASON; IMPROVED EFFICIENCY**
23 **OF ADJUDICATIONS AND APPEALS.**

24 (a) PROHIBITION ON DENIAL OF CLAIMS FOR BENE-
25 FITS UNDER LAWS ADMINISTERED BY SECRETARY OF

1 VETERANS AFFAIRS ON SOLE BASIS THAT VETERAN
2 FAILED TO APPEAR FOR CERTAIN MEDICAL EXAMINA-
3 TION.—Subsection (d) of section 5103A of title 38, United
4 States Code, is amended—

5 (1) in the heading, by striking “COMPENSATION
6 CLAIMS” and inserting “CLAIMS FOR BENEFITS”;

7 (2) in paragraph (2), by striking “treat an ex-
8 amination or opinion as being necessary to make a
9 decision on a claim for purposes of” and inserting
10 “provide for a medical examination or obtain a med-
11 ical opinion under”; and

12 (3) by adding at the end the following new
13 paragraph:

14 “(3) If a veteran fails to appear for a medical exam-
15 ination provided by the Secretary in conjunction with a
16 claim for a benefit under a law administered by the Sec-
17 retary, the Secretary may not deny such claim on the sole
18 basis that such veteran failed to appear for such medical
19 examination.”.

20 (b) IMPROVEMENTS TO EFFICIENCY OF ADJUDICA-
21 TIONS AND APPEALS OF CLAIMS FOR BENEFITS UNDER
22 LAWS ADMINISTERED BY SECRETARY OF VETERANS AF-
23 FAIRS.—

24 (1) ANNUAL REPORT ON LENGTH OF ADJU-
25 DICATIONS.—

1 (A) IN GENERAL.—Section 5109B of title
2 38, United States Code, is amended—

3 (i) by striking “The Secretary” and
4 inserting “(a) IN GENERAL.—The Sec-
5 retary”; and

6 (ii) by adding at the end the following
7 new subsection:

8 “(b) ANNUAL REPORT.—The Secretary shall submit
9 to the Committees on Veterans’ Affairs of the House of
10 Representatives and the Senate an annual report that in-
11 cludes, with respect to the period covered by the report—

12 “(1) the average length of time a claim (or an
13 issue within a claim) that was remanded by the
14 Board of Veterans’ Appeals was or has been pending
15 before the Secretary after such remand;

16 “(2) the number of cases that advanced on the
17 docket by reason of a motion that was filed under
18 section 7107(b) of this title and on which the Board
19 ruled, disaggregated by—

20 “(A) whether a motion was granted or de-
21 nied; and

22 “(B) the reason provided for the motion;
23 and

24 “(3) the number of appeals dismissed by the
25 Board, disaggregated by—

1 “(A) whether or not the dismissal was by
2 reason of the death of the appellant; and

3 “(B) in the case of a dismissal by reason
4 of the death of the appellant, whether or not
5 such death was a result of suicide.”.

6 (B) DEADLINE.—The Secretary of Vet-
7 erans Affairs shall submit the first report re-
8 quired by subsection (b) of section 5109B of
9 such title (as added by subparagraph (A)) by
10 not later than one year after the date of the en-
11 actment of this Act.

12 (2) GUIDELINES FOR ADVANCEMENT OF CASES
13 ON DOCKET OF BOARD.—Not later than one year
14 after the date of the enactment of this Act, the Sec-
15 retary of Veterans Affairs, in consultation with the
16 Board of Veterans’ Appeals and the General Counsel
17 of the Department of Veterans Affairs, shall pre-
18 scribe guidelines for the advancement of a case on
19 the docket of the Board on a motion for earlier con-
20 sideration and determination under section
21 7107(b)(3) of title 38, United States Code. Such
22 guidelines shall include the type of evidence that
23 may be submitted with the motion for the advance-
24 ment of the case to show grounds for such a motion.

1 (3) REQUIREMENT TO TRACK CERTAIN CLAIMS
2 FOR BENEFITS.—

3 (A) IN GENERAL.—Chapter 51 of title 38,
4 United States Code, is amended by inserting
5 after section 5109B the following new section:

6 **“§ 5109C. Requirement to track and maintain infor-**
7 **mation on certain claims for benefits; no-**
8 **tice of certain assignments**

9 “(a) IN GENERAL.—The Secretary shall use tech-
10 nology to track and maintain information (including infor-
11 mation with respect to timeliness) on—

12 “(1) claims for benefits under the laws adminis-
13 tered by the Secretary (including issues within such
14 claims) that are—

15 “(A) continuously pursued in accordance
16 with—

17 “(i) sections 5104C(a) and 5110(a)(2)
18 of this title; or

19 “(ii) any other policy established by
20 the Secretary;

21 “(B) filed in the National Work Queue (or
22 any successor system) but have not been as-
23 signed to an office of the Veterans Benefits Ad-
24 ministration for adjudication;

1 “(C) afforded expeditious treatment by the
2 Veterans Benefits Administration pursuant to
3 section 5109B of this title or any other policy
4 established by the Secretary;

5 “(D) remanded by the Board of Veterans’
6 Appeals to the Secretary pursuant to section
7 7104 of this title; or

8 “(E) pending a hearing by the Board of
9 Veterans’ Appeals under section 7107 of this
10 title;

11 “(2) instances in which an adjudicator of the
12 Veterans Benefits Administration does not comply
13 with a relevant decision of the Board of Veterans’
14 Appeals to remand a claim for benefits under the
15 laws administered by the Secretary (or an issue
16 within such a claim), including any such instance in
17 which the relevant decision concerned a failure on
18 the part of the agency of original jurisdiction to sat-
19 isfy the duty of the Secretary to assist under section
20 5103A of this title;

21 “(3) supplemental claims under section 5108 of
22 this title that are filed—

23 “(A) in accordance with section 5104C(a)
24 and section 5110(a)(2) of this title; and

1 “(B) after the date of the applicable final
 2 decision of the Secretary with respect to a claim
 3 for benefits under the laws administered by the
 4 Secretary (or an issue within such a claim); and

5 “(4) first notices submitted to the Secretary of
 6 the death of individuals in receipt of benefits under
 7 the laws administered by the Secretary,
 8 disaggregated by such individuals who were—

9 “(A) assigned a fiduciary; and

10 “(B) not assigned a fiduciary.

11 “(b) ANNUAL REPORT.—(1) The Secretary shall sub-
 12 mit to the Committees on Veterans’ Affairs of the House
 13 of Representatives and the Senate an annual report that
 14 includes all information maintained and tracked pursuant
 15 to subsection (a).

16 “(2) The first report required by paragraph (1) shall
 17 be submitted by not later than one year after the date
 18 of the enactment of the Take Care of America’s Veterans
 19 Act.”.

20 (B) CLERICAL AMENDMENT.—The table of
 21 sections at the beginning of such chapter is
 22 amended by inserting after the item relating to
 23 section 5109B the following new item:

“5109C. Requirement to track and maintain information on certain claims for
 benefits; notice of certain assignments.”.

1 (4) IMPROVEMENTS TO BOARD OF VETERANS’
2 APPEALS.—

3 (A) AUTHORITY TO AGGREGATE CERTAIN
4 CLAIMS.—

5 (i) IN GENERAL.—Section 7104(a) of
6 such title is amended by inserting after the
7 second sentence the following new sen-
8 tence: “If the Chairman of the Board de-
9 termines that more than one appeal in-
10 volves common questions of law or fact,
11 the Chairman may aggregate such appeals
12 to decide such questions of law or fact.”.

13 (ii) EFFECTIVE DATE.—The amend-
14 ment made by clause (i) shall take effect
15 on the date of the enactment of this Act
16 and apply beginning on the date 90 days
17 after the date on which the Secretary of
18 Veterans Affairs submits to the Commit-
19 tees on Veterans’ Affairs of the Senate and
20 House of Representatives a copy of the
21 policies and procedures required under
22 paragraph (7)(D)(i)(II).

23 (iii) SUNSET.—The authority to ag-
24 gregate appeals pursuant to clause (i) shall
25 expire on the date that is three years after

1 the date on which the Secretary of Vet-
2 erans Affairs completes the development of
3 the policies and procedures required under
4 paragraph (7)(D)(i)(II).

5 (B) REQUIREMENT TO ENSURE SUBSTAN-
6 TIAL COMPLIANCE WITH CERTAIN DECISIONS.—

7 Such section is further amended—

8 (i) by redesignating subsection (f) as
9 subsection (g); and

10 (ii) by inserting after subsection (e)
11 the following new subsection (f):

12 “(f)(1) The Secretary, acting through a member of
13 the Board, shall ensure substantial compliance with any
14 decision of the Board to remand a claim.

15 “(2) The agency of original adjudication may waive
16 the requirement under paragraph (1) with respect to a de-
17 cision of the Board to remand a claim to the Secretary,
18 if a member of the Board determines—

19 “(A) evidence added to the evidentiary record
20 after the date of such decision is sufficient to resolve
21 the issues underlying such decision; or

22 “(B) such decision was unnecessary.

23 “(3) If the Secretary waives such requirement, the
24 applicable member of the Board shall include, pursuant

1 to subsection (d), a determination of such waiver in the
2 decision of the Board.”.

3 (C) DEFINITION OF AGGREGATE; RE-
4 PORT.—Such section is further amended by
5 adding at the end the following new sub-
6 sections:

7 “(h) Not later than three years after the date on
8 which the Secretary of Veterans Affairs completes the de-
9 velopment of the policies and procedures required under
10 paragraph (7)(D)(i)(II), and every five years thereafter,
11 the Secretary shall submit to the Committees on Veterans’
12 Affairs of the Senate and House of Representatives a re-
13 port on the aggregation of claims by the Board under sub-
14 section (a). Each such report shall include—

15 “(1) an identification of each instance in which
16 the Board aggregated appeals during the period cov-
17 ered by the report, including, for each such instance,
18 the number of appeals that were aggregated;

19 “(2) an assessment of whether the aggregation
20 of appeals has contributed to improved efficiency at
21 the Board with issuing decisions on appeals; and

22 “(3) such other matters as the Secretary deter-
23 mines appropriate.

24 “(i) In this section, the term ‘aggregate’—

1 “(1) means any practice or procedure to collect
 2 common issues, claims, or appeals by multiple par-
 3 ties for the purposes of resolving such issues, claims,
 4 or appeals; and

5 “(2) includes the use of joinder, consolidation,
 6 intervention, class actions, and any other multiparty
 7 proceedings.”.

8 (5) EXPANSION OF JURISDICTION OF COURT OF
 9 APPEALS FOR VETERANS CLAIMS.—Section 7252 of
 10 title 38, United States Code, is amended—

11 (A) by redesignating subsections (b) and
 12 (c) as subsections (d) and (e), respectively; and

13 (B) by inserting after subsection (a) the
 14 following new subsections:

15 “(b)(1) In an appeal over which the Court has juris-
 16 diction pursuant to section 7266 of this title, if the appel-
 17 lant files a request for class certification pursuant to the
 18 rules prescribed by the Court pursuant to section 7264
 19 of this title, the Court shall have supplemental jurisdiction
 20 over any claim for benefits under the laws administered
 21 by the Secretary—

22 “(A) filed by a claimant who satisfies the defi-
 23 nition of the class contained in such request (includ-
 24 ing a claimant who has filed a claim for benefits

1 under such laws that are specified in such request);
2 and

3 “(B) regarding which—

4 “(i) the agency of original jurisdiction has
5 issued a nonfinal decision; and

6 “(ii) the claimant has filed a notice of dis-
7 agreement under section 5104C(a) or section
8 7105 of this title, including any case in which
9 a claimant has filed a supplemental claim with-
10 in one year of a Board decision under section
11 5110(a)(2)(D) and 5108 of this title following
12 a notice of disagreement and decision of the
13 Board.

14 “(2) A claimant may submit a request for administra-
15 tive review of such a claim under section 5104C(a) of this
16 title during the period beginning on the date on which the
17 named claimant of the motion for class action review sub-
18 mits to the Court a motion for class action review and
19 ending on the date that is 60 days after the later of the
20 following dates:

21 “(A) The date on which the Court issues a final
22 decision with respect to such claim.

23 “(B) The date on which the Court issues a final
24 decision with respect to such motion for class action
25 review.

1 “(3) In the case of a claimant whose claim is decided
2 by the Board during the period when the Court is review-
3 ing the motion for class action review the deadline for such
4 claimant to file an appeal to the Court with respect to
5 the decision of the Board shall be tolled if the Court denies
6 the motion for class action review.

7 “(c)(1) In the case of a claim for benefits under the
8 laws administered by the Secretary, the Court may re-
9 mand a matter to the Board of Veterans’ Appeals for the
10 limited purpose of ordering the Board to address a ques-
11 tion of law or fact if the Court determines the Board failed
12 to—

13 “(A) address, in the relevant decision of the
14 Board, an issue that—

15 “(i) the claimant or the representative of
16 the claimant raised; or

17 “(ii) was reasonably raised by the evi-
18 dentiary record of the claim; or

19 “(B) provide adequate reasons or bases for the
20 decision of the Board with respect to such question.

21 “(2) The Court shall issue Rules that provide for
22 each of the following:

23 “(A) When and how a party to an appeal (ei-
24 ther the appellant or the Secretary) may request
25 that the Court issue a limited remand.

1 “(B) The period of time within which the
2 Board is required to issue a decision on the relevant
3 question identified in a limited remand.

4 “(C) Guidelines for when the Court may grant
5 a request for a limited remand.

6 “(D) Guidelines for when the Court may decide
7 sua sponte to issue a limited remand without a re-
8 quest from any party.

9 “(E) A requirement that the parties to an ap-
10 peal for which a limited remand is issued provide no-
11 tice to the Court when the Board issues its decision
12 on the relevant question identified in the limited re-
13 mand.

14 “(3) With respect to any matter remanded to the
15 Board pursuant to paragraph (1), the Court shall—

16 “(A) retain jurisdiction over such matter; and

17 “(B) stay the proceedings of the Court on such
18 matter until the date on which the Board issues the
19 decision required by such remand.”.

20 (6) STUDY AND REPORT ON COMMON QUES-
21 TIONS OF LAW OR FACT BEFORE BOARD OF VET-
22 ERANS’ APPEALS.—

23 (A) STUDY.—The Chairman of the Board
24 of Veterans’ Appeals shall carry out a study to
25 identify questions of law or fact the Board com-

1 monly considers when reviewing appeals pursu-
2 ant to section 7104 of title 38, United States
3 Code, for which precedential guidance would as-
4 sist the Board in issuing final decisions on such
5 appeals. The Chairman may use artificial intel-
6 ligence and other technology in carrying out
7 such study.

8 (B) REPORT.—Not later than one year
9 after the date of the enactment of this Act, the
10 Chairman of the Board of Veterans Appeals
11 shall submit to the Committees on Veterans Af-
12 fairs of the House of Representatives and the
13 Senate a report that includes the findings of
14 the study required by subparagraph (A).

15 (7) INDEPENDENT ASSESSMENT OF POTENTIAL
16 MODIFICATIONS TO AUTHORITY OF BOARD OF VET-
17 ERANS' APPEALS.—

18 (A) AGREEMENT.—Not later than 30 days
19 after the date of the enactment of this Act, the
20 Secretary of Veterans Affairs shall seek to enter
21 into an agreement with an FFRDC under
22 which the FFRDC shall conduct an assessment
23 of the feasibility of modifying the authority of
24 the Board of Veterans' Appeals established
25 under chapter 71 of title 38, United States

1 Code, to permit the Board to issue precedential
2 decisions with respect to questions of law or
3 fact arising in matters before the Board.

4 (B) REPORT; BRIEFINGS.—If the Secretary
5 fails to finalize an agreement with an FFRDC
6 under subparagraph (A) before the date that is
7 180 days after the date on which the Secretary
8 enters negotiations with respect to such agree-
9 ment, the Secretary shall—

10 (i) submit to the Committees on Vet-
11 erans' Affairs of the House of Representa-
12 tives and the Senate a report that in-
13 cludes—

14 (I) an explanation of the reasons
15 the Secretary failed to satisfy such re-
16 quirement; and

17 (II) an estimate of the date on
18 which the Secretary will finalize the
19 agreement under subparagraph (A);
20 and

21 (ii) not less frequently than once every
22 60 days after the date on which the Sec-
23 retary failed to satisfy such requirement,
24 provide to the Committees on Veterans'
25 Affairs of the House of Representatives

1 and the Senate a briefing on the progress
2 of the Secretary toward finalizing such
3 agreement.

4 (C) ASSESSMENT.—An FFRDC that en-
5 ters into an agreement under subparagraph (A)
6 shall, in consultation with veterans service orga-
7 nizations, veterans’ and survivors’ advocate
8 groups, relevant legal experts, and the Chair of
9 the Administrative Conference of the United
10 States (or the designee or designees of such
11 Chair) submit to the Secretary a written assess-
12 ment that includes the following:

13 (i) The determination of the FFRDC
14 of whether modifying the authority of the
15 Board to permit the Board to issue prece-
16 dential decisions with respect to questions
17 of law or fact arising in matters before the
18 Board is feasible.

19 (ii) An assessment of the authority of
20 the Board of Veterans’ Appeals to aggre-
21 gate, for review, more than one appeal
22 under chapter 71 of such title that involves
23 common questions of law or fact pursuant
24 to section 7104 of such title, as amended
25 by paragraph (4)(A).

1 (iii)(I) The recommendations of the
2 FFRDC with respect to rules or principles
3 to which the Board should adhere when
4 aggregating appeals for review pursuant to
5 section 7104(a) of title 38, United States
6 Code, as so amended, including—

7 (aa) whether the use of an opt-
8 out system is appropriate in a class
9 certification described in section
10 7104(a) of title 38, United States
11 Code, as amended;

12 (bb) whether aggregation de-
13 scribed in clause (ii) is better carried
14 out by one member, or a panel of
15 members, of the Board;

16 (cc) whether such aggregation
17 may be accomplished in accordance
18 with section 7107 of title 38, United
19 States Code; and

20 (dd) how an accredited represent-
21 ative, attorney, or authorized agent
22 may be selected to represent a class
23 before the Board.

24 (II) The recommendations shall in-
25 clude, but not be limited to, the following:

1 (aa) How the Board should pro-
2 vide notice to claimants of the Board's
3 intent to aggregate their claim.

4 (bb) This shall include standards
5 for ensuring that information provided
6 to claimants regarding aggregation is
7 written in plain language and clearly
8 explains the potential effects of aggre-
9 gation on adjudication timelines, ap-
10 peal rights, and participation options.

11 (cc) The options the Board
12 should provide to claimants to opt out
13 of participation in aggregation of their
14 claim.

15 (dd) The rights of the claimants
16 to appeal decisions that arise out of
17 aggregation of claims, and whether or
18 not such rights may be limited by ex-
19 isting statute, regulation, or judicial
20 decisions.

21 (ee) Safeguards to ensure that
22 aggregation of appeals does not di-
23 minish the requirement that each ap-
24 peal be decided based on the indi-

vidual facts, evidence, and circumstances specific to the claimant.

(ff) Recommendations regarding quality review procedures and oversight mechanisms to monitor the impact of aggregation on claim accuracy, consistency, timeliness, and claimant outcomes.

(D) REPORT; IMPLEMENTATION.—

(i) IN GENERAL.—Not later than 90 days after the Secretary receives the assessment under subparagraph (C), the Secretary shall—

(I) submit to the Committees on Veterans' Affairs of the Senate and House of Representatives a copy of such assessment; and

(II) begin developing policies and procedures to implement the recommendations in the assessment with respect to the authority of the Board of Veterans' Appeals referred to in subparagraph (C).

(ii) DEADLINE.—The Secretary shall complete the development of the policies

1 and procedures required under clause
2 (i)(II) and submit to the Committees on
3 Veterans' Affairs of the Senate and House
4 of Representatives a copy of such policies
5 and procedures not later than six months
6 after the date on which the Secretary be-
7 gins developing such policies and proce-
8 dures.

9 (E) DEFINITIONS.—In this paragraph:

10 (i) The term “FFRDC” means a fed-
11 erally funded research and development
12 center.

13 (ii) The term “veterans service organi-
14 zation” means an organization recognized
15 by the Secretary for the representation of
16 veterans under section 5902 of title 38,
17 United States Code.

18 (c) IMPROVEMENTS TO SYSTEM FOR ADJUDICATION
19 OF CLAIMS FOR BENEFITS UNDER LAWS ADMINISTERED
20 BY SECRETARY OF VETERANS AFFAIRS.—

21 (1) PROGRAM FOR QUALITY ASSURANCE IN DE-
22 CISIONS OF BOARD OF VETERANS' APPEALS; PER-
23 FORMANCE REVIEWS.—

1 (A) IN GENERAL.—Section 7101 of title
2 38, United States Code, is amended by adding
3 at the end the following new subsection:

4 “(f)(1) The Chairman shall carry out a program to
5 ensure quality in the decisions of the Board. Under such
6 program, the Chairman shall—

7 “(A) develop policies and procedures for—

8 “(i) measuring quality in such decisions;

9 “(ii) maintaining data and identifying
10 trends with respect to—

11 “(I) errors in such decisions;

12 “(II) errors in decisions remanded or
13 returned to the Board by the Court of Ap-
14 peals for Veterans Claims; and

15 “(III) specific members of the Board
16 that issued decisions that were subse-
17 quently vacated by the Court of Appeals
18 for Veterans Claims; and

19 “(iii) ensuring any such decision of the
20 Board to remand a claim for a benefit under a
21 law administered by the Secretary is necessary
22 under any applicable law or regulation;

23 “(B) with respect to a claim for such a benefit
24 that is remanded to the Board by the Court of Ap-
25 peals for Veterans Claims—

1 “(i) inform any employee of the Board re-
2 sponsible for drafting the decision of the Board
3 with respect to such claim that such decision
4 was remanded;

5 “(ii) provide any such employee with a
6 copy of the relevant order of the Court of Ap-
7 peals for Veterans Claims (including a copy of
8 any accompanying joint motion for remand);
9 and

10 “(iii) provide incentives to such employees
11 to review such relevant orders and joint motions
12 for remand; and

13 “(C) ensure, to the maximum extent prac-
14 ticable, that any error identified by the Board under
15 such program is corrected before the date on which
16 the Board issues the final decision associated with
17 such error.

18 “(2) In developing policies and procedures to measure
19 quality in decisions of the Board pursuant to clause (i)
20 of subparagraph (A) of paragraph (1), the Chairman shall
21 consider the data and trends maintained and identified
22 pursuant to clause (ii) of such subparagraph.

23 “(3) The Chairman may use technology, including ar-
24 tificial intelligence, to maintain such data and identify
25 such trends.

1 “(4) The Secretary shall submit to the Committees
2 on Veterans’ Affairs of the House of Representatives and
3 the Senate an annual report on the program required by
4 this subsection that includes, with respect to the period
5 covered by the report, an identification of—

6 “(A) elements, if any of the process of the
7 Board for reviewing an appeal under this chapter
8 that lead to errors in decisions of the Board; and

9 “(B) the most common reasons that a claim for
10 a benefit under a law administered by the Secretary
11 was remanded to such Board by the Court of Ap-
12 peals for Veterans Claims.”.

13 (B) DEADLINE.—The Secretary shall sub-
14 mit the first report required by paragraph (2)
15 of such section (as added by subparagraph (A))
16 by not later than one year after the date of the
17 enactment of this Act.

18 (2) TRAINING PROGRAM FOR CERTAIN EMPLOY-
19 EES OF BOARD OF VETERANS’ APPEALS; PERFORM-
20 ANCE REVIEWS.—

21 (A) TRAINING PROGRAM.—

22 (i) IN GENERAL.—Chapter 71 of such
23 title (as amended by paragraph (1)) is fur-
24 ther amended by inserting after section
25 7101A the following new section:

1 **“§ 7101B. Training program for members of Board on**
2 **timely and correct adjudication of ap-**
3 **peals**

4 “(a) IN GENERAL.—The Secretary, in conjunction
5 with the Chairman of the Board of Veterans’ Appeals,
6 shall develop and carry out a program to provide Members
7 of the Board training on timely and correct adjudication
8 of appeals under this chapter.

9 “(b) REQUIRED CONSIDERATIONS.—In carrying out
10 the program required by subsection (a), the Secretary
11 shall consider the following:

12 “(1) Feedback, if any, from members of the
13 Board and covered employees with respect to such
14 program.

15 “(2) Data on errors in decisions of the Board
16 maintained pursuant to the program for quality as-
17 surance required by subsection (f) of section 7101 of
18 this title.

19 “(3) Any decision of the Court of Appeals for
20 Veterans Claims to remand a claim for benefits
21 under the laws administered by the Secretary to the
22 Board for further action, including a joint motion to
23 remand such claim.

24 “(c) ASSESSMENTS OF EFFECTIVENESS.—The Sec-
25 retary, in conjunction with the Chairman of the Board of
26 Veterans’ Appeals, shall develop a method to assess, on

1 an annual basis, the effectiveness of the training program
2 under this section. In developing such method, the Sec-
3 retary shall consider best practices for assessing the effec-
4 tiveness of training programs, including the Kirkpatrick
5 evaluation model.

6 “(d) REPORT.—The Secretary shall submit to the
7 Committees on Veterans’ Affairs of the House of Rep-
8 resentatives and the Senate an annual report on the pro-
9 gram required by subsection (a) that includes, with respect
10 to the period covered by the report—

11 “(1) a statement of the topics of the training
12 provided pursuant to this section, disaggregated
13 by—

14 “(A) mandatory training; and

15 “(B) non-mandatory training; and

16 “(2) the results of the assessment of the effec-
17 tiveness of such program required under subsection
18 (c).

19 “(e) COVERED EMPLOYEE DEFINED.—In this sec-
20 tion, the term ‘covered employee’ means an employee of
21 the Board who is—

22 “(1) not a member of the Board; and

23 “(2) responsible for drafting decisions of the
24 Board.”.

1 (ii) CLERICAL AMENDMENT.—The
 2 table of sections at the beginning of such
 3 chapter is amended by inserting after the
 4 item relating to section 7101A the fol-
 5 lowing new item:

“7101B. Training program for Members of Board on timely and correct
 adjudication of appeals.”.

6 (B) PERFORMANCE REVIEWS OF MEMBERS
 7 OF THE BOARD.—Section 7101A of such title is
 8 amended—

9 (i) in subparagraph (B) of subsection
 10 (c)(1) by striking “not less often than once
 11 every three years” and inserting “not less
 12 often than annually”; and

13 (ii) by adding at the end the following
 14 new subsection:

15 “(h)(1) With respect to any performance review of
 16 a covered employee, the Secretary may not consider the
 17 timeliness or quality of work of any Member of the Board.

18 “(2) In this subsection, the term ‘covered employee’
 19 has the meaning given such term in section 7101B of this
 20 title.”.

21 (3) DECISIONS OF BOARD TO REMAND.—

22 (A) INFORMATION RELATING TO DECISIONS TO REMAND.—Section 7104 of such title
 23 is amended in subsection (d)—
 24 is amended in subsection (d)—

1 (i) by redesignating paragraphs (1)
 2 through (3) as paragraphs (2) through (4),
 3 respectively; and

4 (ii) by inserting before paragraph (2)
 5 (as so redesignated), the following new
 6 paragraph:

7 “(1) with respect to a claim that the Board re-
 8 mands for further action, a statement of the specific
 9 reasons such claim was remanded, including any
 10 failure on the part of the Secretary to comply with—

11 “(A) the Secretary’s duty to assist under
 12 section 5103A of this title; and

13 “(B) the Secretary’s duty to notify under
 14 section 5103 of this title;”.

15 (B) NOTICE OF REMANDED DECISION FOR
 16 CERTAIN EMPLOYEES.—Such section is further
 17 amended in—

18 (i) subsection (e)—

19 (I) by redesignating paragraphs
 20 (1) through (3) as subparagraphs (A)
 21 through (C), respectively;

22 (II) by striking “After” and in-
 23 serting “(1) After”; and

24 (III) by adding at the end the
 25 following new paragraph:

1 “(2) If, pursuant to a decision on an appeal, the
 2 Board remands a claim for a benefit under a law adminis-
 3 tered by the Secretary for further action, the Secretary
 4 shall, to the maximum extent practicable, issue a copy of
 5 such decision to each employee of the Veterans Benefits
 6 Administration who committed the error resulting in the
 7 decision of the Board to remand, when applicable.”; and

8 (ii) in subsection (g), as redesignated
 9 by section 3(d)(2)(A), by striking “under
 10 subsection (e)” and inserting “under para-
 11 graph (1) of subsection (e)”.

12 (4) ANNUAL REPORTS FOR BOARD OF VET-
 13 ERANS’ APPEALS.—

14 (A) IN GENERAL.—Chapter 71 of title 38,
 15 United States Code, is amended by inserting
 16 after section 7114 the following new section:

17 **“§ 7115. Annual report on Board of Veterans’ Appeals**

18 “The Chairman of the Board shall submit to the
 19 Committees on Veterans’ Affairs of the House of Rep-
 20 resentatives and the Senate an annual report that in-
 21 cludes, for each decision of the Board to remand a claim
 22 for a benefit under a law administered by the Secretary
 23 to the Secretary for further adjudication during the period
 24 covered by the report, a statement of the reasons for such
 25 decision of the Board, disaggregated by decisions on—

1 “(1) claims with a rating decision dated on or
2 after February 19, 2019; and

3 “(2) claims with a rating decision dated before
4 such date.”.

5 (B) DEADLINES.—The Secretary shall sub-
6 mit the first reports required by subsections (a)
7 and (b) of section 7115 of such title (as added
8 by paragraph (1)) by not later than one year
9 after the date of the enactment of this Act.

10 (C) CLERICAL AMENDMENT.—The table of
11 sections at the beginning of such chapter is
12 amended by inserting after the item relating to
13 section 7114 the following new item:

“7115. Annual report on Board of Veterans’ Appeals”.

14 (5) PLAN FOR IMPROVEMENTS TO QUALITY IN
15 DECISIONS OF BOARD.—

16 (A) IN GENERAL.—Not later than six
17 months after the date of the enactment of this
18 Act, the Secretary of Veterans Affairs, in con-
19 sultation with the Chairman of the Board of
20 Veterans’ Appeals and the head of the Office of
21 Administrative Review of the Veterans Benefits
22 Administration, shall develop a plan to—

23 (i) improve the quality of decisions of
24 the Board to remand, pursuant to section
25 7104 of title 38, United States Code,

1 claims for a benefit under a law adminis-
2 tered by the Secretary to the Secretary for
3 further action; and

4 (ii) mitigate the number of such deci-
5 sions that are unnecessary under any ap-
6 plicable law or regulation.

7 (B) REPORT.—The Secretary shall submit
8 to the Committees on Veterans' Affairs of the
9 House of Representatives and the Senate a re-
10 port on such plan by not later than six months
11 after the date of the enactment of this Act.

12 (d) NOTICE OF AVOIDABLE DEFERRALS OF CLAIMS
13 FOR BENEFITS UNDER LAWS ADMINISTERED BY THE
14 SECRETARY OF VETERANS AFFAIRS; STUDY AND REPORT
15 ON CERTAIN OPINIONS OF DEPARTMENT OF VETERANS
16 AFFAIRS OFFICE OF GENERAL COUNSEL.—

17 (1) NOTICE OF AVOIDABLE DEFERRALS.—Not
18 later than one year after the date of the enactment
19 of this Act, the Secretary of Veterans Affairs shall
20 develop policies, procedures, and technological capa-
21 bilities to ensure that each employee of the Veterans
22 Benefits Administration that commits an avoidable
23 deferral with respect to a claim for benefits under
24 the laws administered by the Secretary of Veterans
25 Affairs in the National Work Queue is notified of

1 any avoidable deferrals that such employee commits
2 with respect to the same claim.

3 (2) STUDY AND REPORT ON CERTAIN OGC OPIN-
4 IONS.—

5 (A) STUDY.—Not later than one year after
6 the date of the enactment of this Act, the Sec-
7 retary of Veterans Affairs, in consultation with
8 the Office of the General Counsel of the De-
9 partment of Veterans Affairs and the Chairman
10 of the Board of Veterans' Appeals, shall com-
11 plete a study to identify—

12 (i) issues about which an opinion from
13 the Office of the General Counsel of the
14 Department would foster consistency in the
15 decisions of the Secretary with respect to
16 claims for benefits under the laws adminis-
17 tered by the Secretary; and

18 (ii) issues raised in appeals of such
19 decisions to the United States Court of
20 Appeals for Veterans Claims before the
21 date of the enactment of this Act about
22 which the Office of the General Counsel
23 has had inconsistent opinions in matters
24 involving substantially similar questions of
25 law or fact.

1 (B) REPORT.—Not later than one year
2 after the date of the enactment of this Act, the
3 Secretary of Veterans Affairs shall submit to
4 the Committees on Veterans’ Affairs of the
5 Senate and House of Representatives a report
6 that includes—

7 (i) the findings of the study required
8 by subparagraph (A);

9 (ii) a statement of which issues identi-
10 fied pursuant to such study about which
11 the Office of the General Counsel of the
12 Department intends to publish an opinion;
13 and

14 (iii) a timeline for the publication of
15 any such opinion.

16 **SEC. 106. ANNUAL REPORT ON CAUSES OF DEATH AMONG**
17 **VETERANS.**

18 (a) IN GENERAL.—Subchapter II of chapter 5 of title
19 38, United States Code, is amended by adding at the end
20 the following new section:

21 **“§ 534. Annual report on causes of death among vet-**
22 **erans**

23 “(a) IN GENERAL.—The Secretary shall submit to
24 the Committees on Veterans’ Affairs of the House of Rep-

1 representatives and the Senate an annual report that contains
2 data and information on causes of death among veterans.

3 “(b) ELEMENTS.—Such report shall include—

4 “(1) for each veteran that died during the pe-
5 riod covered by the report an identification of—

6 “(A) whether such veteran had a service-
7 connected disability rated as total;

8 “(B) the primary cause of death;

9 “(C) the secondary cause of death, if appli-
10 cable; and

11 “(D) the manner of death;

12 “(2) for each primary cause of death identified
13 pursuant to paragraph (1), a statement of the total
14 number of veterans that died from such primary
15 cause of death during the period covered by the re-
16 port; and

17 “(3) for each manner of death identified pursu-
18 ant to paragraph (1), a statement of the total num-
19 ber of veterans that died in such manner during the
20 period covered by the report.

21 “(c) SUNSET.—This section shall terminate on the
22 date that is five years after the date of the enactment of
23 the Take Care of America’s Veterans Act.”.

24 (b) CLERICAL AMENDMENT.—The table of sections
25 at the beginning of chapter 5 of such title is amended by

1 inserting after the item relating to section 533 the fol-
2 lowing new item:

“534. Annual report on causes of death among veterans”.

3 **SEC. 107. PLAN FOR USE OF AUTOMATION TOOLS TO PROC-**
4 **ESS CLAIMS UNDER LAWS ADMINISTERED BY**
5 **THE SECRETARY OF VETERANS AFFAIRS.**

6 (a) IN GENERAL.—Not later than one year after the
7 date of the enactment of this Act, the Secretary of Vet-
8 erans Affairs shall submit to the Committees on Veterans’
9 Affairs of the Senate and House of Representatives the
10 plan of the Secretary to make available, to the maximum
11 extent practicable, an automation tool described in sub-
12 section (b) to elements of the Department of Veterans Af-
13 fairs for the purpose of processing claims under laws ad-
14 ministered by the Secretary.

15 (b) AUTOMATION TOOL DESCRIBED.—An automa-
16 tion tool described in this subsection is a technology devel-
17 oped for the Compensation Service of the Veterans Bene-
18 fits Administration that—

19 (1) automates the retrieval of the service record
20 or health records of a veteran;

21 (2) compiles evidence relevant to the determina-
22 tion of a claim for benefits under laws administered
23 by the Secretary;

24 (3) provides automated decision support rel-
25 evant to such a determination;

1 (4) automates information sharing between
2 Federal agencies; and

3 (5) assists in generating correspondence regard-
4 ing such a claim.

5 (c) ANALYSIS.—In developing the plan required
6 under subsection (a), the Secretary shall conduct an anal-
7 ysis of each of the following:

8 (1) The feasibility and benefits of the use of an
9 automation tool described in subsection (b) by ele-
10 ments of the Department for the purpose of proc-
11 essing claims under laws administered by the Sec-
12 retary.

13 (2) Any modification to an existing automation
14 tool that could render such tool usable for such pur-
15 pose by such an element.

16 (3) Any requirement of any such element per-
17 taining to such purpose that cannot be addressed by
18 using an automation tool.

19 (4) The extent to which the technology offices
20 of such elements may need to collaborate with the
21 technology office responsible for developing an auto-
22 mation tool in the course of the development and use
23 of the tool by the element for such purpose.

1 (5) A timeline for modifying and implementing
2 any automation tool for use by such elements for
3 such purpose.

4 (d) PRIORITY.—In providing or expanding an auto-
5 mation tool described in subsection (b) to elements of the
6 Department pursuant to the plan required under sub-
7 section (a), the Secretary shall give priority to the fol-
8 lowing elements:

9 (1) The Compensation Service.

10 (2) The Pension and Fiduciary Service of the
11 Veterans Benefits Administration.

12 (3) The Education Service of the Veterans Ben-
13 efits Administration.

14 (4) Program offices of the Veterans Benefits
15 Administration, as determined by the Secretary.

16 (5) The Debt Management Center.

17 (6) The Board of Veterans' Appeals.

18 (e) OTHER REQUIREMENTS RELATING TO TECH-
19 NOLOGY AT DEPARTMENT OF VETERANS AFFAIRS.—

20 (1) AUTOMATIC NOTICES REGARDING BENEFITS
21 FOR CERTAIN CHILDREN OF VETERANS.—

22 (A) IN GENERAL.—Not later than one year
23 after the date of the enactment of this Act, the
24 Secretary of Veterans Affairs shall implement
25 policies, processes, and technological capabili-

ties, including in the National Work Queue (or successor system), to ensure that, in the case of any covered situation, a claims processors is made aware of, and assigned to address, such covered situation.

(B) DEFINITIONS.—In this subsection:

(i) The term “covered situation” means—

(I) any increase in the amount of dependency compensation paid to a beneficiary for a child under the laws administered by the Secretary; and

(II) any educational assistance paid to the child of a veteran under the laws administered by the Secretary.

(ii) The term “child” has the meaning given such term in section 101(4)(A)(iii) of title 38, United States Code.

(2) CORRECT LABELING OF DOCUMENTS.—Not later than one year after the date of the enactment of this Act, the Secretary shall submit to the Committees on Veterans’ Affairs of the Senate and House of Representatives a plan to ensure that documents in the Veterans Benefits Management Sys-

1 tem (or any successor system) are correctly labeled
2 when such documents are uploaded, including when
3 such documents are labeled using automation tools.

4 **SEC. 108. REFORMS RELATING TO DEPARTMENT OF VET-**
5 **ERANS AFFAIRS DISABILITY RATINGS.**

6 (a) RATINGS FOR SLEEP APNEA.—

7 (1) IN GENERAL.—The Secretary of Veterans
8 Affairs shall revise the schedule for rating disabili-
9 ties adopted and applied under section 1155 of title
10 38, United States Code, as follows:

11 (A) A grade of disability of 0 percent shall
12 be assigned for sleep apnea syndrome when the
13 syndrome is asymptomatic, with or without
14 treatment.

15 (B) A grade of disability of 10 percent
16 shall be assigned for sleep apnea syndrome
17 when treatment yields incomplete relief.

18 (C) A grade of disability of 50 percent
19 shall be assigned for sleep apnea syndrome only
20 if—

21 (i) treatment is either ineffective or
22 the veteran is unable to use the prescribed
23 treatment due to comorbid conditions; and

24 (ii) there is no end-organ damage.

1 (D) A grade of disability of 100 percent
2 shall be assigned for sleep apnea syndrome only
3 if there is also end-organ damage.

4 (2) QUALIFYING COMORBID CONDITIONS.—For
5 purposes of paragraph (1)(C)(i), a comorbid condi-
6 tion is a condition that, in the opinion of a qualified
7 medical provider, directly impedes or prevents the
8 use of, or implementation of, a recognized form of
9 treatment intervention normally shown to be effec-
10 tive.

11 (b) RATINGS FOR TINNITUS.—The Secretary of Vet-
12 erans Affairs shall revise the schedule for rating disabil-
13 ities adopted and applied under section 1155 of title 38,
14 United States Code, as follows:

15 (1) Except as provided in paragraph (2),
16 tinnitus may not be assigned a separate compensable
17 disability rating.

18 (2) A grade of disability of 10 percent shall be
19 assigned for tinnitus only when tinnitus is diagnosed
20 as associated with service-connected (as defined in
21 section 101(16) of title 38, United States Code)
22 hearing loss that is otherwise noncompensable under
23 the laws administered by the Secretary.

24 (c) APPLICABILITY.—

1 (1) IN GENERAL.—The revisions to the sched-
2 ule for rating disabilities adopted and applied under
3 section 1155 of title 38, United States Code, made
4 pursuant to this section shall apply with respect to
5 claims filed after the date of the enactment of this
6 Act.

7 (2) PROTECTION OF EXISTING RATINGS.—The
8 revisions to the schedule for rating disabilities made
9 pursuant to this section may not serve as the basis
10 for reducing, discontinuing, or otherwise adversely
11 affecting compensation that was in effect on the day
12 before the date of the enactment of this Act.

13 **SEC. 109. IMPROVEMENTS TO TEMPORARY LICENSURE RE-**
14 **QUIREMENTS FOR CONTRACT HEALTH CARE**
15 **PROFESSIONALS WHO PERFORM MEDICAL**
16 **DISABILITY EXAMINATIONS FOR THE DE-**
17 **PARTMENT OF VETERANS AFFAIRS.**

18 (a) EXPANSION.—Section 504 of the Veterans' Bene-
19 fits Improvements Act of 1996 (Public Law 104–275; 38
20 U.S.C. 5101 note), as amended by paragraph (1) of sub-
21 section (a) of section 2002 of the Johnny Isakson and
22 David P. Roe, M.D. Veterans Health Care and Benefits
23 Improvement Act of 2020 (Public Law 116–315; 38
24 U.S.C. 5101 note), is further amended, subject to the sun-

1 set in paragraph (4) of such subsection, by striking para-
2 graph (2) of subsection (c) and inserting the following:

3 “(2) HEALTH CARE PROFESSIONAL DE-
4 SCRIBED.—A health care professional described in
5 this paragraph is a person who is eligible for ap-
6 pointment to a position in the Veterans Health Ad-
7 ministration covered by section 7402(b) of title 38,
8 United States Code, who—

9 “(A) has a current and unrestricted license
10 to practice the health care profession for which
11 they are licensed;

12 “(B) is not barred from practicing such
13 health care profession in any State, the District
14 of Columbia, or a Commonwealth, territory, or
15 possession of the United States; and

16 “(C) is performing authorized duties for
17 the Department pursuant to a contract entered
18 into under subsection (a).

19 “(3) SOURCE OF FUNDS.—Expenses of carrying
20 out this section, including payments for examination
21 travel and incidental expenses under the terms and
22 conditions set forth by section 111 of this title, shall
23 be reimbursed to the accounts available for the gen-
24 eral operating expenses of the Veterans Benefits Ad-
25 ministration and information technology systems

1 from amounts available to the Secretary for payment
2 of compensation and pensions.

3 “(4) MECHANISM FOR TRANSMITTAL OF EVI-
4 DENCE INTRODUCED BY APPLICANTS DURING EX-
5 AMINATIONS.—The Secretary shall establish a mech-
6 anism whereby a health care professional who con-
7 ducts medical examinations or opinions under sec-
8 tion 5103A(d) of this title may transmit to a vet-
9 eran’s claims file, evidence introduced by the appli-
10 cant during a medical examination or in conjunction
11 with a medical opinion that examiner used to inform
12 such medical examination or opinion.”.

13 (b) DELAYED SUNSET OF AMENDMENT.—Paragraph
14 (4) of subsection (a) of section 2002 of the Johnny Isak-
15 son and David P. Roe, M.D. Veterans Health Care and
16 Benefits Improvement Act of 2020 (Public Law 116–315;
17 38 U.S.C. 5101 note) is amended by striking “On the date
18 that is five years after the date of the enactment of this
19 Act” and inserting “On September 30, 2033”.

20 (c) CONFORMING AMENDMENT.—Paragraph (2) of
21 such subsection is amended by striking “physicians assist-
22 ants, nurse practitioners, audiologists, and psychologists”
23 and inserting “health care professionals”.

24 (d) REPORT.—Not later than 15 months after the
25 date of the enactment of this Act, the Secretary of Vet-

1 erans Affairs shall submit to the Committees on Veterans'
2 Affairs of the Senate and House of Representatives a re-
3 port regarding the use of the authority under section 504
4 of the Veterans' Benefits Improvements Act of 1996 (Pub-
5 lic Law 104–275; 38 U.S.C. 5101 note), as temporarily
6 amended by section 2002(a)(1) of the Johnny Isakson and
7 David P. Roe, M.D. Veterans Health Care and Benefits
8 Improvement Act of 2020 (Public Law 116–315; 38
9 U.S.C. 5101 note) and this section. Such report shall in-
10 clude, with respect to the one-year period after the date
11 of the enactment of this Act, the following elements:

12 (1) The number of examinations conducted pur-
13 suant to a contract under such authority.

14 (2) The cost, timeliness, and legal adequacy of
15 such examinations, disaggregated by—

16 (A) health care professional; and

17 (B) contract.

18 (3) The number of such examinations con-
19 ducted in each State, the District of Columbia, or a
20 Commonwealth, territory, or possession of the
21 United States.

22 (4) The numbers of each kind of health care
23 professionals who conducted such examinations.

24 (5) The number of examinations that were erro-
25 neously conducted by a health care professional—

1 (A) without such a contract; or

2 (B) unauthorized to enter into such a con-
3 tract.

4 (6) The plan of the Secretary to correct errors
5 in the use of such authority.

6 **SEC. 110. DISABILITY EXAMINATIONS: STUDY ON ACCESS IN**
7 **RURAL AREAS; REVIEW OF TRAINING; RE-**
8 **VIEW OF INADEQUATE OR UNNECESSARY EX-**
9 **AMINATIONS.**

10 (a) STUDY ON IMPROVEMENTS TO DEPARTMENT OF
11 VETERANS AFFAIRS COVERED MEDICAL DISABILITY EX-
12 AMINATIONS IN RURAL AREAS.—

13 (1) STUDY REQUIRED.—Not later than one
14 year after the date of the enactment of this Act, the
15 Secretary of Veterans Affairs shall complete a study
16 on access by veterans who reside in rural and highly
17 rural areas to covered medical disability examina-
18 tions.

19 (2) ELEMENTS.—

20 (A) IN GENERAL.—The study conducted
21 under paragraph (1) shall include the following:

22 (i) A comparison of the average num-
23 ber of days to complete covered medical
24 disability examinations, disaggregated by
25 type of examination, for veterans who re-

1 side in rural and highly rural areas com-
2 pared to an average time for veterans who
3 reside in other areas to complete a covered
4 medical disability examination, by either
5 contractors or employees of the Depart-
6 ment.

7 (ii) A root cause analysis of dif-
8 ferences identified pursuant to clause (i).

9 (iii) The plan of the Secretary for the
10 following year to improve access described
11 in paragraph (1), which shall include a
12 plan for the pursuit of a commercial or in-
13 dustry-standard solution or technology that
14 could enable housebound veterans or vet-
15 erans who live in rural areas to receive ex-
16 aminations without traveling long dis-
17 tances.

18 (B) NUMBER OF DAYS TO COMPLETE DE-
19 FINED.—For purposes of subparagraph (A)(i),
20 the term “number of days to complete” means
21 the number of days in the period—

22 (i) beginning on the date on which a
23 contractor or employee of the Department
24 received a request from the Secretary to

1 conduct a covered medical disability exam-
2 ination; and

3 (ii) ending on the date on which the
4 examination was completed.

5 (3) REPORT ON STUDY.—Not later than one
6 year after the date of the enactment of this Act, the
7 Secretary shall submit to the Committee on Vet-
8 erans’ Affairs of the Senate and the Committee on
9 Veterans’ Affairs of the House of Representatives a
10 report on the findings of the Secretary with respect
11 to the study completed under paragraph (1).

12 (4) DEFINITIONS.—In this subsection:

13 (A) The term “covered medical disability
14 examination” means a medical nexus examina-
15 tion or medical opinion for the purposes of ad-
16 judicating a claim for a benefit under chapter
17 11 or 15 of title 38, United States Code, re-
18 gardless of whether conducted by an employee
19 or a contractor of the Department.

20 (B) The terms “rural” and “highly rural”
21 have the meanings given those terms under the
22 rural-urban commuting areas coding system of
23 the Department of Agriculture.

1 (b) REVIEW OF TRAINING FOR VETERANS SERVICE
2 REPRESENTATIVES AND RATING VETERANS SERVICE
3 REPRESENTATIVES.—

4 (1) REVIEW REQUIRED.—The Secretary of Vet-
5 erans Affairs shall conduct a comprehensive review
6 of the training provided to Veterans Service Rep-
7 resentatives (VSRs) and Rating Veterans Service
8 Representatives (RVSRs) regarding covered medical
9 disability examinations for the purpose of claims ad-
10 judication.

11 (2) SCOPE OF REVIEW.—The review shall in-
12 clude, at minimum, an evaluation of training and
13 policies relating to—

14 (A) assessing the adequacy of covered med-
15 ical disability examinations for claims adjudica-
16 tion;

17 (B) determining the necessity of medical
18 disability examinations where claims can be ad-
19 judicated based on existing evidence without or-
20 dering additional examinations;

21 (C) relevant statutes, judicial decisions,
22 regulations, and Department policies, includ-
23 ing—

24 (i) the duty to assist claimants;

1 (ii) evidentiary standards regarding
2 causation;

3 (iii) required elements and standards
4 for covered medical disability examinations,
5 including the need for reasoned medical
6 opinions; and

7 (iv) the absence of statutory or regu-
8 latory presumptions of service connection
9 in covered medical disability examinations;
10 and

11 (D) input from impacted Department em-
12 ployees, including duly appointed labor rep-
13 resentatives.

14 (3) SECOND-LEVEL REVIEW FOR NEW EMPLOY-
15 EES.—The Secretary shall evaluate the effectiveness
16 of current policies requiring a second level of review
17 of claims decisions made by new Veterans Service
18 Representatives and Rating Veterans Service Rep-
19 resentatives before such employees are authorized to
20 order covered medical disability examinations, in-
21 cluding any applicable accuracy thresholds.

22 (4) REPORT TO CONGRESS.—Not later than
23 180 days after the date of the enactment of this Act,
24 the Secretary shall submit to the Committee on Vet-
25 erans' Affairs of the Senate and the Committee on

Veterans' Affairs of the House of Representatives a report detailing the findings of the Secretary with respect to the review conducted under paragraph (1), the data used by the Secretary to support such findings, and such recommendations as the Secretary may have for improvements to training or policies.

(5) COMPTROLLER GENERAL OF THE UNITED STATES REVIEW OF FINDINGS.—Not later than 180 days after the date on which the Secretary submits the report under paragraph (4), the Comptroller General of the United States shall conduct a review of the findings and recommendations contained in the report.

(6) MODIFICATION OF REPORTS BY THE BOARD OF VETERANS' APPEALS AND UNITED STATES COURT OF APPEALS FOR VETERANS CLAIMS.—

(A) BOARD OF VETERANS' APPEALS.—Section 7101(d)(2) of title 38, United States Code, is amended—

(i) in subparagraph (F), by striking “; and” and inserting a semicolon;

(ii) in subparagraph (G), by striking the period at the end and inserting “; and”; and

1 (iii) by adding at the end the fol-
2 lowing new subparagraph:

3 “(H) a summary of recurring issues that
4 result in the Board remanding appeals back to
5 the agency of original jurisdiction.”.

6 (B) UNITED STATES COURT OF APPEALS
7 FOR VETERANS CLAIMS.—Section 7288(b) of
8 title 38, United States Code, is amended by
9 adding at the end the following new paragraph:

10 “(16) A summary of recurring issues that re-
11 sult in remands.”.

12 (7) DEFINITION OF COVERED MEDICAL DIS-
13 ABILITY EXAMINATION.—In this subsection, the
14 term “covered medical disability examination”
15 means a medical examination or medical opinion
16 that the Secretary determines necessary for the pur-
17 poses of adjudicating a claim for a benefit under
18 chapter 11 or 15 of title 38, United States Code, re-
19 gardless of whether conducted by an employee or a
20 contractor of the Department.

21 (c) REVIEW AND PRIORITY PROCESSING OF CLAIMS
22 WITH INADEQUATE OR UNNECESSARY EXAMINATIONS.—

23 (1) REVIEW.—Not later than 1 year after the
24 date of the enactment of this Act and not less fre-
25 quently than once every three months thereafter, the

1 Secretary of Veterans Affairs shall review a random
2 and representative sample of all covered medical dis-
3 ability examinations completed during the previous
4 three-month period.

5 (2) FURTHER SAMPLE REQUIREMENTS.—Under
6 each review required by paragraph (1), the Secretary
7 shall ensure the review includes—

8 (A) a statistically significant sample of
9 covered medical disability examinations com-
10 pleted by employees of the Department of Vet-
11 erans Affairs; and

12 (B) a statistically significant sample of
13 covered medical disability examinations com-
14 pleted by each contractor that provides such ex-
15 aminations for the Department.

16 (3) ANALYSIS.—Under each review required by
17 paragraph (1), the Secretary shall—

18 (A) analyze the samples specified in para-
19 graph (2); and

20 (B) pursuant to such analysis, identify—

21 (i) the percentage of examinations
22 that were adequate for purposes of adjudi-
23 cating the particular claim for a benefit
24 under chapter 11 or 15 of title 38, United

1 States Code, for which the examination
2 was ordered by the Department; and

3 (ii) the percentage of examinations
4 considered overdeveloped for purposes of
5 adjudicating claims for a benefit under
6 chapter 11 or 15 of title 38, United States
7 Code, for which the examination was or-
8 dered by the Department.

9 (4) PRIORITY PROCESSING.—

10 (A) IN GENERAL.—Except as provided for
11 in subparagraph (B), if during a review under
12 paragraph (1) the Secretary finds any covered
13 medical disability examination to be not ade-
14 quate for adjudicating a claim, the Secretary
15 shall ensure the claimant examined by that ex-
16 amination—

17 (i) receives another examination, if
18 necessary, on a priority basis; and

19 (ii) receives priority processing for the
20 entirety of impacted claim.

21 (B) EXCEPTION.—The Secretary is not re-
22 quired to furnish an additional examination
23 under subparagraph (A) if the Secretary deter-
24 mines such an examination to be unnecessary
25 for purposes of adjudicating the claim.

1 (5) COMPTROLLER GENERAL OF THE UNITED
2 STATES STUDY.—The Comptroller General of the
3 United States shall conduct a review of the method-
4 ology and effectiveness of the Departments review
5 required in paragraph (1).

6 (6) COVERED MEDICAL DISABILITY EXAMINA-
7 TION DEFINED.—In this subsection, the term “cov-
8 ered medical disability examination” means a med-
9 ical examination or opinion for the purposes of adju-
10 dicating a claim for a benefit under chapter 11 or
11 15 of title 38, United States Code, regardless of
12 whether conducted by an employee or a contractor of
13 the Department.

14 (d) REVIEW AND PLAN REGARDING DEPARTMENT
15 OF VETERANS AFFAIRS SCHEDULING OF MEDICAL EX-
16 AMINATIONS.—

17 (1) REVIEW REQUIRED.—Not later than one
18 year after the date of the enactment of this Act, the
19 Secretary of Veterans Affairs shall complete a review
20 of scheduling request tools, contracts, and systems
21 used by employees and contractors of the Depart-
22 ment of Veterans Affairs to order and conduct med-
23 ical disability examinations.

24 (2) PLAN REQUIRED.—Not later than one year
25 after the date of the enactment of this Act, the Sec-

1 retary shall submit to the Committee on Veterans'
2 Affairs of the Senate and the Committee on Vet-
3 erans' Affairs of the House of Representatives a
4 plan to ensure the following:

5 (A) Systems and processes used by the De-
6 partment enable seamless and clear communica-
7 tion of requirements between the claims proc-
8 essors who request medical disability examina-
9 tions and the persons who conduct such exami-
10 nations, including through a contract.

11 (B) Medical disability examiners, including
12 through a contract, have access to the medical
13 records and claims information they need to
14 conduct exams that are adequate for purposes
15 of rating claims for benefits under laws admin-
16 istered by the Secretary.

17 (C) Claimants or appellants for whom a
18 medical disability examination is requested of
19 the Department have agency in determining
20 when and where the examination is conducted.

21 (D) Claimants or appellants for whom a
22 medical disability examination is requested of
23 the Department have a seamless experience
24 when scheduling their examinations without re-
25 gard to who conducts the examinations.

1 (E) The Department conducts customer
 2 satisfaction and experience surveys of claimants
 3 or appellants who attend medical disability ex-
 4 aminations provided under laws administered by
 5 the Secretary.

6 **SEC. 111. IMPROVEMENTS TO PROCESSING AND OUTREACH**
 7 **REGARDING CLAIMS INVOLVING MILITARY**
 8 **SEXUAL TRAUMA.**

9 (a) EVALUATION OF CLAIMS INVOLVING MILITARY
 10 SEXUAL TRAUMA.—

11 (1) IN GENERAL.—Subchapter VI of chapter 11
 12 of such title is amended by inserting after section
 13 1166 the following new section:

14 **“§ 1166A. Evaluation of claims involving military sex-**
 15 **ual trauma**

16 “(a) NOTICE AND OPPORTUNITY TO SUPPLY EVI-
 17 DENCE.—The Secretary may not deny a claim of a veteran
 18 for compensation under this chapter for military sexual
 19 trauma without first—

20 “(1) advising the veteran of the evidence that
 21 would constitute credible corroborating evidence of
 22 the military sexual trauma; and

23 “(2) allowing the veteran an opportunity to fur-
 24 nish such corroborating evidence.

1 “(b) POINT OF CONTACT.—The Secretary shall en-
2 sure that each document provided to a veteran relating
3 to a claim for compensation under this chapter for a mili-
4 tary sexual trauma includes contact information for an ap-
5 propriate point of contact with the Department.

6 “(c) SPECIALIZED TEAMS.—The Secretary shall en-
7 sure that all claims for compensation under this chapter
8 for a military sexual trauma are reviewed and processed
9 by a specialized team established under section 1166 of
10 this title.

11 “(1) The Secretary shall ensure that not less
12 than annually, the policies and procedures employed
13 by the specialized team established under section
14 1166 of this title are reviewed by medical or mental
15 health professionals as the Secretary considers ap-
16 propriate to determine whether the current standard
17 of evidentiary review for acceptable documentation
18 adequately evaluates the likelihood a military sexual
19 trauma occurred.

20 “(2) The Secretary shall also conduct periodic
21 quality reviews of claims processed by the specialized
22 teams established under section 1166 to identify in-
23 consistencies, training deficiencies, or procedural
24 shortcomings and implement corrective actions as
25 appropriate.”.

1 (2) OUTREACH.—

2 (A) IN GENERAL.—Not later than 180
3 days after the date of the enactment of this
4 Act, the Secretary of Veterans Affairs shall im-
5 plement, with input from the veteran commu-
6 nity, an informative outreach program for vet-
7 erans regarding the standard of proof for eval-
8 uation of claims relating to military sexual
9 trauma, including requirements for a medical
10 examination and opinion.

11 (B) TARGETED OUTREACH.—In imple-
12 menting the program under subparagraph (A),
13 the Secretary shall, to the extent practicable,
14 target outreach to veterans who submitted a
15 claim relating to military sexual trauma that
16 was denied.

17 (3) CLERICAL AMENDMENT.—The table of sec-
18 tions at the beginning of chapter 11 of such title is
19 amended by inserting after the item relating to sec-
20 tion 1166 the following new item:

“1166A. Evaluation of claims involving military sexual trauma.”.

21 (b) COMMUNICATIONS FROM THE DEPARTMENT OF
22 VETERANS AFFAIRS TO INDIVIDUALS WHO HAVE EXPE-
23 RIENCED MILITARY SEXUAL TRAUMA.—

24 (1) REVIEW WORKING GROUP.—

1 (A) IN GENERAL.—The Secretary of Vet-
2 erans Affairs shall establish a working group to
3 review correspondence relating to military sex-
4 ual trauma.

5 (B) MEMBERSHIP.—The working group
6 established under subparagraph (A) shall be
7 composed of members who shall be appointed
8 by the Secretary from among employees of the
9 Department of Veterans Affairs who are ex-
10 perts in military sexual trauma and mental
11 health, of whom—

12 (i) one or more shall be appointed
13 from among mental health providers of the
14 Veterans Health Administration;

15 (ii) one or more shall be appointed
16 from among experts on sexual assault and
17 sexual harassment of the Veterans Benefits
18 Administration; and

19 (iii) one or more shall be appointed
20 from among experts on sexual assault and
21 sexual harassment of the Board of Vet-
22 erans' Appeals.

23 (C) DUTIES.—The working group estab-
24 lished under subparagraph (A) shall—

1 (i) review standard correspondence,
2 which may include templates for notices
3 under sections 5103, 5104, 5104B, and
4 7104 of title 38, United States Code, from
5 the Department to individuals who have
6 experienced military sexual trauma for sen-
7 sitivity; and

8 (ii) ensure that the correspondence—

9 (I) treats such individuals with
10 dignity and respect; and

11 (II) does not re-traumatize such
12 individuals.

13 (D) INDIVIDUAL WHO HAS EXPERIENCED
14 MILITARY SEXUAL TRAUMA DEFINED.—In this
15 subsection, the term “individual who has experi-
16 enced military sexual trauma” means—

17 (i) an individual who has filed a claim
18 for compensation under chapter of title 38,
19 United States Code, relating to military
20 sexual trauma;

21 (ii) a veteran who has been awarded
22 compensation under such chapter relating
23 to military sexual trauma; or

24 (iii) a member of the Armed Forces
25 (including a member of the National

1 Guard or Reserves), a former member of
2 the Armed Forces, or a veteran who is re-
3 ceiving care from the Department relating
4 to military sexual trauma.

5 (2) CONTENTS OF CERTAIN WRITTEN COMMU-
6 NICATIONS TO INDIVIDUALS WHO HAVE EXPERI-
7 ENCED MILITARY SEXUAL TRAUMA.—

8 (A) NOTICE TO CLAIMANTS OF REQUIRED
9 INFORMATION AND EVIDENCE.—Section 5103
10 of title 38, United States Code, is amended by
11 adding at the end the following new subsection:

12 “(c) WRITTEN COMMUNICATIONS TO INDIVIDUALS
13 WHO HAVE EXPERIENCED MILITARY SEXUAL TRAU-
14 MA.—

15 “(1) The Secretary shall ensure that any writ-
16 ten communication under this section from the De-
17 partment to an individual who has experienced mili-
18 tary sexual trauma includes each of the following:

19 “(A) Contact information for each of the
20 following:

21 “(i) The military sexual trauma coor-
22 dinator of the Veterans Benefits Adminis-
23 tration.

1 “(ii) The military sexual trauma coor-
2 dinator of the Veterans Health Adminis-
3 tration.

4 “(iii) The Veterans Crisis Line.

5 “(iv) The facility of the Veterans
6 Health Administration closest to where the
7 individual resides.

8 “(v) The Readjustment Counseling
9 Service location closest to where the indi-
10 vidual resides.

11 “(B) Information on the eligibility of the
12 individual for services provided through the Re-
13 adjustment Counseling Service location de-
14 scribed in subparagraph (A)(v).

15 “(2) In this subsection:

16 “(A) The term ‘individual who has experi-
17 enced military sexual trauma’ means—

18 “(i) an individual who has filed a
19 claim for compensation under chapter 11
20 of this title relating to military sexual
21 trauma;

22 “(ii) a veteran who has been awarded
23 compensation under such chapter relating
24 to military sexual trauma; or

1 “(iii) a member of the Armed Forces
2 (including a member of the National
3 Guard or Reserves), a former member of
4 the Armed Forces, or a veteran who is re-
5 ceiving care from the Department relating
6 to military sexual trauma.

7 “(B) The term ‘military sexual trauma’
8 has the meaning given that term in section
9 1166(d)(2) of this title.

10 “(C) The term ‘Veterans Crisis Line’
11 means the toll-free hotline for veterans estab-
12 lished under section 1720F(h) of this title.”.

13 (B) DECISIONS AND NOTICES OF DECI-
14 SIONS.—Section 5104 of title 38, United States
15 Code, is amended by adding at the end the fol-
16 lowing new subsection:

17 “(e)(1) The Secretary shall ensure that any written
18 communication under this section from the Department
19 to an individual who has experienced military sexual trau-
20 ma includes each of the following:

21 “(A) Contact information for each of the fol-
22 lowing:

23 “(i) The military sexual trauma coordi-
24 nator of the Veterans Health Administration.

25 “(ii) The Veterans Crisis Line.

1 “(iii) The facility of the Veterans Health
2 Administration closest to where the individual
3 resides.

4 “(iv) The Readjustment Counseling Service
5 location closest to where the individual resides.

6 “(B) Information on the eligibility of the indi-
7 vidual for services provided through the Readjust-
8 ment Counseling Service location described in sub-
9 paragraph (A)(iv).

10 “(2) The Secretary shall ensure that any written
11 communication under this section from the Department
12 to an individual who has experienced military sexual trau-
13 ma that includes notification of an award of compensation
14 under chapter 11 of this title relating to military sexual
15 trauma includes—

16 “(A) the contact information described in para-
17 graph (1); and

18 “(B) the contact information for the military
19 sexual trauma coordinator of the Veterans Benefits
20 Administration.

21 “(3) In this subsection:

22 “(A) The term ‘individual who has experienced
23 military sexual trauma’ means—

1 “(i) an individual who has filed a claim for
2 compensation under chapter 11 of this title re-
3 lating to military sexual trauma;

4 “(ii) a veteran who has been awarded com-
5 pensation under such chapter relating to mili-
6 tary sexual trauma; or

7 “(iii) a member of the Armed Forces (in-
8 cluding a member of the National Guard or Re-
9 serves), a former member of the Armed Forces,
10 or a veteran who is receiving care from the De-
11 partment relating to military sexual trauma.

12 “(B) The term ‘military sexual trauma’ has the
13 meaning given that term in section 1166(d)(2) of
14 this title.

15 “(C) The term ‘Veterans Crisis Line’ means the
16 toll-free hotline for veterans established under sec-
17 tion 1720F(h) of this title.”.

18 (C) HIGHER-LEVEL REVIEW BY THE AGEN-
19 CY OF ORIGINAL JURISDICTION.—Section
20 5104B of title 38, United States Code, is
21 amended by adding at the end the following
22 new subsection:

23 “(f) WRITTEN COMMUNICATIONS TO INDIVIDUALS
24 WHO HAVE EXPERIENCED MILITARY SEXUAL TRAU-
25 MA.—

1 “(1) The Secretary shall ensure that any writ-
2 ten communication under this section from the De-
3 partment to an individual who has experienced mili-
4 tary sexual trauma includes each of the following:

5 “(A) Contact information for each of the
6 following:

7 “(i) The military sexual trauma coor-
8 dinator of the Veterans Health Adminis-
9 tration.

10 “(ii) The Veterans Crisis Line.

11 “(iii) The facility of the Veterans
12 Health Administration closest to where the
13 individual resides.

14 “(iv) The Readjustment Counseling
15 Service location closest to where the indi-
16 vidual resides.

17 “(B) Information on the eligibility of the
18 individual for services provided through the Re-
19 adjustment Counseling Service location de-
20 scribed in subparagraph (A)(iv).

21 “(2) The Secretary shall ensure that any writ-
22 ten communication under this section from the De-
23 partment to an individual who has experienced mili-
24 tary sexual trauma that includes notification of an

1 award of compensation under chapter 11 of this title
2 relating to military sexual trauma includes—

3 “(A) the contact information described in
4 paragraph (1); and

5 “(B) the contact information for the mili-
6 tary sexual trauma coordinator of the Veterans
7 Benefits Administration.

8 “(3) In this subsection:

9 “(A) The term ‘individual who has experi-
10 enced military sexual trauma’ means—

11 “(i) an individual who has filed a
12 claim for compensation under chapter 11
13 of this title relating to military sexual
14 trauma;

15 “(ii) a veteran who has been awarded
16 compensation under such chapter relating
17 to military sexual trauma; or

18 “(iii) a member of the Armed Forces
19 (including a member of the National
20 Guard or Reserves), a former member of
21 the Armed Forces, or a veteran who is re-
22 ceiving care from the Department relating
23 to military sexual trauma.

1 “(B) The term ‘military sexual trauma’
2 has the meaning given that term in section
3 1166(d)(2) of this title.

4 “(C) The term ‘Veterans Crisis Line’
5 means the toll-free hotline for veterans estab-
6 lished under section 1720F(h) of this title.”.

