

veterans' issues during his first term in office. I am proud of his work to open doors at VA for more veterans so they may access the benefits they have earned through their service.

Madam Speaker, I urge all Members to support this legislation, and I reserve the balance of my time.

Mr. BOST. Madam Speaker, I have no further speakers, and I am prepared to close. I reserve the balance of my time.

Mr. TAKANO. Madam Speaker, I yield such time as he may consume to the gentleman from North Carolina (Mr. DAVIS), my good friend and also a veteran who is a member of the House Agriculture Committee and House Armed Services Committee.

Mr. DAVIS of North Carolina. Madam Speaker, I thank the gentleman for yielding me time.

Madam Speaker, I rise in support of H.R. 7653, the Veterans Employment Readiness Yield Act. On behalf of North Carolina's First Congressional District's veterans, who I am proud to represent, I urge my colleagues to vote in favor of this legislation.

I thank the gentleman from Arizona (Mr. CISCOMANI), in particular, who coled the bill with me; the House Veterans' Affairs Committee for moving it forward; and, also, the Disabled American Veterans and Paralyzed Veterans of America for endorsing this legislation.

H.R. 7653 amends terminology in the Veteran Readiness and Employment program to replace the term "employment handicap" with "employment barrier" and the term "serious employment handicap" with "serious employment barrier," while leaving the definitions unchanged.

The Veteran Readiness and Employment program helps former service-members find jobs and ensure their mental and financial well-being. Updating the terminology will improve efficiency and encourage disabled veterans to use the VR&E program.

No veteran should have any discomfort advocating for themselves and seeking help for their service-connected disabilities. We will not stop fighting until every disabled veteran has what they need to get the assistance that they deserve and have earned.

Mr. BOST. Madam Speaker, I have no further speakers, and I am prepared to close. I reserve the balance of my time.

Mr. TAKANO. Madam Speaker, I yield myself the balance of my time.

Madam Speaker, in closing, I support H.R. 7653, the Veterans Employment Readiness Yield Act of 2024, and I yield back the balance of my time.

Mr. BOST. Madam Speaker, I yield myself the balance of my time to close.

Madam Speaker, once again, I encourage Members to support the legislation, and I yield back the balance of my time.

The SPEAKER pro tempore. The question is on the motion offered by the gentleman from Illinois (Mr. BOST) that the House suspend the rules and pass the bill, H.R. 7653.

The question was taken; and (two-thirds being in the affirmative) the rules were suspended and the bill was passed.

A motion to reconsider was laid on the table.

—————

SENATOR ELIZABETH DOLE 21ST CENTURY VETERANS HEALTHCARE AND BENEFITS IMPROVEMENT ACT

Mr. BOST. Madam Speaker, I move to suspend the rules and pass the bill (H.R. 8371) to make certain improvements in the laws administered by the Secretary of Veterans Affairs, and for other purposes, as amended.

The Clerk read the title of the bill.

The text of the bill is as follows:

H.R. 8371

*Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled,*

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

(a) **SHORT TITLE.**—This Act may be cited as the "Senator Elizabeth Dole 21st Century Veterans Healthcare and Benefits Improvement Act".

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

Sec. 1. Short title; table of contents.

**TITLE I—HEALTH CARE MATTERS**

**Subtitle A—Veterans Community Care Program Matters**

Sec. 101. Implementation of provision of care under Veterans Community Care Program upon determination of eligibility by veteran and veteran's referring clinician.

Sec. 102. Outreach regarding care and services under Veterans Community Care Program.

Sec. 103. Annual review and report on waivers of certain payment rates under Veterans Community Care Program.

Sec. 104. Modification of requirements for standards for quality of care from Department of Veterans Affairs.

Sec. 105. Pilot program to improve administration of care under Veterans Community Care Program.

Sec. 106. Pilot program on consolidating approval process of Department of Veterans Affairs for covered dental care.

Sec. 107. Strategic plan on value-based health care system for Veterans Health Administration; pilot program.

Sec. 108. Plan on adoption of certain health information standards for Department of Veterans Affairs and certain health care providers.

Sec. 109. Report on use of value-based reimbursement models under Veterans Community Care Program.

Sec. 110. Inspector General assessment of implementation of Veterans Community Care Program.

Sec. 111. Comptroller General report on dentistry under Veterans Community Care Program.

**Subtitle B—Matters Relating to Nursing Home and Other Long Term Care and Family Caregivers**

Sec. 120. Increase of expenditure cap for non-institutional care alternatives to nursing home care.

Sec. 121. Coordination with Program of All-Inclusive Care for the Elderly.

Sec. 122. Authority for Secretary of Veterans Affairs to award grants or contracts to entities to improve provision of mental health support to family caregivers of veterans.

Sec. 123. Home- and community-based services: programs.

Sec. 124. Coordination with assistance and support services for caregivers.

Sec. 125. Improvements to program of comprehensive assistance for family caregivers.

Sec. 126. Improvements relating to Home-maker and Home Health Aide program.

Sec. 127. Pilot program to furnish assisted living services to certain veterans.

Sec. 128. Provision of medicine, equipment, and supplies available to Department of Veterans Affairs to State homes.

Sec. 129. Recognition of organizations and individuals to assist veterans, family members, and caregivers navigating programs and services of Veterans Health Administration.

Sec. 130. Reviews and other improvements relating to home- and community-based services.

Sec. 131. GAO report on mental health support for caregivers.

Sec. 132. Development of centralized website for program information.

Sec. 133. Definitions.

**Subtitle C—Medical Treatment and Other Matters**

Sec. 140. Quarterly report on referrals for non-Department of Veterans Affairs health care.

Sec. 141. Elimination of certain requirements for certain Department of Veterans Affairs Assistant Under Secretaries.

Sec. 142. Modification of pay limitation for physicians, podiatrists, optometrists, and dentists of Department of Veterans Affairs.

Sec. 143. Reimbursement of ambulance cost for care for certain rural veterans.

Sec. 144. Pilot program to furnish dental care from the Department of Veterans Affairs to certain veterans diagnosed with ischemic heart disease.

Sec. 145. Documentation of preferences of veterans for scheduling of appointments for health care under laws administered by Secretary of Veterans Affairs.

Sec. 146. Staffing model and performance metrics for certain employees of the Department of Veterans Affairs.

Sec. 147. Online health education portal for veterans enrolled in patient enrollment system of Department of Veterans Affairs.

Sec. 148. Limitation on detail of directors of medical centers of Department of Veterans Affairs to different positions.

Sec. 149. National Veteran Suicide Prevention Annual Report.

Sec. 150. Report on physical infrastructure required by medical facilities of Department of Veterans Affairs to provide dental care services.

Sec. 151. Comptroller General report on certain oral health care programs under laws administered by Secretary of Veterans Affairs.

- Sec. 152. Review of workflows associated with processing referrals between facilities of the Veterans Health Administration.
- Sec. 153. Plan for timely scheduling of appointments at medical facilities of Department of Veterans Affairs.
- Sec. 154. Authorization of appropriations to support initiatives for mobile mammography services for veterans.

**TITLE II—ECONOMIC OPPORTUNITY MATTERS**

**Subtitle A—Educational Assistance**

- Sec. 201. Temporary expansion of eligibility for Marine Gunnery Sergeant John David Fry Scholarship.
- Sec. 202. Removal of expiration on entitlement to Marine Gunnery Sergeant John David Fry Scholarship for surviving spouses.
- Sec. 203. Sole liability for transferred educational assistance by an individual who fails to complete a service agreement.
- Sec. 204. Notice to educational institutions of risk-based surveys.
- Sec. 205. Relationship of participation by an educational institution in certain Federal student financial aid programs to approval of such institution for purposes of Department of Veterans Affairs educational assistance programs.
- Sec. 206. Expansion of Department of Veterans Affairs oversight of certain educational institutions.
- Sec. 207. Requirement that educational institutions approved for purposes of Department of Veterans Affairs educational assistance programs provide digital official transcripts.
- Sec. 208. Payment of full monthly housing stipend for veterans enrolled in final semester using educational assistance under Post-9/11 Educational Assistance Program.
- Sec. 209. Modification of rules for approval of commercial driver education programs for purposes of educational assistance programs of the Department of Veterans Affairs.
- Sec. 210. Provision of certificates of eligibility and award letters using electronic means.
- Sec. 211. Retroactive effective date of law regarding charge to entitlement to educational assistance for individuals who do not transfer credits from certain closed or disapproved programs of education.
- Sec. 212. Department of Veterans Affairs high technology program.
- Sec. 213. Notice of changes to Department of Veterans Affairs policies and guidance affecting the educational assistance programs of the Department.
- Sec. 214. Payment of VA educational assistance via electronic fund transfer to a foreign institution of higher education.
- Sec. 215. Improving transparency and accountability of educational institutions for purposes of veterans educational assistance.

**Subtitle B—Employment and Training**

- Sec. 221. Improvements to reemployment rights of members of the Armed Forces.

- Sec. 222. Review of investigations manual of Veterans' Employment and Training Service.
- Sec. 223. Warrior Training Advancement Course.

**Subtitle C—Home Loans**

- Sec. 231. Improvements to program for direct housing loans made to Native American veterans by the Secretary of Veterans Affairs.
- Sec. 232. Native community development financial institution relending program.

**TITLE III—DISABILITY AND MEMORIAL AFFAIRS MATTERS**

- Sec. 301. Burial allowance for certain veterans who die at home while in receipt of hospice care furnished by Department of Veterans Affairs.
- Sec. 302. Authority for Secretary of Veterans Affairs to award grants to States and Indian Tribes to improve outreach to veterans.
- Sec. 303. Definition of surviving spouse.
- Sec. 304. Ensuring only licensed health care professionals perform medical disability examinations under certain Department of Veterans Affairs pilot program.
- Sec. 305. Provision of information regarding an agent or attorney to a licensed health care professional who performs a medical disability examination under certain Department of Veterans Affairs pilot program.
- Sec. 306. Modernization of Department of Veterans Affairs disability benefit questionnaires.
- Sec. 307. Department of Veterans Affairs automatic processing of certain claims for temporary disability ratings.

**TITLE IV—HOMELESSNESS MATTERS**

- Sec. 401. Short title.
- Sec. 402. Per diem payments provided by the Secretary of Veterans Affairs for services furnished to homeless veterans.
- Sec. 403. Authorization for Secretary of Veterans Affairs to use of certain funds for improved flexibility in assistance to homeless veterans.
- Sec. 404. Access to Department of Veterans Affairs telehealth services.

**TITLE V—OVERSIGHT AND INVESTIGATIONS MATTERS**

- Sec. 501. Department of Veterans Affairs employee training regarding Office of Inspector General.
- Sec. 502. Annual review of security at covered facilities of the Department of Veterans Affairs.
- Sec. 503. Modification of certain housing loan fees.

**TITLE I—HEALTH CARE MATTERS**  
**Subtitle A—Veterans Community Care Program Matters**

- SEC. 101. IMPLEMENTATION OF PROVISION OF CARE UNDER VETERANS COMMUNITY CARE PROGRAM UPON DETERMINATION OF ELIGIBILITY BY VETERAN AND VETERAN'S REFERRING CLINICIAN.**

(a) IN GENERAL.—During the period specified in subsection (c), the Secretary of Veterans Affairs shall implement section 1703(d)(1)(E) of title 38, United States Code, in compliance with the implementing regulations for such section under section 17.4010(a)(5) of title 38, Code of Federal Regulations, such that the determination of eligibility for care is final and shall be made by

the veteran and the veteran's referring clinician.

(b) CORRECTION OF ERRORS.—A covered veteran and the referring clinician of such veteran may correct any errors made with respect to a determination described in subsection (a).

(c) PERIOD SPECIFIED.—The period specified in this subsection is the two-year period beginning on the date that is 90 days after the date of the enactment of this Act.

(d) REPORT.—Not later than one year and not later than two years after the commencement of the period specified by subsection (c), the Secretary of Veterans Affairs shall submit to Congress a report on the care provided under section 1703(d)(1)(E) of title 38, United States Code, during the one-year period preceding the date of the report, including—

- (1) the number of instances of care provided;
- (2) the type of care provided; and
- (3) the cost of such care.

(e) RULE OF CONSTRUCTION.—Nothing in this section shall be construed to limit the Secretary's authority to prescribe, amend, or rescind regulations under section 1703 of title 38, United States Code.

(f) COVERED VETERAN DEFINED.—In this section, the term "covered veteran" has the meaning given that term in section 1703(b) of title 38, United States Code.

**SEC. 102. OUTREACH REGARDING CARE AND SERVICES UNDER VETERANS COMMUNITY CARE PROGRAM.**

(a) REQUIREMENT.—Section 1703 of title 38, United States Code, is further amended—

- (1) by redesignating subsection (o) as subsection (p); and
- (2) by inserting after subsection (n) the following new subsection (o):

“(o) OUTREACH REGARDING AVAILABILITY OF CARE AND SERVICES.—(1) The Secretary shall conduct outreach to inform veterans of the following:

“(A) The conditions for care or services under subsections (d) and (e).

“(B) How to request such care or services.

“(C) How to appeal a denial of a request for such care or services using the clinical appeals process of the Veterans Health Administration.

“(2) Upon enrollment of a veteran in the system of annual patient enrollment established and operated under section 1705 of this title, and not less frequently than every two years thereafter, the Secretary shall inform the veteran of information described in paragraph (1).

“(3) The Secretary shall ensure that information described in paragraph (1) is—

“(A) publicly displayed in each medical facility of the Department;

“(B) prominently displayed on a website of the Department; and

“(C) included in other outreach campaigns and activities conducted by the Secretary.”.

(b) SOLID START PROGRAM.—Section 6320(a)(2)(A) of title 38, United States Code, is amended by inserting “, including how to enroll in the system of annual patient enrollment established and operated under section 1705 of this title and the ability to seek care and services under sections 1703 and 1710 of this title” before the semicolon.

(c) COMPTROLLER GENERAL REPORT ON OUTREACH.—Not later than two years after the date of the enactment of this Act, the Comptroller General of the United States shall submit to Congress a report on the efforts of the Secretary of Veterans Affairs to ensure that veterans are informed of the conditions for eligibility for care and services under section 1703 of title 38, United States Code, including such efforts to conduct outreach pursuant to subsection (q) of such section (as added by subsection (a)).

**SEC. 103. ANNUAL REVIEW AND REPORT ON WAIVERS OF CERTAIN PAYMENT RATES UNDER VETERANS COMMUNITY CARE PROGRAM.**

(a) IN GENERAL.—Section 1703 of title 38, United States Code, is further amended—

(1) by redesignating subsection (p) as subsection (q); and

(2) by inserting after subsection (p) the following new subsection (q):

“(q) ANNUAL REVIEW AND REPORT ON WAIVERS OF PAYMENT RATES.—(1) On an annual basis, the Secretary shall—

“(A) conduct a review of waivers of payment rates under subsection (i) for Third Party Administrators to identify whether such waivers help to alleviate community-specific challenges, including scarcity of medical services associated with access to health care; and

“(B) submit to Congress a report on the results of such review.

“(2) Each report under paragraph (1)(B) shall include, with respect to the period covered by the report—

“(A) a statement, disaggregated by region, of the total number of waivers described in subparagraph (A) of such paragraph requested by Third Party Administrators;

“(B) a statement of the total number of such waivers that were—

“(i) granted by the Secretary;

“(ii) denied by the Secretary; or

“(iii) withdrawn by a Third Party Administrator;

“(C) a description of the process for the review required under paragraph (1);

“(D) a statement, disaggregated by region, of the average time to process such waivers;

“(E) an assessment, disaggregated by region, of the extent to which such waivers that were granted by the Secretary improved access to health care for covered veterans; and

“(F) a description of trends, if any, identified by the Secretary with respect to such waivers.

“(3) In this subsection, the term ‘Third Party Administrator’ has the meaning given such term in section 1703B of this title.”

(b) DEADLINE.—The Secretary shall submit the first report required under subsection (q) of section 1703 of such title (as added by subsection (a)) not later than 180 days after the date of the enactment of this Act.

**SEC. 104. MODIFICATION OF REQUIREMENTS FOR STANDARDS FOR QUALITY OF CARE FROM DEPARTMENT OF VETERANS AFFAIRS.**

(a) IN GENERAL.—Section 1703C of title 38, United States Code, is amended—

(1) in subsection (a)—

(A) in paragraph (2)—

(i) by striking “In establishing” and inserting “(A) In establishing”; and

(ii) by adding at the end the following new subparagraph:

“(B) The Secretary shall ensure that the standards for quality established under paragraph (1) are comparable to industry standards to ensure there is adequate data transference between care furnished by the Department and care furnished by a non-Department provider.”;

(B) in paragraph (3), by adding at the end the following new clause:

“(v) Outcomes relating to patient quality of life.”;

(C) in paragraph (4)—

(i) by striking “and the Centers for Medicare & Medicaid Services” and inserting “the Centers for Medicare & Medicaid Services, and the Indian Health Service”; and

(ii) by striking “and other nongovernmental entities” and inserting “and other non-governmental entities including Third Party Administrators”; and

(D) by striking paragraph (5) and inserting the following new paragraphs:

“(5) When collecting, considering, and applying data related to patient care for purposes of establishing standards for quality under paragraph (1), the Secretary shall ensure no metric is being over or under analyzed.

“(6) In establishing standards for quality under paragraph (1), the Secretary shall—

“(A) utilize the most up-to-date practices for extracting and analyzing relevant data;

“(B) utilize all relevant data available to the Secretary;

“(C) ensure the most efficient use of time and resources related to the use of data scientists employed by the Department; and

“(D) collaborate, as appropriate, with entities specified in paragraph (4).

“(7)(A) Not less frequently than once every five years, the Secretary shall update the standards for quality established under paragraph (1) pursuant to the requirements for the establishment of such standards under this subsection.

“(B) Not later than 30 days after any date on which the Secretary updates, pursuant to subparagraph (A), the standards for quality under paragraph (1), the Secretary shall submit to the appropriate committees of Congress a report on such updated standards for quality.”; and

(2) in subsection (b)—

(A) in paragraph (1)—

(i) by striking “Not later than 1 year after the date on which the Secretary establishes standards for quality under subsection (a)” and inserting “Not less frequently than once every three years”; and

(ii) by inserting “pursuant to standards for quality under subsection (a)” after “medical facilities of the Department”; and

(B) in paragraph (2), by inserting “or updates” after “establishes”.

(b) DEADLINE FOR UPDATE.—The Secretary, pursuant to paragraph (7) of section 1703C(a) of title 38, United States Code (as added by subsection (a)), shall make the first update to the standards for quality established under paragraph (1) of such section not later than the date that is five years after the date on which the Secretary submits the report under paragraph (2) of subsection (d).

(c) REPORT.—Not later than one year after the date of the enactment of this Act, the Secretary of Veterans Affairs shall submit to the appropriate committees of Congress a report on how the Secretary—

(1) has consulted with entities specified in paragraph (4) of section 1703C(a) of title 38, United States Code, before the date of the enactment of this Act in establishing standards for quality under such section;

(2) has continued to consult with those entities on and after such date of enactment; and

(3) intends to leverage data sciences to improve standards for quality care furnished by the Department of Veterans Affairs.

(d) UPDATES TO QUALITY CARE METRICS.—

(1) INITIAL REPORT.—Not later than one year after the date of the enactment of this Act, the Secretary of Veterans Affairs shall submit to the appropriate committees of Congress a report on how the Secretary plans to implement the amendments made by subsections (a).

(2) DEADLINE; SUMMARY REPORT.—Not later than two years after the date of the enactment of this Act, the Secretary shall—

(A) implement the amendments made by subsection (a), including by updating the standards for quality established under section 1703C of title 38, United States Code; and

(B) submit to the appropriate committees of Congress a report detailing the standards for quality updated pursuant to such amendments.

(e) AUDIT OF QUALITY CARE METRICS.—

(1) IN GENERAL.—Not later than 180 days after the date of the enactment of this Act,

the Secretary of Veterans Affairs shall enter into one or more contracts with a non-Department entity described in paragraph (2) to conduct an audit on the quality of care from the Department of Veterans Affairs, including through non-Department health care providers pursuant to section 1703 of title 38 United States Code.

(2) NON-DEPARTMENT ENTITY DESCRIBED.—A non-Department entity described in this paragraph is an entity that—

(A) specializes in analyzing large-scale organizational data collection and analysis efforts, especially with respect to the health care sector; and

(B) has experience and proven outcomes in optimizing the accuracy and comprehensiveness of data collection and analysis related to the quality of health care services.

(3) ELEMENTS.—The audit required under paragraph (1) shall include the following:

(A) An assessment of the methodology used by the Department to collect and assess data on the quality of care furnished by the Department, including any vulnerabilities in such methodology.

(B) An assessment of the accuracy and reliability of the data sources used by the Department to compile data on the quality of care furnished by the Department.

(C) The extent to which the standards the Department uses to assess the quality of care furnished by the Department are—

(i) comparable with industry standards;

(ii) easily accessible to, and understood by—

(I) veterans;

(II) employees of the Department; and

(III) other individuals, as the private sector entity considers appropriate.

(D) Any recommendations of such private sector entity with respect to improvements that the Secretary could administer to more accurately capture the quality of care furnished by the Department.

(4) REPORTS ON AUDIT.—

(A) REPORT ON FINDINGS AND RECOMMENDATIONS.—Not later than 60 days after any date on which a private sector entity described in paragraph (2) completes an audit under paragraph (1), such private sector entity shall submit to the Secretary, the Committee on Veterans’ Affairs of the Senate, and the Committee on Veterans’ Affairs of the House of Representatives a report that includes—

(i) the findings of such audit; and

(ii) recommendations of such private sector entity with respect to such audit.

(B) REPORT ON PLANNED IMPROVEMENTS.—Not later than 60 days after any date on which the Secretary receives a report under subparagraph (A), the Secretary shall submit to the Committee on Veterans’ Affairs of the Senate and the Committee on Veterans’ Affairs of the House of Representatives a report on how the Secretary plans to improve the standards for quality of care of the Department.

(f) APPROPRIATE COMMITTEES OF CONGRESS DEFINED.—In this section, the term “appropriate committees of Congress” has the meaning given such term in section 1703C of title 38, United States Code.

**SEC. 105. PILOT PROGRAM TO IMPROVE ADMINISTRATION OF CARE UNDER VETERANS COMMUNITY CARE PROGRAM.**

(a) ESTABLISHMENT.—Pursuant to section 1703E of title 38, United States Code, the Secretary of Veterans Affairs, acting through the Center for Innovation for Care and Payment established under such section, shall carry out a pilot program to seek to develop and implement a plan—

(1) to provide monetary and non-monetary incentives to a covered health care provider—

(A) to allow the Secretary to see the scheduling system of the provider, to assess the availability of, and to assist in scheduling appointments for, veterans under the Veterans Community Care Program under section 1703 of such title, including through synchronous, asynchronous, and asynchronous assisted digital scheduling;

(B) to complete continuing professional educational training available through the VHA TRAIN program (or any successor program or initiative) regarding veteran cultural competency, the opioid safety initiative (or any successor program or initiative), and other subjects determined appropriate by the Secretary;

(C) to improve methods of accounting for non-Department training that is equivalent or substantially similar to the continuing professional educational training described in subparagraph (B);

(D) to improve the rate of the timely return to the Secretary of medical record documentation for care or services provided under the Veterans Community Care Program;

(E) to improve the timeliness and quality of the delivery of care and services to veterans under such program; and

(F) to achieve other objectives determined appropriate by the Secretary; and

(2) to decrease the rate of no-show appointments under such program.

(b) **REPORT.**—Not later than one year after the date of the establishment of the pilot program under this section, and annually thereafter during the term of the pilot program, the Secretary of Veterans Affairs shall submit to the Committees on Veterans' Affairs of the House of Representatives and the Senate a report on the pilot program that includes, with respect to the period covered by the report—

(1) an assessment of the extent to which—

(A) the system of the Department of Veterans Affairs for scheduling appointments for veterans under the Veterans Community Care Program has improved;

(B) the rate of timely return to the Secretary of medical record documentation described in subparagraph (D) of subsection (a)(1) has improved;

(C) the timeliness and quality of the delivery of care and services described in subparagraph (E) of such subsection has improved; and

(D) the frequency of no-show appointments described in paragraph (2) of such subsection decreased;

(2) a list of the continuing professional educational training courses under subparagraph (B) of such subsection available to covered health care providers;

(3) the rate of participation in such continuing professional education training courses; and

(4) any other matter the Secretary determines appropriate.

(c) **DEFINITIONS.**—In this section:

(1) The term “covered health care provider” means a health care provider—

(A) described in subsection (c) of section 1703 of title 38, United States Code, that furnishes care or services under the Veterans Community Care Program pursuant to a contract or agreement with a Third Party Administrator; or

(B) that otherwise furnishes care or services outside of Department facilities pursuant to a contract or agreement with the Secretary of Veterans Affairs.

(2) The term “opioid safety initiative” means the programs, processes, and guidelines of the Veterans Health Administration of the Department of Veterans Affairs relating to the management of opioid therapy and chronic pain.

(3) The term “Third Party Administrator” means an entity that manages a network of health care providers and performs administrative services related to such network under section 1703 of such title.

(4) The term “VHA TRAIN program” means the free program of the Veterans Health Administration that offers veteran-specific continuing medical education courses.

**SEC. 106. PILOT PROGRAM ON CONSOLIDATING APPROVAL PROCESS OF DEPARTMENT OF VETERANS AFFAIRS FOR COVERED DENTAL CARE.**

(a) **IN GENERAL.**—Not later than 180 days after the date of the enactment of this Act, the Secretary of Veterans Affairs, acting through the Center for Innovation for Care and Payment established under section 1703E of title 38, United States Code, shall carry out a pilot program under which the Secretary shall hire—

(1) general dentists at medical facilities of the Department of Veterans Affairs to manage approval by the Department of treatment plans requested by dental providers in providing covered dental care; and

(2) dental specialists at Veterans Integrated Service Networks of the Department to manage approval by the Department of treatment plans for specialty dental care requested by dental providers in providing covered dental care.

(b) **LOCATIONS.**—The Secretary shall carry out the pilot program in not fewer than two Veterans Integrated Service Networks of the Department.

(c) **REPORTS.**—

(1) **INITIAL REPORT.**—Not later than one year after the date of the commencement of such pilot program, the Secretary shall submit to the Committees on Veterans' Affairs of the Senate and the House of Representatives a report on the pilot program, that includes—

(A) an identification of the Veterans Integrated Service Networks participating in such pilot program;

(B) a description of the implementation of such pilot program;

(C) an identification of any barriers or challenges to implementing such pilot program;

(D) an assessment of the efficacy of hiring general dentists and dental specialists pursuant to such pilot program;

(E) aggregated feedback with respect to such pilot program from dentists of the Department in Veterans Integrated Service Networks participating in such pilot program; and

(F) aggregated feedback from dental providers providing covered dental care within such Veterans Integrated Service Networks regarding any changes in the timeliness of treatment plan approvals by the Department.

(2) **FINAL REPORT.**—Not later than 90 days before the date of the completion of such pilot program, the Secretary shall submit to the Committees on Veterans' Affairs of the Senate and the House of Representatives a report on the pilot program that—

(A) includes, with respect to the period covered by the report, each element of the report required under paragraph (1) described in subparagraphs (A) through (F) of such paragraph;

(B) includes recommendations of the Secretary on whether the pilot program should be—

(i) extended;

(ii) expanded; or

(iii) adopted throughout the Department; and

(C) indicates whether the Secretary requests action by Congress to make the pilot program permanent.

