

119TH CONGRESS
1ST SESSION

S. 607

AN ACT

To require the Secretary of Veterans Affairs to establish and implement a plan to improve the process for scheduling appointments for health care from the Department of Veterans Affairs, and for other purposes.

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

1 **SECTION 1. SHORT TITLE.**

2 This Act may be cited as the “Improving Veteran Ac-
3 cess to Care Act”.

4 **SEC. 2. IMPLEMENTATION OF AND REPORT ON EFFORTS**
5 **OF DEPARTMENT OF VETERANS AFFAIRS TO**
6 **IMPROVE HEALTH CARE APPOINTMENT**
7 **SCHEDULING.**

8 (a) IN GENERAL.—Not later than one year after the
9 date of the enactment of this Act, the Secretary of Vet-
10 erans Affairs shall submit to the appropriate committees
11 of Congress a plan to improve the process for scheduling
12 appointments for health care from the Department of Vet-
13 erans Affairs, including improvements for both patients
14 and employees of the Department responsible for sched-
15 uling such appointments.

16 (b) ELEMENTS OF PLAN.—

17 (1) IN GENERAL.—The plan required by sub-
18 section (a) shall include—

19 (A) such actions, resources, technology,
20 and process improvements as the Secretary de-
21 termines necessary to ensure the Department
22 achieves, in a timely manner, improved delivery
23 of health care, access to health care, customer
24 experience and service relating to the receipt of
25 health care, and efficiency with respect to the
26 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 method provided under subclause
21 (II), fully schedule appointments for
22 all 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.

Passed the Senate December 18, 2025.

Attest:

Secretary.

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