7 (D) BOARD OF VETERANS’ APPEALS.—Sec-
8 tion 7104 of title 38, United States Code, is
9 amended by adding at the end the following
10 new subsection:

11 “(g)(1) The Secretary shall ensure that any written
12 communication under this section from the Department
13 to an individual who has experienced military sexual trau-
14 ma include each of the following:

15 “(A) Contact information for each of the fol-
16 lowing:

17 “(i) The military sexual trauma coordi-
18 nator of the Veterans Health Administration.

19 “(ii) The Veterans Crisis Line.

20 “(iii) The facility of the Veterans Health
21 Administration closest to where the individual
22 resides.

23 “(iv) The Readjustment Counseling Service
24 location closest to where the individual resides.

1 “(B) Information on the eligibility of the indi-
2 vidual for services provided through the Readjust-
3 ment Counseling Service location described in sub-
4 paragraph (A)(iv).

5 “(2) The Secretary shall ensure that any written
6 communication under this section from the Department
7 to an individual who has experienced military sexual trau-
8 ma that includes notification of an award of compensation
9 under chapter 11 of this title relating to military sexual
10 trauma includes—

11 “(A) the contact information described in para-
12 graph (1); and

13 “(B) the contact information for the military
14 sexual trauma coordinator of the Veterans Benefits
15 Administration.

16 “(3) In this subsection:

17 “(A) The term ‘individual who has experienced
18 military sexual trauma’ means—

19 “(i) an individual who has filed a claim for
20 compensation under chapter 11 of this title re-
21 lating to military sexual trauma;

22 “(ii) a veteran who has been awarded com-
23 pensation under such chapter relating to mili-
24 tary sexual trauma; or

1 “(iii) a member of the Armed Forces (in-
2 cluding a member of the National Guard or Re-
3 serves), a former member of the Armed Forces,
4 or a veteran who is receiving care from the De-
5 partment relating to military sexual trauma.

6 “(B) The term ‘military sexual trauma’ has the
7 meaning given that term in section 1166(d)(2) of
8 this title.

9 “(C) The term ‘Veterans Crisis Line’ means the
10 toll-free hotline for veterans established under sec-
11 tion 1720F(h) of this title.”.

12 (c) STUDY ON TRAINING AND PROCESSING RELAT-
13 ING TO CLAIMS FOR DISABILITY COMPENSATION RELAT-
14 ING TO MILITARY SEXUAL TRAUMA.—

15 (1) STUDY REQUIRED.—The Secretary of Vet-
16 erans Affairs shall conduct a study on—

17 (A) the quality of training provided to per-
18 sonnel of the Department of Veterans Affairs
19 who review claims for disability compensation
20 under chapter 11 of title 38, United States
21 Code, for disabilities relating to military sexual
22 trauma; and

23 (B) the quality of the procedures of the
24 Department for reviewing the accuracy of the
25 processing of such claims.

1 (2) ELEMENTS.—The study required by sub-
2 section (a) shall include the following:

3 (A) With respect to the quality of training
4 described in paragraph (1) of such subsection:

5 (i) Whether the Department ensures
6 personnel complete such training on time.

7 (ii) Whether the training has resulted
8 in improvements to the processing of
9 claims described in such subsection and
10 issue-based accuracy.

11 (iii) Such recommendations as the
12 Secretary may have for improving the
13 training.

14 (B) With respect to the quality of proce-
15 dures described in paragraph (2) of such sub-
16 section:

17 (i) Whether the procedures of the De-
18 partment for reviewing the accuracy of the
19 processing of claims described in such sub-
20 section comport with generally accepted
21 statistical methodologies to ensure reason-
22 able accuracy of such reviews.

23 (ii) Whether such procedures ade-
24 quately include mechanisms to correct er-
25 rors found in such reviews.

1 (iii) A summary of quality assurance
2 reviews and reports conducted as part of
3 such procedures.

4 (iv) Such recommendations as the
5 Secretary may have for improving such
6 procedures.

7 (3) REPORT REQUIRED.—Not later than one
8 year after the date of the enactment of this Act, the
9 Secretary shall submit to the Committee on Vet-
10 erans' Affairs of the Senate and the Committee on
11 Veterans' Affairs of the House of Representatives a
12 report detailing the findings of the Secretary with
13 respect to the study conducted under paragraph (1).

14 (d) ANNUAL SPECIAL FOCUS REVIEW OF CLAIMS
15 FOR DISABILITY COMPENSATION FOR DISABILITIES RE-
16 LATING TO MILITARY SEXUAL TRAUMA.—

17 (1) ANNUAL SPECIAL FOCUS REVIEW.—

18 (A) IN GENERAL.—Each year, the Under
19 Secretary for Benefits of the Department of
20 Veterans Affairs shall conduct a special focus
21 review on the accuracy of the processing of
22 claims for disability compensation under chap-
23 ter 11 of title 38, United States Code, for dis-
24 abilities relating to military sexual trauma.

1 (B) ELEMENTS.—Each review conducted
2 under subparagraph (A) shall include a review
3 of the following:

4 (i) A statistically significant, nation-
5 ally representative sample of all claims for
6 benefits under the laws administered by
7 the Secretary of Veterans Affairs relating
8 to military sexual trauma filed during the
9 fiscal year preceding the fiscal year in
10 which the report is submitted.

11 (ii) The accuracy of each decision
12 made with respect to each claim described
13 in clause (i).

14 (iii) The types of benefit entitlement
15 errors found, disaggregated by category.

16 (iv) Trends from year to year.

17 (v) Training completion rates for per-
18 sonnel of the Department who process
19 claims described in subparagraph (A).

20 (2) REPROCESSING OF CLAIMS.—If the Under
21 Secretary finds, pursuant to a special focus review
22 conducted under paragraph (1)(A), that an error
23 was made with respect to the entitlement of a vet-
24 eran to a benefit under the laws administered by the
25 Secretary, the Secretary shall return the relevant

1 claim of the veteran to the appropriate office of the
2 Department for reprocessing to ensure that the vet-
3 eran receives an accurate decision with respect to
4 the claim.

5 (3) REPORT.—Section 5501(b) of the Johnny
6 Isakson and David P. Roe, M.D. Veterans Health
7 Care and Benefits Improvement Act of 2020 (Public
8 Law 116–315; 134 Stat. 5048) is amended—

9 (A) in paragraph (1), by striking “through
10 2027” and inserting “until the date described
11 in section 109(d)(4) of the Take Care of Amer-
12 ica’s Veterans Act”; and

13 (B) in paragraph (2), by adding at the end
14 the following new subparagraph:

15 “(I) The findings of the most recent spe-
16 cial focus review conducted under subsection
17 (d)(1)(A) of section 109 of the Take Care of
18 America’s Veterans Act, including—

19 “(i) the elements under subsection
20 (d)(1)(B) of such section;

21 “(ii) the number of claims returned
22 for reprocessing under subsection (d)(2) of
23 such section; and

24 “(iii) the number of claims described
25 in clause (ii) for which the decision relat-

1 ing to service-connection or entitlement to
2 compensation changed as a result of re-
3 processing the claim.”.

4 (4) SUNSET.—On the date that is 5 years after
5 the enactment of this Act, paragraph (1)(A) shall
6 cease to be in effect.

7 (e) WORKING GROUP ON MEDICAL EXAMINATIONS
8 FOR CLAIMS FOR DISABILITY COMPENSATION FOR DIS-
9 ABILITIES RELATING TO MILITARY SEXUAL TRAUMA.—

10 (1) IN GENERAL.—Not later than 90 days after
11 the date of the enactment of this Act, the Secretary
12 of Veterans Affairs shall establish a working group
13 on medical examinations for claims for disability
14 compensation under chapter 11 of title 38, United
15 States Code, for disabilities relating to military sex-
16 ual trauma (in this section referred to as the “work-
17 ing group”).

18 (2) MEMBERSHIP.—The working group shall be
19 composed of the following:

20 (A) Staff of the operations center for mili-
21 tary sexual trauma of the Department of Vet-
22 erans Affairs who have experience reviewing the
23 quality of medical examinations in support of
24 claims for disability compensation under chap-
25 ter 11 of title 38, United States Code.

1 (B) Staff of the Medical Disability Exam-
2 ination Office of the Department.

3 (C) Veterans service officers who have ex-
4 perience with claims described in paragraph (1).

5 (D) Medical examiners who have experi-
6 ence with such claims.

7 (E) Staff of the Veterans Experience Of-
8 fice of the Department.

9 (F) Such other individuals as the Secretary
10 considers appropriate.

11 (3) DUTIES.—Not later than 180 days after the
12 date of the enactment of this Act, the working group
13 shall—

14 (A) review the quality of medical examina-
15 tions described in paragraph (1);

16 (B) review the feasibility of minimizing re-
17 examinations for conditions relating to military
18 sexual trauma; and

19 (C) submit to the Under Secretary for
20 Benefits of the Department and the Secretary
21 recommendations on how to—

22 (i) eliminate re-traumatization of indi-
23 viduals who file claims described in para-
24 graph (1); and

1 (ii) reduce the overdevelopment of
2 such claims.

3 (4) REPORT.—Not later than one year after the
4 date of the enactment of this Act, the Secretary
5 shall submit to Congress a report that includes the
6 following:

7 (A) The views of the working group on ef-
8 forts by the Department to eliminate re-trau-
9 matization of individuals who file claims de-
10 scribed in subsection (a).

11 (B) Legislative proposals to improve the
12 experience of such individuals in pursuing such
13 claims.

14 (C) The recommendations submitted under
15 paragraph (3)(C).

16 (D) The plan of the Under Secretary for
17 Benefits of the Department and the Secretary
18 to implement such recommendations.

19 (5) REVIEW AND IMPLEMENTATION.—Not later
20 than one year after the date of the enactment of this
21 Act, the Under Secretary for Benefits of the Depart-
22 ment and the Secretary shall—

23 (A) review the recommendations submitted
24 under paragraph (3)(C); and

1 (B) implement the recommendations that,
2 as determined by the Under Secretary and the
3 Secretary, would improve the claims process for
4 individuals who file claims described in para-
5 graph (1).

6 (f) MILITARY SEXUAL TRAUMA CLAIMS PERFORM-
7 ANCE DASHBOARD.—

8 (1) ESTABLISHMENT.—The Secretary of Vet-
9 erans Affairs shall establish an interactive perform-
10 ance dashboard displaying information about claims
11 relating to military sexual trauma submitted to the
12 Secretary for benefits under laws administered by
13 the Secretary.

14 (2) ELEMENTS.—The dashboard established
15 pursuant to paragraph (1) shall cover the following:

16 (A) Claims relating to military sexual trau-
17 ma submitted to the Secretary for benefits
18 under laws administered by the Secretary that
19 have been submitted, completed, or appealed,
20 including appeals pending at the agency of ju-
21 risdiction and at the Board of Veterans' Ap-
22 peals.

23 (B) For comparison purposes with sub-
24 paragraph (A), claims not relating to military
25 sexual trauma submitted to the Secretary for

1 benefits under laws administered by the Sec-
2 retary that have been submitted, completed, or
3 appealed.

4 (C) Overall, cumulative information relat-
5 ing to claims relating to military sexual trauma
6 submitted to the Secretary for benefits under
7 laws administered by the Secretary, including
8 the following:

9 (i) Average number of days a claim is
10 pending review.

11 (ii) Average number of days for com-
12 pleted adjudication.

13 (iii) Total number of pending claims,
14 disaggregated by whether the claims have
15 been partially adjudicated or not adju-
16 dicated at all.

17 (iv) Total number of claims com-
18 pletely adjudicated.

19 (v) Of the number specified in clause
20 (iv), the percentage that were approved,
21 denied, or appealed.

22 (D) The total number of claims relating to
23 military sexual trauma submitted to the Sec-
24 retary for benefits under laws administered by
25 the Secretary.

1 (E) The methods used for submittal of
2 claims relating to military sexual trauma to the
3 Secretary for benefits under laws administered
4 by the Secretary.

5 (F) The most frequent reasons the Sec-
6 retary denies a claim relating to military sexual
7 trauma submitted to the Secretary for a benefit
8 under a law administered by the Secretary.

9 (G) The most frequent conditions or dis-
10 abilities for which a claim relating to military
11 sexual trauma is denied.

12 (H) The most frequent conditions or dis-
13 abilities for which a claim relating to military
14 sexual trauma is submitted to the Secretary for
15 disability compensation under chapter 11 of
16 title 38, United States Code, including the
17 grant rate for such contentions.

18 (3) ADDITIONAL RESOURCE INFORMATION.—
19 The Secretary shall make available via the perform-
20 ance dashboard established pursuant to subsection
21 (a) the following information:

22 (A) Veterans Crisis Line contact informa-
23 tion.

1 (B) Information regarding the availability
2 of services from military sexual trauma coordi-
3 nators of the Veterans Health Administration.

4 (C) Information regarding the availability
5 of services from military sexual trauma coordi-
6 nators of the Veterans Benefits Administration.

7 (D) Information on availability of special-
8 ized care, services, and benefits from the De-
9 partment for individuals who have experienced
10 military sexual trauma.

11 (E) Such additional information as the
12 Secretary considers appropriate.

13 (4) AVAILABILITY.—The Secretary shall ensure
14 that the dashboard established pursuant to para-
15 graph (1) is available to the public from the website
16 of the Department of Veterans Affairs and is up-
17 dated not less frequently than once every 30 days.

18 (5) REPORTING REQUIREMENTS.—(A) Not later
19 than 2 years after the date of the enactment of this
20 Act, the Secretary shall submit to the Committee on
21 Veterans' Affairs of the Senate and the Committee
22 on Veterans' Affairs of the House of Representatives
23 a report detailing—

24 (i) the annual cost to implement the dash-
25 board required by paragraph (2);

1 (ii) areas for improvement of the dash-
2 board; and

3 (iii) such additional information as the
4 Secretary considers appropriate.

5 (B) Not later than 180 days after the date of
6 the enactment of this Act, the Secretary shall com-
7 mence providing, on a quarterly basis, to the Com-
8 mittee on Veterans' Affairs of the Senate and the
9 Committee on Veterans' Affairs of the House of
10 Representatives a quarterly briefing on the Depart-
11 ment's processing of military sexual trauma-related
12 claims.

13 (6) DEFINITION.—In this section, the term
14 “military sexual trauma” has the meaning given
15 such term in section 1166(d)(2) of title 38, United
16 States Code.

17 **SEC. 112. INDEPENDENT ASSESSMENT OF NOTICES THAT**
18 **THE SECRETARY OF VETERANS AFFAIRS**
19 **SENDS TO CLAIMANTS.**

20 (a) AGREEMENT.—Not later than 30 days after the
21 date of the enactment of this Act, the Secretary of Vet-
22 erans Affairs shall seek to enter into an agreement with
23 an FFRDC for an assessment of notices that the Sec-
24 retary sends to claimants.

1 (b) ASSESSMENT.—An FFRDC that enters into an
2 agreement under subsection (a) shall submit to the Sec-
3 retary a written assessment of such notices. The assess-
4 ment shall include the following:

5 (1) The determination of the FFRDC, made in
6 consultation with covered entities, whether each such
7 notice may be feasibly altered to reduce paper con-
8 sumption by, and costs to, the Federal Government.

9 (2) The recommendations of the FFRDC re-
10 garding how the Secretary may make such notices
11 clearer to claimants, better organized, and more con-
12 cise.

13 (c) REPORT; IMPLEMENTATION.—Not later than 90
14 days after the Secretary receives the assessment under
15 subsection (b), the Secretary shall—

16 (1) submit to the Committees on Veterans' Af-
17 fairs of the Senate and House of Representatives a
18 copy of such assessment; and

19 (2) implement the recommendations in the as-
20 sessment that are in compliance with the laws ad-
21 ministered by the Secretary.

22 (d) DEADLINE FOR IMPLEMENTATION.—The Sec-
23 retary shall complete the implementation of such rec-
24 ommendations pursuant to subsection (c)(2) by not later

1 than one year after the date on which the Secretary com-
2 mences such implementation.

3 (e) DEFINITIONS.—In this section:

4 (1) The term “FFRDC” means a federally
5 funded research and development center.

6 (2) The term “covered entities” includes—

7 (A) the Secretary of Veterans Affairs;

8 (B) an expert in laws administered by the
9 Secretary of Veterans Affairs;

10 (C) a veterans service organization recog-
11 nized under section 5902 of title 38, United
12 States Code;

13 (D) an entity that advocates for veterans;
14 and

15 (E) an entity that advocates for the sur-
16 vivors of veterans.

17 (3) The terms “claimant” and “notice” have
18 the meanings given such terms in section 5100 of
19 title 38, United States Code.

20 **SEC. 113. INDEPENDENT ASSESSMENT OF FORMS THAT**
21 **THE SECRETARY OF VETERANS AFFAIRS**
22 **SENDS TO CLAIMANTS.**

23 (a) AGREEMENT.—Not later than 30 days after the
24 date of the enactment of this Act, the Secretary of Vet-
25 erans Affairs shall seek to enter into an agreement with

1 an FFRDC for an assessment of forms that the Secretary
2 sends to claimants.

3 (b) ASSESSMENT.—An FFRDC that enters into an
4 agreement under subsection (a) shall submit to the Sec-
5 retary a written assessment, made in consultation with
6 covered entities, of such forms. The assessment shall in-
7 clude the recommendations of the FFRDC regarding how
8 the Secretary may make such forms clearer to claimants
9 and better organized.

10 (c) REPORT; IMPLEMENTATION.—Not later than 90
11 days after the Secretary receives the assessment under
12 subsection (b), the Secretary shall—

13 (1) submit to the Committees on Veterans' Af-
14 fairs of the Senate and House of Representatives a
15 copy of such assessment; and

16 (2) implement the recommendations in the as-
17 sessment that are in compliance with the laws ad-
18 ministered by the Secretary.

19 (d) DEADLINE FOR IMPLEMENTATION.—The Sec-
20 retary shall complete the implementation of such rec-
21 ommendations pursuant to subsection (c)(2) by not later
22 than two years after the date on which the Secretary com-
23 mences such implementation.

24 (e) DEFINITIONS.—In this section:

1 (1) The term “FFRDC” means a federally
2 funded research and development center.

3 (2) The term “covered entities” includes—

4 (A) the Secretary of Veterans Affairs;

5 (B) an expert in laws administered by the
6 Secretary of Veterans Affairs;

7 (C) a veterans service organization recog-
8 nized under section 5902 of title 38, United
9 States Code;

10 (D) an entity that advocates for veterans;
11 and

12 (E) an entity that advocates for survivors
13 of veterans.

14 (3) The term “claimant” has the meaning given
15 such term in section 5100 of title 38, United States
16 Code.

17 **TITLE II—EDUCATION AND**
18 **ECONOMIC OPPORTUNITY**

19 **SEC. 201. VETS OPPORTUNITY ACT.**

20 (a) REPAYMENT OF MEMBERS OF THE ARMED
21 FORCES FOR CONTRIBUTIONS TOWARDS POST-9/11 EDU-
22 CATIONAL ASSISTANCE: TIMING; MECHANISM FOR INDIV-
23 IDUALS NOT ELIGIBLE FOR A MONTHLY HOUSING STI-
24 PEND.—

1 (1) IN GENERAL.—Subsection (f) of section
2 3327 of title 38, United States Code, is amended—

3 (A) in paragraph (3), by striking “to-
4 gether” and all that follows through “before”
5 and inserting “not later than 60 days after”;
6 and

7 (B) by adding at the end the following new
8 paragraph:

9 “(4) ADDITIONAL ASSISTANCE FOR AN INDI-
10 VIDUAL NOT ELIGIBLE FOR A MONTHLY HOUSING
11 STIPEND.—In the case of an individual making an
12 election under subsection (a) who is described by
13 subparagraph (A), (C), or (E) of paragraph (1) of
14 that subsection, and who is not eligible for a month-
15 ly stipend payable under section 3313(c) of this title,
16 the educational assistance payable to the individual
17 under this chapter shall be paid—

18 “(A) in a lump sum calculated by multi-
19 plying—

20 “(i) the total amount of contributions
21 described in paragraph (1)(A) with regards
22 to such individual; and

23 “(ii) the sum of the number of
24 months described in subclauses (I) and (II)

1 of paragraph (1)(B)(i) with regards to
2 such individual; and

3 “(B) to the individual not later than 60
4 days after the exhaustion of the individual’s en-
5 titlement to educational assistance under this
6 chapter.”.

7 (2) TECHNICAL CORRECTIONS AND CON-
8 FORMING AMENDMENT.—Such subsection is further
9 amended—

10 (A) by striking “paragraphs (2) through
11 (7)” and inserting “paragraphs (2) through
12 (6)”; and

13 (B) in paragraph (1), in the heading, by
14 inserting “FOR AN INDIVIDUAL ELIGIBLE FOR A
15 MONTHLY HOUSING STIPEND” after “ADDI-
16 TIONAL ASSISTANCE”.

17 (3) EFFECTIVE DATE.—The amendments made
18 by this section shall take effect on August 1, 2027.

19 (b) TREATMENT OF CERTAIN INDEPENDENT STUDY
20 PROGRAMS UNDER EDUCATIONAL ASSISTANCE PRO-
21 GRAMS OF DEPARTMENT OF VETERANS AFFAIRS.—

22 (1) IN GENERAL.—Section
23 3680A(a)(4)(A)(ii)(III) of such title is amended—

1 (A) by inserting “that requires regular and
2 substantive interaction between students and
3 instructors” after “course of study”;

4 (B) in item (aa), by striking “; or” and in-
5 serting a semicolon;

6 (C) in item (bb), by striking “; and” and
7 inserting “; or”; and

8 (D) by adding at the end by following new
9 item:

10 “(cc) an institution of high-
11 er education, as such term is de-
12 fined in section 102 of the High-
13 er Education Act of 1965 (20
14 U.S.C. 1002), that is approved to
15 participate or is participating in
16 the student financial assistance
17 programs authorized by title IV
18 of that Act; and”.

19 (2) APPLICABILITY.—The amendment made by
20 paragraph (1) shall apply with respect to a quarter,
21 semester, or term, as applicable, that begins on or
22 after August 1, 2027.

23 (3) OVERSIGHT.—During the first six years be-
24 ginning on the date of enactment of this Act, the
25 Secretary, in coordination with State approving

1 agencies, shall, every two years, conduct risk-based
2 surveys or reviews of institutions approved pursuant
3 to section 3680A(a)(4)(A)(ii)(III)(cc) of title 38,
4 United States Code, as added by paragraph (1).

5 (4) GAO REPORT.—Not later than 3 years
6 after the date of enactment of this Act, the Comp-
7 troller General of the United States shall submit to
8 the Committees on Veterans' Affairs of the Senate
9 and House of Representatives a report on the over-
10 sight and implementation of the amendments made
11 by paragraph (1), including—

12 (A) the effectiveness of oversight activities
13 conducted by the Department of Veterans Af-
14 fairs and State approving agencies;

15 (B) institutional compliance with applica-
16 ble requirements under chapter 36 of title 38,
17 United States Code;

18 (C) participation and outcomes of veterans
19 enrolled in programs approved pursuant to sec-
20 tion 3680A(a)(4)(A)(ii)(III)(cc) of such title, as
21 added by paragraph (1); and

22 (D) any recommendations to improve over-
23 sight, program integrity, or educational out-
24 comes for veterans.

1 (5) APPLICABILITY.—To the extent practicable
2 for any program requiring practical, laboratory, clin-
3 ical, shop, or hands on competencies, the online por-
4 tion of instruction may not substitute for the super-
5 vised in person training necessary to demonstrate
6 such competencies.

7 (c) ABSENCE FROM CERTAIN EDUCATION DUE TO
8 CERTAIN SERVICE.—

9 (1) OPTIONS.—Section 3691A of such title is
10 amended by striking paragraph (1) of subsection (a)
11 and inserting the following:

12 “(1) A covered member may, after receiving orders
13 to enter a period of covered service—

14 “(A) withdraw from covered education;

15 “(B) take a leave of absence from covered edu-
16 cation; or

17 “(C) subject to subsection (d), enter into an
18 agreement with the institution concerned to complete
19 a course of covered education to the satisfaction of
20 such institution concerned.”.

21 (2) CONFORMING AMENDMENT.—Such sub-
22 section is further amended, in paragraph (2)(A), by
23 striking “or takes a leave of absence” and inserting
24 “, takes a leave of absence, or enters into an agree-
25 ment”.

1 (3) AGREEMENT.—Such section is further
2 amended—

3 (A) by redesignating subsection (d) as sub-
4 section (e); and

5 (B) by inserting, after subsection (c), the
6 following new subsection (d):

7 “(d) AGREEMENT WITH INSTITUTION CON-
8 CERNED.—A covered member may enter into an agree-
9 ment under subsection (a) only if the covered member has
10 completed at least half of a course of covered education.”.

11 (4) SECTION HEADING.—Such section is further
12 amended by striking the heading and inserting “**Ab-**
13 **sence from certain education due to cer-**
14 **tain service**”.

15 (5) TABLE OF SECTIONS.—The table of sections
16 at the beginning of chapter 36 of such title is
17 amended by striking the item relating to section
18 3691A and inserting the following new item:

“3691A. Absence from certain education due to certain service.”.

19 (d) DEPARTMENT OF VETERANS AFFAIRS COMPLI-
20 ANCE SURVEYS.—Section 3693 of such title is amended—

21 (1) in subsection (c)—

22 (A) by striking “not more than 10 busi-
23 ness days of notice”;

24 (B) by striking “this section.” and insert-
25 ing “this section—”; and

1 (C) by adding at the end the following new
2 paragraphs:

3 “(1) in the case of an educational institution or
4 training establishment with a time stamp database
5 collection feature, not fewer than 10, and not more
6 than 15, business days of notice; and

7 “(2) in the case of any other educational insti-
8 tution or training establishment, not more than 10
9 business days of notice.”; and

10 (2) by striking subsection (d) and inserting the
11 following new subsection (d):

12 “(d) DEFINITIONS.—In this section:

13 “(1) The terms ‘educational institution’ and
14 ‘training establishment’ have the meanings given
15 such terms in section 3452 of this title.

16 “(2) The term ‘school certifying official’ means
17 an employee of an educational institution with pri-
18 mary responsibility for certifying veteran enrollment
19 at the educational institution.”.

20 (e) NOTIFICATION OF SCHOOL CERTIFYING OFFI-
21 CIALS OF HANDBOOK UPDATES.—

22 (1) IN GENERAL.—Not later than 14 business
23 days after updating the school certifying official
24 handbook of the Department of Veterans Affairs,

1 the Secretary of Veterans Affairs shall provide no-
2 tice to all school certifying officials of such update.

3 (2) SCHOOL CERTIFYING OFFICIAL DEFINED.—

4 The term “school certifying official” means an em-
5 ployee of an educational institution with primary re-
6 sponsibility for certifying veteran enrollment at the
7 educational institution.

8 **SEC. 202. IMPROVEMENTS TO PROCESS FOR MAKING PAY-**
9 **MENTS TO AUTOMOBILE SELLERS FOR AUTO-**
10 **MOBILES PURCHASED FOR CERTAIN DIS-**
11 **ABLED VETERANS.**

12 (a) TIMELINESS OF PAYMENTS.—Section 3902 of
13 title 38, United States Code, is amended, in subsection
14 (a)—

15 (1) by inserting “(1)” before “The Secretary”;
16 and

17 (2) by adding at the end the following new
18 paragraph:

19 “(2) The Secretary shall—

20 “(A) make payments under this section in com-
21 pliance with regulations prescribed under section
22 3903(a) of title 31, except that no interest penalties
23 shall be required to be paid under this section; and

24 “(B) in the case of any payment under this sec-
25 tion that is not processed during the period of 30

1 days following receipt by the Secretary of the final
2 invoice for such payment, the Secretary shall publish
3 in the Federal Register the number of days required
4 to process the payment.”.

5 (b) CENTRALIZATION OF PROCESS FOR MAKING PAY-
6 MENTS.—Such section is amended by adding at the end
7 the following new subsection:

8 “(f)(1) The Secretary shall process payments under
9 this section through one office of the Department that the
10 Secretary determines has the capacity and expertise to
11 make such payments in compliance with regulations de-
12 scribed in subsection (a)(2).

13 “(2) The Secretary shall accurately track and resolve
14 payments due to sellers under this section that are more
15 than 90 days overdue.”.

16 (c) REPORTING.—The Secretary of Veterans Affairs
17 shall submit to the Committees on Veterans’ Affairs of
18 the Senate and House of Representatives, and publish on
19 a publicly accessible website of the Department of Vet-
20 erans Affairs, four semiannual reports after the date of
21 the enactment of this Act, regarding the administration
22 of section 3902 of title 38, United States Code, as amend-
23 ed by this section. Each such report shall include, with
24 respect to the period of six months preceding the date of
25 the report, the following elements:

1 (1) The average and median number of days
2 between receipt of a invoice for payment under such
3 section by the Claims Intake Center of the Depart-
4 ment and the day when the Secretary makes such
5 payment, disaggregated by whether the claim was
6 under review or being processed by—

7 (A) the Veterans Health Administration;

8 (B) the Veterans Benefits Administration;

9 or

10 (C) the seller.

11 (2) Improvements to information technology of
12 the Department that the Secretary determines would
13 reduce the time required for such review or proc-
14 essing.

15 (d) GAO REPORT; BRIEFING.—

16 (1) REPORT.—Not later than 180 days after
17 the day the Secretary completes centralization under
18 subsection (f) of section 3902 of title 38, United
19 States Code, as added by this section, the Comp-
20 troller General of the United States shall review
21 such centralization and publish a report containing
22 the results of such review. Such report shall include
23 the determinations of the Comptroller General re-
24 garding the following:

1 (A) The capacity of the office determined
2 by the Secretary under such subsection, to
3 carry out processing described in such sub-
4 section, including—

5 (i) a comprehensive assessment of em-
6 ployees of the Department who carry out
7 chapter 39 of such title;

8 (ii) a comprehensive skills assessment
9 indicating what resources the Secretary re-
10 quires to otherwise improve such cen-
11 tralization, including additional funds, em-
12 ployees, or contractors; and

13 (iii) a review of systems of informa-
14 tion technology, including systems in use
15 or to be acquired, to carry out such cen-
16 tralization.

17 (B) Recommendations to improve such
18 processing.

19 (C) Estimated costs to the United States
20 to implement such recommendations.

21 (2) BRIEFING.—Not later than 30 days after
22 publishing the report under paragraph (1), the
23 Comptroller General shall provide to the Committees
24 on Veterans' Affairs of the House of Representatives
25 and Senate a briefing on such report. Such briefing

1 shall include any response from the Secretary to the
2 Comptroller General regarding the recommendations
3 in the report.

4 **SEC. 203. MONTHLY HOUSING STIPEND UNDER THE POST-**
5 **9/11 EDUCATIONAL ASSISTANCE PROGRAM**
6 **FOR INDIVIDUALS WHO PURSUE SUMMER**
7 **PROGRAMS OF EDUCATION SOLELY**
8 **THROUGH DISTANCE LEARNING.**

9 (a) IN GENERAL.—Section 3313(c)(1)(B) of title 38,
10 United States Code, is amended—

11 (1) in clause (i), by striking “and (iii)” and in-
12 serting “, (iii), and (iv)”;

13 (2) by redesignating clause (iv) as clause (v);
14 and

15 (3) by inserting after clause (iii) the following
16 new clause (iv):

17 “(iv) In the case of an individual pur-
18 suing, solely through distance learning, a
19 program of education that is shorter than
20 12 weeks during the summer, for each
21 month the individual pursues the program
22 of education, a monthly housing stipend
23 equal to the product of—

24 “(I) the national average of the
25 monthly amount of the basic allow-

1 ance for housing payable under sec-
2 tion 403 of title 37 for a member with
3 dependents in pay grade E-5, multi-
4 plied by

5 “(II) the lesser of—

6 “(aa) 1.0 and

7 “(bb) the number of course
8 hours borne by the individual in
9 pursuit of the program of edu-
10 cation, divided by the minimum
11 number of course hours required
12 for full-time pursuit of the pro-
13 gram of education, rounded to
14 the nearest multiple of 10.”.

15 (b) EFFECTIVE DATE.—The amendments made by
16 subsection (a) shall apply to a program of education begin-
17 ning on or after August 1, 2027.

18 **SEC. 204. CLARIFICATION REGARDING INCLUSION OF**
19 **MEDICALLY NECESSARY AUTOMOBILE ADAP-**
20 **TATIONS IN DEPARTMENT OF VETERANS AF-**
21 **FAIRS DEFINITION OF “MEDICAL SERVICES”.**

22 Section 1701(6)(I) of title 38, United States Code,
23 is amended to read as follows:

“(I) The provision of any medically necessary automobile adaptations for driver or passenger use, including—

“(i) ramp and kneeling systems;

“(ii) raised doors or lowered floors;

“(iii) raised roofs;

“(iv) air conditioning;

“(v) occupied and unoccupied mobility lifts;

“(vi) ingress or egress accessibility modifications;

“(vii) wheelchair tiedowns; and

“(viii) adapted seating.”.

SEC. 205. DIGITAL COMMUNICATIONS: SOLID START PROGRAM; EDUCATIONAL ASSISTANCE.

(a) IMPROVEMENT TO CERTAIN OUTREACH UNDER SOLID START PROGRAM OF DEPARTMENT OF VETERANS AFFAIRS.—Section 6320(b) of title 38, United States Code, is amended—

(1) in paragraph (1)(B)—

(A) by striking “calling” and inserting “communicating with”; and

(B) by inserting “through the use of tailored lines of communication, including mailings, text messaging, virtual chatting, and other

1 electronic forms of messaging” after “Armed
2 Forces”; and

3 (2) in paragraph (2), by striking “tailored mail-
4 ings” and inserting “tailored lines of communica-
5 tion, including mailings, text messaging, virtual
6 chatting, and other electronic forms of messaging,”.

7 (b) DEPARTMENT OF VETERANS AFFAIRS USE OF
8 TAILORED LINES OF COMMUNICATION FOR CORRESPOND-
9 ENCE RELATING TO EDUCATIONAL ASSISTANCE BENE-
10 FITS.—Section 3680 of title 38, United States Code, is
11 amended by adding at the end the following new sub-
12 section:

13 “(i)(1) The Secretary shall provide a mechanism by
14 which an eligible veteran or eligible person may use tai-
15 lored lines of communication to send and receive cor-
16 respondence with the Department of Veterans related to
17 entitlement to and use of educational assistance benefits
18 under the laws administered by the Secretary. The Sec-
19 retary shall ensure that an eligible veteran or eligible per-
20 son is provided with an opportunity to opt into sending
21 and receiving such correspondence using such lines of
22 communication rather than by mail.

23 “(2) The Secretary shall provide to eligible veterans
24 and eligible persons who are enrolled in a course or pro-
25 gram of education or training notice of the opportunity

1 to opt in to sending and receiving correspondence using
 2 tailored lines of communication pursuant to paragraph
 3 (1).

4 “(3) In this subsection, the term ‘tailored lines of
 5 communication’ includes mailings, text messaging, virtual
 6 chatting, and other electronic forms of messaging.”.

7 **SEC. 206. IMPROVEMENTS TO TRANSITION ASSISTANCE**
 8 **PROGRAM AND SKILLBRIDGE.**

9 (a) TRANSITION ASSISTANCE PROGRAM: AMEND-
 10 MENTS; PILOT PROGRAM; REPORTS.—

11 (1) SPECIAL OPERATIONS FORCES.—Subsection
 12 (a) of section 1142 of title 10, United States Code,
 13 is amended, in paragraph (1), by inserting “(includ-
 14 ing each member of the special operations forces)”
 15 after “armed forces”.

16 (2) REQUIREMENT OF PRESEPARATION COUN-
 17 SELING: NUMBER OF DAYS.—Such subsection is fur-
 18 ther amended, in paragraph (1)—

19 (A) by inserting “(A)” before “Within”;
 20 and

21 (B) by adding at the end the following new
 22 subparagraph:

23 “(B) The Secretary concerned shall ensure that
 24 a member described in subparagraph (A) receives
 25 preseparation counseling in the following amounts:

1 “(i) In the case of a member who has ac-
2 cepted an offer of full-time employment, or has
3 enrolled in a program of education or vocational
4 training, that shall commence after the member
5 separates, retires, or is discharged, not fewer
6 than three days.

7 “(ii) In the case of a member other than
8 a member described in clause (i), not fewer
9 than five days.”.

10 (3) REPEAT ATTENDANCE.—Such subsection is
11 further amended by adding at the end the following
12 new paragraph:

13 “(6) A member who received preseparation
14 counseling under this section may, before separation,
15 retirement, or discharge, request to receive, on a
16 space-available basis, such preseparation counseling
17 a second time.”.

18 (4) PATHWAYS: STANDARDIZATION; ESTABLISH-
19 MENT OF PATHWAY FOR MEMBERS OF THE RESERVE
20 COMPONENTS.—Such section is further amended, in
21 paragraph (1) of subsection (c), in the matter pre-
22 ceding subparagraph (A)(1)—

23 (A) by striking “Each Secretary con-
24 cerned” and inserting “The Secretaries of De-
25 fense and Homeland Security”; and

1 (B) by striking “pathways for members of
2 the military department concerned” and insert-
3 ing “pathways, standardized across the armed
4 forces”.

5 (5) PATHWAYS: RECORD OF PATHWAY ASSIGN-
6 MENT.—Such subsection is further amended by add-
7 ing at the end the following new paragraph:

8 “(4) The Secretary concerned shall ensure that
9 the pathway in which a member is placed, and the
10 reasons for such placement, are noted in the service
11 record of such member.”.

12 (6) COORDINATION BETWEEN DEPARTMENTS
13 OF DEFENSE, VETERANS AFFAIRS, AND LABOR.—
14 Such section is further amended, in subsection (d)—

15 (A) by striking the heading and inserting
16 “TRANSMISSION OF CERTAIN INFORMATION TO
17 OTHER DEPARTMENTS”;

18 (B) by inserting “(1)” before “In the
19 case”; and

20 (C) by adding at the end the following new
21 paragraphs:

22 “(2) Before a member described in subsection
23 (a) separates, retires, or is discharged, the Secretary
24 concerned shall transmit to the Secretary of Vet-

1 erans Affairs the Department of Defense Form DD–
2 2648 regarding such member.

3 “(3)(A) In the case of a member described in
4 subsection (a) whom the Secretary determined as
5 tier 3 status the Secretary concerned shall, before
6 the member separates, retires, or is discharged, pro-
7 vide such member with the contact information of an
8 employee of the Department of Veterans Affairs and
9 an employee of the Department of Labor; and

10 “(B) Each employee described in subparagraph
11 (A) shall contact the member described in such sub-
12 paragraph not later than 60 days after such member
13 separates, retires, or is discharged.

14 “(C) The Secretary of Veterans Affairs and the
15 Secretary of Labor shall each submit to the Commit-
16 tees on Armed Services and on Veterans’ Affairs of
17 the Senate and House of Representatives an annual
18 report that identifies the number of times, and rea-
19 sons why, an employee of the department under the
20 jurisdiction of such Secretary failed to carry out
21 subparagraph (B) in the year preceding the date of
22 the report.

23 “(D) The Secretary of Defense and Secretary
24 of Homeland Security shall prescribe regulations to
25 ensure that, for purposes of this paragraph, each

1 Secretary concerned uses the same definition of the
2 term ‘at risk for a difficult transition to civilian
3 life’.”.

4 (7) REPORT.—Not later than two years after
5 the date of the enactment of this Act and annually
6 thereafter for four years, the Secretary of Defense
7 shall submit to the Committees on Armed Services,
8 and the Committees on Veterans’ Affairs, of the
9 Senate and House of Representatives, a report on
10 data recorded with such tracking system during the
11 year preceding the date of such report. Such a re-
12 port shall include a list of the seven military installa-
13 tions located inside the continental United States,
14 and three military installations located outside the
15 continental United States, where members are least
16 likely to receive preseparation counseling in accord-
17 ance with such time periods.

18 (A) The number of members who, in the
19 course of such preseparation counseling, were
20 referred to another Federal agency or depart-
21 ment.

22 (B) The Federal agencies or departments
23 to which members were so referred.

1 (C) The number of members who should
2 have been, but were not, so referred, and rea-
3 sons why such referrals did not occur.

4 (D) The number of members who receive
5 such preseparation counseling and apply for un-
6 employment compensation under subchapter II
7 of chapter 85 of title 5, United States Code.

8 (E) The total amount of such unemploy-
9 ment compensation paid to members separating
10 from the Armed Forces.

11 (F) The frequency with which the com-
12 mander of the military installation received a
13 briefing regarding attendance of members in ac-
14 cordance with statutory requirements of the
15 Transition Assistance Program.

16 (8) CONTRACTING: STANDARDIZATION.—Such
17 section is further amended by adding at the end the
18 following new subsection:

19 “(f) CONTRACTING.—A Secretary concerned may
20 enter into an agreement with an entity under which such
21 entity shall provide preseparation counseling under this
22 section. If more than one Secretary seeks to enter into
23 such an agreement, such Secretaries concerned shall, to
24 the extent practicable, seek to enter into such agreements
25 with the same entity.”.

1 (9) ANNUAL REPORT ON TAP PARTICIPATION.—

2 The frequency with which the commander of the
3 military installation received a briefing regarding at-
4 tendance of members in accordance with statutory
5 requirements of the Transition Assistance Program.

6 (b) SKILLBRIDGE: GAO STUDY.—

7 (1) STUDY REQUIRED.—The Comptroller Gen-
8 eral of the United States shall conduct a study of
9 the Skillbridge programs under section 1143(e) of
10 title 10, United States Code.

11 (2) REPORT.—Not later than two years after
12 the date of the enactment of this Act, the Comp-
13 troller General shall submit to the Committees on
14 Armed Services, and the Committees on Veterans'
15 Affairs, of the Senate and House of Representatives,
16 a report regarding such study. Such report shall in-
17 clude observations and recommendations of the
18 Comptroller regarding, with respect to members and
19 employers who participate in Skillbridge—

20 (A) differences in criteria for participation
21 between the Armed Forces;

22 (B) other differences in Skillbridge pro-
23 grams between the Armed Forces;

24 (C) best practices in Skillbridge programs
25 across the Armed Forces, including—

- 1 (i) the selection of employers; and
- 2 (ii) the development of contracts; and
- 3 (D) the feasibility of making Skillbridge
- 4 programs uniform across the Armed Forces.

5 **SEC. 207. TRANSITION ASSISTANCE PROGRAM: PRESEN-**
6 **TATION IN PRESEPARATION COUNSELING TO**
7 **PROMOTE BENEFITS AVAILABLE TO VET-**
8 **ERANS.**

9 (a) IN GENERAL.—Section 1142(b) of title 10,
10 United States Code, is amended by adding at the end the
11 following new paragraph:

12 “(20) A presentation that promotes the benefits
13 available to veterans under the laws administered by
14 the Secretary of Veterans Affairs. Such presen-
15 tation—

16 “(A) shall be standardized;

17 “(B) shall, before implementation, be re-
18 viewed and approved by the Secretary of Vet-
19 erans Affairs and Secretary of Defense in col-
20 laboration with veterans service organizations
21 that provide claims assistance under the bene-
22 fits delivery at discharge program of the De-
23 partment of Veterans Affairs;

24 “(C) shall be submitted by the Secretary of
25 Veterans Affairs to the Committees on Vet-

1 erans' Affairs and Armed Services of the Sen-
2 ate and the House of Representatives for review
3 at least 90 days before implementation;

4 “(D) where available, shall be presented
5 with the participation of—

6 “(i) an employee or representative of
7 the Department of Veterans Affairs as-
8 sisted by a representative of a veterans
9 service organization recognized under sec-
10 tion 5902 of title 38; or

11 “(ii) an employee or representative of
12 the Department of Veterans Affairs as-
13 sisted by an individual recognized under
14 section 5903 of such title and authorized
15 by the Secretary concerned to so partici-
16 pate;

17 “(E) shall include information on how a
18 veterans service organization may assist the
19 member in filing a claim described in paragraph
20 (19);

21 “(F) may not encourage the member to
22 join a particular veterans service organization;
23 and

24 “(G) may not be longer than one hour.”.

1 (b) ANNUAL REPORT.—Not less frequently than once
2 each year after the date of the enactment of this Act, the
3 Secretary of Veterans Affairs shall submit, to the Commit-
4 tees on Armed Services of the Senate and House of Rep-
5 resentatives, and to the Committees on Veterans’ Affairs
6 of the Senate and House of Representatives, a report
7 that—

8 (1) identifies each veterans service organization
9 that participated in a presentation under paragraph
10 (20) of section 1142(b) of title 10, United States
11 Code, as added by subsection (a);

12 (2) contains the number of members of the
13 Armed Forces who attended such presentations; and

14 (3) includes any recommendations of the Sec-
15 retary regarding changes to such presentation or to
16 such paragraph.

17 **SEC. 208. ELIMINATION OF REQUIREMENT THAT ON-CAM-**
18 **PUS EDUCATIONAL AND VOCATIONAL COUN-**
19 **SELING IS PROVIDED BY CERTAIN DEPART-**
20 **MENT OF VETERANS AFFAIRS EMPLOYEES.**

21 (a) IN GENERAL.—Section 3697B(a) of title 38,
22 United States Code, is amended—

23 (1) by striking the second sentence;

24 (2) by inserting “(1)” before “The Secretary”;

25 and

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

3 “(2) Any individual providing services under para-
4 graph (1) on behalf of the Department who is not an em-
5 ployee of the Department shall be subject to the same
6 oversight, training, and accountability standards applica-
7 ble to Department employees providing such services.”.

8 (b) EXPANSION OF VETSUCCESS ON CAMPUS PRO-
9 GRAM TO AT LEAST ONE LOCATION IN EACH STATE.—

10 (1) IN GENERAL.—The Secretary of Veterans
11 Affairs shall ensure that the VetSuccess on Campus
12 program of the Department of Veterans Affairs is
13 located in every State.

14 (2) COUNSELORS.—In carrying out paragraph
15 (1), the Secretary shall ensure that at least one
16 counselor of the VetSuccess on Campus program is
17 located in each State, notwithstanding the number
18 of individuals in a State or at an educational institu-
19 tion who may qualify to participate in the program.

20 (3) PREFERENCE.—In carrying out this sec-
21 tion, the Secretary shall give preference to edu-
22 cational institutions that have the largest popu-
23 lations of students who are pursuing programs of
24 education at such institutions with educational as-

1 sistance provided under laws administered by the
2 Secretary.

3 (4) STATE DEFINED.—In this section, the term
4 “State” has the meaning given such term in section
5 101 of title 38, United States Code.

6 **SEC. 209. EXPANSION OF ENTITLEMENT FOR PAYMENT FOR**
7 **LICENSING OR CERTIFICATION TESTS FOR**
8 **VETERANS ENTITLED TO EDUCATIONAL AS-**
9 **SISTANCE.**

10 Section 3315 of title 38, United States Code, is
11 amended—

12 (1) in subsection (a), by striking “educational
13 assistance under this chapter” and inserting “cov-
14 ered assistance”;

15 (2) in subsection (b)(3), by striking “under this
16 chapter” and inserting “with respect to covered as-
17 sistance”;

18 (3) in subsection (c), in the matter preceding
19 paragraph (1), by striking “under this chapter” and
20 inserting “with respect to covered assistance”; and

21 (4) by adding at the end the following new sub-
22 section:

23 “(d) WARNINGS.—Before providing any payment to
24 or on behalf of an individual described in subsection (a),
25 the Secretary shall provide notice to the individual a warn-

1 ing that use of entitlement under this section for a licens-
 2 ing or certification test may not lead to a license or certifi-
 3 cation.

4 “(e) COVERED ASSISTANCE DEFINED.—In this sec-
 5 tion, the term ‘covered assistance’ means educational as-
 6 sistance available under—

7 “(1) this chapter, chapter 30 of this title, chap-
 8 ter 35 of this title, or chapter 1606 of title 10; or

9 “(2) any other provision of law providing edu-
 10 cational assistance to a veteran, or to another indi-
 11 vidual in connection with the service of a veteran in
 12 the Armed Forces.”.

13 **SEC. 210. INCREASE OF AMOUNT OF EDUCATIONAL ASSIST-**
 14 **ANCE PAID BY THE SECRETARY OF VET-**
 15 **ERANS AFFAIRS FOR FIRST YEAR OF A FULL-**
 16 **TIME PROGRAM OF APPRENTICESHIP OR**
 17 **OTHER ON-JOB TRAINING.**

18 Section 3313(g)(3)(B) of title 38, United States
 19 Code, is amended—

20 (1) in the matter preceding clause (i), by insert-
 21 ing “using educational assistance under this chap-
 22 ter”; and

23 (2) in clause (i)(II), by striking “80 percent”
 24 and inserting “100 percent”.

1 **SEC. 211. IMPROVING EMERGING TECHNOLOGY OPPORTU-**
 2 **NITIES FOR VETERANS.**

3 (a) INCLUSION OF EMERGING TECHNOLOGIES IN
 4 HIGH TECHNOLOGY PROGRAM.—

5 (1) IN GENERAL.—Section 3699C of title 38,
 6 United States Code, is amended—

7 (A) in the section heading by striking
 8 “**High technology**” and inserting “**High**
 9 **technology and emerging tech-**
 10 **nology**”;

11 (B) by striking “high technology” and in-
 12 serting “high technology or emerging tech-
 13 nology” each place such term appears; and

14 (C) in subsection (c)(4) by adding at the
 15 end the following new subparagraph:

16 “(E) Such criteria shall also identify which tech-
 17 nologies of critical importance, such as artificial intel-
 18 ligence and semiconductor manufacturing, shall be treated
 19 as emerging technologies for purposes of this section.”.

20 (2) CLERICAL AMENDMENT.—The table of sec-
 21 tions at the beginning of chapter 36 of such title is
 22 amended by striking the item relating to section
 23 3699C and inserting the following new item:

“3699C. High technology and emerging technology program.”.

24 (3) CONFORMING AMENDMENTS.—Section
 25 3680A of title 38, United States Code, is amended

1 in subsections (a)(4)(B) and (d)(8) by striking “high
2 technology” each place such term appears and in-
3 serting “high technology or emerging technology”.

4 (b) EMPLOYMENT RATE CALCULATION FOR VET-
5 TEC HIGH TECHNOLOGY AND EMERGING TECHNOLOGY
6 PROGRAM.—Section 3699C of title 38, United States
7 Code, is amended—

8 (1) in subsection (f)—

9 (A) in the matter preceding paragraph (1)
10 by inserting after “House of Representatives”
11 the following: “, and make available to the pub-
12 lic,”; and

13 (B) in paragraph (3) by adding at the end
14 the following: “Such rate shall be calculated as
15 a fraction, the denominator of which is the
16 number of covered individuals who completed
17 such a program during such year and the nu-
18 merator of which is the number of individuals
19 counted in the denominator who are employed
20 on the date that is 180 days after the date on
21 which the individual completed the program,
22 and expressed as a percentage. Notwithstanding
23 the previous sentence, the numerator shall not
24 count a case in which the individual is employed
25 by the same organization that was the provider

1 of the individual’s program of education or a
 2 case in which the individual is employed, by a
 3 parent or affiliate of such organization, as an
 4 instructor for a substantially similar program of
 5 education. To the maximum extent practicable,
 6 the Secretary shall also report the rates of full-
 7 time employment, part-time employment, and
 8 self-employment.”; and

9 (2) in subsection (g) by adding at the end the
 10 following new paragraph:

11 “(3) The Secretary on an ongoing basis shall solicit,
 12 collect, and analyze feedback about the program from cov-
 13 ered individuals who participate in the program and from
 14 the GI Bill School Feedback Tool. The Secretary shall use
 15 such feedback to evaluate and improve the implementation
 16 of the program.”.

17 **TITLE III—HEALTH CARE**

18 **SEC. 301. EXTENSION AND MODIFICATION OF TRANSPOR-** 19 **TATION GRANT PROGRAM OF DEPARTMENT** 20 **OF VETERANS AFFAIRS.**

21 Section 307 of the Caregivers and Veterans Omnibus
 22 Health Services Act of 2010 (Public Law 111–163; 38
 23 U.S.C. 1710 note) is amended—

24 (1) in subsection (a)—

1 (A) in paragraph (2), by adding at the end
2 the following new subparagraphs:

3 “(C) Indian tribes.

4 “(D) Tribal organizations.

5 “(E) Native Hawaiian organizations.

6 “(F) County veterans service organiza-
7 tions.”;

8 (B) in paragraph (3), in the matter pre-
9 ceding subparagraph (A), by striking “State
10 veterans service agency or veterans service or-
11 ganization awarded” and inserting “recipient
12 of”; and

13 (C) by amending paragraph (4) to read as
14 follows:

15 “(4) MAXIMUM AMOUNT.—

16 “(A) IN GENERAL.—Except as provided in
17 subparagraphs (B) and (C), the amount of a
18 grant under this section may not exceed
19 \$50,000.

20 “(B) OFF-ROAD COMMUNITIES.—In the
21 case of a county that has more than five com-
22 munities that are off the road system, the
23 amount of a grant awarded with respect to that
24 county under this section may be increased by

1 an amount not to exceed 50 percent of the
2 amount specified in subparagraph (A).

3 “(C) PURCHASING A VEHICLE.—

4 “(i) AMOUNT.—The amount of a
5 grant awarded under this section to a re-
6 cipient may be increased by not more than
7 \$80,000 if the recipient is purchasing a ve-
8 hicle to comply with requirements under
9 the Americans with Disabilities Act of
10 1990 (42 U.S.C. 12101 et seq.) in carrying
11 out this section.

12 “(ii) LIMITATIONS.—The Secretary
13 may prescribe limitations on the number of
14 vehicles purchased by each recipient under
15 this section.”;

16 (2) by striking subsection (d);

17 (3) by redesignating subsections (b) and (c) as
18 subsections (d) and (e), respectively;

19 (4) by inserting after subsection (a) the fol-
20 lowing new subsections:

21 “(b) ADDITIONAL SERVICES.—

22 “(1) NEARBY RURAL AREAS.—In addition to
23 providing innovative transportation options to vet-
24 erans in highly rural areas, a recipient of a grant
25 under this section may use amounts provided under

1 the grant to provide innovative transportation op-
2 tions to veterans in nearby rural areas.

3 “(2) PRIORITY.—A recipient of a grant under
4 this section shall prioritize the provision of innova-
5 tive transportation options to veterans in highly
6 rural areas, and shall demonstrate to the Secretary
7 such priority, and may only provide services under
8 paragraph (1) to veterans in nearby rural areas if—

9 “(A) it does not impede the services pro-
10 vided to veterans in highly rural areas; and

11 “(B) the grantee has excess capacity and
12 resources available to provide such services to
13 veterans in nearby rural areas.

14 “(c) ELIGIBILITY OF PREVIOUS AREAS.—Areas eligi-
15 ble for assistance under the grant program under this sec-
16 tion on the day before the date of the enactment of the
17 Supporting Rural Veterans Access to Healthcare Services
18 Act shall remain eligible for such assistance on and after
19 such date of enactment.”; and

20 (5) in subsection (e), as redesignated by para-
21 graph (2)—

22 (A) by redesignating paragraph (2) as
23 paragraph (5); and

24 (B) by striking paragraph (1) and insert-
25 ing the following:

1 “(1) INDIAN TRIBE; TRIBAL ORGANIZATION.—
 2 The terms ‘Indian tribe’ and ‘Tribal organization’
 3 have the meanings given those terms in section 4 of
 4 the Indian Self-Determination and Education Assist-
 5 ance Act (25 U.S.C. 5304).

6 “(2) NATIVE HAWAIIAN ORGANIZATION.—The
 7 term ‘Native Hawaiian organization’ has the mean-
 8 ing given that term in section 6207 of the Elemen-
 9 tary and Secondary Education Act of 1965 (20
 10 U.S.C. 7517).

11 “(3) NEARBY.—The term ‘nearby’, with respect
 12 to a rural area, includes rural areas adjacent to a
 13 highly rural area and rural areas geographically be-
 14 tween the highly rural area and the nearest Depart-
 15 ment of Veterans Affairs medical center.

16 “(4) RURAL; HIGHLY RURAL.—The terms
 17 ‘rural’ and ‘highly rural’ have the meanings given
 18 those terms under the Rural-Urban Commuting
 19 Areas (RUCA) coding system of the Department of
 20 Agriculture.”.

21 **SEC. 302. VETERAN CAREGIVER REEDUCATION, REEMPLOY-**
 22 **MENT, AND RETIREMENT ACT.**

23 (a) EXTENSION OF PERIOD OF MEDICAL CARE COV-
 24 ERAGE FOR CAREGIVERS DESIGNATED AS PRIMARY PRO-
 25 VIDERS OF PERSONAL CARE SERVICES FOR VETERANS.—

1 Section 1781(a)(4) of title 38, United States Code, is
2 amended by inserting before the comma at the end the
3 following: “, including during the 180-day period following
4 discharge from the program under section 1720G(a) of
5 this title unless the designation of the individual was re-
6 voked due to fraud, abuse, mistreatment, or other mis-
7 conduct”.

8 (b) EMPLOYMENT AND OTHER BENEFITS FOR CARE-
9 GIVERS DESIGNATED AS PRIMARY PROVIDERS OF PER-
10 SONAL CARE SERVICES FOR VETERANS.—

11 (1) EMPLOYMENT ASSISTANCE.—Section
12 1720G of title 38, United States Code, is amended
13 by adding at the end the following new subsection:
14 “(e) EMPLOYMENT ASSISTANCE.—(1) The Secretary
15 shall, subject to paragraph (2), provide to an individual
16 designated as a primary provider of personal care services
17 under subsection (a)(7)(A) employment assistance as fol-
18 lows:

19 “(A) Reimbursement of fees associated with
20 certifications or relicensure necessary for such em-
21 ployment.

22 “(B) For purposes of gaining credit for con-
23 tinuing professional education requirements, access
24 to training modules of the Department at no cost.

1 “(C) In consultation with the Secretary of De-
2 fense and the Secretary of Labor, access to existing
3 employment assistance resources and programs as
4 considered appropriate.

5 “(2) An individual described in paragraph (1) shall
6 have access to assistance described in such paragraph—

7 “(A) while participating in the program estab-
8 lished under subsection (a)(1); and

9 “(B) during the 180-day period following the
10 date on which the individual is no longer partici-
11 pating in such program unless the designation of
12 such individual under subsection (a)(7)(A) was re-
13 voked for fraud, abuse, mistreatment, or other mis-
14 conduct.

15 “(3) The maximum lifetime amount that may be re-
16 imbursed for an individual under paragraph (1)(A) is
17 \$1,000.”.

18 (2) EXPANSION OF AVAILABLE SERVICES.—
19 Subsection (a)(3)(A)(ii) of such section is amend-
20 ed—

21 (A) in subclause (V), by striking “; and”
22 and inserting a semicolon;

23 (B) in subclause (VI)—

1 (i) in the matter preceding item (aa),
2 by inserting “or agreements” after “con-
3 tracts”;

4 (ii) in item (aa), by inserting “, in-
5 cluding retirement planning services,”
6 after “services”; and

7 (iii) in item (bb), by striking the pe-
8 riod at the end and inserting “; and”; and

9 (C) by adding at the end the following new
10 subclause:

11 “(VII) such instruction, preparation, train-
12 ing, and support as the Secretary considers ap-
13 propriate to assist in transitioning away from
14 caregiving during the 180-day period following
15 the date on which the family caregiver is no
16 longer participating in the program required by
17 paragraph (1), unless such designation was re-
18 voked for fraud, abuse, or mistreatment, or
19 other misconduct.”.

20 (3) ASSISTANCE RETURNING TO WORKFORCE.—

21 Subclause (VI) of such subsection is further amend-
22 ed—

23 (A) in item (aa), by striking “; and” and
24 inserting a semicolon; and

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

3 “(cc) assistance returning to the
4 workforce upon discharge or dismissal
5 from the program required by paragraph
6 (1) unless such designation was revoked
7 for fraud, abuse, mistreatment, or other
8 misconduct; and”.

9 (4) BEREAVEMENT COUNSELING AND SUP-
10 PORT.—Subsection (a)(3)(A)(i)(III) of such section
11 is amended by inserting before the semicolon the fol-
12 lowing: “, including bereavement counseling and
13 support following the death of the eligible veteran”.

14 (5) STUDY ON PROVISION OF RETURNSHIP PRO-
15 GRAM.—

16 (A) IN GENERAL.—Not later than one year
17 after the date of the enactment of this Act, the
18 Secretary of Veterans Affairs, in partnership
19 with the Secretary of Labor, shall complete a
20 study on the feasibility and advisability of con-
21 ducting a returnship program to assist individ-
22 uals who are designated as a primary provider
23 of personal care services under section
24 1720G(a)(7)(A) of title 38, United States Code,

1 or who were discharged from such program, in
2 returning to the workforce.

3 (B) REPORT.—Not later than 180 days
4 after completion of the study under subpara-
5 graph (A), the Secretary shall submit to the
6 Committee on Veterans' Affairs of the Senate
7 and the Committee on Veterans' Affairs of the
8 House of Representatives a report on the study.

9 (6) STUDY ON INCORPORATING FORMER CARE-
10 GIVERS INTO WORKFORCE OF DEPARTMENT OF VET-
11 ERANS AFFAIRS.—

12 (A) IN GENERAL.—Not later than one year
13 after the date of the enactment of this Act, the
14 Secretary of Veterans Affairs shall complete a
15 study on barriers and incentives to hiring indi-
16 viduals who were designated as a primary pro-
17 vider of personal care services under section
18 1720G(a)(7)(A) of title 38, United States Code,
19 at facilities of the Department of Veterans Af-
20 fairs to address staffing needs.

21 (B) REPORT.—Not later than 180 days
22 after completion of the study under subpara-
23 graph (A), the Secretary shall submit to the
24 Committee on Veterans' Affairs of the Senate
25 and the Committee on Veterans' Affairs of the

1 House of Representatives a report on the study,
2 which shall include—

3 (i) a plan for increasing employment
4 opportunities at facilities of the Depart-
5 ment for individuals who were designated
6 as a primary provider of personal care
7 services under section 1720G(a)(7)(A) of
8 title 38, United States Code; and

9 (ii) such recommendations for legisla-
10 tive or administrative action as the Sec-
11 retary considers appropriate.

12 (c) COMPTROLLER GENERAL REPORT ON EFFORTS
13 OF DEPARTMENT OF VETERANS AFFAIRS IN SUPPORTING
14 FAMILY CAREGIVERS TRANSITIONING AWAY FROM
15 CAREGIVING.—Not later than two years after the date of
16 the enactment of this Act, the Comptroller General of the
17 United States shall submit to Congress a report assessing
18 the efforts of the Secretary of Veterans Affairs to support
19 individuals serving as family caregivers under section
20 1720G(a) of title 38, United States Code, in transitioning
21 away from caregiving, either by assisting those individuals
22 with retirement planning or returning to work.

23 (d) REPORT ON FEASIBILITY AND ADVISABILITY OF
24 ESTABLISHING A RETIREMENT PLAN OR RETIREMENT
25 SAVINGS FOR FAMILY CAREGIVERS OF CERTAIN VET-

1 ERANS.—Not later than one year after the date of the en-
 2 actment of this Act, the Secretary of Veterans Affairs, in
 3 consultation with the Secretary of the Treasury and the
 4 heads of such other relevant entities as the Secretary of
 5 Veterans Affairs determines necessary, shall submit to
 6 Congress a report on the feasibility and advisability of,
 7 for individuals serving as family caregivers under section
 8 1720G(a) of title 38, United States Code—

9 (1) establishing an individual retirement plan
 10 (as defined in section 7701(a)(37) of the Internal
 11 Revenue Code of 1986 (26 U.S.C. 7701(a)(37))) or
 12 similar retirement plan; or

13 (2) permitting such individuals to join an al-
 14 ready established pathway to retirement savings.

15 **SEC. 303. VETERANS TBI BREAKTHROUGH EXPLORATION**
 16 **OF ADAPTIVE CARE OPPORTUNITIES NATION-**
 17 **WIDE ACT.**

18 (a) DEPARTMENT OF VETERANS AFFAIRS GRANT
 19 PROGRAM FOR SUPPLEMENTAL NEUROREHABILITATION
 20 APPROACHES TO CHRONIC MILD TBI TREATMENT.—

21 (1) GRANT PROGRAM.—

22 (A) IN GENERAL.—The Secretary of Vet-
 23 erans Affairs shall carry out a three-year pro-
 24 gram (to be known as the “TBI Innovation
 25 Grant Program”) under which the Secretary

1 shall award grants to eligible entities described
2 in paragraph (2) for the development, imple-
3 mentation, and evaluation of approaches and
4 methodologies for prospective randomized con-
5 trol trials for neurorehabilitation treatments for
6 the treatment of chronic mild traumatic brain
7 injury (in this Act referred to as “mTBI”) in
8 veterans.

9 (B) RELATIONSHIP TO OTHER DEPART-
10 MENT ACTIVITIES.—The grant program re-
11 quired under subparagraph (A) shall be carried
12 out in a manner that—

13 (i) supplements, and does not sup-
14 plant, other clinical care and research of
15 the Department of Veterans Affairs relat-
16 ing to mTBI; and

17 (ii) facilitates, as practicable, coordi-
18 nation with Veterans Health Administra-
19 tion facilities for referral, continuity of
20 care, and dissemination of findings.

21 (2) ELIGIBLE ENTITIES DESCRIBED.—An eligi-
22 ble entity described in this paragraph is any of the
23 following:

24 (A) A nonprofit organization with dem-
25 onstrated capability to conduct clinical trials

1 and to deliver or research effective
2 neurorehabilitation treatments for mTBI, in-
3 cluding through patient care delivery.

4 (B) An academic institution that conducts
5 significant research on mTBI and has dem-
6 onstrated capability to conduct clinical trials re-
7 lating to neurorehabilitation treatments.

8 (C) A non-Department health care pro-
9 vider with expertise in neurorehabilitative thera-
10 pies and demonstrated capability to conduct
11 clinical trials and to evaluate mTBI treatments
12 through patient care delivery.

13 (D) A partnership or consortium of two or
14 more entities described in subparagraphs (A)
15 through (C).

16 (3) USE OF FUNDS.—An eligible entity in re-
17 ceipt of a grant under this subsection shall use such
18 grant to support activities that include—

19 (A) designing and testing novel or integra-
20 tive treatments for mTBI that prioritize pa-
21 tient-centered care, including non-pharma-
22 cological therapies;

23 (B) conducting clinical studies and assess-
24 ments to measure the effectiveness of funded
25 approaches to—

1 (i) improve mental health outcomes
2 among veterans;

3 (ii) reduce suicidality, and common
4 risk factors for completing suicide, includ-
5 ing depression and substance use disorders
6 among veterans; and

7 (iii) mitigate long-term effects of
8 mTBI and, to the extent outcomes are col-
9 lected under the applicable clinical pro-
10 tocol, measure durability of outcomes at
11 approximately six months following com-
12 pletion of treatment;

13 (C) providing training for clinicians and
14 outreach to veterans and their families to im-
15 prove awareness and accessibility of innovative
16 mTBI treatments, including information on
17 available Department resources and pathways
18 to access such resources; and

19 (D) establishing partnerships with commu-
20 nity organizations, academic institutions, and
21 health care facilities, including, as practicable,
22 coordination with Veterans Health Administra-
23 tion facilities to facilitate referral of eligible vet-
24 erans, continuity of care, and dissemination of
25 aggregate findings.

1 (4) LIMITATION ON GRANT AMOUNT.—The Sec-
2 retary may not award an eligible entity a grant
3 under this section in an amount that exceeds
4 \$5,000,000 for any fiscal year.

5 (5) PROGRAM ADMINISTRATION.—

6 (A) APPLICATIONS.—An eligible entity de-
7 siring a grant under this subsection shall sub-
8 mit to the Secretary an application in such
9 form, at such time, and containing such infor-
10 mation and assurances as the Secretary deter-
11 mines appropriate, including a detailed descrip-
12 tion of—

13 (i) activities proposed to be conducted
14 using the grant;

15 (ii) expected outcomes of such activi-
16 ties;

17 (iii) plans for evaluating the effective-
18 ness of such activities;

19 (iv) how the eligible entity will coordi-
20 nate, as practicable, with Veterans Health
21 Administration facilities for referral and
22 continuity of care for veterans who partici-
23 pate in activities carried out using grant
24 funds, and for dissemination of aggregate
25 findings;

1 (v) the budget of the entity for the
2 use of the grant, including a narrative jus-
3 tification and an identification of the esti-
4 mated amount of grant funds to be used
5 for administrative or overhead costs; and

6 (vi) assurances of compliance with ap-
7 plicable Federal laws and regulations relat-
8 ing to human subjects protections and pa-
9 tient safety.

10 (B) PRIORITY.—In awarding grants under
11 this subsection, the Secretary shall give priority
12 to eligible entities that have demonstrated the
13 capacity to coordinate with the Department to
14 facilitate referral and continuity of care for vet-
15 erans who participate in activities carried out
16 using grant funds.