(d) **SUNSET.**—The authority to carry out the pilot program under this section shall terminate on the date that is two years after the date of the enactment of this Act.

(e) **COVERED DENTAL CARE DEFINED.**—In this section, the term “covered dental care” means dental care provided—

(1) under section 1703 of title 38, United States Code; or

(2) pursuant to a Veterans Care Agreement under section 1703A of such title.

**SEC. 107. STRATEGIC PLAN ON VALUE-BASED HEALTH CARE SYSTEM FOR VETERANS HEALTH ADMINISTRATION; PILOT PROGRAM.**

(a) **ESTABLISHMENT OF WORKING GROUP.**—

(1) **IN GENERAL.**—Not later than one year after the date of the enactment of this Act, the Secretary of Veterans Affairs shall—

(A) establish a working group on value-based care; and

(B) submit to the Committees on Veterans' Affairs of the House of Representatives and the Senate the strategic plan developed by the working group pursuant to subsection (b).

(2) **MEMBERSHIP.**—

(A) **REQUIRED MEMBERS.**—The working group shall include, at a minimum, the following members:

(i) The Under Secretary for Health of the Department of Veterans Affairs.

(ii) The Director of the Office of Mental Health and Suicide Prevention of the Department of Veterans Affairs (or any successor office).

(iii) The Director of the Office of Integrated Veteran Care of the Department (or any successor office).

(iv) The Director of the Office of Rural Health of the Department (or any successor office).

(v) The Director of the Office of Connected Care of the Department (or any successor office).

(vi) The Assistant Secretary for the Office of Information Technology (or any successor office).

(vii) The Chief Officer of the Office of Healthcare Innovation and Learning of the Office of Discovery, Education, and Affiliate Networks of the Veterans Health Administration (or any successor office).

(viii) An individual designated by the Secretary from the Center for Innovation for Care and Payment of the Department under section 1703E of title 38, United States Code.

(ix) An individual designated by the Administrator of the Centers for Medicare & Medicaid Services from the Center for Medicare and Medicaid Innovation.

(x) An individual designated by the Secretary of Health and Human Services from the Federal Office of Rural Health Policy of the Health Resources and Services Administration.

(xi) The Chief of Human Capital Management for the Veterans Health Administration.

(xii) An individual designated by the Secretary of Defense that is a representative of the Defense Health Agency.

(xiii) An individual selected by the Secretary of Veterans Affairs from the special medical advisory group established under section 7312 of title 38, United States Code.

(B) **OPTIONAL MEMBERS.**—The Secretary of Veterans Affairs may appoint any of the following individuals as members of the working group:

(i) An individual representing the Health and Medicine Division of the National Academies of Sciences, Engineering, and Medicine.

(ii) Three individuals representing a private health care system that has made the transition to value-based care.

(iii) Three individuals representing an organization recognized by the Secretary of Veterans Affairs under section 5902 of title 38, United States Code.

(3) PUBLIC AVAILABILITY.—All meetings deliberations, and products of the working group shall be made publicly available throughout the duration of the working group, including to individuals representing organizations recognized by the Secretary of Veterans Affairs under section 5902 of title 38, United States Code.

(4) EXEMPTION FROM FACA.—Chapter 10 of title 5, United States Code, shall not apply to the working group established under paragraph (1).

(b) DEVELOPMENT OF STRATEGIC PLAN.—The working group shall develop a strategic plan to implement value-based care into the Veterans Health Administration that includes the following:

(1) An identification of the state of the Veterans Health Administration as of the date of the enactment of this Act, including an assessment of the current model of health care delivery used by the Veterans Health Administration in medical facilities of the Department of Veterans Affairs.

(2) An assessment of the capacity needs of the Veterans Health Administration during the five-year period beginning on the date of the enactment of this Act.

(3) An analysis of the leadership of the Veterans Health Administration, including an assessment of leadership acumen and ability to implement a clear, shared vision and effective change management and care coordination.

(4) An identification of goals for the future of the Veterans Health Administration.

(5) An identification and classification of the current capabilities, capacity, and gaps in access and quality of the health care system of the Department of Veterans Affairs.

(6) An analysis of value-based care models, including—

(A) a selection of potential models that would best work for the Veterans Health Administration;

(B) the capacity and capabilities of each such model; and

(C) a thorough justification of the selection of each selected model, including an summary of the ability of such model to improve the metrics described under paragraph (9).

(7) A definition of what quality means with respect to—

(A) access to health care under the laws administered by the Secretary of Veterans Affairs; and

(B) delivery of such health care.

(8) A definition of what value means with respect to care furnished by the Veterans Health Administration,

(9) A system for measuring value within the Veterans Health Administration that includes metrics for—

(A) outcomes;

(B) safety;

(C) service;

(D) access;

(E) productivity;

(F) capacity; and

(G) total cost of patient care.

(10) With respect to the system described in subparagraph (H), an analysis of variable value with respect to patient outcomes across different health care types and specialties.

(11) An assessment of—

(A) previous or ongoing assessments of the current information technology infrastructure of the Veterans Health Administration, including—

(i) such assessments conducted pursuant to the Electronic Health Record Modernization

program of the Department of Veterans Affairs; and

(ii) any other ongoing information technology modernization programs of such Department and any unimplemented relevant recommendations from such assessments;

(B) the information technology infrastructure of the Veterans Health Administration in effect as of the date of the enactment of this Act;

(C) the value-driven framework of the Department, in effect as of the date of the enactment of this Act, for evaluating health care innovations, and how improvements in such framework could be used to encourage innovation; and

(D) workforce challenges and needs of the Veterans Health Administration based on—

(i) reviews of workforce assessment data available as of the date of the enactment of this Act; and

(ii) the findings of—

(I) the report required by section 301(d) of the Veterans Access, Choice, and Accountability Act of 2014 (Public Law 113-146);

(II) the reports required by section 505 of the John S. McCain III, Daniel K. Akaka and Samuel R. Johnson VA Maintaining Internal Systems and Strengthening Integrated Outside Networks Act of 2018 (Public Law 115-182);

(III) the report required by section 301 of the VA Choice and Quality Employment Act of 2017 (Public Law 115-46); and

(IV) any comprehensive health care inspection conducted by the Inspector General of the Department of Veterans Affairs as of the date of the enactment of this Act.

(12) Any recommendations of the working group with respect to improving the information technology infrastructure described in clause (i) of subparagraph (J).

(13) An analysis of how the value-driven framework described in clause (iii) of such subparagraph could be used to improve the model of care delivery by the Department.

(14) A description of how a value-based care system would apply to primary care, inpatient and outpatient mental health care, and inpatient and outpatient substance use treatment, spinal cord injury disorder care, and polytrauma care furnished by the Veterans Health Administration.

(15) With respect to legislative or administrative action necessary to incorporate value-based care models into the Veterans Health Administration, a description of the estimated timelines, effect on workforce, and costs.

(c) PILOT PROGRAM.—

(1) IN GENERAL.—Not later than 180 days after the submission of the strategic plan pursuant to subsection (b), the Secretary of Veterans Affairs, acting through the Center for Innovation for Care and Payment established under section 1703E of title 38, United States Code, shall commence a three-year pilot program under which the Secretary shall implement the elements of such strategic plan relating to the delivery, by the Veterans Health Administration, of primary care, inpatient and outpatient mental health treatment, inpatient and outpatient substance abuse treatment, spinal cord injury disorder care, and polytrauma care.

(2) LOCATIONS.—The Secretary shall carry out such pilot program in four Veterans Integrated Service Networks that are geographically dispersed and shall include the following:

(A) A Veterans Integrated Service Network that predominately serves veterans in rural and highly rural areas.

(B) A Veterans Integrated Service Network that predominately serves veterans in urban areas.

(C) A Veterans Integrated Service Network that has a high rate of suicide among veterans.

(D) A Veterans Integrated Service Network that has a high rate of substance use disorder among veterans.

(E) A Veterans Integrated Service Network that has access or productivity challenges.

(3) REPORTS TO CONGRESS.—

(A) ANNUAL REPORT.—Not later than one year after the commencement of the pilot program, and annually thereafter during the duration of the pilot program, the Secretary shall submit to Congress a report on the pilot program.

(B) FINAL REPORT.—Not later than 90 days before the conclusion of the pilot program, the Secretary shall submit to Congress a final report on the pilot program that includes—

(i) lessons learned during the administration of such pilot program; and

(ii) specific health outcomes in veteran patient care compared to the Veterans Health Administration system of care in effect as of the date of the enactment of this Act.

**SEC. 108. PLAN ON ADOPTION OF CERTAIN HEALTH INFORMATION STANDARDS FOR DEPARTMENT OF VETERANS AFFAIRS AND CERTAIN HEALTH CARE PROVIDERS.**

(a) PLAN FOR CERTAIN HEALTH INFORMATION STANDARDS.—

(1) IN GENERAL.—The Secretary of Veterans Affairs, in consultation with the Secretary of Health and Human Services, the Administrator of the Centers for Medicare & Medicaid Services, and the National Coordinator for Health Information Technology of the Department of Health and Human Services, shall create and implement a plan to adopt, as rapidly and to the most comprehensive extent feasible, national health information interoperability standards for the Department of Veterans Affairs and community care providers with respect to—

(A) coordination of—

(i) care; and

(ii) benefits;

(B) patient identity matching;

(C) measurement and reporting of quality;

(D) population health; and

(E) public health.

(2) CONSIDERATION.—In developing the plan under paragraph (1), the Secretary of Veterans Affairs shall consider challenges faced by—

(A) small community care providers; and

(B) community care providers located in rural areas.

(b) PLAN ON ELECTRONIC HEALTH RECORD EXCHANGE.—

(1) IN GENERAL.—Not later than one year after the date of enactment of this Act, the Secretary shall submit to the Committees on Veterans' Affairs of the Senate and the House of Representatives a plan to provide, at no cost, to community care providers of the Department, through Third Party Administrators, a capability to facilitate the electronic direct exchange, between such providers and the Department, of—

(A) the health records of veterans; and

(B) documents relating to health care of veterans, clinical notes, and any other information the Secretary determines necessary.

(2) PRIORITIZATION.—In developing the plan required under paragraph (1), the Secretary shall prioritize providing the capability described in such paragraph to community care providers that—

(A) provide care under the laws administered by the Secretary to—

(i) a lower volume of veterans; and

(ii) veterans who are located in rural areas; and

(B) are unable or unwilling to exchange the records and documents described in subparagraphs (A) and (B) of such paragraph with the Department through standards-based or direct exchange mechanisms in effect as of the date of the enactment of this Act.

**(C) REPORTS ON PLAN FOR INTEROPERABILITY STANDARDS.—**

(1) INITIAL REPORT.—Not later than one year after the date of the enactment of this Act, the Secretary of Veterans Affairs shall submit to the Committees on Veterans' Affairs of the Senate and the House of Representatives—

- (A) the plan required by subsection (a); and
- (B) a report that includes—

(i) an analysis of gaps, if any, between the use, by the Department and other agencies, health information exchanges, and technology companies, of national health information interoperability standards and the potential, or optimal, use of such national health information interoperability standards;

(ii) an analysis and description of the participation by the Department, community care providers, and other relevant entities in the Trusted Exchange Framework and Common Agreement program of the Department of Health and Human Services as of the date of the enactment of this Act;

(iii) recommendations of the Secretary with respect to development of health information interoperability standards;

(iv) timelines or schedules to implement the plan required by subsection (a); and

(v) an identification of any legislative authorities or resources the Secretary requires to implement such plan.

**(2) RECURRING REPORT REQUIREMENT.—**

(A) IN GENERAL.—Not later than 18 months after the date of the enactment of this Act, and every 180 days thereafter for four years, the Secretary of Veterans Affairs shall submit to Committees on Veterans' Affairs of the Senate and the House of Representatives a report on the status of implementation of the plan required under subsection (a).

(B) ELEMENTS OF SUBSEQUENT REPORTS.—Each report under subparagraph (A) submitted after the date on which the first report required by such subparagraph is submitted shall include a description of any revisions to—

(i) the plan required by subsection (a) made during the period covered by the report; and

(ii) the analysis, recommendations, timelines, and legislative authorities reported pursuant to paragraph (1).

**(d) DEFINITIONS.—**In this section:

(1) The term “community care provider” means a non-Department health care provider providing care (including dental care)—

(A) under section 1703 of title 38, United States Code;

(B) pursuant to a Veterans Care Agreement under section 1703A of such title; or

(C) under any other law administered by the Secretary of Veterans Affairs.

(2) The term “Third Party Administrator” means an entity that manages a provider network and performs administrative services related to such network under section 1703 of title 38, United States Code.

**SEC. 109. REPORT ON USE OF VALUE-BASED REIMBURSEMENT MODELS UNDER VETERANS COMMUNITY CARE PROGRAM.**

(a) REPORT ON VALUE-BASED REIMBURSEMENT MODELS.—Not later than one year after the date of the enactment of this Act, the Secretary of Veterans Affairs, in consultation with the Center for Innovation for Care and Payment of the Department of Veterans Affairs under section 1703E of title 38 United States Code, the Office of Integrated Veteran Care of the Department, or successor office, and Third Party Administrators, shall sub-

mit to the Committees on Veterans' Affairs of the House of Representatives and the Senate a report containing—

(1) an assessment of the efforts of the Department pursuant to section 1703(i)(5) of such title, to incorporate value-based reimbursement models under the Veterans Community Care Program to promote the provision of high-quality care to veterans; and

(2) such recommendations for legislative or administrative action as the Secretary considers appropriate regarding the use of value-based reimbursement models throughout the Veterans Community Care Program under section 1703 of such title.

(b) RULE OF CONSTRUCTION.—This section shall not be construed to be a pilot program subject to the requirements of section 1703E of title 38, United States Code.

(c) THIRD PARTY ADMINISTRATOR DEFINED.—In this section, the term “Third Party Administrator” means an entity that manages a provider network and performs administrative services related to such network under section 1703 of title 38, United States Code.

**SEC. 110. INSPECTOR GENERAL ASSESSMENT OF IMPLEMENTATION OF VETERANS COMMUNITY CARE PROGRAM.**

(a) IN GENERAL.—Not later than 18 months after the date of the enactment of this Act, and periodically thereafter, the Inspector General shall assess the performance of the Department of Veterans Affairs in—

(1) appropriately identifying veterans eligible for care and services under section 1703 of title 38, United States Code;

(2) informing veterans of their eligibility for such care and services; and

(3) delivering such care and services in a timely manner.

(b) BRIEFING ON ASSESSMENTS.—Upon the submission of the assessment required by subsection (a), the Inspector General of the Department of Veterans Affairs shall provide to the Committees on Veterans Affairs of the House of Representatives and the Senate a briefing on the results of such assessment.

**SEC. 111. COMPTROLLER GENERAL REPORT ON DENTISTRY UNDER VETERANS COMMUNITY CARE PROGRAM.**

(a) IN GENERAL.—Not later than one year after the date of the enactment of this Act, the Comptroller General of the United States shall submit to the Committees on Veterans' Affairs of the Senate and the House of Representatives a report on dental care furnished by the Secretary of Veterans Affairs under the Veterans Community Care Program under section 1703 of title 38, United States Code, that includes a review of—

(1) the impact current reimbursement rates provided by the Department of Veterans Affairs to dental providers under such program have on—

(A) the availability of dental care for veterans; and

(B) the ability of Third Party Administrators to meet their contractual obligations for network adequacy;

(2) the satisfaction of dental providers providing dental care under such program with the processes of the Department for approving dental care under such program; and

(3) the current processes of the Department for approving emergent dental care under such program.

(b) THIRD PARTY ADMINISTRATOR DEFINED.—In this section, the term “Third Party Administrator” means an entity that manages a provider network and performs administrative services related to such network under section 1703 of title 38, United States Code.

**Subtitle B—Matters Relating to Nursing Home and Other Long Term Care and Family Caregivers**

**SEC. 120. INCREASE OF EXPENDITURE CAP FOR NONINSTITUTIONAL CARE ALTERNATIVES TO NURSING HOME CARE.**

(a) INCREASE OF EXPENDITURE CAP.—Section 1720C(d) of title 38, United States Code, is amended—

(1) by striking “The total cost” and inserting “(1) Except as provided in paragraph (2), the total cost”;

(2) by striking “65 percent” and inserting “100 percent”;

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

“(2)(A) The total cost of providing services or in-kind assistance in the case of any veteran described in subparagraph (B) for any fiscal year under the program may exceed 100 percent of the cost that would otherwise have been incurred as specified in paragraph (1) if the Secretary determines, based on a consideration of clinical need, geographic market factors, and such other matters as the Secretary may prescribe through regulation, that such higher total cost is in the best interest of the veteran.

“(B) A veteran described in this subparagraph is a veteran with amyotrophic lateral sclerosis, a spinal cord injury, or a condition the Secretary determines to be similar to such conditions.”.

(b) APPLICABILITY.—The amendments made by subsection (a) shall apply with respect to fiscal years beginning on or after the date of the enactment of this Act.

**SEC. 121. COORDINATION WITH PROGRAM OF ALL-INCLUSIVE CARE FOR THE ELDERLY.**

Section 1720C of title 38, United States Code, as amended by section 120, is further amended by adding at the end the following new subsection:

“(f) In furnishing services to a veteran under the program conducted pursuant to subsection (a), if a medical center of the Department through which such program is administered is located in a geographic area in which services are available to the veteran under a PACE program (as such term is defined in sections 1894(a)(2) and 1934(a)(2) of the Social Security Act (42 U.S.C. 1395eee(a)(2); 1396u-4(a)(2))), the Secretary shall seek to enter into an agreement with the PACE program operating in that area for the furnishing of such services.”.

**SEC. 122. AUTHORITY FOR SECRETARY OF VETERANS AFFAIRS TO AWARD GRANTS OR CONTRACTS TO ENTITIES TO IMPROVE PROVISION OF MENTAL HEALTH SUPPORT TO FAMILY CAREGIVERS OF VETERANS.**

Subchapter II of chapter 17 of title 38, United States Code, is amended by adding at the end the following new section (and conforming the table of sections at the beginning of such chapter accordingly):

**“§ 1720K. Grants or contracts to provide mental health support to family caregivers of veterans**

“(a) AUTHORITY.—The Secretary may award grants to carry out, coordinate, improve, or otherwise enhance mental health counseling, treatment, or support to the family caregivers of veterans participating in the family caregiver program.

“(b) APPLICATION.—(1) To be eligible for a grant or contract under this section, an entity shall submit to the Secretary an application therefor at such time, in such manner, and containing such information as the Secretary may require.

“(2) Each application submitted under paragraph (1) shall include the following:

“(A) A detailed plan for the use of the grant or contract.

“(B) A description of the programs or efforts through which the entity will meet the outcome measures developed by the Secretary under subsection (g).

“(C) A description of how the entity will distribute grant or contract amounts equitably among areas with varying levels of urbanization.

“(D) A plan for how the grant or contract will be used to meet the unique needs of veterans residing in rural areas, Native American, Native Hawaiian, or Alaska Native veterans, elderly veterans, women veterans, and veterans from other underserved communities.

“(c) DISTRIBUTION.—The Secretary shall seek to ensure that grants and contracts awarded under this section are equitably distributed among entities located in States with varying levels of urbanization.

“(d) PRIORITY.—The Secretary shall prioritize awarding grants or contracts under this section that will serve the following areas:

“(1) Areas with high rates of veterans enrolled in the family caregiver program.

“(2) Areas with high rates of—

“(A) suicide among veterans; or

“(B) referrals to the Veterans Crisis Line.

“(e) REQUIRED ACTIVITIES.—Any grant or contract awarded under this section shall be used—

“(1) to expand existing programs, activities, and services;

“(2) to establish new or additional programs, activities, and services; or

“(3) for travel and transportation to facilitate carrying out paragraph (1) or (2).

“(f) OUTCOME MEASURES.—(1) The Secretary shall develop and provide to each entity that receives a grant or contract under this section written guidance on the following:

“(A) Outcome measures.

“(B) Policies of the Department.

“(2) In developing outcome measures under paragraph (1), the Secretary shall consider the following goals:

“(A) Increasing the utilization of mental health services among family caregivers of veterans participating in the family caregiver program.

“(B) Reducing barriers to mental health services among family caregivers of veterans participating in such program.

“(g) TRACKING REQUIREMENTS.—(1) The Secretary shall establish appropriate tracking requirements with respect to the entities receiving a grant or contract under this section.

“(2) Not less frequently than annually, the Secretary shall submit to Congress a report on such tracking requirements.

“(h) PERFORMANCE REVIEW.—The Secretary shall—

“(1) review the performance of each entity that receives a grant or contract under this section; and

“(2) make information regarding such performance publicly available.

“(i) REMEDIATION PLAN.—(1) In the case of an entity that receives a grant or contract under this section and does not meet the outcome measures developed by the Secretary under subsection (g), the Secretary shall require the entity to submit to the Secretary a remediation plan under which the entity shall describe how and when it plans to meet such outcome measures.

“(2) The Secretary may not award a subsequent grant or contract under this section to an entity described in paragraph (1) unless the Secretary approves the remediation plan submitted by the entity under such paragraph.

“(j) MAXIMUM AMOUNT.—The amount of a grant or contract awarded under this section may not exceed 10 percent of amounts made

available for grants or contracts under this section for the fiscal year in which the grant or contract is awarded.

“(k) SUPPLEMENT, NOT SUPPLANT.—Any grant or contract awarded under this section shall be used to supplement and not supplant funding that is otherwise available through the Department to provide mental health support among family caregivers of veterans participating in the family caregiver program.

“(1) OUTREACH TO FAMILY CAREGIVERS.—The Secretary shall include, in the outreach materials regularly provided to a family caregiver who participates in the family caregiver program, notice of mental health support provided by recipients of grants or contracts under this section that are located in the relevant Veterans Integrated Service Network.

“(m) FUNDING.—(1) Amounts for the activities of the Department under this section shall be budgeted and appropriated through a separate appropriation account.

“(2) In the budget justification materials submitted to Congress in support of the budget of the Department for any fiscal year (as submitted with the budget of the President under section 1105(a) of title 31), the Secretary shall include a separate statement of the amount requested to be appropriated for that fiscal year for the account specified in paragraph (1).

“(n) AUTHORIZATION OF APPROPRIATIONS.—There is authorized to be appropriated to the Secretary, for each of fiscal years 2025 and 2026, \$10,000,000 to carry out this section.

“(o) DEFINITIONS.—In this section:

“(1) The terms ‘caregiver’ and ‘family caregiver’ have the meanings given those terms in section 1720G of this title.

“(2) The term ‘family caregiver program’ means the program of comprehensive assistance for family caregivers under section 1720G of this title.

“(3) The term ‘Veterans Crisis Line’ means the toll-free hotline for veterans established under section 1720F of this title.”

**SEC. 123. HOME- AND COMMUNITY-BASED SERVICES: PROGRAMS.**

(a) PROGRAMS.—Such subchapter is further amended by inserting after section 1720K (as added by section 122) the following new section (and conforming the table of sections at the beginning of such chapter accordingly):

**“§ 1720L. Home- and community-based services: programs**

“(a) IN GENERAL.—In furnishing non-institutional alternatives to nursing home care pursuant to the authority of section 1720C of this title (or any other authority under this chapter or other provision of law administered by the Secretary of Veterans Affairs), the Secretary shall carry out each of the programs specified in this section in accordance with such relevant authorities except as otherwise provided in this section.

“(b) VETERAN-DIRECTED CARE PROGRAM.—(1) The Secretary of Veterans Affairs, in collaboration with the Secretary of Health and Human Services, shall carry out a program to be known as the ‘Veteran-Directed Care program’. Under such program, the Secretary of Veterans Affairs may enter into agreements with the providers described in paragraph (2) to provide to eligible veterans funds, to the extent practicable, to obtain such in-home care services and related items that support clinical need and improve quality of life, as may be determined appropriate by the Secretary of Veterans Affairs and selected by the veteran, including through the veteran hiring individuals to provide such services and items or directly purchasing such services and items.

“(2) The providers described in this paragraph are the following:

“(A) An Aging and Disability Resource Center, an area agency on aging, or a State agency.

“(B) A center for independent living.

“(C) An Indian tribe or tribal organization receiving assistance under title VI of the Older Americans Act of 1965 (42 U.S.C. 3057 et seq.).

“(D) Any other entity that the Secretary, in consultation with the Secretary of Health and Human Services, determines appropriate.

“(3) In carrying out the Veteran-Directed Care program, the Secretary of Veterans Affairs shall—

“(A) administer such program through each medical center of the Department of Veterans Affairs;

“(B) seek to ensure the availability of such program in American Samoa, Guam, the Commonwealth of the Northern Mariana Islands, the Commonwealth of Puerto Rico, the Virgin Islands of the United States, and any other territory or possession of the United States, to the extent practicable; and

“(C) seek to ensure the availability of such program for eligible veterans who are Native American veterans receiving care and services furnished by the Indian Health Service, a tribal health program, an Urban Indian organization, or (in the case of a Native Hawaiian veteran) a Native Hawaiian health care system, to the extent practicable.

“(4) If a veteran participating in the Veteran-Directed Care program is hospitalized, the veteran may continue to use funds under the program during a period of hospitalization in the same manner that the veteran would be authorized to use such funds under the program if the veteran were not hospitalized.

“(c) HOMEMAKER AND HOME HEALTH AIDE PROGRAM.—(1) The Secretary shall carry out a program to be known as the ‘Homemaker and Home Health Aide program’ under which the Secretary may enter into agreements with home health agencies to provide to eligible veterans such home health aide services as may be determined appropriate by the Secretary.

“(2) In carrying out the Homemaker and Home Health Aide program, the Secretary shall—

“(A) administer such program in the locations specified in subparagraph (A) of subsection (b)(3);

“(B) seek to ensure the availability of such program in the locations specified in subparagraph (B) of subsection (b)(3); and

“(C) seek to ensure the availability of such program for the veteran populations specified in subparagraph (C) of subsection (b)(3).

“(d) HOME-BASED PRIMARY CARE PROGRAM.—The Secretary shall carry out a program to be known as the ‘Home-Based Primary Care program’ under which the Secretary may furnish to eligible veterans in-home health care, the provision of which is overseen by a provider of the Department.

“(e) PURCHASED SKILLED HOME CARE PROGRAM.—The Secretary shall carry out a program to be known as the ‘Purchased Skilled Home Care program’ under which the Secretary may furnish to eligible veterans such in-home care services as may be determined appropriate and selected by the Secretary for the veteran.

“(f) CAREGIVER SUPPORT.—(1) With respect to a resident eligible caregiver of a veteran participating in a program under this section, the Secretary shall—

“(A) if the veteran meets the requirements of a covered veteran under section 1720G(b) of this title, provide to such caregiver the option of enrolling in the program of general caregiver support services under such section;

“(B) provide to such caregiver covered respite care of not less than 30 days annually; and

“(C) conduct on an annual basis (and, to the extent practicable, in connection with in-person services provided under the program in which the veteran is participating), a wellness contact of such caregiver.

“(2) Covered respite care provided to a resident eligible caregiver of a veteran under paragraph (1) may exceed 30 days annually if such extension is requested by the resident eligible caregiver or veteran and determined medically appropriate by the Secretary.

“(g) **RULE OF CONSTRUCTION.**—Nothing in this section shall be construed to limit the authority of the Secretary to carry out programs providing home- and community-based services under any other provision of law.

“(h) **DEFINITIONS.**—In this section:

“(1) The terms ‘Aging and Disability Resource Center’, ‘area agency on aging’, and ‘State agency’ have the meanings given those terms in section 102 of the Older Americans Act of 1965 (42 U.S.C. 3002).

“(2) The terms ‘caregiver’ and ‘family caregiver’, with respect to a veteran, have the meanings given those terms, respectively, under subsection (e) of section 1720G of this title with respect to an eligible veteran under subsection (a) of such section or a covered veteran under subsection (b) of such section, as the case may be.

“(3) The term ‘center for independent living’ has the meaning given that term in section 702 of the Rehabilitation Act of 1973 (29 U.S.C. 796a).

“(4) The term ‘covered respite care’ has the meaning given such term in section 1720G(d) of this title.

“(5) The term ‘eligible veteran’ means any veteran—

“(A) for whom the Secretary determines participation in a specific program under this section is medically necessary to promote, preserve, or restore the health of the veteran; and

“(B) who absent such participation would be at increased risk for hospitalization, placement in a nursing home, or emergency room care.

“(6) The term ‘home health aide’ means an individual employed by a home health agency to provide in-home care services.

“(7) The term ‘in-home care service’ means any service, including a personal care service, provided to enable the recipient of such service to live at home.

“(8) The terms ‘Indian tribe’ and ‘tribal organization’ have the meanings given those terms in section 4 of the Indian Self-Determination and Education Assistance Act (25 U.S.C. 5304).

“(9) The terms ‘Native American’ and ‘Native American veteran’ have the meanings given those terms in section 3765 of this title.

“(10) The terms ‘Native Hawaiian’ and ‘Native Hawaiian health care system’ have the meanings given those terms in section 12 of the Native Hawaiian Health Care Improvement Act (42 U.S.C. 11711).

“(11) The terms ‘tribal health programs’ and ‘Urban Indian organizations’ have the meanings given those terms in section 4 of the Indian Health Care Improvement Act (25 U.S.C. 1603).

“(12) The term ‘resident eligible caregiver’ means an individual who—

“(A) is a caregiver, or a family caregiver, of a veteran and resides with that veteran; and

“(B) has not entered into a contract, agreement, or other arrangement for such individual to act as a caregiver for that veteran unless such individual is a family member of

the veteran or is furnishing caregiver services through a medical foster home.”.

(b) **HEADLINE FOR IMPROVED ADMINISTRATION.**—The Secretary of Veterans Affairs shall ensure that the Veteran-Directed Care program and the Homemaker and Home Health Aide program are administered through each medical center of the Department of Veterans Affairs in accordance with section 1720L of title 38, United States Code (as added by subsection (a)), by not later than two years after the date of the enactment of this Act.

(c) **ADMINISTRATION OF VETERAN-DIRECTED CARE PROGRAM.**—

(1) **PROCEDURES.**—

(A) The Secretary shall establish procedures to—

(i) identify the staffing needs for the Veteran-Directed Care program of the Department of Veterans Affairs under such section (as added by subsection (a)); and

(ii) define the roles and responsibilities for personnel of the Department responsible for the administration of such program, including such personnel employed at the national, Veterans Integrated Service Network, or medical facility level.

(B) The responsibilities described in clause (ii) of subparagraph (A) shall include responsibilities for engagement with—

(i) veterans participating in such program;

(ii) veterans interested in participating in such program; and

(iii) providers described in section 1720L(b)(2) (as added by subsection (a)).

(2) **STAFFING MODEL; REPORT.**—Not later than two years after enactment of this Act, the Secretary of Veterans Affairs shall—

(A) establish a staffing model for the administration of such program at each medical facility of the Department of Veterans Affairs; and

(B) submit to the Committees on Veterans Affairs of the House of Representatives and the Senate a report containing the following:

(i) A description of—

(I) the staffing model described in subparagraph (A); and

(II) the rationale for such staffing model.

(ii) An identification of the ratio of staff required to administer such program to the number of veterans served by such program, disaggregated by each medical facility of the Department of Veterans Affairs.

(iii) A description of budgetary resources or other support, if any, required to accommodate an increase in staffing at medical facilities of the Department of Veterans Affairs pursuant to the requirements of the staffing model described in subparagraph (A).

(iv) Such other matters as the Secretary of Veterans Affairs determines appropriate.

**SEC. 124. COORDINATION WITH ASSISTANCE AND SUPPORT SERVICES FOR CAREGIVERS.**

(a) **COORDINATION WITH PROGRAM OF COMPREHENSIVE ASSISTANCE FOR FAMILY CAREGIVERS.**—

(1) **COORDINATION.**—Section 1720G(a) of title 38, United States Code, is amended by adding at the end the following new paragraph:

“(14)(A) In the case of a veteran or caregiver who seeks services under this subsection and is denied such services, or a veteran or the family caregiver of a veteran who is discharged from the program under this subsection, the Secretary shall—

“(i) if the veteran meets the requirements of a covered veteran under subsection (b), provide to such caregiver the option of enrolling in the program of general caregiver support services under such subsection;

“(ii) assess the veteran or caregiver for participation in any other available program of the Department for home- and community-based services (including the programs

specified in section 1720L of this title) for which the veteran or caregiver may be eligible and, with respect to the veteran, store (and make accessible to the veteran) the results of such assessment in the electronic medical record of the veteran; and

“(iii) provide to the veteran or caregiver written information on any such program identified pursuant to the assessment under clause (ii), including information about facilities, eligibility requirements, and relevant contact information for each such program.

“(B) The Secretary shall, to the extent practicable, provide to a veteran or family caregiver the option of obtaining clinically appropriate services under any other available program of the Department for home- and community-based services (including the programs specified in section 1720L of this title) for which the veteran or family caregiver may be eligible prior to discharging the veteran or family caregiver from the program under this subsection.

“(C) For each veteran or family caregiver who is discharged from the program under this subsection, a caregiver support coordinator shall provide for a smooth and personalized transition from such program to an appropriate program of the Department for home- and community-based services (including the programs specified in section 1720L of this title), including by integrating caregiver support across programs.”.

(2) **APPLICABILITY.**—The amendments made by paragraph (1) shall apply with respect to denials and discharges occurring on or after the date that is 180 days after the date of the enactment of this Act.

(3) **TECHNICAL AND CONFORMING AMENDMENTS.**—Section 1720G(d) of such title is amended—

(A) by striking “or a covered veteran” each place it appears and inserting “, a veteran denied or discharged as specified in paragraph (14) of such subsection, or a covered veteran”; and

(B) by striking “under subsection (a), means” each place it appears and inserting “under subsection (a) or a veteran denied or discharged as specified in paragraph (14) of such subsection, means”.

(b) **CONFORMITY OF RESPITE CARE ACROSS PROGRAMS.**—Section 1720G of title 38, United States Code, as amended by subsection (a)(3), is further amended—

(1) in subsection (a)(3)—

(A) by amending subparagraph (A)(ii)(III) to read as follows:

“(III) covered respite care of not less than 30 days annually.”; and

(B) by striking subparagraph (B) and redesignating subparagraphs (C) and (D) as subparagraphs (B) through (C), respectively; and

(2) by amending subsection (b)(3)(A)(iii) to read as follows:

“(iii) Covered respite care of not less than 30 days annually.”; and

(3) in subsection (d)—

(A) by redesignating paragraphs (2) through (4) as paragraphs (3) through (5), respectively; and

(B) by inserting after paragraph (1) the following new paragraph:

“(2) The term ‘covered respite care’ means, with respect to a caregiver of a veteran, respite care under section 1720B of this title that—

“(A) is medically and age appropriate for the veteran (including 24-hour per day care of the veteran commensurate with the care provided by the caregiver); and

“(B) includes in-home care.”.

(c) **REVIEW RELATING TO CAREGIVER CONTACT.**—The Secretary shall conduct a review of the capacity of the Department to establish a streamlined system for contacting all caregivers enrolled in the program of general



caregiver support services under section 1720G(b) of title 38, United States Code, to provide to such caregivers program updates and alerts relating to emerging services for which such caregivers or the veterans for which they provide care may be eligible.

**SEC. 125. IMPROVEMENTS TO PROGRAM OF COMPREHENSIVE ASSISTANCE FOR FAMILY CAREGIVERS.**

Section 1720G(a) of title 38, United States Code, as amended by section 124, is further amended—

(1) in paragraph (12)—

(A) in subparagraph (A), by inserting “, which shall include all criteria used to determine eligibility for such assistance and, in the case of a completed evaluation, how such criteria were used to evaluate information provided in assessments to determine such eligibility” before the period at the end; and

(B) in subparagraph (C)(i), by striking “who submits” and all that follows through the end of the clause and inserting the following: “who—

“(I) submits an application for the program established under paragraph (1); or

“(II) is being reassessed for eligibility to continue in such program.”; and

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

“(15)(A) Not less frequently than annually, the Secretary shall submit to the Committees on Veterans’ Affairs of the Senate and the House of Representatives a comprehensive report on the program required by paragraph (1) that includes, with respect to one-year period preceding the date of the submission of such report, the following:

“(i) The number of applications received for such program.

“(ii) The number, disaggregated by race, sex, and era and branch of service in the Armed Forces of the applicant, of—

“(I) approvals of such applications; and

“(II) denials of such applications.

“(iii) The number of reassessments conducted for such program.

“(iv) An identification of each decision made with respect to a reassessment conducted for such program, disaggregated by decisions resulting in—

“(I) disenrollment, including removal, discharge, or voluntary withdrawal;

“(II) tier reduction; and

“(III) tier continuation.

“(v) The number of appeals of decisions made with respect to such program, disaggregated by type of appeal.

“(vi) With respect to each appeal described in clause (v), the decision rendered, if any.

“(vii) A description of all tools used in assessments conducted for such program, including an explanation of how and by whom such tools are administered.

“(viii) A description of procedures used under such program for reviewing and integrating clinical records from health care providers that includes an explanation of how such records are used in determinations of eligibility for such program.

“(ix) A description of procedures available under such program for health care providers to communicate medical opinions to the teams conducting assessments to determine eligibility for such program, including health care providers in the private sector and health care providers specified in subsection (c) of section 1703 of this title.

“(x) A description of information technology systems and processes used under such program to upload and integrate all clinical records from all non-Department providers, including providers in the private sector and providers under the Veterans Community Care Program established under such section.

“(B) The Secretary shall ensure that all data included in a report under subparagraph (A)—

“(i) relating to a decision made under the program required by paragraph (1), are disaggregated by the specific reason for the decision;

“(ii) relating to a veteran, include comprehensive demographic information of the veteran, including the time period of the injuries, if any, of the veteran and the Veterans Integrated Service Network in which the veteran is located; and

“(iii) with respect to eligibility determinations relating to a serious injury of a veteran, specify—

“(I) how many such determinations relate to the ability of the veteran to perform activities of daily living; and

“(II) how many such determinations relate to the need of a veteran for supervision and protection.

“(C) The Secretary shall provide the data under paragraph (B) pursuant to Federal laws and in a manner that is wholly consistent with applicable Federal privacy and confidentiality laws, including but the Privacy Act (5 U.S.C. 552a), the Health Insurance Portability and Accountability Act (Public Law 104-191; 42 U.S.C. 201 note) and regulations (title 45, Code of Federal Regulations, parts 160 and 164, or successor regulations), and sections 5701, 5705, and 7332 of this title to ensure that the provided data, or some portion of the data, will not undermine the anonymity of a veteran.”.

**SEC. 126. IMPROVEMENTS RELATING TO HOMEMAKER AND HOME HEALTH AIDE PROGRAM.**

(a) PILOT PROGRAM FOR COMMUNITIES WITH SHORTAGE OF HOME HEALTH AIDES.—

(1) PROGRAM.—Beginning not later than 18 months after the date of the enactment of this Act, the Secretary shall carry out a three-year pilot program under which the Secretary shall provide homemaker and home health aide services to veterans who reside in communities with a shortage of home health aides.

(2) LOCATIONS.—The Secretary shall select not fewer than five geographic locations in which the Secretary determines there is a shortage of home health aides at which to carry out the pilot program under paragraph (1).

(3) NURSING ASSISTANTS.—

(A) IN GENERAL.—In carrying out the pilot program under paragraph (1), the Secretary may hire nursing assistants as new employees of the Department of Veterans Affairs, or reassign nursing assistants who are existing employees of the Department, to provide to veterans in-home care services (including basic tasks authorized by the State certification of the nursing assistant) under the pilot program, in lieu of or in addition to the provision of such services through non-Department home health aides.

(B) RELATIONSHIP TO HOME-BASED PRIMARY CARE PROGRAM.—Nursing assistants hired or reassigned under subparagraph (A) may provide services to a veteran under the pilot program under paragraph (1) while serving as part of a health care team for the veteran under the Home-Based Primary Care program.

(4) REPORT TO CONGRESS.—Not later than one year before the date of the termination of the pilot program under paragraph (1), the Secretary shall submit to the Committees on Veterans’ Affairs of the House of Representatives and the Senate a report that includes—

(A) a statement of the results of such pilot program; and

(B) an assessment of the feasibility and advisability of—

(i) extending such pilot program; or

(ii) making such pilot program a permanent program of the Department of Veterans Affairs.

(b) REPORT ON USE OF FUNDS.—Not later than one year after the date of the enactment of this Act, the Secretary of Veterans Affairs shall submit to the Committees on Veterans’ Affairs of the House of Representatives and the Senate a report containing, with respect to the period beginning in fiscal year 2012 and ending in fiscal year 2024, the following:

(1) An identification of the amount of funds that were included in a budget of the Department of Veterans Affairs during such period for the provision of in-home care to veterans under the Homemaker and Home Health Aide program but were not expended for such provision, disaggregated by medical center of the Department for which such unexpended funds were budgeted (if such disaggregation is possible).

(2) To the extent practicable, an identification of the number of veterans for whom, during such period, the hours during which a home health aide was authorized to provide services to the veteran under the Homemaker and Home Health Aide program were reduced for a reason other than a change in the health care needs of the veteran, and a detailed description of the reasons why any such reductions may have occurred.

(c) UPDATED GUIDANCE ON PROGRAM.—Not later than one year after the date of the enactment of this Act, the Secretary shall issue updated guidance for the Homemaker and Home Health Aide program. Such updated guidance shall include the following:

(1) A process for the transition of veterans from the Homemaker and Home Health Aide program to other covered programs.

(2) A requirement for the directors of the medical facilities of the Department to complete such process whenever a veteran with care needs has been denied services from home health agencies under the Homemaker and Home Health Aide program as a result of the clinical needs or behavioral issues of the veteran.

**SEC. 127. PILOT PROGRAM TO FURNISH ASSISTED LIVING SERVICES TO CERTAIN VETERANS.**

(a) ESTABLISHMENT.—Beginning not later than two years after the date of the enactment of this Act, the Secretary of Veterans Affairs shall carry out a pilot program to assess—

(1) the effectiveness of providing assisted living services to eligible veterans, at the election of such veterans; and

(2) the satisfaction with the pilot program of veterans participating in such pilot program.

(b) PROGRAM LOCATIONS.—

(1) VETERANS INTEGRATED SERVICE NETWORKS.—The Secretary shall select two Veterans Integrated Service Networks of the Department of Veterans Affairs at which to carry out the pilot program under subsection (a).

(2) FACILITIES.—

(A) IN GENERAL.—Within the Veterans Integrated Service Networks selected under paragraph (1), the Secretary shall select facilities at which to carry out the pilot program under subsection (a)(1).

(B) SELECTION CRITERIA.—In selecting facilities under subparagraph (A) at which to carry out the pilot program under subsection (a)(1), the Secretary shall ensure that—

(i) the locations of such facilities are in geographically diverse areas;

(ii) not fewer than one such facility serves veterans in rural or highly rural areas (as determined through the use of the Rural-Urban Commuting Areas coding system of the Department of Agriculture);

(iii) not fewer than one such facility is located in each Veterans Integrated Service Network selected under paragraph (1); and

(iv) not fewer than one such facility is a State home.

(c) PROGRAM PARTICIPANTS.—Not more than 60 eligible veterans may participate in the pilot program under subsection (a)(1) in each Veterans Integrated Service Network selected under subsection (b)(1).

(d) PROVISION OF ASSISTED LIVING SERVICES.—

(1) AGREEMENTS.—In carrying out the pilot program under subsection (a)(1), the Secretary may enter into agreements for the provision of assisted living services on behalf of eligible veterans with—

(A) a provider participating under a State plan or waiver under title XIX of the Social Security Act (42 U.S.C. 1396 et seq.); or

(B) a State home recognized and certified under subpart B of part 51 of title 38, Code of Federal Regulations, or successor regulations.

(2) STANDARDS.—The Secretary may not place, transfer, or admit a veteran to any facility for assisted living services under the pilot program under subsection (a)(1) unless the Secretary determines that—

(A) the facility meets the standards for community residential care established under sections 17.61 through 17.72 of title 38, Code of Federal Regulations, or successor regulations, and any additional standards of care as the Secretary may specify; or

(B) in the case of a facility that is a State home, the State home meets such standards of care as the Secretary may specify.

(3) INSPECTION.—The Secretary shall inspect facilities at which veterans are placed under the pilot program under subsection (a)(1)—

(A) with respect to a facility that is a State home, not less frequently than annually and in the same manner as the Secretary conducts inspection of State homes under section 1742 of title 38, United States Code; and

(B) with respect to any other facility, not less frequently than annually and in the same manner as the Secretary conducts inspection of facilities under section 1730 of such title.

(4) PAYMENT TO CERTAIN FACILITIES.—

(A) STATE HOMES.—In the case of a facility participating in the pilot program under subsection (a)(1) that is a State home, the Secretary shall pay to the State home a per diem for each veteran participating in the pilot program at a rate agreed to by the Secretary and the State home.

(B) COMMUNITY ASSISTED LIVING FACILITIES.—In the case of a facility participating in the pilot program under subsection (a)(1) that is a community assisted living facility, the Secretary shall—

(i) pay to the facility an amount that is less than the average rate paid by the Department for placement in a community nursing home in the same Veterans Integrated Service Network; and

(ii) re-evaluate payment rates annually to account for current economic conditions and current costs of assisted living services.

(e) CONTINUITY OF CARE.—Upon the termination of the pilot program under subsection (a)(1), the Secretary shall—

(1) provide to all veterans participating in the pilot program at the time of such termination the option to continue to receive assisted living services at the site they were assigned to under the pilot program, at the expense of the Department; and

(2) for such veterans who do not opt to continue to receive such services—

(A) ensure such veterans do not experience lapses in care; and

(B) provide such veterans with information on, and furnish such veterans with, other extended care services based on their preferences and best medical interest.

(f) DETERMINATION OF QUALITY.—The Secretary shall determine a method for assessment of quality of care provided to veterans participating in the pilot program under subsection (a)(1) and shall communicate that method to providers of services under the pilot program.

(g) ANNUAL REPORT.—Not later than one year after the initiation of the pilot program under subsection (a)(1), and annually thereafter for the duration of such pilot program, the Secretary shall submit to the Committees on Veterans' Affairs of the House of Representatives and the Senate a report on the pilot program that includes—

(1) an identification of Veterans Integrated Services Networks and facilities of the Department participating in the pilot program and assisted living facilities and State homes at which veterans are placed under the pilot program;

(2) the number of participants in the pilot program, disaggregated by facility;

(3) general demographic information of participants in the pilot program, including average age, sex, and race or ethnicity;

(4) disability status of participants in the pilot program;

(5) an identification of any barriers or challenges to furnishing care to veterans under the pilot program, conducting oversight of the pilot program, or any other barriers or challenges;

(6) the cost of care at each assisted living facility and State home participating in the pilot program, including an analysis of any cost savings by the Department when comparing that cost to the cost of nursing home care;

(7) aggregated feedback from participants in the pilot program, including from veteran resident surveys and interviews; and

(8) such other matters the Secretary considers appropriate.

(h) FINAL REPORT.—Not later than one year after the pilot program terminates under subsection (j), the Secretary shall submit to the Committees on Veterans' Affairs of the House of Representatives and the Senate a report on the pilot program that—

(1) includes the matters required under paragraphs (1) through (8) of subsection (g);

(2) includes recommendations on whether the model studied in the pilot program should be continued or adopted throughout the Department; and

(3) indicates whether the Secretary requests action by Congress to make the pilot program permanent.

(i) INSPECTOR GENERAL REPORT.—

(1) IN GENERAL.—Not later than three years after the initiation of the pilot program under subsection (a)(1), the Inspector General of the Department of Veterans Affairs shall submit to the Secretary of Veterans Affairs and the Committees on Veterans' Affairs of House of Representatives and the Senate a report on the pilot program.

(2) ELEMENTS.—The report required by paragraph (1) shall include an assessment of—

(A) the quality of care provided to veterans at facilities participating in the pilot program, measured pursuant to the method determined under subsection (f);

(B) the oversight of such facilities, as conducted by the Department, the Centers for Medicare & Medicaid Services, State agencies, and other relevant entities; and

(C) such other matters as the Inspector General considers appropriate.

(3) PLAN REQUIRED.—Not later than 90 days after the submission of the report under paragraph (1), the Secretary shall submit to

the Committees on Veterans' Affairs of the House of Representatives and the Senate a plan to address the deficiencies identified in the report, if any.

(j) TERMINATION.—

(1) IN GENERAL.—Subject to paragraph (2), the pilot program under subsection (a)(1) shall terminate on September 30, 2026.

(2) EXTENSION.—The Secretary may extend the duration of the pilot program for an additional two-year period if the Secretary, based on the results of the reports submitted under subsection (g), determines such an extension is appropriate.

(k) DEFINITIONS.—In this section:

(1) The term “assisted living services” means services of a facility in providing room, board, and personal care for and supervision of residents for their health, safety, and welfare.

(2) The term “eligible veteran” means a veteran who is—

(A) receiving nursing home care paid for by the Department of Veterans Affairs, eligible to receive such care pursuant to section 1710A of title 38, United States Code, or requires a higher level of care than the domiciliary care provided by the Department of Veterans Affairs, but does not meet the requirements for nursing home level care provided by the Department pursuant to such section; and

(B) eligible for assisted living services, as determined by the Secretary or meets such additional criteria for eligibility for the pilot program under subsection (a)(1) as the Secretary may establish.

(3) The term “State home” has the meaning given that term in section 101 of title 38, United States Code.

**SEC. 128. PROVISION OF MEDICINE, EQUIPMENT, AND SUPPLIES AVAILABLE TO DEPARTMENT OF VETERANS AFFAIRS TO STATE HOMES.**

(a) PROVISION AUTHORIZED.—The Secretary of Veterans Affairs may provide to State homes medicine, personal protective equipment, medical supplies, and any other equipment, supplies, and assistance available to the Department of Veterans Affairs.

(b) DEFINITION.—In this section:

(1) The term “personal protective equipment” means any protective equipment required to prevent the wearer from contracting an infectious disease, including gloves, N-95 respirator masks, gowns, goggles, face shields, or other equipment required for safety.

(2) The term “State home” has the meaning given such term in section 101 of title 38, United States Code.

**SEC. 129. RECOGNITION OF ORGANIZATIONS AND INDIVIDUALS TO ASSIST VETERANS, FAMILY MEMBERS, AND CAREGIVERS NAVIGATING PROGRAMS AND SERVICES OF VETERANS HEALTH ADMINISTRATION.**

(a) IN GENERAL.—Not later than one year after the date of the enactment of this Act, the Secretary of Veterans Affairs shall establish a process through which the Department of Veterans Affairs may recognize organizations and individuals to assist a veteran, a family member of a veteran, or a caregiver of a veteran (as defined in section 1720G(d) of title 38, United States Code) in navigating the programs and services of the Veterans Health Administration.

(b) SOLICITATION OF FEEDBACK.—The Secretary shall solicit feedback and recommendations in the creation of the process under subsection (a) from such organizations as the Secretary may consider relevant.

(c) LIMITATION.—The Secretary may not recognize an organization or individual pursuant to the process established under subsection (a) unless the organization or individual has certified to the Secretary that no

fee or compensation of any nature will be charged to any individual for services rendered in providing assistance pursuant to such subsection.

**SEC. 130. REVIEWS AND OTHER IMPROVEMENTS RELATING TO HOME- AND COMMUNITY-BASED SERVICES.**

(a) OFFICE OF GERIATRIC AND EXTENDED CARE.—

(1) REVIEW OF PROGRAMS.—The Under Secretary for Health of the Department of Veterans Affairs shall conduct a review of each program administered through the Office of Geriatric and Extended Care of the Department and the Caregiver Support Program Office of the Department, or any successor offices, to—

(A) eliminate service gaps at the medical center level; and

(B) ensure—

(i) the clinical needs of veterans are met;

(ii) consistency in program management;

(iii) the availability of, and the access by veterans to, home- and community-based services, including for veterans living in rural areas; and

(iv) proper coordination between covered programs.

(2) ASSESSMENT OF STAFFING NEEDS.—The Secretary of Veterans Affairs shall conduct an assessment of the staffing needs of the Office of Geriatric and Extended Care of the Department and the Caregiver Support Program Office of the Department, or any successor offices.

(3) GOALS FOR GEOGRAPHIC ALIGNMENT OF CARE.—

(A) ESTABLISHMENT OF GOALS.—The Director of the Office of Geriatric and Extended Care, or successor office, shall establish quantitative goals to enable aging or disabled veterans who are not located near medical centers of the Department to access extended care services (including by improving access to home- and community-based services for such veterans).

(B) IMPLEMENTATION TIMELINE.—Each goal established under subparagraph (A) shall include a timeline for the implementation of the goal at each medical center of the Department.

(4) GOALS FOR IN-HOME SPECIALTY CARE.—The Director of the Office of Geriatric and Extended Care, or successor office, shall establish quantitative goals to address the specialty care needs of veterans through in-home care, including by ensuring the education of home health aides and caregivers of veterans in the following areas:

(A) Dementia care.

(B) Care for spinal cord injuries and diseases.

(C) Ventilator care.

(D) Other specialty care areas as determined by the Secretary.

(5) INPUT ON GOALS.—To the extent practicable, the head of the Caregiver Support Program Office, or successor office, shall provide to the Director of the Office of Geriatric and Extended Care, or successor office, input with respect to the establishment of the goals under paragraphs (3) and (4).

(6) REPORT TO CONGRESS.—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 House of Representatives and the Senate a report containing the findings of the review under paragraph (1), the results of the assessment under paragraph (2), and the goals established under paragraphs (3) and (4).

(b) REVIEW OF INCENTIVES AND EFFORTS RELATING TO HOME- AND COMMUNITY-BASED SERVICES.—

(1) REVIEW.—The Secretary of Veterans Affairs shall conduct a review of the following:

(A) The financial and organizational incentives or disincentives for the directors of

medical centers of the Department to establish or expand covered programs at such medical centers.

(B) Any incentives or disincentives for such directors to provide to veterans home- and community-based services in lieu of institutional care.

(C) The efforts taken by the Secretary to enhance spending of the Department for extended care by balancing spending between institutional care and home- and community-based services consistent with the demand for such services.

(D) The plan of the Under Secretary for Health of the Department to accelerate efforts to enhance spending as specified in subparagraph (C), to match the progress of similar efforts taken by the Administrator of the Centers for Medicare & Medicaid Services with respect to spending of the Centers for Medicare & Medicaid Services for extended care.

(2) REPORT TO CONGRESS.—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 House of Representatives and the Senate a report on the findings of the review under paragraph (1).

(c) REVIEW OF RESPITE CARE SERVICES.—Not later than two years after the date of the enactment of this Act, the Secretary of Veterans Affairs shall conduct a review of the use, availability, cost, and effectiveness, of the respite care services furnished by the Secretary under chapter 17 of title 38, United States Code, including—

(1) the frequency at which the Department of Veterans Affairs is unable to meet demand for such services;

(2) a detailed description of—

(A) the reasons the Department of Veterans Affairs is unable to meet the demand for such services; and

(B) any actions, or planned actions, of the Secretary of Veterans Affairs to ensure such demand is met.