17 (C) PERIODIC REPORTS.—As a condition
18 of receiving a grant under this section, an eligi-
19 ble entity shall, not less frequently than annu-
20 ally during the grant period and not later than
21 180 days after the end of the grant period, sub-
22 mit to the Secretary a report that includes, with
23 respect to the period covered by the report—

24 (i) a description of how the eligible
25 entity used such grant;

1 (ii) a summary of the progress of ac-
2 tivities funded with amounts from such
3 grant;

4 (iii) measured outcomes relating to
5 such activities;

6 (iv) a detailed accounting of expendi-
7 tures of grant funds, including administra-
8 tive or overhead costs;

9 (v) to the extent collected under the
10 applicable clinical protocol or in the ordi-
11 nary course of care, a description of any
12 adverse events and serious adverse events,
13 including self-harm or suicide-related
14 events; and

15 (vi) a description of actions taken
16 pursuant to the coordination plan de-
17 scribed in subparagraph (A)(iv).

18 (D) OVERSIGHT; ANNUAL EVALUATIONS.—

19 The Secretary shall—

20 (i) ensure rigorous oversight of the
21 grant program under this section, includ-
22 ing by monitoring financial compliance and
23 timely receipt of the reports required under
24 subparagraph (B); and

1 (ii) on an annual basis until the ter-
2 mination date specified in paragraph
3 (9)(A), evaluate the efficacy of activities
4 carried out using grant funds based on the
5 reports submitted under subparagraph (B)
6 and other appropriate information.

7 (E) RULE OF CONSTRUCTION.—Nothing in
8 this section shall be construed to authorize the
9 Secretary to require prior approval of, or
10 changes to, any clinical protocol, study design,
11 outcome measures, or follow-up schedule of an
12 eligible entity that receives a grant under this
13 section, except as necessary to ensure compli-
14 ance with applicable Federal laws and regula-
15 tions relating to human subjects protections
16 and patient safety.

17 (F) ENFORCEMENT AUTHORITY.—The
18 Secretary may suspend, modify, or terminate a
19 grant awarded under this section, if the Sec-
20 retary determines that the recipient of such
21 grant has failed to comply with reporting re-
22 quirements under subparagraph (B) or other
23 applicable terms and conditions of the grant.

24 (6) AVAILABLE AMOUNTS; AUTHORIZATION OF
25 APPROPRIATIONS.—

1 (A) AVAILABLE AMOUNTS.—The Secretary
2 may carry out the program under this section
3 using amounts available to the Secretary for
4 general mental health care programs, if the use
5 of such amounts supplements, and does not
6 supplant, amounts otherwise available for De-
7 partment mental health and traumatic brain in-
8 jury programs.

9 (B) AUTHORIZATION OF APPROPRIA-
10 TIONS.—There is authorized to be appropriated
11 to the Secretary \$10,000,000 for each of fiscal
12 years 2026 through 2028 to carry out this sec-
13 tion.

14 (7) DURATION; ANNUAL REVIEW.—

15 (A) DURATION.—The authority of the Sec-
16 retary to carry out the grant program under
17 this section shall terminate on the date that is
18 three years after the date of the enactment of
19 this Act, except that the Secretary may con-
20 tinue to use amounts made available to carry
21 out this section after such date solely for the
22 purpose of administering activities and obliga-
23 tions incurred before such termination date.

24 (B) ANNUAL REVIEW.—During such three-
25 year period, the Secretary shall, on an annual

1 basis, review the effectiveness of the grant pro-
2 gram to determine the potential of such grant
3 program for continuation or expansion.

4 (b) DEPARTMENT OF VETERANS AFFAIRS GRANT
5 PROGRAM FOR INDEPENDENT THIRD-PARTY RESEARCH
6 STUDIES AND TREATMENT WITH RESPECT TO SUPPLE-
7 MENTAL NEUROREHABILITATION TREATMENTS FOR
8 MTBI.—

9 (1) ESTABLISHMENT.—The Secretary of Vet-
10 erans Affairs shall establish and carry out a re-
11 search grant program to award grants to eligible en-
12 tities described in paragraph (2) to be used to carry
13 out studies and applied programs on approaches and
14 methodologies for the treatment of mTBI in vet-
15 erans.

16 (2) ELIGIBLE ENTITIES DESCRIBED.—An eligi-
17 ble entity described in this paragraph is any of the
18 following:

19 (A) A nonprofit organization that has dem-
20 onstrated the capability to conduct clinical
21 trials and to evaluate traumatic brain injury
22 treatments through patient care delivery.

23 (B) An academic institution that conducts
24 significant research on traumatic brain injury
25 and has demonstrated the capability to conduct

1 clinical trials relating to neurorehabilitation
2 treatments.

3 (C) A partnership or consortium of two or
4 more entities described in subparagraphs (A)
5 and (B).

6 (3) APPLICATIONS.—An eligible entity desiring
7 a grant under this section shall submit to the Sec-
8 retary an application in such form, at such time,
9 and containing such information and assurances as
10 the Secretary determines appropriate, including a
11 summary of—

12 (A) the research and treatment activities
13 proposed to be carried out using grant funds;

14 (B) the methodology to be used for such
15 activities;

16 (C) the expected outcomes of such activi-
17 ties;

18 (D) how the eligible entity will coordinate,
19 as practicable, with Veterans Health Adminis-
20 tration facilities for referral and continuity of
21 care for veterans who participate in activities
22 carried out using grant funds, and for dissemi-
23 nation of aggregate findings;

24 (E) the budget of the entity for the use of
25 the grant, including a narrative justification

1 and an identification of the estimated amount
2 of grant funds to be used for administrative or
3 overhead costs; and

4 (F) assurances of compliance with applica-
5 ble Federal laws and regulations relating to
6 human subjects protections and patient safety.

7 (4) ADMINISTRATION.—

8 (A) GRANT CATEGORIES.—In carrying out
9 the grant program under this subsection, each
10 fiscal year the Secretary shall—

11 (i) subject to the requirement under
12 subparagraph (B), award four grants for
13 exploratory or pilot research and treatment
14 projects, each of which shall be in an
15 amount of not more than \$625,000; and

16 (ii) award five grants for collaborative
17 or multidisciplinary research and treat-
18 ment initiatives, each of which shall be in
19 an amount of not more than \$1,500,000.

20 (B) PRIORITY.—Of the grants awarded
21 under subparagraph (A)(i), the Secretary shall
22 award not fewer than three to nonprofit organi-
23 zations.

24 (C) ENFORCEMENT AUTHORITY.—The
25 Secretary may suspend, modify, or terminate a

1 grant awarded under this subsection, if the Sec-
2 retary determines that the recipient of such
3 grant has failed to comply with the applicable
4 terms and conditions of the grant.

5 (5) AGREEMENT WITH INDEPENDENT ORGANI-
6 ZATION.—

7 (A) IN GENERAL.—The Secretary shall
8 seek to enter into an agreement with an inde-
9 pendent organization that is not a component of
10 the Department and that has demonstrated ex-
11 pertise in randomized controlled trials,
12 neurorehabilitation outcomes evaluation, and re-
13 search integrity, under which the organization
14 agrees to—

15 (i) administer the research grant pro-
16 gram under this subsection;

17 (ii) carry out studies and implement
18 efforts that include—

19 (I) analyzing data from mTBI
20 treatment methodologies developed
21 pursuant to the research grant pro-
22 gram to assess the effect, among vet-
23 erans, of such methodologies on en-
24 hanced brain health outcomes, mental
25 health, and long-term recovery, in-

1 including, to the extent outcomes are
2 collected under the applicable clinical
3 protocol, durability of outcomes at ap-
4 proximately six months following com-
5 pletion of treatment;

6 (II) identifying data-driven best
7 practices and providing recommenda-
8 tions for further research or clinical
9 application, including recommenda-
10 tions for dissemination to Veterans
11 Health Administration clinicians and
12 facilities (as appropriate); and

13 (III) randomized, controlled clin-
14 ical trials to—

15 (aa) validate and deliver
16 treatments;

17 (bb) establish a standard of
18 care; and

19 (cc) improve access to such
20 treatments for veterans;

21 (iii) submit to the Secretary not less
22 frequently than annually a report describ-
23 ing activities carried out under this sec-
24 tion, including outcome data and method-
25 ology; and

1 (iv) make available to the Secretary
2 all data and findings from the grants made
3 under this section, consistent with applica-
4 ble Federal law, regulation, and Depart-
5 ment policies relating to patient protec-
6 tions, data security, and privacy.

7 (B) RULE OF CONSTRUCTION.—Nothing in
8 this section shall be construed to authorize the
9 Secretary, or an independent organization that
10 enters into an agreement with the Secretary
11 under subparagraph (A), to require prior ap-
12 proval of, or changes to, any clinical protocol,
13 study design, outcome measures, or follow-up
14 schedule established by an eligible entity that
15 receives a grant under this section, except as
16 necessary to ensure compliance with applicable
17 Federal laws and regulations relating to human
18 subjects protections and patient safety.

19 (C) REPORT.—An agreement under sub-
20 paragraph (A) shall include a requirement that
21 the independent organization submits to Con-
22 gress and the Secretary a comprehensive report
23 that includes—

24 (i) the findings of the studies required
25 under such agreement;

1 (ii) recommendations with respect to
2 the expansion of successful TBI treatment
3 methodologies and standard of care rec-
4 ommendations, if any, developed pursuant
5 to the research grant program; and

6 (iii) to the extent available from the
7 reports and study materials of grant recipi-
8 ents, a summary of—

9 (I) the durability of outcomes at
10 approximately six months following
11 completion of treatment, if collected
12 under the applicable clinical protocol;

13 (II) adverse events and serious
14 adverse events, including self-harm or
15 suicide-related events, if collected
16 under the applicable clinical protocol
17 or in the ordinary course of care; and

18 (III) aggregate expenditures of
19 grant funds, including administrative
20 or overhead costs.

21 (D) SURVEYS.—The Secretary may con-
22 duct surveys of any independent organization
23 that enters into an agreement with the Sec-
24 retary under subparagraph (A) in order to as-
25 sess the effectiveness of such organization in

1 administering the research grant program
2 under this subsection.

3 (6) AVAILABLE AMOUNTS; AUTHORIZATION OF
4 APPROPRIATIONS.—

5 (A) AVAILABLE AMOUNTS.—The Secretary
6 may use amounts available to the Secretary for
7 the operating budget of the National Center for
8 Posttraumatic Stress Disorder to carry out the
9 research grant program under this subsection,
10 if the use of such amounts supplements, and
11 does not supplant, amounts otherwise available
12 for Department programs and services.

13 (B) AUTHORIZATION OF APPROPRIA-
14 TIONS.—There is authorized to be appropriated
15 to the Secretary \$10,000,000 for each of fiscal
16 years 2026 through 2028 to carry out this sub-
17 section.

18 (7) TERMINATION DATE.—The authority of the
19 Secretary to carry out the research grant program
20 under this section shall terminate on the date that
21 is three years after the date of the enactment of this
22 Act.

23 (c) REPORTS TO CONGRESS.—Not later than two
24 years after the date on which the Secretary commences
25 the research grant program under subsection (a), and on

1 an annual basis thereafter until the termination date spec-
2 ified in paragraph (8) of such subsection, the Secretary
3 shall submit to Congress a report on the grant programs
4 under subsections (a) and (b). Each such report shall in-
5 clude—

6 (1) the findings of the studies under subsection
7 (a)(6)(B);

8 (2) a description of any agreement entered into
9 by the Secretary under subsection (b)(5)(A);

10 (3) recommendations of the Secretary with re-
11 spect to policy and programmatic improvements to
12 services of the Department to treat mTBI among
13 veterans;

14 (4) any findings derived from surveys conducted
15 under subsection (b)(5)(D), including any rec-
16 ommendations of the Secretary for improvements to
17 the structure, oversight, administration, or perform-
18 ance of the independent organization that enters
19 into an agreement with the Secretary under sub-
20 section (b)(5)(A); and

21 (5) such other matters as the Secretary deter-
22 mines appropriate.

23 (d) DEFINITIONS.—In this section:

24 (1) The terms “chronic mild traumatic brain in-
25 jury” and “mTBI” mean a mild traumatic brain in-

1 jury with symptoms that persist for not fewer than
 2 six months after the inciting injury, as determined
 3 using validated clinical criteria.

4 (2) The term “nonprofit organization”—

5 (A) means an organization described in
 6 section 501(c)(3) of the Internal Revenue Code
 7 of 1986 and exempt from taxation under sec-
 8 tion 501(a) of such Code; and

9 (B) includes such an organization that is a
 10 hospital, nonprofit health system, academic
 11 medical center, or clinic that delivers
 12 neurorehabilitation care or conducts clinical re-
 13 search relating to mTBI.

14 (3) The term “veteran” has the meaning given
 15 such term in section 101 of title 38, United States
 16 Code.

17 **SEC. 304. DEPARTMENT OF VETERANS AFFAIRS ASSIGN-**
 18 **MENT OF TRAVELING PHYSICIANS TO SERVE**
 19 **TERRITORIES AND POSSESSIONS.**

20 (a) IN GENERAL.—Subchapter I of chapter 74 of title
 21 38, United States Code, is amended by adding at the end
 22 the following new section:

23 **“§ 7415. Traveling physicians**

24 “(a) IN GENERAL.—(1) The Secretary may assign a
 25 physician appointed under section 7401 or section 7431

1 of this title to serve as a traveling physician for a period
2 of not more than one year at a time. A physician assigned
3 to serve as a traveling physician under this section may
4 be assigned to provide health care to veterans residing in
5 American Samoa, Guam, the Commonwealth of the North-
6 ern Mariana Islands, the Commonwealth of Puerto Rico,
7 the Virgin Islands of the United States, or any other terri-
8 tory or possession of the United States at Department fa-
9 cilities or other approved facilities located in such territory
10 or possession.

11 “(2) The Secretary may assign multiple physicians
12 to serve as traveling physicians under this section and may
13 assign each such physician to serve in a specific territory
14 or possession.

15 “(b) COORDINATION OF CARE.—In providing care
16 under this section, traveling physicians shall coordinate
17 with non-Department medical providers to the extent
18 practicable and necessary to ensure high quality and co-
19 ordinated care for veterans receiving hospital care and
20 medical services.

21 “(c) PAY.—In addition to pay under section 7431 of
22 this title, the Secretary shall provide a relocation or reten-
23 tion bonus to traveling physicians under this section. Such
24 relocation or retention bonus shall be substantially similar
25 to a relocation or retention bonus offered under section

1 7410(a) of this title, as the Secretary considers appro-
 2 priate.”.

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 7414 the following new
 6 item:

“7415. Traveling physicians.”.

7 (c) TECHNICAL AND CONFORMING AMENDMENTS.—
 8 Title 38, United States Code, is further amended as fol-
 9 lows:

10 (1) In section 7410(a)(1), by—

11 (A) by striking “retention allowances” and
 12 inserting “retention bonuses”; and

13 (B) by striking the second comma after
 14 “section 7401(1) of this title”; and

15 (2) In section 7431(e)(5)(B), by striking “re-
 16 tention allowances” and inserting “retention bo-
 17 nuses”.

18 **SEC. 305. INCLUSION OF ADAPTIVE PROSTHESES AND TER-**
 19 **MINAL DEVICES FOR SPORTS AND OTHER**
 20 **RECREATIONAL ACTIVITIES IN MEDICAL**
 21 **SERVICES FURNISHED TO ELIGIBLE VET-**
 22 **ERANS BY THE SECRETARY OF VETERANS AF-**
 23 **FAIRS.**

24 Section 1701 of title 38, United States Code, is
 25 amended, in paragraph (6)(F)(i), by inserting “(including

1 adaptive prostheses and terminal devices for sports and
2 other recreational activities that are determined to be
3 clinically appropriate by the Secretary)” after “artificial
4 limbs”.

5 **SEC. 306. MODIFICATIONS TO AND REAUTHORIZATION OF**
6 **STAFF SERGEANT PARKER GORDON FOX SUI-**
7 **CIDE PREVENTION GRANT PROGRAM OF DE-**
8 **PARTMENT OF VETERANS AFFAIRS.**

9 (a) COORDINATION BY SECRETARY.—Subsection (b)
10 of section 201 of the Commander John Scott Hannon Vet-
11 erans Mental Health Care Improvement Act of 2019
12 (Public Law 116–171; 38 U.S.C. 1720F note) is amended
13 by striking the second sentence.

14 (b) USE OF GRANT FUNDS.—Subsection (c) of such
15 section is amended—

16 (1) in the subsection heading, by inserting “;
17 USE OF GRANT FUNDS” after “GRANTS”; and

18 (2) by adding at the end the following new
19 paragraphs:

20 “(3) RENEWAL OF GRANT AMOUNTS.—

21 “(A) IN GENERAL.—In determining wheth-
22 er to renew a grant awarded under this section
23 to an eligible entity, the Secretary shall con-
24 sider, among such other factors as the Sec-
25 retary may consider appropriate—

1 “(i) the compliance by the eligible en-
2 tity in administering pre- and post-inter-
3 vention assessments required under sub-
4 section (e)(6); and

5 “(ii) any demonstrated improvements
6 in participant outcomes.

7 “(B) ADDITIONAL AMOUNTS.—Based on a
8 consideration of the factors described in sub-
9 paragraph (A), the Secretary may award
10 amounts, not to exceed \$250,000 per grantee
11 per fiscal year, to a grantee in addition to the
12 maximum amount under paragraph (2)(A)
13 based on a performance-based metric estab-
14 lished by the Secretary.”.

15 (c) PRIORITY FOR NEW RECIPIENTS.—Subsection
16 (d) of such section is amended—

17 (1) in the subsection heading, by striking “and
18 Preference” and inserting “, Preference, and Pri-
19 ority”;

20 (2) in paragraph (1)(A)—

21 (A) in clause (iv), by striking the semi-
22 colon at the end and inserting “; and”;

23 (B) by striking clause (v); and

24 (C) by redesignating clause (vi) as clause
25 (v); and

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

3 “(3) PRIORITY FOR NEW RECIPIENTS.—To the
4 maximum extent practicable, the Secretary shall
5 prioritize grants for eligible entities that have satis-
6 fied the requirements provided under subsection (f)
7 and are located in States in which a grant has not
8 been awarded under this section.”.

9 (d) REQUIREMENTS FOR RECEIPT OF GRANTS.—
10 Subsection (e) of such section is amended—

11 (1) in paragraph (3)—

12 (A) by redesignating subparagraphs (B)
13 and (C) as subparagraphs (C) and (D), respec-
14 tively; and

15 (B) by inserting after subparagraph (A)
16 the following new subparagraph (B):

17 “(B) coordinate with the Secretary to de-
18 velop a plan for communication between the en-
19 tity and local mental health providers of the
20 Department regarding whether veterans receiv-
21 ing assistance under this section from the entity
22 are attending appointments to ensure continuity
23 of care;”; and

24 (2) by adding at the end the following new
25 paragraph:

1 “(6) ASSESSMENTS.—An eligible entity receiv-
2 ing a grant under this section shall conduct a pre-
3 and post-intervention assessment with respect to
4 each eligible individual who receives suicide preven-
5 tion services pursuant to such grant across all rel-
6 evant metrics, as determined by the Secretary.

7 “(7) METRICS AND OUTCOMES.—An eligible en-
8 tity receiving a grant under this section shall collect
9 and submit to the Secretary such metrics and out-
10 come data as the Secretary may require, including—

11 “(A) throughput measures, including the
12 number of veterans screened, referred, con-
13 nected to care, and retained in services under
14 the grant program;

15 “(B) reductions in severity scale measure-
16 ments, including reductions in suicidality identi-
17 fied through applicable inventories or assess-
18 ments; and

19 “(C) such other quantifiable metrics as the
20 Secretary determines appropriate.”.

21 (e) TRAINING AND TECHNICAL ASSISTANCE.—Sub-
22 section (g) of such section is amended—

23 (1) in paragraph (1)—

1 (A) in the matter preceding subparagraph
2 (A), by inserting “, or interested in receiving
3 such grants,” after “this section”; and

4 (B) in subparagraph (A), by inserting “,
5 including training on how to properly use the
6 Columbia Protocol (also known as the Colum-
7 bia-Suicide Severity Rating Scale (C-SSRS))
8 and other screening tools selected by the Sec-
9 retary” after “management”; and

10 (2) by adding at the end the following new
11 paragraphs:

12 “(3) TRAINING FOR DEPARTMENT EMPLOY-
13 EES.—The Secretary shall provide training to em-
14 ployees of the Department as the Secretary con-
15 siders appropriate on the grant program under this
16 section.”.

17 (f) BRIEFING FOR LOCAL VAMCS.—Subsection (h)
18 of such section is amended by adding at the end the fol-
19 lowing new paragraph:

20 “(5) BRIEFING FOR LOCAL VAMCS.—Not less
21 frequently than once per year, unless the Secretary
22 determines that such frequency is not advisable, the
23 Secretary shall provide, to the appropriate personnel
24 of each medical center of the Department identified
25 on the grantee’s application under this section, a

1 briefing about the grant program under this section
2 in order to improve coordination between such re-
3 cipient and personnel.”.

4 (g) DURATION.—Subsection (j) of such section is
5 amended by striking “September 30, 2026” and inserting
6 “September 30, 2029”.

7 (h) REPORTS.—Subsection (k)(2) is amended—

8 (1) in the paragraph heading, by striking
9 “FINAL REPORT” and inserting “ANNUAL RE-
10 PORTS”; and

11 (2) in subparagraph (B)—

12 (A) by redesignating clauses (iii) and (iv)
13 as (v) and (vi), respectively; and

14 (B) by adding the following new clauses
15 (iii) and (iv):

16 “(iii) A description of the Secretary’s
17 compliance with the requirement to train
18 employees of the Department under sub-
19 section (g)(3).

20 “(iv) An optional description and in-
21 clusion of subjective or narrative stories of
22 community or individual impact to allow
23 grant recipients to share meaningful ac-
24 complishments.”.

1 (i) REFERRAL FOR CARE.—Subsection (m) of such
2 section is amended by adding at the end the following new
3 paragraph:

4 “(4) REQUIRED RESPONSE OR ACTION.—(A) If
5 the Secretary receives a referral under paragraph
6 (1) for additional care, the Secretary shall review
7 such referral and contact the veteran not later than
8 72-hours following the referral.

9 “(B) If the Secretary receives a referral under
10 paragraph (2) for emergent suicide care, the Sec-
11 retary shall review such referral and contact the vet-
12 eran not later than 24 hours following the referral
13 by such entity under subsection (m)(1).”.

14 (j) REAUTHORIZATION.—Subsection (p) of such sec-
15 tion is amended—

16 (1) by striking “section a total” and inserting
17 “section—

18 “(1) a total”;

19 (2) by striking the period at the end and insert-
20 ing “; and”; and

21 (3) by adding at the end the following new
22 paragraph:

23 “(2) a total of \$200,000,000 for fiscal years
24 2027 through 2029.”.

1 (k) TECHNICAL CORRECTION TO DEFINITIONS.—
2 Subsection (q)(5) of such section is amended, in the first
3 sentence—

4 (1) by striking “Medical services” and inserting
5 “The term ‘emergency treatment’ means medical
6 services”; and

7 (2) by striking “was rendered” and inserting
8 “rendered”.

9 (l) IDENTIFICATION OF DEMAND FOR OTHER SERV-
10 ICES AND SUPPORT.—Subsection (e) of such section, as
11 amended, is further amended—

12 (1) by redesignating paragraphs (5) and (6) as
13 (6) and (7), respectively; and

14 (2) by adding after paragraph (4) the following
15 new paragraph:

16 “(5) DEMAND FOR OTHER SERVICES AND SUP-
17 PORT.—An entity receiving a grant under this sec-
18 tion shall submit to the Secretary information con-
19 cerning—

20 “(A) the number of individuals seeking
21 services from the entity who are not eligible in-
22 dividuals and the most common reason such in-
23 dividuals are not eligible individuals;

24 “(B) a description of the types of services
25 that eligible individuals or individuals described

1 in subparagraph (A) require based on any
2 screening conducted by the entity; and

3 “(C) any actions taken by the entity to
4 provide the services described in subparagraph
5 (B) or to refer the individual or eligible indi-
6 vidual to another entity for the receipt of such
7 services.”.

8 (m) SUICIDE PREVENTION SERVICES.—

9 (1) REQUIRED USE OF CERTAIN SCREENING
10 PROTOCOL.—Subsection (q)(11)(A)(ii) of such sec-
11 tion is amended by adding at the end the following
12 new sentence: “In the case of a recipient of a grant
13 awarded under this section on or after the date of
14 the enactment of the Take Care of America’s Vet-
15 erans Act, such screening shall be Columbia Protocol
16 (also known as the Columbia-Suicide Severity Rating
17 Scale (C–SSRS)) or the Patient Health Question-
18 naire–9 (PHQ9), or a successor screening tool se-
19 lected by the Secretary.”;

20 (2) TRANSPORTATION.—Subsection (q)(11)(A)
21 of such section is amended—

22 (A) by redesignating clause (xi) as clause
23 (xii); and

24 (B) by inserting after clause (x) the fol-
25 lowing new clause:

1 “(xi) Transportation and rideshare
2 services for eligible individuals to use for
3 appointments.”.

4 (n) ELIGIBLE INDIVIDUALS.—Subsection (q)(4)(C)
5 of such section is amended by striking “clauses (i) through
6 (iv)” and inserting “clauses (i) through (vi)”.

7 (o) EFFECTIVE DATE.—The amendments made by
8 this section shall take effect on—

9 (1) the effective date of award following the
10 date the Secretary publishes a notice of funding op-
11 portunity for the program required by section 201(a)
12 of the Commander John Scott Hannon Veterans
13 Mental Health Care Improvement Act of 2019 (Pub-
14 lic Law 116–171; (38 U.S.C. 1720F)), if the Sec-
15 retary determines such amendments do not require
16 rulemaking; or

17 (2) the effective date of award following the
18 date the Secretary publishes a notice of funding op-
19 portunity following the effective date of subsequent
20 rulemaking, if the Secretary determines such amend-
21 ments do require rulemaking.

22 **SEC. 307. REPORTS ON THE USE OF HYPERBARIC OXYGEN**
23 **THERAPY.**

24 (a) GAO REPORT ON THE USE OF HYPERBARIC OX-
25 YGEN THERAPY TO TREAT TRAUMATIC BRAIN INJURY

1 AND POST-TRAUMATIC STRESS DISORDER.—Not later
2 than one year after the date of the enactment of this Act,
3 the Comptroller General of the United States shall submit
4 to the Committees on Veterans’ Affairs of the Senate and
5 House of Representatives an update to the report titled
6 “Research on Hyperbaric Oxygen Therapy to Treat Trau-
7 matic Brain Injury and Post-Traumatic Stress Disorder”
8 (GAO-16-154). Such report shall include the assessment
9 of the Comptroller General of clinical trials conducted,
10 since the publication of such report—

11 (1) regarding the use of hyperbaric oxygen
12 therapy to treat traumatic brain injury and post-
13 traumatic stress disorder; and

14 (2) by—

15 (A) the Secretary of Veterans Affairs;

16 (B) the Secretary of Defense; and

17 (C) private entities.

18 (b) FOLLOW-UP STUDY.—

19 (1) IN GENERAL.—Not later than 180 days
20 after the date of the enactment of this Act, the Sec-
21 retary shall conduct a systematic review of published
22 research literature on the off-label use of hyperbaric
23 oxygen therapy to treat post-traumatic stress dis-
24 order and traumatic brain injury among veterans
25 and nonveterans.

1 (2) ELEMENTS.—The review conducted under
2 paragraph (1) shall include the following:

3 (A) An analysis of available research lit-
4 erature published after the review completed
5 pursuant to section 702 of the Commander
6 John Scott Hannon Veterans Mental Health
7 Care Improvement Act (Public Law 116–171);

8 (B) An assessment of the current param-
9 eters for research on the use by the Department
10 of Veterans Affairs of hyperbaric oxygen ther-
11 apy, including—

12 (i) tests and questionnaires used to
13 determine the efficacy of such therapy; and

14 (ii) metrics for determining the suc-
15 cess of such therapy.

16 (C) A comparative analysis of tests and
17 questionnaires used to study post-traumatic
18 stress disorder and traumatic brain injury in
19 other research conducted by the Department of
20 Veterans Affairs, other Federal agencies, and
21 entities outside the Federal Government.

22 (D) A market assessment of available
23 hyperbaric oxygen therapy facilities or units
24 within facilities to assess the most effective lo-
25 cations and practices, including—

1 (i) an analysis of whether multi-per-
2 son chambers could reduce per-veteran
3 costs;

4 (ii) an analysis of areas with lower
5 prices compared to a national average; and

6 (iii) an identification of not fewer
7 than two VISNs in which the provision or
8 furnishing of hyperbaric oxygen therapy
9 would benefit the most number of veterans
10 at the lowest cost to the Department.

11 **SEC. 308. DEPARTMENT OF VETERANS AFFAIRS PILOT PRO-**
12 **GRAM TO PROVIDE GRANTS TO MENTAL**
13 **HEALTH CARE PROVIDERS FOR THE PROVI-**
14 **SION OF MENTAL HEALTH CARE FOR VET-**
15 **ERANS.**

16 (a) ESTABLISHMENT.—The Secretary of Veterans
17 Affairs shall carry out a three-year pilot program under
18 which the Secretary shall make grants to eligible mental
19 health care providers for the provision of mental health
20 care, including evidence-based mental health care delivered
21 in person or via telehealth.

22 (b) ELIGIBILITY.—To be eligible to receive a grant
23 under the pilot program, a mental health care provider
24 shall—

25 (1) be a non-profit organization;

1 (2) have operated at least one outpatient men-
2 tal health facility in the United States for a contin-
3 uous period of at least three years;

4 (3) be licensed or certified under applicable
5 state law to provide outpatient mental health serv-
6 ices;

7 (4) be accredited by—

8 (A) the Joint Commission on Accreditation
9 of Healthcare Organizations;

10 (B) the Commission on Accreditation of
11 Rehabilitation Facilities; or

12 (C) any other nationally recognized accred-
13 iting body the Secretary determines appro-
14 priate; and

15 (5) submit to the Secretary an application that
16 includes such information and assurances as the
17 Secretary may require, including—

18 (A) an identification of the outpatient fa-
19 cility or facilities where the mental health care
20 services will be provided;

21 (B) a plan for providing clinicians at each
22 facility in receipt of grant funds with units of
23 continuing education with respect to veterans
24 issues; and

1 (C) an identification of the percentage of
2 the operating budget for each such facility that
3 was provided through Federal grants during the
4 fiscal year preceding the year during which the
5 application is submitted.

6 (c) USE OF FUNDS.—

7 (1) IN GENERAL.—The recipient of a grant
8 under the pilot program shall use the grant—

9 (A) to deliver evidence-based mental health
10 care for veterans in person or via telehealth.

11 (B) to operate or expand an existing out-
12 patient mental health facility or establish a new
13 outpatient mental health facility for the purpose
14 of providing such care;

15 (C) to encourage veterans who are eligible
16 for enrollment in the patient enrollment system
17 under section 1705 of title 38, United States
18 Code, to enroll in such system and to receive
19 medical services furnished by the Department
20 of Veterans Affairs;

21 (D) to support activities necessary to de-
22 liver or sustain care, including—

23 (i) outreach;

24 (ii) care coordination;

25 (iii) veteran engagement;

1 (iv) clinician training;

2 (v) implementation support; and

3 (vi) program evaluation; and

4 (E) to support continuous quality improve-
5 ment and outcomes measurement activities, in-
6 cluding the collection and reporting of clinical
7 outcomes and operational metrics; and

8 (F) to support activities of the program
9 that are not billable, reimbursable, or otherwise
10 authorized by law, including—

11 (i) outreach;

12 (ii) care coordination;

13 (iii) engagement;

14 (iv) implementation support; and

15 (v) program evaluation; and

16 (G) to provide services to individuals for
17 which reimbursement is not otherwise available,
18 including such individuals who are—

19 (i) uninsured;

20 (ii) ineligible for health care furnished
21 by the Department of Veterans Affairs; or

22 (iii) in receipt of health care that is
23 not reimbursable as of the date of the en-
24 actment of this Act.

1 (2) LIMITATIONS ON USE OF GRANT FUNDS.—

2 The recipient of a grant under the pilot program
3 may not—

4 (A) charge an eligible veteran a fee associ-
5 ated with the receipt of mental health care
6 funded by such grant;

7 (B) refuse to provide mental health care to
8 an eligible veteran on the basis that the veteran
9 is not eligible for reimbursement for such care
10 under another payer source; or

11 (C) use grant funds to—

12 (i) duplicate payments made under
13 any contract or agreement to which the
14 Department is a party as of the date of the
15 enactment of this Act; or

16 (ii) pay for the same clinical services
17 or service units that are otherwise billable
18 to a Federal payer, including the Veterans
19 Community Care Program under section
20 1703 of title 38, United States Code, or
21 any other public or private health plan.

22 (3) RULES OF CONSTRUCTION.—Nothing in
23 this subsection may be construed to—

24 (A) prohibit a grant recipient from seeking
25 reimbursement from non-Department payers for

1 mental health services provided by the grant re-
2 cipient, except that grant funds shall not be
3 used to supplant or duplicate a reimbursement
4 otherwise available under Federal law; or

5 (B) authorize double billing or duplicate
6 payments for the same clinical service or unit of
7 service.

8 (4) SPOUSE AND DEPENDENT CARE.—A recipi-
9 ent may use grant funds to provide care to spouses
10 and dependent children of a veteran when such serv-
11 ices are integral to achieving a successful clinical
12 outcome. Permissible services include—

13 (A) family therapy;

14 (B) couples therapy;

15 (C) group therapy;

16 (D) family psychoeducation; and

17 (E) other counseling services the Secretary
18 determines are clinically necessary.

19 (d) SELECTION OF FACILITIES.—In awarding grants
20 under the pilot program, the Secretary—

21 (1) shall ensure that grants are distributed geo-
22 graphically evenly among rural and urban areas;

23 (2) may consider the proportion of veterans his-
24 torically served by the grant recipient; and

1 (3) may prioritize outpatient mental health fa-
2 cilities located in areas that the Secretary deter-
3 mines—

4 (A) are medically underserved;

5 (B) have large veteran populations;

6 (C) are located near military installations;

7 or

8 (D) have large numbers of veterans at high
9 risk of suicide.

10 (e) AMOUNT OF GRANT.—

11 (1) IN GENERAL.—

12 (A) IN GENERAL.—Except as provided in
13 subparagraph (B), no grant under the pilot pro-
14 gram for a facility for any fiscal year may ex-
15 ceed \$1,500,000.

16 (B) LIMITATION.—In the case of an out-
17 patient mental health facility for which at least
18 50 percent of the operating budget of the facil-
19 ity for the preceding fiscal year was provided
20 through Federal grants, no grant under the
21 pilot program for the facility for any fiscal year
22 may exceed the lesser of—

23 (i) 50 percent of the operating budget
24 of the facility; or

25 (ii) \$1,500,000.

1 (2) MULTIPLE GRANTS.—The recipient of a
2 grant under the pilot program—

3 (A) may apply for, and receive, grants for
4 more than one facility of the recipient for any
5 fiscal year; and

6 (B) may apply for, and receive, a grant for
7 a facility that has already received a grant
8 under the pilot program.

9 (f) REGULATIONS; ACCOUNTABILITY.—The Sec-
10 retary shall prescribe regulations to carry out this section,
11 which shall include a requirement that each recipient of
12 a grant under the pilot program shall—

13 (1) demonstrate the capacity to provide ac-
14 countability;

15 (2) demonstrate clinical outcomes;

16 (3) justify the effective use of any private in-
17 vestment funds or Federal grant funds through data
18 collection and reporting metrics; and

19 (4) collect standardized outcome measures in-
20 cluding symptom improvement and program comple-
21 tion.

22 (g) CONTINUITY OF CARE.—A recipient of a grant
23 under the pilot program shall adhere to the continuity of
24 care model established by the Secretary to the Veterans
25 Community Care Program.

1 (h) REPORT.—Not later than 180 days after the com-
2 pletion of the pilot program under this section, the Sec-
3 retary shall submit to Congress a report on the pilot pro-
4 gram that includes the following:

5 (1) The number of veterans who received men-
6 tal health care under the program.

7 (2) An identification of the types of mental
8 health care provided and the time period for which
9 such care was provided.

10 (3) An identification and summary of program
11 outcomes.

12 (4) The number of veterans who received men-
13 tal health care under the program and subsequently
14 enrolled in the patient enrollment system under sec-
15 tion 1705 of title 38, United States Code.

16 (5) An identification of any obstacles faced by
17 grant recipients in providing mental health care
18 under the program.

19 (6) A summary of clinical outcomes based on
20 pre- and post-client functioning—

21 (A) the number of veterans who improved
22 clinically based on relevant clinical evaluation
23 metrics that the Secretary determines appro-
24 priate;

1 (B) the degree of clinical improvement
2 based on such relevant clinical evaluation
3 metrics;

4 (C) the total number of veterans partici-
5 pating in the program; and

6 (D) any other outcome metrics as the Sec-
7 retary determines appropriate.

8 (7) Findings with respect to the sustainability
9 of the program.

10 (i) AUTHORIZATION OF APPROPRIATIONS.—There is
11 authorized to be appropriated to the Secretary to carry
12 out the pilot program under this section \$20,000,000 for
13 each of fiscal years 2027 through 2029.

14 **SEC. 309. FURNISHING OF CERTAIN HEALTH SERVICES TO**
15 **VETERANS IN THE FREELY ASSOCIATED**
16 **STATES.**

17 (a) REQUIREMENT TO FURNISH CERTAIN HEALTH
18 SERVICES TO VETERANS IN THE FREELY ASSOCIATED
19 STATES.—

20 (1) AGREEMENTS REQUIRED.—Consistent with
21 section 1724(f) of title 38, United States Code, and
22 section 209(a)(4)(A) of the Compact of Free Asso-
23 ciation Amendments Act of 2024 (48 U.S.C.
24 1988(a)(4)(A)), the Secretary of Veterans Affairs
25 shall work expeditiously with the governments of the

1 Freely Associated States to enter into the agree-
2 ments described in such sections.

3 (2) INCLUSION OF TELEHEALTH AND MAIL
4 ORDER PHARMACY SERVICES REQUIRED.—Con-
5 sistent with such sections and with the agreements
6 required by paragraph (1), the Secretary shall fur-
7 nish to veterans in the Freely Associated States
8 services that include, at a minimum—

9 (A) medical services authorized to be pro-
10 vided under chapter 17 of title 38, United
11 States Code, which can be administered
12 through telehealth; and

13 (B) pharmaceutical products authorized to
14 be provided under such chapter, delivered by
15 mail.

16 (3) IMPLEMENTATION DATES.—In carrying out
17 paragraphs (1) and (2), the Secretary shall—

18 (A) initiate outreach to each such govern-
19 ment not later than 30 days after the date of
20 the enactment of this Act;

21 (B) enter into each agreement required by
22 paragraph (1) not later than one year after the
23 date of the enactment of this Act; and

24 (C) begin furnishing the services required
25 by subparagraphs (A) and (B) of paragraph (2)

1 not later than one year after the date of the en-
2 actment of this Act.

3 (4) BENEFICIARY TRAVEL.—Section 111(h)(1)
4 of title 38, United States Code, is amended by strik-
5 ing “the Secretary may make payments” and insert-
6 ing “beginning not later than one year after the date
7 of the enactment of the Take Care of America’s Vet-
8 erans Act, the Secretary shall make payments”.

9 (5) REPORTS.—Not less frequently than quar-
10 terly, the Secretary shall submit to the appropriate
11 committees of Congress a report on the implementa-
12 tion of this section and the cost of such implementa-
13 tion. Until the Secretary has entered into the agree-
14 ments required by paragraph (1) and begun fur-
15 nishing the services required by subparagraphs (A)
16 and (B) of paragraph (2), the report shall also de-
17 scribe the technical and logistical factors that have
18 prevented or impeded the Secretary from doing so.

19 (6) DEFINITIONS.—In this subsection:

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

23 (i) the Committee on Veterans’ Af-
24 fairs and the Committee on Appropriations
25 of the Senate; and

1 (ii) the Committee on Veterans' Af-
 2 fairs and the Committee on Appropriations
 3 of the House of Representatives.

4 (B) FREELY ASSOCIATED STATES.—The
 5 term “Freely Associated States” has the mean-
 6 ing given such term in section 1724(f) of title
 7 38, United States Code.

8 (b) ASSIGNMENT OF TRAVELING PHYSICIANS TO
 9 SERVE VETERANS IN FREELY ASSOCIATED STATES.—

10 (1) IN GENERAL.—Subchapter I of chapter 74
 11 of title 38, United States Code, is amended by add-
 12 ing at the end the following new section:

13 **“§ 7415. Traveling physicians for veterans in Freely**
 14 **Associated States**

15 “The Secretary may assign a physician appointed
 16 under section 7401 of this title to serve as a traveling phy-
 17 sician for a period of not more than one year. A traveling
 18 physician shall provide health care to veterans residing in
 19 the Freely Associated States (as defined in section 1724(f)
 20 of this title).”.

21 (2) CLERICAL AMENDMENT.—The table of sec-
 22 tions at the beginning of such chapter is amended
 23 by inserting after the item relating to section 7414
 24 the following new item:

“7415. Traveling physicians for veterans in Freely Associated States.”.

1 **SEC. 310. MODIFICATION OF PRECISION MEDICINE FOR**
2 **VETERANS INITIATIVE; REPORTING ON SUI-**
3 **CIDE BY VETERANS AND MEMBERS OF THE**
4 **ARMED FORCES.**

5 (a) MODIFICATION OF PRECISION MEDICINE FOR
6 VETERANS INITIATIVE.—Section 305 of the Commander
7 John Scott Hannon Veterans Mental Health Care Im-
8 provement Act of 2019 (Public Law 116–171; 38 U.S.C.
9 1712A note) is amended—

10 (1) in subsection (a), by striking “and such
11 other mental health conditions” and inserting “re-
12 petitive low-level blast exposure, dementia, and such
13 other brain and mental health conditions”;

14 (2) in subsection (d)(4), by adding at the end
15 the following new subparagraph:

16 “(E) DATA-SHARING PARTNERSHIP.—

17 “(i) IN GENERAL.—The Secretary
18 shall work with the Secretary of Defense to
19 establish a data-sharing partnership be-
20 tween the Department of Veterans Affairs
21 and the Department of Defense.

22 “(ii) STORAGE.—The partnership es-
23 tablished under clause (i) shall be stored in
24 the open platform made available under
25 this paragraph.

1 “(iii) DATA.—The data supplied by
2 the Secretary of Defense under the part-
3 nership established under clause (i) shall
4 include relevant data throughout the De-
5 partment of Defense relating to low-level
6 repetitive blast exposure and traumatic
7 brain injury collected by the Armed Forces
8 and other appropriate entities, as deter-
9 mined jointly by the Secretary of Defense
10 and the Secretary of Veterans Affairs.”;
11 and

12 (3) by adding at the end the following new sub-
13 sections:

14 “(f) REPETITIVE LOW-LEVEL BLAST EXPOSURE RE-
15 SEARCH.—In carrying out the initiative under subsection
16 (a), the Secretary shall prioritize research—

17 “(1) to identify and validate biomarkers associ-
18 ated with repetitive low-level blast exposure and
19 traumatic brain injury;

20 “(2) to evaluate clinical and non-clinical inter-
21 ventions that improve cognitive function, quality of
22 life, and mental health outcomes among veterans
23 with symptoms associated with repetitive low-level
24 blast exposure;

1 “(3) to improve the diagnosis, treatment, and
2 care coordination for veterans with a history of low-
3 level repetitive blast exposure or traumatic brain in-
4 jury, including veterans who performed duties or
5 tasks associated with increased risk of low-level re-
6 petitive blast exposure; and

7 “(4) to develop evidence-based strategies to re-
8 duce suicide risk among veterans with a history of
9 low-level repetitive blast exposure or traumatic brain
10 injury.

11 “(g) ASSISTANCE AND REPORT BY NATIONAL ACAD-
12 EMIES OF SCIENCES, ENGINEERING, AND MEDICINE.—
13 Not later than 180 days after the date of the enactment
14 of the Take Care of America’s Veterans Act, the Secretary
15 of Veterans Affairs shall seek to enter into a contract with
16 the National Academies of Sciences, Engineering, and
17 Medicine under which the National Academies shall—

18 “(1) work in tandem with the initiative under
19 subsection (a) on validation of brain and mental
20 health biomarkers among veterans; and

21 “(2) not less frequently than once every two
22 years, submit to the Committee on Veterans’ Affairs
23 of the Senate and the Committee on Veterans’ Af-
24 fairs of the House of Representatives a report on the
25 work completed under paragraph (1).

1 “(h) ASSESSMENT.—

2 “(1) IN GENERAL.—The Secretary of Veterans
3 Affairs shall conduct an assessment of all
4 translational research studies in progress and
5 planned under the initiative under subsection (a), in-
6 cluding research under subsection (f).

7 “(2) REPORT.—Not later than 60 days after
8 completion of the assessment conducted under para-
9 graph (1), the Secretary shall submit to the Com-
10 mittee on Veterans’ Affairs of the Senate and the
11 Committee on Veterans’ Affairs of the House of
12 Representatives a report on the assessment.

13 “(i) REPORTS.—

14 “(1) IN GENERAL.—Not less frequently than
15 once every two years, the Secretary of Veterans Af-
16 fairs shall submit to the Committee on Veterans’ Af-
17 fairs of the Senate and the Committee on Veterans’
18 Affairs of the House of Representatives a report on
19 the initiative under subsection (a).

20 “(2) RECOMMENDATIONS.—Each report re-
21 quired by paragraph (1) may include recommenda-
22 tions for immediate administrative and legislative ac-
23 tion to improve the initiative under subsection (a).

24 “(j) AUTHORIZATION OF APPROPRIATIONS.—There
25 is authorized to be appropriated to the Secretary of Vet-

1 erans Affairs \$5,000,000 to carry out the initiative under
2 subsection (a) for each of fiscal years 2027 through
3 2032.”.

4 (b) INCLUSION OF INFORMATION IN REPORTS ON
5 SUICIDE PREVENTION AMONG VETERANS AND MEMBERS
6 OF THE ARMED FORCES.—

7 (1) INCLUSION OF INFORMATION IN NATIONAL
8 VETERAN SUICIDE PREVENTION ANNUAL REPORT.—
9 Section 149(a)(4)(B) of the Senator Elizabeth Dole
10 21st Century Veterans Healthcare and Benefits Im-
11 provement Act (Public Law 118–210; 38 U.S.C.
12 1709B note) is amended by adding at the end the
13 following:

14 “(iv) Military occupation data of vet-
15 erans who attempt or commit suicide.”.

16 (2) INCLUSION OF INFORMATION IN DEPART-
17 MENT OF DEFENSE ANNUAL REPORT.—The Sec-
18 retary of Defense shall include in the annual report
19 of the Defense Suicide Prevention Office, or suc-
20 cessor office, information on—

21 (A) occupational data of members of the
22 Armed Forces who attempt suicide; and

23 (B) outcomes of suicide prevention inter-
24 ventions among members of the Armed Forces.

1 **SEC. 311. ESTABLISHMENT OF THE BLAST OVERPRESSURE**
2 **TASK FORCE OF THE DEPARTMENT OF VET-**
3 **ERANS AFFAIRS.**

4 (a) ESTABLISHMENT.—Not later than 180 days after
5 the date of the enactment of this Act, the Secretary of
6 Veterans Affairs shall appoint, through the Department
7 of Veterans Affairs-Department of Defense Joint Execu-
8 tive Committee under section 320 of title 38, United
9 States Code, the Blast Overpressure Task Force of the
10 Department of Veterans Affairs (in this section referred
11 to as the “Task Force”).

12 (b) MEMBERSHIP.—Each member of the Task Force
13 appointed under subsection (a) shall be a member of the
14 Health Executive Committee under subsection (b)(2) of
15 such section who, at the time of appointment, is involved
16 in research regarding the mitigation and treatment of
17 blast overpressure or blast exposure.

18 (c) DUTIES.—The duties of the Task Force are the
19 following:

20 (1) To improve how the Secretary of Veterans
21 Affairs, in consultation with the Secretary of De-
22 fense, provides health care and other benefits to vet-
23 erans or members of the Armed Forces diagnosed
24 with traumatic brain injury, post-traumatic stress
25 disorder, or other symptoms, from blast overpressure
26 or blast exposure.

1 (2) To align research agendas and acquisition
2 strategies of the Department regarding such health
3 care.

4 (3) To establish physiological and cognitive per-
5 formance baselines for such veterans and members.

6 (4) To prioritize translational research regard-
7 ing such veterans and members, including research
8 regarding—

9 (A) sleep therapy;

10 (B) blast-related gut health;

11 (C) mobile diagnostics;

12 (D) vestibular dysfunction and balance im-
13 pairment;

14 (E) autonomic nervous system
15 dysregulation;

16 (F) cumulative mild traumatic brain in-
17 jury;

18 (G) neuroinflammation and glial activation;

19 and

20 (H) any other issue determined appro-
21 priate by the Secretary.

22 (5) To monitor sensory decline (including with
23 regards to vision, hearing, and vestibular function)
24 and stress-related impairments among such veterans
25 and members.

1 (6) To support continuity of such care by inte-
2 grating mobile and longitudinal diagnostic tools.

3 (d) REPORTS.—The Task Force shall issue annual
4 reports to the Committees on Veterans’ Affairs and on
5 Armed Services of the Senate and House of Representa-
6 tives. Each such report shall include the following ele-
7 ments:

8 (1) Details of research initiatives, coordination
9 outcomes, and clinical advancements of the Task
10 Force.

11 (2) Recommendations of the Task Force re-
12 garding—

13 (A) how claims processors of the Depart-
14 ment of Veterans Affairs should evaluate evi-
15 dence that links such conditions to active mili-
16 tary, naval, air, or space service; and

17 (B) best practices regarding the evaluation
18 of neurological injuries in examinations for ben-
19 efits under chapters 11 or 15 of title 38, United
20 States Code.

21 (e) SUNSET.—The Task Force shall terminate on
22 September 30, 2029.

1 **SEC. 312. EXTENSION OF SHARING OF DEPARTMENT OF**
2 **VETERANS AFFAIRS AND DEPARTMENT OF**
3 **DEFENSE HEALTH CARE RESOURCES; RE-**
4 **SOURCE SHARING OVERSIGHT AND IMPE-**
5 **MENTATION PLAN.**

6 (a) EXTENSION.—Section 8111(d)(3) of title 38,
7 United States Code, is amended by striking “September
8 30, 2026” and inserting “September 30, 2027”.

9 (b) OVERSIGHT.—

10 (1) JUSTIFICATION.—Such section is further
11 amended in subsection (a)—

12 (A) by inserting “(1)” before “To the max-
13 imum extent practicable, the Secretary”; and

14 (B) by adding at the end the following new
15 paragraph:

16 “(2) If the Secretary of Veterans Affairs elects
17 not to enter into such an agreement or contract,
18 notwithstanding paragraph (1), the Secretary and
19 the Department of Veterans Affairs-Department of
20 Defense Joint Executive Committee shall submit to
21 the Committees on Veterans’ Affairs of the House of
22 Representatives and the Senate a written justifica-
23 tion for such election.”.

24 (2) FORM OF INFORMATION.—If the Committee
25 on Veterans’ Affairs of the House of Representatives
26 or the Senate requests information from the Sec-

1 retary of Veterans Affairs regarding section 8111 of
2 title 38, United States Code, the Secretary shall pro-
3 vide such information in the form requested by such
4 committee, including underlying records, datasets,
5 methodologies, contracts, and communications, and
6 may not be limited to summaries or briefing mate-
7 rials in lieu of original source documents unless au-
8 thorized by the requesting committee.

9 (3) INTERFERENCE WITH TRANSMISSION OF IN-
10 FORMATION.—In response to such a request, no offi-
11 cial or employee of the Department of Veterans Af-
12 fairs shall—

13 (A) withhold, screen, or alter responsive in-
14 formation;

15 (B) delay or condition production on initial
16 clearance or political review;

17 (C) require a nondisclosure agreement un-
18 less required by law;

19 (D) substitute summaries for requested 2
20 records; or

21 (E) otherwise impede or interfere with di-
22 rect transmission of information to the Com-
23 mittee on Veterans' Affairs of the House of
24 Representatives or the Senate.

1 (4) CLASSIFIED INFORMATION.—If the Sec-
2 retary of Veterans’ Affairs determines that any in-
3 formation regarding such section requested by the
4 Committee on Veterans’ Affairs of the House of
5 Representatives or the Senate is classified, the Sec-
6 retary shall make arrangements to present such in-
7 formation to the Chair and Ranking Member of the
8 such committee using appropriate security measures.

9 (c) IMPLEMENTATION PLAN AND REPORT.—

10 (1) JOINT RESOURCE SHARING IMPLEMENTA-
11 TION PLAN.—Not later than 90 days after the date
12 of the enactment of this Act, the Secretary of Vet-
13 erans Affairs, in coordination with the Secretary of
14 Defense, shall submit to the Committees on Vet-
15 erans’ Affairs of the House of Representatives and
16 the Senate a Joint Resource Sharing Implementa-
17 tion Plan. Such plan shall include—

18 (A) a comprehensive inventory of all agree-
19 ments under section 8111 of title 38, United
20 States Code;

21 (B) a standardized reimbursement method-
22 ology;

23 (C) capacity assessments of Department of
24 Veterans Affairs and Department of Defense
25 facilities; and

1 (D) identification of priority regions for ex-
2 pansion.

3 (2) REPORT.—Not later than 2 years after date
4 of the enactment of this Act, the Comptroller Gen-
5 eral shall submit a report to Congress on the imple-
6 mentation of section 8111 of title 38, United States
7 Code. Such report shall include—

8 (A) a description of use and effectiveness
9 of agreements under such section;

10 (B) a description of the role and output of
11 the Joint Executive Committee under such sec-
12 tion;

13 (C) an evaluation of the effectiveness of co-
14 ordination of care and sharing of resources by
15 the Department of Veterans Affairs and the
16 Department of Defense under such section; and

17 (D) a description of any statutory, oper-
18 ational, or cultural barriers to the implementa-
19 tion of such section.

20 **SEC. 313. TIMELY REPORTING OF THE DEATH OF A VET-**
21 **ERAN.**

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

23 (1) States and counties have reported signifi-
24 cant delays in the signing of death certificates for
25 veterans who pass away from natural causes.

1 (2) Such delays, caused by the refusal of, or
2 postponement by, physicians of the Department of
3 Veterans Affairs have, in some cases, lasted as long
4 as eight weeks.

5 (3) Such delays prevent the timely burial of de-
6 ceased veterans and access to survivor benefits.

7 (b) TIMELY CERTIFICATION OF THE DEATH OF A
8 VETERAN.—

9 (1) IN GENERAL.—

10 (A) VA PHYSICIAN, NURSE PRACTITIONER,
11 OR PHYSICIAN ASSISTANT.—Subject to subpara-
12 graph (B), a physician, nurse practitioner, or
13 physician assistant employed by the Secretary
14 of Veterans Affairs who is the primary care
15 provider of a veteran who dies of natural causes
16 shall certify the death of such veteran not later
17 than two business days after such physician,
18 nurse practitioner, or physician assistant learns
19 of such death.

20 (B) CORONER OR MEDICAL EXAMINER.—If
21 a physician, nurse practitioner, or physician as-
22 sistant described in subparagraph (A) cannot
23 comply with such paragraph with respect to a
24 death described in such paragraph, a coroner or

1 medical examiner in the jurisdiction where such
2 death occurred may certify such death.

3 (2) REPORT.—

4 (A) IN GENERAL.—Not later than one year
5 after the date of the enactment of this Act, and
6 annually thereafter for the following five years,
7 the Secretary shall submit to the Committee on
8 Veterans' Affairs of the Senate and the Com-
9 mittee on Veterans' Affairs of the House of
10 Representatives a report regarding compliance
11 with paragraph (1).

12 (B) ELEMENTS.—Each report required
13 under subparagraph (A) shall include, with re-
14 spect to the year preceding the date of the re-
15 port, the following elements:

16 (i) The percentage of cases in which a
17 physician, nurse practitioner, or physician
18 assistant employed by the Secretary com-
19 plied with paragraph (1)(A).

20 (ii) The number of cases in which
21 such a physician, nurse practitioner, or
22 physician assistant could not so comply.

23 (iii) An identification of the most
24 common reasons why such a physician,

1 nurse practitioner, or physician assistant
2 could not so comply.

3 (3) RULE OF CONSTRUCTION.—Nothing in this
4 section shall be construed to authorize a physician
5 assistant or nurse practitioner to certify a death in
6 any State in which such authority is not permitted
7 under State or local law.

8 **SEC. 314. EXPANSION OF ACCESS BY VETERANS TO CRIT-**
9 **ICAL ACCESS HOSPITALS AND AFFILIATED**
10 **CLINICS UNDER THE VETERANS COMMUNITY**
11 **CARE PROGRAM.**

12 (a) PILOT PROGRAM TO IMPROVE CARE COORDINA-
13 TION FOR VETERANS FROM CRITICAL ACCESS HOSPITALS
14 AND AFFILIATED CLINICS.—

15 (1) IN GENERAL.—Not later than one year
16 after the date of the enactment of this Act, the Sec-
17 retary of Veterans Affairs shall commence a five-
18 year pilot program to improve care coordination for
19 eligible veterans who receive care from a critical ac-
20 cess hospital or a provider-based rural health clinic
21 affiliated with such hospital (in this section referred
22 to as the “pilot program”).

23 (2) CONTRACTS, AGREEMENTS, OR OTHER AR-
24 RANGEMENTS.—

1 (A) IN GENERAL.—In carrying out the
2 pilot program, the Secretary shall enter into
3 contracts, agreements, or other arrangements
4 with facilities participating in the pilot program
5 to reimburse critical access hospitals and affili-
6 ated clinics for outpatient health care and med-
7 ical services provided to eligible veterans.

8 (B) ELEMENTS.—The Secretary, in coordi-
9 nation with participating critical access hos-
10 pitals, shall ensure that any contract, agree-
11 ment, or other arrangement entered into under
12 subparagraph (A) establishes criteria, as the
13 Secretary considers appropriate, to ensure—

14 (i) the provision of timely, safe, and
15 high-quality health care services to partici-
16 pants in the pilot program, including
17 through timely sharing of pertinent med-
18 ical record and other information between
19 medical facilities participating in the pilot
20 program and medical facilities of the De-
21 partment of Veterans Affairs;

22 (ii) the provision of health care serv-
23 ices through the pilot program is in ac-
24 cordance with the medical benefits package
25 of the Department;

1 (iii) no additional charges are imposed
2 on veterans participating in the pilot pro-
3 gram or the health care insurer of such
4 veterans for any medical service for which
5 payment is made by the Secretary;

6 (iv) appropriate reimbursement rates,
7 including through the consideration of
8 cost-based reimbursements; and

9 (v) such other considerations as the
10 Secretary considers appropriate.

11 (3) LOCATIONS.—The Secretary shall ensure
12 participation in the pilot program is open to all
13 qualified facilities located in States that are des-
14 ignated by the Centers for Medicare & Medicaid
15 Services as frontier States.

16 (4) AUTHORIZATION FOR CARE.—The Secretary
17 shall provide eligible veterans opting to participate
18 in the pilot program a one-year authorization from
19 the Department to receive outpatient services at fa-
20 cilities participating in the pilot program.

21 (5) OUTREACH.—

22 (A) ELIGIBLE VETERANS.—Not less fre-
23 quently than annually during each year in
24 which the pilot program is carried out, the Sec-
25 retary shall conduct direct outreach to eligible

1 veterans in areas in which the pilot program is
2 carried out to notify such veterans of their abil-
3 ity to participate in the pilot program.

4 (B) HOSPITALS.—The Secretary shall con-
5 duct direct outreach to critical access hospitals
6 in areas in which the pilot program is carried
7 out to notify those hospitals of their ability to
8 participate in the pilot program.

9 (6) STAFF.—The Secretary shall ensure that
10 each medical facility of the Department within the
11 catchment area of a location in which the pilot pro-
12 gram is carried out has sufficient dedicated staff to
13 handle—

14 (A) administrative and technical challenges
15 that arise from the pilot program;

16 (B) care coordination and follow up with
17 the veteran and the facility participating in the
18 pilot program after an episode of care; and

19 (C) timely records return following an epi-
20 sode of care.

21 (7) LIMITATION.—The Secretary may not ex-
22 tend the pilot program beyond the five-year period
23 specified under subsection (a) or expand the pilot
24 program to additional States or convert the pilot

1 program into a permanent authority unless expressly
2 authorized by a subsequent Act of Congress.

3 (8) REPORT.—

4 (A) IN GENERAL.—Not later than one year
5 after the date of the enactment of this Act, and
6 annually thereafter for the duration of the pilot
7 program, the Secretary shall submit to the
8 Committee on Veterans' Affairs of the Senate
9 and the Committee on Veterans Affairs of the
10 House of Representatives a report on the pilot
11 program.

12 (B) ELEMENTS.—

13 (i) IN GENERAL.—Each report re-
14 quired under subparagraph (A) shall con-
15 tain the recommendation of the Secretary
16 for the expansion or continuation of the
17 pilot program.

18 (ii) INITIAL REPORT.—The initial re-
19 port required under clause (i) shall con-
20 tain—

21 (I) a description of the outreach
22 conducted to critical access hospitals
23 concerning the pilot program;

1 (II) a list of facilities that have
2 opted to participate in the pilot pro-
3 gram;

4 (III) information, by facility, re-
5 garding total obligations and expendi-
6 tures, utilization average time from
7 authorization to care, timeliness re-
8 garding medical records return and
9 claim payment, emergency department
10 utilization, veteran satisfaction, and
11 any effect on care furnished by De-
12 partment facilities; and

13 (IV) a list of the barriers, if any,
14 cited by facilities that opted not to
15 participate in the pilot program.

16 (iii) SUBSEQUENT REPORTS.—Each
17 report required under clause (i) after the
18 initial report shall contain—

19 (I) an updated list of facilities
20 participating in the pilot program;

21 (II) the number of veterans par-
22 ticipating in the pilot program,
23 disaggregated by facility;

1 (III) an overview of the types of
2 care received through the pilot pro-
3 gram;

4 (IV) feedback from the facilities
5 participating in the pilot program,
6 with identifying information removed,
7 regarding the status of the pilot pro-
8 gram, challenges in participating in
9 the pilot program, and the interest of
10 the facility in continued participation
11 in such a program; and

12 (V) any additional information
13 that the Secretary determines relevant
14 or necessary.

15 (9) DEFINITIONS.—In this subsection:

16 (A) CRITICAL ACCESS HOSPITAL.—The
17 term “critical access hospital” has the meaning
18 given that term in section 1861(mm) of the So-
19 cial Security Act (42 U.S.C. 1395x(mm)).

20 (B) ELIGIBLE VETERAN.—The term “eligi-
21 ble veteran” means a veteran—

22 (i) enrolled in the patient enrollment
23 system of the Department of Veterans Af-
24 fairs established and operated under sec-

tion 1705(a) of title 38, United States Code;

(ii) who has received care at a facility of the Department or in-network provider under the Veterans Community Care Program under section 1703 of such title during the previous two-year period;

(iii) who lives within 35 miles of a critical access hospital; and

(iv) who would be eligible for care or services under the Veterans Community Care Program.

(b) ACTION PLAN TO ADDRESS BARRIERS TO CARE FOR VETERANS LIVING IN RURAL AREAS.—

(1) IN GENERAL.—Not later than one year after the date of the enactment of this Act, the Secretary of Veterans Affairs shall develop and submit to the Committee on Veterans' Affairs of the Senate and the Committee on Veterans' Affairs of the House of Representatives a comprehensive action plan to identify, address, and eliminate barriers to accessing care for veterans residing in rural, highly rural, and frontier areas.

(2) ELEMENTS.—In developing the action plan required under paragraph (1), the Secretary shall—

1 (A) consult with health care providers that
2 provide care in the community under the laws
3 administered by the Secretary, State Offices of
4 Rural Health, Tribal health authorities, and
5 other relevant stakeholders in rural, highly
6 rural, and frontier areas as the Secretary deter-
7 mines appropriate;

8 (B) assess barriers to care in the commu-
9 nity for veterans residing in rural and highly
10 rural areas, including challenges with respect
11 to—

- 12 (i) network adequacy;
- 13 (ii) provider participation;
- 14 (iii) geographic distance;
- 15 (iv) transportation;
- 16 (v) information technology;
- 17 (vi) physical infrastructure;
- 18 (vii) outreach and understanding of
- 19 eligibility for such care;
- 20 (viii) timeliness of referrals, authoriza-
- 21 tion, and medical documentation exchange;
- 22 and
- 23 (ix) any other matter the Secretary
- 24 determines appropriate;

1 (C) list specific and measurable strategies
2 and actions to address the barriers and chal-
3 lenges assessed under subparagraph (B), to in-
4 clude the consideration of—

5 (i) expanding participation in the Vet-
6 erans Community Care Program under
7 section 1703 of title 38, United States
8 Code, among providers in rural, highly
9 rural, and frontier areas;

10 (ii) physically locating health care fa-
11 cilities of the Department of Veterans Af-
12 fairs within the same building or on the
13 campuses of other health care facilities lo-
14 cated in rural, highly rural, or frontier
15 areas;

16 (iii) enhancing transportation assist-
17 ance;

18 (iv) increasing reimbursement rates,
19 including through cost-based reimburse-
20 ments; and

21 (v) improving coordination with State,
22 Tribal, and local partners; and

23 (D) assess legislative and regulatory bar-
24 riers, if any, to addressing the barriers assessed
25 under subparagraph (B).

1 (3) IMPLEMENTATION.—Not later than 90 days
2 after submitting the action plan under paragraph
3 (1), the Secretary shall begin implementation of the
4 plan and shall ensure full implementation not later
5 than two years after the date of the enactment of
6 this Act.

7 (c) OUTREACH.—

8 (1) OUTREACH TO VETERANS.—Not later than
9 one year after the date of the enactment of this Act,
10 and annually thereafter, the Secretary of Veterans
11 Affairs, through the Office of Rural Health (or suc-
12 cessor office) and the Office of Integrated Veteran
13 Care (or successor office), shall conduct outreach to
14 veterans residing in rural, highly rural, and frontier
15 areas regarding—

16 (A) opportunities to seek care through fa-
17 cilities and programs of the Department of Vet-
18 erans Affairs, including via telehealth, existing
19 programs provided through grantees or contrac-
20 tors of the Department, Vet Centers (as defined
21 in section 1712A of title 38, United States
22 Code), and volunteer programs and services for
23 transportation;

1 (B) opportunities to seek care through the
2 Veterans Community Care Program under sec-
3 tion 1703 of title 38, United States Code;

4 (C) opportunities to seek care at critical
5 access hospitals with contracts, partnerships, or
6 agreements with the Department of Veterans
7 Affairs; and

8 (D) any other matters the Secretary con-
9 sider appropriate.

10 (2) OUTREACH TO PROVIDERS.—Not later than
11 one year after the date of the enactment of this Act,
12 and annually thereafter, the Secretary of Veterans
13 Affairs, through the Office of Rural Health (or suc-
14 cessor office) and the Office of Integrated Veteran
15 Care (or successor office), shall—

16 (A) conduct outreach to health care facili-
17 ties and critical access hospitals in rural areas
18 regarding—

19 (i) the Veterans Community Care pro-
20 gram under section 1703 of title 38,
21 United States Code, and the pilot program
22 under subsection (a) of this section; and

23 (ii) any other matters the Secretary
24 considers appropriate; and

1 (B) seek to enter into contracts, partner-
2 ships, agreements, or other arrangements with
3 health care facilities and critical access hos-
4 pitals in rural areas.

5 (3) CRITICAL ACCESS HOSPITAL DEFINED.—In
6 this section, the term “critical access hospital” has
7 the meaning given that term in section 1861(mm) of
8 the Social Security Act (42 U.S.C. 1395x(mm)).

9 **SEC. 315. PILOT PLATFORM FOR SERVICES FOR VETERANS;**
10 **COLLECTION FROM VETERANS OF INFORMA-**
11 **TION RELATED TO SOCIAL DETERMINANTS**
12 **OF HEALTH.**

13 (a) PILOT PROGRAM ON ESTABLISHMENT OR EN-
14 HANCEMENT OF COMMUNITY INTEGRATION PLATFORM
15 FOR VETERANS.—

16 (1) IN GENERAL.—Commencing not later than
17 18 months after the date of the enactment of this
18 Act, the Secretary, acting through the Center for In-
19 novation for Care and Payment of the Department
20 of Veterans Affairs, shall carry out a pilot program
21 under which the Secretary shall establish a new, or
22 enhance an existing, interoperable community inte-
23 gration platform to coordinate local support services
24 for veterans through other governmental and non-

1 governmental organizations (in this section referred
2 to as the “pilot program”).