(d) COLLABORATION TO IMPROVE HOME- AND COMMUNITY-BASED SERVICES.—

(1) RECOMMENDATIONS.—

(A) DEVELOPMENT.—The Secretary of Veterans Affairs shall develop recommendations as follows:

(i) With respect to home- and community-based services for veterans, the Secretary of Veterans Affairs shall develop recommendations regarding new services (in addition to those furnished as of the date of enactment of this Act) in collaboration with the Secretary of Health and Human Services.

(ii) With respect to the national shortage of home health aides, the Secretary of Veterans Affairs shall develop recommendations regarding methods to address such shortage in collaboration with the Secretary of Health and Human Services and the Secretary of Labor.

(B) SUBMISSION TO CONGRESS.—The Secretary of Veterans Affairs shall submit to the Committees on Veterans' Affairs of the House of Representatives and the Senate a report containing the recommendations developed under subparagraph (A) and an identification of any changes in existing law or new statutory authority necessary to implement the recommendations, as determined by the Secretary.

(C) CONSULTATION WITH SECRETARY OF LABOR.—In carrying out this paragraph, the Secretary of Veterans Affairs shall consult with the Secretary of Labor.

(2) FEEDBACK AND RECOMMENDATIONS ON CAREGIVER SUPPORT.—

(A) FEEDBACK AND RECOMMENDATIONS.—The Secretary of Veterans Affairs shall solicit from the entities described in subparagraph (B) feedback and recommendations regarding opportunities for the Secretary to enhance

home- and community-based services for veterans and the caregivers of veterans, including through the potential provision by the entity of care and respite services to veterans and caregivers who may not be eligible for any program under section 1720G of title 38, United States Code, or section 1720L of such title (as added by section 124), but have a need for assistance.

(B) COVERED ENTITIES.—The entities described in this subparagraph are veterans service organizations and nonprofit organizations with a focus on caregiver support or long term care (as determined by the Secretary).

(3) COLLABORATION FOR CERTAIN VETERANS.—The Secretary of Veterans Affairs shall collaborate with the Director of the Indian Health Service and representatives from tribal health programs and Urban Indian organizations to ensure the availability of home- and community-based services for—

(A) Native American veterans, including Native American veterans receiving health care and medical services under multiple health care systems; and

(B) Native Hawaiian veterans, including Native Hawaiian veterans receiving health care and medical services under the Native Hawaiian health care system.

**SEC. 131. GAO REPORT ON MENTAL HEALTH SUPPORT FOR CAREGIVERS.**

(a) REPORT REQUIRED.—Not later than one year after the date of the enactment of this Act, the Comptroller General of the United States shall submit to the Committee on Veterans' Affairs of the Senate and the Committee on Veterans' Affairs of the House of Representatives a report on the provision of mental health support to caregivers of veterans.

(b) CONTENTS.—The report submitted under subsection (a) shall include the following:

(1) An assessment of the need for mental health support among caregivers participating in the caregiver programs.

(2) An assessment of options for mental health support in facilities of the Department of Veterans Affairs and in the community for caregivers participating in the caregiver programs.

(3) An assessment of the availability and accessibility of mental health support in facilities of the Department and in the community for caregivers participating in the caregiver programs.

(4) An assessment of the awareness among caregivers of the availability of mental health support in facilities of the Department and in the community for caregivers participating in the caregiver programs.

(5) An assessment of barriers to mental health support in facilities of the Department and in the community for caregivers participating in the caregiver programs.

(c) DEFINITIONS.—In this section:

(1) The term "caregiver" has the meaning given that term in section 1720G of title 38, United States Code.

(2) The term "caregiver programs" means—

(A) the program of comprehensive assistance for family caregivers under subsection (a) of section 1720G of title 38, United States Code; and

(B) the program of support services for caregivers under subsection (b) of such section.

**SEC. 132. DEVELOPMENT OF CENTRALIZED WEBSITE FOR PROGRAM INFORMATION.**

(a) CENTRALIZED WEBSITE.—The Secretary shall develop and maintain a centralized and publically accessible internet website of the Department as a clearinghouse for information and resources relating to covered programs.

(b) CONTENTS.—The website under subsection (a) shall contain the following:

(1) A description of each covered program.  
 (2) An informational assessment tool that—

(A) explains the administrative eligibility, if applicable, of a veteran, or a caregiver of a veteran, for any covered program; and

(B) provides information, as a result of such explanation, on any covered program for which the veteran or caregiver (as the case may be) may be eligible.

(3) A list of required procedures for the directors of the medical facilities of the Department to follow in determining the eligibility and suitability of veterans for participation in a covered program, including procedures applicable to instances in which the resource constraints of a facility (or of a community in which a facility is located) may result in the inability to address the health needs of a veteran under a covered program in a timely manner.

(c) UPDATES.—The Secretary shall ensure the website under subsection (a) is updated on a periodic basis.

### SEC. 133. DEFINITIONS.

In this title:

(1) The terms “caregiver” and “family caregiver” have the meanings given those terms under section 1720L(h) of title 38, United States Code (as added by section 123).

(2) The term “covered program”—

(A) means any program of the Department of Veterans Affairs for home- and community-based services; and

(B) includes the programs specified in section 1720L of title 38, United States Code (as added by section 123).

(3) The term “home- and community-based services”—

(A) means the services referred to in section 1701(6)(E) of title 38, United States Code; and

(B) includes services furnished under a program specified in section 1720L of such title (as added by section 123).

(4) The terms “Home-Based Primary Care program”, “Homemaker and Home Health Aide program”, and “Veteran-Directed Care program” mean the programs of the Department of Veterans Affairs specified in subsection (d), (c), and (b) of such section 1720L, respectively.

(5) The terms “home health aide”, “Native American”, “Native American veteran”, “tribal health programs”, and “Urban Indian organizations” have the meanings given those terms in subsection (h) of such section 1720L.

(6) The term “Vet Center” has the meaning given that term in section 1712A(h) of title 38, United States Code.

(7) The term “veterans service organization” means any organization recognized by the Secretary under section 5902 of such title.

### Subtitle C—Medical Treatment and Other Matters

### SEC. 140. QUARTERLY REPORT ON REFERRALS FOR NON-DEPARTMENT OF VETERANS AFFAIRS HEALTH CARE.

Subchapter I of chapter 5 of title 38, United States Code, is amended by adding at the end the following new section (and amending the table of sections at the beginning of such chapter accordingly):

#### “§ 534. Quarterly report on referrals for non-Department health care

“Not later than 180 days after the date of the enactment of this section, and not less frequently than quarterly thereafter, the Secretary shall submit to the Committees on Veterans’ Affairs of the Senate and the House of Representatives a report containing, with respect to referrals for non-Department health care originating from a medical facility of the Department during the quarter preceding the date of the submis-

sion of the report, a measurement of, for each such medical facility—

“(1) the period of time between—

“(A) the date on which a clinician employed by the Department determines that a veteran requires care, or a veteran presents to the Department requesting care, and the date on which the referral for care is sent to a non-Department health care provider;

“(B) the date on which such referral is sent to a non-Department health care provider and the date on which such non-Department health care provider accepts such referral;

“(C) the date on which such non-Department health care provider accepts such referral and the date on which such referral is completed;

“(D) the date on which such referral is completed and the date on which an appointment with a non-Department health care provider is made; and

“(E) the date on which such an appointment is made and the date on which such appointment occurs; and

“(2) any other period of time that the Secretary determines necessary.”.

### SEC. 141. ELIMINATION OF CERTAIN REQUIREMENTS FOR CERTAIN DEPARTMENT OF VETERANS AFFAIRS ASSISTANT UNDER SECRETARIES.

Section 7306 of title 38, United States Code, is amended—

(1) by striking subsection (b);

(2) by redesignating subsections (c) through (g) as subsections (b) through (f), respectively; and

(3) in subsection (c) (as so redesignated), by striking “subsection (e)” and inserting “subsection (f)”.

### SEC. 142. MODIFICATION OF PAY LIMITATION FOR PHYSICIANS, PODIATRISTS, OPTOMETRISTS, AND DENTISTS OF DEPARTMENT OF VETERANS AFFAIRS.

(a) PAY.—

(1) IN GENERAL.—Section 7431 of title 38, United States Code, is amended—

(A) by inserting “optometrists,” after “podiatrists,” each place it appears;

(B) by inserting “optometrist” after “podiatrist,” each place it appears;

(C) in subsection (c)—

(i) in paragraph (5), by adding at the end the following new sentence: “Such a notice shall include a statement of whether the market pay will increase, decrease, or remain unchanged following such evaluation.”; and

(ii) by adding at the end the following new paragraphs:

“(7) The Secretary shall ensure that each physician, podiatrist, optometrist, and dentist in the Veterans Health Administration is—

“(A) advised, on an annual basis, of the criteria described in subparagraph (F) of paragraph (4);

“(B) evaluated in accordance with such criteria; and

“(C) compensated in accordance with—

“(i) applicable assignment and pay levels, subject to relevant pay limitations; and

“(ii) the extent to which such criteria is met.

“(8) Not later than 120 days after the end of each fiscal year, the Secretary shall submit to the Committees on Veterans’ Affairs of the Senate and the House of Representatives a report that includes the following:

“(A) A list of each facility and specialty that conducted an evaluation of pay during the period covered by the report.

“(B) For each evaluation described in subparagraph (A)—

“(i) a list of occupations for which pay was evaluated, disaggregated by medical specialty, number of authorized full-time employees, and onsite full-time employees as of the date of the evaluation;

“(ii) the date such evaluation was completed;

“(iii) whether a market pay adjustment was made following the evaluation per each occupation and specialty evaluated;

“(iv) whether applicable employees were notified of such evaluation;

“(v) whether local labor partners were notified of such evaluation; and

“(vi) in the case of an evaluation that resulted in an adjustment of pay—

“(I) the date such adjustment—

“(aa) was implemented; and

“(bb) became effective; and

“(II) the percentage of employees of each occupation and specialty for which pay was adjusted pursuant to such evaluation.

“(C) A list of facilities of the Department that have not conducted an evaluation of market pay, pursuant to paragraph (5), during the 18-month-period that precedes the date of the submission of such report.”;

(D) in subsection (e)—

(i) in paragraph (1)(A), by inserting “optometrists,” after “podiatrists,”; and

(ii) by adding at the end the following new paragraphs:

“(5) Notwithstanding any compensation or pay limitations under this title or title 5, the Secretary may authorize the Under Secretary for Health to pay physicians, podiatrists, optometrists and dentists—

“(A) awards authorized under this title;

“(B) advance payments, recruitment or relocation bonuses, and retention allowances authorized under section 7410(a) of this title or as otherwise provided by law;

“(C) incentives or bonuses under section 706 of this title or as otherwise provided by law; and

“(D) earnings from fee-basis appointments under section 7405(a)(2) of this title.

“(6)(A) The Secretary may waive any pay limitation described in this section (including tier limitations) that the Secretary determines necessary for the recruitment or retention of critical health care personnel whom the Secretary determines would provide direct patient care.

“(B) Priority for such waivers shall be given for positions, locations, and care provided through contracts at a high cost to the Department.

“(C) The Chief Human Capital Officer of the Department, the Chief Financial Officer of the Department, and the Office of the General Counsel of the Department shall review any waiver issued under subparagraph (A).

“(D) During the period the authority under subparagraph (A) is effective, the Secretary may not issue more than 300 waivers under such subparagraph.

“(E) The Secretary may prescribe requirements, limitations, and other considerations for waivers under such subparagraph.

“(F) Not later than 180 days after the date of the enactment of the Senator Elizabeth Dole 21st Century Veterans Healthcare and Benefits Improvement Act, and annually thereafter, the Secretary shall submit to the Committees on Veterans’ Affairs of the Senate and the House of Representatives a report that includes—

“(i) any updates to the requirements, limitations, and considerations prescribed under subparagraph (B) during the period covered by the report;

“(ii) a description of the findings of each review, if any, conducted pursuant to subparagraph (C);

“(iii) a description of each waiver under subparagraph (A) in effect as of the date of the submission of the report, including the—

“(I) duty location, position, specialty, market and performance considerations for the waiver; and

“(II) impact, if any, of the waiver on contracted care purchased by the Department for the region; and

“(iv) a list of any separation actions during the period covered by the report with respect to a position for which a waiver under subparagraph (A) is in effect.

“(G) The authority of the Secretary under subparagraph (A) shall terminate on the last day of the third full fiscal year following the date of the enactment of the Senator Elizabeth Dole 21st Century Veterans Healthcare and Benefits Improvement Act.”.

(2) **REPORT ON WAIVER AUTHORITY.**—Not later than 180 days after the date of the enactment of this Act, the Secretary of Veterans Affairs shall submit to the Committees on Veterans' Affairs of the Senate and the House of Representatives a report that includes a description of the requirements, limitations, and other considerations prescribed under section 7431(b)(6)(D) of title 38, United States Code, as added by paragraph (1).

(3) **CONFORMING AMENDMENTS.**—

(A) **PAY OF UNDER SECRETARY FOR HEALTH.**—Section 7432(b)(1) of such title is amended by inserting “, podiatrist, optometrist,” after “physician”.

(B) **ADMINISTRATIVE MATTERS.**—Section 7433 of such title is amended by inserting “optometrists,” after “physicians,” each place it appears.

(C) **COMPETITIVE PAY.**—Section 7451(a)(2)(C) of such title is amended by inserting “optometrist,” after “physician,”.

(4) **CLERICAL AMENDMENTS.**—

(A) **SUBCHAPTER HEADING.**—Subchapter III of chapter 74 of such title is amended in the heading by inserting “**Optometrists,**” after “**Podiatrists,**”.

(B) **TABLE OF SECTIONS.**—The table of sections for such chapter is amended by striking the item relating to subchapter III and inserting the following:

“SUBCHAPTER III—PAY FOR PHYSICIANS AND OTHER HEALTH-CARE PERSONNEL”.

(5) **APPLICABILITY DATES.**—The amendments made by this subsection shall apply to any pay period of the Department of Veterans Affairs beginning on or after the date that is 180 days after the date of the enactment of this Act.

(b) **MODIFICATION AND CLARIFICATION OF PAY GRADE FOR OPTOMETRISTS.**—Section 7404 of title 38, United States Code, is amended—

(1) in subsection (a)(2)(A), by striking “podiatrists, and dentists” and inserting “podiatrists, optometrists, and dentists”; and

(2) in subsection (b)—

(A) by striking “podiatrist (dpm), and dentist” and inserting “podiatrist (dpm), optometrist (od), and dentist”;

(B) by striking “clinical chiropractor and optometrist schedule,” and inserting “clinical chiropractor schedule”; and

(C) by inserting “optometrist grade” after “Podiatrist grade”.

(c) **RETROACTIVE AUTHORITY FOR COMPENSATION.**—

(1) **IN GENERAL.**—The Secretary of Veterans Affairs may pay retroactive compensation to a covered employee in an amount that equals the amount of compensation that was authorized to be paid to such covered employee during the period specified in paragraph (2), but was deferred and paid to such employee in the calendar year following the calendar year in which such compensation was authorized because the payment such compensation would have exceeded an applicable cap on annual compensation.

(2) **PERIOD SPECIFIED.**—The period specified in this paragraph is the period beginning on January 8, 2006, and ending on December 31, 2017.

(3) **EXCLUSION.**—Compensation authorized under this subsection shall not be included

in the calculation of any aggregate limit on compensation for a covered employee for the year in which it is paid.

(4) **CHARGING OF COMPENSATION.**—Compensation authorized under this subsection shall be charged to the appropriate medical care appropriation account of the Department of Veterans Affairs for the fiscal year in which the work was performed except as follows:

(A) In the case of an account that has closed pursuant to section 1552 of title 31, United States Code, the compensation shall be charged to a current appropriation account in accordance with section 1553 of such title.

(B) In the case of an expired account that has not closed, if charging the compensation to the expired account would cause such account to have a negative unliquidated or unexpended balance, the compensation may be charged to a current appropriation account available for the same purpose.

(5) **DEFINITIONS.**—In this subsection:

(A) The term “compensation” means any pay, including salary, awards, and incentives.

(B) The term “covered employee” means a physician, podiatrist, or dentist subject to market pay under section 7431 of title 38, United States Code.

**SEC. 143. REIMBURSEMENT OF AMBULANCE COST FOR CARE FOR CERTAIN RURAL VETERANS.**

(a) **IN GENERAL.**—The Secretary of Veterans Affairs shall pay, or reimburse a covered veteran for, the cost of transporting the veteran by ambulance, including air ambulance, from a covered location to a provider of the Department of Veterans Affairs, a non-Department provider, or the nearest hospital that can meet the needs of the veteran (including a hospital that compacts with the Indian Health Service) for covered care.

(b) **AMOUNT COVERED.**—The maximum cumulative amount covered under this section for a covered veteran is \$46,000.

(c) **SUNSET.**—This section shall cease to be effective on September 30, 2026.

(d) **DEFINITIONS.**—In this section:

(1) The term “covered care” means care for a veteran eligible for care provided by the Department of Veterans Affairs under title 38, United States Code, or any other law administered by the Secretary of Veterans Affairs, even if the care associated with the transport described in subsection (a) is not authorized by the Department.

(2) The term “covered location” means a location that is—

(A) in a State that is 100 miles or more from the nearest medical center of the Department of Veterans Affairs; and

(B) in an area rated as a 10 or higher under the rural-urban commuting areas coding system of the Department of Agriculture.

(3) The term “covered veteran” means a veteran who—

(A) has a service-connected disability rated by the Secretary as between 0 and 30 percent disabling;

(B) is not eligible for payments or reimbursements for beneficiary travel or other transportation under the laws administered by the Secretary of Veterans Affairs, other than under this section; and

(C) is not entitled to care or services under a non-Department of Veterans Affairs health-plan contract.

(4) The term “health-plan contract” has the meaning given that term in section 1725 of title 38, United States Code.

(5) The term “service-connected” has the meaning given that term in section 101 of such title.

**SEC. 144. PILOT PROGRAM TO FURNISH DENTAL CARE FROM THE DEPARTMENT OF VETERANS AFFAIRS TO CERTAIN VETERANS DIAGNOSED WITH ISCHEMIC HEART DISEASE.**

(a) **IN GENERAL.**—Beginning not later than one year after the date of the enactment of this Act, the Secretary of Veterans Affairs shall carry out a two-year pilot program (in this section referred to as the “pilot program”) under which the Secretary shall furnish covered care to covered veterans through means that include the use of community care.

(b) **LOCATIONS.**—

(1) **IN GENERAL.**—The Secretary shall select not more than four States in which to carry out the pilot program.

(2) **SELECTION CRITERIA.**—In selecting States under paragraph (1), the Secretary shall prioritize States in which—

(A) the Department of Veterans Affairs serves a high proportion, as determined by the Secretary, of veterans residing in rural or highly rural areas (as determined through the use of the Rural-Urban Commuting Areas coding system of the Department of Agriculture);

(B) dental clinics operated by the Department of Veterans Affairs currently utilize teledentistry;

(C) the Department of Veterans Affairs does not currently operate a dental clinic; or

(D) the Secretary determines a large percentage of veterans enrolled in the system of annual patient enrollment of the Department of Veterans Affairs established and operated under paragraphs (1) or (2) of section 1705(a) of title 38, United States Code, visit emergency rooms for dental emergencies at high rates.

(c) **PARTICIPATION LIMITATION.**—Participation in a pilot program established pursuant to this section shall be limited to a covered veteran who receives health care in a facility of the Department located in a State selected under subsection (b).

(d) **USE OF CERTAIN METHODS TO PROVIDE CARE.**—

(1) **MOBILE DENTAL CLINICS.**—In carrying out the pilot program, the Secretary shall test the efficacy of mobile dental clinics to service rural areas that do not have a population base to warrant a full-time clinic but where there are covered veterans in need of dental care.

(2) **HOME-BASED DENTAL CARE.**—In carrying out the pilot program, the Secretary shall test the efficacy of portable dental care units to service rural veterans in their homes, as the Secretary considers medically appropriate.

(e) **ADMINISTRATION.**—

(1) **COMMUNITY CARE NETWORK REVIEW.**—

(A) **IN GENERAL.**—Before commencing the pilot program, the Secretary shall work with third party administrators to conduct a review of dental providers who are part of the community care network of the Department in each State selected under subsection (b)(1) to ensure—

(i) dental providers who are no longer accepting patients from the Department—

(I) are not still listed as providers accepting referrals from the Department; and

(II) are not sent referrals from the Department; and

(ii) dental providers participating in each such network are capable of receiving an influx of patients from the Department under the pilot program.

(B) **EXPANSION OF NETWORK.**—If, pursuant to a review under subparagraph (A), the Secretary determines the community care network in a State selected under subsection (b)(1) is not capable of receiving an influx of patients under the pilot program, the Secretary shall coordinate with the Third Party

Administrator for such State to ensure the dental provider network of such community care network is sufficiently expanded before the initiation of the pilot program.

(2) NOTICE TO COVERED VETERANS.—In carrying out the pilot program, the Secretary shall inform all covered veterans in States selected under subsection (b)(1) of the covered care available under the pilot program.

(3) LOSS OF ELIGIBILITY.—Any veteran participating in the pilot program who ceases to be a covered veteran shall be removed from the pilot program on the date that is 90 days after the Secretary determines the participant is no longer a covered veteran.

(4) CONTINUITY OF CARE.—

(A) IN GENERAL.—Upon the termination of the pilot program, the Secretary shall provide to all veterans participating in the pilot program at the time of such termination—

(i) information on how to enroll in the dental insurance plan of the Department of Veterans Affairs under section 1712C of title 38, United States Code;

(ii) if appropriate, information on the VETSmile program of the Department of Veterans Affairs, or any successor program; or

(iii) contact information for dental providers in the surrounding community who provide low- or no-cost dental care and whom the Secretary has confirmed are available to take on new patients.

(B) CONTINUATION OF TREATMENT PLAN.—Any veteran participating in the pilot program may continue to receive services under the pilot program after the termination of the pilot program to complete a treatment plan commenced under the pilot program, as determined necessary by the Secretary.

(f) REPORTS.—

(1) ANNUAL REPORT.—Not later than one year after the commencement of the pilot program, and annually thereafter for the duration of the pilot program, the Secretary of Veterans Affairs shall submit to the Committees on Veterans' Affairs of the House of Representatives and the Senate a report on the pilot program that includes—

(A) an identification of the States participating in the pilot program;

(B) a description of the implementation and operation of the pilot program;

(C) the number of participants in the pilot program, disaggregated by—

(i) State; and

(ii) disability rating;

(D) an identification of any barriers or challenges to implementing the pilot program;

(E) aggregated feedback from participants in the pilot program, including from interviews and surveys;

(F) the average annual cost of providing covered care to a participant in the pilot program, disaggregated by—

(i) State;

(ii) disability rating; and

(iii) whether the care was provided through the community care network or through a provider of the Department;

(G) an analysis of the communication and collaboration of the Department with Third Party Administrators and community care dental providers, disaggregated by State;

(H) an analysis of any cost savings by the Department with respect to the treatment of ischemic heart disease;

(I) an assessment of the impact of the pilot program on appointments for care, prescriptions, hospitalizations, emergency room visits, wellness, employability, satisfaction, and perceived quality of life of covered veterans related to their diagnosis of ischemic heart disease;

(J) an analysis and assessment of the efficacy of mobile clinics and portable dental care units, to the extent such modalities are

used, to service the needs of covered veterans under the pilot program;

(K) an analysis and assessment of the usage of teledentistry to service the needs of covered veterans under the pilot program, to include a cost benefit analysis of such services; and

(L) such other matters as the Secretary considers appropriate.

(2) FINAL REPORT.—Not later than 90 days before the completion of the pilot program, the Secretary shall submit to the Committees on Veterans' Affairs of the House of Representatives and the Senate a report on the pilot program that—

(A) includes the matters required under paragraph (1);

(B) includes recommendations on whether the pilot program should be continued, expanded, or adopted throughout the Department; and

(C) indicates whether the Secretary requests action by Congress to make the pilot program permanent.

(g) IMPACT ON COMMUNITY CARE.—Participants in the pilot program shall be able to access covered care in the community under section 1703 of title 38, United States Code.

(h) DEFINITIONS.—In this section:

(1) The term “covered care” means dental care that is consistent with the dental services and treatment furnished by the Secretary of Veterans Affairs to veterans pursuant to section 1712(a)(1)(G) of title 38, United States Code.

(2) The term “covered veteran” means a veteran who—

(A) is enrolled in the system of annual patient enrollment of the Department established and operated under paragraphs (1) or (2) of section 1705(a) of title 38, United States Code;

(B) is not eligible for dental services and treatment and related dental appliances under the laws administered by the Secretary as of the date of the enactment of this Act; and

(C) has a diagnosis of ischemic heart disease.

(3) The term “Third Party Administrator” has the meaning given such term in section 1703F of such title.

**SEC. 145. DOCUMENTATION OF PREFERENCES OF VETERANS FOR SCHEDULING OF APPOINTMENTS FOR HEALTH CARE UNDER LAWS ADMINISTERED BY SECRETARY OF VETERANS AFFAIRS.**

(a) IN GENERAL.—Not later than one year after the date of the enactment of this Act, the Secretary of Veterans Affairs shall develop a mechanism to solicit information regarding the preference of veterans enrolled in the system of annual patient enrollment of the Department of Veterans Affairs established and operated under section 1705(a) of title 38, United States Code, for scheduling of appointments for health care and related services under the laws administered by the Secretary, including through non-Department providers.

(b) DOCUMENTATION OF PREFERENCE.—Preferences provided voluntarily by a veteran pursuant to subsection (a) shall be documented on My HealthVet or another system designated by the Secretary that allows the veteran to view and change such preferences at any time.

(c) INCLUSION IN PREFERENCE.—Preferences solicited under subsection (a) shall include the following:

(1) How and when the veteran prefers to be contacted about an appointment for health care.

(2) Whether the veteran prefers to schedule appointments without the assistance of the Department, if able.

(3) Whether the veteran prefers to select a provider without the assistance of the Department, if able.

(4) Whether the veteran prefers appointments to be scheduled during certain days or times.

(d) USE OF PREFERENCE.—The Secretary shall make the preferences provided under subsection (a) easily accessible to medical support assistants and other staff of the Department, or non-Department staff, as the Secretary determines appropriate, who assist in the appointment scheduling process.

(e) DEPLOYMENT OF MECHANISM.—

(1) IN GENERAL.—Beginning after the date on which the Secretary develops the mechanism required under subsection (a), the Secretary shall—

(A) test the mechanism in not fewer than three geographically diverse Veterans Integrated Service Networks; and

(B) gather feedback about the effectiveness of such mechanism from veterans, medical support assistants, staff and other stakeholders as the Secretary determines appropriate.

(2) LIMITATION.—The Secretary may not implement such mechanism across the Veterans Health Administration of the Department before the Secretary addresses the feedback described in paragraph (1)(B).

**SEC. 146. STAFFING MODEL AND PERFORMANCE METRICS FOR CERTAIN EMPLOYEES OF THE DEPARTMENT OF VETERANS AFFAIRS.**

(a) STAFFING MODEL.—

(1) IN GENERAL.—Not later than one year after the date of the enactment of this Act, the Secretary of Veterans Affairs shall—

(A) develop, validate, and implement a staffing model for the Office of Integrated Veteran Care of the Department of Veterans Affairs, or successor office, Veterans Integrated Services Networks, and medical centers of the Department that includes appropriate target staffing levels nationally, regionally, and locally to ensure timely access to care and effectively oversee the provision of care by the Department, whether at a facility of the Department or through a non-Department provider; and

(B) provide to Congress a briefing on such staffing model, which shall include—

(i) the metrics and measures used by the Secretary in developing such staffing model;

(ii) an analysis of how such staffing model compares to the staffing models of other relevant Government-owned and private sector health care systems; and

(iii) an estimate of the portion of the roles in such staffing model that will be filled by contracted staff at any given time.

(2) REPORT ON IMPLEMENTATION OF STAFFING MODEL.—Not later than one year after the date on which the Secretary implements the staffing model required under paragraph (1), the Secretary shall submit to Congress and the Comptroller General of the United States a report containing—

(A) an update on such implementation; and

(B) information on the outcomes yielded by such staffing model in terms of improved access to care for veterans and improved compliance with relevant laws, regulations, policy directives, and guidance governing access to care.

(b) PERFORMANCE METRICS.—

(1) IN GENERAL.—Not later than one year after the date of the enactment of this Act, the Secretary shall develop and implement a plan, with an appropriate tracking system, to incorporate appropriate standardized performance metrics and oversight measures within the performance appraisal systems for employees of the Department specified in paragraph (2).

(2) EMPLOYEES OF THE DEPARTMENT SPECIFIED.—Employees of the Department specified in this paragraph are employees who are responsible for ensuring timely access to care from the Department, compliance with

relevant statutes and regulations relating to the provision of care, including section 1703 of title 38, United States Code, and overseeing the provision of care, whether at a facility of the Department or through a non-Department provider, including employees within the Office of Integrated Veteran Care of the Department, or successor office, employees of a Veterans Integrated Service Network, and employees of a medical center of the Department.

(3) REPORT ON IMPLEMENTATION OF PERFORMANCE METRICS.—Not later than one year after implementing the performance metrics required under paragraph (1), the Secretary shall submit to Congress and the Comptroller General of the United States a report containing—

(A) an update on such implementation; and

(B) information on the outcomes yielded by such performance metrics in terms of improved access to care for veterans and improved compliance with relevant laws, policy directives, and guidance governing access to care.

(c) GAO REPORT.—Not later than two years after the later of the date on which the Comptroller General receives the report under subsection (a)(2) or the report under subsection (b)(3), the Comptroller General shall submit to Congress a report that includes—

(1) an assessment of the performance of the Office of Integrated Veteran Care of the Department, or successor office, in improving access to care for veterans in facilities of the Department and pursuant to section 1703 of title 38, United States Code; and

(2) such recommendations as the Comptroller General considers appropriate with respect to improving access to the care described in paragraph (1) for veterans.

**SEC. 147. ONLINE HEALTH EDUCATION PORTAL FOR VETERANS ENROLLED IN PATIENT ENROLLMENT SYSTEM OF DEPARTMENT OF VETERANS AFFAIRS.**

Not later than one year after the date of the enactment of this Act, the Secretary of Veterans Affairs shall establish, on an Internet website of the Department, a health education portal that includes interactive educational modules to ensure veterans enrolled in the patient enrollment system of the Department of Veterans Affairs established and operated under section 1705(a) of title 38, United States Code, understand the basic health care eligibilities and entitlements of veterans under the laws administered by the Secretary, including under the Veterans Community Care Program under section 1703 of such title.

**SEC. 148. LIMITATION ON DETAIL OF DIRECTORS OF MEDICAL CENTERS OF DEPARTMENT OF VETERANS AFFAIRS TO DIFFERENT POSITIONS.**

(a) NOTIFICATION.—

(1) IN GENERAL.—Not later than 90 days after detailing a director of a medical center of the Department of Veterans Affairs to a different position within the Department, the Secretary of Veterans Affairs shall notify the Committee on Veterans' Affairs of the Senate and the Committee on Veterans' Affairs of the House of Representatives of such detail.

(2) MATTERS TO BE INCLUDED.—The notification required by paragraph (1) shall include, with respect to a director of a medical center who is detailed to a different position within the Department, the following information:

(A) The location at which the director is detailed.

(B) The position title of the detail.

(C) The estimated time the director is expected to be absent from their duties at the medical center.

(D) Such other information as the Secretary may determine appropriate.

(b) APPOINTMENT OF ACTING DIRECTOR.—Not later than 120 days after detailing a director of a medical center of the Department to a different position within the Department, the Secretary shall appoint an individual as acting director of such medical center with all of the authority and responsibilities of the detailed director.

(c) UPDATE ON DETAIL.—Not later than 120 days after detailing a director of a medical center of the Department to a different position within the Department, and not less frequently than every 30 days thereafter while the detail is in effect or while the director position at the medical center is vacant, the Secretary shall submit to the Committee on Veterans' Affairs of the Senate and the Committee on Veterans' Affairs of the House of Representatives an update regarding the status of the detail.

(d) RETURN TO POSITION OR REASSIGNMENT.—

(1) IN GENERAL.—Except as provided in paragraph (2), not later than 180 days after detailing a director of a medical center of the Department to a different position within the Department, for a reason other than an ongoing investigation or administrative action with respect to the director, the Secretary shall—

(A) return the individual to the position as director of the medical center; or

(B) reassign the individual from the position as director of the medical center and begin the process of hiring a new director for such position.

(2) WAIVER.—

(A) IN GENERAL.—The Secretary may waive the requirement under paragraph (1) with respect to an individual for successive 90-day increments for a total period of not more than 540 days from the original date the individual was detailed away from their position as director of a medical center.

(B) NOTIFICATION.—Not later than 30 days after exercising a waiver under subparagraph (A), the Secretary shall notify Congress of the waiver and provide to Congress information as to why the waiver is necessary.

**SEC. 149. NATIONAL VETERAN SUICIDE PREVENTION ANNUAL REPORT.**

(a) NATIONAL VETERAN SUICIDE PREVENTION ANNUAL REPORT.—

(1) IN GENERAL.—Not later than 18 months after the date of the enactment of this Act, and not later than September 30 of each year thereafter, the Secretary of Veterans Affairs shall submit to the appropriate congressional committees and publish on a publicly available website of the Department of Veterans Affairs a report to be known as the "National Veteran Suicide Prevention Annual Report".

(2) EXTENSION.—

(A) IN GENERAL.—If the Secretary requires an extension of the deadline for a report under subsection (a), the Secretary shall submit to the appropriate congressional committees a written request for such an extension.

(B) ELEMENTS.—Each written request under paragraph (1) for an extension for a report shall include the following:

(i) The rationale for the delay in the submission of the report.

(ii) An explanation of the need for an extension.

(iii) A proposed amended date for the submission and publication of the report.

(3) BRIEFING.—With respect to each report required under paragraph (1), the Secretary shall, before the date on which the Secretary submits such report, provide to the appropriate congressional committees a briefing on such report.

(4) ELEMENTS.—

(A) IN GENERAL.—Each report required under paragraph (1) shall include—

(i) the findings of the national analysis of veteran suicide rates for the latest year for which data is available;

(ii) an identification of trends, if any, demonstrated by such data; and

(iii) a comparison of such data to data on veteran suicide rates during preceding years.

(B) ADDITIONAL ELEMENTS.—Each report under paragraph (1) shall include, for the year covered by the report, the following:

(i) Suicide rates of veterans disaggregated by age, gender, and race or ethnicity.

(ii) Trends in suicide rates of veterans compared to engagement of those veterans with health care from the Veterans Health Administration, including an examination of trends in suicide rates or deaths among—

(I) veterans who have recently received health care from the Veterans Health Administration as compared to veterans who have never received health care from the Veterans Health Administration;

(II) veterans who are enrolled in the patient enrollment system of the Department of Veterans Affairs under section 1705(a) of title 38, United States Code, as compared to veterans who have never enrolled in such system;

(III) veterans who have recently used services from a Vet Center as compared to veterans who have never used such services;

(IV) to the extent practicable, veterans who have a diagnosis of substance use disorder; and

(V) other groups of veterans relating to engagement with health care from the Veterans Health Administration, as the Secretary considers practicable.

(iii) To the extent practicable, trends in suicide rates of veterans compared to engagement of those veterans with benefits from the Veterans Benefits Administration, including an examination of trends in suicide rates or deaths among—

(I) veterans who are currently using, have previously used, or have never used educational assistance under the laws administered by the Secretary;

(II) veterans who are currently receiving, have previously received, or have never received services or assistance under chapter 31 of title 38, United States Code;

(III) with respect to compensation under chapter 11 of such title—

(aa) veterans who were recipients of such compensation as compared to veterans who never applied for such compensation prior to death;

(bb) veterans who had a claim denied for such compensation prior to death;

(cc) veterans who had a pending claim for such compensation at time of death; and

(dd) veterans who had an entitlement for such compensation reduced prior to death;

(IV) veterans who are currently receiving or have never received pension under chapter 15 of title 38, United States Code;

(V) veterans who are currently using, have recently used, or have never used programs or services provided by the Homeless Programs Office of the Department, including an examination of trends in suicide rates or deaths among veterans who made contact with such office but were denied or deemed ineligible for any such program or service;

(VI) with respect to housing loans guaranteed by the Secretary under chapter 37 of title 38, United States Code, veterans who are current recipients of, were recent recipients of, or have never received such a loan;

(VII) veterans owing debts to the Department;

(VIII) veterans who were involved in a veterans treatment court program, whether they graduated successfully or not; and

(IX) veterans who were successfully contacted, unsuccessfully contacted, or never contacted by the Department through the

Solid Start program under section 6320 of title 38, United States Code.

(C) STRATEGY AND RECOMMENDATIONS.—

(i) INITIAL REPORT.—The initial report under paragraph (1) shall include a strategy and recommendations developed by the Secretary of Veterans Affairs, in collaboration with the Director of the Centers for Disease Control and Prevention, for—

(I) improving data collection at the State and local levels to accurately capture suicide deaths of veterans;

(II) improving the timeliness, efficacy, and standardization of data reporting on suicide deaths of veterans at the Federal level, including by the Centers for Disease Control and Prevention and the Department of Veterans Affairs;

(III) improving the timeliness of identification and analysis of suicide deaths of veterans by Federal agencies, including the Centers for Disease Control and Prevention, and the Department of Veterans Affairs; and

(IV) any other necessary process improvements for improving the timeliness, efficacy, and standardization of reporting of data relating to suicide deaths of veterans, particularly with respect to the annual report under this section.

(ii) SUBSEQUENT REPORTS.—Each report after the initial report under paragraph (1) shall include updates on actions taken to meet the strategy and recommendations developed under subparagraph (A).

(5) DEFINITIONS.—In this subsection:

(A) The term “appropriate congressional committees” means the Committees on Veterans’ Affairs of the Senate and the House of Representatives.

(B) The term “Vet Center” means a center for readjustment counseling and related mental health services for veterans under section 1712A of title 38, United States Code.

(b) INDEPENDENT ASSESSMENT OF NATIONAL VETERAN SUICIDE PREVENTION ANNUAL REPORT.—

(1) IN GENERAL.—Not later than 90 days after the date of the enactment of this Act, the Secretary of Veterans Affairs shall enter into one or more contracts with a private sector entity described in paragraph (5) to conduct an independent assessment of the National Veteran Suicide Prevention Annual Report required under subsection (a).

(2) FREQUENCY.—The private sector entity or entities carrying out the assessment required under paragraph (1) shall complete such assessment not later than 240 days after entering into the contract described in such subsection and not less frequently than every five years thereafter.

(3) ELEMENTS.—Each assessment required under paragraph (1) shall analyze the following:

(A) The methodology used by the Department to track, analyze, categorize, and report suicide deaths and suicide rates among veterans.

(B) Whether data sources used by the Department to compile data on suicide deaths and suicide rates among veterans are accurately reflecting such data.

(C) Vulnerabilities in the methodology used by the Department that could lead to inaccurate counting of suicide deaths and suicide rates among veterans.

(D) The ability of the Department to cross reference suicide deaths and suicide rates among veterans with trends in usage of programs of the Veterans Health Administration or the Veterans Benefits Administration or other programs that could serve as widespread protective factors against suicide.

(E) Improvements that could be made to ensure the National Veteran Suicide Prevention Annual Report required under subsection (a) is accurate and comprehensive and provides insights for making improve-

ments to the suicide prevention efforts of the Department.

(4) REPORT ON ASSESSMENT.—

(A) REPORT ON FINDINGS AND RECOMMENDATIONS.—Not later than 60 days after completing an assessment required by paragraph (1), the private sector entity or entities carrying out the assessment shall submit to the Secretary of Veterans Affairs and the Committees on Veterans’ Affairs of the Senate and the House of Representatives a report on the findings and recommendations of the private sector entity or entities with respect to such assessment.

(B) REPORT ON PLANNED IMPROVEMENTS.—Not later than 60 days after receiving a report under paragraph (1) with respect to an assessment required by paragraph (1), the Secretary shall submit to the Committees on Veterans’ Affairs of the Senate and the House of Representatives a report on how the Department plans to improve the National Veteran Suicide Prevention Annual Report required under subsection (a) based on such assessment.

(5) PRIVATE SECTOR ENTITY DESCRIBED.—A private sector entity described in this paragraph is a private entity that—

(A) specializes in analyzing large-scale organizational data collection and analysis efforts, especially with respect to the health care sector; and

(B) has experience and proven outcomes in optimizing the accuracy and comprehensiveness of data collection and analysis related to suicide.

(c) REPORT ON ADDITIONAL BENEFITS AND SERVICES FROM DEPARTMENT OF VETERANS AFFAIRS TO PREVENT VETERAN SUICIDE.—

(1) IN GENERAL.—Not later than three years after the date of the enactment of this Act, the Secretary of Veterans Affairs shall submit to the Committees on Veterans’ Affairs of the Senate and the House of Representatives and publish on a publicly available website of the Department of Veterans Affairs a report that analyzes which benefits and services under the laws administered by such Secretary, including such benefits and services furnished by the Veterans Benefits Administration, have the greatest impact on the prevention of suicide among veterans, including recommendations for potential expansion of services and benefits to reduce the number of veteran suicides.

(2) ASSESSMENT OF SOLID START PROGRAM.—The report required by paragraph (1) shall include an analysis of the effectiveness of the Solid Start program under section 6320 of title 38, United States Code, on prevention of suicide among veterans.

(d) TOOLKIT FOR STATE AND LOCAL CORONERS AND MEDICAL EXAMINERS ON BEST PRACTICES FOR IDENTIFYING AND REPORTING ON SUICIDE DEATHS OF VETERANS.—

(1) IN GENERAL.—The Secretary of Veterans Affairs, in collaboration with the Director of the Centers for Disease Control and Prevention, shall develop a toolkit for State and local coroners and medical examiners that contains best practices for—

(A) accurately identifying and reporting suicide deaths of veterans, including how to identify veteran status; and

(B) reporting such deaths to the Centers for Disease Control and Prevention and other applicable entities.

(2) AVAILABILITY.—Not later than two years after the date of the enactment of this Act, the Secretary shall make the toolkit developed under paragraph (1) available on a publicly available website of the Department of Veterans Affairs.

(3) OUTREACH.—The Secretary, in collaboration with the Director of the Centers for Disease Control and Prevention, shall conduct outreach to appropriate State and local

agencies to promote the availability and use of the toolkit developed under paragraph (1).

**SEC. 150. REPORT ON PHYSICAL INFRASTRUCTURE REQUIRED BY MEDICAL FACILITIES OF DEPARTMENT OF VETERANS AFFAIRS TO PROVIDE DENTAL CARE SERVICES.**

Not later than one year after the date of the enactment of this Act, the Secretary of Veterans Affairs shall submit to the Committees on Veterans’ Affairs of the Senate and the House of Representatives a report, for each medical center or other relevant health care facility of the Department of Veterans Affairs, that includes—

(1) an identification of the physical infrastructure, including new facilities, renovations, remodels, leases, or other infrastructure, such medical center or health care facility requires to provide dental care services to veterans eligible for such services under the laws administered by the Secretary; and

(2) an analysis of the physical infrastructure such medical center or health care facility would require if a greater number of veterans became eligible for such dental care services pursuant to a modification of the laws administered by the Secretary.

**SEC. 151. COMPTROLLER GENERAL REPORT ON CERTAIN ORAL HEALTH CARE PROGRAMS UNDER LAWS ADMINISTERED BY SECRETARY OF VETERANS AFFAIRS.**

(a) IN GENERAL.—Not later than one year after the date of the enactment of this Act, the Comptroller General of the United States shall submit to the Committees on Veterans’ Affairs of the Senate and the House of Representatives a report on the status of the oral health care programs of the Department of Veterans Affairs, that includes an assessment of—

(1) any issues with information technology programs, including Dental Record Manager Plus, that affect dental care staff of the Department;

(2) the implementation of the dental insurance plan of the Department under section 1712C of title 38, United States Code;

(3) the implementation and expansion of the VETSmile program of the Department;

(4) barriers preventing the Department from expanding dental care eligibility to all veterans with ischemic heart disease, including such barriers relating to physical infrastructure, workforce, and cost of such dental care;

(5) barriers preventing dental clinics of the Department, if any, from adopting teledentistry;

(6) the demographic makeup of veterans eligible for dental care paid for by the Department as of the commencement of the pilot program under section 145 of this Act, including information on—

(A) age;

(B) gender;

(C) race or ethnicity, disaggregated by—

(i) membership in an Indian Tribe; and

(ii) the major race groups used in the decennial census;

(D) employment status; and

(E) location of residence, disaggregated by rural, highly rural, and urban locations; and

(7) changes to such demographic makeup if any, that would result from an expansion of eligibility for dental care under the laws administered by the Secretary to all veterans with ischemic heart disease including changes to demographics specified in paragraph (6).

(b) THIRD PARTY ADMINISTRATOR DEFINED.—In this section, the term “Third Party Administrator” means an entity that manages a provider network and performs administrative services related to such network under section 1703 of title 38, United States Code.



**SEC. 152. REVIEW OF WORKFLOWS ASSOCIATED WITH PROCESSING REFERRALS BETWEEN FACILITIES OF THE VETERANS HEALTH ADMINISTRATION.**

(a) IN GENERAL.—The Secretary of Veterans Affairs shall conduct a review of the workflows directly associated with processing referrals of patients between facilities of the Veterans Health Administration of the Department of Veterans Affairs to identify specific delays or bottlenecks in such referrals.

(b) ELEMENTS OF REVIEW.—The review required under subsection (a) shall include a review of—

(1) the interfacility consult management guidance of the Veterans Health Administration that assists facilities described in subsection (a) in constructing a workflow for consults between such facilities; and

(2) the roles and responsibilities of the individuals involved in the consult management process in managing such consults, including the role of the referral coordination team.

(c) REPORT.—Not later than 180 days after the date of the enactment of this Act, the Secretary shall submit to Congress a report on the results of the review required under subsection (a).

**SEC. 153. PLAN FOR TIMELY SCHEDULING OF APPOINTMENTS AT MEDICAL FACILITIES OF DEPARTMENT OF VETERANS AFFAIRS.**

(a) PLAN REQUIRED.—To improve responsiveness in the provision of hospital care and medical services at medical facilities of the Department of Veterans Affairs, the Secretary of Veterans Affairs shall develop a plan to—

(1) ensure that whenever a covered veteran contacts the Department by telephone to request the scheduling of an appointment for care or services for the covered veteran at such a facility, the scheduling for the appointment occurs during that telephone call (regardless of the prospective date of the appointment being scheduled); and

(2) provide timely and, where applicable, same-day scheduling for an appointment described in paragraph (1).

(b) REPORT.—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 House of Representatives and the Senate a report on the plan under subsection (a).

(c) COVERED VETERAN DEFINED.—In this section, the term “covered veteran” means a veteran who is enrolled in the system of patient enrollment of the Department under section 1705(a) of title 38, United States Code.

**SEC. 154. AUTHORIZATION OF APPROPRIATIONS TO SUPPORT INITIATIVES FOR MOBILE MAMMOGRAPHY SERVICES FOR VETERANS.**

There is authorized to be appropriated to the Secretary of Veterans Affairs \$5,000,000 for fiscal year 2025 for the Office of Women's Health of the Department of Veterans Affairs under section 7310 of title 38, United States Code, to be used by the Secretary to expand access of women veterans to—

- (1) mobile mammography initiatives;
- (2) advanced mammography equipment; and
- (3) outreach activities to publicize those initiatives and equipment.

**TITLE II—ECONOMIC OPPORTUNITY MATTERS**

**Subtitle A—Educational Assistance**

**SEC. 201. TEMPORARY EXPANSION OF ELIGIBILITY FOR MARINE GUNNERY SERGEANT JOHN DAVID FRY SCHOLARSHIP.**

(a) IN GENERAL.—The Secretary of Veterans Affairs shall treat an individual de-

scribed in subsection (b) as a covered individual described in section 3311(b) of title 38, United States Code.

(b) COVERED INDIVIDUAL DESCRIBED.—An individual described in this subsection is an individual who is the child or spouse of a person—

(1) who dies from a service-connected disability during the 120-day period immediately following the day on which the person was discharged or released from duty as a member of the Armed Forces (without regard to whether such duty was active duty); and

(2)(A) who received an honorable discharge; or

(B) whose service in the Armed Forces is characterized by the Secretary concerned as honorable service.

(c) APPLICABILITY.—This section shall apply with respect to—

(1) deaths that occur before, on, or after the date of the enactment of this Act; and

(2) a quarter, semester, or term, as applicable, commencing—

- (A) on or after August 1, 2025; and
- (B) before October 1, 2027.

**SEC. 202. REMOVAL OF EXPIRATION ON ENTITLEMENT TO MARINE GUNNERY SERGEANT JOHN DAVID FRY SCHOLARSHIP FOR SURVIVING SPOUSES.**

Section 3311(f) of title 38, United States Code, is amended—

(1) by striking paragraph (2);

(2) by redesignating paragraphs (3) through (5) as paragraphs (2) through (4), respectively;

(3) in paragraph (2), as redesignated by paragraph (2) of this section, by striking “in paragraph (4)” and inserting “in paragraph (3)”; and

(4) in paragraph (3)(A), as redesignated by paragraph (2) of this section, by striking “under paragraph (3)” and inserting “under paragraph (2)”.

**SEC. 203. SOLE LIABILITY FOR TRANSFERRED EDUCATIONAL ASSISTANCE BY AN INDIVIDUAL WHO FAILS TO COMPLETE A SERVICE AGREEMENT.**

Subsection (i) of section 3319 of title 38, United States Code, is amended—

(1) in paragraph (1)—

(A) by striking “In the event” and inserting “Subject to paragraph (2), in the event”; and

(B) by inserting “of this title” after “section 3685”;

(2) in subparagraph (A) of paragraph (2)—

(A) in the heading, by striking “IN GENERAL” and inserting “SOLE LIABILITY”; and

(B) by striking “under paragraph (1)” and inserting “for which the individual shall be solely liable to the United States for the amount of the overpayment for purposes of section 3685 of this title”; and

(3) in subparagraph (B) of paragraph (2)—

(A) in the matter preceding clause (i), by striking “Subparagraph (A) shall not apply” and inserting “Neither the individual nor the dependent shall be liable to the United States for the amount of the overpayment for purposes of section 3685 of this title”; and

(B) in clause (ii), by inserting “of this title” after “section 3311(c)(4)”.

**SEC. 204. NOTICE TO EDUCATIONAL INSTITUTIONS OF RISK-BASED SURVEYS.**

Section 3673A(d) of title 38, United States Code, is amended by striking “one business day” and inserting “two business days”.

**SEC. 205. RELATIONSHIP OF PARTICIPATION BY AN EDUCATIONAL INSTITUTION IN CERTAIN FEDERAL STUDENT FINANCIAL AID PROGRAMS TO APPROVAL OF SUCH INSTITUTION FOR PURPOSES OF DEPARTMENT OF VETERANS AFFAIRS EDUCATIONAL ASSISTANCE PROGRAMS.**

Paragraph (4) of section 3675(b) of title 38, United States Code, is amended to read as follows:

“(4) The educational institution—

“(A) is approved and participates in a program under title IV of the Higher Education Act of 1965 (20 U.S.C. 1070 et seq.); or

“(B) does not participate in such a program and the Secretary has waived the requirement under this paragraph with respect to the educational institution, and submits to the Committee on Veterans' Affairs of the Senate and the Committee on Veterans' Affairs of the House of Representatives notice of such waiver, because the Secretary determines that the educational institution—

“(i) elects not to participate in such a program;

“(ii) cannot participate in such a program; or

“(iii) is in the process of making a good-faith effort to submit an initial application for approval to participate in such a program, except that a waiver under this clause may not be provided for a period of longer than 36 months.”.

**SEC. 206. EXPANSION OF DEPARTMENT OF VETERANS AFFAIRS OVERSIGHT OF CERTAIN EDUCATIONAL INSTITUTIONS.**

(a) ADDITIONAL REQUIREMENT FOR APPROVAL.—Section 3675(b) of title 38, United States Code, as amended by section 205, is further amended by adding at the end the following new paragraph:

“(5) The educational institution agrees to, not later than 30 days after any date on which such educational institution becomes subject to an action or event described in section 3673(e)(3) of this title, submit to the State approving agency, or the Secretary when acting in the role of a State approving agency, a notification of such action or event in such form and containing such information as the Secretary determines appropriate.”.

(b) ADDITIONAL REQUIREMENT FOR APPROVAL OF NONACCREDITED COURSES.—

(1) IN GENERAL.—Section 3676(c) of such title is amended—

(A) by redesignating paragraphs (14) through (16) as paragraphs (15) through (17), respectively; and

(B) by inserting after paragraph (13) the following new paragraph:

“(14) The institution agrees to, not later than 30 days after any date on which such institution becomes subject to an action or event described in section 3673(e)(3) of this title, submit to the State approving agency, or the Secretary when acting in the role of a State approving agency, a notification of such action or event in such form and containing such information as the Secretary determines appropriate.”.

(2) CONFORMING AMENDMENTS.—Such title is further amended—

(A) in section 3672(b)(2)(C), by striking “paragraph (14) or (15)” and inserting “paragraph (15) or (16)”;

(B) in section 3675(b)(3), by striking “(14), (15), and (16)” and inserting “(15), (16), and (17)”;

(C) in section 3679(d), by striking “described in paragraph (14) or (15)” and inserting “described in paragraph (15) or (16)”;

(D) in section 3680A(a)(4)(C)(iii), by striking “section 3676(c)(14) and (15)” and inserting “section 3676(c)(15) and (16)”.

(c) ADDITIONAL GROUNDS FOR SUSPENSION OF APPROVAL.—Section 3679(f)(1) of such title is amended by adding at the end the following new subparagraph:

“(I) Comply with the notification requirements under sections 3675(b)(5) and 3676(c)(14) of this title, when applicable.”.

(d) DEADLINE FOR RISK-BASED SURVEYS DATABASE.—The Secretary of Veterans Affairs shall establish the database required under section 3673A(c) of title 38, United States Code, by not later than 180 days after the date of the enactment of this Act.

**SEC. 207. REQUIREMENT THAT EDUCATIONAL INSTITUTIONS APPROVED FOR PURPOSES OF DEPARTMENT OF VETERANS AFFAIRS EDUCATIONAL ASSISTANCE PROGRAMS PROVIDE DIGITAL OFFICIAL TRANSCRIPTS.**

(a) REQUIREMENT.—Section 3675(b) of title 38, United States Code, as amended by sections 205 and 206, is further amended by adding at the end the following new paragraph: “(6) The educational institution makes available to each eligible person or veteran a copy of the person or veteran’s official transcript in a digital format.”.