3 (2) ELEMENTS OF PILOT PROGRAM.—In car-
4 rying out the pilot program, the Secretary shall en-
5 sure that the community integration platform estab-
6 lished or enhanced under the pilot program—

7 (A) permits veterans to identify and con-
8 nect with covered entities that furnish covered
9 services;

10 (B) permits covered entities to identify and
11 connect with veterans in need of covered serv-
12 ices;

13 (C) utilizes, to the extent practicable, exist-
14 ing interoperable technology networks;

15 (D) prioritizes connectivity with appro-
16 priate existing technology networks developed
17 by public or private organizations that comply
18 with, as applicable, standards adopted by the
19 Secretary of Health and Human Services under
20 section 3004 of the Public Health Service Act
21 (42 U.S.C. 300jj–14), for the provision of cov-
22 ered services;

23 (E) ensures that—

24 (i) reasonable measures are taken to
25 promote connectivity and interoperable ex-

1 change among covered entities and between
2 covered entities and veterans; and

3 (ii) appropriate privacy and security
4 protections are in place, in accordance with
5 applicable Federal and State privacy law;

6 (F) is accessible by employees of the De-
7 partment, covered entities, and veterans;

8 (G) connects covered entities and veterans
9 for purposes of communication, service coordi-
10 nation, and consumer assistance, referral and
11 capacity management, outcome tracking and re-
12 porting, and related services; and

13 (H) is accessible via a web-based platform
14 for all veterans and via a non-web-based alter-
15 native platform or process for veterans who are
16 unable to easily and reliably access the web-
17 based platform.

18 (3) LOCATIONS.—

19 (A) INITIAL LOCATIONS.—The Secretary
20 shall carry out the pilot program at not fewer
21 than five medical facilities of the Department of
22 Veterans Affairs selected by the Secretary for
23 purposes of the pilot program.

24 (B) EXPANSION.—The Secretary may ex-
25 pand beyond initial sites for the pilot program

1 selected under paragraph (1) not before two
2 years after the date of enactment, not before
3 thirty days after briefing the Committees on
4 Veterans' Affairs of the Senate and the House
5 of the expansion plan, and after demonstrated
6 success.

7 (C) VARIETY OF FACILITIES.—In selecting
8 facilities under subparagraph (A), the Secretary
9 shall ensure the selection of a variety of dif-
10 ferent types of facilities, including—

11 (i) frontier facilities;

12 (ii) under-resourced facilities;

13 (iii) facilities at which there are exist-
14 ing efforts to coordinate with community
15 resources; and

16 (iv) facilities located in communities
17 with an established community-based vet-
18 eran service coordination network capable
19 of integration with the pilot program.

20 (4) PROCUREMENT OF TECHNOLOGY.—In car-
21 rying out the pilot program, the Secretary shall en-
22 sure full and open competition in the procurement of
23 any services or technology and shall not enter into
24 an exclusive national contract for the operation of
25 the community integration platform under the pilot

1 program. In procuring technology under this section,
2 the Secretary may prioritize, to the maximum extent
3 practicable, technologies, platforms, or capabilities
4 that are already deployed, validated, interoperable,
5 or otherwise in operational use within medical cen-
6 ters or other components of the Department, unless
7 the Secretary determines and documents that an al-
8 ternative solution would better achieve the purposes
9 of this section.

10 (5) APPLICATION PROCESS.—

11 (A) IN GENERAL.—The Secretary may re-
12 quire covered entities that seek to participate in
13 the pilot program to submit to the Secretary an
14 application therefore in such form, in such
15 manner, and containing such commitments and
16 information as the Secretary considers nec-
17 essary to carry out this section.

18 (B) REVIEW.—

19 (i) IN GENERAL.—The Secretary shall
20 review the applications of covered entities
21 submitted under subparagraph (A) to en-
22 sure that the participation of such entities
23 would be safe and appropriate for veterans
24 participating in the pilot program.

1 (ii) DUE DILIGENCE.—In reviewing
2 applications under clause (i), the Secretary
3 shall conduct due diligence consistent with
4 how the Secretary conducts due diligence
5 for public-private partnerships under other
6 laws administered by the Secretary.

7 (6) SCREENING AND TRACKING OF PARTICI-
8 PANTS.—

9 (A) IN GENERAL.—The Secretary shall re-
10 quire veterans participating in the community
11 integration platform under the pilot program to
12 provide information regarding social deter-
13 minants of health using the ICD–10 diagnostic
14 codes Z55 through Z63 and Z75 (as in effect
15 on the date of the enactment of this Act) in a
16 standardized risk assessment or screening tool
17 and such other information as the Secretary
18 considers necessary to administer the pilot pro-
19 gram.

20 (B) INFORMED CONSENT.—Information
21 collected under the pilot program with respect
22 to a veteran shall be obtained with the informed
23 consent of the veteran and used solely for pur-
24 poses of care coordination, service delivery, or
25 program evaluation under the pilot program.

1 (C) TRACKING OF INFORMATION.—

2 (i) IN GENERAL.—The Secretary shall
3 track—

4 (I) the number of referrals of
5 veterans to covered entities through
6 the community integration platform
7 under the pilot program;

8 (II) the response time of covered
9 entities to which such veterans are re-
10 ferred; and

11 (III) the outcome of the initial
12 meeting by a veteran and a covered
13 entity to which the veteran is referred,
14 including a description of the services
15 that are provided to the veteran by
16 such entity.

17 (ii) TRACKING BY ENTITIES.—The
18 Secretary may require covered entities par-
19 ticipating in the pilot program to track the
20 information required under clause (i) in a
21 medium determined appropriate by the
22 Secretary.

23 (7) COORDINATION AND INTEGRATION OF PRO-
24 GRAMS.—

1 (A) COORDINATION WITH EXISTING NET-
2 WORKS.—In carrying out the pilot program, the
3 Secretary shall coordinate with existing commu-
4 nity networks.

5 (B) COORDINATION AND INTEGRATION
6 WITH STATE MEDICAID PROGRAMS.—The Sec-
7 retary may consult and coordinate with the Sec-
8 retary of Health and Human Services and with
9 States regarding existing Federal and State
10 programs, but nothing in this section shall be
11 construed to authorize the Secretary of Vet-
12 erans Affairs to administer, direct, or modify a
13 State Medicaid program or waiver.

14 (8) PERFORMANCE BENCHMARKS.—The Sec-
15 retary shall establish performance benchmarks for
16 the pilot program, including measures of referral
17 completion, timeliness of service connection, and vet-
18 eran-reported satisfaction.

19 (9) REPORT AND BRIEFINGS.—

20 (A) REPORT.—Not later than three years
21 after the commencement of the pilot program,
22 the Secretary shall submit to the appropriate
23 committees of Congress a report analyzing the
24 needs of veterans for covered services reflected
25 by the use of such services under the commu-

1 nity integration platform under the pilot pro-
2 gram, including an assessment of—

3 (i) the need for such services that is
4 being met through such platform; and

5 (ii) the need for such services that is
6 not being met through such platform.

7 (B) BRIEFING ON ENTITIES NOT SE-
8 LECTED.—Not later than 180 days after the
9 commencement of the pilot program, and not
10 less frequently than once every 180 days there-
11 after until the conclusion of the pilot program,
12 the Secretary shall brief the appropriate com-
13 mittees of Congress on the covered entities that
14 submitted an application to participate in the
15 pilot program but were not selected for partici-
16 pation and the reason those entities were not
17 selected.

18 (10) COMPTROLLER GENERAL EVALUATION,
19 REPORT, AND RECOMMENDATIONS.—

20 (A) EVALUATION.—The Comptroller Gen-
21 eral of the United States shall conduct an eval-
22 uation that measures the overall impact of the
23 community integration platform established or
24 enhanced under the pilot program with respect
25 to—

1 (i) changes in individual and popu-
2 lation health outcomes among veterans;

3 (ii) changes in access to health care or
4 social services among veterans; and

5 (iii) such other factors as the Comp-
6 troller General considers appropriate.

7 (B) REPORT AND RECOMMENDATIONS.—

8 (i) IN GENERAL.—Not later than four
9 years after the commencement of the pilot
10 program, the Comptroller General shall—

11 (I) submit to Congress a report
12 on the evaluation conducted under
13 subparagraph (A);

14 (II) make such report publicly
15 available; and

16 (III) based on such evaluation,
17 make recommendations to the Sec-
18 retary on how to improve and sustain
19 the community integration platform
20 established or enhanced under the
21 pilot program.

22 (ii) ELEMENTS OF REPORT.—The re-
23 port under clause (i)(I) shall include data
24 on—

1 (I) what covered sources under
2 the pilot program are being utilized
3 the most;

4 (II) what requests for services
5 under the pilot program cannot be
6 met; and

7 (III) the impact of the provision
8 of services under the pilot program on
9 health outcomes of veterans.

10 (11) LIMITATIONS.—(A) The Secretary may
11 not use the pilot program established under sub-
12 section (a) to supplant services otherwise required to
13 be furnished by the Department under title 38,
14 United States Code.

15 (B) No covered entity participating in the pilot
16 program established under subsection (a) may re-
17 ceive access to personally identifiable information,
18 protected health information, or social determinants
19 information of a veteran without the veteran’s in-
20 formed written consent, and such information may
21 be used only for the specific referral or service au-
22 thorized by the veteran.

23 (12) DEFINITIONS.—In this subsection:

24 (A) APPROPRIATE COMMITTEES OF CON-
25 GRESS.—The term “appropriate committees of

1 Congress” means the Committee on Veterans’
2 Affairs of the Senate and the Committee on
3 Veterans’ Affairs of the House of Representa-
4 tives.

5 (B) COMMUNITY INTEGRATION PLAT-
6 FORM.—The term “community integration plat-
7 form” means an interoperable platform or net-
8 work of interoperable systems used to enable
9 the coordination, alignment, and connection of
10 covered entities and veterans at the local level
11 for purposes of communication, service coordi-
12 nation, and referral management of covered
13 services.

14 (C) COVERED ENTITY.—The term “cov-
15 ered entity” means any of the following entities
16 or providers that have entered into an agree-
17 ment with the Secretary to participate in the
18 pilot program:

19 (i) A community-based organization
20 that—

21 (I) accepts referrals from health
22 care organizations; and

23 (II) provides covered services.

24 (ii) A public or private health care
25 provider organization.

1 (iii) A public or private funded payor
2 of health care services, including home- or
3 community-based services.

4 (iv) A State, local, territorial, or Trib-
5 al health or social services agency.

6 (v) A State public housing authority
7 or housing finance agency.

8 (vi) A public health information ex-
9 change or public health information net-
10 work, as defined by the Secretary.

11 (vii) A faith-based service provider.

12 (viii) Any other similar entity, as de-
13 termined by the Secretary.

14 (D) COVERED SERVICES.—The term “cov-
15 ered services” means any of the following:

16 (i) Nutritional assistance.

17 (ii) Housing.

18 (iii) Health care, including preventive
19 health intervention, chronic disease man-
20 agement, and behavioral health care.

21 (iv) Transportation.

22 (v) Job training and employment.

23 (vi) Child development or care.

24 (vii) Caregiving and respite care.

25 (viii) Disability assistance.

1 (ix) Suicide prevention.

2 (x) Sexual assault services.

3 (xi) Legal aid.

4 (xii) Transition assistance for vet-
5 erans newly separated or discharged from
6 active military, naval, air, or space service
7 (as defined in section 101(24) of title 38,
8 United States Code).

9 (xiii) Assistance with utilities nec-
10 essary for safe habitation.

11 (xiv) Other services directly related to
12 health care access, suicide prevention,
13 homelessness prevention, food insecurity,
14 transportation to health care, or assistance
15 separating from military service and reen-
16 tering civilian life, as expressly authorized
17 under laws administered by the Secretary.

18 (E) SECRETARY.—The term “Secretary”
19 means the Secretary of Veterans Affairs.

20 (F) STATE.—The term “State” has the
21 meaning given that term in section 101 of title
22 38, United States Code.

23 (b) COLLECTION OF INFORMATION FROM VETERANS
24 RELATED TO SOCIAL DETERMINANTS OF HEALTH.—

1 (1) IN GENERAL.—The Secretary of Veterans
2 Affairs shall collect from veterans enrolled in the
3 system of annual patient enrollment of the Depart-
4 ment of Veterans Affairs established and operated
5 under section 1705(a) of title 38, United States
6 Code, as part of routine screenings of such veterans
7 under the laws administered by the Secretary, infor-
8 mation related to social determinants that may fac-
9 tor into the health of such veterans.

10 (2) SOCIAL DETERMINANTS OF HEALTH.—

11 (A) IN GENERAL.—The information col-
12 lected under subsection (a) shall include stand-
13 ardized definitions for identifying social deter-
14 minants of health needs identified in the ICD—
15 10 diagnostic codes Z55 through Z63 and Z75
16 (as in effect on the date of enactment of this
17 Act).

18 (B) INCORPORATION OF MEASURES.—Defi-
19 nitions included under subparagraph (A) with
20 respect to identifying social determinants of
21 health needs shall incorporate measures for
22 quantifying the relative severity of any such so-
23 cial determinant of health need identified in an
24 individual.

1 **SEC. 316. IMPROVEMENTS TO DEPARTMENT OF VETERANS**
2 **AFFAIRS PROSTHETIC AND REHABILITATIVE**
3 **ITEMS AND SERVICE.**

4 (a) PROSTHETIC AND REHABILITATIVE ITEMS AND
5 SERVICES FORMULARY.—

6 (1) IN GENERAL.—Chapter 17 of title 38,
7 United States Code, is amended by inserting after
8 section 1709C the following new section:

9 **“§ 1709D. Prosthetic and Rehabilitative Items and**
10 **Services Formulary**

11 “(a) IN GENERAL.—The Secretary shall establish a
12 list of prosthetic and rehabilitative items and services,
13 which may be referred to as the ‘Prosthetic and Rehabili-
14 tative Items and Services Formulary’ or the ‘Formulary’,
15 for purposes of furnishing medical services under section
16 1701(6)(F) of this title pursuant to section 1710 of this
17 title.

18 “(b) REQUIREMENTS.—

19 “(1) INPUT.—In developing the Formulary, the
20 Secretary shall solicit input from veterans and the
21 public.

22 “(2) AVAILABILITY OF ITEMS.—The Secretary
23 shall ensure that all items and services included in
24 the Formulary are available at or through all facili-
25 ties of the Department.

1 “(3) ITEMS TO BE INCLUDED.—In developing
2 the Formulary, the Secretary shall rely on the best
3 available evidence to identify which items and serv-
4 ices should be included on the Formulary.

5 “(c) PUBLICATION AND COMMUNICATION.—

6 “(1) PUBLICATION AND UPDATE.—The Sec-
7 retary shall publish the Formulary on a website of
8 the Department and shall update the Formulary pe-
9 riodically.

10 “(2) COMMUNICATION.—The Secretary shall
11 communicate to veterans the contents of the For-
12 mulary and information about how to appeal deci-
13 sions regarding the provision of items and services
14 on the Formulary.

15 “(d) CONTRACTS.—The Secretary shall enter into
16 such contracts as the Secretary considers necessary to
17 support the availability of items and services included in
18 the Formulary.

19 “(e) TRAINING.—The Secretary shall ensure the
20 availability of training on the Formulary for clinicians and
21 other staff of the Department.

22 “(f) EXCEPTIONS.—

23 “(1) IN GENERAL.—The Secretary shall estab-
24 lish a process for clinicians of the Department to re-
25 quest, prescribe, and furnish prosthetic and rehabili-

1 tative items and services that are not included on
2 the Formulary when medically necessary.

3 “(2) MONITORING OF NON-FORMULARY ITEMS
4 AND SERVICES.—The Secretary shall monitor re-
5 quests and prescriptions for and the furnishing of
6 prosthetic and rehabilitative items and services
7 under paragraph (1)—

8 “(A) to ensure that such items and serv-
9 ices are being consistently and appropriately
10 prescribed at all facilities of the Department;
11 and

12 “(B) to determine whether such items or
13 services should be added to the Formulary.

14 “(3) PRIOR AUTHORIZATION FOR NON-FOR-
15 MULARY PROCUREMENT.—The Secretary shall estab-
16 lish a prior authorization process for the procure-
17 ment of prosthetic and rehabilitative items that are
18 not included on the Formulary or available through
19 a national contract.

20 “(4) OPEN MARKET PROCUREMENT.—The Sec-
21 retary shall ensure that procurement of items that
22 are not included on the Formulary or available
23 through a national contract is permitted only if a cli-
24 nician determines the item is medically necessary.

1 “(g) CONSIDERATION.—In developing the Formulary,
2 the Secretary shall consider how the approach of the Phar-
3 macy Benefits Management Services of the Department
4 for formulary management and medication safety can be
5 adapted to support the efficient and effective administra-
6 tion of the Formulary.

7 “(h) ENTERPRISE PROCUREMENT AND ORDERING
8 SYSTEM.—

9 “(1) IN GENERAL.—The Secretary shall imple-
10 ment an enterprise electronic ordering system for
11 prosthetic and rehabilitative items and services fur-
12 nished under this section.

13 “(2) SYSTEMS ELEMENTS.—The system re-
14 quired under paragraph (1) shall—

15 “(A) enable the automated ordering of
16 items included on the Formulary;

17 “(B) provide visibility of contract pricing
18 and availability across all facilities of the De-
19 partment;

20 “(C) allow enterprise loading of nationally
21 contracted products;

22 “(D) provide procurement analytics to
23 monitor compliance with national contracts and
24 reduce open market purchasing; and

1 “(E) contain all data elements required for
2 the Federal Electronic Healthcare Record in a
3 searchable format.

4 “(3) IMPLEMENTATION.—The Secretary shall
5 ensure that the system required under paragraph (1)
6 is implemented across all medical centers of the De-
7 partment by not later than three years after the
8 date of the enactment of this section.

9 “(i) PROGRAM MANAGEMENT.—

10 “(1) IN GENERAL.—The Secretary shall ensure
11 that the Prosthetic and Sensory Aids Service of the
12 Department maintains adequate staffing to admin-
13 ister the Formulary and associated procurement pro-
14 grams.

15 “(2) STAFFING INCLUDED.—Staffing required
16 under paragraph (1) shall include—

17 “(A) dedicated program managers for
18 major prosthetic product categories; and

19 “(B) full-time clinical staff responsible for
20 clinical evaluations and practice recommenda-
21 tions.

22 “(j) REPORT TO CONGRESS.—Not later than two
23 years after the date of the enactment of this section, and
24 annually thereafter, the Secretary shall submit to the
25 Committee on Veterans’ Affairs of the Senate and the

1 Committee on Veterans' Affairs of the House of Rep-
2 resentatives a report describing—

3 “(1) rates of compliance by the Department
4 with national prosthetic contracts;

5 “(2) open market purchasing trends of the De-
6 partment;

7 “(3) utilization of the Formulary across facili-
8 ties of the Department; and

9 “(4) steps taken by the Department to improve
10 enterprise procurement efficiency.”.

11 (2) CLERICAL AMENDMENT.—The table of sec-
12 tions at the beginning of such chapter is amended
13 by inserting after the item relating to section 1709C
14 the following new item:

“1709D. Prosthetic and rehabilitative items and services formulary”.

15 (b) REPORT.—

16 (1) IN GENERAL.—Not later than one year
17 after the date of the enactment of this Act, the Sec-
18 retary of Veterans Affairs shall submit to the Com-
19 mittee on Veterans' Affairs of the Senate and the
20 Committee on Veterans' Affairs of the House of
21 Representatives a report containing a comprehensive
22 operational and technology assessment of the Pros-
23 thetic and Rehabilitative Items and Services For-
24 mulary established under section 1709D of title 38,
25 United States Code, as added by subsection (a).

1 (2) ELEMENTS.—The report required by para-
2 graph (1) shall identify potential impacts of the
3 Prosthetic and Rehabilitative Items and Services
4 Formulary on—

5 (A) access by veterans to prosthetic and
6 rehabilitative items and services;

7 (B) clinician workload;

8 (C) procurement timelines; and

9 (D) innovation adoption.

10 **SEC. 317. IMPROVEMENT OF SUBMISSION OF MEDICAL**
11 **DOCUMENTATION TO THE SECRETARY OF**
12 **VETERANS AFFAIRS BY COMMUNITY CARE**
13 **PROVIDERS.**

14 (a) IN GENERAL.—The Secretary of Veterans Affairs
15 shall ensure that each contract, agreement, or other ar-
16 rangement through which the Secretary furnishes hospital
17 care, medical services, or extended care services to eligible
18 veterans through non-Department of Veterans Affairs en-
19 tities or providers includes clear requirements, including
20 requirements regarding timeliness, regarding the submis-
21 sion of medical documentation to the Secretary after a vet-
22 eran receives such care or services from the non-Depart-
23 ment entity or provider.

24 (b) INTERNAL MEASURES.—The Secretary shall es-
25 tablish such goals and related performance measures for

1 medical centers of the Department as the Secretary deter-
2 mines appropriate in obtaining medical documentation
3 from non-Department entities or providers under sub-
4 section (a).

5 (c) TRAINING.—The Secretary may establish goals
6 and related performance measures for the completion by
7 non-Department entities or providers of core training re-
8 lated to the submission to the Secretary of medical docu-
9 mentation under subsection (a) and may monitor the com-
10 pletion of such training.

11 (d) OUTREACH.—The Secretary shall ensure that
12 communications by the Secretary with non-Department
13 entities or providers contain clear and accurate informa-
14 tion regarding requirements for submitting medical docu-
15 mentation under subsection (a) and completing the core
16 training described in subsection (c).

17 (e) SUBMISSION OF GOALS, MEASURES, AND MATE-
18 RIALS.—Not later than one year after the date of the en-
19 actment of this Act, and not less frequently than annually
20 thereafter for the following five years, the Secretary shall
21 submit to the Committee on Veterans' Affairs of the Sen-
22 ate and the Committee on Veterans' Affairs of the House
23 of Representatives copies of any goals, performance meas-
24 ures, training materials, or outreach materials pertaining

1 to the submission of medical documentation under this
2 section.

3 **SEC. 318. IMPLEMENTATION OF AND REPORT ON EFFORTS**
4 **OF DEPARTMENT OF VETERANS AFFAIRS TO**
5 **IMPROVE HEALTH CARE APPOINTMENT**
6 **SCHEDULING.**

7 (a) IN GENERAL.—Not later than one year after the
8 date of the enactment of this Act, the Secretary of Vet-
9 erans Affairs shall submit to the appropriate committees
10 of Congress a plan to improve the process for scheduling
11 appointments for health care from the Department of Vet-
12 erans Affairs, including improvements for both patients
13 and employees of the Department responsible for sched-
14 uling such appointments.

15 (b) ELEMENTS OF PLAN.—

16 (1) IN GENERAL.—The plan required by sub-
17 section (a) shall include—

18 (A) such actions, resources, technology,
19 and process improvements as the Secretary de-
20 termines necessary to ensure the Department
21 achieves, in a timely manner, improved delivery
22 of health care, access to health care, customer
23 experience and service relating to the receipt of
24 health care, and efficiency with respect to the
25 delivery of health care; and

1 (B) a proposed schedule and timeline to
2 carry out such plan.

3 (2) OBJECTIVES.—

4 (A) IN GENERAL.—The Secretary shall en-
5 sure that the plan required by subsection (a)
6 addresses the following objectives:

7 (i) To develop or continue the develop-
8 ment of a scheduling system that enables
9 both personnel and patients of the Depart-
10 ment to view available appointments for
11 care furnished by the Department, includ-
12 ing primary care, mental health care, and
13 all forms of specialty care.

14 (ii) To develop or continue the devel-
15 opment of a self-service scheduling plat-
16 form, available for use by all patients of
17 the Department, which shall—

18 (I) enable such patients to view
19 available appointments and, subject to
20 the process described in clause (iii),
21 fully schedule appointments for all
22 care furnished by the Department;

23 (II) if a referral is required for
24 an appointment, provide a method for
25 the patient to request a referral and

1 subsequently book an appointment if
2 the referral is approved; and

3 (III) provide such patients with
4 the ability to cancel or reschedule ap-
5 pointments.

6 (iii) To create a process through
7 which all patients of the Department can
8 telephonically speak with a scheduler who
9 can assist the patient to determine ap-
10 pointment availability and can fully sched-
11 ule appointments on behalf of the patient
12 for all care furnished by the Department.

13 (iv) To carry out such other functions,
14 oversight, metric development and track-
15 ing, change management, cross-Depart-
16 ment coordination, and other related mat-
17 ters, including improvements to employee-
18 facing information technology, training,
19 and processes, as the Secretary determines
20 appropriate as it relates to scheduling
21 tools, functions, and operations with re-
22 spect to health care appointments fur-
23 nished by the Department.

24 (B) EXPLANATION OF INABILITY TO IM-
25 PLEMENT CERTAIN OBJECTIVES, FEATURES, OR

1 SERVICES.—If the Secretary determines that an
2 objective under subparagraph (A), or any fea-
3 ture or service in connection with that objective,
4 cannot be implemented or otherwise incor-
5 porated into a final product pursuant to the
6 plan required by subsection (a), the Secretary
7 shall include with the plan submitted under
8 such subsection a report containing—

9 (i) an explanation as to why that ob-
10 jective, feature, or service cannot be imple-
11 mented or incorporated, as the case may
12 be; and

13 (ii) a plan for implementing the plan
14 required by subsection (a) without that ob-
15 jective, feature, or service.

16 (c) IMPLEMENTATION.—Not later than two years
17 after submitting to the appropriate committees of Con-
18 gress the plan required by subsection (a), the Secretary
19 shall fully implement the plan.

20 (d) COORDINATION WITH ELECTRONIC HEALTH
21 RECORD MODERNIZATION PROGRAM.—In developing the
22 plan required by subsection (a), the Secretary shall ensure
23 that the elements and objectives of such plan set forth
24 under subsection (b) are developed in consideration of the
25 deployment schedule and capabilities of the Electronic

1 Health Record Modernization Program of the Department
2 to ensure a smooth transition to using the tools and fea-
3 tures under such plan as relevant and appropriate.

4 (e) IMPLEMENTATION REPORTS.—Not later than
5 each of one year and two years after the date on which
6 the Secretary submits the plan required by subsection (a),
7 the Secretary shall submit to the appropriate committees
8 of Congress a report on the progress of the Secretary in
9 implementing such plan, including—

10 (1) the costs incurred to implement the plan as
11 of the date of the report;

12 (2) the expected costs to complete implementa-
13 tion of the plan (including costs for management
14 and technology);

15 (3) the schedule for deployment of any capabili-
16 ties developed pursuant to the plan; and

17 (4) the goals and metrics achieved, challenges,
18 and lessons learned in implementing the plan.

19 (f) RULE OF CONSTRUCTION.—Nothing in this sec-
20 tion shall be construed to require the Secretary to include
21 in the plan required by subsection (a) any technology or
22 process that would preclude or impede the ability of a vet-
23 eran to contact or schedule an appointment directly with
24 a facility or provider through a non-online scheduling
25 process, should the veteran choose to do so.

1 (g) DEFINITIONS.—In this section:

2 (1) APPROPRIATE COMMITTEES OF CON-
3 GRESS.—The term “appropriate committees of Con-
4 gress” means the Committee on Veterans’ Affairs of
5 the Senate and the Committee on Veterans’ Affairs
6 of the House of Representatives.

7 (2) FULLY SCHEDULE.—The term “fully sched-
8 ule”, with respect to an appointment for health care,
9 means that the appointment booking is completed,
10 rather than simply requested.

11 **SEC. 319. PILOT PROGRAM ON COORDINATION OF CARE BE-**
12 **TWEEN DEPARTMENT OF VETERANS AFFAIRS**
13 **AND MEDICARE PROGRAM.**

14 (a) IN GENERAL.—The Secretary, in consultation
15 with the Secretary of Health and Human Services, shall
16 carry out a pilot program (in this section referred to as
17 the “pilot program”) to coordinate, navigate, and manage
18 care and benefits for covered veterans.

19 (b) PURPOSES OF PILOT PROGRAM.—The purposes
20 of the pilot program are as follows:

21 (1) To improve access to health care services
22 for covered veterans from the Department of Vet-
23 erans Affairs and under the Medicare program
24 under title XVIII of the Social Security Act (42
25 U.S.C. 1395 et seq.).

1 (2) To improve satisfaction with care received
2 by covered veterans.

3 (3) To improve quality of care received by cov-
4 ered veterans.

5 (4) To lower costs to the Federal Government
6 for care received by covered veterans.

7 (5) To reduce gaps in care and duplication of
8 services and expenses for covered veterans.

9 (6) To improve care coordination for covered
10 veterans, including coordination of patient informa-
11 tion and medical records between providers and be-
12 tween the Department and the Centers for Medicare
13 & Medicaid Services.

14 (c) LOCATIONS.—The Secretary shall carry out the
15 pilot program in not fewer than three but not more than
16 five Veterans Integrated Service Networks with a signifi-
17 cant number of covered veterans and geographic diversity,
18 including—

19 (1) locations that are in rural or highly rural
20 areas, as determined through the use of the Rural-
21 Urban Continuum codes of the Department of Agri-
22 culture; and

23 (2) locations that are in medically underserved
24 communities (as defined in section 799B of the Pub-
25 lic Health Service Act (42 U.S.C. 295p)).

1 (d) CASE MANAGER.—In carrying out the pilot pro-
2 gram, the Secretary shall assign each covered veteran par-
3 ticipating in the pilot program a case manager responsible
4 for—

5 (1) coordinating with the veteran, the primary
6 care team of the veteran, and any relevant care coor-
7 dinators already assisting the veteran to develop an
8 individualized needs assessment for the veteran and,
9 based on such assessment, a care coordination plan
10 with defined treatment goals; and

11 (2) navigating the systems of care under the
12 laws administered by the Secretary and under the
13 Medicare program under title XVIII of the Social
14 Security Act (42 U.S.C. 1395 et seq.).

15 (e) USE OF EXISTING MODELS.—In designing the
16 pilot program, the Secretary may use existing models used
17 by commercial health care programs to improve access,
18 health outcomes, quality, and customer experience and
19 lower per capita costs.

20 (f) CONTRACTING WITH PRIVATE SECTOR ENTI-
21 TIES.—

22 (1) IN GENERAL.—The Secretary, to the extent
23 practicable, shall consider entering into contracts or
24 agreements with private sector entities carrying out
25 commercial health care programs for assistance in

1 designing, implementing, and managing care and
2 benefits under the pilot program, to include pro-
3 viding care coordination.

4 (2) NOTIFICATION.—If the Secretary deter-
5 mines that entering into contracts or agreements
6 with private sector entities under paragraph (1) is
7 not necessary or practicable, the Secretary shall sub-
8 mit to the Committee on Veterans’ Affairs of the
9 Senate and the Committee on Veterans’ Affairs of
10 the House of Representatives—

11 (A) a notification of that determination;

12 (B) a description of the steps, if any, the
13 Secretary has taken to attempt to enter into a
14 contract or an agreement with a private sector
15 entity;

16 (C) a justification for why the Secretary
17 has determined that such contract or agreement
18 is not necessary or practicable; and

19 (D) a plan for how the Secretary will carry
20 out the pilot program without entering into a
21 contract or an agreement with a private sector
22 entity, including through the use of employees
23 of the Department of Veterans Affairs or other
24 government agencies, nonprofit organizations,
25 or other entities.

1 (g) METRICS.—

2 (1) IN GENERAL.—The Secretary shall track
3 metrics under the pilot program, including the fol-
4 lowing:

5 (A) The number of veterans participating
6 in the pilot program, disaggregated by Veterans
7 Integrated Service Network.

8 (B) Reliance on health care services ad-
9 ministered by the Secretary.

10 (C) Reliance on health care services admin-
11 istered under the Medicare program under title
12 XVIII of the Social Security Act (42 U.S.C.
13 1395 et seq.).

14 (D) Quality of care, including patient out-
15 comes.

16 (E) Cost of care.

17 (F) Access to care, including under the
18 designated access standards developed by the
19 Secretary under section 1703B of title 38,
20 United States Code.

21 (G) Patient satisfaction.

22 (H) Provider satisfaction.

23 (I) Care coordination, including timely in-
24 formation sharing and medical documentation
25 return.

1 (2) ELEMENTS.—In tracking metrics under
2 paragraph (1), the Secretary shall track information
3 relating to—

4 (A) whether care received by a covered vet-
5 eran is related to a service-connected disability
6 (as defined in section 101 of title 38, United
7 States Code);

8 (B) the priority group under section
9 1705(a) of title 38, United States Code,
10 through which each covered veteran was en-
11 rolled in the system of annual patient enroll-
12 ment of the Department of Veterans Affairs
13 under such section;

14 (C) the type of care and services provided
15 to covered veterans; and

16 (D) the demographics of covered veterans
17 participating in the pilot program, including
18 age.

19 (h) SUPPLEMENT NOT SUPPLANT.—The services
20 provided under the pilot program shall supplement, not
21 supplant, the services provided under the education pro-
22 gram under section 121 of the VA MISSION Act of 2018
23 (Public Law 115–182; 38 U.S.C. 1701 note).

1 (i) DURATION.—The Secretary shall carry out the
2 pilot program for a three-year period beginning on the
3 commencement of the pilot program.

4 (j) REPORTS.—

5 (1) DEVELOPMENT, IMPLEMENTATION, RE-
6 SULTS, AND DESIGN OF PILOT PROGRAM.—

7 (A) IN GENERAL.—Not less frequently
8 than biannually during the two-year period be-
9 ginning on the date of the enactment of this
10 Act, the Secretary shall submit to the Com-
11 mittee on Veterans' Affairs of the Senate and
12 the Committee on Veterans' Affairs of the
13 House of Representatives a report on the devel-
14 opment, implementation, results, and design of
15 the pilot program, including information on the
16 metrics tracked under subsection (g).

17 (B) FINAL DESIGN.—One of the reports
18 required under subparagraph (A) shall contain
19 a description of the final design of the pilot pro-
20 gram.

21 (2) RESULTS OF PILOT PROGRAM.—

22 (A) IN GENERAL.—Not later than one year
23 after the submission of the final report under
24 paragraph (1), and not less frequently than an-
25 nually thereafter during the duration of the

1 pilot program, the Secretary shall submit to the
2 Committee on Veterans' Affairs of the Senate
3 and the Committee on Veterans' Affairs of the
4 House of Representatives a report on the re-
5 sults of the pilot program.

6 (B) FINAL REPORT.—In the final report
7 submitted under subparagraph (A), the Sec-
8 retary shall include the recommendation of the
9 Secretary for whether the pilot program should
10 be extended or made permanent.

11 (k) DEFINITIONS.—In this section:

12 (1) COVERED VETERAN.—The term “covered
13 veteran” means a veteran who is enrolled in both the
14 Medicare program under title XVIII of the Social
15 Security Act (42 U.S.C. 1395 et seq.) and the sys-
16 tem of annual patient enrollment of the Department
17 of Veterans Affairs under section 1705(a) of title
18 38, United States Code.

19 (2) SECRETARY.—The term “Secretary” means
20 the Secretary of Veterans Affairs.

21 **SEC. 320. FISHER HOUSE AVAILABILITY.**

22 Section 1708 of title 38, United States Code, is
23 amended—

1 (1) in subsection (a), by striking “in connection
2 with” and all that follows through the period at the
3 end and inserting “in accordance with this section.”;

4 (2) in subsection (b)—

5 (A) in paragraph (2)—

6 (i) by inserting “described in para-
7 graph (1)” after “family of a veteran”;
8 and

9 (ii) by inserting “such” after “accom-
10 pany”; and

11 (B) by adding at the end the following new
12 paragraphs:

13 “(3) On a space-available basis, a covered bene-
14 ficiary who must travel a significant distance to re-
15 ceive care or services at a Department or non-De-
16 partment facility.

17 “(4) On a space-available basis, a member of
18 the family of a covered beneficiary described in para-
19 graph (3) and others who accompany such a covered
20 beneficiary who is receiving care or services and pro-
21 vide the equivalent of familial support for such bene-
22 ficiary when the covered beneficiary or the family
23 member is traveling to receive care or services at a
24 Department or non-Department facility.

1 “(5) On a space-available basis, a veteran and
2 a member of the family of a veteran and others who
3 must travel a significant distance for a member of
4 the veteran’s family to receive care or services at a
5 Department or non-Department facility.

6 “(6) On a space available basis, a covered bene-
7 ficiary and a member of the family of a covered ben-
8 eficiary and others who must travel a significant dis-
9 tance for a member of the covered beneficiary’s fam-
10 ily to receive care or services at a Department or
11 non-Department facility.”;

12 (3) by striking subsection (c) and redesignating
13 subsections (d) and (e) as subsections (c) and (d),
14 respectively;

15 (4) in subsection (d), as so redesignated—

16 (A) in paragraph (2), by striking “sub-
17 section (d)” and inserting “subsection (c)”;

18 (B) in paragraph (3), by striking “under
19 subsection (b)(2)” and inserting “or a covered
20 beneficiary under subsection (b)”;

21 (C) in paragraph (4), by striking “and”
22 after the semicolon;

23 (D) by redesignating paragraph (5) as
24 paragraph (6); and

1 (E) by inserting after paragraph (4) the
2 following new paragraph (5):

3 “(5) establishing criteria for providing access to
4 temporary lodging facilities on a space-available
5 basis under paragraphs (3) through (6) of sub-
6 section (b); and”; and

7 (5) by adding at the end the following new sub-
8 section:

9 “(e) In this section:

10 “(1) The term ‘covered beneficiary’ means a
11 member of the uniformed services, including mem-
12 bers of the armed services regardless of duty status.

13 “(2) The term ‘Fisher house’ means a housing
14 facility that—

15 “(A) is located at, or in proximity to, a
16 Department medical facility;

17 “(B) is available for residential use on a
18 temporary basis by patients of that facility and
19 others described in subsection (b); and

20 “(C) is constructed by, and donated to the
21 Secretary by, the Zachary and Elizabeth M.
22 Fisher Armed Services Foundation or the Fish-
23 er House Foundation, Inc.”.

1 **SEC. 321. AGREEMENTS BETWEEN MEDICAL FACILITIES OF**
2 **DEPARTMENT OF VETERANS AFFAIRS AND**
3 **RURAL MEDICAL FACILITIES.**

4 (a) IN GENERAL.—Not later than one year after the
5 date of enactment of this Act, the Secretary of Veterans
6 Affairs shall commence a 5-year pilot program to provide
7 greater access to care for eligible veterans in rural areas
8 and reduce the initial or long-term costs to the Depart-
9 ment or the eligible entity of providing such care for eligi-
10 ble veterans.

11 (b) PILOT PROGRAM.—In carrying out the pilot pro-
12 gram, the Secretary shall ensure that each medical center
13 of the Department participating in the pilot enters into
14 or provides material support to an agreement with an eli-
15 gible entity related to one or more of the following:

16 (1) Co-location of Department and non- De-
17 partment health care resources.

18 (2) The provision of telehealth to eligible vet-
19 erans by health care providers of the Department.

20 (3) Leasing of space or equipment by or from
21 the Department.

22 (4) Training by health care providers of the De-
23 partment of non-Department health care providers,
24 subject to paragraph (4).

25 (5) Care coordination for authorized care fur-
26 nished by the eligible entity for eligible veterans.

1 (6) Care coordination, including transportation
2 coordination, for emergency treatment (as defined in
3 section 1725(h) of title 38, United States Code.

4 (7) The provision by the eligible entity of hos-
5 pital care, medical services, or extended care services
6 under section 1703 of this title.

7 (8) Such other conditions or services directly re-
8 lated to health care as expressly authorized under
9 laws administered by the Secretary.

10 (c) TYPES OF ARRANGEMENTS.—An agreement
11 under subsection (b) may include a lease or co-location
12 agreement, a memorandum of understanding, a partner-
13 ship agreement, a contract or agreement for the mutual
14 use or exchange of use of health-care resources, or any
15 other similar agreement or arrangement.

16 (d) REPORT.—For each year of the pilot, the Sec-
17 retary shall submit to the appropriate committees of Con-
18 gress a report on the operation and performance of agree-
19 ments entered into under subsection (a) including—

20 (1) new agreements entered into, in the case of
21 the initial report, since the date of the enactment of
22 the Take Care of America’s Veterans Act, and, in
23 the case of any subsequent report, during the period
24 following the previous report;

1 (2) an assessment of the success of all agree-
2 ments entered into pursuant to this Act in delivering
3 services to eligible veterans, including—

4 (A) the number of eligible veterans, by re-
5 gion, who received services under an agreement
6 compared to the previous five-year period;

7 (B) an evaluation of accessibility to serv-
8 ices for eligible veterans as compared to the ac-
9 cessibility of services for those veterans prior to
10 the implementation of such agreements;

11 (C) an overview of best practices, including
12 new best practices, developed for such agree-
13 ments and the Department more broadly;

14 (D) the number of veterans receiving com-
15 pensation from the Department for a service-
16 connected disability, disaggregated by region,
17 compared to the previous 5-year period; and

18 (E) such other factors considered appro-
19 priate by the Secretary of Veterans Affairs.

20 (e) DEFINITIONS.—In this section:

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

1 (A) the Committee on Veterans' Affairs
2 and the Committee on Appropriations of the
3 Senate; and

4 (B) the Committee on Veterans' Affairs
5 and the Committee on Appropriations of the
6 House of Representatives.

7 (2) ELIGIBLE ENTITY.—The term “eligible enti-
8 ty” means a non-Department entity or provider fur-
9 nishing health care or health care services in a rural
10 area.

11 (3) ELIGIBLE VETERAN.—The term “eligible
12 veteran” means a covered veteran under section
13 1703(b)16 of this title.

14 (4) MATERIAL SUPPORT.—The term “material
15 support” means support provided by a health care
16 provider or other staff of the Department to further
17 the purpose or purposes of an agreement under sub-
18 section (a)(1) and may include—

19 (A) the use of time or resources of health
20 care providers of the Department;

21 (B) the obligation or receipt of funds; and

22 (C) such other support as the Secretary
23 determines appropriate.

24 (5) RURAL.—The term “rural”, with respect to
25 an area, means the area has a code other than 1 or

1 1.1 in the Rural-Urban Commuting Areas (RUCA)
2 coding system of the Department of Agriculture.

3 **SEC. 322. STUDY ON QUALITY OF CARE DIFFERENCE BE-**
4 **TWEEN MENTAL HEALTH AND ADDICTION**
5 **THERAPY CARE PROVIDED BY HEALTH CARE**
6 **PROVIDERS OF DEPARTMENT OF VETERANS**
7 **AFFAIRS COMPARED TO NON-DEPARTMENT**
8 **PROVIDERS.**

9 (a) IN GENERAL.—Not later than 90 days after the
10 date of the enactment of this Act, the Secretary of Vet-
11 erans Affairs shall seek to enter into an agreement with
12 an independent and objective organization outside the De-
13 partment of Veterans Affairs under which that organiza-
14 tion shall—

15 (1) conduct a study on the quality of care dif-
16 ference between mental health and addiction therapy
17 care under the laws administered by the Secretary
18 provided by health care providers of the Department
19 compared to non-Department providers across var-
20 ious modalities, such as telehealth, in-patient, inten-
21 sive out-patient, out-patient, and residential treat-
22 ment; and

23 (2) submit to the Committee on Veterans' Af-
24 fairs of the Senate and the Committee on Veterans'
25 Affairs of the House of Representatives and publish

1 on a publicly available website a report containing
2 the final results of such study.

3 (b) TIMING.—The Secretary shall ensure that the or-
4 ganization with which the Secretary enters into an agree-
5 ment pursuant to subsection (a) is able to complete the
6 requirements under such subsection by not later than 18
7 months after the date on which the agreement is entered
8 into.

9 (c) ELEMENTS.—The report submitted pursuant to
10 subsection (a)(2) shall include an assessment of the fol-
11 lowing:

12 (1) The amount of improvement in health out-
13 comes from start of treatment to completion, includ-
14 ing symptom scores and suicide risk using evidence-
15 based scales, including the Columbia-Suicide Sever-
16 ity Rating Scale.

17 (2) Whether providers of the Department and
18 non-Department providers are using evidence-based
19 practices in the treatment of mental health and ad-
20 diction therapy care, including criteria set forth by
21 the American Society of Addiction Medicine.

22 (3) Potential gaps in coordination between pro-
23 viders of the Department and non-Department pro-
24 viders in responding to individuals seeking mental

1 health or addiction therapy care, including the shar-
2 ing of patient health records.

3 (4) Implementation of veteran-centric care, in-
4 cluding the level of satisfaction of patients with care
5 and the competency of providers with the unique ex-
6 periences and needs of the military and veteran pop-
7 ulation.

8 (5) Whether veterans with co-occurring condi-
9 tions receive integrated care to holistically address
10 their needs.

11 (6) Whether providers monitor health outcomes
12 continually throughout treatment and at regular in-
13 tervals for up to three years after treatment.

14 (7) The average length of time to initiate serv-
15 ices, which shall include a comparison of the average
16 length of time between the initial point of contact
17 after patient outreach to the point of initial service,
18 as measured or determined by the Secretary.

19 **SEC. 323. LACTATION SPACES IN MEDICAL CENTERS OF**
20 **THE DEPARTMENT OF VETERANS AFFAIRS.**

21 (a) IN GENERAL.—Subchapter II of chapter 17 of
22 title 38, United States Code, is amended by adding at the
23 end the following new section:

1 **“§ 1720M. Lactation spaces in medical centers of the**
2 **Department**

3 “(a) LACTATION SPACE REQUIRED.—The Secretary
4 shall ensure that each medical center of the Department
5 contains a lactation space.

6 “(b) NO UNAUTHORIZED ENTRY.—Nothing in this
7 section shall be construed to authorize an individual to
8 enter a medical center of the Department or portion there-
9 of that the individual is not otherwise authorized to enter.

10 “(c) LACTATION SPACE DEFINED.—In this section,
11 the term ‘lactation space’ means a hygienic place, other
12 than a bathroom, that—

13 “(1) is shielded from view;

14 “(2) is free from intrusion;

15 “(3) is accessible to disabled individuals (in-
16 cluding such individuals who use wheelchairs);

17 “(4) contains a chair and a working surface;

18 “(5) is easy to locate;

19 “(6) is clearly identified with signage; and

20 “(7) is available for use by women veterans and
21 members of the public to express breast milk.”.

22 (b) CLERICAL AMENDMENT.—The table of sections
23 at the beginning of such chapter is amended by inserting
24 after the item related to section 1720L the following new
25 item:

“1720M. Lactation spaces in medical centers of the Department.”.

1 (c) IMPLEMENTATION.—The Secretary of Veterans
2 Affairs shall ensure that—

3 (1) not later than two years after the date of
4 the enactment of this Act, not fewer than 80 percent
5 of medical centers of the Department of Veterans
6 Affairs are in compliance with section 1720M of title
7 38, United States Code, as added by subsection (a);
8 and

9 (2) not later than three years after such date
10 of enactment, all medical centers of the Department
11 are in compliance with such section.

12 (d) REPORT.—

13 (1) IN GENERAL.—Not later than one year
14 after the date of the enactment of this Act, and an-
15 nually thereafter, the Secretary of Veterans Affairs
16 shall submit to the Committee on Veterans' Affairs
17 of the Senate and the Committee on Veterans' Af-
18 fairs of the House of Representatives a report on the
19 progress of the Secretary in meeting the require-
20 ments under section 1720M of title 38, United
21 States Code, as added by subsection (a), including—

22 (A) a list of which medical centers of the
23 Department of Veterans Affairs currently have
24 a lactation space;

1 (B) a list of which medical centers of the
2 Department do not have a lactation space; and

3 (C) for each medical center listed under
4 subparagraph (B), a description of actions the
5 Department has taken to design and plan a lac-
6 tation space and a timeline for such lactation
7 space to be fully functional and open for use
8 within the time periods specified under sub-
9 section (c).

10 (2) TERMINATION.—The Secretary is not re-
11 quired to submit a report under paragraph (1) on or
12 after the date on which the Secretary confirms in a
13 report submitted under such paragraph that each
14 medical center of the Department contains a lacta-
15 tion space.

16 **SEC. 324. RESEARCH RELATED TO MENOPAUSE,**
17 **PERIMENOPAUSE, AND MID-LIFE WOMEN'S**
18 **HEALTH: REPORT; PLAN.**

19 (a) DEFINITIONS.—In this section:

20 (1) COVERED PROVIDER.—The term “covered
21 provider” means a health care provider employed by
22 the Department of Veterans Affairs.

23 (2) MENOPAUSE.—The term “menopause”
24 means the stage of a woman’s life—

1 (A) when menstrual periods stop perma-
2 nently and she can no longer get pregnant; and

3 (B) that is not a disease state, but a nor-
4 mal part of aging for women.

5 (3) MID-LIFE.—The term “mid-life” means a
6 life stage that—

7 (A) coincides with the menopausal transi-
8 tion in women, which may be physical or emo-
9 tional;

10 (B) encompasses the late reproductive age,
11 which can begin at approximately 35 years of
12 age, to the late postmenopausal stages of repro-
13 ductive aging, which can extend to approxi-
14 mately 65 years of age; and

15 (C) often marks the onset of many chronic
16 diseases.

17 (4) PERIMENOPAUSE.—The term
18 “perimenopause” means the time during a woman’s
19 life when levels of the hormone estrogen fall un-
20 evenly in a woman’s body and is also called the men-
21 opausal transition.

22 (5) POSTMENOPAUSAL.—The term “post-
23 menopausal” means the stage of a woman’s life after
24 a woman has been without a menstrual period for 12
25 months that lasts for the rest of a woman’s life and

1 reflects a time when women are at increased risk for
2 osteoporosis and heart disease.

3 (b) EVALUATION OF CERTAIN RESEARCH RELATED
4 TO MENOPAUSE, PERIMENOPAUSE, OR MID-LIFE
5 WOMEN'S HEALTH.—

6 (1) IN GENERAL.—The Secretary of Veterans
7 Affairs, shall evaluate—

8 (A) the results of completed research re-
9 lated to menopause, perimenopause, or mid-life
10 women's health among women who are mem-
11 bers of the uniformed services or veterans;

12 (B) the status of such research that is on-
13 going;

14 (C) any gaps in knowledge and research
15 on—

16 (i) treatments for menopause-related
17 symptoms, including hormone and non-hor-
18 mone treatments;

19 (ii) the safety and effectiveness of
20 treatments for menopause-related symp-
21 toms;

22 (iii) the impact of perimenopause and
23 menopause on the mental health of women
24 who are members of the uniformed services
25 or veterans;

1 (D) the availability of and uptake of pro-
2 fessional training resources for covered pro-
3 viders relating to mid-life women's health with
4 respect to the care, treatment, and management
5 of perimenopause and menopausal symptoms,
6 and related support services; and

7 (E) the availability of and uptake of treat-
8 ments for women who are members of the uni-
9 formed services or veterans who are experi-
10 encing perimenopause or menopause.

11 (2) REPORT; STRATEGIC PLAN.—Not later than
12 180 days after the date of the enactment of this Act,
13 the Secretary of Veterans Affairs shall submit to
14 Congress a report containing—

15 (A) the findings of the evaluation con-
16 ducted under paragraph (1);

17 (B) recommendations for improving profes-
18 sional training resources described in paragraph
19 (1)(D) for covered providers; and

20 (C) a strategic plan that—

21 (i) resolves the gaps in knowledge and
22 research identified in the report; and

23 (ii) identifies topics in need of further
24 research relating to potential treatments
25 for menopause-related symptoms of women

1 who are members of the uniformed services
2 or veterans.

3 (3) NONDUPLICATION AND SUPPLEMENTATION
4 OF EFFORTS.—In carrying out activities under this
5 section, the Secretary of Veterans Affairs shall en-
6 sure that such activities minimize duplication and
7 supplement, not supplant, existing information-shar-
8 ing efforts of the Department of Health and Human
9 Services.

10 (c) SENSE OF CONGRESS ON ADDITIONAL RESEARCH
11 RELATED TO MENOPAUSE, PERIMENOPAUSE, OR MID-
12 LIFE WOMEN’S HEALTH.—It is the sense of Congress that
13 the Secretary of Defense and the Secretary of Veterans
14 Affairs should each conduct research related to meno-
15 pause, perimenopause, or mid-life health regarding women
16 who are members of the uniformed services or veterans.

17 **SEC. 325. PILOT PROGRAM ON PROVISION OF OPIOID RES-**
18 **CUE MEDICATIONS TO VETERANS.**

19 (a) IN GENERAL.—Commencing not later than 120
20 days after the date of the enactment of this Act, the Sec-
21 retary of Veterans Affairs shall carry out a one-year pilot
22 program under which the Secretary shall make covered
23 medications available to any veteran at no charge (in this
24 section referred to as the “pilot program”).

1 (b) PROVISION OF MEDICATION PRIOR TO CON-
2 FIRMATION OF STATUS.—The Secretary may provide cov-
3 ered medication to an individual under the pilot program
4 prior to confirming the status of the individual as a vet-
5 eran if the individual provides contact information for the
6 individual and a written self-attestation of veteran status.

7 (c) SITE SELECTION.—The Secretary shall prioritize
8 carrying out the pilot program in geographical areas where
9 data indicates a disproportionately high risk of overdose
10 among the veteran population.

11 (d) LIMITATION ON USE OF INFORMATION.—

12 (1) IN GENERAL.—In carrying out this section,
13 the Secretary may only collect the personally identi-
14 fiable information needed for prescribing covered
15 medication under the pilot program, and any person-
16 ally identifiable information collected under this sec-
17 tion may be used solely for the purpose of delivering,
18 evaluating, and enhancing the quality of health care.

19 (2) EXCLUSION.—The Secretary may not use
20 any personally identifiable information collected
21 under this section—

22 (A) for the purpose of preventing a veteran
23 from employment;

24 (B) as evidence of a history of drug use;

25 or

1 (C) as evidence that an individual is an un-
2 lawful user of or addicted to any controlled sub-
3 stance.

4 (e) PROVISION OF INFORMATION.—The Secretary
5 shall ensure that any individual who receives covered
6 medication under the pilot program also receives—

7 (1) information about addiction services, suicide
8 prevention services, mental health services, and
9 other related services provided by the Department of
10 Veterans Affairs; and

11 (2) information on the use and application of
12 covered medications.

13 (f) REPORT.—

14 (1) IN GENERAL.—Not later than 30 days be-
15 fore the completion of the pilot program under this
16 section, the Secretary shall submit to Congress a re-
17 port on the pilot program.

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

20 (A) The number of veterans who received
21 a covered medication under the pilot program,
22 disaggregated by those enrolled in the system of
23 annual patient enrollment of the Department of
24 Veterans Affairs under section 1705(a) of title

1 38, United States Code, and those not enrolled
2 in such system.

3 (B) An assessment of the feasibility of ex-
4 panding the pilot program to provide covered
5 medications to immediate family members of
6 veterans.

7 (C) Any considerations associated with
8 continuing, expanding, or making permanent
9 the pilot program.

10 (D) Any other recommendations of the
11 Secretary with respect to modifying or con-
12 tinuing the pilot program.

13 (g) DEFINITIONS.—In this section:

14 (1) COVERED MEDICATION.—The term “cov-
15 ered medication” means any opioid overdose rescue
16 medication, such as naloxone.

17 (2) VETERAN.—The term “veteran” has the
18 meaning given that term in section 101 of title 38,
19 United States Code.

20 **SEC. 326. ESTABLISHMENT OF VETERANS HEALTH ADMIN-**
21 **ISTRATION POLICY ADVISORY COMMISSION.**

22 (a) IN GENERAL.—Chapter 1 of title 38, United
23 States Code, is amended by adding at the end the fol-
24 lowing new section:

1 **“§ 120. Veterans Health Administration Policy Advi-**
2 **sory Commission**

3 “(a) ESTABLISHMENT.—There is established the Vet-
4 erans Health Administration Policy Advisory Commission
5 (in this section referred to as the ‘Commission’).

6 “(b) MEMBERSHIP.—

7 “(1) COMPOSITION.—The Commission shall be
8 composed of 17 members appointed by the Comp-
9 troller General of the United States, of which not
10 fewer than 2 shall be veterans.

11 “(2) QUALIFICATIONS.—

12 “(A) IN GENERAL.—An individual is eligi-
13 ble for appointment to the Commission under
14 paragraph (1) if the individual has significant
15 expertise in operating or advising large medical
16 systems, including expertise in quality of care,
17 staffing issues, health information technology,
18 artificial intelligence in health care, medical re-
19 search, and managed care plans and networks.

20 “(B) EXPERIENCE OF MEMBERS.—In ap-
21 pointing members under paragraph (1), the
22 Comptroller General shall select individuals
23 from backgrounds that reflect the broad diver-
24 sity of health care received by veterans, includ-
25 ing nonprofit health systems, public and private
26 health systems, care furnished by the Veterans

1 Health Administration, and care furnished by
2 the Department of Defense.

3 “(3) ETHICAL DISCLOSURE.—A member of the
4 Commission shall be considered an employee of Con-
5 gress whose compensation is disbursed by the Sec-
6 retary of the Senate for purposes of applying sub-
7 chapter I of chapter 131 of title 5, United States
8 Code, except that a member of the Commission is
9 required to file public financial disclosure reports
10 without regard to their number of days of service or
11 rate of pay.

12 “(c) PERIOD OF APPOINTMENT; VACANCIES.—

13 “(1) VACANCIES.—

14 “(A) IN GENERAL.—A vacancy on the
15 Commission shall be filled in the manner in
16 which the original appointment was made and
17 shall be subject to any conditions that applied
18 with respect to the original appointment.

19 “(B) FILLING UNEXPIRED TERM.—An in-
20 dividual chosen to fill a vacancy shall be ap-
21 pointed for the unexpired term of the member
22 replaced.

23 “(2) EXPIRATION OF TERMS.—The term of any
24 member shall not expire before the date on which
25 the member’s successor takes office.

1 “(d) MEETINGS.—

2 “(1) FREQUENCY.—The Commission shall meet
3 at the call of the Chairman, but not less frequently
4 than once per year.

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

8 “(e) CHAIRMAN AND VICE CHAIRMAN.—The Comp-
9 troller General shall designate one member of the Commis-
10 sion as Chairman and one member of the Commission as
11 Vice Chairman, at the time of appointment of such mem-
12 ber and for the term of appointment of such member, ex-
13 cept that in the case of vacancy of the Chairmanship or
14 Vice Chairmanship, the Comptroller General may des-
15 ignate another member for the remainder of that mem-
16 ber’s term.

17 “(f) DUTIES OF THE COMMISSION.—

18 “(1) REVIEW.—The Commission shall—

19 “(A) review operations at the Veterans
20 Health Administration; and

21 “(B) prepare reports for Congress based
22 on such review, including recommendations to
23 Congress.

24 “(2) TOPICS TO BE REVIEWED.—In conducting
25 a review under paragraph (1)(A), the Commission

1 shall include periodic reviews of the following, taking
2 into consideration other independent assessments in
3 selecting topics to limit duplicative efforts:

4 “(A) Information technology infrastructure
5 at medical facilities of the Department, includ-
6 ing with respect to electronic health record sys-
7 tems.

8 “(B) Referrals to care at facilities of the
9 Department and under the Veterans Commu-
10 nity Care Program under section 1703 of this
11 title, and factors impacting those referrals.

12 “(C) Access and wait times at medical fa-
13 cilities of the Department and under the Vet-
14 erans Community Care Program, including both
15 primary and specialty care, and factors impact-
16 ing those wait times.

17 “(D) The quality of health care furnished
18 by the Department and through the Veterans
19 Community Care Program.

20 “(E) Workforce issues, including workforce
21 performance, recruitment, and retention fac-
22 tors.

23 “(F) Patient satisfaction and customer
24 service at medical facilities of the Department

1 and through the Veterans Community Care
2 Program.

3 “(G) The training of health care providers
4 and the standards of care at facilities of the
5 Department and in the Veterans Community
6 Care Program.

7 “(H) The long-term budgetary outlook of
8 the Veterans Health Administration, as well as
9 key components driving budgetary changes over
10 time.

11 “(I) The research program of the Depart-
12 ment, including both internal and external re-
13 search.

14 “(J) The interaction of care under the
15 Medicare program under title XVIII of the So-
16 cial Security Act (42 U.S.C. 1395 et seq.), the
17 Medicaid program under title XIX of such Act
18 (42 U.S.C. 1396 et seq.), the TRICARE pro-
19 gram under chapter 55 of title 10, and commer-
20 cial health care plans with care furnished by the
21 Veterans Health Administration.

22 “(3) USE OF EXISTING DATA.—In carrying out
23 the requirements of this subsection, the Commission,
24 to the extent practicable, shall use existing data that
25 has been compiled by the Department, compiled for

1 the Department, or purchased by the Department,
2 including—

3 “(A) data described in subsection (c)(1) of
4 section 1704A of this title; and

5 “(B) the results of the independent assess-
6 ments conducted under such section.

7 “(4) ISSUES REGARDING VETERAN HEALTH
8 CARE DELIVERY GENERALLY.—In carrying out the
9 requirements of this subsection, the Commission
10 shall review the effect of policies under this title on
11 the delivery of health care services to veterans and
12 assess the implications of changes in health care de-
13 livery for veterans under the laws administered by
14 the Secretary.

15 “(5) TRANSMITTAL OF CERTAIN REPORTS.—If
16 the Secretary or the Inspector General of the De-
17 partment of Veterans Affairs submits to Congress
18 (or a committee of Congress) a report that is re-
19 quired by law and that relates to policies for health
20 care furnished under the laws administered by the
21 Secretary, the Secretary shall transmit a copy of
22 that report to the Commission.

23 “(6) CONSULTATION AND ADDITIONAL REVIEWS
24 AND STUDIES.—

1 “(A) CONSULTATION.—In carrying out the
2 requirements of this subsection, the Commis-
3 sion shall consult periodically with the chairmen
4 and ranking members of the Committee on Vet-
5 erans’ Affairs of the Senate and the Committee
6 on Veterans’ Affairs of the House of Represent-
7 atives regarding the agenda of the Commission
8 and progress towards achieving that agenda.

9 “(B) ADDITIONAL REVIEWS AND RE-
10 PORTS.—The Commission may conduct addi-
11 tional reviews, and may submit additional re-
12 ports to the Committee on Veterans’ Affairs of
13 the Senate and the Committee on Veterans’ Af-
14 fairs of the House of Representatives, from
15 time to time on such topics relating to the ac-
16 tivities of the Commission as may be requested
17 by the Chairman and members and as the Com-
18 mission determines appropriate.

19 “(C) SPECIAL STUDIES.—The Commission
20 may conduct special studies requested by the
21 chairman or ranking member of the Committee
22 on Veterans’ Affairs of the Senate or the Com-
23 mittee on Veterans’ Affairs of the House of
24 Representatives and as the Commission deter-
25 mines appropriate.

1 “(7) COORDINATION.—In carrying out reviews,
2 preparing reports, and conducting studies under this
3 section, the Commission shall, to the extent prac-
4 ticable, coordinate with the Inspector General of the
5 Department to ensure the work of the Commission
6 does not interfere with investigations or remedi-
7 ations underway by the Inspector General.

8 “(8) BUDGETARY CONSIDERATIONS.—Before
9 making any recommendations to Congress, the Com-
10 mission shall examine the budget consequences of
11 such recommendations, directly or through consulta-
12 tion with appropriate expert entities.

13 “(9) REPORT.—

14 “(A) IN GENERAL.—By not later than
15 March 15 of each year, the Commission shall
16 submit to Congress a report containing the re-
17 sults and recommendations from the review
18 conducted under paragraph (1).

19 “(B) INCLUSION OF RECOMMENDA-
20 TIONS.—A recommendation may be included in
21 a report under subparagraph (A) if a simple
22 majority of the members of the Commission
23 vote to include the recommendation in the re-
24 port.

1 “(10) LIMITATION.—Nothing in this section
2 shall be construed to authorize the Commission to
3 direct, control, approve, suspend, delay, or admin-
4 ister any program, policy, contract, personnel action,
5 budgetary decision, clinical decision, or operational
6 activity of the Department. The Commission shall
7 serve solely in an advisory capacity to Congress and
8 to the Department on matters expressly authorized
9 under laws administered by the Secretary.

10 “(g) POWERS OF COMMISSION.—

11 “(1) IN GENERAL.—The Commission may—

12 “(A) employ and fix the compensation:

13 “(i) of an Executive Director (at a
14 rate of pay not greater than that provided
15 for level III of the Executive Schedule
16 under section 5314 of title 5) who is con-
17 firmed by two thirds vote by members of
18 the Commission; and

19 “(ii) other such personnel as may be
20 necessary to carry out the duties of the
21 Commission, without regard to the provi-
22 sions of title 5 governing appointments in
23 the competitive service;

24 “(B) seek such assistance and support as
25 may be required in the performance of its du-

1 ties from appropriate departments and agencies
2 of the United States or departments or agencies
3 of a State;

4 “(C) enter into a contract or conduct origi-
5 nal research only upon a written determination
6 by the Chair and Vice Chair that comparable
7 information is unavailable, insufficient, or out-
8 dated;

9 “(D) make advance, progress, and other
10 payments that relate to the work of the Com-
11 mission;

12 “(E) provide transportation and subsist-
13 ence for individuals serving the Commission
14 without compensation; and

15 “(F) prescribe such rules and regulations
16 as the Commission determines necessary with
17 respect to the internal organization and oper-
18 ation of the Commission.

19 “(2) DATA COLLECTION.—In order to carry out
20 its functions, the Commission shall—

21 “(A) utilize existing information, both pub-
22 lished and unpublished, if possible, collected
23 and assessed either by its own staff or under
24 other arrangements made in accordance with
25 this section;

1 “(B) to the maximum extent practicable,
2 rely on existing data, reports, audits, evalua-
3 tions, and assessments prepared by the Depart-
4 ment, the Inspector General of the Department,
5 the Government Accountability Office, the Con-
6 gressional Research Service, the Congressional
7 Budget Office, and other relevant Federal enti-
8 ties before entering into any contract or con-
9 ducting original research; and

10 “(C) adopt procedures allowing any inter-
11 ested party to submit information for use by
12 the Commission in making reports and rec-
13 ommendations.

14 “(3) INFORMATION FROM FEDERAL AGEN-
15 CIES.—

16 “(A) IN GENERAL.—The Commission may
17 secure directly from any relevant department or
18 agency of the United States health care infor-
19 mation the Chairman determines would be help-
20 ful to enable the Commission to carry out this
21 section.

22 “(B) TIMING.—Upon request of the Chair-
23 man, the head of a department or agency of the
24 United States shall furnish information re-
25 quested under subparagraph (A) to the Com-

1 mission on an agreed upon schedule or not later
2 than 180 days after the date of the request.

3 “(h) COMPENSATION.—

4 “(1) MEMBERS.—

5 “(A) IN GENERAL.—While conducting the
6 business of the Commission (including travel
7 time), a member of the Commission shall be en-
8 titled to compensation at the per diem equiva-
9 lent of the rate provided for level IV of the Ex-
10 ecutive Schedule under section 5315 of title 5.

11 “(B) TRAVEL EXPENSES.—While con-
12 ducting the business of the Commission away
13 from home and the regular place of business of
14 the member, a member may be allowed travel
15 expenses, as authorized by the Chairman.

16 “(2) PHYSICIAN COMPARABILITY ALLOWANCE
17 FOR PERSONNEL.—The Commission may provide a
18 physician comparability allowance to physicians serv-
19 ing as personnel of the Commission in the same
20 manner as physicians of the Federal Government
21 may be provided such an allowance by an agency
22 under section 5948 of title 5, and for such purpose,
23 subsection (i) of such section shall apply to the Com-
24 mission in the same manner as it applies to the Ten-
25 nessee Valley Authority.

1 “(3) TREATMENT OF PERSONNEL.—For pur-
2 poses of pay (other than pay of members of the
3 Commission) and employment benefits, rights, and
4 privileges, all personnel of the Commission shall be
5 treated as if they were employees of the United
6 States Senate.

7 “(i) DETAIL OF FEDERAL EMPLOYEES.—An em-
8 ployee of the Federal Government may be detailed to the
9 Commission without reimbursement and without interrup-
10 tion or loss of civil service status or privileges.

11 “(j) ACCESS OF CONGRESSIONAL SUPPORT AGEN-
12 CIES TO INFORMATION.—The Commission shall provide to
13 the Comptroller General, the Congressional Research
14 Service, and the Congressional Budget Office unrestricted
15 access to all deliberations, records, and nonproprietary
16 data of the Commission not later than 30 days after such
17 access is requested.

18 “(k) AUTHORIZATION OF APPROPRIATIONS.—The
19 Commission shall submit requests for appropriations in
20 the same manner as the Comptroller General submits re-
21 quests for appropriations, but amounts appropriated for
22 the Commission shall be separate from amounts appro-
23 priated for the Comptroller General.

24 “(l) TERMINATION.—

1 “(1) The Commission shall terminate on Sep-
2 tember 30, 2032.

3 “(2) Not later than 1 year before the date of
4 termination under paragraph (1), the Commission
5 shall submit to the Committees on Veterans’ Affairs
6 of the House of Representatives and the Senate a
7 final assessment on whether the Commission should
8 be continued, modified, or allowed to terminate.

9 “(3) A member of the Commission shall be ap-
10 pointed under subsection (b)(1) for a term of 5
11 years, except that the Comptroller General shall des-
12 ignate staggered terms for the members first ap-
13 pointed.

14 “(4) No funds may be obligated by the Com-
15 mission after the date of termination under para-
16 graph (1), except for activities necessary to close out
17 the operations of the Commission.”.

18 (b) CLERICAL AMENDMENT.—The table of sections
19 at the beginning of such chapter is amended by inserting
20 after the item relating to section 119 the following new
21 item:

 “120. Veterans Health Administration Policy Advisory Commission.”.

22 (c) INITIAL APPOINTMENT.—Not later than 280 days
23 after the date on which amounts are first appropriated
24 to the Veterans Health Administration Policy Advisory
25 Commission established under section 120 of title 38,

1 United States Code, as added by subsection (a), the
2 Comptroller General of the United States shall make ini-
3 tial appointments of members to the Commission under
4 subsection (b)(1) of such section.

5 **SEC. 327. ACCESS TO HEALTH CARE.**

6 (a) CONNECTION TO VETERANS HEALTH ADMINIS-
7 TRATION WHEN A DISABILITY CLAIM RELATED TO MILI-
8 TARY SEXUAL TRAUMA IS SUBMITTED TO VETERANS
9 BENEFITS ADMINISTRATION.—Section 2 of the MST
10 Claims Coordination Act (Public Law 117–303; 38 U.S.C.
11 1166 note) is amended—

12 (1) in subsection (a)(1)—

13 (A) in subparagraph (C), by striking “;
14 and” and inserting a semicolon; and

15 (B) by striking subparagraph (D) and in-
16 serting the following:

17 “(D) the contact information for the near-
18 est military sexual trauma coordinator for the
19 veteran at the Veterans Benefits Administration
20 and a description of the assistance such coordi-
21 nator can provide;

22 “(E) the contact information for the near-
23 est military sexual trauma coordinator for the
24 veteran at the Veterans Health Administration

1 and a description of the assistance such coordi-
2 nator can provide;

3 “(F) the types of services that individuals
4 who have experienced military sexual trauma
5 are eligible to receive from the Department of
6 Veterans Affairs, such as mental health coun-
7 seling from providers trained in military sexual
8 trauma issues and peer support services, includ-
9 ing the nearest locations where such services
10 are furnished, including the nearest Readjust-
11 ment Counseling Service location, and the con-
12 tact information for the providers of such serv-
13 ices; and

14 “(G) such other information on services,
15 care, or resources for military sexual trauma as
16 the Secretary determines appropriate.”; and

17 (2) in subsection (d)—

18 (A) in paragraph (3)—

19 (i) in subparagraph (B), by striking “;
20 and” and inserting a semicolon;

21 (ii) in subparagraph (C), by striking
22 the period and inserting “; and”; and

23 (iii) by adding at the end the fol-
24 lowing:

1 “(D) submitting a claim for disability com-
2 pensation to the Veterans Benefits Administra-
3 tion for a disability relating to military sexual
4 trauma.”; and

5 (B) by amending paragraph (5) to read as
6 follows:

7 “(5) The term ‘military sexual trauma’ with re-
8 spect to eligibility for health care, has the meaning
9 given such term in section 1166(d)(2) of title 38,
10 United States Code.”.

11 (b) CARE RELATING TO MILITARY SEXUAL TRAUMA
12 FOR INDIVIDUALS WHO WITHDRAW FROM OR OTHER-
13 WISE DO NOT COMPLETE SERVICE AT SERVICE ACAD-
14 EMIES.—

15 (1) IN GENERAL.—The Secretary of Veterans
16 Affairs, in coordination with the Secretary of De-
17 fense, the Secretary of Homeland Security, and the
18 Secretary of Transportation, shall ensure that each
19 individual who withdraws from, or otherwise does
20 not complete service at, a service academy is pro-
21 vided—

22 (A) information on the potential eligibility
23 of such individual for care and counseling relat-
24 ing to military sexual trauma provided through
25 the Department of Veterans Affairs; and

1 (B) the option to receive copies of—

2 (i) the individual’s service treatment
3 records or military personnel records that
4 document military sexual trauma;

5 (ii) reporting forms of the Depart-
6 ment of Defense, the Department of
7 Homeland Security, or the Department of
8 Transportation on sexual assault or sexual
9 harassment for which the individual was
10 the victim; and

11 (iii) any investigative reports into
12 military sexual trauma that occurred dur-
13 ing the individual’s service in the Armed
14 Forces and for which the individual was
15 the victim, which are in the possession of
16 the Department of Defense, the Depart-
17 ment of Homeland Security, or the De-
18 partment of Transportation.

19 (2) DEFINITIONS.—In this subsection:

20 (A) MILITARY SEXUAL TRAUMA.—The
21 term “military sexual trauma” has the meaning
22 given such term in section 1166(d)(2) of title
23 38, United States Code.—

24 (B) SERVICE ACADEMY.—The term “serv-
25 ice academy” means any of the following:

1 (i) The United States Military Acad-
2 emy.

3 (ii) The United States Naval Acad-
4 emy.

5 (iii) The United States Air Force
6 Academy.

7 (iv) The United States Coast Guard
8 Academy.

9 (v) The United States Merchant Ma-
10 rine Academy.

11 **SEC. 328. RESEARCH ON HEALTH CONDITIONS OF DE-**
12 **SCENDANTS OF TOXIC-EXPOSED VETERANS.**

13 (a) RESEARCH ON DIAGNOSIS AND TREATMENT OF
14 HEALTH CONDITIONS OF DESCENDANTS OF INDIVIDUALS
15 EXPOSED TO TOXIC SUBSTANCES WHILE SERVING IN
16 ARMED FORCES.—

17 (1) CONTRACT OR AGREEMENT.—The Secretary
18 of Veterans Affairs shall enter into a contract or
19 interagency agreement with the Agency for Toxic
20 Substances and Disease Registry (in this section re-
21 ferred to as the “Agency”) to perform the services
22 covered by this section.

23 (2) SERVICES.—Under a contract or agreement
24 between the Secretary and the Agency under this
25 section, the Agency shall—

1 (A) conduct a literature review on the
2 health effects on descendants of toxic-exposed
3 veterans and toxic-exposed members of the
4 Armed Forces from their toxic exposure and
5 identify any gaps in knowledge or research on
6 such topic;

7 (B) not later than 180 days after com-
8 pleting the literature review under subpara-
9 graph (A) establish and maintain a publicly
10 available report with information on—

11 (i) the findings of the Agency with re-
12 spect to such literature review; and

13 (ii) the ongoing research and activities
14 directed by the Agency, including a review
15 of all relevant data to determine the
16 strength of evidence for a positive associa-
17 tion between a health condition researched
18 and a toxic exposure based on the cat-
19 egories set forth under section 1173(c)(2)
20 of title 38, United States Code; and

21 (C) not later than 30 days after the date
22 on which the first review is published under
23 subparagraph (B) and not less frequently than
24 once every year thereafter, publish a new report

1 containing the information made available
2 under clause (ii) of such subparagraph.

3 (3) SUNSET.—On the date that is 7 years after
4 the date of enactment of this Act.

5 (4) LITERATURE REVIEW.—

6 (A) IN GENERAL.—In carrying out the lit-
7 erature review under paragraph (2)(A), the
8 Agency shall review available literature to deter-
9 mine the association between military toxic ex-
10 posures and the incidence or prevalence of birth
11 defects among the descendants of toxic-exposed
12 veterans and toxic-exposed members of the
13 Armed Forces.

14 (B) REPORT.—Not later than one year
15 after the date of the enactment of this Act, the
16 Agency shall submit to the Secretary, the Com-
17 mittee on Veterans' Affairs of the Senate, and
18 the Committee on Veterans' Affairs of the
19 House of Representatives a report containing
20 the findings of the Agency with respect to the
21 activities of the Agency under paragraph
22 (2)(A).

23 (C) PLAN.—

24 (i) IN GENERAL.—Not later than 180
25 days after the date of the enactment of

1 this Act, the Agency shall submit to the
2 Secretary and to the Committee on Vet-
3 erans' Affairs of the Senate and the Com-
4 mittee on Veterans' Affairs of the House
5 of Representatives a plan describing the
6 Agency's proposed approach to carrying
7 out the literature review under paragraph
8 (2)(A).

9 (ii) CONTENTS.—The plan submitted
10 pursuant to clause (i) shall include—

11 (I) the scope and key research
12 questions to be addressed; and

13 (II) the methodology to be used
14 in identifying, evaluating, and synthe-
15 sizing relevant scientific and medical
16 literature.

17 (5) CONSULTATION.—The Agency shall carry
18 out the services covered by this subsection in con-
19 sultation with such Federal, State, and research
20 partners as the Agency and the Secretary jointly
21 consider appropriate.

22 (6) PROHIBITION ON EXPANSION OF SERV-
23 ICES.—Nothing in this section shall be construed to
24 authorize the expansion of compensation or

1 healthcare benefits furnished by the Department to
2 the descendants of members of the Armed Forces.

3 (b) PROGRAM FOR MONITORING HEALTH OF DE-
4 SCENDANTS OF VETERANS AND MEMBERS OF THE
5 ARMED FORCES SUBJECTED TO TOXIC EXPOSURE IN
6 THE ARMED FORCES.—

7 (1) IN GENERAL.—The Secretary of Veterans
8 Affairs shall use the results of the literature review
9 conducted under subsection (a)(2)(A) to establish a
10 health monitoring or screening program for descend-
11 ants of toxic-exposed veterans and toxic-exposed
12 members of the Armed Forces, to assist in identi-
13 fying potential patterns or signals, supporting public
14 health surveillance, and facilitating epidemiologic
15 and clinical research related to birth defects.

16 (2) REQUIREMENTS.—In carrying out the pro-
17 gram required by paragraph (1), the Secretary
18 shall—

19 (A) leverage Government data sets to im-
20 prove the program;

21 (B) recruit additional descendants;

22 (C) consult with relevant stakeholders to
23 develop a strategy to coordinate collection of in-
24 formation under the program; and

1 (D) ensure data from the program is used
2 to inform basic research, translational research,
3 and epidemiological studies to help address data
4 and knowledge gaps identified in the literature
5 review conducted under subsection (a)(2)(A).

6 (3) MECHANISMS FOR ADMINISTRATION.—The
7 Secretary may administer the program required by
8 paragraph (1) either directly or through such mech-
9 anisms as the Secretary considers appropriate, such
10 as through the award of a grant or cooperative
11 agreement.

12 (4) COLLECTION OF INFORMATION.—In admin-
13 istering the health monitoring program required by
14 paragraph (1), the Secretary may collect, process,
15 maintain, and consolidate information on birth de-
16 fects among descendants of toxic-exposed veterans
17 and toxic-exposed members of the Armed Forces, in-
18 cluding biological samples, environmental factors,
19 and personal and social factors.

20 (5) CONSULTATION.—The Secretary shall carry
21 out the services covered by this section in consulta-
22 tion with such Federal, State, and research partners
23 as the Department considers appropriate.

24 (6) SUNSET.—On the date that is 7 years after
25 the date of enactment of this Act.

1 (7) PROHIBITION ON EXPANSION OF SERV-
2 ICES.—No information collected by this program
3 shall be used to inform the expansion of compensa-
4 tion or healthcare benefits furnished by the Depart-
5 ment to the descendants of members of the Armed
6 Forces, unless otherwise authorized by another Act
7 of Congress on a date after the passage of this legis-
8 lation.

9 (c) DEFINITIONS.—In this subsection:

10 (1) ACTIVE MILITARY, NAVAL, AIR, OR SPACE
11 SERVICE.—The term “active military, naval, air, or
12 space service” has the meaning given such term in
13 section 101 of title 38, United States Code.

14 (2) RELEVANT STAKEHOLDERS.—The term
15 “relevant stakeholders” means—

16 (A) public health experts with experience
17 in developing and maintaining registries;

18 (B) epidemiologists with experience in
19 studying health effects of toxic exposure on the
20 descendants of toxic-exposed veterans;

21 (C) descendants of toxic-exposed veterans;
22 and

23 (D) veterans service organizations.

24 (3) TOXIC-EXPOSED MEMBER OF THE ARMED
25 FORCES.—The term “toxic-exposed member of the

1 Armed Forces” means a member of the Armed
2 Forces who was subject to a toxic exposure in line
3 of duty in the active military, naval, air, or space
4 service.

5 (4) TOXIC-EXPOSED VETERAN.—The term
6 “toxic-exposed veteran” means a veteran who was
7 subject to a toxic exposure in line of duty in the ac-
8 tive military, naval, air, or space service.

9 (5) TOXIC EXPOSURE.—The terms “toxic expo-
10 sure” and “toxic-exposed veteran” have the mean-
11 ings given such terms in section 101 of title 38,
12 United States Code.

13 **SEC. 329. VETERANS SPINAL TRAUMA ACCESS TO NEW DE-**
14 **VICES ACT.**

15 Section 1706 of title 38, United States Code, is
16 amended by adding at the end the following new sub-
17 section:

18 “(d)(1) In managing the provision of hospital care
19 and medical services under section 1710(a) of this title,
20 the Secretary shall furnish (through direct provision of
21 service, referral, or a telehealth program operated by the
22 Department) a preventative health evaluation annually to
23 any veteran with a spinal cord injury or disorder who
24 elects to undergo the evaluation.

1 “(2) The evaluation described in paragraph (1) shall
2 include the following:

3 “(A) An assessment of any circumstance or
4 condition the veteran is experiencing that indicates
5 a risk for any health complication related to the spi-
6 nal cord injury or disorder, including a risk of
7 comorbidities.

8 “(B) An assessment regarding chronic pain
9 and, if applicable, the management of chronic pain.

10 “(C) An assessment regarding dietary manage-
11 ment and weight management.

12 “(D) An assessment regarding prosthetic equip-
13 ment, including which prosthetic equipment the vet-
14 eran needs, how well any existing prosthetic equip-
15 ment is functioning considering the needs of the vet-
16 eran, and any safety concerns regarding the pros-
17 thetic equipment in use by or recommended to the
18 veteran.

19 “(E) An assessment with respect to the provi-
20 sion of assistive technology, including spinal cord
21 neuromodulation technology (such as non-invasive
22 transcutaneous spinal stimulation), that could help
23 maximize the veteran’s voluntary motor or auto-
24 nomic function, independence, or mobility, including

1 suitability for home use and need for training, pro-
2 gramming, and remote follow-up.

3 “(3)(A) In maintaining, prescribing, or amending any
4 guidance, rules, or regulations issued by the Department
5 regarding the requirements set out in this subsection, the
6 Secretary shall consult with—

7 “(i) the spinal cord injury and disorder pro-
8 gram managers of the Department;

9 “(ii) clinicians employed by the Department as
10 specialists in spinal cord injuries and disorders;

11 “(iii) clinicians and technologists with dem-
12 onstrated expertise in spinal cord neuromodulation
13 therapies, including non-invasive transcutaneous ap-
14 proaches; and

15 “(iv) representatives of organizations recognzied
16 under section 5902 of this title.

17 “(B) Before issuing any guidance, rules, or regula-
18 tions regarding the requirements set out in this sub-
19 section, the Secretary shall consult with manufacturers of
20 assistive technologies and other entities relevant to the
21 provision of assistive technologies if the guidance, rules,
22 or regulations would directly affect such manufacturers or
23 entities.

24 “(C) The Secretary shall ensure, to the extent pos-
25 sible, that any veteran known by the Secretary to have

1 a spinal cord injury or disorder receives information annu-
2 ally about the evaluation available under this subsection
3 and the benefits to the veteran of choosing to undergo the
4 evaluation.

5 “(4) As the Secretary determines clinically appro-
6 priate, the Secretary may provide training, programming,
7 remote monitoring, and follow-up for assistive technologies
8 through telehealth.

9 “(5) Not later than one year after the date of the
10 enactment of the Take Care of America’s Veterans Act,
11 and every two years thereafter, the Secretary shall submit
12 to the Committees on Veterans’ Affairs of the Senate and
13 the House of Representatives a report that includes the
14 following:

15 “(A) For the period covered by the report—

16 “(i) the number of veterans who—

17 “(I) received medical care or hospital
18 services from the Department and used an
19 assistive technology;

20 “(II) received medical care or hospital
21 services from the Department and were as-
22 sessed for the provision of an assistive
23 technology; and

1 “(III) received medical care or hos-
2 pital services from the Department and
3 were prescribed an assistive technology.

4 “(ii) for any assistive technology pre-
5 scribed, an identification of the category of such
6 technology, including spinal cord
7 neuromodulation, and a summary of functional
8 outcomes associated with the prescription of
9 such technology, if available.

10 “(B) The year-to-year change (for the period
11 covered by the report, including the two years imme-
12 diately prior to year the report is submitted) in the
13 percent of veterans with a spinal cord injury or dis-
14 order who received an evaluation under this sub-
15 section.

16 “(6) In reviewing the performance metrics of a Vet-
17 erans Integrated Service Network for any year beginning
18 after the date that is one year after the date of the enact-
19 ment of the Veterans Spinal Trauma Access to New De-
20 vices Act, the Secretary shall consider the provision of
21 evaluations under paragraph (1).

22 “(7) In this subsection, the term ‘assistive tech-
23 nology’ means a powered medical device or electronic tool
24 used to treat or alleviate symptoms or conditions caused
25 by a spinal cord injury or disorder, including the following:

1 “(A) A personal mobility device, including a
2 powered exoskeleton device.

3 “(B) A speech generating device.

4 “(C) A spinal cord neuromodulation technology,
5 including non-invasive transcutaneous spinal stimu-
6 lation using sensory (afferent) pathways, intended to
7 improve voluntary motor function, autonomic func-
8 tion, independence, or quality of life.

9 “(D) Where clinically appropriate, and con-
10 sistent with the prosthetic and sensory aids policies
11 of the Department, an implantable spinal cord stim-
12 ulation system that is approved by the Food and
13 Drug Administration.”.

14 **SEC. 330. DEPARTMENT OF VETERANS AFFAIRS PILOT PRO-**
15 **GRAM TO AWARD GRANTS FOR THE PROVI-**
16 **SION OF SERVICE DOGS TO VETERANS.**

17 (a) IN GENERAL.—

18 (1) PILOT PROGRAM REQUIRED.—Not later
19 than 24 months after the date of the enactment of
20 this Act, the Secretary of Veterans Affairs shall es-
21 tablish a pilot program under which the Secretary
22 shall award grants, on a competitive basis based on
23 the application elements listed in subsection (b)(2),
24 to nonprofit entities to provide service dogs to eligi-
25 ble veterans.

1 (2) DURATION.—The Secretary shall carry out
2 the pilot program during the three-year period be-
3 ginning on the date on which the first grant is
4 awarded under this section.

5 (b) APPLICATIONS.—

6 (1) IN GENERAL.—To be eligible to receive a
7 grant under this section, a nonprofit entity shall
8 submit an application to the Secretary at such time
9 and in such manner as the Secretary may require.

10 (2) ELEMENTS.—An application submitted by a
11 nonprofit entity under paragraph (1) shall include
12 the following:

13 (A) A proposal for the provision of service
14 dogs to eligible veterans, including how the non-
15 profit entity will communicate with the Sec-
16 retary to ensure an increasing number of serv-
17 ice dogs are provided to veterans.

18 (B) A description of the following services
19 or commitments to be provided by the nonprofit
20 entity:

21 (i) The training that will be provided
22 to eligible veterans.

23 (ii) The training of dogs that will
24 serve as service dogs.

1 (iii) Any additional support or services
2 that will be provided for such dogs and eli-
3 gible veterans.

4 (iv) The plan for publicizing the avail-
5 ability of such service dogs through a mar-
6 keting campaign that targets eligible vet-
7 erans.

8 (v) The commitment to have humane
9 standards for animals.

10 (vi) The demonstrated experience of
11 the nonprofit entity in training service
12 dogs in compliance with the requirements
13 of the Americans with Disabilities Act of
14 1990 (42 U.S.C. 12101 et seq.).

15 (c) AWARD OF GRANTS.—

16 (1) IN GENERAL.—The Secretary shall award a
17 grant to each nonprofit entity for which the Sec-
18 retary has approved an application submitted under
19 subsection (b)(1).

20 (2) AGREEMENT REQUIRED.—Before the provi-
21 sion of any grant amounts to a nonprofit entity se-
22 lected to receive a grant under this section, the Sec-
23 retary shall enter into an agreement, containing
24 such terms, conditions, and limitations as the Sec-
25 retary determines appropriate, with such entity.

1 (3) MAXIMUM GRANT AMOUNT.—Except as pro-
2 vided in subparagraph (B), a grant awarded to a
3 nonprofit entity under this section may not exceed
4 \$2,000,000 in a fiscal year.

5 (4) PAYMENTS.—The Secretary shall establish
6 intervals of payment for the administration of each
7 grant awarded under this section.

8 (d) USE OF FUNDS.—

9 (1) IN GENERAL.—

10 (A) REQUIREMENT.—A recipient of a
11 grant under this section shall use the grant
12 amounts to plan, develop, implement, and man-
13 age one or more covered programs.

14 (B) COVERED PROGRAM DEFINED.—In
15 this paragraph, the term “covered program”
16 means a program under which—

17 (i) service dogs are provided to par-
18 ticipants in the program; and

19 (ii) only eligible veterans are allowed
20 to participate in the program.

21 (2) ADMINISTRATIVE EXPENSES.—The Sec-
22 retary may establish a maximum amount for each
23 grant awarded under this section that may be used
24 by the recipient of the grant to cover administrative
25 expenses.

1 (3) OTHER CONDITIONS AND LIMITATIONS.—

2 The Secretary may establish other conditions or lim-
3 itations on the use of grant amounts under this sec-
4 tion.

5 (e) REQUIREMENTS FOR GRANT RECIPIENTS.—

6 (1) NOTIFICATIONS AND INFORMATION.—A re-
7 cipient of a grant under this section shall—

8 (A) notify each veteran who receives a
9 service dog through such grant that the service
10 dog is being paid for, in whole or in part, by
11 the Department of Veterans Affairs; and

12 (B) inform each such veteran of the bene-
13 fits and services available from the Secretary
14 for the veteran and the service dog.

15 (2) PROHIBITION ON CERTAIN FEES.—A recipi-
16 ent of a grant under this section may not charge a
17 fee to a veteran receiving a service dog through such
18 grant.

19 (f) VETERINARY INSURANCE.—

20 (1) IN GENERAL.—The Secretary shall provide
21 to each veteran who receives a service dog through
22 a grant under this section a commercially available
23 veterinary insurance policy for the service dog.

24 (2) CONTINUATION.—If the Secretary provides
25 a veterinary insurance policy to a veteran under

1 paragraph (1), the Secretary shall continue to pro-
2 vide the policy to the veteran without regard to the
3 continuation or termination of the pilot program.

4 (g) TRAINING AND TECHNICAL ASSISTANCE.—The
5 Secretary may provide training and technical assistance
6 regarding grant application and administration to recipi-
7 ents of grants under this section.

8 (h) OVERSIGHT AND MONITORING.—The Sec-
9 retary—

10 (1) may require each recipient of a grant under
11 this section to provide, in such form as may be pre-
12 scribed by the Secretary, such reports or answers in
13 writing to specific questions, surveys, or question-
14 naires as the Secretary determines necessary to
15 carry out the pilot program;

16 (2) shall establish such oversight and moni-
17 toring requirement as the Secretary determines ap-
18 propriate to ensure that grant amounts awarded
19 under this section are used appropriately; and

20 (3) may take such actions as the Secretary de-
21 termines necessary and according to the terms of the
22 grant agreement to address any issues identified
23 through the enforcement of such requirements.

24 (i) DEFINITIONS.—In this section:

1 (1) ELIGIBLE VETERAN.—The term “eligible
2 veteran” means a veteran (as defined in section 101
3 of title 38, United States Code) who—

4 (A) as determined by a physician, has one
5 or more disabilities, conditions, or diagnoses de-
6 scribed in paragraph (2); and

7 (B) is enrolled in the system of annual pa-
8 tient enrollment of the Department of Veterans
9 Affairs established and operated under section
10 1705(a) of title 38, United States Code, or is
11 otherwise entitled to receive such care and serv-
12 ices under subsection (c)(2) of such section.

13 (2) DISABILITY, CONDITION, DIAGNOSIS DE-
14 SCRIBED.—A disability, condition, or diagnosis de-
15 scribed in this subparagraph is any of the following:

16 (A) Blindness or visual impairment.

17 (B) Loss of use of a limb, paralysis, or
18 other significant mobility issue.

19 (C) Loss of hearing.

20 (D) Post-traumatic stress disorder.

21 (E) Traumatic brain injury.

22 (F) Any other disability, condition, or di-
23 agnosis for which the Secretary determines,
24 based on medical judgment, that it is optimal
25 for the veteran to manage the disability, condi-

1 tion, or diagnosis and live independently
2 through the assistance of a service dog.

3 (3) PILOT PROGRAM.—The term “pilot pro-
4 gram” means the pilot program required by sub-
5 section (a)(1).

6 (4) SERVICE DOG.—The term “service dog”
7 means any dog that is individually trained to do
8 work or perform tasks that are—

9 (A) for the benefit of a veteran with a dis-
10 ability, condition, or diagnosis described in
11 paragraph (1)(B); and

12 (B) directly related to the disability, condi-
13 tion, or diagnosis of the veteran.

14 (j) AUTHORIZATION OF APPROPRIATIONS.—There is
15 authorized to be appropriated to carry out this section
16 \$10,000,000 for each of the three consecutive fiscal years
17 beginning the fiscal year in which the pilot program is es-
18 tablished under subsection (a).

19 (k) TERMINATION.—

20 (1) The authority to carry out a pilot program
21 under this section shall terminate on September 30,
22 2029.

23 (2) No funds may be obligated by the Secretary
24 to carry out a pilot program under this section after
25 the date of termination in paragraph (1), except for

1 activities necessary to close operations of such pilot
2 program.

3 **SEC. 331. AUTHORIZATION OF MAJOR MEDICAL FACILITY**
4 **PROJECT OF DEPARTMENT OF VETERANS AF-**
5 **FAIRS FOR FISCAL YEAR 2027 IN MAN-**
6 **CHESTER, NEW HAMPSHIRE.**

7 (a) AUTHORIZATION OF MAJOR MEDICAL FACILITY
8 PROJECT OF DEPARTMENT OF VETERANS AFFAIRS FOR
9 FISCAL YEAR 2027 IN MANCHESTER, NEW HAMP-
10 SHIRE.—

11 (1) IN GENERAL.—The Secretary of Veterans
12 Affairs shall carry out a major medical facility
13 project for the replacement of a medical center, a
14 new central utility plant, a community living center,
15 a residential rehabilitation treatment facility, associ-
16 ated parking, and demolition of existing buildings in
17 Manchester, New Hampshire.

18 (2) NON-DEPARTMENT FEDERAL ENTITY WAIV-
19 ER.—In order to reduce cost and expedite timelines,
20 the Secretary may waive the requirements under sec-
21 tion 8103(e) of title 38, United States Code, and
22 section 1096 of the National Defense Authorization
23 Act for Fiscal Year 2016 (Public Law 114–92; 38
24 U.S.C. 8103 note) for a non-Department Federal

1 entity to be engaged in project management and
2 other activities for the project under paragraph (1).

3 (3) NOTIFICATION.—Not later than 60 days
4 after making a waiver, modification, or substitution
5 relating to the project under subsection (a), includ-
6 ing a waiver under paragraph (2), the Secretary
7 shall submit to the appropriate committees of Con-
8 gress a notification describing the waiver, modifica-
9 tion, or substitution and the reason for such waiver,
10 modification, or substitution.

11 (4) AUTHORIZATION OF APPROPRIATIONS.—
12 There is authorized to be appropriated to the Sec-
13 retary of Veterans Affairs for the Construction,
14 Major Projects account \$1,180,000,000 for the
15 project under paragraph (1), to remain available
16 until expended.

17 (5) APPROPRIATE COMMITTEES OF CONGRESS
18 DEFINED.—In this section the term “appropriate
19 committees of Congress” means—

20 (A) the Committee on Veterans’ Affairs
21 and the Committee on Appropriations of the
22 Senate; and

23 (B) the Committee on Veterans’ Affairs
24 and the Committee on Appropriations of the
25 House of Representatives.

1 (b) ACCESS TO INFORMATION FOR MEDICAL FACIL-
2 ITY CONSTRUCTION PROJECTS AND LEASES.—

3 (1) IN GENERAL.—Subchapter I of chapter 81
4 of title 38, United States Code, is amended by in-
5 serting after section 8106 the following:

6 **“§ 8107. Access to information for medical facility**
7 **construction projects and leases**

8 “(a) IN GENERAL.—For any major construction
9 project, lease, or enhanced-use lease for a medical facility
10 of the Department, the Secretary shall ensure that the
11 Committee on Veterans’ Affairs of the Senate and the
12 Committee on Veterans’ Affairs of the House of Rep-
13 resentatives are provided timely access to all information,
14 records, documents, data, analyses, communications, con-
15 tracts, agreements, project schedules, cost estimates,
16 memoranda, briefings, reports, and other materials relat-
17 ing to the project or lease.

18 “(b) PROHIBITION ON WITHHOLDING INFORMA-
19 TION.—The Secretary may not withhold information
20 under subsection (a) from the Committee on Veterans’ Af-
21 fairs of the Senate and the Committee on Veterans’ Af-
22 fairs of the House of Representatives solely on the basis
23 that the information is predecisional, deliberative, advi-
24 sory, procurement-sensitive, or subject to an internal pol-
25 icy or directive of the Department.”.

1 (2) CLERICAL AMENDMENT.—The table of sec-
2 tions at the beginning of such chapter is amended
3 by inserting after the item relating to section 8106
4 the following new item:

“8107. Access to information for medical facility construction projects and
leases.”.

5 **SEC. 332. BOWEL AND BLADDER CARE PROGRAM OF DE-**
6 **PARTMENT OF VETERANS AFFAIRS.**

7 (a) FINDINGS; SENSE OF CONGRESS.—

8 (1) FINDINGS.—Congress finds the following:

9 (A) Bowel care and bladder care are sup-
10 portive and necessary medical services for vet-
11 erans with spinal cord injuries and disorders
12 when they are unable to manage their bowel
13 and bladder functions independently.

14 (B) Inadequate care will lead to complica-
15 tions and problems such as autonomic
16 dysreflexia that can be potentially life-threat-
17 ening and result in illness and hospitalization.

18 (C) Bowel care and bladder care are essen-
19 tial to support veterans with spinal cord inju-
20 ries and disorders in non-institutional settings,
21 improve quality of life, optimize health, and
22 prevent complications from neurogenic bowel
23 and bladder.

1 (D) Family caregivers and individually em-
2 ployed caregivers provide life-sustaining care for
3 the bowel and bladder care needs of veterans
4 that allow them to live in their communities.

5 (2) SENSE OF CONGRESS.—It is the sense of
6 Congress that—

7 (A) family caregivers and individually em-
8 ployed caregivers should not be subjected to
9 self-employment taxes and treated as vendors or
10 contractors for the veterans to whom they pro-
11 vide care;

12 (B) veterans should not be forced to finish
13 their bowel and bladder care needs in a set pe-
14 riod of time that does not consider their indi-
15 vidual needs; and

16 (C) veterans should not be subjected to on-
17 going clinical determinations regarding their
18 bowel and bladder care needs absent a decision
19 by their medical care provider that such care is
20 no longer needed.

21 (b) IN GENERAL.—The Secretary of Veterans Affairs
22 shall establish a program to address the bowel and bladder
23 care needs of covered veterans (in this section referred to
24 as the “program”).

25 (c) PROVISION OF CARE.—

1 (1) CLINICAL NEED.—The Secretary shall pro-
2 vide bowel and bladder care under the program to
3 covered veterans based on clinical need, which may
4 include covered veterans receiving aid and attend-
5 ance benefits from the Department of Veterans Af-
6 fairs.

7 (2) CAREGIVER OR AGENCY.—A covered veteran
8 may receive bowel and bladder care under the pro-
9 gram through a qualified family member, an individ-
10 ually employed caregiver, or a contracted home
11 health agency.

12 (3) INDIVIDUALIZED ASSESSMENT.—The Sec-
13 retary shall conduct an individualized assessment
14 with respect to a covered veteran to determine the
15 number of hours of bowel and bladder care needed
16 by such veteran under the program.

17 (4) DENIAL OF CARE.—Before denying bowel
18 and bladder care for any covered veteran under the
19 program, the Secretary shall first obtain review of
20 and concurrence with respect to such denial from a
21 designated Spinal Cord Injuries and Disorders Cen-
22 ter of the Department.

23 (d) COORDINATION OF CARE AND BENEFITS.—The
24 Secretary shall ensure the program is coordinated with
25 other programs and benefits of the Department for which

1 the covered veteran is eligible to ensure that covered vet-
2 erans and caregivers receive appropriate support without
3 duplicating benefits or services.

4 (e) SUPPORTIVE MEDICAL TRAINING AND QUALI-
5 FICATIONS.—

6 (1) IN GENERAL.—The Secretary shall provide
7 to each family member or individually employed
8 caregiver providing care to a covered veteran under
9 the program necessary supportive medical training
10 to participate in and receive payment by the Sec-
11 retary for the provision of such care.

12 (2) QUALIFICATIONS.—The Secretary shall es-
13 tablish such requirements, conditions, and qualifica-
14 tions for providers of care under the program as
15 necessary to provide clinically appropriate bowel and
16 bladder care to covered veterans and to ensure the
17 financial and administrative integrity of the pro-
18 gram.

19 (f) PAYMENT.—

20 (1) IN GENERAL.—The Secretary shall provide
21 a monthly stipend to family members and individ-
22 ually employed caregivers and payment to contracted
23 home health agencies for care provided to covered
24 veterans under the program.

25 (2) LIMITATION.—

1 (A) FAMILY MEMBERS AND INDIVIDUALLY
2 EMPLOYED CAREGIVERS.—The stipend for a
3 family member or individually employed care-
4 giver for care provided to a covered veteran
5 under the program—

6 (i) shall be determined by the Sec-
7 retary;

8 (ii) shall be based on the amount and
9 degree of assistance provided; and

10 (iii) may not exceed the fifth step of
11 the applicable grade of the General Sched-
12 ule hourly rate paid to nursing assistants
13 who provide such care at the medical facil-
14 ity of the Department that is nearest to
15 the residence of such veteran.

16 (B) HOME HEALTH AGENCIES.—Payment
17 to a home health agency for care provided to a
18 covered veteran under the program may not ex-
19 ceed the payment rates of the Department
20 under section 17.4035 of title 38, Code of Fed-
21 eral Regulations (relating to payment rates and
22 methodologies), or successor regulations.

23 (g) SUBMISSION OF DOCUMENTATION.—Family
24 members and individually employed caregivers providing
25 care to covered veterans under the program shall provide

1 such documentation and information in such format and
2 under such terms as the Secretary may require as a condi-
3 tion of receiving payment under the program.

4 (h) CONTINUED PARTICIPATION IN PROGRAM.—If a
5 covered veteran has been medically determined to require
6 care under the program for a continuous period of three
7 years or more, the veteran is deemed to require such care
8 for life or until such time as the medical provider for such
9 veteran determines the service is no longer needed.

10 (i) NOT VENDORS OR CONTRACTORS.—Family mem-
11 bers and individually employed caregivers providing care
12 to covered veterans under the program shall not be consid-
13 ered vendors or contractors for purposes of the program.

14 (j) LIMITATION.—Care may not be provided under
15 the program to a veteran who can perform the bowel and
16 bladder functions of the veteran without assistance.

17 (k) COVERED VETERAN DEFINED.—In this section,
18 the term “covered veteran” means a veteran who—

19 (1) is enrolled in the system of annual patient
20 enrollment of the Department of Veterans Affairs
21 established and operated under section 1705(a) of
22 title 38, United States Code;

23 (2) has a spinal cord injury or disorder; and

1 (3) is dependent upon others for bowel and
2 bladder care while residing in non-institutional set-
3 tings.

4 **TITLE IV—ORGANIZATION**

5 **SEC. 401. AUTHORIZATION OF APPROPRIATIONS TO THE** 6 **OFFICE OF INFORMATION AND TECHNOLOGY** 7 **OF THE DEPARTMENT OF VETERANS AF-** 8 **FAIRS FOR CERTAIN PURPOSES.**

9 (a) AUTHORIZATION OF APPROPRIATIONS.—There is
10 authorized to be appropriated, and there is appropriated,
11 to the Secretary of Veterans Affairs \$500,000,000 for fis-
12 cal year 2026, to remain available until September 30,
13 2031, for deposit into the accounts of the Office of Infor-
14 mation and Technology of the Department of Veterans Af-
15 fairs for the purposes described in subsection (b).

16 (b) USE OF FUNDS.—Funds shall be allocated and
17 expended only as follows:

18 (1) \$150,000,000 for Enterprise Logistics and
19 Supply Chain Visibility — To develop and deploy in-
20 tegrated, real-time enterprise-wide logistics systems,
21 inventory visibility, pharmaceutical tracking, and
22 medical supply chain resiliency capabilities. These
23 systems shall support both routine veteran care op-
24 erations and 4th Mission medical surge, patient
25 movement, and emergency distribution requirements

1 in consultation with DoD, FEMA, and other agen-
2 cies.

3 (2) \$200,000,000 for Cybersecurity and Oper-
4 ational Resiliency — For zero trust architecture im-
5 plementation, threat detection, secure cloud hard-
6 ening, endpoint protection, continuity of operations
7 (COOP) platforms, and protection of mission-essen-
8 tial systems against cyber and physical disruptions.
9 Funds shall prioritize high-risk legacy systems and
10 medical device security.

11 (3) \$150,000,000 for Resilient Communications
12 and Digital Records Modernization — For inter-
13 operable, survivable communications infrastructure
14 and targeted digitization/automation of high-volume
15 paper-based workflows (claims, correspondence, ad-
16 ministrative records) to reduce fraud risk and im-
17 prove continuity during degraded or emergency envi-
18 ronments. Funds shall not be used for broad Elec-
19 tronic Health Record Modernization expansion.

20 (c) OVERSIGHT AND PROTECTION OF SENSITIVE IN-
21 FORMATION.—

22 (1) The Secretary may obligate and expend
23 amounts under this section in classified, controlled,
24 or protected environments consistent with applicable
25 law.

1 (2) Not later than 90 days after the date of en-
2 actment of this Act, and annually thereafter until
3 September 30, 2031, the Secretary shall provide to
4 the Committees on Veterans' Affairs of the House of
5 Representatives and the Senate a briefing and report
6 on—

7 (A) activities carried out using funds made
8 available under this section;

9 (B) progress on improving cybersecurity,
10 resiliency, continuity, logistics, communications,
11 digitization, and mission assurance capabilities;
12 and

13 (C) coordination with other Federal agen-
14 cies, as appropriate. Such reports may include
15 a classified annex.

16 (3) DETAILED IMPLEMENTATION PLAN AND
17 QUARTERLY BRIEFINGS.—

18 (A) Not later than 90 days after the date
19 of enactment of this Act, the Secretary, acting
20 through the Office of Information and Tech-
21 nology, shall submit to the Committees on Vet-
22 erans' Affairs of the House of Representatives
23 and the Senate a comprehensive implementation
24 plan. The plan shall include—

1 (i) specific milestones, deliverables,
2 and performance metrics for each category
3 of activities in subsection (b);

4 (ii) a zero trust architecture strategy
5 with timelines and technical requirements;

6 (iii) a detailed expenditure plan by fis-
7 cal quarter and by activity category;
8 and (iv) any proposed interagency or pri-
9 vate-sector partnerships.

10 (B) Not later than 30 days after the end
11 of each fiscal quarter through September 30,
12 2031, the Secretary shall provide the Commit-
13 tees a briefing and written report on—

14 (i) obligations and expenditures to
15 date, by category;

16 (ii) progress against the implementa-
17 tion plan;

18 (iii) any deviations from the plan and
19 corrective actions; and

20 (iv) updated projections for remaining
21 funds. The initial briefing shall be in per-
22 son; subsequent briefings may be virtual
23 unless otherwise requested by the Commit-
24 tees. Reports may include a classified
25 annex.

1 (d) LIMITATION.—Funds made available under this
2 section may not be used for any purpose unrelated to in-
3 formation technology modernization, cybersecurity, oper-
4 ational resilience, logistics modernization, communications
5 modernization, digitization, or fraud prevention activities
6 of the Department.

7 (e) SUPPLEMENT, NOT SUPPLANT.—Amounts made
8 available under this section shall supplement and not sup-
9 plant other amounts otherwise authorized to be appro-
10 priated for the Office of Information and Technology of
11 the Department of Veterans Affairs.

12 (f) RULE OF CONSTRUCTION.—Nothing in this sec-
13 tion shall be construed to require the public disclosure of
14 classified information, controlled unclassified information,
15 operational details, cybersecurity architecture, contingency
16 planning information, mission-essential system design, or
17 information otherwise protected from disclosure under
18 Federal law or Executive Order.

19 (g) REAUTHORIZATION AND SUNSET.—

20 (1) REAUTHORIZATION REQUIRED.—The au-
21 thority provided under this section to obligate or ex-
22 pend amounts appropriated pursuant to subsection
23 (a) shall terminate on September 30, 2031, unless
24 subsequently reauthorized by law.

1 (2) LIMITATION ON NEW OBLIGATIONS AFTER
2 SUNSET.—Beginning on October 1, 2031, the Sec-
3 retary may not initiate, award, enter into, renew, ex-
4 tend, or otherwise obligate funds for any new pro-
5 gram, project, activity, contract, task order, or oper-
6 ational capability carried out pursuant to this sec-
7 tion unless expressly authorized by a subsequent Act
8 of Congress.

9 (3) CONTINUATION OF EXISTING ACTIVITIES.—
10 Nothing in paragraph (2) shall be construed to pro-
11 hibit the Secretary from—

12 (A) maintaining, sustaining, securing, op-
13 erating, completing, or supporting any program,
14 project, activity, contract, system, platform, in-
15 frastructure capability, or operational activity
16 lawfully initiated using amounts obligated be-
17 fore September 30, 2031; or

18 (B) carrying out similar information tech-
19 nology modernization, cybersecurity, continuity
20 of operations, logistics modernization, commu-
21 nications modernization, operational resiliency,
22 or mission assurance activities using amounts
23 otherwise authorized and appropriated under
24 any other provision of law.

1 (h) USE OF EXISTING CONTRACTING AUTHORI-
2 TIES.—The Secretary shall carry out the activities author-
3 ized under this section, to the maximum extent prac-
4 ticable, through contracts, task orders, delivery orders,
5 interagency agreements, cooperative agreements, or other
6 agreements entered into under existing authorities of title
7 38, United States Code, as applicable. Amounts made
8 available under this section shall not be used to establish
9 a new full-time equivalent position, hire additional employ-
10 ees of the Department, or otherwise increase the number
11 of full-time equivalent employees of the Department, ex-
12 cept to the extent the Secretary determines that such per-
13 sonnel are necessary for the oversight, management, cy-
14 bersecurity supervision, acquisition administration, or
15 operational integration of activities carried out under this
16 section.

17 **SEC. 402. ESTABLISHMENT OF UNDER SECRETARY FOR**
18 **MANAGEMENT AND CHIEF FINANCIAL OFFI-**
19 **CER.**

20 (a) CHIEF FINANCIAL OFFICER; OFFICE OF BUDG-
21 ET.—Section 309 of title 38, United States Code, is
22 amended to read as follows:

1 **“§ 309. Under Secretary for Management and Chief**
2 **Financial Officer**

3 “(a) UNDER SECRETARY FOR MANAGEMENT AND
4 CHIEF FINANCIAL OFFICER.—

5 “(1) The Under Secretary for Management and
6 Chief Financial Officer shall be the principal man-
7 agement and financial officer of the Department.

8 “(2) The Under Secretary shall report directly
9 to the Secretary.

10 “(3) The Under Secretary shall serve as the
11 Chief Financial Officer of the Department for pur-
12 poses of chapter 9 of title 31.

13 “(4) The Under Secretary shall exercise author-
14 ity, direction, and control over the Office of Budget
15 and such other offices as may be assigned by law or
16 by the Secretary.

17 “(b) DUTIES.—The duties of the Under Secretary in-
18 clude the following:

19 “(1) To advise the Secretary on financial man-
20 agement of the Department.

21 “(2) To formulate, justify, execute, oversee, and
22 certify the budget of the Department.

23 “(3) To control, account for, audit, and report
24 on the finances of the Department.

1 “(4) To coordinate and assist the Chief Acquisi-
2 tion Officer with the life cycle of major acquisition
3 programs of the Department.

4 “(5) To exercise the authority and carry out the
5 functions specified in section 902 of title 31.

6 “(6) To ensure compliance with sections 1341,
7 1342, 1349, 1350, and 1511 through 1519 of title
8 31.

9 “(7) To provide to Congress, or a congressional
10 committee upon request, information regarding the
11 budget, finances, and fiscal condition of the Depart-
12 ment.

13 “(8) To serve as the head of the Office of
14 Budget of the Department.

15 “(9) To establish and oversee Department-wide
16 financial management policies, accounting systems,
17 internal controls, enterprise risk management pro-
18 grams, strategic planning processes, and capital
19 planning activities.

20 “(10) To oversee infrastructure investment
21 planning, financial systems modernization, and busi-
22 ness transformation initiatives of the Department.

23 “(c) DEPUTY ASSISTANT SECRETARY.—(1) There is
24 in the Department a Deputy Assistant Secretary for Infra-
25 structure and Construction.

1 “(2) Such Deputy Assistant Secretary shall be a ca-
2 reer appointee (as that term is defined in section 3132(a)
3 of title 5) within the Senior Executive Service of the De-
4 partment.

5 “(d) OFFICE OF INFRASTRUCTURE AND CONSTRU-
6 TION.—There is an Office of Infrastructure and Construc-
7 tion in the Department.

8 “(e) BUDGET AND APPROPRIATIONS AFFAIRS OF-
9 FICE.—(1) There is within the Office of Management a
10 Budget and Appropriations Affairs Office (in this sub-
11 section referred to as the ‘BAA office’). The Undersecre-
12 tary shall appoint a head of the BAA Office who shall
13 report exclusively to the Undersecretary.

14 “(2) The sole function of the BAA Office is to provide
15 to Congress (or a congressional committee), accurate,
16 timely, and certified information regarding the finances
17 and budget of the Department.

18 “(3) Congress or a congressional committee may sub-
19 mit a request for information described in paragraph (2)
20 directly to the BAA Office.

21 “(4) Paragraphs (2) and (3) notwithstanding, the As-
22 sistant Secretary for Congressional and Legislative Affairs
23 may facilitate and transmit responses to requests de-
24 scribed in paragraph (3) that are submitted to the BAA
25 Office. Any response containing information described in

1 paragraph (2) shall be prepared and certified by the BAA
2 Office and may not be altered, delayed, withheld, edited,
3 or modified by any other officer or employee of the De-
4 partment prior to transmission to Congress or a congres-
5 sional committee.

6 “(5) Not more than six full-time equivalent employ-
7 ees, including supervisors, may be assigned to the BAA
8 Office.

9 “(f) LIMITATION ON AUTHORITY TO APPOINT.—The
10 Secretary may not establish an employee position—

11 “(1) that performs a function substantially
12 similar to the function of the Budget and Appropria-
13 tions Affairs Office established under section 309(e);
14 and

15 “(2) that is not within the Office of Manage-
16 ment.

17 “(g) TRANSFER OF FUNCTIONS.—(1) All functions,
18 powers, duties, authorities, responsibilities, personnel,
19 property, records, contracts, delegations, directives, regu-
20 lations, administrative actions, and unobligated balances
21 of appropriations relating to the Chief Financial Officer
22 of the Department immediately before the effective date
23 of this Act are transferred to the Under Secretary for
24 Management and Chief Financial Officer.

1 “(2) Any delegation, determination, rule, regulation,
2 order, permit, contract, agreement, certification, or other
3 administrative action in effect immediately before the ef-
4 fective date of this Act shall continue in effect according
5 to its terms until modified, superseded, terminated, or re-
6 voked.

7 “(g) REFERENCES.—Any reference in any law, regu-
8 lation, rule, directive, delegation, contract, agreement, de-
9 termination, record, or other official document of the
10 United States to the Chief Financial Officer of the De-
11 partment shall be deemed to refer to the Under Secretary
12 for Management and Chief Financial Officer.”.

13 (b) TECHNICAL AND CONFORMING AMENDMENTS.—

14 (1) The table of sections for chapter 3 of title
15 38, United States Code, is amended accordingly.

16 (2) The Secretary shall make such additional
17 technical and conforming amendments to regula-
18 tions, directives, delegations, organizational charters,
19 manuals, and internal guidance as may be necessary
20 to carry out this Act.

21 **SEC. 403. DEPARTMENT OF VETERANS AFFAIRS ACQUISI-**
22 **TION REFORM AND COST ASSESSMENT.**

23 (a) DEPARTMENT OF VETERANS AFFAIRS ACQUISI-
24 TION ORGANIZATION.—

1 (1) DEFINITIONS.—Chapter 81 of title 38,
2 United States Code, is amended by inserting after
3 subchapter VI the following new subchapter:

4 “SUBCHAPTER VII—ACQUISITION ORGANIZA-
5 TION, COST ASSESSMENT, AND PROGRAM
6 EVALUATION

7 **“§ 8181. Definition of major acquisition program**

8 “In this subchapter, the term ‘major acquisition pro-
9 gram’ means a program of the Department to acquire
10 services, supplies, technology, systems, or a combination
11 thereof, with an estimated total program cost, estimated
12 by the Secretary, that exceeds—

13 “(1) \$1,000,000,000 (adjusted pursuant to sec-
14 tion 1908 of title 41) for the total life cycle cost of
15 the program; or

16 “(2) \$200,000,000 (adjusted pursuant to sec-
17 tion 1908 of title 41) annually.”.

18 (2) ASSISTANT SECRETARY FOR ACQUISI-
19 TION.—Section 308 of such title is amended—

20 (A) in subsection (a)(1), by striking
21 “seven” and inserting “eight”; and

22 (B) in subsection (b)(10), by striking
23 “Procurement functions” and inserting “Acqui-
24 sition functions”.

1 (3) ACQUISITION ORGANIZATION.—Subchapter
2 VII of chapter 81 of such title, as added by para-
3 graph (1), is amended by adding at the end the fol-
4 lowing new section:

5 **“§ 8182. Acquisition organization**

6 “(a) ASSISTANT SECRETARY FOR ACQUISITION;
7 CHIEF ACQUISITION OFFICER.—(1) The Secretary shall
8 designate one of the Assistant Secretaries specified in sub-
9 section (a)(1) of section 308 of this title as the Assistant
10 Secretary of Veterans Affairs for Acquisition, who shall
11 focus solely on the administration of functions specified
12 in subsection (b)(10) of such section.

13 “(2) Pursuant to section 1702(a) of title 41, the Sec-
14 retary shall designate the Assistant Secretary of Veterans
15 Affairs for Acquisition as the Chief Acquisition Officer of
16 the Department.

17 “(b) OFFICE OF ACQUISITION.—(1) There is in the
18 Department an Office of Acquisition.

19 “(2) The head of the Office of Acquisition shall be
20 the Assistant Secretary of Veterans Affairs for Acquisition
21 designated pursuant to subsection (a).

22 “(3) The Secretary shall take such actions as may
23 be necessary to ensure that major acquisition program of-
24 fices of the Department align under the Office of Acquisi-

1 tion and report directly to the Assistant Secretary of Vet-
2 erans Affairs for Acquisition.

3 “(4) The budget of the Office of Acquisition, includ-
4 ing budgets for major acquisition programs, shall be es-
5 tablished in the budget justification materials submitted
6 to Congress in support of the budget of the Department
7 (as submitted with the budget of the President under sec-
8 tion 1105(a) of title 31).

9 “(c) DEPUTY ASSISTANT SECRETARY FOR LOGIS-
10 TICS.—(1) Pursuant to section 308(d) of this title, the
11 Secretary shall appoint a Deputy Assistant Secretary of
12 Veterans Affairs for Logistics, who shall report to the As-
13 sistant Secretary for Acquisition.

14 “(2) The Deputy Assistant Secretary of Veterans Af-
15 fairs for Logistics shall be responsible for administration
16 of logistics and supply chain operations of the Depart-
17 ment.

18 “(d) DEPUTY ASSISTANT SECRETARY FOR PROCURE-
19 MENT.—(1) Pursuant to section 308(d) of this title, the
20 Secretary shall appoint a Deputy Assistant Secretary of
21 Veterans Affairs for Procurement, who shall report to the
22 Assistant Secretary for Acquisition.

23 “(2) The Deputy Assistant Secretary of Veterans Af-
24 fairs for Procurement shall be responsible for all procure-
25 ment and contracting organizations of the Department.

1 “(e) DEPUTY ASSISTANT SECRETARY FOR ACQUISITION,
2 PROGRAM MANAGEMENT, AND PERFORMANCE.—

3 (1) Pursuant to section 308(d) of this title, the Secretary
4 shall appoint a Deputy Assistant Secretary of Veterans
5 Affairs for Acquisition, Program Management, and Per-
6 formance, who shall report to the Assistant Secretary for
7 Acquisition.

8 “(2) The Deputy Assistant Secretary for Acquisition,
9 Program Management, and Performance shall be respon-
10 sible for the following:

11 “(A) Lifecycle management.

12 “(B) Requirements planning.

13 “(C) Programming and budgeting.

14 “(D) Policy.

15 “(E) Performance standards.

16 “(F) Governance.

17 “(G) Enhancing the capabilities of the acquisi-
18 tion workforce.

19 “(f) PROGRAM EXECUTIVE OFFICERS.—(1) The As-
20 sistant Secretary for Acquisition shall appoint no fewer
21 than four Program Executive Officers, each responsible
22 for overseeing major acquisition programs in one of the
23 following areas:

24 “(A) Medical.

25 “(B) Information technology.

1 “(C) Professional services.

2 “(D) Other areas not included in subpara-
3 graphs (A) through (C).

4 “(2) Each Program Executive Officer shall report di-
5 rectly to the Assistant Secretary for Acquisition and shall
6 supervise the managers of major acquisition programs
7 within their respective area, as appointed under section
8 8183 of this title.

9 “(3) Each Program Executive Officer shall be—

10 “(A) certified in project management at level
11 three by—

12 “(i) the Department;

13 “(ii) the Federal Acquisition Institute pur-
14 suant to section 1201 of title 41; or

15 “(iii) the Department of Defense pursuant
16 to section 1701a of title 10; or

17 “(B) hold an equivalent certification by a pri-
18 vate sector project management certification organi-
19 zation, as determined appropriate by the Sec-
20 retary.”.

21 (b) DEPARTMENT OF VETERANS AFFAIRS MAJOR
22 ACQUISITION PROGRAM MANAGERS.—Subchapter VII of
23 chapter 81 of title 38, United States Code, as added by
24 subsection (a), is amended by adding at the end the fol-
25 lowing new section:

1 **“§ 8183. Major acquisition program managers**

2 “(a) APPOINTMENTS.—Not later than 30 days after
3 any date on which the Secretary approves a major acquisi-
4 tion program to commence, the applicable Program Exec-
5 utive Officer shall appoint a manager to be responsible
6 for administering such program.

7 “(b) QUALIFICATIONS.—Each manager appointed
8 pursuant to subsection (a) shall be—

9 “(1) certified in project management at level
10 three by—

11 “(A) the Department;

12 “(B) the Federal Acquisition Institute pur-
13 suant to section 1201 of title 41; or

14 “(C) the Department of Defense pursuant
15 to section 1701a of title 10; or

16 “(2) hold an equivalent certification by a pri-
17 vate sector project management certification organi-
18 zation, as determined appropriate by the Secretary.

19 “(c) DUTIES.—Each manager appointed pursuant to
20 subsection (a) for a major acquisition program shall—

21 “(1) report to the Assistant Secretary for Ac-
22 quisition through the Program Executive Officer re-
23 sponsible for the major acquisition program; and

24 “(2) shall be responsible for, with respect to the
25 major acquisition program—

1 “(A) developing, in coordination with the
2 Program Executive Officer, a plan to admin-
3 ister major acquisition program, which shall be
4 known as the ‘program baseline’ for the major
5 acquisition program, that includes—

6 “(i) a description of each acquisition
7 phase of the major acquisition program;

8 “(ii) for each such acquisition phase,
9 requirements for advancing the major ac-
10 quisition program to a subsequent acquisi-
11 tion phase; and

12 “(iii) estimates of the cost, schedule,
13 and performance of the major acquisition
14 program that account for the entire life
15 cycle of the major acquisition program;

16 “(B) ensuring the major acquisition pro-
17 gram is in compliance with such requirements
18 and providing all program documentation, in-
19 cluding program baseline documentation, cost,
20 schedule, performance and risk assessments,
21 and other relevant materials, to designated offi-
22 cials and relevant governance boards;

23 “(C) developing resource requests and jus-
24 tifications necessary to satisfy such require-
25 ments; and

1 “(D) on a continuous basis, assessing and
2 managing risks to satisfying the requirements
3 of such program baseline relating to cost and
4 schedule.

5 “(d) PROGRAM DECISION AUTHORITY.—The Sec-
6 retary shall ensure that—

7 “(1) program decision authority for oversight of
8 a major acquisition program is the Assistant Sec-
9 retary for Acquisition; and

10 “(2) program management offices for major ac-
11 quisition programs are independent of the Veterans
12 Benefits Administration, the Veterans Health Ad-
13 ministration, the National Cemetery Administration,
14 and staff offices of the Department by reporting di-
15 rectly to the Assistant Secretary for Acquisition.

16 “(e) PROGRAM DECISION AUTHORITY NOTIFICATION
17 REQUIRED.—Not later than 30 days after any date on
18 which a major acquisition program concludes an acquisi-
19 tion phase, the manager of such program appointed pursu-
20 ant to subsection (a) shall notify the program decision au-
21 thority under subsection (c).”.

22 (c) DEPARTMENT OF VETERANS AFFAIRS ACQUISI-
23 TION AND PROCUREMENT REORGANIZATION MATTERS.—

24 (1) ORGANIZATIONAL CONSOLIDATION.—Not
25 later than one year after the date of the enactment

1 of this Act, the Secretary of Veterans Affairs shall
2 organizationally consolidate under the Assistant Sec-
3 retary of Veterans Affairs for Acquisition every ac-
4 tivity of the Department of Veterans Affairs, includ-
5 ing the Veterans Benefits Administration, the Vet-
6 erans Health Administration, and the National Cem-
7 etery Administration, that relates to—

8 (A) acquisition;

9 (B) procurement and contracting; or

10 (C) logistics and supply chain.

11 (2) RELOCATION.—Paragraph (1) shall not be
12 construed to require the physical relocation of em-
13 ployees of the Department.

14 (3) PLAN AND BRIEFING.—

15 (A) IN GENERAL.—Not later than 90 days
16 after commencing organizational consolidation
17 under subsection (a), the Secretary shall—

18 (i) submit to the Committee on Vet-
19 erans' Affairs of the Senate and the Com-
20 mittee on Veterans' Affairs of the House
21 of Representatives a written plan to carry
22 out such organizational consolidation; and

23 (ii) provide such committees a briefing
24 on such plan.

1 (B) CONTENTS.—The plan submitted pur-
2 suant to subparagraph (A)(i) shall include the
3 following:

4 (i) A timeline.

5 (ii) A plan for communication and
6 training activities for relevant Department
7 personnel.

8 (iii) A plan for modification of rel-
9 evant Department policy and guidance.

10 (iv) Such other matters as the Sec-
11 retary considers relevant and appropriate.

12 (d) INDEPENDENT VERIFICATION AND VALIDATION
13 OF MAJOR ACQUISITION PROGRAMS OF DEPARTMENT OF
14 VETERANS AFFAIRS.—

15 (1) CONTRACTING AUTHORITY.—Not later than
16 120 days after the date of the enactment of this Act,
17 the Secretary of Veterans Affairs shall seek to enter
18 into one or more contracts using competitive proce-
19 dures with one or more entities to carry out the
20 functions described in paragraph (3).

21 (2) ELIGIBILITY.—

22 (A) IN GENERAL.—An entity is not eligible
23 to be awarded a contract under this section un-
24 less the Chief Acquisition Officer of the Depart-
25 ment of Veterans Affairs determines, at the

1 time of evaluation of offers submitted under
2 paragraph (1), that the entity is currently per-
3 forming or has performed, during the preceding
4 three-year period, not fewer than three prime
5 contracts from either governmental or commer-
6 cial health care organizations for—

7 (i) the independent verification and
8 validation services or equivalent services,
9 including systems engineering and tech-
10 nical advisory (SETA) support of major
11 acquisition programs; or

12 (ii) the independent verification and
13 validation or systems engineering and tech-
14 nical advisory (SETA) support of the de-
15 velopment or acquisition of major acquisi-
16 tion programs or defense systems, in ac-
17 cordance with guidance of the Department
18 of Defense relating to such acquisition pro-
19 grams or such business systems.

20 (B) PAST PERFORMANCE.—For any con-
21 tract used to demonstrate eligibility under sub-
22 paragraph (A), an entity must have performed
23 the work at a satisfactory or better level as in-
24 dicated by the past performance information in

1 the Contractor Performance Assessment Re-
2 porting System, or successor system.

3 (C) DEMONSTRATION OF LACK OF CON-
4 FFLICT OF INTEREST.—The Secretary shall re-
5 voke the eligibility of an entity under this sub-
6 section if an entity does not demonstrate clear
7 and unmitigable evidence that the entity does
8 not have a conflict of interest with respect to
9 the effective performance of functions under
10 paragraph (3).

11 (D) NO MITIGATION PLANS ACCEPT-
12 ABLE.—The Secretary may not accept from an
13 entity a plan to mitigate a conflict of interest
14 in order to ameliorate any limitation or prohibi-
15 tion under this subsection.

16 (3) FUNCTIONS.—The functions specified in
17 this subsection are the following:

18 (A) The independent verification and vali-
19 dation of each major acquisition program
20 project—

21 (i) when such major acquisition pro-
22 gram is initiated, with respect to its design
23 and the development of its requirements
24 and acquisition;

1 (ii) at the conclusion of such program;

2 and

3 (iii) at any other intervals during such
4 program selected by the Chief Acquisition
5 Officer of the Department.

6 (B) The independent verification and vali-
7 dation of other programs or projects of the De-
8 partment selected by the Chief Acquisition Offi-
9 cer of the Department, at intervals selected by
10 the Chief Acquisition Officer.

11 (4) FUNDING.—The Chief Financial Officer of
12 the Department shall ensure that each organiza-
13 tional subdivision of the Department that enters into
14 a contract under paragraph (1) proportionally con-
15 tributes amounts to fund each such contract.

16 (5) DEFINITIONS.—In this section:

17 (A) COVERED CONTRACT.—The term “cov-
18 ered contract” means any prime or subcontract
19 with the Department, including—

20 (i) information technology support or
21 software or system design, development,
22 sustainment, or maintenance services;

23 (ii) professional or management con-
24 sulting services; or

25 (iii) advisory and assistance services.

(B) INDEPENDENT VERIFICATION VALIDATION.—The term “independent verification and validation” means a comprehensive inspection, a review, analysis, and testing, or an assessment of systems, software, or hardware, as applicable, performed by an entity awarded a contract under paragraph (1)—

(i) to verify that the requirements of a program, project or system, or a development phase of such a program or project, are correctly defined; and

(ii) to validate cost, schedule, and performance baselines of current programs and measure program effectiveness.

(e) DEPARTMENT OF VETERANS AFFAIRS COST ASSESSMENT AND PROGRAM EVALUATION.—

(1) IN GENERAL.—Subchapter VII of chapter 81 of title 38, United States Code, as added by subsection (a) and amended by subsection (b), is further amended by adding at the end the following new section:

“§ 8184. Cost assessment and program evaluation

“(a) DIRECTOR OF COST ASSESSMENT AND PROGRAM EVALUATION.—There is in the Department a Direc-

1 tor of Cost Assessment and Program Evaluation, who
2 shall report directly to the Secretary.

3 “(b) RESPONSIBILITIES.—The responsibilities of the
4 Director are as follows:

5 “(1) To develop policies and procedures for cost
6 estimation and analysis of major acquisition pro-
7 grams of the Department.

8 “(2) To conduct independent cost estimates and
9 analyses for major acquisition programs to support
10 acquisition decisions, or any other acquisitions as di-
11 rected by the Secretary,

12 “(3) To provide an independent cost estimate to
13 the Assistant Secretary for Acquisition in advance of
14 a decision to proceed with full-scale acquisition for
15 a major acquisition program or any other program
16 as directed by the Director.

17 “(4) To evaluate the effectiveness of major ac-
18 quisition programs in meeting Department objec-
19 tives.

20 “(5) Not less frequently than once each year, to
21 submit to the Secretary and the Committee on Vet-
22 erans’ Affairs of the Senate and the Committee on
23 Veterans’ Affairs of the House of Representatives an
24 annual report on cost estimation and program eval-
25 uation activities, including recommendations to im-

1 prove acquisition efficiency. Such report shall in-
2 clude a list of all acquisitions where the independent
3 cost estimate for a major acquisition program ex-
4 ceeded the budget request for the program by more
5 than 5 percent.

6 “(c) SUPPORT AND RESOURCES.—The Chief Finan-
7 cial Officer of the Department shall provide to the Sec-
8 retary such support and resources as may be necessary
9 for the Secretary to ensure the effective establishment and
10 functioning of the Director of Cost Assessment and Pro-
11 gram Evaluation.”.

12 (2) REPORT ON MONITORING OF OPERATING
13 AND SUPPORT COSTS FOR MAJOR ACQUISITION PRO-
14 GRAMS.—

15 (A) REPORT TO SECRETARY OF VETERANS
16 AFFAIRS.—Not later than one year after the
17 date of the enactment of this Act, and not less
18 frequently than once each year thereafter until
19 December 31, 2028, the Director of Cost As-
20 sessment and Program Evaluation of the De-
21 partment of Veterans Affairs shall submit to
22 the Secretary of Veterans Affairs a report on
23 systems and methods for tracking and assessing
24 operating and support costs of major acquisi-
25 tion programs (as defined in section 8181 of

1 title 38, United States Code, as added by sub-
2 section (a)), including recommendations for es-
3 tablishing cost baselines.

4 (B) TRANSMITTAL TO CONGRESS.—Not
5 later than 30 days after receiving a report pur-
6 suant to subparagraph (A), the Secretary shall
7 submit to the Committee on Veterans' Affairs
8 of the Senate and the Committee on Veterans'
9 Affairs of the House of Representatives the re-
10 port received by the Secretary.

11 (f) IMPROVEMENTS TO HIRING OF ENTRY-LEVEL AC-
12 QUISTION POSITIONS IN DEPARTMENT OF VETERANS
13 AFFAIRS.—

14 (1) PRIORITY USE OF INTERNSHIP PROGRAMS
15 FOR HIRING INTO ENTRY-LEVEL POSITIONS IN AC-
16 QUISTIONS.—The Secretary of Veterans Affairs
17 shall prioritize the use of acquisition internship pro-
18 grams to hire employees to entry-level positions re-
19 lating to acquisition in the Department of Veterans
20 Affairs.

21 (2) ANNUAL NUMBER OF PARTICIPANTS IN AC-
22 QUISTION INTERNSHIP PROGRAMS.—

23 (A) IN GENERAL.—Not later than Sep-
24 tember 30 of the first fiscal year beginning
25 after the date of the enactment of this Act, the

1 Secretary shall take such actions as may be
2 necessary to ensure that the annual number of
3 participants in acquisition internship programs
4 of the Department is—

5 (i) not fewer than twice the number of
6 participants in such programs during fiscal
7 year 2025; and

8 (ii) not more than 4 times the number
9 of participants in such programs during
10 such fiscal year.

11 (B) TERMINATION.—The requirements of
12 subparagraph (A) shall terminate on the date
13 on which the Secretary certifies to the appro-
14 priate committees of Congress that the pro-
15 jected number of graduates of acquisition in-
16 ternship programs is sufficient to satisfy the
17 human capital needs of the Department with
18 respect to acquisition, taking into account the
19 rate of attrition and projected retirements of
20 personnel.

21 (C) APPROPRIATE COMMITTEES OF CON-
22 GRESS DEFINED.—In this subsection, the term
23 “appropriate committees of Congress” means
24 the Committee on Veterans’ Affairs of the Sen-

1 ate and the Committee on Veterans' Affairs of
2 the House of Representatives.