**(b) CONFORMING AMENDMENTS.—**

(1) APPROVAL OF COURSES.—Section 3672(b)(2)(A) of such title is amended by striking “(b)(1) and (b)(2)” and inserting “paragraphs (1), (2), and (6) of section 3675(b)”.

(2) APPROVAL OF NONACCREDITED COURSES.—Section 3676(c) of such title is amended—

(A) by redesignating paragraph (17) as paragraph (18); and

(B) by inserting after paragraph (16) the following new paragraph (17):

“(17) In the case of a course that leads to a standard college degree, the educational institution satisfies the requirements of section 3675(b)(6) of this title.”.

(3) CONFORMING AMENDMENTS.—Section 3675(b)(3) of such title is amended by striking “(15), (16), and (17)” and inserting “(15), (16), and (18)”.

(c) EFFECTIVE DATE.—The amendments made by this section shall take effect on August 1, 2025, and apply with respect to a quarter, semester, or term, as applicable, commencing on or after such date.

**SEC. 208. PAYMENT OF FULL MONTHLY HOUSING STIPEND FOR VETERANS ENROLLED IN FINAL SEMESTER USING EDUCATIONAL ASSISTANCE UNDER POST-9/11 EDUCATIONAL ASSISTANCE PROGRAM.**

(a) HOUSING ALLOWANCE.—Section 3680(a)(3) of title 38, United States Code, is amended—

(1) by redesignating subparagraphs (A) and (B) as clauses (i) and (ii), respectively (and by redesignating each subordinate provision and the margins thereof accordingly);

(2) by striking “Notwithstanding paragraph (1)” and inserting “(A) Notwithstanding paragraph (1)”;

(3) by striking “, including a monthly housing stipend described in section 3313(c) of this title.”; and

(4) by adding at the end the following new subparagraph (B):

“(B) For purposes of providing a monthly housing stipend described in section 3313(c) to an eligible veteran or eligible person for whom the Secretary is providing educational assistance under chapter 33 of this title during a period that is the last semester, term, or academic period pursuant to subparagraph (A), the Secretary shall treat the veteran or person as pursuing a program of education on a full-time basis.”.

(b) APPLICATION.—The amendments made by subsection (a) shall take effect on the date of the enactment of this Act and apply with respect to a quarter, semester, or term, as applicable, commencing on or after January 1, 2025.

**SEC. 209. MODIFICATION OF RULES FOR APPROVAL OF COMMERCIAL DRIVER EDUCATION PROGRAMS FOR PURPOSES OF EDUCATIONAL ASSISTANCE PROGRAMS OF THE DEPARTMENT OF VETERANS AFFAIRS.**

(a) IN GENERAL.—Section 3680A(e) of title 38, United States Code, is amended—

(1) by redesignating paragraphs (1) through (3) as subparagraphs (A) through (C), respectively;

(2) in the matter before subparagraph (A), as redesignated by paragraph (1), by inserting “(1)” before “The Secretary”;

(3) in paragraph (1)(B), as redesignated by paragraph (1), by inserting “except as provided in paragraph (2),” before “the course”; and

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

“(2)(A) Subject to this paragraph, a commercial driver education program is exempt from paragraph (1)(B) for a branch of an educational institution if the commercial driver education program offered at the branch by the educational institution—

“(i) is appropriately licensed; and

“(ii)(I) the branch is located in a State in which the same commercial driver education program is offered by the same educational institution at another branch of that educational institution in the same State that is approved for purposes of this chapter by a State approving agency or the Secretary when acting in the role of a State approving agency; or

“(II)(aa) the branch is located in a State in which the same commercial driver education program is not offered at another branch of the same educational institution in the same State; and

“(bb) the branch has been operating for a period of at least one year using the same curriculum as a commercial driver education program offered by the educational institution at another location that is approved for purposes of this chapter by a State approving agency or the Secretary when acting in the role of a State approving agency.

“(B)(i) In order for a commercial driver education program of an educational institution offered at a branch described in paragraph (1)(B) to be exempt under subparagraph (A) of this paragraph, the educational institution shall submit to the Secretary each year that paragraph (1)(B) would otherwise apply a report that demonstrates that the curriculum at the new branch is the same as the curriculum at the primary location.

“(ii) Reporting under clause (i) shall be submitted in accordance with such requirements as the Secretary shall establish in consultation with the State approving agencies.

“(C)(i) The Secretary may withhold an exemption under subparagraph (A) for any educational institution or branch of an educational institution as the Secretary considers appropriate.

“(ii) In making any determination under clause (i), the Secretary may consult with the Secretary of Transportation on the performance of a provider of a commercial driver program, including the status of the provider within the Training Provider Registry of the Federal Motor Carrier Safety Administration when appropriate.

“(D) The Secretary shall submit to the Committees on Veterans’ Affairs of the Senate and House of Representatives a notification not later than 30 days after the Secretary grants an exemption under this paragraph. Such notification shall identify the educational institution and branch of such educational institution granted such exemption.”.

**(b) IMPLEMENTATION.—**

(1) ESTABLISHMENT OF REQUIREMENTS.—Not later than 180 days after the date of the enactment of this Act, the Secretary of Veterans Affairs shall establish requirements under section 3680A(e)(2)(B)(ii) of such title, as added by subsection (a).

(2) RULEMAKING.—In promulgating any rules to carry out paragraph (2) of section 3680A(e) of title 38, United States Code, as added by subsection (a), the Secretary of Veterans Affairs shall consult with State approving agencies.

(3) APPLICABILITY.—The amendments made by subsection (a) shall apply to commercial

driver education programs on and after the day that is 365 days after the date on which the Secretary establishes the requirements under paragraph (1) of this subsection.

(c) COMPTROLLER GENERAL OF THE UNITED STATES STUDY.—Not later than 365 days after the date of the enactment of this Act, the Comptroller General of the United States shall—

(1) conduct a study to—

(A) ascertain the effects of the amendments made by subsection (a); and

(B) the feasibility and advisability of similarly amending the rules for approval of programs of education for other vocational programs of education; and

(2) submit to the Committees on Veterans’ Affairs of the Senate and House of Representatives a report on the findings of the Comptroller General with respect to such study.

**SEC. 210. PROVISION OF CERTIFICATES OF ELIGIBILITY AND AWARD LETTERS USING ELECTRONIC MEANS.**

(a) IN GENERAL.—Chapter 36 of title 38, United States Code, is amended by inserting after section 3698 the following new section (and conforming the table of sections at the beginning of such chapter accordingly):

**“§3698A. Provision of certificates of eligibility and award letters using electronic means**

“(a) REQUIREMENT.—Except as provided by subsection (b), the Secretary shall provide to an individual the following documents using electronic means:

“(1) A certificate of eligibility for the entitlement of the individual to covered educational assistance.

“(2) An award letter regarding the authorization of the individual to receive covered educational assistance.

“(b) ELECTION TO OPT OUT.—An individual may elect to receive the documents specified in subsection (a) by mail rather than through electronic means under subsection (a). An individual may revoke such an election at any time, by means prescribed by the Secretary.

“(c) COVERED EDUCATIONAL ASSISTANCE.—In this section, the term ‘covered educational assistance’ means educational assistance under chapter 30, 33, or 35 of this title, or section 3699C of this title.”.

(b) CLERICAL AMENDMENT.—The table of sections at the beginning of such chapter is amended by inserting after the item relating to section 3698 the following new item:

“3698A. Provision of certificates of eligibility and award letters using electronic means.”.

**SEC. 211. RETROACTIVE EFFECTIVE DATE OF LAW REGARDING CHARGE TO ENTITLEMENT TO EDUCATIONAL ASSISTANCE FOR INDIVIDUALS WHO DO NOT TRANSFER CREDITS FROM CERTAIN CLOSED OR DISAPPROVED PROGRAMS OF EDUCATION.**

Section 3699(c)(2) of title 38, United States Code, is amended by striking subparagraph (C) and inserting the following new subparagraph (C):

“(C) This paragraph, including clauses (ii) and (iii) of subparagraph (A), shall apply with respect to the closure or discontinuation of a course or program of education, as described in subsection (b)(1), that occurs during the period beginning on August 1, 2021, and ending on September 30, 2025.”.

**SEC. 212. DEPARTMENT OF VETERANS AFFAIRS HIGH TECHNOLOGY PROGRAM.**

**(a) HIGH TECHNOLOGY PROGRAM.—**

(1) IN GENERAL.—Chapter 36 of title 38, United States Code, as amended by section 210, is amended by adding at the end the following new section:

**“§3699C. High technology program**

“(a) ESTABLISHMENT.—(1) The Secretary shall carry out a program under which the

Secretary provides covered individuals with the opportunity to enroll in high technology programs of education that the Secretary determines provide training or skills sought by employers in a relevant field or industry.

“(2) Not more than 4,000 covered individuals may participate in the program under this section in any fiscal year.

“(b) AMOUNT OF ASSISTANCE.—(1) The Secretary shall provide, to each covered individual who pursues a high technology program of education under this section, educational assistance in amounts equal to the amounts provided under section 3313(c)(1) of this title, including, except as provided in paragraph (3), with respect to the housing stipend described in that section and in accordance with the treatment of programs that are distance learning and programs that are less than half-time.

“(2) Under paragraph (1), the Secretary shall provide such amounts of educational assistance to a covered individual for each of the following:

“(A) A high technology program of education.

“(B) A second such program if—

“(i) the second such program begins at least 18 months after the covered individual graduates from the first such program; and

“(ii) the covered individual uses educational assistance under chapter 33 of this title to pursue the second such program.

“(3) No covered individual may receive a housing stipend under this subsection for any month if such individual is in receipt of a housing stipend under chapter 33 of this title for that month.

“(c) CONTRACTS.—(1) For purposes of carrying out subsection (a), the Secretary shall seek to enter into contracts with any number of qualified providers of high technology programs of education for the provision of such programs to covered individuals. Each such contract shall provide for the conditions under which the Secretary may terminate the contract with the provider and the procedures for providing for the graduation of students who were enrolled in a program provided by such provider in the case of such a termination.

“(2) A contract under this subsection shall provide that the Secretary shall pay to a provider—

“(A) upon the enrollment of a covered individual in the program, 25 percent of the cost of the tuition and other fees for the program of education for the individual;

“(B) upon graduation of the individual from the program, 25 percent of such cost; and

“(C) 50 percent of such cost upon—

“(i) the successful employment of the covered individual for a period—

“(I) of 180 days in the field of study of the program; and

“(II) that begins not later than 180 days following graduation of the covered individual from the program;

“(ii) the employment of the individual by the provider for a period of one year; or

“(iii) the enrollment of the individual in a program of education to continue education in such field of study.

“(3) For purposes of this section, a provider of a high technology program of education is qualified if—

“(A) the provider employs instructors whom the Secretary determines are experts in their respective fields in accordance with paragraph (5);

“(B) the provider has successfully provided the high technology program for at least one year;

“(C) the provider does not charge tuition and fees to a covered individual who receives assistance under this section to pursue such program that are higher than the tuition and

fees charged by such provider to another individual; and

“(D) the provider meets the approval criteria developed by the Secretary under paragraph (4).

“(4)(A) The Secretary shall prescribe criteria for approving providers of a high technology program of education under this section.

“(B) In developing such criteria, the Secretary may consult with State approving agencies.

“(C) Such criteria are not required to meet the requirements of section 3672 of this title.

“(D) Such criteria shall include the job placement rate, in the field of study of a program of education, of covered individuals who complete such program of education.

“(5) The Secretary shall determine whether instructors are experts under paragraph (3)(A) based on evidence furnished to the Secretary by the provider regarding the ability of the instructors to—

“(A) identify professions in need of new employees to hire, tailor the programs to meet market needs, and identify the employers likely to hire graduates;

“(B) effectively teach the skills offered to covered individuals;

“(C) provide relevant industry experience in the fields of programs offered to incoming covered individuals; and

“(D) demonstrate relevant industry experience in such fields of programs.

“(6) In entering into contracts under this subsection, the Secretary shall give preference to a provider of a high technology program of education—

“(A) from which at least 70 percent of graduates find full-time employment in the field of study of the program during the 180-day period beginning on the date the student graduates from the program; or

“(B) that offers tuition reimbursement for any student who graduates from such a program and does not find employment described in subparagraph (A).

“(d) EFFECT ON OTHER ENTITLEMENT.—(1) If a covered individual enrolled in a high technology program of education under this section has remaining entitlement to educational assistance under chapter 30, 32, 33, 34, or 35 of this title, such entitlement shall be charged at the rate of one month of such entitlement for each month of educational assistance provided under this section.

“(2) If a covered individual enrolled in a high technology program of education under this section does not have remaining entitlement to educational assistance under chapter 30, 32, 33, 34, or 35 of this title, any educational assistance provided to such individual under this section shall be provided in addition to the entitlement that the individual has used.

“(3) The Secretary may not consider enrollment in a high technology program of education under this section to be assistance under a provision of law referred to in section 3695 of this title.

“(4)(A) An application for enrollment in a high technology program of education under this section shall include notice of the requirements relating to use of entitlement under paragraphs (1) and (2), including—

“(i) in the case of the enrollment of an individual referred to under paragraph (1), the amount of entitlement that is typically charged for such enrollment;

“(ii) an identification of any methods that may be available for minimizing the amount of entitlement required for such enrollment; and

“(iii) an element requiring applicants to acknowledge receipt of the notice under this subparagraph.

“(B) If the Secretary approves the enrollment of a covered individual in a high tech-

nology program of education under this section, the Secretary shall deliver electronically to the individual an award letter that provides notice of such approval and includes specific information describing how paragraphs (1) and (2) will be applied to the individual if the individual chooses to enroll in the program.

“(e) REQUIREMENTS FOR EDUCATIONAL INSTITUTIONS.—(1) The Secretary shall not approve the enrollment of any covered individual, not already enrolled, in any high technology programs of education under this section for any period during which the Secretary finds that more than 85 percent of the students enrolled in the program are having all or part of their tuition, fees, or other charges paid to or for them by the educational institution or by the Department of Veterans Affairs under this title or under chapter 1606 or 1607 of title 10, except with respect to tuition, fees, or other charges that are paid under a payment plan at an educational institution that the Secretary determines has a history of offering payment plans that are completed not later than 180 days after the end of the applicable term, quarter, or semester.

“(2) The Secretary may waive a requirement of paragraph (1) if the Secretary determines, pursuant to regulations which the Secretary shall prescribe, such waiver to be in the interest of the covered individual and the Federal Government. Not later than 30 days after the Secretary waives such a requirement, the Secretary shall submit to the Committees on Veterans' Affairs of the Senate and House of Representatives a report regarding such waiver.

“(3)(A)(i) The Secretary shall establish and maintain a process by which an educational institution may request a review of a determination that the educational institution does not meet the requirements of paragraph (1).

“(ii) The Secretary may consult with a State approving agency regarding such process or such a review.

“(iii) Not later than 180 days after the Secretary establishes or revises a process under this subparagraph, the Secretary shall submit to the Committees on Veterans' Affairs of the Senate and House of Representatives a report regarding such process.

“(B) An educational institution that requests a review under subparagraph (A)—

“(i) shall request the review not later than 30 days after the start of the term, quarter, or semester for which the determination described in subparagraph (A) applies; and

“(ii) may include any information that the educational institution believes the Department should have taken into account when making the determination, including with respect to any mitigating circumstances.

“(f) ANNUAL REPORTS.—Not later than one year after the date of the enactment of this section, and annually thereafter until the termination date specified in subsection (i), the Secretary shall submit to the Committees on Veterans' Affairs of the Senate and House of Representatives a report on the operation of program under this section during the year covered by the report. Each such report shall include each of the following:

“(1) The number of covered individuals enrolled in the program, disaggregated by type of educational institution, during the year covered by the report.

“(2) The number of covered individuals who completed a high technology program of education under the program during the year covered by the report.

“(3) The average employment rate of covered individuals who completed such a program of education during such year, as of 180 days after the date of completion.

“(4) The average length of time between the completion of such a program of education and employment.

“(5) The total number of covered individuals who completed a program of education under the program and who, as of the date of the submission of the report, are employed in a position related to technology.

“(6) The average salary of a covered individual who completed a program of education under the program and who is employed in a position related to technology, in various geographic areas determined by the Secretary.

“(7) The average salary of all individuals employed in positions related to technology in the geographic areas determined under subparagraph (F), and the difference, if any, between such average salary and the average salary of a covered individual who completed a program of education under the program and who is employed in a position related to technology.

“(8) The number of covered individuals who completed a program of education under the program and who subsequently enrolled in a second program of education under the program.

“(g) COLLECTION OF INFORMATION; CONSULTATION.—(1) The Secretary shall develop practices to use to collect information about covered individuals and providers of high technology programs of education.

“(2) For the purpose of carrying out program under this section, the Secretary may consult with providers of high technology programs of education and may establish an advisory group made up of representatives of such providers, private employers in the technology field, and other relevant groups or entities, as the Secretary determines necessary.

“(h) DEFINITIONS.—In this section:

“(1) The term ‘covered individual’ means any of the following:

“(A) A veteran whom the Secretary determines—

“(i) served an aggregate of at least 36 months on active duty in the Armed Forces (including service on active duty in entry level and skill training) and was discharged or released therefrom under conditions other than dishonorable; and

“(ii) has not attained the age of 62.

“(B) A member of the Armed Forces that the Secretary determines will become a veteran described in subparagraph (A) fewer than 180 days after the date of such determination.

“(2) The term ‘high technology program of education’ means a program of education—

“(A) offered by a public or private educational institution;

“(B) if offered by an institution of higher learning, that is provided directly by such institution rather than by an entity other than such institution under a contract or other agreement;

“(C) that does not lead to a degree;

“(D) that has a term of not less than six and not more than 28 weeks; and

“(E) that provides instruction in computer programming, computer software, media application, data processing, or information sciences.

“(i) TERMINATION.—The Secretary may not provide educational assistance under this section for a high technology program of education that begins after September 30, 2027.”

(2) CLERICAL AMENDMENT.—The table of sections at the beginning of such chapter is amended by inserting after the item relating to section 3699B the following new item:

“3699C. High technology program.”

(b) EFFECT ON HIGH TECHNOLOGY PILOT PROGRAM.—Section 116 of the Harry W.

Colmery Veterans Educational Assistance Act of 2017 (Public Law 115-48; 38 U.S.C. 3001 note) is amended—

(1) by amending subsection (d) to read as follows:

“(d) HOUSING STIPEND.—

“(1) IN GENERAL.—Except as provided under paragraph (2), the Secretary shall pay to each eligible veteran (not including an individual described in the second sentence of subsection (b)) who is enrolled in a high technology program of education under the pilot program on a full-time or part-time basis a monthly housing stipend equal to the product—

“(A) of—

“(i) in the case of a veteran pursuing resident training, the monthly amount of the basic allowance for housing payable under section 403 of title 37, United States Code, for a member with dependents in pay grade E-5 residing in the military housing area that encompasses all or the majority portion of the ZIP code area in which is located the campus of the institution where the individual physically participates in a majority of classes; or

“(ii) in the case of a veteran pursuing a program of education through distance learning, a monthly amount equal to 50 percent of the national average of the monthly amount of the basic allowance for housing payable under section 403 of title 37, United States Code, for a member with dependents in pay grade E-5, multiplied by

“(B) the lesser of—

“(i) 1.0; or

“(ii) the number of course hours borne by the individual in pursuit of the program of education involved, divided by the minimum number of course hours required for full-time pursuit of such program of education, rounded to the nearest multiple of 10.

“(2) BAR TO DUAL ELIGIBILITY.—No covered individual may receive a housing stipend under this subsection for any month if such individual is in receipt of a housing stipend under chapter 33 of title 38, United States Code, for that month.”

(2) in subsection (g), by striking paragraph (6); and

(3) by striking subsection (h) and inserting the following new subsection (h):

“(h) TERMINATION.—The Secretary may not, under this section, pay a provider for a high technology program of education that begins after September 30, 2024.”

(c) APPROVAL OF CERTAIN HIGH TECHNOLOGY PROGRAMS.—Section 3680A of title 38, United States Code, is amended—

(1) in subsection (a), by striking paragraph (4) and inserting the following:

“(4) Any independent study program except—

“(A) an independent study program (including such a program taken over open circuit television) that—

“(i) is accredited by an accrediting agency or association recognized by the Secretary of Education under subpart 2 of part H of title IV of the Higher Education Act of 1965 (20 U.S.C. 1099b);

“(ii) leads to—

“(I) a standard college degree;

“(II) a certificate that reflects educational attainment offered by an institution of higher learning; or

“(III) a certificate that reflects graduation from a course of study offered by—

“(aa) an area career and technical education school (as defined in subparagraphs (C) and (D) of section 3(3) of the Carl D. Perkins Career and Technical Education Act of 2006 (20 U.S.C. 2302(3))) that provides education at the postsecondary level; or

“(bb) a postsecondary vocational institution (as defined in section 102(c) of the Higher Education Act of 1965 (20 U.S.C. 1002(c)))

that provides education at the postsecondary level; and

“(iii) in the case of a program described in clause (ii)(III)—

“(I) provides training aligned with the requirements of employers in the State or local area where the program is located, which may include in-demand industry sectors or occupations;

“(II) provides a student, upon graduation from the program, with a recognized postsecondary credential that is recognized by employers in the relevant industry, which may include a credential recognized by industry or sector partnerships in the State or local area where the industry is located; and

“(III) meets such content and instructional standards as may be required to comply with the criteria under section 3676(c)(14) and (15) of this title; or

“(B) an online high technology program of education (as defined in subsection (h)(2) of section 3699C of this title)—

“(i) the provider of which has entered into a contract with the Secretary under subsection (c) of such section;

“(ii) that has been provided to covered individuals (as defined in subsection (h)(1) of such section) under such contract for a period of at least five years;

“(iii) regarding which the Secretary has determined that the average employment rate of covered individuals who graduated from such program of education is 65 percent or higher for the year preceding such determination; and

“(iv) that satisfies the requirements of subsection (e) of such section.”; and

(2) in subsection (d), by adding at the end the following:

“(8) Paragraph (1) shall not apply to the enrollment of a veteran in an online high technology program described in subsection (a)(4)(B).”

**SEC. 213. NOTICE OF CHANGES TO DEPARTMENT OF VETERANS AFFAIRS POLICIES AND GUIDANCE AFFECTING THE EDUCATIONAL ASSISTANCE PROGRAMS OF THE DEPARTMENT.**

(a) IN GENERAL.—Subchapter III of chapter 36 of title 38, United States Code, as amended by sections 210 and 212, is further amended by adding at the end the following new section:

**“§ 3699D. Notice of changes to policies and guidance relating to educational assistance programs**

“In the case of any change to any policy or guidance provided by the Secretary that relates to any educational assistance program of the Department, the Secretary may not implement the change before the date that is 90 days after the date on which the Secretary makes available to students, educational institutions, and the Committees on Veterans’ Affairs of the Senate and House of Representatives notice of, and justification for, the change.”

(b) CLERICAL AMENDMENT.—The table of sections at the beginning of such chapter is amended by inserting after the item relating to section 3699B the following new item:

“3699D. Notice of changes to policies and guidance relating to educational assistance programs.”

**SEC. 214. PAYMENT OF VA EDUCATIONAL ASSISTANCE VIA ELECTRONIC FUND TRANSFER TO A FOREIGN INSTITUTION OF HIGHER EDUCATION.**

Not later than 90 days after the date of the enactment of this Act, the Secretary of Veterans Affairs shall update the payment system of the Department of Veterans Affairs to allow for electronic fund transfer of educational assistance, administered by the Secretary, to a foreign institution of higher education that—

(1) provides an approved course of education to an eligible recipient of such assistance; and

(2) does not have—

- (A) an employer identification number; or
- (B) an account with a domestic bank.

**SEC. 215. IMPROVING TRANSPARENCY AND ACCOUNTABILITY OF EDUCATIONAL INSTITUTIONS FOR PURPOSES OF VETERANS EDUCATIONAL ASSISTANCE.**

(a) REQUIREMENT RELATING TO G.I. BILL COMPARISON TOOL.—

(1) REQUIREMENT TO MAINTAIN TOOL.—The Secretary of Veterans Affairs shall maintain the G.I. Bill Comparison Tool that was established pursuant to Executive Order 13607 (77 Fed. Reg. 25861; relating to establishing principles of excellence for educational institutions serving service members, veterans, spouses, and other family members) and in effect on the day before the date of enactment of this Act, or a successor tool, to provide relevant and timely information about programs of education approved under chapter 36 of title 38, United States Code, and the educational institutions that offer such programs.

(2) DATA RETENTION.—The Secretary shall ensure that historical data that is reported via the tool maintained under paragraph (1) remains easily and prominently accessible on the benefits.va.gov website, or a successor website, for a period of not less than six years from the date of initial publication.

(b) PROVIDING TIMELY AND RELEVANT EDUCATION INFORMATION TO VETERANS, MEMBERS OF THE ARMED FORCES, AND OTHER INDIVIDUALS.—

(1) IN GENERAL.—Not later than one year after the date of the enactment of this Act, the Secretary of Veterans Affairs, in consultation with the Secretary of Education, the Secretary of the Treasury, and the heads of other relevant Federal agencies, shall make such changes to the tool maintained under subsection (a) as the Secretary of Veterans Affairs determines appropriate to ensure that such tool is an effective and efficient method for providing information pursuant to section 3698(b)(5) of title 38, United States Code.

(2) MEMORANDUM OF UNDERSTANDING REQUIRED.—Not later than two years after the date of the enactment of this Act, the Secretary of Veterans Affairs shall seek to enter into a memorandum of understanding with the Secretary of Education and the heads of other relevant Federal agencies, as the Secretary of Veterans Affairs determines appropriate, to obtain information on outcomes with respect to individuals who are entitled to educational assistance under the laws administered by the Secretary of Veterans Affairs and who are attending educational institutions. Such memorandum of understanding may include data sharing or computer matching agreements.

(3) MODIFICATION OF SCOPE OF COMPREHENSIVE POLICY ON PROVIDING EDUCATION INFORMATION.—Section 3698 of title 38, United States Code, is amended—

(A) in subsection (a), by striking “veterans and members of the Armed Forces” and inserting “individuals entitled to educational assistance under laws administered by the Secretary of Veterans Affairs”; and

(B) in subsection (b)(5)—

(i) by striking “veterans and members of the Armed Forces” and inserting “individuals described in subsection (a)”; and

(ii) by striking “the veteran or member” and inserting “the individual”.