3 (g) INDEPENDENT ANALYSIS OF ACQUISITION PROC-
4 ESS OF DEPARTMENT OF VETERANS AFFAIRS.—

5 (1) SYSTEMS ENGINEERING ANALYSIS.—Not
6 later than one year after the date of the enactment
7 of this Act, the Secretary of Veterans' Affairs shall
8 enter into a memorandum of understanding with the
9 Executive Director of the Acquisition Research Cen-
10 ter of the Department of Defense to conduct a sys-
11 tems engineering analysis of the acquisition process
12 of the Department of Veterans Affairs.

13 (2) REPORT.—Not later than one year after the
14 date in which the Secretary enters into the memo-
15 randum of understanding required by paragraph (1),
16 the Secretary shall submit to Committee on Vet-
17 erans' Affairs of the Senate and the Committee on
18 Veterans' Affairs of the House of Representatives a
19 report on the findings of the Executive Director with
20 respect to the analysis conducted under such sub-
21 section.

22 (h) REQUIREMENTS DEVELOPMENT PROCESS.—

23 (1) IN GENERAL.—Subchapter VII of chapter
24 81 of title 38, United States Code, as added by sub-
25 section (a) and amended by subsections (b) and (e),

1 is further amended by adding at the end the fol-
2 lowing new section:

3 **“§ 8185. Requirements development process**

4 “(a) ESTABLISHMENT OF PROCESS.—(1) The Sec-
5 retary shall establish a standardized requirements develop-
6 ment process for major acquisition programs.

7 “(2) The process established pursuant to paragraph
8 (1) shall—

9 “(A) define and validate mission-driven require-
10 ments for major acquisition programs exceeding
11 \$200,000,000 annually or \$1,000,000,000 in
12 lifecycle costs, in coordination with the Assistant
13 Secretary for Acquisition;

14 “(B) incorporate data-driven needs assess-
15 ments, stakeholder input from relevant administra-
16 tions, staff offices, and other elements of the De-
17 partment, and alignment with statutory mandates,
18 such as section 8121 of this title; and

19 “(C) ensure iterative validation of requirements
20 through independent verification and validation, as
21 described in section 8185 of this title, to confirm
22 cost, schedule, and performance baselines.

23 “(b) LIMITATION ON PERSONNEL.—The Secretary
24 shall implement the process established pursuant to sub-
25 section (a) using staff within the Office of Acquisition and

1 other relevant offices of the Department, as established
2 under section 8182 of this title, without creating new posi-
3 tions, unless a subsequent cost-benefit analysis, validated
4 by the Director of Cost Assessment and Program Evalua-
5 tion, justifies additional resources.”.

6 (2) REPORT.—Not later than 180 days after
7 the enactment of this Act, the Secretary shall submit
8 to the Committee on Veterans’ Affairs of the Senate
9 and the Committee on Veterans’ Affairs of the
10 House of Representatives a report detailing the re-
11 quirements process established pursuant to section
12 8187 of such title, as added by paragraph (1) and
13 a plan for implementation of such process, including
14 timelines for integration with major acquisition pro-
15 gram baselines.

16 (i) CONFORMING AMENDMENTS.—Subchapter VI of
17 chapter 81 of title 38, United States Code, is amended—

18 (1) in section 8171, by striking paragraphs (5)
19 and (6); and

20 (2) by striking section 8172.

21 (j) CLERICAL AMENDMENTS.—The table of sections
22 at the beginning of chapter 81 of title 38, United States
23 Code, is amended—

24 (1) by striking the item relating to section
25 8172; and

1 (2) by adding at the end the following:

“SUBCHAPTER VII—ACQUISITION REVIEW, COST ASSESSMENT, AND PROGRAM
EVALUATION

“8181. Definition of major acquisition program.

“8182. Acquisition reorganization.

“8183. Major acquisition program managers.

“8184. Cost assessment and program evaluation.

“8185. Requirements development process.”.

2 **SEC. 404. IMPROVEMENT OF TELEPHONE COMMUNICATION**

3 **BY DEPARTMENT OF VETERANS AFFAIRS.**

4 (a) IN GENERAL.—Chapter 63 of title 38, United
5 States Code, is amended by adding at the end the fol-
6 lowing new section:

7 **“§ 6321. Telephone communication**

8 “(a) CALLS ASSOCIATED WITH DEPARTMENT.—Not
9 later than one year after the date of the enactment of the
10 Take Care of America’s Veterans Act, the Secretary shall
11 ensure, to the extent practicable and feasible, that any call
12 made to a veteran, beneficiary, claimant, or other relevant
13 individual by an employee or contractor of the Department
14 regarding services or benefits furnished by the Depart-
15 ment—

16 “(1) is made from a single, well-known tele-
17 phone number; and

18 “(2) uses caller identification branding that in-
19 dicates to the individual that the call is from or on
20 behalf of the Department.

21 “(b) CALL CENTERS FOR HEALTH CARE APPOINT-
22 MENTS AND REFERRALS.—

1 “(1) IN GENERAL.—Not later than one year
2 after the date of the enactment of the Take Care of
3 America’s Veterans Act, the Secretary shall ensure
4 that the Veterans Health Administration has at
5 least one call center in each of the time zones speci-
6 fied in paragraph (3) to address concerns regarding
7 appointments and referrals for health care under the
8 laws administered by the Secretary.

9 “(2) EXISTING EFFORTS AND CALL CEN-
10 TERS.—In carrying out paragraph (1), the Sec-
11 retary—

12 “(A) shall ensure coordination with exist-
13 ing efforts of the Department to improve call
14 center operations; and

15 “(B) may use existing call centers to meet
16 the requirements of such paragraph.

17 “(3) TIME ZONES SPECIFIED.—The time zones
18 specified in this paragraph are the following:

19 “(A) Eastern time.

20 “(B) Central time.

21 “(C) Mountain time.

22 “(D) Pacific time.

23 “(E) Alaska time.

24 “(F) Hawaii time.

1 “(4) CLARIFICATION.—The Secretary is not re-
2 quired to ensure that the Veterans Health Adminis-
3 tration has a call center in any location generally
4 within a time zone specified in paragraph (3) that
5 does not follow daylight saving time.”.

6 (b) CLERICAL AMENDMENT.—The table of sections
7 at the beginning of chapter 63 of such title is amended
8 by adding at the end the following new item:

 “6321. Telephone communication.”.

9 (c) REPORT.—Not later than 180 days after enact-
10 ment, and annually for three years thereafter, the Sec-
11 retary shall submit to the Committees on Veterans’ Affairs
12 a report on implementation, including call-answer rates,
13 abandoned-call rates, average wait times, veteran com-
14 plaints, spoofing or fraud-prevention measures, and any
15 exceptions granted.

16 **SEC. 405. ADVANCING DEPARTMENT OF VETERANS AF-**
17 **FAIRS EMERGENCY RESPONSE TO CRISIS.**

18 (a) REPORT ON EMERGENCY MANAGEMENT ROLES
19 FOR DEPARTMENT OF VETERANS AFFAIRS.—

20 (1) IN GENERAL.—Not later than 180 days
21 after the date of the enactment of this Act, the Sec-
22 retary of Veterans Affairs shall submit to the Com-
23 mittee on Veterans’ Affairs of the Senate and the
24 Committee on Veterans’ Affairs of the House of
25 Representatives a report outlining the roles and re-

1 sponsibilities of all offices of the Department of Vet-
2 erans Affairs involved with emergency management.

3 (2) CONSULTATION.—In preparing the report
4 required by paragraph (1), the Secretary of Veterans
5 Affairs shall consult with the Comptroller General of
6 the United States, the Inspector General of the De-
7 partment of Veterans Affairs, the Secretary of
8 Homeland Security, the Secretary of Defense, and
9 such other Federal agencies as the Secretary of Vet-
10 erans Affairs considers relevant, to obtain insights
11 from their experience and trends that they have
12 found, and such recommendations as they may have
13 with respect to the management by the Department
14 of Veterans Affairs of emergency management func-
15 tions.

16 (3) CONTENTS.—The report submitted pursu-
17 ant to paragraph (1) shall include the following:

18 (A) A description of the organizational
19 structure of each office, both during normal op-
20 erations and during emergency or disaster oper-
21 ations.

22 (B) The roles and responsibilities of each
23 office.

24 (C) A detailed description of roles and re-
25 sponsibilities that are shared by both the Office

1 of Emergency Management of the Department
2 and the Office of Operations, Security, and Pre-
3 paredness of the Department, including an
4 analysis of how each office plays a part in
5 emergency management functions.

6 (D) Recommendations for improving the
7 structure and alignment of relevant offices to
8 better prepare the Department for emergencies,
9 remove redundancies, and improve account-
10 ability.

11 (E) An analysis of the feasibility and ad-
12 visability of consolidating relevant offices into
13 one centralized emergency management office
14 to improve communication and streamline emer-
15 gency preparedness and response efforts of the
16 Department.

17 (b) PLAN TO ALLOW FUEL SHARING AND IN-
18 CREASED COORDINATION BETWEEN THE FEDERAL
19 EMERGENCY MANAGEMENT AGENCY AND THE DEPART-
20 MENT OF VETERANS AFFAIRS.—Not later than 90 days
21 after the date of the enactment of this Act, the Secretary
22 of Veterans Affairs shall, after consulting with the Admin-
23 istrator of the Federal Emergency Management Agency,
24 submit to the Committee on Veterans' Affairs of the Sen-
25 ate, the Committee on Veterans' Affairs of the House of

1 Representatives, the Committee on Homeland Security
2 and Government Affairs of the Senate, and the Committee
3 on Homeland Security of the House of Representatives a
4 report regarding—

5 (1) the current limitations preventing the Fed-
6 eral Emergency Management Agency from providing
7 fuel or other resources to the Department of Vet-
8 erans Affairs during emergencies;

9 (2) whether the Department requires action by
10 Congress to allow such resource provision to occur;

11 (3) whether the Secretary has been unable to
12 coordinate with the Administrator during prior
13 emergencies or Fourth Mission activations due to a
14 lack of authority for such coordination;

15 (4) whether the Secretary requires action by
16 Congress to address any of the issues mentioned
17 under paragraph (3); and

18 (5) whether the Secretary requires action by
19 Congress to address the issue of Department em-
20 ployees or responders being unable to use Depart-
21 ment-purchased fuel.

1 **SEC. 406. MEMBERSHIP OF DEPARTMENT OF VETERANS AF-**
2 **FAIRS GERIATRICS AND GERONTOLOGY AD-**
3 **VISORY COMMITTEE.**

4 Section 7315 of title 38, United States Code, is
5 amended, in subsection (a)—

6 (1) in the second sentence, by striking “and at
7 least one representative of a national veterans serv-
8 ice organization” and inserting “, at least one indi-
9 vidual who represents a national veterans service or-
10 ganization, at least one individual who has served
11 veterans or families of veterans in a State home, and
12 at least one individual who holds a professional li-
13 cense in nursing home administration”; and

14 (2) by designating the first, second, and third
15 sentences as paragraphs (1) through (3), respec-
16 tively (and adjusting the margins accordingly).

17 **SEC. 407. SCHEDULING OF APPOINTMENTS UNDER THE**
18 **VETERANS COMMUNITY CARE PROGRAM.**

19 (a) IN GENERAL.—

20 (1) ELECTRONIC PROCESS.—Subsection (d) of
21 section 3101 of the Johnny Isakson and David P.
22 Roe, M.D. Veterans Health Care and Benefits Im-
23 provement Act of 2020 (Public Law 116–315; 38
24 U.S.C. 1701 note) is amended to read as follows:

25 “(d) ELECTRONIC PROCESS.—(1) The Secretary
26 shall implement an electronic process through which a

1 scheduler of the Department, using an information tech-
2 nology system, may schedule an appointment for health
3 care furnished by the Department or through the Veterans
4 Community Care Program, under section 1703 of this
5 title, by a non-Department health care provider.

6 “(2) The electronic process under this subsection
7 shall allow a scheduler, with regards to appointments de-
8 scribed in—

9 “(A) either clause of subparagraph (A) of sub-
10 section (a)(1), to view, search, and sort such ap-
11 pointments by type of care, location, and date; and

12 “(B) clause (ii) of such subparagraph—

13 “(i) to schedule such an appointment;

14 “(ii) to provide referral and authorization
15 documents directly to a non-Department pro-
16 vider; and

17 “(iii) to perform any other function the
18 Secretary determines necessary.

19 “(3) The Secretary shall ensure that the electronic
20 process allows a scheduler to schedule an appointment for
21 health care furnished by the Secretary through a health
22 care provider of the Department.

23 “(4) The Secretary shall implement the electronic
24 process through an existing agreement if practicable.

1 “(5) The Secretary shall submit to the Committees
2 on Veterans’ Affairs of the Senate and House of Rep-
3 resentatives the following regarding the electronic process:

4 “(A) Not later than 90 days after the Secretary
5 makes a determination under subparagraph (B)(iii)
6 of paragraph (2), a briefing regarding the functions
7 the Secretary has determined necessary.

8 “(B) Not later than six months after the date
9 of the enactment of Take Care of America’s Vet-
10 erans Act, and semiannually thereafter during the
11 following three years, a report regarding operation
12 of the electronic process during both the semiannual
13 period preceding the date of the report and the cu-
14 mulative period since the date of the enactment of
15 such Act. Such a report shall include the following
16 for each such period:

17 “(i) The number of non-Department health
18 care providers that participated in such elec-
19 tronic process, disaggregated by—

20 “(I) category of hospital care or med-
21 ical services provided; and

22 “(II) medical center of the Depart-
23 ment;

1 “(ii) The number of appointments sched-
2 uled pursuant to the electronic process,
3 disaggregated by—

4 “(I) category of hospital care or med-
5 ical services provided;

6 “(II) medical center of the Depart-
7 ment; and

8 “(III) month.

9 “(iii) A comparison of the average wait
10 time for appointments scheduled through the
11 electronic process and through non-electronic
12 methods, disaggregated by medical center of the
13 Department.

14 “(iv) The rates at which veterans cancelled
15 appointments scheduled through the electronic
16 process.

17 “(v) The rates at which veterans did not
18 appear for appointments scheduled through the
19 electronic process.”.

20 (2) IMPLEMENTATION.—

21 (A) DATE.—The Secretary of Veterans Af-
22 fairs shall implement the electronic process
23 under subsection (d) of section 1703H of such
24 title, as added by this section, not later than

1 two years after the date of the enactment of
2 this Act.

3 (B) GUIDELINES.—Not later than 90 days
4 after the date of the enactment of this Act, the
5 Secretary of Veterans Affairs shall establish
6 guidelines. Such guidelines shall include the fol-
7 lowing:

8 (i) Procedures for schedulers and
9 other employees of the Department in-
10 volved in the scheduling of appointments
11 described in such section.

12 (ii) A directive that employees de-
13 scribed in clause (i) use the electronic
14 process to the extent practicable.

15 (iii) A directive that employees de-
16 scribed in clause (i), when scheduling an
17 appointment for a covered veteran (as such
18 term is used in section 1703 of such title)
19 for health care furnished by the Secretary,
20 inform such covered veteran of available
21 appointments through providers of the De-
22 partment and through providers under the
23 Veterans Community Care Program when
24 eligible.

1 (iv) Procedures for engaging with
2 non-Department health care providers in
3 specialized cases.

4 (v) Standards regarding timeliness
5 and accuracy.

6 (vi) Escalation protocols for sched-
7 uling failures or delays.

8 (C) TRAINING.—Not later than 180 days
9 after the date of the enactment of this Act, the
10 Secretary shall implement a mandatory training
11 program for employees described in subpara-
12 graph (B) regarding the guidelines under sub-
13 paragraph (B).

14 (D) EVALUATION.—Not later than 60 days
15 after the date of the enactment of this Act, the
16 Secretary shall prescribe performance bench-
17 marks and outcome-based metrics for the elec-
18 tronic process under such section, including—

19 (i) time between a referral and a
20 scheduled appointment;

21 (ii) patient satisfaction; and

22 (iii) the percentage of appointments
23 scheduled exclusively through the electronic
24 process.

1 (E) OUTREACH.—Not later than 90 days
2 after the date of the enactment of this Act, the
3 Secretary shall plan and carry out an outreach
4 strategy to encourage non-Department of Vet-
5 erans Affairs health care providers that partici-
6 pate in the Veterans Community Care Program
7 to participate in the electronic process under
8 such subsection. Such outreach shall—

9 (i) include contacting each such pro-
10 vider during such 90 days;

11 (ii) include seeking to enter into an
12 agreement with each such provider under
13 which the provider shall participate in the
14 electronic process;

15 (iii) include collaborating with State
16 hospital associations and rural health asso-
17 ciations to promote such participation;

18 (iv) focus on providers in specialties
19 or underserved areas, as determined by the
20 Secretary; and

21 (v) include the publication, on a pub-
22 licly accessible website of the Department,
23 of information regarding—

24 (I) details of the electronic proc-
25 ess;

1 (II) how a provider may elect to
2 participate in the electronic process;
3 and

4 (III) a point of contact in the
5 Department regarding the electronic
6 process.

7 (F) OVERSIGHT.—The Secretary shall sub-
8 mit to the Committees on Veterans' Affairs of
9 the Senate and House of Representatives, with
10 regards to the electronic process under such
11 subsection, the following:

12 (i) Not later than 30 days after the
13 Secretary establishes guidelines under sub-
14 paragraph (B) of this paragraph, a copy of
15 such guidelines.

16 (ii) Not later than 30 days after the
17 Secretary formulates the plan under sub-
18 paragraph (E) of this paragraph, a brief-
19 ing on the outreach strategy under such
20 paragraph.

21 (iii) Not later than 180 days after the
22 date of the enactment of this Act, the
23 benchmarks and metrics prescribed under
24 subparagraph (D).

1 (3) EXPANSION.—Not later than 90 days after
2 the date of the enactment of this Act, the Secretary
3 shall submit to the Committees on Veterans' Affairs
4 of the Senate and House of Representatives a plan
5 to integrate the scheduling of appointments for
6 health care furnished through health care providers
7 of the Department of Veterans Affairs into the elec-
8 tronic process under subsection (d) of section 1703H
9 of such title. Such plan shall include the following
10 elements:

11 (A) A timeline to implement such plan.

12 (B) Estimated costs to carry out such
13 plan.

14 (C) Changes to policies and procedures of
15 the Department the Secretary determines nec-
16 essary to implement such plan.

17 (4) CODIFICATION.—

18 (A) IN GENERAL.—Section 3101 of such
19 Act, as amended by paragraph (1), is trans-
20 ferred to subchapter I of chapter 17 of title 38,
21 United States Code, inserted after section
22 1703G, and redesignated as section 1703H.

23 (B) CONFORMING AMENDMENTS.—Section
24 1703H of such title, as transferred and redesign-
25 ated by this subsection, is amended—

1 (i) by striking any heading that is not
2 a section heading or subsection heading
3 and conforming the margins accordingly;

4 (ii) by striking “of title 38, United
5 States Code” both places it appears and
6 inserting “of this title”;

7 (iii) in subsection (b)(1), by striking
8 “Not later than one year after the date of
9 the enactment of this Act, the Secretary”
10 and inserting “The Secretary”;

11 (iv) in subsection (c)—

12 (I) in paragraph (1), in the mat-
13 ter preceding subparagraph (A), by
14 striking “Not later than 180 days
15 after the date of the enactment of this
16 Act, the Secretary” and inserting
17 “The Secretary”; and

18 (II) in paragraph (2), by striking
19 subparagraphs (A) and (B) and in-
20 serting “The Secretary shall require
21 each medical facility of the Depart-
22 ment to use the method or tool de-
23 scribed in paragraph (1).”;

24 (v) in the section enumerator, by
25 striking “**SEC.**” and inserting “**§**”; and

(vi) in the section heading—

(I) by striking “**PROCESS AND REQUIREMENTS FOR SCHEDULING APPOINTMENTS FOR HEALTH CARE FROM DEPARTMENT OF VETERANS AFFAIRS AND NON-DEPARTMENT HEALTH CARE.**” and inserting “**SCHEDULING OF APPOINTMENTS**”; and

(II) by conforming the typeface and typestyle, including capitalization, to the typeface and typestyle used in the section heading of section 1703G of such title.

(C) TABLE OF SECTIONS.—The table of sections at the beginning of such chapter is amended by inserting, after the item relating to section 1703G, the following new item:

“1703H. Scheduling of appointments.”.

TITLE V—MEMORIAL AFFAIRS

SEC. 501. EXPANSION OF ELIGIBILITY FOR DEPARTMENT OF VETERANS AFFAIRS MEMORIAL HEADSTONE OR MARKER FOR CERTAIN INDIVIDUALS.

Section 2306(b)(2) of title 38, United States Code, is amended in subparagraphs (B) and (C) by striking

1 “who dies on or after November 11, 1998,” each place
2 it appears.

3 **SEC. 502. DEPARTMENT OF VETERANS AFFAIRS PROVISION**
4 **OF ADDITIONAL BURIAL BENEFITS WHEN AN**
5 **URN OR COMMEMORATIVE PLAQUE IS FUR-**
6 **NISHED.**

7 (a) IN GENERAL.—Paragraph (2) of section 2306(h)
8 of title 38, United States Code, is amended to read as
9 follows:

10 “(2) If the Secretary furnishes an urn or commemo-
11 rative plaque for an individual under paragraph (1), the
12 Secretary may not provide for such individual a headstone
13 or marker under this section, or any interment benefit
14 under section 2402 of this title, unless—

15 “(A) in the case of a request for a headstone
16 or marker under this section—

17 “(i) such request is made at the same time
18 as a request for placement of a headstone or
19 marker for another individual who is eligible to
20 have such a headstone or marker placed in a
21 national cemetery, a veterans’ cemetery in re-
22 ceipt of a grant made under section 2408 of
23 this title, or a post cemetery; and

24 “(ii) the Secretary furnishes one headstone
25 or marker inscribed for both individuals; or

1 “(B) in the case of a request for interment, the
2 individual is interred at the same time and in the
3 same gravesite as the interment of another indi-
4 vidual eligible for interment in a national cemetery
5 under section 2402(a) of this title.”.

6 (b) APPLICABILITY.—The amendment made by sub-
7 section (a) shall apply with respect to an individual who
8 dies on or after January 5, 2021.

9 **SEC. 503. FALLEN SERVICEMEMBERS RELIGIOUS HERIT-**
10 **AGE RESTORATION PROGRAM.**

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

12 (1) An estimated 900 American-Jewish
13 servicemembers of the Armed Forces, killed in World
14 War I and World War II and buried overseas in
15 United States military cemeteries were, for various
16 reasons, mistakenly buried under Latin Crosses. In
17 most instances, those mistakes were made inadvert-
18 ently.

19 (2) In 2022, more than 2,000,000 people vis-
20 ited the United States World War I and World War
21 II cemeteries in foreign countries.

22 (3) American-Jewish servicemembers played a
23 vital role in the Allied victories in World War I and
24 World War II.

1 (4) American-Jewish servicemembers who
2 fought and died for the United States must have
3 their heritage properly recognized and honored.

4 (5) The United States Government has a sol-
5 emn responsibility to ensure that every American
6 servicemember killed in action and buried overseas is
7 properly honored.

8 (6) The work of properly identifying American-
9 Jewish servicemembers buried overseas is vital and
10 integral to the responsibility of the American Battle
11 Monuments Commission to ensure that past mis-
12 takes in honoring those servicemembers who died in
13 the line of duty are corrected.

14 (b) FALLEN SERVICEMEMBERS RELIGIOUS HERIT-
15 AGE RESTORATION PROGRAM.—

16 (1) ESTABLISHMENT.—The American Battle
17 Monuments Commission shall establish a program to
18 identify covered members and to contact survivors
19 and descendants of such covered members. Such
20 program shall be known as the “Fallen
21 Servicemembers Religious Heritage Restoration Pro-
22 gram”.

23 (2) DURATION.—The Commission shall carry
24 out the Fallen Servicemembers Religious Heritage
25 Restoration Program during the first five fiscal

1 years that begin after the date of the enactment of
2 this Act.

3 (3) CONTRACTS.—

4 (A) AUTHORITY.—During each fiscal year
5 described in subsection (b), the Commission
6 shall seek to enter into a contract with a non-
7 profit organization under which such nonprofit
8 organization shall carry out the purpose de-
9 scribed in subsection (a).

10 (B) TERM; AMOUNT.—Each contract under
11 this subsection shall be for one year and in the
12 amount of \$500,000 to the nonprofit organiza-
13 tion.

14 (C) PRIORITY.—In awarding a contract
15 under this subsection, the Commission shall
16 give priority to a nonprofit organization that
17 has demonstrated capability and expertise in
18 carrying out the purpose described in sub-
19 section (a).

20 (4) DEFINITIONS.—In this section:

21 (A) The term “covered member” means a
22 deceased member of the Armed Forces who was
23 Jewish and buried—

24 (i) in a United States military ceme-
25 tery located outside the United States; and

1 (ii) under a marker that indicates
2 such member was not Jewish.

3 (B) The term “nonprofit organization”
4 means an organization described in section
5 501(c)(3) of the Internal Revenue Code of 1986
6 and exempt from taxation under section 501(a)
7 of such Code.

8 **TITLE VI—VETERANS’ ASSURING**
9 **CRITICAL CARE EXPANSIONS**
10 **TO SUPPORT**
11 **SERVICEMEMBERS**

12 **Subtitle A—Improvement of Vet-**
13 **erans Community Care Program**

14 **SEC. 601. CODIFICATION OF REQUIREMENTS FOR ELIGI-**
15 **BILITY STANDARDS FOR ACCESS TO COMMU-**
16 **NITY CARE FROM DEPARTMENT OF VET-**
17 **ERANS AFFAIRS.**

18 (a) ELIGIBILITY ACCESS STANDARDS.—Section
19 1703B of title 38, United States Code, is amended—

20 (1) by striking subsections (a) through (e) and
21 inserting the following:

22 “(a) ACCESS STANDARDS FOR COMMUNITY CARE.—
23 (1) For purposes of section 1703(d)(1)(D) of this title,
24 the eligibility access standards for hospital care, medical

1 services, or non-institutional extended care services, are as
2 follows:

3 “(A) With respect to primary care, mental
4 health care, or non-institutional extended care serv-
5 ices, the Secretary must schedule an appointment
6 for the covered veteran with a health care provider
7 of the Department who can provide the needed serv-
8 ice—

9 “(i) within 30 minutes average driving
10 time from the residence of the veteran unless a
11 longer average driving time has been agreed to
12 by the veteran in consultation with a health
13 care provider of the veteran; and

14 “(ii) within 20 days of either the date of
15 request for such an appointment or a later date
16 agreed to by the veteran in consultation with a
17 health care provider of the veteran.

18 “(B) With respect to specialty care, the Sec-
19 retary must schedule an appointment for the covered
20 veteran with a health care provider of the Depart-
21 ment who can provide the needed service—

22 “(i) within 60 minutes average driving
23 time from the residence of the veteran unless a
24 longer average driving time has been agreed to

1 by the veteran in consultation with a health
2 care provider of the veteran; and

3 “(ii) within 28 days of either the date of
4 request for such an appointment or a later date
5 agreed to by the veteran in consultation with a
6 health care provider of the veteran.

7 “(C) With respect to a covered treatment pro-
8 gram, the Secretary must—

9 “(i) provide to a covered veteran a screen-
10 ing not later than 48 hours after the date on
11 which the veteran, or a relevant health care
12 provider, makes a documented request for the
13 veteran to be admitted to a covered treatment
14 program; and

15 “(ii) if the veteran is determined eligible
16 for priority admission to a covered treatment
17 program—

18 “(I) admit the veteran to a covered
19 treatment program not later than 48 hours
20 after the date of such determination or
21 give the veteran the option of seeking care
22 at a non-Department facility pursuant to
23 section 1792(e) of this title; or

1 “(II) give the veteran the option of
2 seeking care at a non-Department facility
3 pursuant to section 1792(e) of this title.

4 “(2) For the purposes of determining the ability of
5 the Secretary to schedule an appointment for a covered
6 veteran with a health care provider of the Department
7 under paragraph (1), the Secretary shall not take into
8 consideration the availability of telehealth appointments
9 from the Department.

10 “(3) In the case of a covered veteran who has had
11 an appointment with a health care provider of the Depart-
12 ment canceled by the Department for a reason other than
13 either the request of the veteran or the failure of the vet-
14 eran to appear as scheduled, in calculating a wait time
15 for a subsequent appointment under the eligibility access
16 standards established under paragraph (1), the Secretary
17 shall calculate such wait time from the date of the request
18 for the original, canceled appointment.

19 “(4) If a veteran agrees to a longer average drive
20 time or a later date under paragraph (1), the Secretary
21 shall document the agreement to such longer average drive
22 time or later date in the electronic health record of the
23 veteran and provide the veteran a copy of such documenta-
24 tion. Such copy may be provided electronically.

1 “(5) Paragraph (1)(C) shall not be construed to af-
2 fect a covered veteran in a covered treatment program
3 pursuant to a determination made on or before the date
4 of the enactment of the Take Care of America’s Veterans
5 Act.

6 “(6)(A) Subject to the provisions of this paragraph,
7 subparagraphs (A) and (B) of paragraph (1) shall termi-
8 nate on the date that is eight years after the date of the
9 enactment of the Take Care of America’s Veterans Act.

10 “(B) Not later than seven years after the date of the
11 enactment of the Take Care of America’s Veterans Act,
12 the Secretary shall submit to the Committee on Veterans’
13 Affairs of the Senate and the Committee on Veterans’ Af-
14 fairs of the House of Representatives a report con-
15 taining—

16 “(i) an assessment of the effects of the codifica-
17 tion of eligibility access standards for primary care,
18 mental health care, non-institutional extended care
19 services, and specialty care under this subsection on
20 the management and oversight of the Veterans Com-
21 munity Care Program under section 1703 of this
22 title; and

23 “(ii) the recommendation of the Secretary for
24 continued codification of such standards along with
25 a justification for such recommendation.

1 “(C) On and after the date that is eight years after
2 the date of the enactment of the Take Care of America’s
3 Veterans Act, the Secretary may not establish access
4 standards for care and services described in subparagraph
5 (A) or (B) of paragraph (1) that are different from the
6 standards set forth in those subparagraphs unless, not
7 later than 180 days before establishing such different
8 standards—

9 “(i) the Secretary submits to the Committee on
10 Veterans’ Affairs of the Senate and the Committee
11 on Veterans’ Affairs of the House of Representatives
12 notification of the intent of the Secretary to estab-
13 lish such different standards, including a description
14 of the changes the Secretary intends to make and
15 the justification for such changes; and

16 “(ii) a joint resolution of approval is enacted
17 that approves such different standards.

18 “(D) For purposes of this subsection, the term ‘joint
19 resolution of approval’ means only a joint resolution the
20 matter after the resolving clause of which is as follows:
21 ‘That Congress approves the access standards established
22 by the Secretary submitted on ____ relating to ____.’,
23 with the first blank space filled by the appropriate date
24 and the second blank space filled with a description of the
25 access standards.

1 “(E) A joint resolution of approval shall be consid-
2 ered under the expedited procedures outlined in section
3 802 of title 5 to the same extent as a joint resolution de-
4 scribed in subsection (a) of that section is considered.

5 “(b) APPLICATION.—The Secretary shall ensure that
6 the eligibility access standards established under sub-
7 section (a) apply—

8 “(1) to all care and services within the medical
9 benefits package of the Department to which a cov-
10 ered veteran is eligible under section 1703 of this
11 title; and

12 “(2) to all covered veterans, regardless of
13 whether a veteran is a new or established patient.

14 “(c) PERIODIC REVIEW OF ACCESS STANDARDS.—
15 (1) Not later than three years after the date of the enact-
16 ment of the Take Care of America’s Veterans Act, and
17 not less frequently than once every three years thereafter,
18 the Secretary shall—

19 “(A) conduct a review of the eligibility access
20 standards under subsection (a) in consultation
21 with—

22 “(i) such Federal entities as the Secretary
23 considers appropriate, including the Depart-
24 ment of Defense, the Department of Health and

1 Human Services, and the Centers for Medicare
2 & Medicaid Services;

3 “(ii) entities and individuals in the private
4 sector, including—

5 “(I) veteran patients;

6 “(II) representatives of veterans, in-
7 cluding individual veterans and partici-
8 pants from veteran stakeholder organiza-
9 tions selected through an open and trans-
10 parent process; and

11 “(III) health care providers partici-
12 pating in the Veterans Community Care
13 Program under section 1703 of this title;
14 and

15 “(iii) other entities that are not part of the
16 Federal Government; and

17 “(B) submit to the appropriate committees of
18 Congress a report on—

19 “(i) the findings of the Secretary with re-
20 spect to the review conducted under paragraph
21 (1); and

22 “(ii) such recommendations as the Sec-
23 retary may have with respect to the eligibility
24 access standards under subsection (a).

1 “(2) Chapter 10 of title 5 shall not apply to the con-
2 sultation required by paragraph (1)(A).”;

3 (2) by striking subsection (g);

4 (3) by redesignating subsections (f), (h), and (i)
5 as subsections (d), (e), and (f), respectively;

6 (4) in subsection (d), as redesignated by para-
7 graph (3)—

8 (A) by striking “established” each place it
9 appears; and

10 (B) in paragraph (1), by striking “(1)
11 Subject to” and inserting “COMPLIANCE BY
12 COMMUNITY CARE PROVIDERS WITH ACCESS
13 STANDARDS.—(1) Subject to”;

14 (5) in subsection (e), as so redesignated—

15 (A) in paragraph (1)—

16 (i) by striking “(1) Consistent with”
17 and inserting “DETERMINATION REGARD-
18 ING ELIGIBILITY.—(1) Consistent with”;
19 and

20 (ii) by striking “designated access
21 standards established under this section”
22 and inserting “eligibility access standards
23 under subsection (a)”;

24 (B) in paragraph (2)(B), by striking “des-
25 ignated access standards established under this

1 section” and inserting “eligibility access stand-
2 ards under subsection (a)”;

3 (6) in subsection (f), as redesignated by para-
4 graph (2)—

5 (A) in the matter preceding paragraph (1),
6 by striking “In this section” and inserting
7 “DEFINITIONS.—In this section”; and

8 (B) in paragraph (2)—

9 (i) by striking “covered veterans” and
10 inserting “covered veteran”;

11 (ii) by striking “veterans described”
12 and inserting “a veteran described”;

13 (iii) by redesignating paragraphs (3)
14 and (4) as paragraphs (4) and (5), respec-
15 tively; and

16 (iv) by inserting after paragraph (2)
17 the following new paragraph (3):

18 “(3) The term ‘covered treatment program’ has
19 the meaning given such term in section 1791 of this
20 title.”.

21 (b) CONFORMING AMENDMENTS.—Section 1703(d)
22 of such title is amended—

23 (1) in paragraph (1)(D), by striking “des-
24 ignated access standards developed by the Secretary
25 under section 1703B of this title” and inserting “eli-

1 gibility access standards under section 1703B(a) of
2 this title”;

3 (2) in paragraph (3), by striking “designated
4 access standards developed by the Secretary under
5 section 1703B of this title” and inserting “eligibility
6 access standards under section 1703B(a) of this
7 title”; and

8 (3) in paragraph (4), by striking “designated
9 access standards developed by the Secretary under
10 section 1703B of this title” and inserting “eligibility
11 access standards under section 1703B(a) of this
12 title”.

13 **SEC. 602. REQUIREMENT THAT SECRETARY NOTIFY VET-**
14 **ERANS OF ELIGIBILITY FOR CARE OR DENIAL**
15 **OF REQUEST FOR CARE UNDER VETERANS**
16 **COMMUNITY CARE PROGRAM.**

17 (a) IN GENERAL.—Section 1703(a) of title 38,
18 United States Code, is amended by adding at the end the
19 following new paragraph:

20 “(5)(A)(i) Except as provided in clause (iii), the Sec-
21 retary shall notify each covered veteran in writing of the
22 eligibility of such veteran for care or services under this
23 section as soon as possible but not later than five days
24 after the date on which the Secretary is aware that the

1 veteran is seeking care or services and is eligible for such
2 care or services under this section.

3 “(ii) The Secretary is required to notify a covered vet-
4 eran under clause (i) only at the start of an episode of
5 care for such veteran.

6 “(iii) The Secretary shall allow a covered veteran to
7 opt out of receiving notification under clause (i).

8 “(B) With respect to each covered veteran eligible for
9 care or services under subsection (d), and consistent with
10 subparagraph (A), the Secretary shall provide such vet-
11 eran periodic reminders, as applicable and as the Sec-
12 retary determines appropriate, of their ongoing eligibility
13 under such subsection.

14 “(C) Any notification or reminder under this para-
15 graph may be provided electronically.

16 “(6)(A) If a request by a veteran for the Secretary
17 to authorize care or services under this section is denied,
18 except as provided in subparagraph (C), the Secretary
19 shall notify the veteran in writing as soon as possible but
20 not later than five days after the denial is made—

21 “(i) of the reason for the denial; and

22 “(ii) with instructions on how to appeal such
23 denial using the clinical appeals process of the Vet-
24 erans Health Administration.

1 “(B) If a denial under subparagraph (A) is due to
2 the Secretary meeting the eligibility access standards
3 under section 1703B(a) of this title, notice under such
4 subparagraph shall include an explanation of how the Sec-
5 retary met such standards.

6 “(C) The Secretary shall allow a covered veteran to
7 opt out of receiving notification under subparagraph (A).

8 “(D) Any notification under this paragraph may be
9 provided electronically.”.

10 (b) REPORTS TO CONGRESS.— Not later than one
11 year after the date of the enactment of this Act, and not
12 less frequently than annually thereafter for a period of five
13 years, the Secretary of Veterans Affairs shall submit to
14 the Committee on Veterans’ Affairs of the Senate and the
15 Committee on Veterans’ Affairs of the House of Rep-
16 resentatives a report on the implementation of the amend-
17 ments made by subsection (a), including—

18 (1) an assessment of the timeliness of the noti-
19 fications required by those amendments;

20 (2) a description of barriers to increasing the
21 timeliness of those notifications; and

22 (3) the number of veterans who opt out of re-
23 ceiving those notifications.

1 **SEC. 603. CONSIDERATION UNDER VETERANS COMMUNITY**
2 **CARE PROGRAM OF CONTINUITY OF CARE**
3 **AND NEED FOR CAREGIVER OR ATTENDANT.**

4 Section 1703(d) of title 38, United States Code, is
5 amended—

6 (1) in paragraph (2), by adding at the end the
7 following new subparagraphs:

8 “(F) The potential for improved continuity of
9 care, including if a veteran has an established rela-
10 tionship with a non-Department provider and the
11 likelihood of the covered veteran to seek and com-
12 plete recommended care, including if the veteran
13 would abstain from seeking such care if required to
14 seek such care at a facility of the Department.

15 “(G) Whether the covered veteran needs an at-
16 tendant to provide required aid or assistance to the
17 veteran, including for the veteran to travel to a facil-
18 ity of the Department.”; and

19 (2) by adding at the end the following new
20 paragraph:

21 “(5) The Secretary shall ensure that consideration of
22 the factors specified in paragraph (2) includes consider-
23 ation of all relevant factors, is driven by clinical need, and
24 that no single factor is required to be determinative when
25 considering the best medical interest of a covered vet-
26 eran.”.

1 **SEC. 604. DISCUSSION OF TELEHEALTH OPTIONS UNDER**
2 **VETERANS COMMUNITY CARE PROGRAM.**

3 Section 1703 of title 38, United States Code, is
4 amended—

5 (1) by redesignating subsection (q) as sub-
6 section (r); and

7 (2) by inserting after subsection (p) the fol-
8 lowing new subsection (q):

9 “(q) DISCUSSION OF OPTIONS FOR TELEHEALTH.—

10 (1) When discussing options for care or services for a cov-
11 ered veteran under this section, the Secretary shall ensure
12 that the veteran is informed of the ability of the veteran
13 to seek care or services via telehealth, either through a
14 medical facility of the Department or through a non-De-
15 partment provider, if—

16 “(A) telehealth is—

17 “(i) available to the veteran;

18 “(ii) appropriate for the type of care or
19 services the veteran is seeking, as determined
20 by the Secretary; and

21 “(iii) is acceptable to the veteran; or

22 “(B) the care or services the veteran is seeking
23 is only or primarily available through telehealth.

24 “(2) Nothing in paragraph (1) shall be construed to
25 prohibit a health care provider specified in subsection (c)

1 from furnishing hospital care, medical services, or ex-
2 tended care services under this section via telehealth.”.

3 **SEC. 605. EXTENSION OF DEADLINE FOR SUBMITTAL OF**
4 **CLAIMS BY HEALTH CARE ENTITIES AND**
5 **PROVIDERS UNDER PROMPT PAYMENT**
6 **STANDARD.**

7 Section 1703D of title 38, United States Code, is
8 amended—

9 (1) in subsection (a)(2), by striking “the reason
10 for denying the claim and what, if any, additional
11 information is required to process the claim” and in-
12 serting “the reason for denying the claim and re-
13 quest additional missing information, if any, that is
14 required to process the claim”;

15 (2) by amending subsection (b) to read as fol-
16 lows:

17 “(b) SUBMITTAL OF CLAIMS BY HEALTH CARE EN-
18 TITIES AND PROVIDERS.—(1) A health care entity or pro-
19 vider that furnishes hospital care, a medical service, or
20 an extended care services under this chapter pursuant to
21 a contract, agreement, or other arrangement shall submit
22 to the Secretary a claim for payment for furnishing the
23 hospital care, medical service, or extended care service not
24 later than one year after the date on which the entity or

1 provider furnished the hospital care, medical service, or
2 extended care service.

3 “(2) No health care entity or provider may seek pay-
4 ment from a patient if the health care entity or provider
5 failed to comply with the timely filing requirement set
6 forth in paragraph (1).”; and

7 (3) in subsection (c), by adding at the end the
8 following new paragraph:

9 “(3)(A) If the Secretary determines, based on reliable
10 evidence, that a health care entity or provider has sub-
11 mitted or caused to be submitted a fraudulent claim for
12 payment under this chapter, the Secretary may suspend
13 such entity or provider from furnishing hospital care, med-
14 ical services, or extended care services under this chapter.

15 “(B) Before imposing a suspension under subpara-
16 graph (A) with respect to an entity or provider, the Sec-
17 retary shall—

18 “(i) provide written notice to the entity or pro-
19 vider identifying the basis for the proposed suspen-
20 sion;

21 “(ii) afford the entity or provider an oppor-
22 tunity to respond within a period of 30 days; and

23 “(iii) consider any evidence or explanation sub-
24 mitted by the entity or provider.

1 “(C)(i) The Secretary shall take all necessary actions
2 to resolve a suspension under subparagraph (A) as soon
3 as possible but not longer than within one year of the date
4 of the beginning of the suspension, unless the Secretary
5 determines and provides a written determination that an
6 extension beyond one year is strictly necessary to protect
7 the interests of veterans and taxpayers and to preserve
8 the integrity of the health care delivery system of the De-
9 partment.

10 “(ii) Any extension under clause (i) of a suspension
11 shall—

12 “(I) be for an additional period of not longer
13 than one year; and

14 “(II) shall be reported to the Committee on
15 Veterans’ Affairs of the Senate and the Committee
16 on Veterans’ Affairs of the House of Representa-
17 tives.

18 “(D) The Secretary shall establish procedures for re-
19 instatement of an entity or provider suspended under sub-
20 paragraph (A) following the resolution of any fraud-re-
21 lated investigation or proceeding.

22 “(E) The Secretary shall coordinate actions under
23 this paragraph with the Office of Inspector General of the
24 Department.

1 “(F) The Secretary shall prescribe regulations to
2 carry out this paragraph, including standards of evidence,
3 notice, and appeal procedures.

4 “(G)(i) Not less frequently than quarterly, the Sec-
5 retary shall submit to the Committee on Veterans’ Affairs
6 of the Senate and the Committee on Veterans’ Affairs of
7 the House of Representatives a written notification of the
8 suspensions entered into, if any, during the preceding
9 quarter that includes—

10 “(I) the identity of the suspended entity or pro-
11 vider;

12 “(II) the statutory or regulatory basis for the
13 suspension;

14 “(III) a summary of the factual findings or evi-
15 dence supporting the action; and

16 “(IV) the status of any related investigation of
17 or referral to the Office of Inspector General of the
18 Department or any other appropriate Federal agen-
19 cy.

20 “(ii) The Secretary shall provide to the Committee
21 on Veterans’ Affairs of the Senate and the Committee on
22 Veterans’ Affairs of the House of Representatives, upon
23 request, all records, memoranda, and communications rel-
24 evant to any suspension or reinstatement action taken
25 under this paragraph, in accordance with applicable laws

1 related to privacy, ongoing investigations, or sensitive law
2 enforcement information.

3 “(iii) Failure by the Secretary to provide notice under
4 clause (i) shall be treated as a failure to comply with a
5 statutory reporting requirement.”.

6 **SEC. 606. AUDIT OF REPRESENTATIVE SAMPLE OF VET-**
7 **ERANS RECEIVING CARE AND SERVICES**
8 **UNDER VETERANS COMMUNITY CARE PRO-**
9 **GRAM.**

10 Not later than one year after the date of the enact-
11 ment of this Act, and not less frequently than annually
12 thereafter for the following five years, the Secretary of
13 Veterans Affairs shall—

14 (1) conduct an audit, for the one-year period
15 preceding the audit, of—

16 (A) the number of veterans eligible for care
17 or services under section 1703 of title 38,
18 United States Code, and the reasons for such
19 eligibility, including multiple such reasons for
20 veterans eligible under more than one eligibility
21 criteria;

22 (B) of those veterans eligible for care or
23 services under section 1703 of title 38, United
24 States Code, the number of veterans who are
25 informed of such eligibility;

1 (C) the number of veterans who opt to
2 seek care or services under such section;

3 (D) the number of veterans who do not opt
4 to seek care or services under such section;

5 (E) the timeliness of referrals for care or
6 services under such section and the timeliness
7 of receipt of such care or services, including
8 whether care or services received by the veteran
9 through a non-Department of Veterans Affairs
10 provider had a shorter wait time than the aver-
11 age wait time for such care or services at a fa-
12 cility of the Department;

13 (F) the number of requests for an appeal
14 of a denial of care or services under such sec-
15 tion using the clinical appeals process of the
16 Veterans Health Administration;

17 (G) the timeliness of each such appeal; and

18 (H) the outcome of each such appeal; and

19 (2) submit to the Committee on Veterans' Af-
20 fairs of the Senate and the Committee on Veterans'
21 Affairs of the House of Representatives a report on
22 the audit conducted under paragraph (1).

1 **SEC. 607. INFORMATION ON WAIT TIME AND DRIVE TIME**
2 **OPTIONS FOR RECEIPT OF CARE BY VET-**
3 **ERANS.**

4 (a) IN GENERAL.—To the greatest extent practicable,
5 the Secretary of Veterans Affairs shall ensure that vet-
6 erans are informed in writing, for each episode of care
7 provided under the laws administered by the Secretary,
8 of current wait time and average drive time options for
9 such episode of care disaggregated by care provided—

10 (1) in person at a facility of the Department of
11 Veterans Affairs;

12 (2) via telehealth through a provider of the De-
13 partment.

14 (3) in person through the nearest suitable non-
15 Department facility with which the Department has
16 a provider agreement or other arrangement for non-
17 Department care pursuant to section 1703 of title
18 38, United States Code; and

19 (4) via telehealth through a non-Department
20 provider with which the Department has a provider
21 agreement or other arrangement for non-Depart-
22 ment care pursuant to such section with the shortest
23 wait time.

24 (b) FORM OF INFORMATION.—Information provided
25 under subsection (a)—

26 (1) may be provided electronically; and

1 (2) shall be documented in the health record of
2 the veteran.

3 (c) OPT OUT.—The Secretary shall permit a veteran
4 to opt out of receiving information under subsection (a).

5 **SEC. 608. ESTABLISHMENT OF PERIOD DURING WHICH A**
6 **REFERRAL UNDER VETERANS COMMUNITY**
7 **CARE PROGRAM REMAINS VALID.**

8 Section 1703(a) of title 38, United States Code, as
9 amended by section 602(a), is further amended by adding
10 at the end the following new paragraph:

11 “(7) When authorizing care or services under this
12 section, the Secretary shall ensure that the period during
13 which such care or services may be performed by a health
14 care provider specified in subsection (c) begins on the date
15 that the covered veteran has the first appointment with
16 such provider.”.

17 **SEC. 609. UPDATES TO CONTRACTING REQUIREMENTS**
18 **UNDER VETERANS COMMUNITY CARE PRO-**
19 **GRAM.**

20 Section 1703(h) of title 38, United States Code, is
21 amended—

22 (1) in paragraph (3)—

23 (A) by amending subparagraph (A) to read
24 as follows:

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

7 “(i) the entity failed to comply substantially
8 with the provisions of the contract or with the provi-
9 sions of this section and the regulations prescribed
10 under this section, including with respect to access,
11 quality, training, and medical documentation;

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

14 “(iii) it is reasonable to terminate the contract
15 based on coverage provided by contracts or sharing
16 agreements entered into under authorities other
17 than this section.”;

18 (B) by redesignating subparagraph (B) as
19 subparagraph (D);

20 (C) by inserting after subparagraph (A)
21 the following new subparagraphs:

22 “(B)(i) The Secretary shall terminate a contract with
23 an entity entered into under paragraph (1) at such a time
24 and upon such notice to the entity as the Secretary may
25 specify for the purposes of this section, if the entity—

1 “(I) is excluded from participation in a Federal
2 health care program (as defined in section 1128B(f)
3 of the Social Security Act (42 U.S.C. 1320a–7b(f)))
4 under section 1128 or 1128A of the Social Security
5 Act (42 U.S.C. 1320a–7 and 1320a–7a);

6 “(II) has been convicted of a felony or other se-
7 rious offense under Federal or State law and the
8 continued participation of the entity would be detri-
9 mental to the best interests of veterans or the De-
10 partment; or

11 “(III) is identified as an excluded source on the
12 list maintained in the System for Award Manage-
13 ment, or any successor system.

14 “(ii) The Secretary may issue a waiver for entities
15 subject to clause (i) for a one-year period, and such a
16 waiver shall be reported to Congress not later than 30
17 days after such waiver is issued.

18 “(C) Any entities ineligible to enter into contracts
19 with the Department due to one or more reasons specified
20 in this paragraph may be listed on a publicly available
21 website of the Department or appropriate third party ad-
22 ministrator.”;

23 (D) in subparagraph (D), as redesignated
24 by subparagraph (B) of this paragraph, by

1 striking “in subparagraph (A)” and inserting
2 “in this paragraph”; and

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

5 “(7) Any contract or agreement between the Depart-
6 ment and a third party administrator or between a third
7 party administrator and a health care provider specified
8 in subsection (c) that is made with respect to care or serv-
9 ices provided under this section shall include—

10 “(A) notice of obligations to comply with Fed-
11 eral laws and the consequences for failure to comply
12 with those laws, including specific information re-
13 garding claims for payment and consequences for
14 any false claims, statements, or documents, or con-
15 cealment of a material fact;

16 “(B) confirmation by the health care provider
17 that they are accredited to provide any specialized
18 services subject to the contract or agreement and
19 that they will only use qualified staff to provide
20 those services; and

21 “(C) confirmation that the health care provider
22 will identify any individuals providing specialized
23 services or treatments included in the contract or
24 agreement and provide proof of the licensure of
25 those individuals to the Department.”.

1 **SEC. 610. PUBLICATION OF COMMUNITY CARE NETWORK**
2 **SUFFICIENCY AND PAYMENT WAIVER RE-**
3 **QUESTS AND APPROVALS.**

4 Not later than one year after the date of the enact-
5 ment of this Act, and not less frequently than annually
6 thereafter, the Secretary of Veterans Affairs shall publish
7 on a publicly available and user-friendly website—

8 (1) the information contained in the most re-
9 cent report required by section 1703(p) of title 38,
10 United States Code; and

11 (2) an overview, disaggregated by region, of the
12 waivers requested, approved, and denied under sec-
13 tion 1703B(f)(3) of such title.

14 **SEC. 611. REQUIREMENTS RELATING TO QUALITY OF COM-**
15 **MUNITY CARE PROVIDERS.**

16 (a) MONTHLY CHECKS AGAINST LIST OF EXCLUDED
17 INDIVIDUALS OR ENTITIES.—The Secretary of Veterans
18 Affairs shall ensure that third party administrators under
19 the Veterans Community Care Program perform auto-
20 mated monthly checks for all community care providers
21 against the list of excluded individuals or entities set forth
22 by the Office of Inspector General of the Department of
23 Health and Human Services using national provider iden-
24 tifier records or other unique identifiers.

25 (b) REVISION OF PROVIDER EXCLUSION STANDARD
26 OPERATING PROCEDURES.—Not later than 90 days after

1 the date of the enactment of this Act, the Secretary shall
2 ensure that the Office of Integrated Veteran Care or suc-
3 cessor office revises its provider exclusion standard oper-
4 ating procedures to require automated matching of com-
5 munity care providers in the provider profile management
6 system of the Department of Veterans Affairs to the sys-
7 tem for award management exclusions of the General
8 Services Administration using both taxpayer identification
9 number and national provider identifier as identifiers.

10 (c) PROCESS TO IDENTIFY DEPARTMENT PROVIDERS
11 TERMINATED OR RESIGNING FROM EMPLOYMENT.—Not
12 later than 90 days after the date of the enactment of this
13 Act, the Secretary shall ensure that the Under Secretary
14 for Health of the Department of Veterans Affairs develops
15 a process to identify health care providers that are termi-
16 nated, retire, or resign from employment with the Depart-
17 ment for quality of care concerns or while under investiga-
18 tion for quality of care concerns so those health care pro-
19 viders can be prevented from participating in the Veterans
20 Community Care Program.

21 (d) UPDATE OF INFORMATION ON PROVIDERS.—Not
22 later than one year after the date of the enactment of this
23 Act, the Secretary, through the Office of Integrated Vet-
24 eran Care or successor office, shall develop a process to

1 ensure that third party administrators regularly, not less
2 frequently than quarterly—

3 (1) update their lists of community care pro-
4 viders to reflect accurate provider contact informa-
5 tion;

6 (2) annotate providers that are not currently
7 accepting patients under the Veterans Community
8 Care Program; and

9 (3) remove providers from the provider profile
10 management system that—

11 (A) are on the list of excluded individuals
12 or entities set forth by the Office of Inspector
13 General of the Department of Health and
14 Human Services;

15 (B) are in the system for award manage-
16 ment exclusions of the General Services Admin-
17 istration; or

18 (C) have been terminated from employ-
19 ment with the Department of Veterans Affairs
20 due to quality of care concerns or left such em-
21 ployment voluntarily, through resignation, or
22 through retirement, while under investigation
23 for quality of care concerns.

24 (e) DEFINITIONS.—In this section:

1 (1) COMMUNITY CARE PROVIDER.—The term
2 “community care provider” means a health care pro-
3 vider specified under section 1703(c) of title 38,
4 United States Code.

5 (2) VETERANS COMMUNITY CARE PROGRAM.—
6 The term “Veterans Community Care Program”
7 means the Veterans Community Care Program
8 under section 1703 of title 38, United States Code.

9 **SEC. 612. PROVIDER TRAINING.**

10 (a) DEVELOPMENT OF PLAN.—Not later than 180
11 days after the date of the enactment of this Act, the Sec-
12 retary of Veterans Affairs shall develop a comprehensive
13 plan to better align training and incentive requirements
14 applicable to community care providers participating in
15 the Veterans Community Care Program and health care
16 providers, residents, and trainees of the Department of
17 Veterans Affairs.

18 (b) ELEMENTS.—The plan required under subsection
19 (a) shall—

20 (1) identify existing training requirements or
21 incentives applicable to health care providers of the
22 Department;

23 (2) identify existing training requirements or
24 incentives applicable to health care trainees or resi-
25 dents of the Department;

1 (3) identify existing training requirements or
2 incentives applicable to community care providers;

3 (4) assess gaps between training requirements
4 and incentives for health care providers of the De-
5 partment, trainees or residents of the Department,
6 and community care providers;

7 (5) establish standardized baseline training re-
8 quirements to ensure consistency in the quality of
9 care furnished through the Department from health
10 care providers of the Department, trainees or resi-
11 dents of the Department, and community care pro-
12 viders; and

13 (6) provide a strategy, assessment of barriers,
14 and timeline for implementing such baseline training
15 requirements, including—

16 (A) through online modules and continuing
17 medical education programs; and

18 (B) within such strategy—

19 (i) metrics to measure the effective-
20 ness of baseline training requirements in
21 improving clinical quality, satisfaction of
22 veterans, and health outcomes for veterans;

23 (ii) a mechanism to account for non-
24 Department training that is equivalent or
25 substantially similar to the Department

1 training in length, scope, and content, as
2 determined by the Secretary;

3 (iii) a mechanism to regularly commu-
4 nicate, including through direct outreach
5 and publication online and in provider
6 handbooks of third party administrators
7 under the Veterans Community Care Pro-
8 gram, requirements and expectations with
9 respect to training;

10 (iv) a mechanism to track, report, and
11 address non-compliance, to include correc-
12 tive actions, which may include suspending
13 or barring providers who are routinely non-
14 compliant; and

15 (v) a mechanism to designate commu-
16 nity care providers who routinely meet or
17 exceed baseline training requirements as
18 preferred providers or part of the high per-
19 forming provider program of the Depart-
20 ment, as the Secretary considers appro-
21 priate.

22 (c) IMPLEMENTATION.—Not later than one year after
23 submission of the report required under subsection (d),
24 the Secretary shall begin implementing the plan required
25 under subsection (a).

1 (d) REPORT TO CONGRESS.—Not later than 180 days
2 after the date of the enactment of this Act, the Secretary
3 shall submit to the Committee on Veterans' Affairs of the
4 Senate and the Committee on Veterans' Affairs of the
5 House of Representatives a report containing—

6 (1) the plan required under subsection (a);

7 (2) a description of identified gaps between
8 training or incentives for providers of the Depart-
9 ment, trainees or residents of the Department, and
10 community care providers;

11 (3) the estimated costs associated with imple-
12 mentation of the plan; and

13 (4) a description of any legislative or regulatory
14 changes necessary to carry out the plan.

15 (e) ANNUAL UPDATES.—Not later than one year
16 after the submission of the report required by subsection
17 (d), and annually thereafter for the following two years,
18 the Secretary shall submit to the Committee on Veterans'
19 Affairs of the Senate and the Committee on Veterans' Af-
20 fairs of the House of Representatives an update—

21 (1) describing progress in implementing the
22 plan required under subsection (a);

23 (2) assessing any measurable impacts of such
24 implementation on quality of care; and

1 (3) assessing any improvements in rates of
2 compliance with training requirements among health
3 care providers, trainees, and residents of the Depart-
4 ment and community care providers.

5 (f) DEFINITIONS.—In this section:

6 (1) COMMUNITY CARE PROVIDER.—The term
7 “community care provider” means a health care pro-
8 vider specified under section 1703(c) of title 38,
9 United States Code.

10 (2) TRAINING.—The term “training” includes
11 training relating to—

12 (A) veteran-specific cultural competency;

13 (B) health conditions related to military
14 service, including toxic exposures, post-trau-
15 matic stress disorder, traumatic brain injury,
16 and military sexual trauma;

17 (C) suicide prevention;

18 (D) pain management and opioid safety;

19 and

20 (E) any other matter the Secretary deter-
21 mines appropriate.

22 (3) VETERANS COMMUNITY CARE PROGRAM.—
23 The term “Veterans Community Care Program”
24 means the Veterans Community Care Program
25 under section 1703 of title 38, United States Code.

1 **SEC. 613. OVERSIGHT AUTHORITY OVER COMMUNITY CARE.**

2 (a) IN GENERAL.—The Secretary of Veterans Affairs
3 shall include in each contract or agreement used to provide
4 care or services through the Veterans Community Care
5 Program provisions requiring the contractor and any sub-
6 contractor or participating provider to provide government
7 officials, including the Office of the Inspector General of
8 the Department of Veterans Affairs, access, within a rea-
9 sonable time and manner, to records, materials, docu-
10 ments, data, and personnel necessary to conduct audits,
11 inspections, evaluations, or investigations related to such
12 care or services.

13 (b) THIRD PARTY ADMINISTRATORS.—

14 (1) REQUIREMENT.—The Secretary shall re-
15 quire third party administrators under the Veterans
16 Community Care Program to include provisions in
17 agreements with participating providers that are
18 equivalent to the provisions required under sub-
19 section (a).

20 (2) NOTIFICATION.—Notification of the require-
21 ments under this section and any other related infor-
22 mation as the Secretary determines appropriate shall
23 be included in the provider handbooks of third party
24 administrators under the Veterans Community Care
25 Program.

1 (c) STANDARD CONTRACT LANGUAGE.—The Sec-
 2 retary shall establish standard contract language under
 3 this section in consultation with the Inspector General of
 4 the Department of Veterans Affairs.

5 (d) VETERANS COMMUNITY CARE PROGRAM DE-
 6 FINED.—In this section, the term “Veterans Community
 7 Care Program” means the Veterans Community Care Pro-
 8 gram under section 1703 of title 38, United States Code.

9 **Subtitle B—Mental Health**
 10 **Treatment Programs**

11 **SEC. 621. VETERAN PARTICIPATION IN CERTAIN MENTAL**
 12 **HEALTH PROGRAMS.**

13 (a) ESTABLISHMENT.—Chapter 17 of title 38,
 14 United States Code, is amended by adding at the end the
 15 following new subchapter:

16 “SUBCHAPTER IX—PARTICIPATION BY VET-
 17 ERANS IN CERTAIN MENTAL HEALTH
 18 TREATMENT PROGRAMS

19 “§ 1791. Definitions

20 “In this subchapter:

21 “(1) ACTIVITIES OF DAILY LIVING.—The term
 22 ‘activities of daily living’ means specific personal
 23 care activities that are required for basic daily main-
 24 tenance and sustenance, to include eating, toileting,

1 bathing, grooming, dressing and undressing, and
2 mobility.

3 “(2) COVERED TREATMENT PROGRAM.—

4 “(A) IN GENERAL.—The term ‘covered
5 treatment program’—

6 “(i) means—

7 “(I) a mental health residential
8 rehabilitation treatment program of
9 the Department; or

10 “(II) a program of the Depart-
11 ment for residential care for mental
12 health and substance use disorders;

13 “(ii) includes—

14 “(I) the programs designated as
15 of the date of the enactment of the
16 Take Care of America’s Veterans Act
17 as domiciliary residential rehabilita-
18 tion treatment programs; and

19 “(II) any programs designated as
20 domiciliary residential rehabilitation
21 treatment programs on or after such
22 date of enactment; and

23 “(iii) does not include—

1 “(I) Compensated Work Therapy
2 Transition Residence programs of the
3 Department; or

4 “(II) Department or non-Depart-
5 ment programs in which more than 20
6 percent of the care provided is pro-
7 vided through telehealth.

8 “(B) ACCREDITATION.—A program de-
9 scribed in subparagraph (A) must maintain ac-
10 creditation by the Commission on Accreditation
11 of Rehabilitation Facilities and the Joint Com-
12 mission.

13 “(3) COVERED VETERAN.—The term ‘covered
14 veteran’ means a veteran described in section
15 1703(b) of this title.

16 “(4) EVIDENCE-BASED TREATMENT.—The term
17 ‘evidence-based treatment’ means treatment provided
18 in accordance with the Department of Veterans Af-
19 fairs/Department of Defense Clinical Practice Guide-
20 lines for Mental Health and Substance Use Dis-
21 order, or any successor similar guidelines.

22 “(5) SOCIAL SUPPORT SYSTEMS.—The term
23 ‘social support systems’, with respect to a covered
24 veteran—

25 “(A) means—

1 “(i) a member of the family of the
2 covered veteran, including a parent,
3 spouse, child, step-family member, or ex-
4 tended family member; or

5 “(ii) an individual who lives with the
6 veteran but is not a member of the family
7 of the veteran; and

8 “(B) does not include a facility-organized
9 peer support program.

10 **“§ 1792. Standardized process to determine eligibility**
11 **of covered veterans for participation in**
12 **certain mental health treatment pro-**
13 **grams**

14 “(a) STANDARDIZED SCREENING PROCESS.—Not
15 later than one year after the date of the enactment of the
16 Take Care of America’s Veterans Act, the Secretary shall
17 establish a standardized screening process to determine,
18 based on clinical need, whether a covered veteran satisfies
19 criteria for priority or routine admission to a covered
20 treatment program.

21 “(b) ELIGIBILITY CRITERIA FOR PRIORITY ADMIS-
22 SION.—

23 “(1) IN GENERAL.—Under the standardized
24 screening process required by subsection (a), a cov-
25 ered veteran shall be eligible for priority admission

1 to a covered treatment program if the covered vet-
2 eran meets criteria established by the Secretary that
3 include any of the following:

4 “(A) A clinical assessment of the symp-
5 toms of the veteran, including symptoms that—

6 “(i) significantly affect activities of
7 daily life; and

8 “(ii) increase the risk of adverse out-
9 comes, such as overdose, suicide, self-harm,
10 or an unsafe living situation.

11 “(B) The lack of availability and applica-
12 bility of other treatment options.

13 “(C) Whether the veteran has a recent sui-
14 cide or overdose attempt.

15 “(D) Whether the veteran is determined to
16 be a high risk for suicide or overdose.

17 “(E) Whether the veteran has a dem-
18 onstrated history of non-responsiveness, relapse,
19 or inability to find recovery from two other
20 completed courses of treatment, such as out-
21 patient or intensive outpatient treatment,
22 through a program that—

23 “(i) is licensed by a State;

1 “(ii) is accredited by the Commission
2 on Accreditation of Rehabilitation Facili-
3 ties or the Joint Commission; and

4 “(iii) provides evidence-based treat-
5 ment.

6 “(F) Such other criteria as the Secretary
7 determines appropriate, in consultation with
8 Congress.

9 “(2) CONSIDERATION.—In making a determina-
10 tion that a covered veteran meets criteria established
11 by the Secretary under paragraph (1) for priority
12 admission to a covered treatment program, the Sec-
13 retary shall—

14 “(A) consider any referral of a health care
15 provider of a covered veteran; and

16 “(B) ensure that consideration of such cri-
17 teria includes consideration of all relevant fac-
18 tors, is driven by clinical need, and that no sin-
19 gle factor is required to be determinative when
20 considering the best medical interest of a cov-
21 ered veteran.

22 “(3) PROVISION OF HIGHER-LEVEL CARE.—The
23 Secretary shall provide immediate and clinically nec-
24 essary care under other authorities available to the
25 Secretary to any covered veteran who is not clini-

1 cally recommended for admission to a covered treat-
2 ment program based on the need for a higher level
3 of care, such as being at a high acute risk for sui-
4 cide.

5 “(c) SCREENING FOR TRAUMATIC BRAIN INJURY.—
6 Under the standardized screening process required by sub-
7 section (a), the Secretary shall ensure a covered veteran
8 is screened at an appropriate time for potential mild, mod-
9 erate, or severe traumatic brain injury.

10 “(d) CONSIDERATIONS.—In making placement deci-
11 sions in a covered treatment program for veterans who
12 meet criteria for priority or routine admission, the Sec-
13 retary shall—

14 “(1) consider the input of the covered veteran
15 with respect to the—

16 “(A) program specialty, subtype, and
17 treatment track offered to the covered veteran;
18 and

19 “(B) geographic placement of the covered
20 veteran, including proximity to the current resi-
21 dence, time zone, or geographic region of the
22 covered veteran;

23 “(2) maximize the proximity of the covered vet-
24 eran to social support systems; and

1 “(3) to the greatest extent practicable, place the
2 veteran in a covered treatment program located
3 within the same time zone and geographic region as
4 the residence of the veteran at the time of admis-
5 sion.

6 “(e) CONDITIONS UNDER WHICH CARE SHALL BE
7 FURNISHED THROUGH NON-DEPARTMENT PROVIDERS.—

8 “(1) PRIORITY ADMISSION.—If the Secretary
9 determines a covered veteran is eligible for priority
10 admission to a covered treatment program pursuant
11 to the standardized screening process required by
12 subsection (a) and the Secretary is unable to admit
13 such covered veteran to a covered treatment pro-
14 gram at a facility of the Department in a manner
15 that complies with the requirements under sub-
16 section (d) and section 1703B(a)(1)(C) of this title,
17 the Secretary shall offer the covered veteran the op-
18 tion to receive care at a non-Department facility
19 that—

20 “(A) can admit the covered veteran within
21 the period required by section
22 1703B(a)(1)(C)(ii)(I) of this title;

23 “(B) is party to a contract or agreement
24 with the Department or enters into such a con-
25 tract or agreement under which the Department

1 furnishes a program that is equivalent to a cov-
2 ered treatment program to a veteran through
3 such non-Department facility;

4 “(C) is licensed by a State;

5 “(D) is accredited by the Commission on
6 Accreditation of Rehabilitation Facilities or the
7 Joint Commission; and

8 “(E) provides evidence-based treatment.

9 “(2) ROUTINE ADMISSION.—If the Secretary
10 determines a covered veteran is eligible for routine
11 admission to a covered treatment program pursuant
12 to the standardized screening process required by
13 subsection (a) and the Secretary is unable to admit
14 such covered veteran to a covered treatment pro-
15 gram at a facility of the Department in a manner
16 that complies with the requirements under section
17 1703B(a)(1)(C) of this title with respect to routine
18 admission, the Secretary shall offer the covered vet-
19 eran the option to receive care at a non-Department
20 facility that—

21 “(A) is party to a contract or agreement
22 with the Department or enters into such a con-
23 tract or agreement under which the Department
24 furnishes a program that is equivalent to a cov-

1 ered treatment program to a veteran through
2 such non-Department facility;

3 “(B) is licensed by a State;

4 “(C) is accredited by the Commission on
5 Accreditation of Rehabilitation Facilities or the
6 Joint Commission; and

7 “(D) provides evidence-based treatment.

8 “(3) RULE OF CONSTRUCTION.—This sub-
9 section shall not be construed to affect a covered
10 veteran in a covered treatment program pursuant to
11 a determination made on or before the date of the
12 Take Care of America’s Veterans Act.

13 **“§ 1793. Improvements to Department of Veterans Af-**
14 **fairs mental health residential rehabilita-**
15 **tion treatment program**

16 “(a) PERFORMANCE METRICS.—

17 “(1) IN GENERAL.—The Secretary shall develop
18 metrics to track, and shall subsequently track, the
19 performance of medical facilities of the Department,
20 Veterans Integrated Service Networks, and non-De-
21 partment facilities in meeting the requirements
22 for—

23 “(A) screening, under section 1792 of this
24 title, for a covered treatment program;

1 “(B) timely admission, under section 1792
2 of this title, to a covered treatment program
3 pursuant to such screening; and

4 “(C) adherence to evidence-based treat-
5 ment standards developed by the Secretary in
6 consultation with appropriate governmental and
7 non-governmental professional organizations
8 with a demonstrated history of providing or ac-
9 crediting programs that are substantially simi-
10 lar to covered treatment programs, or made of
11 professionals who provide for such programs,
12 including by—

13 “(i) using placement criteria estab-
14 lished by the American Society of Addic-
15 tion Medicine; and

16 “(ii) maintaining standards to meet
17 accreditation by the Commission on Ac-
18 creditation of Rehabilitation Facilities or
19 the Joint Commission.

20 “(2) ELEMENTS.—The metrics developed under
21 paragraph (1) shall include metrics for tracking the
22 performance of medical facilities of the Department,
23 Veterans Integrated Service Networks, and non-De-
24 partment facilities with respect to routine and pri-
25 ority admission under a covered treatment program

1 as well as adherence to evidence-based treatment
2 standards.

3 “(3) CONSULTATION.—In developing metrics
4 under paragraph (1), the Secretary shall consult
5 with mental health and substance use disorder pro-
6 viders, including providers employed by the Depart-
7 ment and those employed by non-Department enti-
8 ties, and ensure adherence to industry standards.

9 “(4) REPORT.—Not later than one year after
10 the date of the enactment of the Take Care of
11 America’s Veterans Act, the Secretary shall submit
12 to the Committee on Veterans’ Affairs of the Senate
13 and the Committee on Veterans’ Affairs of the
14 House a report describing the consultation and per-
15 formance metrics required under this subsection.

16 “(b) OVERSIGHT.—

17 “(1) IN GENERAL.—The Secretary shall develop
18 a process for systematically assessing at the facility,
19 network, and regional level, as the Secretary con-
20 siders appropriate, the quality of care delivered by
21 facilities of the Department and non-Department fa-
22 cilities treating covered veterans under this section
23 as well as a process for rectifying any identified con-
24 cerns.

1 “(2) ELEMENTS.—The processes required
2 under paragraph (1) shall include assessments of—

3 “(A) the extent to which providers at the
4 facility deliver evidence-based treatments to cov-
5 ered veterans;

6 “(B) clinical outcomes for covered vet-
7 erans, including those outcomes assessment
8 pursuant to a subsequent clinical screening
9 under subsection (g)(3)(E);

10 “(C) the ratio of licensed independent
11 practitioners per resident;

12 “(D) the rate of completion of training
13 under section 1795 of this title by licensed inde-
14 pendent practitioners;

15 “(E) whether non-Department facilities
16 and providers generally meet the criteria out-
17 lined in section 1792(e) of this title;

18 “(F) the timeliness, completeness, and rate
19 of transmission, if applicable, of medical records
20 during and following treatment of covered vet-
21 erans; and

22 “(G) potentially wasteful, fraudulent, or
23 inappropriate referral or billing practices.

24 “(3) CONSULTATION.—In developing the proc-
25 esses required under paragraph (1), the Secretary

1 shall consult with relevant stakeholders, including
2 mental health and substance use disorder providers
3 employed by the Department and those employed by
4 non-Department entities, and ensure adherence to
5 industry standards.

6 “(4) REPORT.—Not later than one year after
7 the date of the enactment of the Take Care of
8 America’s Veterans Act, the Secretary shall submit
9 to the Committee on Veterans’ Affairs of the Senate
10 and the Committee on Veterans’ Affairs of the
11 House a report describing the consultation and over-
12 sight processes required by this subsection.

13 “(c) PLACEMENT; TRANSPORTATION.—

14 “(1) LOCATIONS.—If the Secretary determines
15 that a covered veteran is in need of residential care
16 under a covered treatment program, the Secretary
17 shall provide to the covered veteran a list of loca-
18 tions at which such covered veteran can receive such
19 residential care that meets—

20 “(A) the standards for screening under
21 section 1792 of this title; and

22 “(B) the care needs of the covered veteran,
23 including applicable treatment tracks.

24 “(2) TRANSPORTATION COVERAGE.—

1 “(A) IN GENERAL.—Notwithstanding any
2 other provision of law regarding the transpor-
3 tation of individuals under this title, or any
4 other law administered by the Secretary, and
5 except as provided in subparagraph (B), the
6 Secretary shall provide transportation, pay for,
7 or reimburse the costs of transportation for any
8 covered veteran who is admitted into a covered
9 treatment program and needs transportation
10 assistance—

11 “(i) from the residence of the covered
12 veteran or a facility of the Department or
13 authorized non-Department facility that
14 does not provide such care to another De-
15 partment or non-Department facility that
16 provides residential care covered under a
17 covered treatment program; and

18 “(ii) back to the residence of the cov-
19 ered veteran or to a facility of the Depart-
20 ment or an authorized non-Department fa-
21 cility after the conclusion of a covered
22 treatment program, if applicable.

23 “(B) LIMITATIONS.—

24 “(i) COSTS INCURRED BY VET-
25 ERANS.—The Secretary shall provide reim-

1 bursement under subparagraph (A) di-
2 rectly to a covered veteran only for costs
3 directly incurred by the covered veteran
4 and pre-approved by the Department.

5 “(ii) NO COVERAGE OF TRANSPOR-
6 TATION PROVIDED BY COVERED TREAT-
7 MENT PROGRAM.—The Secretary shall not
8 reimburse a covered veteran for transpor-
9 tation provided to the covered veteran by a
10 covered treatment program, unless for a
11 purpose and amount approved by the Sec-
12 retary.

13 “(d) APPEALS.—

14 “(1) IN GENERAL.—The Secretary shall develop
15 a national policy and associated procedures, in ac-
16 cordance with the existing clinical appeals process of
17 the Veterans Health Administration, under which a
18 covered veteran, a representative of a covered vet-
19 eran, or a provider who requests a covered veteran
20 be admitted to a covered treatment program, includ-
21 ing a provider of the Department or a non-Depart-
22 ment provider, may file a clinical appeal pursuant to
23 this subsection if the covered veteran is—

24 “(A) denied admission into a covered treat-
25 ment program; or

1 “(B) accepted into a covered treatment
2 program but is not offered bed placement in a
3 timely manner.

4 “(2) TIMELINESS STANDARDS FOR REVIEW.—

5 “(A) IN GENERAL.—The national policy
6 and procedures developed under paragraph (1)
7 for appeals described in such paragraph shall
8 include timeliness standards for the Depart-
9 ment to review and make a decision on such an
10 appeal.

11 “(B) DECISION.—The Secretary shall re-
12 view and respond to any appeal under para-
13 graph (1) not later than 72 hours after the Sec-
14 retary receives such appeal.

15 “(3) PUBLIC GUIDANCE.—The Secretary shall
16 develop, and make available to the public, guidance
17 on how a covered veteran, a representative of the
18 covered veteran, or a provider of the covered veteran
19 can file a clinical appeal pursuant to this sub-
20 section—

21 “(A) if the covered veteran is denied ad-
22 mission into a covered treatment program;

23 “(B) if the first date on which the covered
24 veteran may enter a covered treatment program
25 does not comply with the eligibility access

1 standards under section 1703B(a) of this title
2 for care at a covered treatment program; or

3 “(C) with respect to such other factors as
4 the Secretary may specify.

5 “(4) RULE OF CONSTRUCTION.—Nothing in
6 this subsection may be construed as granting a cov-
7 ered veteran, a representative of a covered veteran,
8 or a provider who requests a covered veteran be ad-
9 mitted to a covered treatment program, including a
10 provider of the Department or a non-Department
11 provider, the right to appeal a decision of the Sec-
12 retary with respect to admission to a covered treat-
13 ment program to the Board of Veterans’ Appeals
14 under chapter 71 of this title.

15 “(e) TRACKING OF AVAILABILITY AND WAIT
16 TIMES.—

17 “(1) IN GENERAL.—The Secretary, to the ex-
18 tent practicable, shall create a method for tracking
19 availability and wait times under a covered treat-
20 ment program across all facilities of the Depart-
21 ment, Veterans Integrated Service Networks, and
22 non-Department providers throughout the United
23 States.

1 “(2) AVAILABILITY OF INFORMATION.—The
2 Secretary shall make the information tracked under
3 paragraph (1) available, in real time to—

4 “(A) the mental health treatment coordina-
5 tors at each facility of the Department;

6 “(B) the leadership of each medical center
7 of the Department;

8 “(C) the leadership of each Veterans Inte-
9 grated Service Network; and

10 “(D) the Office of the Under Secretary for
11 Health of the Department.

12 “(3) PUBLICATION OF INFORMATION.—Not less
13 frequently than monthly, the Secretary shall publish
14 the information tracked under paragraph (1) on a
15 publicly accessible website of the Department.

16 “(f) STAFFING MATTERS.—

17 “(1) TRAINING.—

18 “(A) IN GENERAL.—The Secretary shall
19 update and implement training for staff of the
20 Department directly involved in a covered treat-
21 ment program regarding referrals, screening,
22 admission, placement decisions, and appeals for
23 such program, including all changes to proc-
24 esses and guidance under such program re-
25 quired by this section and section 1792.

1 “(B) COVERED VETERANS AWAITING AD-
2 MISSION.—The training under subparagraph
3 (A) shall include procedures for the care of cov-
4 ered veterans awaiting admission into a covered
5 treatment program and communication with
6 such covered veterans and the providers of such
7 covered veterans.

8 “(C) TIMING OF TRAINING.—

9 “(i) IN GENERAL.—The Secretary
10 shall require the training under subpara-
11 graph (A) to be completed by staff re-
12 quired to complete such training—

13 “(I) not later than 60 days after
14 beginning employment at the Depart-
15 ment in a position that includes work
16 directly involving a covered treatment
17 program; and

18 “(II) not less frequently than an-
19 nually.

20 “(ii) TRACKING.—The Secretary shall
21 track completion of training required
22 under clause (i) by staff required to com-
23 plete such training.

24 “(2) OVERSIGHT STANDARDS.—The Secretary
25 shall review and revise oversight standards for the

1 leadership of the Veterans Integrated Service Net-
2 works and the Veterans Health Administration to
3 ensure that facilities and staff of the Department
4 are adhering to the policy on access to care of each
5 covered treatment program.

6 “(3) STAFF COVERAGE.—The Secretary shall
7 not require staff of a covered treatment program to
8 act as coverage for any other team, service, or
9 project unrelated to the covered treatment program
10 for a period of greater than three days per month
11 unless such coverage is for purposes of the fourth
12 mission of the Department or under an emergency
13 declaration.

14 “(g) CARE COORDINATION AND FOLLOW-UP CARE.—

15 “(1) CONTINUITY OF CARE.—The Secretary
16 shall ensure each covered veteran who is screened
17 for admission to a covered treatment program is of-
18 fered, and provided if agreed upon, care options dur-
19 ing the period between screening of the covered vet-
20 eran and admission of the covered veteran to such
21 program to ensure the covered veteran does not ex-
22 perience any lapse in care.

23 “(2) CARE COORDINATION FOR SUBSTANCE USE
24 DISORDER.—For a covered veteran being treated for
25 substance use disorder, the Secretary shall—

1 “(A) ensure there is a care plan in place
2 during the period between any detoxification
3 services or inpatient care received by the cov-
4 ered veteran and admission of the covered vet-
5 eran to a covered treatment program; and

6 “(B) communicate that care plan to the
7 covered veteran, the primary care provider of
8 the covered veteran, and the facility where the
9 covered veteran is or will be residing under such
10 program.

11 “(3) CARE PLANNING AND CLINICAL SCREEN-
12 ING.—

13 “(A) IN GENERAL.—A covered treatment
14 program, in consultation with the covered vet-
15 eran and the treating providers of the covered
16 veteran in the covered treatment program, shall
17 ensure the completion of a care plan and a clin-
18 ical screening upon admittance to the covered
19 treatment program and prior to discharge from
20 the covered treatment program, which shall in-
21 clude an assessment of, with respect to the cov-
22 ered veteran—

23 “(i) overall mental health;

24 “(ii) risk for suicide;

25 “(iii) risk for overdose;

1 “(iv) housing insecurity;

2 “(v) food insecurity;

3 “(vi) employment;

4 “(vii) complex medical needs and di-
5 agnoses; and

6 “(viii) any other factors the Secretary
7 determines necessary.

8 “(B) MATTERS TO BE INCLUDED.—The
9 care plan required under subparagraph (A) for
10 a covered veteran shall include details on the
11 course of treatment for the covered veteran fol-
12 lowing completion of treatment under the cov-
13 ered treatment program, including rec-
14 ommended length of stay and any necessary fol-
15 low-up care and the results of any screening
16 conducted under such subparagraph.

17 “(C) LENGTH OF STAY.—

18 “(i) IN GENERAL.—Covered treatment
19 programs at non-Department facilities
20 shall submit the care plan under subpara-
21 graph (A) for a covered veteran, including
22 the requested or recommended length of
23 stay for the covered veteran, to the De-
24 partment not later than 72 hours after the

1 veteran is admitted to the covered treat-
2 ment program.

3 “(ii) APPROVAL REQUIRED.—Any
4 length of stay of a covered veteran at a
5 covered treatment program longer than 30
6 days or extensions of length of stay greater
7 than a total of 30 days shall require ap-
8 proval by the Secretary. The Secretary
9 shall respond to any such requests for ap-
10 proval within 72 hours. Any such requests
11 that have not received a response within
12 72 hours shall be automatically approved
13 on a daily basis until the Secretary re-
14 sponds.

15 “(D) SHARING OF CARE PLAN.—The care
16 plan required under subparagraph (A) shall be
17 shared with the covered veteran, the primary
18 care provider of the covered veteran, and any
19 other providers with which the covered veteran
20 consents to sharing the plan.

21 “(E) DISCHARGE FROM NON-DEPARTMENT
22 FACILITY.—Upon discharge of a covered vet-
23 eran under a covered treatment program from
24 a non-Department facility, and not later than
25 30 days after discharge, the facility shall share

1 with the Department all care records main-
2 tained by the facility with respect to the covered
3 veteran and shall work in consultation with the
4 Department on the care plan of the covered vet-
5 eran required under subparagraph (A).

6 “(F) SUBSEQUENT CLINICAL SCREEN-
7 ING.—Not later than 180 days after the end of
8 treatment of a covered veteran in a covered
9 treatment program, the covered treatment pro-
10 gram or a Department or non-Department pro-
11 vider shall conduct a subsequent clinical screen-
12 ing, which shall include an assessment of the
13 factors specified in clauses (i) through (viii) of
14 subparagraph (A) and recommendations for fol-
15 low-up care as the Secretary considers appro-
16 priate.

17 “(G) COMPLEX MEDICAL NEEDS.—Before,
18 during, and after treatment in a covered treat-
19 ment program, the Secretary shall provide
20 greater engagement, coordination, and moni-
21 toring of care for covered veterans with—

22 “(i) complex medical diagnoses, in-
23 cluding diagnoses of dementia, spinal cord
24 injury or disorder, epilepsy, Parkinson’s,
25 anemia, severe mental illness, multiple

1 sclerosis, incontinence of the bladder or
2 bowel, mobility limitations, or impaired vi-
3 sion; or

4 “(ii) complex medical needs, including
5 chemotherapy or other oncology care, di-
6 alysis, recurring blood transfusions, or
7 physical or occupational therapy.

8 “(h) DATA COLLECTION.—The Secretary shall con-
9 sult with the Office of Research and Development of the
10 Department, or any successor office, regarding any data
11 the Department should consider requesting or requiring
12 from non-Department facilities to assist with research
13 studies and projects in which the Department is partici-
14 pating relating to mental health residential rehabilitation
15 treatment programs.

16 “(i) REPORTS TO CONGRESS.—

17 “(1) REPORT ON MODIFICATIONS TO PRO-
18 GRAMS.—

19 “(A) IN GENERAL.—Not later than two
20 years after the date of the enactment of the
21 Take Care of America’s Veterans Act, the Sec-
22 retary shall submit to the Committee on Vet-
23 erans’ Affairs of the Senate and the Committee
24 on Veterans’ Affairs of the House of Represent-
25 atives a report on modifications made to the

1 guidance, operation, and oversight of covered
2 treatment programs to fulfill the requirements
3 of this section.

4 “(B) ELEMENTS.—The report required by
5 subparagraph (A) shall include—

6 “(i) an assessment of whether costs of
7 covered treatment programs, including for
8 residential care provided through facilities
9 of the Department and non-Department
10 facilities, serve as a disincentive to place-
11 ment in the such a program;

12 “(ii) a description of actions taken by
13 the Department to address the findings
14 and recommendations by the Secretary
15 contained in the report under section
16 503(c) of the STRONG Veterans Act of
17 2022 (division V of Public Law 117–328;
18 136 Stat. 5515), including—

19 “(I) such actions with respect
20 to—

21 “(aa) any new locations
22 added for covered treatment pro-
23 grams;

1 “(bb) any beds added at ex-
2 isting facilities of such programs;
3 and

4 “(cc) any additional treat-
5 ment tracks or sex-specific pro-
6 grams created or added at facili-
7 ties of the Department; and

8 “(II) a breakdown of the number
9 and percentage of covered veterans
10 who are determined eligible for pri-
11 ority placement into a covered treat-
12 ment program and the number and
13 percentage of covered veterans who
14 are determined eligible for routine
15 placement into a covered treatment
16 program; and

17 “(iii) such recommendations as the
18 Secretary may have for legislative or ad-
19 ministrative action to address any funding
20 constraints or disincentives for use of a
21 covered treatment program.

22 “(2) ANNUAL REPORT ON OPERATION OF PRO-
23 GRAMS.—

24 “(A) IN GENERAL.—Not later than one
25 year after the submission of the report under

1 paragraph (1), and not less frequently than an-
2 nually thereafter for the following five years,
3 the Secretary shall submit to the Committee on
4 Veterans' Affairs of the Senate and the Com-
5 mittee on Veterans' Affairs of the House of
6 Representatives a report on the operation of
7 covered treatment programs.

8 “(B) ELEMENTS.—Subject to subpara-
9 graph (C), each report required by subpara-
10 graph (A) shall include the following:

11 “(i) The number of covered veterans
12 served by a covered treatment program,
13 disaggregated by—

14 “(I) Veterans Integrated Service
15 Network in which the covered veteran
16 receives care;

17 “(II) facility, including facilities
18 of the Department and non-Depart-
19 ment facilities, at which the covered
20 veteran receives care;

21 “(III) type of residential rehabili-
22 tation treatment care received by the
23 covered veteran under such program;

24 “(IV) sex of the covered veteran;
25 and

1 “(V) race or ethnicity of the cov-
2 ered veteran.

3 “(ii) Wait times under a covered
4 treatment program for the most recent
5 year data is available, disaggregated by—

6 “(I) treatment track or speci-
7 ficity of residential rehabilitation
8 treatment care sought by the covered
9 veteran;

10 “(II) sex of the covered veteran;

11 “(III) State or territory in which
12 the covered veteran is located;

13 “(IV) Veterans Integrated Serv-
14 ice Network in which the covered vet-
15 eran is located; and

16 “(V) facility of the Department
17 at which the covered veteran seeks
18 care.

19 “(iii) A list of all locations of a cov-
20 ered treatment program and number of
21 bed spaces at each such location,
22 disaggregated by residential rehabilitation
23 treatment care or treatment track provided
24 under such program at such location.

1 “(iv) A list of any new locations of
2 covered treatment programs added or re-
3 moved and any bed spaces added or re-
4 moved during the one-year period pre-
5 ceding the date of the report.

6 “(v) Average cost of a stay under a
7 covered treatment program, including total
8 stay average and daily average, at facilities
9 of the Department compared to non-De-
10 partment facilities.

11 “(vi) A review of staffing needs and
12 gaps with respect to covered treatment
13 programs that is data-driven and aligned
14 with industry benchmarks and standards,
15 including—

16 “(I) a list of facilities that had
17 unstaffed beds or closed beds due to
18 lack of staffing at any point in the
19 previous year;

20 “(II) the number of additional
21 staff needed to staff those beds;

22 “(III) the number of beds at
23 each facility;

24 “(IV) the average wait-times for
25 the covered treatment program,

1 disaggregated by month, during the
2 periods of bed closures; and

3 “(V) a list of facilities that re-
4 quired staff of covered treatment pro-
5 grams to perform duties unrelated to
6 covered treatment programs for a pe-
7 riod of greater than three days.

8 “(vii) An overview of data collected
9 pursuant to a subsequent clinical screening
10 under subsection (g)(3)(F).

11 “(viii) A list of health care systems
12 without a covered treatment program and
13 an assessment of the feasibility and advis-
14 ability of opening a covered treatment pro-
15 gram at such health care system that is
16 aligned and justified by patient demand
17 and market factors.

18 “(ix) A list of health care systems
19 that offer a covered treatment program
20 aligned with patient demand and market
21 factors and that have an average wait time
22 of more than 20 days and an assessment
23 of the feasibility and advisability of ex-
24 panding such covered treatment program
25 to lower such average wait time.

1 “(x) Any recommendations for
2 changes to the operation of covered treat-
3 ment programs, including any policy
4 changes, guidance changes, training
5 changes, or other changes.

6 “(C) ANONYMITY.—To ensure that the
7 data provided under this paragraph, or some
8 portion of that data, will not undermine the an-
9 onymity of a veteran, the Secretary shall pro-
10 vide such data pursuant to applicable Federal
11 law and in a manner that is wholly consistent
12 with applicable Federal privacy and confiden-
13 tiality laws, including—

14 “(i) section 552a of title 5 (commonly
15 known as the ‘Privacy Act of 1974’);

16 “(ii) the Health Insurance Portability
17 and Accountability Act of 1996 (Public
18 Law 104–191);

19 “(iii) parts 160 and 164 of title 45,
20 Code of Federal Regulations, or successor
21 regulations; and

22 “(iv) sections 5701, 5705, and 7332
23 of this title.

24 “(3) NOTIFICATION TO CONGRESS OF BEDS
25 NOT AVAILABLE DUE TO LACK OF STAFFING.—The

1 Secretary shall notify Congress of any covered treat-
2 ment programs of the Department with more than
3 five beds or more than ten percent of beds unavail-
4 able, closed, or reassigned due to lack of staffing, in-
5 cluding—

6 “(A) information on the staff needed to re-
7 open beds that are closed;

8 “(B) plans to recruit and retain staff;

9 “(C) the total number of beds closed or ex-
10 pected to be closed;

11 “(D) the estimated length of time until
12 those closed beds are made available; and

13 “(E) the current wait time for access to
14 those beds.

15 “(j) THIRD-PARTY ASSESSMENT.—

16 “(1) IN GENERAL.—Not later than two years
17 after the date of the enactment of the Take Care of
18 America’s Veterans Act, the Secretary shall seek to
19 enter into a contract with an appropriate entity to
20 conduct a study of the care provided under covered
21 treatment programs through facilities of the Depart-
22 ment and non-Department facilities.

23 “(2) ELEMENTS.—The study required under
24 paragraph (1) shall include a review of—

1 “(A) whether facilities are meeting require-
2 ments of the Department pursuant to law, reg-
3 ulation, or policy;

4 “(B) staffing models used by facilities and
5 level of adherence to those models;

6 “(C) success rates of covered treatment
7 programs in preventing readmittance to a cov-
8 ered treatment program or death by suicide or
9 overdose within a year of discharge from the
10 program;

11 “(D) adherence of non-Department facili-
12 ties to timelines for claim submission and
13 record returns to the Department; and

14 “(E) any other factors the Secretary or the
15 appropriate entity determines relevant or appro-
16 priate to include.

17 “(3) COMPLETION OF STUDY.—The contract
18 sought under paragraph (1) shall include a require-
19 ment that the appropriate entity, not later than four
20 years after the date of the enactment of the Take
21 Care of America’s Veterans Act, complete the study
22 required under such paragraph and submit to the
23 Secretary a report on the study.

24 “(4) ACTION PLAN AND COMMENTARY.—Not
25 later than five years after the date of the enactment

1 of the Take Care of America’s Veterans Act, the
2 Secretary shall submit to the Committee on Vet-
3 erans’ Affairs of the Senate and the Committee on
4 Veterans’ Affairs of the House of Representatives,
5 and publish on a publicly accessible website of the
6 Department, a report containing—

7 “(A) the results of the study required
8 under paragraph (1);

9 “(B) action plans for improvement based
10 on the results of the study; and

11 “(C) general commentary and feedback on
12 the results of the study.

13 “(5) APPROPRIATE ENTITY DEFINED.—In this
14 subsection, the term ‘appropriate entity’ means—

15 “(A) a nongovernmental entity with experi-
16 ence in assessing programs that deliver services
17 provided under covered treatment programs on
18 a large scale; or

19 “(B) a federally funded research and devel-
20 opment center.

21 “(k) REVISION OF GUIDANCE.—The Secretary shall
22 update the guidance of the Department on the operation
23 of covered treatment programs to reflect each of the re-
24 quirements under this section.

1 “(l) DEADLINE.—Unless otherwise specified, the Sec-
2 retary shall carry out each requirement under this section
3 by not later than one year after the date of the enactment
4 of the Take Care of America’s Veterans Act.

5 “(m) COMPTROLLER GENERAL REVIEW.—

6 “(1) IN GENERAL.—Not later than two years
7 after the date of the enactment of the Take Care of
8 America’s Veterans Act, the Comptroller General of
9 the United States shall review access to care under
10 a covered treatment program for covered veterans in
11 need of residential mental health care and substance
12 use disorder care.

13 “(2) ELEMENTS.—The review required by para-
14 graph (1) shall include the following:

15 “(A) A review of wait times for covered
16 veterans under a covered treatment program,
17 disaggregated by—

18 “(i) treatment track or specificity of
19 residential rehabilitation treatment care
20 needed;

21 “(ii) sex of the covered veteran;

22 “(iii) home State of the covered vet-
23 eran;

24 “(iv) home Veterans Integrated Serv-
25 ice Network of the covered veteran; and

1 “(v) wait times for—

2 “(I) facilities of the Department;

3 and

4 “(II) non-Department facilities.

5 “(B) A review of policy and training of the
6 Department on screening, admission, and place-
7 ment under a covered treatment program.

8 “(C) A review of the rights of covered vet-
9 erans and providers to appeal admission deci-
10 sions under a covered treatment program and
11 how the Department adjudicates appeals.

12 “(D) When determining the facility at
13 which a covered veteran admitted to a covered
14 treatment program will be placed in such pro-
15 gram, a review of how the input of the covered
16 veteran is taken into consideration with respect
17 to—

18 “(i) program specialty, subtype, or
19 treatment track offered to the covered vet-
20 eran; and

21 “(ii) the geographic placement of the
22 covered veteran, including family- or occu-
23 pation-related preferences or cir-
24 cumstances.

1 “(E) A review of staffing and staffing
2 needs and gaps of covered treatment programs,
3 including with respect to—

4 “(i) mental health providers and coor-
5 dinators at the facility level;

6 “(ii) staff of facilities of such pro-
7 grams;

8 “(iii) staff of Veterans Integrated
9 Service Networks; and

10 “(iv) overall administration of such
11 programs at the national level.

12 “(F) A review of outcomes from Depart-
13 ment and non-Department covered treatment
14 programs based at least in part on the subse-
15 quent clinical screenings required under sub-
16 section (g)(3)(E).

17 “(G) Recommendations for improvement of
18 access by covered veterans to care under a cov-
19 ered treatment program, including with respect
20 to—

21 “(i) any new sites or types of pro-
22 grams needed or in development;

23 “(ii) changes in training or policy;

24 “(iii) changes in communications with
25 covered veterans; and

1 “(iv) oversight of covered treatment
2 programs by the Department.

3 **“§ 1794. Fee schedule**

4 “(a) IN GENERAL.—Not later than 180 days after
5 the date of the enactment of the Take Care of America’s
6 Veterans Act, the Secretary shall make publicly available
7 on an appropriate website of the Department a fee sched-
8 ule for each covered treatment program provided by a non-
9 Department provider through which the Secretary fur-
10 nishes care and services under section 1710 of this title.

11 “(b) ELEMENTS.—The fee schedule required under
12 subsection (a) for a covered treatment program shall—

13 “(1) reflect reasonable charges for the services
14 provided;

15 “(2) be based on the amounts customarily paid
16 for similar services under the Medicaid program
17 under title XIX of the Social Security Act (42
18 U.S.C. 1396 et seq.) and by commercial health in-
19 surance providers;

20 “(3) to the greatest extent practicable, be con-
21 sistent with payment rates under section 1703(i) of
22 this title;

23 “(4) be comprehensive to include a variety of
24 possible types of care, services, and charges; and

1 “(5) be sufficient to ensure a robust network of
2 qualified community providers able to provide serv-
3 ices under a covered treatment program to covered
4 veterans.

5 “(c) COORDINATION OF PAYMENT RATES.—After the
6 date of the initial publication of the fee schedule under
7 subsection (a), the rate paid by the Department for resi-
8 dential substance use disorder treatment shall be the rate
9 provided in the fee schedule required under such sub-
10 section.

11 “(d) RECOUPMENT OF AMOUNTS.—

12 “(1) IN GENERAL.—The Secretary shall recoup
13 from a non-Department entity, including a third
14 party administrator, any amount paid to such entity
15 that exceeds the amount specified under the fee
16 schedule under subsection (a) for the care or serv-
17 ices provided.

18 “(2) LIMITATION.—A non-Department entity
19 shall not bill a veteran for any charges recouped
20 under paragraph (1).

21 **“§ 1795. Training**

22 “(a) IN GENERAL.—Not later than one year after the
23 date of the enactment of the Take Care of America’s Vet-
24 erans Act, the Secretary shall—

1 “(1) develop and implement a plan to ensure
2 that health care providers caring for veterans under
3 covered treatment programs receive and complete
4 relevant training aligned with industry standards
5 and practices; and

6 “(2) submit that plan to the Committee on Vet-
7 erans’ Affairs of the Senate and the Committee on
8 Veterans’ Affairs of the House of Representatives.

9 “(b) ELEMENTS OF TRAINING.—Training required
10 under subsection (a) shall—

11 “(1) be easily accessible, no-cost, and offered in
12 such a manner as to qualify for or fulfill continuing
13 education requirements for health care professionals;

14 “(2) include course modules related to military
15 culture, post-traumatic stress disorder, the evalua-
16 tion and management of suicide, traumatic brain in-
17 jury, and opioid safety, or comparable course mod-
18 ules, as determined by the Secretary; and

19 “(3) be offered through Department and non-
20 Department entities or organizations.

21 “(c) ELEMENTS OF PLAN.—The plan required under
22 subsection (a) shall—

23 “(1) allow for Department or non-Department
24 providers to receive credit for non-Department train-

1 ing that is equivalent or substantially similar to
 2 training required under subsection (a); and

3 “(2) include details regarding consequences for
 4 non-compliance with training required under such
 5 plan, which may include removal from a network of
 6 providers under the Veterans Community Care Pro-
 7 gram under section 1703 of this title for a specified
 8 period of time.

9 “(d) CONSULTATION.—The Secretary shall consult
 10 with relevant professional organizations with respect to
 11 the content of relevant training required under subsection
 12 (a).”.

13 (b) CLERICAL AMENDMENT.—The table of sections
 14 at the beginning of such chapter is amended by adding
 15 at the end the following new items:

“SUBCHAPTER IX—PARTICIPATION BY VETERANS IN CERTAIN MENTAL
 HEALTH TREATMENT PROGRAMS

“1791. Definitions.

“1792. Standardized process to determine eligibility of covered veterans for participation in certain mental health treatment programs.

“1793. Improvements to Department of Veterans Affairs mental health residential rehabilitation treatment program.

“1794. Fee schedule.

“1795. Training.”.

16 **SEC. 622. ACCESS TO MENTAL HEALTH RESIDENTIAL REHA-**
 17 **BILITATION TREATMENT PROGRAMS FOR**
 18 **VETERANS WITH SPINAL CORD INJURY OR**
 19 **DISORDER.**

20 (a) PLAN.—

1 (1) IN GENERAL.—Not later than 90 days after
2 the date of the enactment of this Act, the Secretary
3 of Veterans Affairs shall submit to the Committee
4 on Veterans’ Affairs of the Senate and the Com-
5 mittee on Veterans’ Affairs of the House of Rep-
6 resentatives a plan to ensure access to mental health
7 residential treatment programs for veterans with a
8 spinal cord injury or disorder.

9 (2) ELEMENTS.—The plan required under
10 paragraph (1) shall include—

11 (A) a staffing plan, which shall include a
12 plan for how the Department will—

13 (i) incorporate staff from other facili-
14 ties to support the pilot program required
15 under subsection (b); and

16 (ii) ensure adequate staffing to sup-
17 port the needs of veterans with a spinal
18 cord injury or disorder;

19 (B) an assessment of medical equipment
20 needs; and

21 (C) an assessment of the best location to
22 deliver treatment and health care under mental
23 health residential treatment programs, includ-
24 ing through the use of spinal cord injury or dis-

1 order centers, spinal cord injury or disorder
2 spokes, and community care providers.

3 (b) PILOT PROGRAM.—

4 (1) IN GENERAL.—Commencing not later than
5 120 days after the date of the enactment of this Act,
6 the Secretary shall carry out a pilot program to pro-
7 vide improved access to mental health residential
8 treatment programs of the Department of Veterans
9 Affairs for veterans with a spinal cord injury or dis-
10 order at not fewer than three medical facilities of
11 the Department.

12 (2) SELECTION OF LOCATIONS.—In selecting
13 sites for the pilot program under paragraph (1), the
14 Secretary shall prioritize sites in the following areas:

15 (A) Areas with geographic diversity, in-
16 cluding areas that serve veterans residing in
17 rural or highly rural areas.

18 (B) Areas with a significant number of
19 veterans with spinal cord injury or disorder.

20 (c) REPORT.—Not later than one year after the date
21 of the enactment of this Act, the Secretary shall submit
22 to the Committee on Veterans' Affairs of the Senate and
23 the Committee on Veterans' Affairs of the House of Rep-
24 resentatives a report on—

1 (1) the implementation of the plan required
2 under subsection (a);

3 (2) the initial results from the pilot program
4 under subsection (b), including the number of
5 unique veterans who participated in the pilot pro-
6 gram, the cost of the pilot program, and an assess-
7 ment of the effectiveness of the pilot program in in-
8 creasing access to, and improving outcomes for, par-
9 ticipants in the pilot program;

10 (3) plans, if any, to expand or extend the pilot
11 program to address demand for the highly special-
12 ized treatment provided under the mental health res-
13 idential treatment programs of the Department for
14 veterans with a spinal cord injury or disorder; and

15 (4) Such other matters as the Secretary con-
16 siders appropriate.

17 **Subtitle C—Staffing Matters**

18 **SEC. 631. TREATMENT OF PSYCHOLOGISTS.**

19 (a) TREATMENT AS TITLE 38 EMPLOYEES.—Section
20 7401 of title 38, United States Code, is amended—

21 (1) in paragraph (1), by inserting “psycholo-
22 gists,” after “chiropractors,”; and

23 (2) in paragraph (3), by striking “psycholo-
24 gists,”.

1 (b) INCLUSION IN CONTRACTS FOR SCARCE MEDICAL
2 SPECIALIST SERVICES.—Section 7409(a) of title 38,
3 United States Code, is amended by inserting “psycholo-
4 gists,” after “chiropractors,”.

5 **SEC. 632. MENTORSHIP PROGRAM FOR EXECUTIVE LEAD-**
6 **ERSHIP TEAMS AT MEDICAL CENTERS OF**
7 **THE DEPARTMENT OF VETERANS AFFAIRS.**

8 (a) IN GENERAL.—The Secretary of Veterans Affairs
9 may establish a program to connect covered individuals
10 (in this section referred to as “mentees”) with peer men-
11 tors to facilitate sharing of best practices and leadership
12 experiences and to foster opportunities to develop knowl-
13 edge and skills required to lead successfully at medical fa-
14 cilities of the Department (in this section referred to as
15 the “mentorship program”).

16 (b) COVERED INDIVIDUAL DEFINED.—In this sec-
17 tion, the term “covered individual” means—

18 (1) an individual in the position of Facility Di-
19 rector, Chief of Staff, Associate Director of Patient
20 Care Services, Associate Director, Assistant Direc-
21 tor, or Deputy Director at a medical center of the
22 Department; or

23 (2) any other employee of the Department who
24 is determined by the Secretary to be an executive
25 leader at a medical center of the Department.

1 (c) ELIGIBILITY.—The following employees of the
2 Department are eligible for participation as mentees in the
3 mentorship program:

4 (1) An employee appointed to a position as a
5 covered individual who has been in that position for
6 less than one year.

7 (2) A covered individual employed at a medical
8 center of the Department (regardless of appointment
9 commencement date) that meets one or more of the
10 following criteria:

11 (A) Reports poor performance, as defined
12 by the Secretary, on the Strategic Analytics for
13 Improvement and Learning Value Model of the
14 Department, or successor similar model.

15 (B) Reports data under section
16 1703C(a)(3) of title 38, United States Code, as
17 published on the Access to Care website of the
18 Department, or successor similar website,
19 that—

20 (i) does not consistently meet the level
21 reported in the community surrounding
22 such medical center, as determined by the
23 Secretary; or

24 (ii) does not meet a threshold level de-
25 termined by the Secretary.

1 (C) Has one or more recommendations
2 from a report by the Office of Inspector Gen-
3 eral of the Department of Veterans Affairs that
4 is still open more than one year after the report
5 was published.

6 (3) A covered individual employed at a medical
7 center of the Department (regardless of appointment
8 commencement date) who is recommended by the re-
9 gional leadership overseeing such medical center.

10 (d) CRITERIA FOR PEER MENTORS.—Each peer
11 mentor to be paired with a mentee under subsection (a)
12 shall meet each of the following criteria:

13 (1) Previous or current employment in the same
14 position title as the mentee.

15 (2) Employment in that position for not less
16 than two years.

17 (3) Employment at a medical center of the De-
18 partment that reports—

19 (A) above average performance, as defined
20 by the Secretary, on the Strategic Analytics for
21 Improvement and Learning Value Model of the
22 Department, or successor similar model; and

23 (B) data under section 1703C(a)(3) of title
24 38, United States Code, as published on the Ac-
25 cess to Care website of the Department, or suc-

1 cessor similar website, that exceeds the level re-
2 ported in the community surrounding such
3 medical center, as determined by the Secretary.

4 (e) REPORT.—Not later than one year after the date
5 of the enactment of this Act, and annually thereafter for
6 an additional three years, the Secretary shall submit to
7 the Committee on Veterans' Affairs of the Senate and the
8 Committee on Veterans' Affairs of the House of Rep-
9 resentatives a report on the mentorship program, includ-
10 ing—

11 (1) the number of mentees and peer mentors
12 participating in the mentorship program,
13 disaggregated by medical center of the Department;

14 (2) the number of mentor-mentee pairings initi-
15 ated under each of the eligibility criteria outlined in
16 paragraphs (1), (2), and (3) of subsection (c), in-
17 cluding information on any circumstances in which
18 multiple criteria under such paragraphs were met;

19 (3) a description of the actions taken by the
20 Department to encourage communication between
21 mentees and peer mentors;

22 (4) aggregated feedback from participants in
23 the mentorship program; and

24 (5) the turnover rate for mentee participants in
25 the mentorship program.

1 (f) TERMINATION.—The authority under this section
2 shall terminate on September 30, 2030.

3 **SEC. 633. REQUIREMENT FOR EQUIVALENT ROLE POST-**
4 **INGS FOR VACANT POSITIONS AT DEPART-**
5 **MENT OF VETERANS AFFAIRS.**

6 (a) IN GENERAL.—Whenever possible and prac-
7 ticable, if the Secretary of Veterans Affairs is issuing a
8 posting for vacant positions at the Department of Vet-
9 erans Affairs that may be filled by more than one type
10 of professional or clinician, the Secretary shall issue post-
11 ings for all possible clinicians or professionals who could
12 fill the position.

13 (b) APPLICATION TO CERTAIN POSITIONS.—The Sec-
14 retary shall consider the requirement under subsection (a)
15 in particular with respect to hard-to-recruit, hard-to-re-
16 tain, primary care, and mental health care positions.

17 **SEC. 634. IMPROVEMENTS TO DEPARTMENT OF VETERANS**
18 **AFFAIRS HIRING PROCESSES.**

19 (a) IN GENERAL.—Subchapter I of chapter 7 of title
20 38, United States Code, is amended by inserting after sec-
21 tion 701 the following new section:

22 **“§ 702. Hiring processes**

23 **“(a) STANDARDIZED APPROVAL PROCESS FOR FILL-**
24 **ING VACANT POSITIONS.—**

25 **“(1) PROCESS REQUIRED.—**

1 “(A) IN GENERAL.—The Secretary shall
2 establish a standardized, nationwide approval
3 process for filling vacant employment positions
4 within the Department.

5 “(B) VARIABILITY.—The process required
6 by subparagraph (A) may be different for each
7 type of employment position in the Department.

8 “(C) APPROVAL WINDOWS.—The process
9 required by subparagraph (A) shall include a
10 standardized approval window for each approval
11 step.

12 “(2) DELEGATION.—If the approval authority
13 for a step in the hiring process established under
14 paragraph (1) is vacant, on leave, or otherwise un-
15 able to respond to requests for approval in an appro-
16 priate timeframe, such authority for approval shall
17 be delegated to the extent practicable to the super-
18 visor of such approval authority or such other des-
19 ignee as may be specified in the chain of command.

20 “(3) TIME TO FILL GOAL.—Each window of
21 time allotted for each approval step under paragraph
22 (1)(C) when added together shall not exceed the goal
23 of the Department to fill window for that employ-
24 ment position.

1 “(b) PROCESS FOR TENTATIVE OFFERS OF EMPLOY-
2 MENT.—The Secretary shall develop a standardized proc-
3 ess for issuing tentative offers of employment with the De-
4 partment and such process shall require that each such
5 offer includes a specified rate of basic pay when possible
6 and practicable.

7 “(c) THIRD-PARTY CONTRACTS.—The Secretary may
8 conduct laboratory testing, background clearances, and
9 other candidate approval and vetting procedures through
10 a contract with a third party if the Secretary determines
11 that the contract would ensure equal or better quality or
12 timeliness.

13 “(d) ELECTRONIC SIGNATURES.—

14 “(1) AUTHORITY.—The Secretary shall allow
15 electronic signatures on any hiring, recruitment, re-
16 tention, or other employment documents once a
17 standardized process for such signatures is devel-
18 oped and implemented under paragraph (2).

19 “(2) STANDARDIZED PROCESS.—The Secretary
20 shall develop a standardized process for use of elec-
21 tronic signatures as described in paragraph (1),
22 which shall include exceptions and limitations as the
23 Secretary considers appropriate and that allows for
24 use of electronic signatures for employment docu-
25 ments, including SF 1152 and related successor

1 forms, SF 2823 and related successor forms, and
2 SF 3102–FERS and related successor forms.

3 “(e) EMPLOYEE COMMUNITY BUILDING PROGRAM.—
4 The Secretary shall, to the extent practicable, establish an
5 employee community building program that connects em-
6 ployees in similar positions, offices, and programs to con-
7 nect with each other nationwide.”.

8 (b) CLERICAL AMENDMENT.—The table of sections
9 at the beginning of chapter 7 of such title is amended by
10 inserting after the item relating to section 701 the fol-
11 lowing new item:

“702. Hiring processes.”.

12 **SEC. 635. DEPARTMENT OF VETERANS AFFAIRS TELEWORK**
13 **POLICY.**

14 (a) POLICY REQUIRED.—Not later than 180 days
15 after the date of the enactment of this Act, the Secretary
16 of Veterans Affairs shall, in accordance with the require-
17 ments of this section and the requirements of section 6502
18 of title 5, United States Code, establish a policy for the
19 use of telework within the Department of Veterans Af-
20 fairs.

21 (b) LOCATIONS.—The policy established under sub-
22 section (a) may be different for different locations, special-
23 ties, and categories of employees, as determined appro-
24 priate by the Secretary.

1 (c) ASSESSMENT.—In developing the policy required
2 by subsection (a), the Secretary shall assess the following
3 for each category of employees at the Department—

4 (1) staffing levels and trends over the last 5
5 years;

6 (2) exit survey data related to telework;

7 (3) the availability of dedicated work space at
8 facilities of the Department to enable onsite work at
9 a duty station;

10 (4) a comparison of productivity levels when du-
11 ties are performed on site or through telework;

12 (5) telework flexibilities for comparable cat-
13 egories of employees in the private sector and in
14 other Federal agencies; and

15 (6) particular duties that necessitate on site
16 work.

17 (d) NOTICE AND REPORTING.—

18 (1) IN GENERAL.—For any change made to the
19 policy established pursuant to subsection (a), the
20 Secretary shall—

21 (A) notify all affected employees of the De-
22 partment of the changes; and

23 (B) submit to the Committee on Veterans'
24 Affairs of the Senate and the Committee on

1 Veterans' Affairs of the House of Representa-
2 tives a report on the changes.

3 (2) REPORT CONTENTS.—For each report sub-
4 mitted to Congress under paragraph (1)(B), the Sec-
5 retary shall include the analyses for each category
6 conducted in subsection (c) and the role of those
7 analyses in the telework policy for each category.

8 (3) DEADLINE.—A report submitted under
9 paragraph (1)(B) regarding a change to the policy
10 established under subsection (a) shall be made not
11 fewer than 90 days before the change goes into ef-
12 fect.

13 (e) REPORT ON BUDGETARY IMPACT.—Not later
14 than 1 year after the date on which the policy established
15 pursuant to subsection (a) goes into effect, the Secretary
16 shall submit to the Committee on Veterans' Affairs and
17 the Committee on Appropriations of the Senate and the
18 Committee on Veterans' Affairs and the Committee on Ap-
19 propriations of the House of Representatives a report on
20 the annual budgetary impact of such policy.

21 (f) EFFECTIVE DATE AND CHANGES.—

22 (1) EFFECTIVE DATE OF INITIAL POLICY.—The
23 initial policy established by pursuant to subsection
24 (a) shall go into effect not later than 180 days after
25 the date on which the policy is established.

1 (2) EFFECTIVE DATE OF SUBSEQUENT
2 CHANGES.—Any change made to the policy estab-
3 lished pursuant to subsection (a) after the effective
4 date set forth in paragraph (1) shall take effect not
5 less than 90 days after the date on which the change
6 is made.

7 (3) NOTICE.—For any change made to the pol-
8 icy established pursuant to subsection (a) after the
9 effective date set forth in paragraph (1), the Sec-
10 retary shall—

11 (A) notify all affected employees of the De-
12 partment of the changes; and

13 (B) submit to the Committee on Veterans’
14 Affairs of the Senate and the Committee on
15 Veterans’ Affairs of the House of Representa-
16 tives a report on the changes.

17 **SEC. 636. EXPANSION OF REIMBURSEMENT OF CON-**
18 **TINUING PROFESSIONAL EDUCATION EX-**
19 **PENSES.**

20 (a) IN GENERAL.—Section 7411 of title 38, United
21 States Code, is amended to read as follows:

22 **“§ 7411. Reimbursement of continuing professional**
23 **education expenses**

24 “(a) REQUIRED REIMBURSEMENT.—The Secretary
25 shall reimburse any full-time physician, dentist, podiatrist,

1 chiropractor, optometrist, psychologist, registered nurse
2 (including any advanced practice registered nurse), or
3 physician assistant appointed under section 7401(1) of
4 this title not more than \$1,000 per year for each such
5 individual for expenses incurred for continuing profes-
6 sional education directly related to the duties and respon-
7 sibilities of the position of the employee or related to the
8 duties and responsibilities of the position or positions of
9 the employees overseen by the employee.

10 “(b) AUTHORIZED REIMBURSEMENT.—The Sec-
11 retary may reimburse any full-time licensed practical or
12 vocational nurse (including any nurse practitioner), med-
13 ical technologist, pharmacist, pharmacy technician, diag-
14 nostic radiologic technologist, or social worker appointed
15 under section 7401(3) of this title, not more than \$1,000
16 per year for each such individual for expenses incurred
17 for continuing professional education directly related to
18 the duties and responsibilities of the position of the em-
19 ployee or related to the duties and responsibilities of the
20 position or positions of the employees overseen by the em-
21 ployee.

22 “(c) MAXIMUM NUMBER OF INDIVIDUALS REIM-
23 BURSED.—The total number of individuals who may be
24 reimbursed under this section may not exceed 50,000 per
25 year.

1 “(d) PRIORITY REIMBURSEMENTS.—In providing re-
2 imbursement under subsection (a), the Secretary shall
3 prioritize reimbursement for individuals providing direct
4 patient care or individuals who are decision-makers for di-
5 rect patient care.

6 “(e) REPORT REQUIRED.—

7 “(1) IN GENERAL.—Not less frequently than
8 annually after the end of the first fiscal year fol-
9 lowing the date of the enactment of the Take Care
10 of America’s Veterans Act, the Secretary shall sub-
11 mit to the Committee on Veterans’ Affairs of the
12 Senate and the Committee on Veterans’ Affairs of
13 the House of Representatives information on utiliza-
14 tion of reimbursement under this section, includ-
15 ing—

16 “(A) locations at which reimbursement is
17 claimed;

18 “(B) position title and specialty of the in-
19 dividual claiming reimbursement;

20 “(C) average amount claimed per position
21 and specialty; and

22 “(D) percent utilization by each position
23 and specialty overall.

24 “(2) AUTHORITY TO INCLUDE IN EXISTING RE-
25 PORT.—The information required under paragraph

1 (1) may be submitted independently or included in
 2 another annual report to Congress.”.

3 (b) CLERICAL AMENDMENT.—The table of sections
 4 at the beginning of subchapter I of chapter 74 of title 38,
 5 United States Code, is amended by striking the item relat-
 6 ing to section 7411 and inserting the following new item:
 “7411. Reimbursement of continuing professional education expenses.”.

7 **SEC. 637. DEPARTMENT OF VETERANS AFFAIRS PER-**
 8 **SONNEL TRANSPARENCY.**

9 (a) IN GENERAL.—Section 505 of the John S.
 10 McCain III, Daniel K. Akaka, and Samuel R. Johnson VA
 11 Maintaining Internal Systems and Strengthening Inte-
 12 grated Outside Networks Act of 2018 (Public Law 115–
 13 182; 38 U.S.C. 301 note) is amended—

14 (1) in subsection (a)—

15 (A) in paragraph (1)—

16 (i) in the matter before subparagraph
 17 (A), by striking “information,” and all
 18 that follows through “facility:” and insert-
 19 ing “information:”;

20 (ii) in subparagraph (B)—

21 (I) by inserting “(i)” before “The
 22 number”; and

23 (II) by adding at the end the fol-
 24 lowing new clause:

1 “(ii) Information made available under this
2 subparagraph shall be updated not less fre-
3 quently than once each quarter to account for
4 delays in data processing and shall reflect the
5 most recently available data.”;

6 (iii) in subparagraph (C), by striking
7 “vacancies, by occupation.” and inserting
8 “positions currently undergoing a recruit-
9 ment action, disaggregated by occupation
10 and by stage of recruitment.”;

11 (iv) in subparagraph (E)(iii), by strik-
12 ing “potential hires or”; and

13 (v) by adding at the end the following
14 new subparagraph:

15 “(F) The number of positions vacated dur-
16 ing the quarter for which the Department has
17 not initiated a recruitment action or is not
18 planning to initiate a recruitment action.”;

19 (B) by redesignating paragraph (5) as
20 paragraph (6);

21 (C) by inserting after paragraph (4) the
22 following new paragraph (5):

23 “(5) DISPLAY OF INFORMATION.—The display
24 of information made publicly available on a website

1 of the Department pursuant to paragraph (1) shall
2 be disaggregated—

3 “(A) by departmental component;

4 “(B) in the case of information relating to
5 Veterans Health Administration positions, by
6 medical facility; and

7 “(C) in the case of information relating to
8 Veterans Benefits Administration positions, by
9 regional office.”; and

10 (D) in paragraph (6), as redesignated by
11 subparagraph (B), by striking “shall” and all
12 that follows and inserting the following:
13 “shall—

14 “(A) review the administration of the
15 website required under paragraph (1);

16 “(B) develop recommendations relating to
17 the improvement of such administration; and

18 “(C) submit to the Committee on Vet-
19 erans’ Affairs of the Senate and the Committee
20 on Veterans’ Affairs of the House of Represent-
21 atives a report containing—

22 “(i) the findings of the Inspector Gen-
23 eral with respect to the most recent review
24 conducted under subparagraph (A); and

1 “(ii) the recommendations most re-
2 cently developed under subparagraph
3 (B).”; and

4 (2) by amending subsection (b) to read as fol-
5 lows:

6 “(b) ANNUAL REPORT.—Each year, the Secretary
7 shall submit to Congress an annual report that includes
8 the following:

9 “(1) A description of the steps the Department
10 is taking to achieve full staffing capacity.

11 “(2) A description of the actions the Depart-
12 ment is taking to improve the onboard timeline for
13 facilities of the Department, including—

14 “(A) in the case of facilities of the Vet-
15 erans Health Administration, for facilities for
16 which the duration of the onboarding process
17 exceeds the metrics laid out in the Time to Hire
18 Model of the Veterans Health Administration,
19 or successor model; and

20 “(B) in the case of the Veterans Benefits
21 Administration, for regional offices that exceed
22 the time-to-hire target of the Office of Per-
23 sonnel Management.

1 “(3) The amount of additional funds necessary
2 to enable the Department to reach full staffing ca-
3 pacity.

4 “(4) Such recommendations for legislative or
5 administrative action as the Secretary may have in
6 order to achieve full staffing capacity at the Depart-
7 ment.”.

8 (b) **EFFECTIVE DATE.**—The amendments made by
9 subsection (a) shall take effect on the date of the enact-
10 ment of this Act and shall apply with respect to the second
11 update under section 505(a)(3) of such Act beginning
12 after the date of the enactment of this Act and each up-
13 date thereafter.

14 **SEC. 638. MODIFICATION OF AUTHORITY OF LICENSURE OF**
15 **HEALTH CARE PROFESSIONALS PROVIDING**
16 **TREATMENT VIA TELEMEDICINE.**

17 Section 1730C of title 38, United States Code, is
18 amended—

19 (1) by amending subsection (a) to read as fol-
20 lows:

21 “(a) **IN GENERAL.**—Notwithstanding any provision
22 of law regarding the licensure of health care professionals
23 or the prescribing of controlled substances, a covered
24 health care professional may practice the health care pro-
25 fession of the health care professional and prescribe con-

1 trolled substances at any location in any State or any of
2 the Freely Associated States (as defined in section 1724(f)
3 of this title), regardless of where the covered health care
4 professional or the patient is located, if the covered health
5 care professional is using telemedicine to provide treat-
6 ment or prescribe controlled substances to an individual
7 under this chapter.”;

8 (2) in subsection (b), by adding at the end the
9 following new paragraph:

10 “(4) A health care professional who is a con-
11 tractor of the Department acting in the scope of a
12 contract with the Department to furnish care in a
13 facility or clinic of the Department and who has an
14 active, current, full, and unrestricted license, reg-
15 istration, or certification in a State to practice the
16 health care profession of the health care profes-
17 sional, excluding the following:

18 “(A) A health care professional located
19 outside a facility or clinic of the Department
20 providing care through the Veterans Commu-
21 nity Care Program under section 1703 of this
22 title or a similar authority under the laws ad-
23 ministered by the Secretary.

1 “(B) A health care professional conducting
2 disability compensation evaluations pursuant to
3 a contract with the Department.”;

4 (3) in subsection (d)—

5 (A) by redesignating paragraph (2) as
6 paragraph (3); and

7 (B) by inserting after paragraph (1) the
8 following new paragraph (2):

9 “(2) State laws that may be inconsistent under para-
10 graph (1) include—

11 “(A) the laws of—

12 “(i) the State of licensure, certification, or
13 registration of the covered health care profes-
14 sional;

15 “(ii) the State of practice of the covered
16 health care professional;

17 “(iii) the State in which the patient is lo-
18 cated; or

19 “(iv) the State of residence of the patient;
20 and

21 “(B) such laws specified under subparagraph
22 (A) as incorporated by the Controlled Substances
23 Act (21 U.S.C. 801 et seq.).”; and

1 (4) in subsection (e), striking “Nothing” and
2 inserting “Except as provided in subsections (a) and
3 (d), nothing.”.

4 **SEC. 639. PROVISION OF DATA ON EDUCATIONAL ASSIST-**
5 **ANCE PROGRAMS OF VETERANS HEALTH AD-**
6 **MINISTRATION.**

7 (a) IN GENERAL.—Beginning not later than 180
8 days after the date of the enactment of this Act, the Sec-
9 retary of Veterans Affairs shall provide to the Committee
10 on Veterans’ Affairs of the Senate and the Committee on
11 Veterans’ Affairs of the House of Representatives data on
12 graduate medical education programs, health profession
13 scholarship programs, and any other educational assist-
14 ance programs within the Veterans Health Administra-
15 tion.

16 (b) ELEMENTS.—The data required to be provided
17 under subsection (a) shall include, for each program, the
18 following:

19 (1) The number of active participants, broken
20 down by position or expected future position or li-
21 censure.

22 (2) The amount of funds spent each fiscal year.

23 (3) The number of participants who have com-
24 pleted their education and are currently completing

1 their service requirements at the Department of Vet-
2 erans Affairs.

3 (4) The number of participants who were pre-
4 viously active in the program but left the program
5 before completing their education or service require-
6 ment during the year preceding the date on which
7 the data is provided.

8 (5) An overview of outreach by the Department
9 to prospective participants in the program.

10 (6) Such other information as the Secretary
11 considers appropriate.

12 (c) UPDATE AND SUBMITTAL OF DATA.—The data
13 required to be provided under subsection (a)—

14 (1) shall be updated not less frequently than
15 annually; and

16 (2) may be submitted to the Committee on Vet-
17 erans' Affairs of the Senate and the Committee on
18 Veterans' Affairs of the House of Representatives as
19 part of another report required by law.

20 (d) INITIAL DATA.—With the first iteration of data
21 provided under subsection (a), the Secretary shall provide
22 to the Committee on Veterans' Affairs of the Senate and
23 the Committee on Veterans' Affairs of the House of Rep-
24 resentatives a report on the implementation of the pilot
25 program under section 246 of the Military Construction,

1 Veterans Affairs, and Related Agencies Appropriations
2 Act, 2018 (division J of Public Law 115–141; 38 U.S.C.
3 7601 note), including the current status of the pilot pro-
4 gram and a timeline of the status of the pilot program
5 since its initial implementation.

6 **Subtitle D—Optimization of**
7 **Workforce**

8 **SEC. 641. DEPARTMENT OF VETERANS AFFAIRS STRATEGIC**
9 **HUMAN CAPITAL PLAN.**

10 (a) IN GENERAL.—Subchapter I of chapter 7 of title
11 38, United States Code, is amended by adding at the end
12 the following new section:

13 **“§ 729. Strategic human capital plan**

14 “(a) PLAN DEVELOPMENT.—(1) Not later than Sep-
15 tember 30, 2027, the Secretary shall develop and submit
16 to the appropriate committees of Congress a five-year
17 strategic human capital plan to support the mission and
18 responsibilities of the Department, disaggregated by the
19 Veterans Health Administration, the Veterans Benefits
20 Administration, the National Cemetery Administration,
21 and such other administrative components of the Depart-
22 ment as the Secretary considers necessary to carry out the
23 mission of the Department.

24 “(2) Not later than September 30, 2028, and each
25 September 30 thereafter, the Secretary shall update the

1 plan developed pursuant to paragraph (1) and extend the
2 plan so that it covers the next period of five fiscal years
3 commencing immediately after the date of the update.

4 “(b) REQUIREMENTS.—(1) In developing the plan re-
5 quired by subsection (a), the Secretary shall take into ac-
6 count and document current and future projected demand
7 for benefits and services administered by the Department,
8 disaggregated for each component by facility location, fa-
9 cility type, region, administration, program office, the type
10 of benefit or service, and such other categories as the Sec-
11 retary determines appropriate.

12 “(2) The Secretary shall develop and update the plan
13 under subsection (a) in consultation with veterans service
14 organizations and such other stakeholders as the Sec-
15 retary considers appropriate.

16 “(c) CONTENTS.—The strategic human capital plan
17 required by subsection (a) shall incorporate leading prac-
18 tices, including the following:

19 “(1) A workforce gap analysis, including an as-
20 sessment of—

21 “(A) the staffing levels of each employee
22 position needed to deliver high quality, acces-
23 sible, and timely health care, benefits, and other
24 services the Secretary considers appropriate,
25 disaggregated by employee position, facility lo-

1 cation, facility type, region, administration, pro-
2 gram office, the type of benefit or service, and
3 such other categories as the Secretary deter-
4 mines appropriate;

5 “(B) how the staffing levels described in
6 subparagraph (A) align with industry best prac-
7 tices in each employee position for the antici-
8 pated demand for health care, benefits, and
9 other services described in subsection (b); and

10 “(C) core competencies, as defined by the
11 Secretary, and the staffing levels needed in each
12 of these core competencies, disaggregated by
13 employee position, facility location, facility type,
14 region, administration, program office, the type
15 of benefit or service and such other categories
16 as the Secretary considers appropriate.

17 “(2) An implementation plan that includes the
18 following:

19 “(A) Specific recruitment and retention
20 goals to fulfill the staffing needs identified in
21 the strategic human capital plan and the strat-
22 egy of the Department to achieve such goals.

23 “(B) Specific strategies—

24 “(i) to improve workforce productivity
25 using technological, organizational, behav-

1 ioral, and such other approaches as the
2 Secretary determines appropriate and pro-
3 ductivity measures that are specific to em-
4 ployee positions and the benefits or serv-
5 ices they provide; and

6 “(ii) that are informed by applicable
7 industry best practices.

8 “(C) Specific strategies for recruiting and
9 retaining veterans, spouses of veterans and
10 members of the Armed Forces, family members
11 of veterans and members of the Armed Forces,
12 caregivers of veterans, and survivors of mem-
13 bers of the Armed Forces as employees of the
14 Department.

15 “(D) Specific goals to reduce the time to
16 hire and onboard employees of the Department
17 and a strategy to achieve such goals, including
18 draft legislative language for any legislative ac-
19 tion necessary to achieve such goals, without
20 degradation of—

21 “(i) necessary background checks; and

22 “(ii) measures to protect Department
23 customer and employee safety.

24 “(d) ANNUAL UPDATES.—Not later than September
25 30, 2028, and September 30 of each of year thereafter,

1 the Secretary shall submit to the appropriate committees
2 of Congress an update on the implementation of the stra-
3 tegic human capital plan developed pursuant to subsection
4 (a), including an assessment by the Secretary of—

5 “(1) the progress of the Department in imple-
6 menting the strategic human capital plan;

7 “(2) the progress of the Department in improv-
8 ing outcomes for veterans and their spouses, depend-
9 ents, and caregivers through the delivery of high
10 quality, accessible, and timely health care, benefits,
11 and other services the Secretary considers appro-
12 priate using results based performance measures;

13 “(3) changes to projected demand for benefits
14 and services based on new legislative action or other
15 factors, disaggregated for each component by facility
16 location, facility type, region, administration, pro-
17 gram office and the type of benefit or service;

18 “(4) changes to the staffing levels included in
19 the strategic human capital plan, including justifica-
20 tions for such changes, disaggregated by employee
21 position, facility location, facility type, region, ad-
22 ministration, program office, the type of benefit or
23 service and such other categories as the Secretary
24 determines appropriate;

1 “(5) any differentiation between the staffing
2 levels included in the strategic human capital plan
3 and those included in the budget justification mate-
4 rials most recently submitted to Congress in support
5 of the budget of the Department (as submitted with
6 the budget of the President under section 1105(a) of
7 title 31); and

8 “(6) any differentiation from the Quadrennial
9 Veterans Health Administration review required by
10 section 7330C of this title.

11 “(e) COMPTROLLER GENERAL OF THE UNITED
12 STATES BIENNIAL REVIEWS.—Not later than 180 days
13 after the date on which the human capital plan is sub-
14 mitted to the appropriate committees of Congress pursu-
15 ant to subsection (a), and not less frequently than once
16 every 2 years thereafter, the Comptroller General of the
17 United States shall—

18 “(1) review the strategic human capital plan de-
19 veloped pursuant to subsection (a) and updated pur-
20 suant to subsection (d), as the case may be, particu-
21 larly with respect to the adequacy of the plan to ful-
22 fill the mission and responsibilities of the Depart-
23 ment; and

1 “(2) submit to Congress the findings of the
 2 Comptroller General with respect to the review con-
 3 ducted pursuant to paragraph (1).

4 “(f) DEFINITIONS.—In this section:

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

7 “(A) the Committee on Veterans’ Affairs
 8 and the Committee on Appropriations of the
 9 Senate; and

10 “(B) the Committee on Veterans’ Affairs
 11 and the Committee on Appropriations of the
 12 House of Representatives.

13 “(2) The term ‘veterans service organization’
 14 means any organization recognized by the Secretary
 15 under section 5902 of this title.”.

16 (b) CLERICAL AMENDMENT.—The table of sections
 17 at the beginning of chapter 7 of such title is amended by
 18 inserting after the item relating to section 728 the fol-
 19 lowing new item:

“729. Strategic human capital plan.”.

20 **SEC. 642. DEPARTMENT OF VETERANS AFFAIRS REDUC-**
 21 **TION IN FORCE NOTICE REQUIREMENT.**

22 (a) IN GENERAL.—Subchapter I of chapter 7 of title
 23 38, United States Code, as amended by section 2(a), is
 24 further amended by inserting after section 729 the fol-
 25 lowing new section:

1 **“§ 729A. Reductions in force**

2 “(a) NOTICE REQUIRED.—In any case in which the
3 Secretary plans to carry out a reduction in force, the Sec-
4 retary shall, not later than the date that is 60 days before
5 the date on which the Secretary commences carrying out
6 such reduction in force, submit to the appropriate commit-
7 tees of Congress and the employees of the Department
8 who will be affected by the reduction in force notice of
9 the intention of the Secretary to carry out such reduction
10 in force.

11 “(b) LIMITATION.—Notwithstanding any other provi-
12 sion of law, the Secretary may not carry out any reduction
13 in force with respect to any employee who has not received
14 the notice required under subsection (a) in the manner
15 and within the time required by such subsection.

16 “(c) CONTENTS.—Notice regarding plans to carry
17 out a reduction in force submitted pursuant to subsection
18 (a) shall include the following:

19 “(1) The total number of employees of the De-
20 partment who will be affected by the reduction.

21 “(2) The offices of the Department that will be
22 affected by the reduction, including, for each such
23 office, the following:

24 “(A) The location of the office.

25 “(B) The program of the Department car-
26 ried out by the office.

1 “(C) The total number of employees of the
2 office before and after the reduction in force.

3 “(D) The services provided by the office.