(4) G.I. BILL COMPARISON TOOL REQUIRED DISCLOSURES.—Paragraph (1) of subsection (c) of such section is amended—

(A) by striking subparagraph (B) and inserting the following:

“(B) for each individual described in subsection (a) seeking information provided under subsection (b)(5), the name of each Federal student aid program, and a description of each such program, from which the individual may receive educational assistance; and”;

(B) in subparagraph (C)—

(i) in clause (i), by inserting “and a definition of each type of institution” before the semicolon;

(ii) in clause (iv), by inserting “and if so, which programs” before the semicolon;

(iii) by striking clause (v) and inserting the following:

“(v) the average annual cost and the total cost to earn an associate’s degree and a bachelor’s degree, with available cost information on any other degree or credential the institution awards;”;

(iv) in clause (vi), by inserting before the semicolon the following: “disaggregated by—

“(I) the type of beneficiary of educational assistance;

“(II) individuals who received a credential and individuals who did not; and

“(III) individuals using educational assistance under laws administered by the Secretary and individuals who are not;”;

(v) in clause (xiv), by striking “and” at the end;

(vi) in clause (xv), by striking the period at the end and inserting a semicolon; and

(vii) by adding at the end the following new clauses:

“(xvi) the number of veterans or members who completed covered education at the institution leading to—

“(I) a degree, disaggregated by type of program, including—

“(aa) an associate degree;

“(bb) a bachelor’s degree; and

“(cc) a postbaccalaureate degree; and

“(II) a certificate or professional license, disaggregated by type of certificate or professional license;

“(xvii) programs available and the average time for completion of each program;

“(xviii) employment rate and median income of graduates of the institution in general two and five years after graduation, disaggregated by—

“(I) specific program; and

“(II) individuals using educational assistance under laws administered by the Secretary and individuals who are not; and

“(xix) the number of individuals using educational assistance under laws administered by the Secretary who are enrolled in the both the institution and specific program per year.”.

(5) CLARITY AND ANONYMITY OF INFORMATION PROVIDED.—Paragraph (2) of such subsection is amended—

(A) by inserting “(A)” before “To the extent”; and

(B) by adding at the end the following new subparagraph:

“(B) The Secretary shall ensure that information provided pursuant to subsection (b)(5) is provided in a manner that is easy for, and accessible to, individuals described in subsection (a).

“(C) In providing information pursuant to subsection (b)(5), the Secretary shall maintain the anonymity of individuals described in subsection (a) and, to the extent that a portion of any data would undermine such anonymity, ensure that such data is not made available pursuant to such subsection.”.

(c) IMPROVEMENTS FOR STUDENT FEEDBACK.—

(1) IN GENERAL.—Subsection (b)(2) of such section is amended—

(A) by amending subparagraph (A) to read as follows:

“(A) provides institutions of higher learning—

“(i) up to 30 days to review and respond to feedback from individuals described in subsection (a) and address issues regarding the feedback before the feedback is published; and

“(ii) if an institution of higher learning contests the accuracy of the feedback, the opportunity to challenge the inclusion of such data with an official appointed by the Secretary;”;

(B) in subparagraph (B), by striking “and” at the end;

(C) in subparagraph (C), by striking “that conforms with criteria for relevancy that the Secretary shall determine.” and inserting “, and responses from institutions of higher learning to such feedback, that conform with criteria for relevancy that the Secretary shall determine;”;

(D) by adding at the end the following new subparagraphs:

“(D) for each institution of higher learning that is approved under this chapter, retains, maintains, and publishes all of such feedback for not less than six years; and

“(E) is easily accessible to individuals described in subsection (a) and to the general public.”.

(2) ACCESSIBILITY FROM G.I. BILL COMPARISON TOOL.—The Secretary shall ensure that—

(A) the feedback tracked and published under subsection (b)(2) of such section, as amended by paragraph (1), is prominently displayed in the tool maintained under subsection (a) of this section; and

(B) when such tool displays information for an institution of higher learning, the applicable feedback is also displayed for such institution of higher learning.

(d) TRAINING FOR PROVISION OF EDUCATION COUNSELING SERVICES.—

(1) IN GENERAL.—Not later than one year after the date of the enactment of this Act, the Secretary shall ensure that personnel employed by the Department of Veteran Affairs, or a contractor of the Department, to provide education benefits counseling, vocational or transition assistance, or similar functions, including employees or contractors of the Department who provide such counseling or assistance as part of the Transition Assistance Program, are trained on how—

(A) to use properly the tool maintained under subsection (a); and

(B) to provide appropriate educational counseling services to individuals described in section 3698(a) of such title, as amended by subsection (b)(3)(A).

(2) TRANSITION ASSISTANCE PROGRAM DEFINED.—In this subsection, the term “Transition Assistance Program” means the program of counseling, information, and services under section 1142 of title 10, United States Code.

**Subtitle B—Employment and Training**

**SEC. 221. IMPROVEMENTS TO REEMPLOYMENT RIGHTS OF MEMBERS OF THE ARMED FORCES.**

(a) USERRA PURPOSES.—Section 4301(a)(1) of title 38, United States Code, is amended by striking “encourage noncareer service in the uniformed services” and inserting “encourage service in the uniformed services”.

(b) PROHIBITION OF RETALIATION.—Subsection (b) of section 4311 of title 38, United States Code, is amended by inserting “or other retaliatory action” after “employment action”.

(c) EXPANSION OF INJUNCTIVE RELIEF.—Subsection (e) of section 4323 of such title is amended—

(1) by striking “The court shall use” and inserting “(1) The court shall use”; and

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

“(2) A person bringing an action to enforce a provision of this chapter pursuant to subsection (a) shall be entitled to an injunction under paragraph (1) if such person demonstrates—

“(A) a violation—

“(i) of the provisions of this chapter; or

“(ii) of the provisions of this chapter is threatened or is imminent;

“(B) the harm to the person outweighs the injury to the employer;

“(C) a likelihood of success on the merits of such action; and

“(D) awarding such relief is in the public interest.

“(3) The court may not deny a motion for injunctive relief on the basis that a party bringing an action to enforce a provision of this chapter may be awarded wages unearned due to an unlawful termination or denial of employment at the conclusion of such action.”.

(d) DAMAGES AGAINST A STATE OR PRIVATE EMPLOYER.—Section 4323 of such title is further amended, in paragraph (1) of subsection (d), by striking subparagraph (C) and inserting the following new subparagraphs:

“(C) The court may require the employer to pay the person the amount referred to in subparagraph (B) and interest on such amount, calculated at a rate of 3 percent per year.

“(D) The court may require the employer to pay the person the greater of \$50,000 or the amount equal to the amounts referred to in subparagraphs (B) and (C) as liquidated damages, if the court determines that the employer knowingly failed to comply with the provisions of this chapter.”.

(e) MANDATORY ATTORNEY FEES AWARD IN SUCCESSFUL ACTIONS FOR REEMPLOYMENT.—

(1) MSPB ACTIONS.—Paragraph (4) of subsection (c) of section 4324 of such title is amended—

(A) by striking “may, in its discretion,” and inserting “shall”; and

(B) by adding at the end the following new sentence: “The Board may, in its discretion, award reasonable attorney fees in a case settled before the issuance of an order if the person can demonstrate that significant attorney fees were incurred and that justice requires such an award.”.

(2) FEDERAL CIRCUIT ACTIONS.—Subsection (d) of such section is amended by adding at the end the following new paragraph:

“(3) In such Federal Circuit proceeding, the court shall award such person reasonable attorney fees, expert witness fees, and other litigation expenses if such person—

“(A) prevails in such Federal Circuit proceeding; and

“(B) is not represented by the Special Counsel in such Federal Circuit proceeding.”.

(3) ACTIONS AGAINST A STATE OR PRIVATE EMPLOYER.—Paragraph (2) of section 4323(h) of such title is amended—

(A) by striking “subsection (a)(2)” and inserting “subsection (a)(3)”; and

(B) by striking “the court may award any such person who prevails in such action or proceeding reasonable attorney fees” and inserting “the court shall award any such person who prevails in such action or proceeding reasonable attorney fees”.

(f) GAO REVIEW AND REPORT ON USERRA.—

(1) REVIEW.—The Comptroller General of the United States shall review the methods through which the Secretary of Labor, acting through the Veterans’ Employment and Training Service, processes actions for relief under chapter 43 of title 38, United States Code.

(2) ELEMENTS.—Not later than one year after the date of the enactment of this Act, the Comptroller General shall submit to the Committees on Veterans’ Affairs of the

House of Representatives and the Senate a report that includes—

(A) the findings of the review required under paragraph (1);

(B) an identification of the number of actions for relief under chapter 43 of title 38, United States Code, initiated during the period covered by the report, disaggregated by size of employer and geographic region;

(C) an identification of the number of such actions for relief that were erroneously dismissed, as determined by the Comptroller General;

(D) an identification of the number of such actions for relief that were referred to the Department of Justice; and

(E) an assessment of trends, if any, in such actions for relief initiated during such period.

(g) GAO REVIEW OF PROTECTIONS FOR MEMBERS OF THE UNIFORMED SERVICES BY FEDERAL INTELLIGENCE AGENCIES.—

(1) IN GENERAL.—Not later than one year after the date of the enactment of this Act, the Comptroller General of the United States shall submit to the appropriate congressional committees a report on the processes and procedures adopted and used by the intelligence community to provide the protections for members of the uniformed services otherwise established under chapter 43 of title 38, United States Code.

(2) DEFINITIONS.—In this subsection:

(A) The term “appropriate congressional committees” means the Committees on Veterans’ Affairs of the House of Representatives and Senate, the Permanent Select Committee on Intelligence of the House of Representatives, and the Select Committee on Intelligence of the Senate.

(B) The term “intelligence community” has the meaning given such term in section 3(4) of the National Security Act of 1947 (50 U.S.C. 3003(4)).

**SEC. 222. REVIEW OF INVESTIGATIONS MANUAL OF VETERANS’ EMPLOYMENT AND TRAINING SERVICE.**

(a) IN GENERAL.—Not later than one year after the date of the enactment of this Act, and once every two years thereafter for the period of five years beginning on such date, the Secretary of Labor, shall review the manual of the Department of Labor titled “Veterans’ Employment and Training Service Investigations Manual: USERRA, VEOA, and VP” (or a successor manual) and make such revisions to such manual as the Secretary determines appropriate.

(b) REPORT.—Not later than 90 days after any date on which the Secretary completes a review required under subsection (a), the Secretary shall submit to the Committees on Veterans’ Affairs of the House of Representatives and the Senate—

(1) a report that includes a description of any revision to such manual made pursuant to such review; and

(2) a copy of the entire such manual which—

(A) shall be provided to the Chairman and Ranking Member of each such committee; and

(B) may contain a separate addendum for portions of the manual that contain law enforcement sensitive materials.

**SEC. 223. WARRIOR TRAINING ADVANCEMENT COURSE.**

(a) REPORTING ON THE WARRIOR TRAINING ADVANCEMENT COURSE.—

(1) REPORTS REQUIRED.—

(A) INITIAL REPORT.—Not later than six months after the date of the enactment of this Act, the Secretary of Veterans Affairs shall submit to the Committees on Veterans’ Affairs of the Senate and House of Representatives a report on WARTAC.

(B) ANNUAL REPORT.—One year after the submission of the report required under

paragraph subparagraph (A) and annually thereafter, the Secretary shall submit to such Committees a report that contains the elements under subparagraphs (A) and (C) of paragraph (2) with regards to the preceding year.

(2) ELEMENTS.—Except as provided in paragraph (1)(B), the reports under this subsection shall include the following elements:

(A) BEST PRACTICES.—With regards to best practices of WARTAC—

(i) how many covered members have applied to participate in WARTAC;

(ii) how many covered members have participated in WARTAC;

(iii) how the Secretary provides training to covered members during TAP;

(iv) how many covered members have completed WARTAC; and

(v) any other information the Secretary determines appropriate.

(B) COST SAVINGS.—With regards to cost savings of WARTAC—

(i) how much money the Secretary determines WARTAC saves the United States each fiscal year;

(ii) how much money the Secretary determines WARTAC has saved the United States since its establishment; and

(iii) the determination of the Secretary whether other Federal agencies may save money by establishing a program similar to WARTAC.

(C) HIRING.—With regards to hiring covered members who complete WARTAC—

(i) how the Secretary identifies positions in the Department of Veterans Affairs for which such covered members may qualify;

(ii) the grades of such positions on the General Schedule under section 5332 of title 5, United States Code; and

(iii) how many such covered members the Secretary has hired to such positions.

(3) DISTRIBUTION.—Not later than 30 days after submitting the report under paragraph (1)(A), the Secretary of Veterans Affairs shall transmit a copy of the report under this section to the head of each Federal agency.

(4) DEFINITIONS.—In this subsection:

(A) The term “covered member” means members of the Armed Forces participating in TAP.

(B) The term “TAP” means the Transition Assistance Program under sections 1142 and 1144 of title 10, United States Code.

(C) The term “WARTAC” means the Warrior Training Advancement Course of the Veterans Benefit Administration, in which the Secretary provides training to covered members so such covered members may qualify for certain employment in the Veterans Benefit Administration.

(b) PILOT PROGRAM TO EMPLOY VETERANS IN POSITIONS RELATING TO CONSERVATION AND RESOURCE MANAGEMENT ACTIVITIES.—

(1) BEST PRACTICES FOR OTHER DEPARTMENTS.—The Assistant Secretary of Labor for Veterans’ Employment and Training, in consultation with the Secretary of Veterans Affairs, shall establish guidelines containing best practices for departments and agencies of the Federal Government that carry out programs to employ veterans who are transitioning from service in the Armed Forces. Such guidelines shall include the findings of the initial report required under subsection (a)(1).

(2) PILOT PROGRAM.—

(A) ESTABLISHMENT.—The Secretary of the Interior, in consultation with the Assistant Secretary of Labor for Veterans’ Employment and Training and the Secretary of Veterans Affairs, shall establish a pilot program under which veterans are employed by the Federal Government in positions that relate

to the conservation and resource management activities of the Department of the Interior.

(B) POSITIONS.—The Secretary of the Interior shall—

(i) identify vacant positions in the Department of the Interior that are appropriate to fill using the pilot program; and

(ii) to the extent practicable, fill such positions using the pilot program.

(C) APPLICATION OF CIVIL SERVICE LAWS.—A veteran employed under the pilot program shall be treated as an employee as defined by section 2105 of title 5, United States Code.

(D) BRIEFINGS AND REPORT.—

(i) INITIAL BRIEFING.—Not later than 60 days after the date of the submission of the report required under subsection (a)(1)(A), the Secretary of the Interior and the Assistant Secretary of Labor for Veterans' Employment and Training shall jointly provide to the appropriate congressional committees a briefing on the pilot program under this subsection, which shall include a description of how the pilot program will be carried out in a manner to reduce the unemployment of veterans and any recommendations for legislative actions to improve the pilot program.

(ii) IMPLEMENTATION BRIEFING.—Not later than one year after the date on which the pilot program under this paragraph commences, the Secretary of the Interior and the Assistant Secretary of Labor for Veterans' Employment and Training shall jointly provide to the appropriate congressional committees a briefing on the implementation of the pilot program.

(iii) FINAL REPORT.—Not later than 30 days after the date on which the pilot program under this paragraph is completed, the Secretary of the Interior and the Assistant Secretary of Labor for Veterans' Employment and Training shall jointly submit to the appropriate congressional committees a report on the pilot program that includes the following:

(I) The number of veterans who applied to participate in the pilot program.

(II) The number of such veterans employed under the pilot program.

(III) The number of veterans identified in subclause (II) who transitioned to full-time positions with the Federal Government after participating in the pilot program.

(IV) Any other information the Secretary and the Assistant Secretary determine appropriate with respect to measuring the effectiveness of the pilot program.

(E) DURATION.—The authority to carry out the pilot program under this paragraph shall terminate on the date that is two years after the date on which the pilot program commences.

(3) OUTDOOR RECREATION PROGRAM ATTENDANCE.—The Secretary of each of the military department is encouraged to allow members of the Armed Forces serving on active duty to participate in programs related to environmental stewardship or guided outdoor recreation.

(4) APPROPRIATE CONGRESSIONAL COMMITTEES DEFINED.—In this subsection, the term "appropriate congressional committees" means—

(A) the Committee on Veterans' Affairs and the Committee on Natural Resources of the House of Representatives; and

(B) the Committee on Veterans' Affairs and the Committee on Energy and Natural Resources of the Senate.

#### Subtitle C—Home Loans

### SEC. 231. IMPROVEMENTS TO PROGRAM FOR DIRECT HOUSING LOANS MADE TO NATIVE AMERICAN VETERANS BY THE SECRETARY OF VETERANS AFFAIRS.

(a) GENERAL AUTHORITIES AND REQUIREMENTS.—

(1) DIRECT HOUSING LOANS TO NATIVE AMERICAN VETERANS.—Section 3762(a) of title 38, United States Code, is amended to read as follows:

“(a) The Secretary may make a direct housing loan to a Native American veteran under this subchapter if the Secretary ensures the following:

“(1) That each Native American veteran to whom the Secretary makes a direct housing loan under this subchapter—

“(A) holds, possesses, or purchases using the proceeds of the loan a meaningful interest in a lot or dwelling (or both) that is located on trust land; and

“(B) will purchase, construct, or improve (as the case may be) a dwelling on the lot using the proceeds of the loan.

“(2) That each such Native American veteran will convey to the Secretary by an appropriate instrument the interest referred to in paragraph (1)(A) as security for a direct housing loan under this subchapter.

“(3) That the Secretary, including the Secretary's employees or agents, may enter upon the trust land for the purposes of carrying out such actions as the Secretary determines are necessary, including—

“(A) to evaluate the advisability of the loan;

“(B) to monitor any purchase, construction, or improvements carried out using the proceeds of the loan; and

“(C) to manage any servicing or post-foreclosure activities, including acquisition, property inspections, and property management.

“(4) That there are established standards and procedures that apply to the foreclosure of the interest conveyed by a Native American veteran pursuant to paragraph (2), including—

“(A) procedures for foreclosing the interest; and

“(B) procedures for the resale of the lot or dwelling (or both) purchased, constructed, or improved using the proceeds of the loan.

“(5) That the loan is made in a responsible and prudent manner, subject to standards and procedures as are necessary for the reasonable protection of the financial interests of the United States.”.

(2) MEMORANDUMS OF UNDERSTANDING, AGREEMENTS, AND DETERMINATIONS.—Section 3762(b) of such title is amended to read as follows:

“(b)(1) To carry out the purpose of subsection (a), the Secretary may—

“(A) enter into a memorandum of understanding with a tribal organization, other entity, or individual;

“(B) rely on agreements or determinations of other Federal agencies to guarantee, insure, or make loans on trust land; and

“(C) enter into other agreements or take such other actions as the Secretary determines necessary.

“(2) If the Secretary determines that the requirements under subsection (a) are not being enforced by a tribal organization, other entity, or individual that is a party to any memorandum of understanding, agreement, or determination described in paragraph (1), the Secretary may cease making new direct housing loans to Native American veterans under this subchapter within the area of the authority of the tribal organization, other entity, or individual (as the case may be).”.

(b) DIRECT LOANS TO NATIVE AMERICAN VETERANS TO REFINANCE EXISTING MORTGAGE LOANS.—Section 3762(h) of such title is amended to read as follows:

“(h) The Secretary may make direct loans to Native American veterans in order to enable such veterans to refinance existing mortgage loans for any of the following purposes:

“(1) To refinance an existing loan made under this section, if the loan—

“(A) meets the requirements set forth in subparagraphs (B), (C), and (E) of paragraph (1) of section 3710(e) of this title;

“(B) will bear an interest rate at least one percentage point less than the interest rate borne by the loan being refinanced; and

“(C) complies with paragraphs (2) and (3) of section 3710(e) of this title, except that for the purposes of this subsection the reference to subsection (a)(8) of section 3710 of this title in such paragraphs (2) and (3) shall be deemed to be a reference to this subsection.

“(2) To refinance an existing mortgage loan not made under this section on a dwelling owned and occupied by the veteran as the veteran's home, if all of the following requirements are met:

“(A) The loan will be secured by the same dwelling as was the loan being refinanced.

“(B) The loan will provide the veteran with a net tangible benefit.

“(C) The nature and condition of the property is such as to be suitable for dwelling purposes.

“(D) The amount of the loan does not exceed either of the following:

“(i) 100 percent of the reasonable value of the dwelling, with such reasonable value determined under the procedures established by the Secretary under subsection (d)(2).

“(ii) An amount equal to the sum of the balance of the loan being refinanced and such closing costs (including any discount points) as may be authorized by the Secretary to be included in the loan.

“(E) Notwithstanding subparagraph (D), if a loan is made for both the purpose of this paragraph and to make energy efficiency improvements, the loan must not exceed either of the following:

“(i) 100 percent of the reasonable value of the dwelling as improved for energy efficiency, with such reasonable value determined under the procedures established by the Secretary under subsection (d)(2).

“(ii) The amount referred to under subparagraph (D)(ii), plus the applicable amount specified under section 3710(d)(2) of this title.

“(F) The loan meets all other requirements the Secretary may establish under this subchapter.

“(G) The existing mortgage being refinanced is a first lien on the property and secured of record.

“(3) To refinance an existing mortgage loan to repair, alter, or improve a dwelling owned by the veteran and occupied by the veteran as the veteran's home, if all of the following requirements are met:

“(A) The loan will be secured by the same dwelling as was the loan being refinanced.

“(B) The nature and condition of the property is such as to be suitable for dwelling purposes, and the repair, alteration, or improvement substantially protects or improves the basic livability or utility of such property.

“(C) The amount of the loan, including the costs of repairs, alterations, and improvements, does not exceed either of the following:

“(i) 100 percent of the reasonable value of the dwelling as repaired, altered, or improved, with such reasonable value determined under the procedures established by the Secretary under subsection (d)(2).

“(ii) An amount equal to the sum of—

“(I) the balance of the loan being refinanced;

“(II) the actual cost of repairs, alterations, or improvements; and

“(III) such closing costs (including any discount points) as may be authorized by the Secretary to be included in the loan.

“(D) The loan meets all other requirements the Secretary may establish under this subchapter.

“(E) The existing mortgage loan being refinanced is a first lien on the property and secured of record.”

(c) EXPANSION OF OUTREACH PROGRAM ON AVAILABILITY OF DIRECT HOUSING LOANS FOR NATIVE AMERICAN VETERANS.—Section 3762(i)(2) of such title is amended by adding at the end the following new subparagraph:

“(G) Pursuant to subsection (g)(4), assisting Native American veterans in qualifying for mortgage financing by—

“(i) partnering with local service providers, such as tribal organizations, tribally designated housing entities, Native community development financial institutions, and nonprofit organizations, for conducting outreach, homebuyer education, housing counseling, and post-purchase education; and

“(ii) providing other technical assistance as needed.

“(H) Attending conferences and conventions conducted by the network of Native community development financial institutions and other Native American homeownership organizations to provide information and training to Native community development financial institutions about the availability of the relending program under section 3762A of this title.”

(d) ADEQUATE PERSONNEL.—Section 3762 of such title is amended by adding at the end the following new subsection:

“(k) The Secretary shall assign a sufficient number of personnel of the Department dedicated to carrying out the authority of the Secretary under this subchapter, including construction and valuation specialists to assist with issues unique to new construction and renovations on trust land.”

(e) DEFINITIONS.—Section 3765 of such title is amended—

(1) in paragraph (1)—

(A) by amending subparagraph (C) to read as follows:

“(C) is located in the State of Alaska within a region established under section 7(a) of the Alaska Native Claims Settlement Act (43 U.S.C. 1606(a));”

(B) in subparagraph (D), by striking the period at the end and inserting a semicolon; and

(C) by adding at the end the following new subparagraphs:

“(E) is defined by the Secretary of the Interior and recognized by the United States as land over which an Indian Tribe has governmental dominion; or

“(F) is on any land that the Secretary determines is provided to Native American veterans because of their status as Native Americans.”; and

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

“(6) The term ‘community development financial institution’ has the meaning given that term in section 103 of the Community Development Banking and Financial Institutions Act of 1994 (12 U.S.C. 4702).

“(7) The term ‘Indian Tribe’ means any Indian tribe, band, nation, or other organized group or community, including any Alaska Native village or regional or village corporation as defined in or established pursuant to the Alaska Native Claims Settlement Act (43 U.S.C. 1601 et seq.), which is recognized as eligible for the special programs and services provided by the United States to Indians because of their status as Indians.

“(8) The term ‘Native community development financial institution’ means any entity—

“(A) that has been certified as a community development financial institution by the Secretary of the Treasury;

“(B) that is not less than 51 percent owned or controlled by Native Americans; and

“(C) for which not less than 51 percent of the activities of the entity serve Native Americans.

“(9) The term ‘net tangible benefit’ shall have such meaning as the Secretary determines appropriate, but shall include the refinancing of an interim construction loan.

“(10) The term ‘other technical assistance’ means services to assist a Native American veteran to navigate the steps necessary for securing a mortgage loan on trust land, including pre-development activities related to utilities, identifying appropriate residential construction services, and obtaining lease clearances and title status reports from the applicable tribal organization or the Bureau of Indian Affairs.

“(11) The term ‘tribally designated housing entity’ has the meaning given that term in section 4 of the Native American Housing Assistance and Self-Determination Act of 1996 (25 U.S.C. 4103).”

(f) INTEREST RATE REDUCTION FINANCING LOAN.—Section 3729(b)(4)(F) of such title is amended by striking ‘3762(h)’ and inserting ‘3762(h)(1)’.

(g) REGULATIONS.—Section 3761 of such title is amended by adding at the end the following new subsection:

“(c) The Secretary shall prescribe such regulations as may be necessary to carry out this subchapter.”

**SEC. 232. NATIVE COMMUNITY DEVELOPMENT FINANCIAL INSTITUTION RELENDING PROGRAM.**

(a) IN GENERAL.—Subchapter V of chapter 37 of title 38, United States Code, is amended by inserting after section 3762 the following new section:

**“§ 3762A. Native community development financial institution relending program**

“(a) PURPOSE.—The Secretary may make a loan to a Native community development financial institution for the purpose of allowing the institution to relend loan amounts to qualified Native American veterans, subject to the requirements of this section.

“(b) STANDARDS.—(1) The Secretary shall establish standards to be used in evaluating whether to make a loan to a Native community development financial institution under this section.

“(2) In establishing standards under paragraph (1), the Secretary shall ensure that a Native community development financial institution—

“(A) is able to originate and service loans for single-family homes;

“(B) is able to operate the relending program in a manner consistent with the mission of the Department to serve veterans; and

“(C) uses loan amounts received under this section only for the purpose of relending, as described in subsection (c), to Native American veterans.

“(c) RELENDING REQUIREMENTS.—(1) A Native community development financial institution that receives a loan under this section shall use the loan amounts to make loans to Native American veterans residing on trust land.

“(2) A loan to a Native American veteran made by a Native community development financial institution under paragraph (1) shall—

“(A) be limited either to the purpose of purchase, construction, or improvement of a dwelling located on trust land or to the refinancing of an existing mortgage loan for a dwelling on trust land, consistent with the requirements of section 3762(h) of this title; and

“(B) comply with such terms and conditions as the Secretary determines are nec-

essary to protect against predatory lending, including the interest rate charged on a loan to a Native American veteran.

“(d) REPAYMENT.—A loan made to a Native community development financial institution under this section shall—

“(1) be payable to the Secretary upon such terms and conditions as are prescribed in regulations pursuant to this subchapter; and

“(2) bear interest at a rate of one percent.

“(e) OVERSIGHT.—Subject to notice and opportunity for a hearing, whenever the Secretary finds with respect to loans made under subsection (a) or (c) that any Native community development financial institution has failed to maintain adequate loan accounting records, to demonstrate proper ability to service loans adequately, or to exercise proper credit judgment, or that such Native community development financial institution has willfully or negligently engaged in practices otherwise detrimental to the interest of veterans or of the Government, the Secretary may take such actions as the Secretary determines necessary to protect veterans or the Government, such as requiring immediate repayment of any loans made under subsection (a) and the assignment to the Secretary of loans made under subsection (c).

“(f) SUNSET.—The Secretary may not make a loan under this section after September 30, 2027.”

(b) CLERICAL AMENDMENT.—The table of sections at the beginning of chapter 37 of such title is amended by inserting after the item relating to section 3762 the following new item:

“3762A. Native community development financial institution relending program.”