4 “(3) A justification for the reduction in force,
5 including how—

6 “(A) the new staffing levels resulting from
7 the reduction in force align with the current
8 and future projected demand for benefits and
9 services administered by the Department,
10 disaggregated for each component by facility lo-
11 cation, facility type, region, administration, pro-
12 gram office, the type of benefit or service, and
13 such other categories as the Secretary deter-
14 mines appropriate; and

15 “(B) the reduction in force aligns with the
16 strategic human capital plan required by section
17 729 of this title.

18 “(4) Budgetary effects of the reduction in force.

19 “(5) An assessment of the anticipated impact of
20 the reduction in force on the delivery of benefits and
21 services furnished by the Department and the ac-
22 tions the Secretary plans to take to mitigate any ad-
23 verse impacts.

24 “(d) EQUAL CONTENT.—A notice regarding a reduc-
25 tion in force sent to an employee pursuant to subsection

1 (a) shall be the same as the notice submitted under such
2 subsection to Congress for the same reduction in force.

3 “(e) ADMINISTRATIVE REMEDY.—Effect of Non-
4 compliance. A reduction in force carried out with respect
5 to an employee in violation of subsection (b) shall have
6 no force or effect with respect to such employee until the
7 Secretary complies with subsection (a).

8 “(f) DEFINITIONS.—In this section:

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

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

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

17 “(2) The term ‘reduction in force’ means any
18 action that would have required notice under part
19 351 of title 5, Code of Federal Regulations, as in ef-
20 fect on January 1, 2026.”.

21 (b) CLERICAL AMENDMENT.—The table of sections
22 at the beginning of chapter 7 of such title, as amended
23 by section 2(b), is further amended by inserting after the
24 item relating to section 729 the following new item:

“729A. Reductions in force.”.

1 **SEC. 643. DETAILED PLANS AND JUSTIFICATIONS FOR RE-**
2 **ORGANIZATION OF OFFICES.**

3 Section 510 of title 38, United States Code, is
4 amended—

5 (1) in subsection (f)(2)—

6 (A) in subparagraph (D), by inserting “in
7 improving outcomes for veterans and their
8 spouses, dependents, and caregivers through the
9 delivery of high quality, accessible, and timely
10 health care, benefits, and other services the
11 Secretary considers appropriate” before the pe-
12 riod at the end; and

13 (B) by adding at the end the following new
14 subparagraphs:

15 “(G) A description of how the Secretary
16 will analyze success of the reorganization using
17 results based performance metrics that are de-
18 rived from the justification for the reorganiza-
19 tion.

20 “(H) A risk mitigation plan identifying
21 significant operational, workforce, financial, in-
22 formation technology, patient care, and service-
23 delivery risks reasonably anticipated by the Sec-
24 retary and the actions planned to mitigate such
25 risks.”;

1 (2) by redesignating subsections (e) and (f) as
2 subsections (f) and (g), respectively; and

3 (3) by inserting after subsection (d) the fol-
4 lowing new subsection (e):

5 “(e) Not later than 180 days after the date on which
6 the Secretary completes an administrative reorganization
7 for which the Secretary submitted under subsection (b)
8 a report containing a detailed plan and justification for
9 the administrative reorganization, and not less frequently
10 than once every 180 days thereafter until the date that
11 is two years after the date of the completion of such ad-
12 ministrative reorganization, the Secretary shall submit to
13 the Committee on Veterans’ Affairs of the Senate and the
14 Committee on Veterans’ Affairs of the House of Rep-
15 resentatives a report assessing the administrative reorga-
16 nization using the performance metrics described in the
17 detailed plan and justification pursuant to subsection
18 (g)(2)(G).”.

19 **SEC. 644. RULE OF CONSTRUCTION.**

20 Nothing in this subtitle or an amendment made by
21 this subtitle shall be construed to have any effect on any
22 provision of law in effect before the date of the enactment
23 of this Act.

1 **Subtitle E—Veterans**
2 **Infrastructure and Transformation**

3 **SEC. 651. SHORT TITLE.**

4 This subtitle may be cited as the “Veterans Infra-
5 structure and Transformation Act of 2026” or the
6 “VITAL Act of 2026”.

7 **SEC. 652. MODIFICATION OF AUTHORITY FOR SHARING OF**
8 **HEALTH-CARE RESOURCES OF DEPARTMENT**
9 **OF VETERANS AFFAIRS TO INCLUDE FLEXI-**
10 **BLE SPACE UTILIZATION AND STREAMLINED**
11 **SERVICE AGREEMENTS.**

12 Section 8153 of title 38, United States Code, is
13 amended—

14 (1) in subsection (a)(3)—

15 (A) in subparagraph (A), by inserting
16 “physical” before “space”;

17 (B) in subparagraph (B)(i), by inserting
18 “physical” before “space”;

19 (C) by striking subparagraph (E);

20 (D) by redesignating subparagraphs (C)
21 and (D) as subparagraphs (D) and (E), respec-
22 tively;

23 (E) by inserting after subparagraph (B)
24 the following new subparagraph (C):

1 “(C) If the health-care resource required is
2 physical space or common services with respect to
3 existing buildings and is to be acquired from an in-
4 stitution affiliated with the Department in accord-
5 ance with section 7302 of this title or another entity,
6 the Secretary may enter into contracts or agree-
7 ments for the acquisition of the space or service—

8 “(i) without regard to any law or regula-
9 tion (including any Executive order, circular, or
10 other administrative policy) that would other-
11 wise require the use of competitive procedures
12 for acquiring the resource; and

13 “(ii) if all obligations are funded through
14 available appropriations or borne by the institu-
15 tion or entity, without regard to any limitations
16 applicable to leases of the Department, if, in
17 the case of a multi-year space-sharing agree-
18 ment, the agreement—

19 “(I) requires that payments for each
20 fiscal year be made only from appropriated
21 funds and available that year; and

22 “(II) includes a provision that the
23 Government’s obligations for future years
24 is contingent upon availability of appro-
25 priations.”;

1 (F) in subparagraph (D), as redesignated
2 by subparagraph (D) of this paragraph, by
3 striking “subparagraph (A) or (B)” and insert-
4 ing “subparagraph (A), (B), or (C)”;
5 (2) by adding at the end the following:

6 “(h) In this section:

7 “(1) The term ‘commercial service’ means a
8 service that is offered and sold competitively in the
9 commercial marketplace, is performed under stand-
10 ard commercial terms and conditions, and is pro-
11 cured using firm-fixed price contracts.

12 “(2) The term ‘common service’ means a com-
13 mercial service necessary to maintain or operate ex-
14 isting physical space, including maintenance, heat-
15 ing, ventilation, air conditioning, electricity, energy,
16 water, wastewater, landscaping, security, laundry, or
17 any other service as determined by the Secretary.

18 “(3) The term ‘physical space’ means a portion
19 of a building or parking facilities.”.

20 **SEC. 653. USE OF COMMERCIAL CONSTRUCTION AND FA-**
21 **CILITIES CODE AND STANDARDS.**

22 (a) IN GENERAL.—The Secretary of Veterans Affairs
23 may use commercial codes and standards instead of or in
24 addition to Federal codes and standards in the construc-
25 tion or alteration of facilities of the Department of Vet-

1 erans Affairs, where such commercial codes and standards
2 do not conflict with statutory and regulatory require-
3 ments.

4 (b) PILOT PROJECTS.—The Secretary shall under
5 take not fewer than three pilot projects during each of
6 fiscal years 2027, 2028, 2029, 2030, and 2031 utilizing
7 commercial codes and standards instead of Federal codes
8 and standards to lease or construct facilities of the De-
9 partment for major construction, minor construction, or
10 major lease projects.

11 (c) REPORTS.—The Secretary shall submit a report
12 to the Committee on Veterans’ Affairs of the Senate and
13 the Committee on Veterans’ Affairs of the House of Rep-
14 resentatives not later than 90 days after the end of each
15 of fiscal years 2027, 2028, 2029, 2030, and 2031 detailing
16 the use by the Secretary of the authority provided by sub-
17 section (a) and conduct of each pilot project required by
18 subsection (b) that was initiated, ongoing, or completed
19 during the fiscal year.

20 (d) DEFINITIONS.—In this section:

21 (1) COMMERCIAL CODES AND STANDARDS.—

22 The term “commercial codes and standards” means
23 building codes or standards of the following:

24 (A) The National Fire Protection Associa-
25 tion.

1 (B) The International Code Council.

2 (C) The American Society for Testing and
3 Materials.

4 (D) The American Society of Civil Engi-
5 neers.

6 (E) Any other building code or standard,
7 other than those described in (2), determined
8 by the Secretary.

9 (2) FEDERAL CODES AND STANDARDS.—The
10 term “Federal codes and standards” means the fol-
11 lowing:

12 (A) Building codes or standards specific to
13 one or more Federal agencies.

14 (B) Building codes or standards specific to
15 the Department, including the Technical Infor-
16 mation Library.

17 (C) Standards of the Federal Guidelines
18 Institute.

19 **SEC. 654. FEASIBILITY STUDY FOR FULL-SERVICE HOS-**
20 **PITAL OF DEPARTMENT OF VETERANS AF-**
21 **FAIRS IN CERTAIN STATES.**

22 (a) IN GENERAL.—The Secretary of Veterans Affairs
23 shall conduct a study on the feasibility of establishing a
24 full-service hospital of the Department of Veterans Affairs
25 in Alaska and Hawaii.

1 (b) PUBLICATION.—Not later than one year after the
2 date of the enactment of this title, the Secretary shall pub-
3 lish on a publicly available website of the Department the
4 findings of the Secretary with respect to the study con-
5 ducted under subsection (a).

6 **SEC. 655. REPORT ON STRATEGIC PLAN FOR INFRASTRUC-**
7 **TURE AND CAPITAL ASSETS OF DEPARTMENT**
8 **OF VETERANS AFFAIRS.**

9 (a) REPORT.—Not later than one year after the date
10 of the enactment of this title, the Secretary of Veterans
11 Affairs shall submit to the Committee on Veterans' Affairs
12 of the Senate and the Committee on Veterans' Affairs of
13 the House of Representatives a report on the strategic
14 plan for infrastructure and capital assets of the Depart-
15 ment of Veterans Affairs, which summarizes a facility
16 lifecycle strategy targeting modernization of owned and
17 leased facilities and infrastructure required to mitigate in-
18 creasing systemic failures, veteran and staff safety, bene-
19 fits delivery interruptions, and funding associated to ad-
20 dress emergency repairs.

21 (b) ELEMENTS.—The report required by subsection
22 (a) shall cover known and projected requirements over a
23 period of not less than 10 years for the following:

24 (1) Land acquisition.

1 (2) Operations and maintenance of facilities of
2 the existing capital asset portfolio of the Depart-
3 ment.

4 (3) Operations and maintenance of the planned
5 future capital asset portfolio of the Department.

6 (4) New construction, disaggregated by type of
7 new construction, including the following types of
8 construction:

9 (A) Major construction.

10 (B) Minor construction.

11 (C) Nonrecurring maintenance.

12 (5) Leasing.

13 (6) Alternative acquisition methods, such as
14 partnerships and donations.

15 (7) Activation of space.

16 (8) Disposal, reuse, and remediation.

17 (9) Facility lifecycle strategy process supporting
18 the planning, programming delivery, management,
19 and maintenance of the current and future capital
20 asset portfolio of the Department.

21 (10) A discussion of the negative effect of the
22 lack of stable and predictable capital asset funding
23 on the ability of the Department to plan, staff, and
24 execute effective capital asset management.

1 (11) Overview of the strategy being utilized in
2 the approach of the Secretary to capital investment,
3 across all the capital and leasing programs, includ-
4 ing the approach of repair versus recapitalization,
5 use of leasing, and other relevant strategies as
6 deemed appropriate by the Secretary.

7 (12) Such other matters as the Secretary con-
8 siders appropriate, including with respect to legisla-
9 tive or administrative action, if such actions are sub-
10 ject to the availability of appropriated funds.

11 (c) RULE OF CONSTRUCTION.—Nothing in this sec-
12 tion or a report submitted under this section shall be con-
13 strued to create or imply any financial or operational obli-
14 gation beyond the availability of appropriated funds.

15 **SEC. 656. PERMANENT EXTENSION OF PILOT PROGRAM ON**
16 **ACCEPTANCE BY THE DEPARTMENT OF VET-**
17 **ERANS AFFAIRS OF DONATED FACILITIES**
18 **AND RELATED IMPROVEMENTS.**

19 (a) IN GENERAL.—Section 2 of the Communities
20 Helping Invest through Property and Improvements Need-
21 ed for Veterans Act of 2016 (Public Law 114–294; 38
22 U.S.C. 8103 note) is amended—

23 (1) in the section heading, by striking
24 “**PILOT**”;

1 (2) in subsection (a), in the subsection heading,
 2 by striking “PILOT”;
 3 (3) by striking “pilot” each place it appears;
 4 (4) by striking subsection (i); and
 5 (5) by redesignating subsection (j) as sub-
 6 section (i).

7 (b) MODIFICATION OF ACCEPTANCE OF PROP-
 8 ERTY.—Paragraph (1) of subsection (b) of such section
 9 is amended to read as follows:

10 “(1) the donation aligns with—

11 “(A) a need identified in a Strategic Cap-
 12 ital Investment Planning process priority list, a
 13 five-year development plan, a facility master
 14 plan, or an annual capital needs inventory of
 15 the Department; or

16 “(B) any component or phase of a need de-
 17 scribed in paragraph (1); and”.

18 **SEC. 657. AUTHORITY TO ACCEPT DONATIONS OF CON-**
 19 **STRUCTION SERVICES, MINOR CONSTRUC-**
 20 **TION OR NONRECURRING MAINTENANCE**
 21 **PROJECTS, AND TARGETED CONTRIBUTIONS.**

22 (a) AUTHORITY.—Notwithstanding any other provi-
 23 sion of law, the Secretary of Veterans Affairs may accept
 24 donations comprising the total cost or a portion of the cost
 25 of—

- 1 (1) minor construction projects;
- 2 (2) nonrecurring maintenance projects; or
- 3 (3) construction services relating—
 - 4 (A) to minor construction projects;
 - 5 (B) to nonrecurring maintenance projects;
 - 6 (C) to an existing facility of the Depart-
 - 7 ment; or
 - 8 (D) to a new facility or portion thereof of
 - 9 the Department.

10 (b) ALIGNMENT TO NEEDS.—The Secretary may ac-
11 cept a donation under this section only if—

- 12 (1) the donation aligns with—
 - 13 (A) a need identified in a Strategic Capital
 - 14 Investment Planning process priority list, a
 - 15 five-year development plan, a facility master
 - 16 plan, or an annual capital needs inventory of
 - 17 the Department; or
 - 18 (B) any component or phase of a need de-
 - 19 scribed in subparagraph (A);
- 20 (2) the donation is from an entity described in
- 21 section 2(a)(2) of the Communities Helping Invest
- 22 through Property and Improvements Needed for
- 23 Veterans Act of 2016 (Public Law 114–294; 38
- 24 U.S.C. 8103 note);

1 (3) the Secretary determines such donation
2 would—

3 (A) accelerate project completion;

4 (B) reduce the expense to the Department;

5 (C) improve facility condition; or

6 (D) otherwise benefit veterans;

7 (4) the donor enters into a formal agreement
8 with the Secretary that includes—

9 (A) provisions for the Department's over-
10 sight during performance;

11 (B) compliance with applicable construc-
12 tion codes and standards, and applicable laws
13 and regulations;

14 (C) donor-provided insurance, warranties,
15 and liability protections;

16 (D) the amount of the donation and the
17 amount of the Department's funding contribu-
18 tion, if any;

19 (E) that the donation shall not increase
20 the cost to the Federal Government of com-
21 pleting such project described in subsection (a)
22 (excluding activation and sustainment of such
23 facility); and

24 (F) such other terms as the Secretary de-
25 termines necessary.

1 (c) STREAMLINED REQUIREMENTS.—For donations
2 under this section that do not involve transfer of real prop-
3 erty title—

4 (1) the donor shall enter into an agreement
5 with the Department that determines who is respon-
6 sible to ensure environmental or historic preserva-
7 tion due diligence is completed;

8 (2) the donor shall obtain all federally required
9 construction and facility related permits; and

10 (3) agreements may be simplified relative to
11 those under section 2 of the Communities Helping
12 Invest through Property and Improvements Needed
13 for Veterans Act of 2016 (Public Law 114–294; 38
14 U.S.C. 8103 note) to reflect the nature of services
15 or targeted contributions.

16 (d) REPORTING.—The Secretary shall include infor-
17 mation on donations accepted under this section in the re-
18 ports required under section 2(g) of the Communities
19 Helping Invest through Property and Improvements Need-
20 ed for Veterans Act of 2016 (Public Law 114–294; 38
21 U.S.C. 8103 note), with separate tracking for donations
22 under this section.

1 **SEC. 658. REPORT ON USE OF ADDITIONAL AUTHORITIES**
2 **RELATING TO RECRUITMENT AND RETEN-**
3 **TION OF PERSONNEL.**

4 (a) REPORT REQUIRED.—Not later than 90 days
5 after the date of the enactment of this Act, the Secretary
6 of Veterans Affairs shall submit to the appropriate com-
7 mittees of Congress a report detailing how the Secretary
8 will use the authorities of section 706 of title 38, United
9 States Code, to increase the size and performance of the
10 acquisition workforce of the Department of Veterans Af-
11 fairs.

12 (b) DEFINITIONS.—In this section:

13 (1) ACQUISITION WORKFORCE OF THE DEPART-
14 MENT.—The term “acquisition workforce of the De-
15 partment of Veterans Affairs” means personnel of
16 the Department of Veterans Affairs occupying posi-
17 tions within occupational series, as defined by the
18 Director of the Office of Personnel Management, re-
19 sponsible for acquisition functions, as determined by
20 the Secretary.

21 (2) APPROPRIATE COMMITTEES OF CON-
22 GRESS.—The term “appropriate committees of Con-
23 gress” means the Committee on Veterans’ Affairs of
24 the Senate and the Committee on Veterans’ Affairs
25 of the House of Representatives.

1 **SEC. 659. REPORTS ON KEY CAPITAL ASSET INVESTMENTS,**
2 **ACTIVITIES, AND PERFORMANCE OF DEPART-**
3 **MENT OF VETERANS AFFAIRS.**

4 (a) IN GENERAL.—Section 8120 of title 38, United
5 States Code, is amended to read as follows:

6 **“§ 8120. Reports on key capital asset investments, ac-**
7 **tivities, and performance**

8 “(a) CAPITAL ASSET INVESTMENT, ACTIVITIES, AND
9 PERFORMANCE.—

10 “(1) IN GENERAL.—Not later than 30 days
11 after the end of each fiscal year, and every 60 days
12 thereafter until the end of the subsequent fiscal
13 year, the Secretary shall submit to the appropriate
14 committees of Congress a report on key capital asset
15 investments, activities, and performance of the De-
16 partment.

17 “(2) ELEMENTS.—

18 “(A) FIRST REPORT IN EACH FISCAL
19 YEAR.—The first report under paragraph (1) in
20 each fiscal year shall include the following:

21 “(i) A brief summary of work that
22 was completed on each capital asset project
23 that was completed in the previous fiscal
24 year.

25 “(ii) A brief summary of the accom-
26 plishments, impediments, and challenges

1 experienced by the Department with re-
2 spect to capital asset projects in the pre-
3 vious fiscal year and a description of ef-
4 forts made to address any such impedi-
5 ments and challenges.

6 “(iii) With respect to each capital
7 asset project completed in such year, the
8 following:

9 “(I) The type of project (major
10 construction, minor construction, non-
11 recurring maintenance, leases, or
12 other category, including disposals).

13 “(II) The estimated total cost
14 and the actual total cost of the
15 project.

16 “(III) A description of the
17 project.

18 “(IV) The location and facility
19 with respect to which the project was
20 carried out.

21 “(V) The fiscal quarter the
22 project was expected to begin, the fis-
23 cal quarter the project began, the
24 month and year the project was com-
25 pleted, and the fiscal quarter the facil-

1 ity in connection to such project was
2 in use by veterans, employees of the
3 Department, or other relevant users,
4 as the case may be.

5 “(iv) In the case of any capital asset
6 project completed during the previous fis-
7 cal year with respect to which the final
8 cost of the project (or any increment of the
9 project) was more than 10 percent greater
10 than the estimated cost of the project (or
11 increment) or the completion of such
12 project (or increment) was more than 180
13 days later than the planned schedule for
14 such project (or increment)—

15 “(I) the reason for any such
16 overage or delay; and

17 “(II) actions being taken to pre-
18 vent any such overage or delay in fu-
19 ture projects.

20 “(v) A list of any capital asset
21 projects cancelled during the previous fis-
22 cal year, including any projects in the de-
23 sign phase and including the reason for the
24 cancellation.

1 “(vi) A summary of total actual obli-
2 gations for capital asset projects for the
3 previous fiscal year, broken out by major
4 construction, minor construction, non-
5 recurring maintenance, and leases from the
6 medical facilities appropriation account of
7 the Department.

8 “(vii) A projected list of capital asset
9 projects, broken out by type of project
10 under subclause (I), that are expected to
11 be initiated during the current fiscal year
12 and those that are expected to be com-
13 pleted during the current fiscal year, which
14 shall include the following:

15 “(I) The type of project (major
16 construction, minor construction, non-
17 recurring maintenance, leases, or
18 other category, including disposals).

19 “(II) The estimated total cost of
20 the project.

21 “(III) A description of the
22 project.

23 “(IV) The location and facility
24 with respect to which the project was

1 carried out or is expected to be car-
2 ried out.

3 “(V) The fiscal quarter the
4 project is expected to begin, the fiscal
5 quarter the project is expected to be
6 completed, and the fiscal quarter the
7 facility in connection to such project
8 is expected to be in use by veterans,
9 employees of the Department, or other
10 relevant users, as the case may be.

11 “(viii) Projected total obligations for
12 capital asset projects for the current fiscal
13 year, broken out by major construction,
14 minor construction, nonrecurring mainte-
15 nance, and leases, from the medical facili-
16 ties appropriation account of the Depart-
17 ment.

18 “(ix) Such observations of best prac-
19 tices, impediments, and accomplishments
20 related to the capital asset management
21 and performance of the Department, in-
22 cluding any legislative or administrative
23 action, as the Secretary considers appro-
24 priate with respect to such practices, im-
25 pediments, and accomplishments.

1 “(x) Meaningful metrics that show the
2 progress of the Department toward meet-
3 ing relevant goals of the Department relat-
4 ing to capital asset management.

5 “(xi) Such other matters as the Sec-
6 retary considers appropriate.

7 “(B) SUBSEQUENT REPORTS.—Each re-
8 port in a fiscal year after the first report shall
9 include, at a minimum, relevant updates on any
10 capital asset projects that are ongoing during
11 that fiscal year, including any updates to infor-
12 mation provided with respect to such projects
13 under subparagraph (A).

14 “(3) MATTERS RELATING TO REPORTING
15 COSTS.—In each report under paragraph (1), when
16 reporting on costs for capital asset projects, the Sec-
17 retary may include information regarding Federal
18 requirements, including those specific to the Depart-
19 ment, that may not exist in the non-Federal con-
20 struction sector that may increase costs for capital
21 asset projects.

22 “(b) SUPER CONSTRUCTION PROJECTS.—

23 “(1) IN GENERAL.—Not later than 30 days
24 after the end of each fiscal year, and every 60 days
25 thereafter until the end of that fiscal year, the Sec-

1 retary shall submit to the appropriate committees of
2 Congress a report on the super construction projects
3 carried out by the appropriate non-Department Fed-
4 eral entity described in section 8103(e)(1) of this
5 title during such year.

6 “(2) ELEMENTS.—Each report required under
7 paragraph (1) shall include, for each project de-
8 scribed in such paragraph—

9 “(A) the budgetary and scheduling status
10 of the project, as of the last day of the most re-
11 cent fiscal quarter ending before the date on
12 which the report is required to be submitted;
13 and

14 “(B) the actual cost and schedule
15 variances of the project, as of such day, com-
16 pared to the planned cost and schedules for the
17 project.

18 “(c) DEFINITIONS.—In this section:

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

22 “(A) the Committee on Appropriations and
23 the Committee on Veterans’ Affairs of the Sen-
24 ate; and

1 “(B) the Committee on Appropriations and
 2 the Committee on Veterans’ Affairs of the
 3 House of Representatives.

4 “(2) CAPITAL ASSET PROJECT.—The term ‘cap-
 5 ital asset project’ means a capital asset investment
 6 or activity of the Department.

7 “(3) SUPER CONSTRUCTION PROJECT.—The
 8 term ‘super construction project’ has the meaning
 9 given such term in section 8103(e)(3) of this title.”.

10 (b) CLERICAL AMENDMENT.—The table of sections
 11 at the beginning of chapter 81 of title 38, United States
 12 Code, is amended by striking the item relating to section
 13 8120 and inserting the following new item:

 “8120. Reports on key capital asset investments, activities, and performance.”.

14 **SEC. 660. DEVELOPMENT OF STREAMLINED PROCUREMENT**
 15 **MODEL; REPORT.**

16 Not later than 180 days after the date of enactment
 17 of this Act, the Secretary of Veterans Affairs, in consulta-
 18 tion with the Comptroller General of the United States,
 19 the Director of the Office of Management and Budget, and
 20 private sector stakeholders, shall develop a revised process
 21 for the procurement of major medical facility leases under
 22 chapter 81 of title 38, United States Code, and submit
 23 to the Committees on Veterans’ Affairs of the House of
 24 Representatives and the Senate a report that includes a
 25 description of such revised process.

1 **SEC. 661. SUBMISSION AND NOTIFICATION OF COST ESTI-**
2 **MATES FOR MEDICAL FACILITY LEASES.**

3 (a) SUBMISSION OF COST ESTIMATES FOR MAJOR
4 MEDICAL FACILITY LEASES WITH PRESIDENTIAL BUDG-
5 ET REQUEST.—Subchapter I of chapter 81 of title 38,
6 United States Code, is amended by inserting after section
7 8104 the following new section:

8 **“§ 8104A. Submission of cost estimates for major med-**
9 **ical facility leases with president’s budg-**
10 **et request**

11 “(a) IN GENERAL.—For each major medical facility
12 lease or prospectus-level lease for which the Secretary
13 seeks authorization, appropriations, or prospectus ap-
14 proval, the Secretary shall include in the budget justifica-
15 tion materials submitted to Congress in connection with
16 the budget of the Department for the applicable fiscal year
17 (as submitted with the budget of the President under sec-
18 tion 1105(a) of title 31) a market-based cost estimate and
19 full life-cycle cost estimate for such lease.

20 “(b) MARKET-BASED COST ESTIMATE.—Each mar-
21 ket-based cost estimate required under subsection (a) shall
22 include an evaluation of—

23 “(1) local land values;

24 “(2) applicable construction costs; and

25 “(3) other cost factors the Secretary determines
26 relevant to build-to-suit facilities.

1 “(c) STANDARDIZED METHODOLOGY.—

2 “(1) IN GENERAL.—The Secretary shall adopt
3 and apply a standardized methodology for estimating
4 under subsection (a) the full life-cycle cost of major
5 medical facility leases and prospectus-level leases.

6 “(2) REQUIRED ELEMENTS.—The methodology
7 required under paragraph (1) shall include, at a
8 minimum—

9 “(A) base rent projections over the full
10 lease term;

11 “(B) tenant improvement and buildout
12 costs based on current medical facility stand-
13 ards;

14 “(C) estimated operating expenses, includ-
15 ing utilities, maintenance, and security;

16 “(D) annual escalation factors tied to con-
17 struction cost indices, labor rates, and market
18 trends;

19 “(E) cost assumptions for option periods
20 or potential renewal terms; and

21 “(F) geographic adjustments using current
22 regional market data to reflect location-specific
23 construction and leasing conditions.

24 “(d) ANNUAL ADJUSTMENT.—

1 “(1) IN GENERAL.—To reflect inflation and
2 market escalation, the Secretary shall annually ad-
3 just each cost estimate for a lease submitted to Con-
4 gress for authorization, appropriations, or pro-
5 spectus approval during the period beginning on the
6 date on which the Secretary first includes such cost
7 estimate in the budget justification materials de-
8 scribed in subsection (a) and ending on the projected
9 award date for the lease.

10 “(2) INDICES.—In adjusting a cost estimate
11 under paragraph (1), the Secretary shall use such
12 medical construction or real estate indices as the
13 Secretary determines appropriate.

14 “(e) RULES OF CONSTRUCTION.—

15 “(1) BUDGETARY TREATMENT.—Nothing in
16 this section shall be construed to alter, supersede,
17 waive, or otherwise affect the application of the
18 scorekeeping guidelines, including the budgetary
19 treatment of leases under Office of Management and
20 Budget Circular A–11 or any successor guidance.

21 “(2) PRESERVATION OF EXISTING BUDGET AU-
22 THORITY REQUIREMENTS.—Nothing in this section
23 shall be construed to authorize the Secretary to
24 enter into a lease, incur an obligation, or make an

1 expenditure except to the extent and in the amount
2 provided in advance in appropriations Acts.

3 “(f) DEFINITIONS.—In this section, the term ‘major
4 medical facility lease’ has the meaning given that term in
5 section 8104(a)(3)(B) of this title.”.

6 (b) CONGRESSIONAL NOTIFICATION AND PLAN RE-
7 QUIRED FOR COST ESTIMATES EXCEEDING APPROVED
8 PROSPECTUS AMOUNTS.—Subchapter I of such chapter is
9 further amended by inserting after section 8104A the fol-
10 lowing new section:

11 **“§ 8104B. Congressional notification and plan re-**
12 **quired for cost estimates exceeding ap-**
13 **proved prospectus amounts**

14 “(a) PRICE ESTIMATES REQUIRED DURING SOLICI-
15 TATION PHASE.—As part of the request for lease pro-
16 posals (or equivalent formal solicitation) for a major med-
17 ical facility lease, the Secretary shall require offerors to
18 provide detailed price proposals, including the cost of land
19 (if applicable), to enable evaluation against the authorized
20 prospectus amount.

21 “(b) NOTIFICATION REQUIRED.—If the lowest re-
22 sponsive offer for a major medical facility lease exceeds
23 the unserviced shell rent authorized in the approved pro-
24 spectus by more than 10 percent, the Secretary shall no-
25 tify the Committee on Veterans’ Affairs of the Senate and

1 the Committee on Veterans' Affairs of the House of Rep-
2 resentatives not later than 45 days after the date on which
3 the Secretary determines that such offer exceeds such au-
4 thorized amount.

5 “(c) PLAN REQUIRED.—

6 “(1) IN GENERAL.—Not later than 60 days
7 after notification under subsection (b) with respect
8 to a major medical facility lease, the Secretary shall
9 submit to the Committee on Veterans' Affairs of the
10 Senate and the Committee on Veterans' Affairs of
11 the House of Representatives a plan to address the
12 cost discrepancy for such lease, which may include
13 scope adjustment, value engineering, requesting ad-
14 ditional authority, or other appropriate measures.

15 “(2) LIMITATION ON AWARD.—The Secretary
16 shall not award a major medical facility lease until
17 the Committee on Veterans' Affairs of the Senate
18 and the Committee on Veterans' Affairs of the
19 House of Representatives have received the plan re-
20 quired under paragraph (1) with respect to such
21 lease.

22 “(d) LIMITATION ON FURTHER ACTION.—If the Sec-
23 retary is required to submit a notification under sub-
24 section (b), the Secretary may not issue a request for lease
25 proposals for the applicable major medical facility lease

1 until the date on which the Secretary submits the plan
 2 required under subsection (c).

3 “(e) RULE OF CONSTRUCTION.—Nothing in this sec-
 4 tion shall be construed to authorize the Secretary to ex-
 5 ceed any amount authorized in an approved prospectus or
 6 any amount provided in advance in an appropriations
 7 Act.”.

8 (c) CLERICAL AMENDMENT.—The table of sections
 9 at the beginning of such chapter is amended by inserting
 10 after the item relating to section 8104 the following new
 11 items:

“8104A. Submission of cost estimates for major medical facility leases with
 President’s budget request

“8104B. Congressional notification and plan required for cost estimates exceed-
 ing approved prospectus amounts”.

12 **SEC. 662. REPORT ON CAPITAL ASSET AND INFORMATION**
 13 **TECHNOLOGY NEEDS OF THE RESEARCH AND**
 14 **DEVELOPMENT PROGRAM OF DEPARTMENT**
 15 **OF VETERANS AFFAIRS.**

16 (a) REPORT REQUIRED.—Not later than two years
 17 after the date of the enactment of this Act, the Secretary
 18 of Veterans Affairs shall submit to Congress a report on
 19 the capital asset and information technology needs of the
 20 research and development program of the Department of
 21 Veterans Affairs.

22 (b) CONTENTS.—

1 (1) IN GENERAL.—The report required by sub-
2 section (a) shall include the following:

3 (A) A comprehensive summary of new fa-
4 cilities, renovations of existing facilities, leasing
5 of facilities, and any other such facilities or
6 physical infrastructure the Department requires
7 to effectively perform its research and develop-
8 ment functions, including projected functions.

9 (B) Detailed information on the informa-
10 tion technology resources, projects, equipment,
11 and related information technology needs,
12 disaggregated by type of information technology
13 funding categories, such as development or op-
14 erations and maintenance, the Department re-
15 quires in order to make the research and devel-
16 opment program and activities of the Depart-
17 ment functional and high-performing in the
18 short-, medium-, and long-term, and those
19 needed to enable employees of the Department
20 to perform their research and development ac-
21 tivities in an effective and efficient manner.

22 (C) Such matters as the Secretary deter-
23 mines relevant to maintain and further improve
24 and advance the research and development
25 functions of the Department through improved

capital asset and information technology support.

(2) REQUIREMENTS.—

(A) FACILITIES.—

(i) SUMMARIES BY PROJECT.—In providing information under paragraph (1)(A), the Secretary shall provide estimated summaries for each project with cost data as well as a realistic multi-year plan to design and deliver the capital asset projects, assuming required funding is provided.

(ii) IDENTIFICATION OF PROJECTS.—

The Secretary shall identify each project under paragraph (1)(A) by its project type, such as major construction, minor construction, nonrecurring maintenance, major lease, minor lease, or such other category as the Secretary determines may be appropriate.

(B) INFORMATION TECHNOLOGY.—In providing information under paragraph (1)(B), the Secretary shall provide estimated summaries for each project or investment with individual and total cost data as well as a realistic multi-year

1 plan to develop relevant requirements and ac-
2 quire and deploy the relevant information tech-
3 nology services, projects, equipment, and re-
4 lated matters.

5 (C) SCOPE.—The scope of the report sub-
6 mitted under subsection (a) is on the capital
7 asset, information technology, and other related
8 critical support functions, excluding human cap-
9 ital related needs, needed for the Department to
10 perform research and development in an effec-
11 tive and efficient manner.

12 (c) CONSIDERATIONS.—In preparing the report re-
13 quired by subsection (a), the Secretary may consider the
14 following:

15 (1) The findings of the 2012 final report of the
16 Research Infrastructure Program of the Depart-
17 ment.

18 (2) Current and updated data providing the
19 most accurate and holistic presentation of the phys-
20 ical infrastructure, information technology, and
21 other relevant support function needs of the research
22 and development program of the Department.

23 (3) Such other matters as the Secretary con-
24 siders appropriate.

1 **SEC. 663. IMPROVING PREVENTION, DETECTION, AND RE-**
2 **PORTING OF WASTE, FRAUD, AND ABUSE IN**
3 **DEPARTMENT OF VETERANS AFFAIRS CAP-**
4 **ITAL ASSET PROJECTS AND ACTIVITIES.**

5 (a) REPORT REQUIRED.—Not later than one year
6 after the date of the enactment of this Act, the Secretary
7 of Veterans Affairs shall submit to the appropriate com-
8 mittees of Congress a report on actions the Department
9 of Veterans Affairs is taking or plans to take to enhance
10 the ability of the Department to prevent, detect, and re-
11 port waste, fraud, and abuse occurring in capital asset
12 projects of the Department, whether by employees, con-
13 tractors, or other relevant persons or entities involved with
14 the Department.

15 (b) ELEMENTS.—The report required by subsection
16 (a) shall include the following:

17 (1) An assessment of whether new training or
18 enhancements to existing training should be under-
19 taken to improve the prevention, detection, and re-
20 porting of waste, fraud, and abuse.

21 (2) Recommendations for such legislative and
22 administrative action as the Secretary determines
23 appropriate to improve the prevention, detection,
24 and reporting of waste, fraud, and abuse.

25 (3) Such other matters as the Secretary con-
26 siders appropriate.

1 (c) CONSULTATION.—In carrying out subsection (a),
2 the Secretary—

3 (1) shall consult with the Inspector General of
4 the Department of Veterans Affairs and the Comp-
5 troller General of the United States on matters re-
6 lating to best practices and strategies to improve de-
7 tection and prevention by the Department of waste,
8 fraud, and abuse in capital asset projects and man-
9 agement; and

10 (2) may consult with such other persons and
11 entities on such matters as the Secretary considers
12 appropriate.

13 **SEC. 664. REPORT ON LONG-TERM CARE PHYSICAL INFRA-**
14 **STRUCTURE NEEDS OF DEPARTMENT OF**
15 **VETERANS AFFAIRS.**

16 (a) IN GENERAL.—Not later than one year after the
17 date of the enactment of this Act, the Secretary of Vet-
18 erans Affairs shall submit to the appropriate committees
19 of Congress a report, disaggregated by medical center or
20 other relevant health care facility of the Department of
21 Veterans Affairs, identifying the physical infrastructure
22 needs of the Department to support current and future
23 anticipated long-term care needs and models of care for
24 veterans, including—

1 (1) infrastructure needed to support the deliv-
2 ery of long-term care for women veterans, veterans
3 with spinal cord injuries and diseases, veterans with
4 traumatic brain injury, veterans with unique behav-
5 ioral health needs, veterans with memory loss, and
6 other population groups with unique needs or pro-
7 jected future needs;

8 (2) information regarding the plans of the De-
9 partment to provide such care as the Department
10 builds internal capacity but space is not yet available
11 to meet the demand for such care; and

12 (3) with respect to any projects needed to pro-
13 vide the infrastructure specified under paragraph
14 (1)—

15 (A) the estimated individual project cost
16 and total cost to accomplish those projects; and

17 (B) the estimated individual project
18 timeline to accomplish each such project upon
19 receipt of appropriate funding.

20 (b) INCLUSION OF INFORMATION REGARDING
21 PRIORITIZATION OF CERTAIN PROJECTS.—The Secretary
22 shall include in the report required under subsection (a)
23 information regarding how the infrastructure
24 prioritization processes of the Department, such as the
25 Strategic Capital Investment Planning process, or suc-

1 cessor process, could be modified to include higher
2 prioritization of projects that support the provision of a
3 health care service that is not widely available, or is not
4 available in compliance with appropriate quality or access
5 standards, from non-Department providers.

6 (c) DEVELOPMENT OF REPORT.—In developing the
7 report required under subsection (a), the Secretary shall
8 consult with relevant regional and national program of-
9 fices of the Veterans Health Administration with responsi-
10 bility for managing the various health care services cov-
11 ered by the report, including long-term care and care re-
12 lating to spinal cord injuries and diseases, to ensure that
13 the report contains a holistic, comprehensive, and inte-
14 grated plan to address the capital asset and other space
15 needs for the population of veterans who require those
16 services.

17 (d) INDICATION OF TYPES OF PROJECTS.—In the re-
18 port required under subsection (a), the Secretary shall in-
19 dicate the projects that can be most efficiently and effec-
20 tively accomplished through smaller individual infrastruc-
21 ture projects or through a larger medical facility replace-
22 ment or new site of care, as determined by the Secretary.

1 **Subtitle F—Other Health Care**
2 **Matters**

3 **SEC. 671. PRESCRIPTION, DELIVERY, DISTRIBUTION, AND**
4 **DISPENSATION OF CONTROLLED SUBSTANCE**
5 **MEDICATIONS BY COVERED HEALTH CARE**
6 **PROFESSIONALS OF DEPARTMENT OF VET-**
7 **ERANS AFFAIRS VIA TELEMEDICINE.**

8 (a) IN GENERAL.—Subchapter III of chapter 17 of
9 title 38, United States Code, is amended by adding at the
10 end the following new section:

11 **“§ 1730D. Prescription, delivery, distribution, and dis-**
12 **persation of controlled substance medi-**
13 **cations via telemedicine**

14 “(a) IN GENERAL.—Notwithstanding sections
15 102(54) and 309(e) of the Controlled Substances Act (21
16 U.S.C. 802(54) and 829(e)), a covered health care profes-
17 sional may prescribe, deliver, distribute, and dispense a
18 controlled substance if the covered health care professional
19 is using telemedicine through the use of an interactive
20 telecommunications system, including an audio-only tele-
21 communications system when necessary, to prescribe, de-
22 liver, distribute, or dispense to a patient eligible to receive
23 hospital care or medical services under this chapter a con-
24 trolled substance that is a prescription drug as determined
25 under the Federal Food, Drug, and Cosmetic Act (21

1 U.S.C. 301 et seq.), regardless of whether such covered
2 health care professional has conducted an in-person med-
3 ical examination of such patient, if—

4 “(1) such covered health care professional—

5 “(A) is acting in the usual course of pro-
6 fessional practice;

7 “(B) is registered pursuant to section
8 303(g) of the Controlled Substances Act (21
9 U.S.C. 823(g)) in any State or is utilizing the
10 registration of a facility of the Department reg-
11 istered pursuant to section 303(f) of such Act
12 (21 U.S.C. 823(f));

13 “(C) has access to medical documentation
14 from an in-person medical evaluation of such
15 patient in the past two years by—

16 “(i) a covered health care profes-
17 sional;

18 “(ii) a health care professional who
19 furnished care and services under the Vet-
20 erans Community Care Program under
21 section 1703 of this title; or

22 “(iii) a health care professional of the
23 Department of Defense; and

24 “(D) at the time of the telemedicine visit
25 of the patient—

1 “(i) has reviewed the prescription data
2 of the individual from the electronic health
3 record database of the Department and
4 data from the prescription drug monitoring
5 program for the State in which the patient
6 is located at the time of the telemedicine
7 encounter (if such a program exists) for at
8 least the one-year period preceding the
9 date of the visit or, if less than one year
10 of data is available, for the entire period
11 available; and

12 “(ii) provides documentation of—

13 “(I) such review;

14 “(II) all successful attempts to
15 access such databases and program;
16 and

17 “(III) all unsuccessful attempts
18 to access such databases and program
19 that resulted in the prescription of a
20 limited supply under subsection (b);
21 and

22 “(2) such substance is delivered, distributed, or
23 dispensed for a legitimate medical purpose.

24 “(b) AUTHORITY FOR LIMITED SUPPLY.—

1 “(1) IN GENERAL.—If the databases and pro-
2 gram described in subsection (a)(1)(D) are unavail-
3 able or inaccessible at the time of a telemedicine en-
4 counter conducted by a covered health care profes-
5 sional, the covered health care professional may not
6 prescribe, deliver, distribute, or dispense more than
7 a seven-day supply of a controlled substance until
8 the covered health care professional is able to review
9 such databases and program.

10 “(2) DATABASES UNAVAILABLE OR INACCES-
11 SIBLE.—If a database or program required to be re-
12 viewed under subsection (a)(1)(D) is unavailable or
13 inaccessible for an extended period, as determined
14 by the Secretary, a covered health care professional
15 may provide additional seven-day supplies of a con-
16 trolled substance until such database or program is
17 accessible.

18 “(c) MAXIMUM SUPPLY.—The authority under this
19 section may be used to supply a controlled substance for
20 not more than a six-month period.

21 “(d) USE OF AUTHORITY.—The Secretary shall en-
22 sure that the authority under this section is used to pre-
23 vent interruptions to patient care and not as a replace-
24 ment for routine in-person patient care.

25 “(e) REGULATIONS.—

1 “(1) IN GENERAL.—The Secretary shall estab-
2 lish in regulations guidelines and a process for the
3 prescription, delivery, distribution, and dispensation
4 of a controlled substance pursuant to subsection (a).

5 “(2) ELEMENTS.—The Secretary shall ensure
6 the guidelines and process described in paragraph
7 (1)—

8 “(A) do not restrict access of a patient to
9 in-person care; and

10 “(B) provide for the collection and analysis
11 of data to determine if an individual has evi-
12 dence of a prior in-person medical evaluation by
13 a health care professional described in sub-
14 section (a)(1)(C) who would reasonably be ex-
15 pected to have prescribing authority based on
16 their credential or organizational role.

17 “(3) INITIATING TREATMENT.—

18 “(A) IN GENERAL.—The guidelines estab-
19 lished by paragraph (1) shall prohibit a covered
20 health care professional from initiating treat-
21 ment with an opioid medication listed in sched-
22 ule II or III under section 202 of the Controlled
23 Substances Act (21 U.S.C. 812) unless the cov-
24 ered health care professional is providing treat-
25 ment—

1 “(i) for opioid use disorder;

2 “(ii) for a patient receiving palliative
3 care or enrolled in hospice care; or

4 “(iii) for a patient who is physically
5 located in a medical facility where the pa-
6 tient is receiving in-person care.

7 “(B) EXCEPTION.—The prohibition under
8 subparagraph (A) shall not apply to renewal or
9 maintenance of a previously prescribed medica-
10 tion described in such subparagraph.

11 “(f) REPORTING.—

12 “(1) IN GENERAL.—Not later than one year
13 after the date of the enactment of the Take Care of
14 America’s Veterans Act, and not less frequently than
15 annually thereafter until the termination date under
16 subsection (g), the Secretary shall submit to the
17 Committee on Veterans’ Affairs of the Senate and
18 the Committee on Veterans’ Affairs of the House of
19 Representatives a report that addresses the use of
20 the authority under this section during the fiscal
21 year preceding the date of submission of the report
22 in each Veterans Integrated Service Network.

23 “(2) ELEMENTS.—Each report under para-
24 graph (1) shall indicate, at a minimum—

1 “(A) how many patients received prescrip-
2 tions for controlled substance medications
3 through telemedicine under this section;

4 “(B) which controlled substances are being
5 prescribed under this section and how many
6 prescriptions were written for each such sub-
7 stance;

8 “(C) the number of individuals who re-
9 ceived a controlled substance medication that
10 was prescribed, delivered, distributed, or dis-
11 pensed under this section without evidence of
12 an in-person medical evaluation within the pre-
13 vious two years by a health care professional
14 described in subsection (a)(1)(C); and

15 “(D) the barriers that exist to reviewing
16 prescription drug monitoring programs of
17 States and how often those barriers occur.

18 “(g) DURATION.—The authority under this section
19 shall terminate on September 30, 2031.

20 “(h) DEFINITIONS.— In this section:

21 “(1) The terms ‘controlled substance’, ‘deliver’,
22 ‘dispense’, and ‘distribute’ have the meanings given
23 those terms in section 102 of the Controlled Sub-
24 stances Act (21 U.S.C. 802).

1 “(2) The term ‘covered health care professional’
2 means—

3 “(A) a health care professional who—

4 “(i) is—

5 “(I) an employee of the Depart-
6 ment appointed under section 7306,
7 7401, 7405, 7406, or 7408 of this
8 title or under title 5; or

9 “(II) operating from a facility of
10 the Department, including a clinic of
11 the Department;

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

14 “(iii) is required to adhere to all
15 standards for quality relating to the provi-
16 sion of health care in accordance with ap-
17 plicable policies of the Department;

18 “(iv) has an active, current, full, and
19 unrestricted license, registration, or certifi-
20 cation or meets qualification standards set
21 forth by the Secretary within a specified
22 time frame; and

23 “(v) with respect to a health care pro-
24 fession listed under section 7402(b) of this

1 title, has the qualifications for such profes-
 2 sion as set forth by the Secretary; and

3 “(B) a health professions trainee who—

4 “(i) is appointed under section 7405
 5 of this title; and

6 “(ii) is under the clinical supervision
 7 of a health care professional described in
 8 subparagraph (A).”.

9 (b) CLERICAL AMENDMENT.—The table of sections
 10 at the beginning of such chapter is amended by inserting
 11 after the item relating to section 1730C the following new
 12 item:

“1730D. Prescription, delivery, distribution, and dispensation of controlled sub-
 stance medications via telemedicine.”.

13 **SEC. 672. COPAYMENTS FOR LIMITED SUPPLIES OF MEDI-**
 14 **CATIONS.**

15 Paragraph (4) of section 1722A(a) of title 38, United
 16 States Code, is amended to read as follows:

17 “(4) Paragraph (1) does not apply—

18 “(A) to opioid antagonists furnished under this
 19 chapter to a veteran who is at high risk for overdose
 20 of a specific medication or substance in order to re-
 21 verse the effect of such an overdose; and

22 “(B) to any limited supply prescription for
 23 medication, up to a 30-day supply of such medica-
 24 tion, under section 1730D(b) of this title if the cov-

1 ered health care professional would have prescribed,
2 delivered, distributed, or dispensed a supply for
3 more than seven days if not for the restrictions
4 under such section.”.

5 **SEC. 673. PLAN ON ESTABLISHMENT OF INTERACTIVE, ON-**
6 **LINE SELF-SERVICE MODULE FOR CARE.**

7 (a) IN GENERAL.—The Secretary of Veterans Affairs
8 shall develop and implement a plan to establish, to the
9 greatest extent practicable, an interactive, online self-serv-
10 ice module—

11 (1) to allow veterans enrolled in the system of
12 annual patient enrollment of the Department of Vet-
13 erans Affairs established and operated under section
14 1705(a) of title 38, United States Code—

15 (A) to request appointments, track refer-
16 rals for health care under the laws administered
17 by the Secretary, whether at a facility of the
18 Department of Veterans Affairs or through a
19 non-Department provider, and receive appoint-
20 ment reminders;

21 (B) to appeal and track decisions relating
22 to—

23 (i) denials of requests for authoriza-
24 tion for care or services under section
25 1703 of title 38, United States Code; or

1 (ii) denials of requests for care or
2 services at facilities of the Department, in-
3 cluding under section 1710 of such title;

4 (C) to compare the average wait times for
5 appointments for the type of care sought by the
6 veteran at facilities of the Department and with
7 non-Department facilities and providers
8 through which the Secretary furnishes care and
9 services under section 1703 of such title;

10 (D) to compare average driving times be-
11 tween their residence and the nearest facility of
12 the Department that provides the care they are
13 seeking and between their residence and the
14 closest non-Department provider that provides
15 the care they are seeking and through which
16 the Secretary furnishes care and services under
17 section 1703 of such title; and

18 (E) to view a provider directory, informa-
19 tion regarding pending medical claims, and ex-
20 planations of benefits; and

21 (2) to implement such other matters as deter-
22 mined appropriate by the Secretary.

23 (b) SUBMITTAL OF PLAN.—

24 (1) INITIAL PLAN.—Not later than 180 days
25 after the date of the enactment of this Act, the Sec-

1 retary shall submit to the Committee on Veterans’
2 Affairs of the Senate and the Committee on Vet-
3 erans’ Affairs of the House of Representatives the
4 plan developed under subsection (a).

5 (2) BIENNIAL UPDATE.—Not less frequently
6 than once every 180 days during the two-year period
7 beginning on the submittal of the plan under para-
8 graph (1), the Secretary shall brief the Committee
9 on Veterans’ Affairs of the Senate and the Com-
10 mittee on Veterans’ Affairs of the House of Rep-
11 resentatives on any updates on the implementation
12 of such plan.

13 **SEC. 674. MODIFICATION OF REQUIREMENTS FOR CENTER**
14 **FOR INNOVATION FOR CARE AND PAYMENT**
15 **OF THE DEPARTMENT OF VETERANS AF-**
16 **FAIRS AND TRANSFER OF AUTHORITY.**

17 (a) IN GENERAL.—Chapter 3 of title 38, United
18 States Code, is amended by adding at the end the fol-
19 lowing new section:

20 **“§ 326. Center for Innovation**

21 “(a) ESTABLISHMENT.—There is established within
22 the Department a Center for Innovation (in this section
23 referred to as the ‘Center’).

24 “(b) PURPOSE.—The purpose of the Center is to test
25 innovative payment and service delivery models to reduce

1 program expenditures of the Department under chapter
2 17 of this title while preserving or enhancing the quality
3 of care furnished to veterans and other eligible individuals.

4 “(c) IDENTIFICATION AND TESTING OF MODELS.—

5 “(1) IN GENERAL.—The Center shall—

6 “(A) identify and test health care payment
7 and service delivery models under this title, in-
8 cluding care from non-Department providers
9 under subchapter I of chapter 17 of this title,
10 that have the potential to—

11 “(i) reduce program expenditures; and

12 “(ii) preserve or enhance the quality
13 of care furnished to veterans;

14 “(B) give preference to models that im-
15 prove the coordination, quality, and efficiency of
16 health care services furnished under this title;
17 and

18 “(C) evaluate the effect of applying such
19 models on program expenditures and quality
20 outcomes under this title.

21 “(2) INCLUDED MODELS.—The models identi-
22 fied and tested under paragraph (1) may include the
23 following:

24 “(A) Bundled payment arrangements.

25 “(B) Preventive care initiatives.

1 “(C) Chronic care coordination models.

2 “(d) SELECTION OF MODELS.—

3 “(1) IN GENERAL.—The Secretary, acting
4 through the Center, shall select models to be tested
5 under subsection (b) from among those that—

6 “(A) address a defined population for
7 which there are demonstrated deficits in care
8 leading to poor clinical outcomes or potentially
9 avoidable expenditures; and

10 “(B) are expected to reduce program costs
11 while preserving or enhancing the quality of
12 care furnished to veterans.

13 “(2) CRITERIA.—In selecting models under
14 paragraph (1), the Secretary shall apply criteria con-
15 sistent with the model selection framework used in
16 evidence-based criteria that the Secretary determines
17 appropriate.

18 “(e) TESTING AND EVALUATION.—

19 “(1) IN GENERAL.—The Secretary shall design
20 and test each model under this section in a manner
21 that allows for the evaluation of—

22 “(A) changes in program expenditures;

23 “(B) changes in quality and outcomes of
24 care for veterans; and

1 “(C) other factors the Secretary deter-
2 mines relevant to care coordination, access, and
3 equity.

4 “(2) EVALUATION.—The Secretary shall evalu-
5 ate each model under this section using scientifically
6 valid methodologies, including control or comparison
7 groups if practicable.

8 “(f) REPORTING.—

9 “(1) ANNUAL REPORT.—Not less frequently
10 than annually, the Secretary shall submit to the
11 Committee on Veterans’ Affairs of the Senate and
12 the Committee on Veterans’ Affairs of the House of
13 Representatives a report on models being tested
14 under this section and their preliminary results, in-
15 cluding—

16 “(A) a brief narrative description of the
17 model explaining its intent and the proposed
18 manner in which it is supposed to reduce ex-
19 penditures and increase quality of or access to
20 care for veterans;

21 “(B) the number of veterans and providers
22 participating in the model, broken down by de-
23 mographics such as age, race or ethnicity, geo-
24 graphic location, and other characteristics as
25 chosen by the Secretary;

1 “(C) gross and net savings or increases to
2 the medical services account of the Department,
3 including in comparison to baseline budgetary
4 assumptions in the absence of the model;

5 “(D) an assessment of the utilization of
6 the model, including the proportion of providers
7 choosing to participate in the model and the
8 proportion of veterans choosing to participate in
9 the model, as the case may be;

10 “(E) an assessment of quality of care and
11 patient outcome as measured by discrete objec-
12 tive metrics, including changes to morbidity and
13 mortality, changes to admission rates, changes
14 to readmission rates, changes to population
15 health metrics such as average blood pressure,
16 A1C levels, body mass index, or other relevant
17 health metrics, or other relevant clinical out-
18 come metrics;

19 “(F) a description of provider, stakeholder,
20 and veteran experiences; and

21 “(G) such other matters as the Secretary
22 may consider relevant.

23 “(2) FINAL REPORT ON MODELS.—Not later
24 than 180 days after completing each model under
25 this section, the Secretary shall submit to the Com-

1 mittee on Veterans' Affairs of the Senate and the
2 Committee on Veterans' Affairs of the House of
3 Representatives a final report on such model, includ-
4 ing—

5 “(A) findings from the evaluation of such
6 model;

7 “(B) updated findings under paragraph
8 (1) with respect to such model;

9 “(C) an assessment of the fiscal impact of
10 such model; and

11 “(D) recommendations for expansion or
12 termination of the use of such model.

13 “(g) EXPANSION OF SUCCESSFUL MODELS.—

14 “(1) IN GENERAL.—Except as provided in para-
15 graph (2), the Secretary may, through rulemaking,
16 expand the duration and scope of a model tested
17 under this section to the extent that—

18 “(A) the Secretary determines such expan-
19 sion is expected to—

20 “(i) reduce program expenditures
21 without reducing quality of care; or

22 “(ii) improve quality of care without
23 increasing program expenditures; and

1 “(B) the Chief Financial Officer of the De-
2 partment certifies that such expansion will
3 maintain budget neutrality.

4 “(2) LIMITATION.—The Secretary shall not ex-
5 pand a model unless the results of the evaluation of
6 the model under subsection (e) demonstrate that the
7 requirements of paragraph (1) are satisfied.

8 “(h) COST NEUTRALITY AND FUNDING.—

9 “(1) IN GENERAL.—Implementation or expan-
10 sion of any model under this section shall be con-
11 ducted in a manner that is cost-neutral to the De-
12 partment over the duration of the use of the model,
13 including administrative costs.

14 “(2) USE OF AVAILABLE AMOUNTS.—The Sec-
15 retary shall ensure that expenditures under this sec-
16 tion are made from amounts otherwise available to
17 the Department for medical services, community
18 care, or medical support and compliance.

19 “(i) RULE OF CONSTRUCTION.—Nothing in this sec-
20 tion shall be construed to authorize the Secretary to re-
21 duce the scope or amount of benefits under this title, or
22 to impose additional eligibility requirements, except as
23 may be necessary to carry out an approved model under
24 this section.”.

25 (b) CONFORMING AND CLERICAL AMENDMENTS.—

1 (1) CONFORMING REPEAL.—Section 1703E of
2 title 38, United States Code, is repealed.

3 (2) CONFORMING AMENDMENTS.—

4 (A) PILOT PROGRAM TO IMPROVE ADMIN-
5 ISTRATION OF CARE UNDER VETERANS COMMU-
6 NITY CARE PROGRAM.—Section 105(a) of the
7 Senator Elizabeth Dole 21st Century Veterans
8 Healthcare and Benefits Improvement Act
9 (Public Law 118–210; 38 U.S.C. 1703 note) is
10 amended, in the matter preceding paragraph
11 (1), by striking “Pursuant to section 1703E of
12 title 38, United States Code, the Secretary of
13 Veterans Affairs, acting through the Center for
14 Innovation for Care and Payment” and insert-
15 ing “Pursuant to section 326 of title 38, United
16 States Code, the Secretary of Veterans Affairs,
17 acting through the Center for Innovation”.

18 (B) PILOT PROGRAM ON CONSOLIDATING
19 APPROVAL PROCESS OF DEPARTMENT OF VET-
20 ERANS AFFAIRS FOR COVERED DENTAL
21 CARE.—Section 106(a) of the Senator Elizabeth
22 Dole 21st Century Veterans Healthcare and
23 Benefits Improvement Act (Public Law 118–
24 210; 38 U.S.C. 1703 note) is amended, in the
25 matter preceding paragraph (1), by striking

1 “the Center for Innovation for Care and Pay-
2 ment established under section 1703E of title
3 38, United States Code” and inserting “the
4 Center for Innovation established under section
5 326 of title 38, United States Code”.

6 (C) STRATEGIC PLAN ON VALUE-BASED
7 HEALTH CARE SYSTEM FOR VETERANS HEALTH
8 ADMINISTRATION; PILOT PROGRAM.—Section
9 107 of the Senator Elizabeth Dole 21st Century
10 Veterans Healthcare and Benefits Improvement
11 Act (Public Law 118–210; 38 U.S.C. 1701
12 note) is amended—

13 (i) in subsection (a)(2)(A)(viii), by
14 striking “the Center for Innovation for
15 Care and Payment of the Department
16 under section 1703E of title 38, United
17 States Code” and inserting “the Center for
18 Innovation under section 326 of title 38,
19 United States Code”; and

20 (ii) in subsection (c)(1), by striking
21 “the Center for Innovation for Care and
22 Payment established under section 1703E
23 of title 38, United States Code” and in-
24 serting ““the Center for Innovation under

1 section 326 of title 38, United States
2 Code”.

3 (3) CLERICAL AMENDMENTS.—

4 (A) CHAPTER 17.—The table of sections at
5 the beginning of chapter 17 of title 38, United
6 States Code, is amended by striking the item
7 relating to section 1703E.

8 (B) CHAPTER 3.—The table of sections at
9 the beginning of chapter 3 of such title is
10 amended by adding at the end the following
11 new item:

“326. Center for Innovation.”.

12 (c) COMPTROLLER GENERAL REPORT.—Not later
13 than 18 months after the date of the enactment of this
14 Act, the Comptroller General of the United States shall
15 submit to Congress a report—

16 (1) on the efforts of the Center for Innovation
17 of the Department of Veterans Affairs in fulfilling
18 the objectives and requirements under section 326 of
19 title 38, United States Code, as added by subsection
20 (a); and

21 (2) containing such recommendations as the
22 Comptroller General considers appropriate.

23 (d) REVIEW OF VETERANS COMMUNITY CARE PRO-
24 GRAM.—

1 (1) IN GENERAL.—Not later than one year
2 after the date of the enactment of this Act, the Sec-
3 retary of Veterans Affairs, acting through the Office
4 of Management of the Department of Veterans Af-
5 fairs, shall conduct a review of all aspects of the
6 Veterans Community Care Program.

7 (2) ELEMENTS.—The review required by para-
8 graph (1) shall—

9 (A) identify proven management and pay-
10 ment best practices of the Federal Government
11 used under the Medicare program under title
12 XVIII of the Social Security Act (42 U.S.C.
13 1395 et seq.), the Medicaid program under title
14 XIX of such Act (42 U.S.C. 1396 et seq.), and
15 the TRICARE program (as defined in section
16 1072 of title 10, United States Code);

17 (B) determine what best practices, if any,
18 identified under subparagraph (A) should be
19 adopted and implemented by the Secretary, in-
20 cluding those practices that would require legis-
21 lative action before adoption and implementa-
22 tion;

23 (C) determine how the Secretary can im-
24 prove access to care through the Veterans Com-

1 community Care Program for veterans eligible for
2 such care;

3 (D) identify solutions to ease administra-
4 tive, legislative, and regulatory burdens and im-
5 prove efficiency in the Veterans Community
6 Care Program;

7 (E) identify improvements to the Veterans
8 Community Care Program that can enhance the
9 experience of veterans and participating entities
10 and providers furnishing hospital care, medical
11 services, and extended care services under the
12 Veterans Community Care Program;

13 (F) review how the Secretary—

14 (i) identifies eligibility for and re-
15 views, processes, and approves referrals for
16 care under the Veterans Community Care
17 Program;

18 (ii) authorizes the furnishing of serv-
19 ices under the Veterans Community Care
20 Program; and

21 (iii) receives, reviews, processes, and
22 approves requests for payment from par-
23 ticipating entities and providers furnishing
24 services under the Veterans Community
25 Care Program.

1 (G) assess such other factors as deter-
2 mined appropriate by the Secretary in consulta-
3 tion with Congress.

4 (3) BRIEFING AND REPORT.—

5 (A) BRIEFING.—Periodically throughout
6 the duration of the review required under para-
7 graph (1), but not less frequently than quar-
8 terly, the Secretary shall brief the Committee
9 on Veterans' Affairs of the Senate and the
10 Committee on Veterans' Affairs of the House of
11 Representatives on the status and preliminary
12 findings of such review.

13 (B) REPORT.—Not later than 30 days
14 after the conclusion of the review required
15 under paragraph (1), the Secretary shall submit
16 to the Committee on Veterans' Affairs of the
17 Senate and the Committee on Veterans' Affairs
18 of the House of Representatives a written re-
19 port containing—

20 (i) a complete and unredacted list of
21 all findings and recommendations from the
22 review; and

23 (ii) any legislative, administrative,
24 regulatory, policy, or other changes sought

1 by the Secretary as a result of such find-
2 ings.

3 (4) VETERANS COMMUNITY CARE PROGRAM DE-
4 FINED.—In this subsection, the term “Veterans
5 Community Care Program” means the Veterans
6 Community Care Program under section 1703 of
7 title 38, United States Code.

8 (e) PILOT PROGRAMS.—

9 (1) IN GENERAL.—Not later than one year
10 after the date of the enactment of this Act, the Sec-
11 retary of Veterans Affairs shall commence carrying
12 out the pilot programs described in paragraph (2)
13 through the Center for Innovation established by
14 section 326 of title 38, United States Code, as added
15 by subsection (a), and the Office of Management of
16 the Department of Veterans Affairs.

17 (2) PILOT PROGRAMS DESCRIBED.—The Sec-
18 retary shall carry out the following pilot programs:

19 (A) A pilot program to test innovative pay-
20 ment models for the furnishing of preventive
21 health services, as such term is defined in sec-
22 tion 1701 of title 38, United States Code.

23 (B) A pilot program to test innovative pay-
24 ment models involving payment bundling for in-
25 tegrated care during an episode of care author-

1 ized under the Veterans Community Care Pro-
2 gram under section 1703 of title 38, United
3 States Code, to improve the coordination, qual-
4 ity, and efficiency of health care delivery under
5 such program.

6 (f) MODIFICATION OF INDEPENDENT ASSESSMENTS
7 OF HEALTH CARE DELIVERY SYSTEMS AND MANAGE-
8 MENT PROCESSES.—Subsection 1704A of title 38, United
9 States Code, is amended—

10 (1) in subsection (a)(2)(I), by adding at the end
11 the following new clause:

12 “(vi) To identify proven management and
13 payment best practices of the Federal Govern-
14 ment used under the Medicare program under
15 title XVIII of the Social Security Act (42
16 U.S.C. 1395 et seq.), the Medicaid program
17 under title XIX of such Act (42 U.S.C. 1396 et
18 seq.), and the TRICARE program (as defined
19 in section 1072 of title 10).”; and

20 (2) in subsection (d), by inserting “or federally
21 funded research and development center” after “pri-
22 vate entity”.

1 **SEC. 675. REPORT ON IMPROVEMENTS TO CLINICAL AP-**
2 **PEALS PROCESS.**

3 (a) IN GENERAL.—Not later than two years after the
4 date of the enactment of this Act, the Secretary of Vet-
5 erans Affairs, in consultation with veterans service organi-
6 zations, veterans, caregivers of veterans, employees of the
7 Department of Veterans Affairs, and other stakeholders
8 as determined by the Secretary, shall submit to the Com-
9 mittee on Veterans’ Affairs of the Senate and the Com-
10 mittee on Veterans’ Affairs of the House of Representa-
11 tives a report containing recommendations for legislative
12 or administrative action to improve the clinical appeals
13 process of the Department with respect to timeliness,
14 transparency, objectivity, consistency, and fairness.

15 (b) INAPPLICABILITY OF REQUIREMENTS RELATING
16 TO FEDERAL ADVISORY COMMITTEES.—Chapter 10 of
17 title 5, United States Code, shall not apply to the consulta-
18 tion required by subsection (a).

19 (c) VETERANS SERVICE ORGANIZATION DEFINED.—
20 In this section, the term “veterans service organization”
21 means any organization recognized by the Secretary under
22 section 5902 of title 38, United States Code.

1 **SEC. 676. PLAN ON INCREASING ACCESSIBILITY OF CARE**
2 **FOR VETERANS WITH SPINAL CORD INJURY**
3 **OR DISORDER.**

4 (a) IN GENERAL.—Not later than one year after the
5 date of the enactment of this Act, the Secretary of Vet-
6 erans Affairs shall submit to the Committee on Veterans’
7 Affairs of the Senate and the Committee on Veterans’ Af-
8 fairs of the House of Representatives a plan on improving
9 disability-related access to care from facilities of the De-
10 partment and from non-Department facilities and pro-
11 viders through which the Secretary furnishes care and
12 services under section 1703 of title 38, United States
13 Code, for veterans with spinal cord injury or disorder.

14 (b) CONSULTATION.—In developing the plan required
15 under subsection (a), the Secretary shall consult with rel-
16 evant stakeholders, including veterans service organiza-
17 tions who serve veterans with spinal cord injury or dis-
18 order.

19 (c) ELEMENTS.—The plan required under subsection
20 (a) shall include an assessment of disability-related bar-
21 riers to care at medical facilities of the Department of Vet-
22 erans Affairs and through community care networks of
23 non-Department providers for veterans with spinal cord
24 injury or disorder and a description of the actions needed
25 to overcome such barriers, including cost estimates,

1 timelines for corrective action, and requests for legislative
2 action, if any.

3 (d) VETERANS SERVICE ORGANIZATION DEFINED.—

4 In this section, the term “veterans service organization”
5 means any organization recognized by the Secretary under
6 section 5902 of title 38, United States Code.

○