(c) NATIVE AMERICAN VETERAN HOUSING LOAN PROGRAM ACCOUNT.—Section 3763 of such title is amended by adding at the end the following new subsection:

“(c) Of amounts available in the Account, the Secretary may use for loans made under section 3762A of this title—

“(1) in fiscal year 2025, not more than \$5,000,000; and

“(2) in any fiscal year after fiscal year 2025, an amount determined necessary by the Secretary to meet the demand for such loans.”

**TITLE III—DISABILITY AND MEMORIAL AFFAIRS MATTERS**

**SEC. 301. BURIAL ALLOWANCE FOR CERTAIN VETERANS WHO DIE AT HOME WHILE IN RECEIPT OF HOSPICE CARE FURNISHED BY DEPARTMENT OF VETERANS AFFAIRS.**

(a) IN GENERAL.—The Secretary of Veterans Affairs shall treat a veteran described in subsection (b) as a veteran described in subparagraph (A) of section 2303(a)(2) of title 38, United States Code.

(b) VETERAN DESCRIBED.—A veteran described in this subsection is a veteran who dies in a home or other setting at which the deceased veteran was, at the time of death, receiving hospice care pursuant to section 1717(a) of such title if such care was directly preceded by the Secretary furnishing to the veteran hospital care or nursing home care described in clause (ii) of such subparagraph.

(c) EFFECTIVE DATE; APPLICABILITY.—This section shall apply with respect to deaths that occur—

(1) on or after the date that is 180 days after the date of the enactment of this Act; and

(2) before October 1, 2026.

**SEC. 302. AUTHORITY FOR SECRETARY OF VETERANS AFFAIRS TO AWARD GRANTS TO STATES AND INDIAN TRIBES TO IMPROVE OUTREACH TO VETERANS.**

(a) IN GENERAL.—Chapter 63 of title 38, United States Code, is amended—



(1) by redesignating sections 6307 and 6308 as sections 6308 and 6309, respectively; and

(2) by inserting after section 6306 the following new section 6307:

**“§ 6307. Grants to States and Indian Tribes to improve outreach to veterans**

“(a) **PURPOSE.**—It is the purpose of this section to provide for assistance by the Secretary to States and Indian Tribes to carry out programs that improve covered outreach and assistance to veterans and the spouses, children, and parents of veterans, to ensure that such individuals are fully informed about, and assisted in applying for, any veterans and veterans-related benefits and programs (including veterans programs of a State or Indian Tribe) for which they may be eligible and facilitate opportunities for such individuals to receive competent, qualified services in the preparation, presentation and prosecution of veterans benefits claims.

“(b) **AUTHORITY.**—The Secretary may award grants to States and Indian Tribes—

“(1) to carry out, coordinate, improve, or otherwise enhance—

“(A) covered outreach activities; or

“(B) activities to assist in the development and submittal of claims for veterans and veterans-related benefits; or

“(2) to increase the number of county or Tribal veterans service officers serving in the State by hiring new, additional such officers.

“(c) **APPLICATION.**—(1) To be eligible for a grant under this section, a State or Indian Tribe shall submit to the Secretary an application therefor at such time, in such manner, and containing such information as the Secretary may require.

“(2) Each application submitted under paragraph (1) shall include the following:

“(A) A detailed plan for the use of the grant.

“(B) A description of the programs through which the State or Indian Tribe will meet the outcome measures developed by the Secretary under subsection (j).

“(C) A description of how the State or Indian Tribe will distribute grant amounts equitably among counties or Tribal lands with varying levels of urbanization.

“(D) A plan for how the grant will be used to meet the unique needs of American Indian veterans, Alaska Native veterans, or Native Hawaiian veterans, elderly veterans, and veterans from other underserved communities.

“(d) **DISTRIBUTION.**—The Secretary shall seek to ensure that grants awarded under this section are equitably distributed among States and Indian Tribes with varying levels of urbanization.

“(e) **SET-ASIDE.**—Of the amounts authorized to be appropriated or otherwise made available for grants under this section for any fiscal year, the Secretary shall ensure that not less than five percent is used to make grants to Indian Tribes.

“(f) **PRIORITY.**—The Secretary shall prioritize awarding grants under this section that will serve the following areas:

“(1) Areas with a critical shortage of county or Tribal veterans service officers.

“(2) Areas with high rates of—

“(A) suicide among veterans; or

“(B) referrals to the Veterans Crisis Line.

“(g) **USE OF COUNTY OR TRIBAL VETERANS SERVICE OFFICERS.**—A State or Indian Tribe that receives a grant under this section to carry out an activity described in subsection (b)(1) shall carry out the activity through—

“(1) a county or Tribal veterans service officer of the State; or

“(2) if the State or Indian Tribe does not have a county or Tribal veterans service officer, or if the county or Tribal veterans service officers of the State or Indian Tribe cover only a portion of that State or Indian Tribe,

an appropriate entity of a State, local, or Tribal government, as determined by the Secretary.

“(h) **REQUIRED ACTIVITIES.**—Any grant awarded under this section shall be used—

“(1) to expand existing programs, activities, and services;

“(2) to hire new, additional county or Tribal veterans service officers; or

“(3) for travel and transportation to facilitate carrying out paragraph (1) or (2).

“(i) **AUTHORIZED ACTIVITIES.**—A grant under this section may be used to provide education and training, including on-the-job training, for State, county, local, and Tribal government employees who provide (or when trained will provide) covered outreach services in order for those employees to obtain accreditation in accordance with procedures approved by the Secretary.

“(j) **OUTCOME MEASURES.**—(1) The Secretary shall develop and provide to each State or Indian Tribe that receives a grant under this section written guidance on the following:

“(A) Outcome measures.

“(B) Policies of the Department.

“(2) In developing outcome measures under paragraph (1), the Secretary shall consider the following goals:

“(A) Increasing the use of veterans and veterans-related benefits, particularly among vulnerable populations.

“(B) Increasing the number of county and Tribal veterans service officers recognized by the Secretary for the representation of veterans under chapter 59 of this title.

“(k) **TRACKING REQUIREMENTS.**—(1) With respect to each grant awarded under this section, the Secretary shall track the use of veterans and veterans-related benefits among the population served by the grant, including the average period of time between the date on which a veteran applies for such a benefit and the date on which the veteran receives the benefit, disaggregated by type of benefit.

“(2) Not less frequently than annually during the life of the grant program established under this section, the Secretary shall submit to Congress a report on—

“(A) the information tracked under paragraph (1);

“(B) how the grants awarded under this section serve the unique needs of American Indian veterans, Alaska Native veterans, or Native Hawaiian veterans, elderly veterans, and veterans from other underserved communities; and

“(C) other information provided by States and Indian Tribes pursuant to the grant reporting requirements.

“(l) **PERFORMANCE REVIEW.**—The Secretary shall—

“(1) review the performance of each State or Indian Tribe that receives a grant under this section; and

“(2) make information regarding such performance publicly available.

“(m) **REMEDIATION PLAN.**—(1) In the case of a State or Indian Tribe that receives a grant under this section and does not meet the outcome measures developed by the Secretary under subsection (j), the Secretary shall require the State or Indian Tribe to submit a remediation plan under which the State shall describe how and when it plans to meet such outcome measures.

“(2) The Secretary may not award a subsequent grant under this section to a State or Indian Tribe described in paragraph (1) unless the Secretary approves the remediation plan submitted by the State or Indian Tribe.

“(n) **DEFINITIONS.**—In this section:

“(1) The term ‘county or Tribal veterans service officer’ includes a local equivalent veterans service officer.

“(2) The term ‘covered outreach’ means outreach with respect to—

“(A) benefits administered by the Under Secretary for Benefits; or

“(B) similar benefits administered by a State or Indian Tribe.

“(3) The term ‘Indian Tribe’ has the meaning given such term in section 4 of the Indian Self-Determination and Education Assistance Act (25 U.S.C. 5304).

“(4) The term ‘State’ includes the District of Columbia, the Commonwealth of Puerto Rico, the Commonwealth of the Northern Mariana Islands, and any territory or possession of the United States.

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

(b) **CLERICAL AMENDMENT.**—The table of sections at the beginning of chapter 63 of such title is amended by striking the items relating to sections 6307 and 6308 and inserting the following new items:

“6307. Grants to States and Indian Tribes to improve outreach to veterans

“6308. Outreach for eligible dependents

“6309. Biennial report to Congress”.

(c) **AUTHORIZATION OF APPROPRIATIONS.**—There is authorized to be appropriated to the Secretary of Veterans Affairs for each of fiscal years 2026 and 2027, \$10,000,000 to carry out section 6307 of title 28, United States Code, as added by subsection (a).

**SEC. 303. DEFINITION OF SURVIVING SPOUSE.**

Paragraph (3) of section 101 of title 38, United States Code, is amended to read as follows:

“(3) The term ‘surviving spouse’ means (except for purposes of chapter 19 of this title) a person who was the spouse of a veteran at the time of the veteran’s death, and who lived with the veteran continuously from the date of marriage to the date of the veteran’s death (except where there was a separation which was due to the misconduct of, or procured by, the veteran without the fault of the spouse) and who has not remarried.”.

**SEC. 304. ENSURING ONLY LICENSED HEALTH CARE PROFESSIONALS PERFORM MEDICAL DISABILITY EXAMINATIONS UNDER CERTAIN DEPARTMENT OF VETERANS AFFAIRS PILOT PROGRAM.**

(a) **PROHIBITION ON USE OF CERTAIN HEALTH CARE PROFESSIONALS.**—Section 504(c)(1) of the Veterans’ Benefits Improvements Act of 1996 (Public Law 104-275; 38 U.S.C. 5101 note) is amended by inserting “only” before “a health care professional”.

(b) **REMEDIES.**—The Secretary of Veterans Affairs shall take such actions as the Secretary considers appropriate to ensure compliance with section 504(c) of the Veterans’ Benefits Improvements Act of 1996 (Public Law 104-275; 38 U.S.C. 5101 note), as amended by subsection (a).

(c) **ANNUAL REPORT.**—Not later than one year after the date of the enactment of this Act and not less frequently than once each year thereafter, the Secretary shall submit to the Committee on Veterans’ Affairs of the Senate and the Committee on Veterans’ Affairs of the House of Representatives a report on—

(1) the conduct of the pilot program established under section 504 of the Veterans’ Benefits Improvements Act of 1996 (Public Law 104-275; 38 U.S.C. 5101 note); and

(2) the actions of the Secretary under subsection (b).

(d) **TECHNICAL CORRECTIONS.**—Section 504 of the Veterans’ Benefits Improvements Act of 1996 (Public Law 104-275; 38 U.S.C. 5101 note) is amended, in the section heading, by striking “PHYSICIANS” and inserting “HEALTH CARE PROFESSIONALS”.

**SEC. 305. PROVISION OF INFORMATION REGARDING AN AGENT OR ATTORNEY TO A LICENSED HEALTH CARE PROFESSIONAL WHO PERFORMS A MEDICAL DISABILITY EXAMINATION UNDER CERTAIN DEPARTMENT OF VETERANS AFFAIRS PILOT PROGRAM.**

(a) IN GENERAL.—Section 504 of the Veterans' Benefits Improvements Act of 1996 (Public Law 104-275; 38 U.S.C. 5101 note), as amended by section 304, is further amended by adding at the end the following new subsection:

“(f) CERTAIN INFORMATION PROVIDED TO HEALTH CARE PROFESSIONAL.—The Secretary shall provide to a health care professional who performs an examination under subsection (a), or a contractor performing a contract under such subsection, the contact information of any agent or attorney recognized by the Secretary under chapter 59 of title 38, United States Code, with regards to a claim for benefits that gives rise to such examination.”

(b) APPLICABILITY.—The amendment made by this section shall apply to an examination described in subsection (a) of such section that is performed on or after the date of the enactment of this Act.

**SEC. 306. MODERNIZATION OF DEPARTMENT OF VETERANS AFFAIRS DISABILITY BENEFIT QUESTIONNAIRES.**

(a) REQUIREMENT FOR TRANSMISSION OF CERTAIN INFORMATION IN MACHINE-READABLE FORMAT.—

(1) REQUIREMENT.—Not later than 180 days after enactment of this Act, the Secretary of Veterans Affairs shall require all disability benefit questionnaire data collected in the course of medical disability examinations made by covered non-Department providers to be transmitted to the Department in a machine-readable format.

(2) ISSUANCE OF STANDARDS.—Not later than 90 days after the date of the enactment of this Act, the Secretary shall issue standards for the transmission of disability benefit questionnaire data in a machine-readable format as required under paragraph (1).

(3) UPDATES.—In making updates to disability benefit questionnaires after the date specified in paragraph (1), the Secretary shall—

(A) ensure that the updates are made in a manner that allows for the data collected under the questionnaires to be in a machine-readable format as of the date on which the update goes into effect; and

(B) not later than 30 days before an update goes into effect, notify the covered non-Department providers (or the contractor performing a contract under section 504 of the Veterans Benefits Improvement Act of 1996 (Public Law 104-275; 38 U.S.C. 5101 note)) described in such paragraph of such updates.

(b) PLAN FOR INFORMATION TECHNOLOGY SYSTEM MODIFICATION.—Not later than 180 days 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 modify the information technology systems and processes of the Department to enable a non-Department health care professional, assigned to or selected by a claimant, to transmit to the Department, in a machine-readable format, disability benefit questionnaire data, including complete disability benefit questionnaires rather than partial questionnaires or elements of medical evidence.

(c) PUBLIC AVAILABILITY OF INFORMATION.—The Secretary shall make publicly available on the internet website of the Department referred to in section 5101(d) of title 38, United States Code—

(1) a description of the standards issued under subsection (a)(2); and

(2) the plan required under subsection (b).

(d) DEFINITIONS.—In this section:

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

(2) The term “covered non-Department provider” means a health care provider who—

(A) is not an employee of the Department of Veterans Affairs; and

(B) pursuant to a contract under section 504 of the Veterans Benefits Improvement Act of 1996 (Public Law 104-275; 38 U.S.C. 5101 note), as amended by sections 304 and 305, examines a claimant for a medical disability.

**SEC. 307. DEPARTMENT OF VETERANS AFFAIRS AUTOMATIC PROCESSING OF CERTAIN CLAIMS FOR TEMPORARY DISABILITY RATINGS.**

(a) IN GENERAL.—Not later than one year after the date of the enactment of this Act, the Secretary of Veterans Affairs shall modify the information technology systems of the Department of Veterans Affairs to use automation technology for claims for temporary disability ratings for veterans described in section 1156(a)(1)(C) of title 38, United States Code.

(b) ADDITIONAL REQUIREMENTS.—In providing for the automatic processing of claims as required under subsection (a), the Secretary shall ensure that—

(1) medical evidence is obtained from the corporate data warehouse of the Department or other sources of data, the Secretary determines appropriate;

(2) employees of the Department continue to determine whether a veteran is entitled to a temporary disability rating under section 1156(a)(1)(C) of title 38, United States Code; and

(3) claims may be processed manually if the evidence of record is not sufficient to decide the claim or if the medical evidence is provided in a format that is not compatible with the system developed under subsection (a).

**TITLE IV—HOMELESSNESS MATTERS**

**SEC. 401. SHORT TITLE.**

This title may be cited as the “Housing our Military Veterans Effectively Act of 2024” or the “HOME Act of 2024”.

**SEC. 402. PER DIEM PAYMENTS PROVIDED BY THE SECRETARY OF VETERANS AFFAIRS FOR SERVICES FURNISHED TO HOMELESS VETERANS.**

(a) IN GENERAL.—Section 2012 of title 38, United States Code, is amended—

(1) in subsection (a)—

(A) in paragraph (2)(B)—

(i) in clause (i)(II)(aa)(BB), by striking “115 percent” and inserting “115 percent (or, during the period beginning on the date of the enactment of the the Senator Elizabeth Dole 21st Century Veterans Healthcare and Benefits Improvement Act and ending on September 30, 2027, 133 percent)”; and

(ii) by adding at the end the following:

“(iii) For each of fiscal years 2025 through 2027, the Secretary may waive the maximum rate for per diem payments under clause (i)(II)(aa)(BB) or (ii) and, subject to the availability of appropriations, provide such payments at a rate that does not exceed 200 percent of the rate authorized for State homes for domiciliary care under subsection (a)(1)(A) of section 1741 of this title, as the Secretary may increase from time to time under subsection (c) of that section, if the Secretary notifies Congress of such waiver.

“(iv) The Secretary may not, pursuant to clause (iii), waive the maximum rate described in such clause for more than 50 percent of all grant recipients and eligible entities for a fiscal year.”; and

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

“(4) The Secretary may not provide more than 12,000 per diem payments under this section for a fiscal year.”; and

(2) by adding at the end the following new subsection:

“(f) REPORTS REQUIRED.—Not later than 90 days after the date of the enactment of the HOME Act of 2024, and not less frequently than twice each year thereafter, the Secretary shall submit to the Committee on Veterans' Affairs of the Senate and the Committee on Veterans' Affairs of the House of Representatives a report on the rate for per diem payments under this section that includes, for each Veterans Integrated Service Network of the Department, the following data:

“(1) The average rate for such a payment.

“(2) A list of locations where the rate for such a payment is within 10 percent of the maximum rate for such a payment authorized under this section.

“(3) The average length of stay by a veteran participating in a program described in section 2012(a) of this title.”.

(b) REGULATORY AUTHORITY.—The Secretary of Veterans Affairs may carry out the amendments made by subsection (a) through interim guidance in advance of the issuance of regulations for such purpose.

(c) STRATEGIC PLAN.—

(1) IN GENERAL.—Not later than September 30, 2025, the Secretary of Veterans Affairs shall submit to the Committee on Veterans' Affairs of the Senate and the Committee on Veterans' Affairs of the House of Representatives a strategic plan for the provision of grants and per diem payments for services furnished to homeless veterans under sections 2011 and 2012 of title 38, United States Code.

(2) ELEMENTS.—The plan required by paragraph (1) shall include the following:

(A) A method for administering grant funding equitably without using the rate authorized for State homes for domiciliary care under subsection (a)(1)(A) of section 1741 of title 38, United States Code, as the Secretary may increase from time to time under subsection (c) of that section, that takes into account—

(i) the wide variety of services furnished by grant recipients and eligible entities under sections 2011 and 2012 of title 38, United States Code;

(ii) varying costs of living across different geographic locations;

(iii) varying availability of affordable housing in different geographic locations;

(iv) circumstances of housing insecurity in rural and Tribal communities;

(v) veterans with significant medical care needs; and

(vi) the changing dynamic of the veteran population nationwide.

(B) A plan and timeline for implementation of the method included under subparagraph (A).

(C) An estimate of increased costs or savings per year under the plan.

(D) An overview of the different grants that will be available once the plan is implemented.

**SEC. 403. AUTHORIZATION FOR SECRETARY OF VETERANS AFFAIRS TO USE OF CERTAIN FUNDS FOR IMPROVED FLEXIBILITY IN ASSISTANCE TO HOMELESS VETERANS.**

(a) USE OF FUNDS.—During the period beginning on the date of the enactment of this Act and ending on the termination date specified in subsection (d), the Secretary of Veterans Affairs may provide to a covered veteran, as the Secretary determines necessary—

(1) food, shelter, clothing, blankets, and hygiene items required for the safety and survival of the veteran;

(2) transportation required to support the stability and health of the veteran for appointments with service providers, the conduct of housing and employment searches, and the obtaining of food and supplies; and

(3) tablets, smartphones, disposable phones and other technology, and related service plans required to support the stability and health of the veteran through the maintenance of contact with service providers, prospective landlords, and family members.

(b) HOMELESS VETERANS ON DEPARTMENT OF VETERANS AFFAIRS LAND.—

(1) IN GENERAL.—The Secretary may collaborate, to the extent practicable, with one or more organizations to manage the use of land of the Department of Veterans Affairs for homeless veterans for living and sleeping.

(2) FORMS OF COLLABORATION.—Collaboration under paragraph (1) may include the provision by either the Secretary or the head of the organization concerned of food services and security for property, buildings, and other facilities owned or controlled by the Department of Veterans Affairs.

(c) REPORT REQUIRED.—Not later than six months after the date of the enactment of this Act, and annually thereafter until the date specified in subsection (d), the Secretary shall submit to Congress a report that includes, with respect to the period covered by such report—

(1) a statement, disaggregated by each medical center of the Department of Veterans Affairs, of the amount of funds under this section—

(A) each such medical center requested from the Secretary; and

(B) to which the Secretary provided each such medical center;

(2) data, disaggregated by each such medical center, relating to how each such medical center used amounts provided by the Secretary under this section;

(3) the number of covered veterans to which the Secretary provided assistance under this section;

(4) the total amount of assistance the Secretary provided to covered veterans pursuant to subsection (a)(3) for communications equipment, broken down by the type of equipment provided;

(5) the total amount of assistance the Secretary provided covered veterans pursuant to subsection (a)(2) for ridesharing;

(6) the number of covered veterans who received such assistance; and

(7) a description, for each rideshare used by a covered veteran with such assistance, of the reasons such covered veteran used such rideshare.

(8) the number of covered veterans who lived or slept on Department land;

(9) the amount of funds used to make available Department land for covered veterans to live and sleep;

(10) the number of Department employees whose primary responsibilities involved providing services for covered veterans living or sleeping on Department land;

(11) the average length of time a covered veteran lived or slept on Department land, and

(12) the period of time the Secretary expects Department land will be made available for covered veterans to live and sleep.

(d) TERMINATION DATE.—The termination date specified in this subsection is September 30, 2027.

(e) DEFINITIONS.—In this section, the term “covered veteran” means—

(1) a homeless veteran, as such term is defined in section 2002 of title 38, United States Code; and

(2) a veteran participating in the program carried out under section 8(o)(19) of the United States Housing Act of 1937 (42 U.S.C. 1437f(o)(19)).

#### SEC. 404. ACCESS TO DEPARTMENT OF VETERANS AFFAIRS TELEHEALTH SERVICES.

(a) IN GENERAL.—Subtitle VII of chapter 20 of title 38, United States Code is amended by adding at the end the following new section:

##### “§ 2069. Access to telehealth services

“To the extent practicable, the Secretary shall ensure that veterans participating in or receiving services from a program under this chapter have access to telehealth services to which such veterans are eligible under the laws administered by the Secretary, including by ensuring that telehealth capabilities are available to—

“(1) such veterans;

“(2) case managers of the Department of programs for homeless veterans authorized under this chapter; and

“(3) community-based service providers for homeless veterans receiving funds from the Department through grants or contracts.”.

(b) CLERICAL AMENDMENT.—The table of sections at the beginning of chapter 20 of title 38, United States Code, is amended by adding at the end the following new item:

“2069. Access to telehealth services.”.

#### TITLE V—OVERSIGHT AND INVESTIGATIONS MATTERS

#### SEC. 501. DEPARTMENT OF VETERANS AFFAIRS EMPLOYEE TRAINING REGARDING OFFICE OF INSPECTOR GENERAL.

(a) TRAINING.—The Secretary of Veterans Affairs shall require each employee of the Department of Veterans Affairs who begins employment with the Department on or after the date of the enactment of this Act to receive training that the Inspector General of the Department shall develop on the reporting of wrongdoing to, responding to requests from, and the duty of cooperating with the Office of Inspector General of the Department.

(b) TIMING OF TRAINING.—In carrying out subsection (a), the Secretary shall require each employee of the Department covered under such subsection to undergo the training required by such subsection not later than one year after the date on which the employee begins employment with the Department.

(c) ELEMENTS.—Training developed and required under subsection (a) shall include the following:

(1) Definition of the role, responsibilities, and legal authority of the Inspector General of the Department and the duties of employees of the Department for engaging with the Office of Inspector General.

(2) Identification of Federal whistleblower protection rights, including the right to report fraud, waste, abuse, and other wrongdoing to Congress.

(3) Identification of the circumstances and mechanisms for reporting fraud, waste, abuse, and other wrongdoing to the Inspector General, including making confidential complaints to the Inspector General.

(4) Identification of the prohibitions and remedies that help to protect employees of the Department from retaliation when reporting wrongdoing to the Inspector General.

(5) Recognition of opportunities to engage with staff of the Office of Inspector General to improve programs, operations, and services of the Department.

(6) Notification of the authority of the Inspector General to subpoena the attendance and testimony of witnesses, including former employees of the Department, as necessary to carry out the duties of the Office of Inspector General under section 312 of title 38, United States Code.

(d) DESIGN AND UPDATE.—The Inspector General of the Department shall design, and update as the Inspector General considers appropriate, the training developed and required by subsection (a).

(e) SYSTEM.—The Secretary shall provide, via the talent management system of the Department, or successor system, the training developed and required under subsection (a).

(f) RELATION TO CERTAIN TRAINING.—The Secretary shall ensure that training developed and required under subsection (a) is separate and distinct from training provided under section 733 of title 38, United States Code.

(g) NOTICE TO EMPLOYEES.—The Secretary shall ensure that the Inspector General is afforded the opportunity, not less frequently than twice each year and more frequently if the Inspector General considers appropriate under extraordinary circumstances, to use the electronic mail system of the Department to notify all authorized users of such system of the following:

(1) The roles and responsibilities of the employees of the Department when engaging with the Office of Inspector General.

(2) The availability of training provided under subsection (a).

(3) How to access training provided under subsection (a).

(4) Information about how to contact the Office of Inspector General, including a link to any website-based reporting form of the Office.

#### SEC. 502. ANNUAL REVIEW OF SECURITY AT COVERED FACILITIES OF THE DEPARTMENT OF VETERANS AFFAIRS.

(a) ANNUAL SURVEY.—Not later than one year after the date of the enactment of this Act, and annually thereafter for each of the following five fiscal years, the Secretary of Veterans Affairs, in coordination with the Director of the Office of Security and Law Enforcement of the Department of Veterans Affairs, shall conduct a survey of the covered employees at each covered facility to collect information regarding security. Each annual survey shall include questions about—

(1) the type and frequency of criminal activity experienced at the covered facility during the fiscal year which most recently concluded including whether or not the criminal activity was related to residents at the facility or campus such as those in a residential rehabilitation treatment program or enhanced-use lease facility;

(2) the number of vacancies and number of days vacant for Department police officers at the covered facility at the time of the survey delineated by recruitment status and stage;

(3) the availability and adequacy of covered equipment;

(4) the availability and adequacy of resources, classes, or other time set aside for training Department police officers who work at each covered facility about any skill or tactic related to law enforcement, including the proper use of force, firearms qualifications and training, procedures for responding to an active threat, and any other training required for Department police officers;

(5) any security weakness at covered facilities;

(6) the relationship between the covered facility (including the Department police officers who work at the covered facility) and local, state, and federal law enforcement agencies including what agreements or memorandums of understanding exist between each covered facility and external law enforcement agencies;

(7) efforts by the personnel of the covered facility to address and reduce criminal activity at, or in close proximity to, the covered facility; and

(8) recommendations for the Secretary to better address and reduce criminal activity at, or in close proximity to, covered facilities so as to improve the safety of veterans, employees, visitors, other authorized personnel, and the surrounding community.

(b) REPORT.—Not later than 30 days after the end of the next full Fiscal Year after the enactment of this Act and for each of the following five fiscal years, the Secretary shall submit to each of the Committees on Veterans' Affairs of the Senate and the House of Representatives a report regarding the results of the surveys conducted under subsection (a) during the previous fiscal year. The report shall include—

(1) the results of the annual survey described under subsection (a) for the year covered by the report;

(2) an analysis, made in coordination with the Director of the Office of Security and Law Enforcement of such Department, each director and police chief of a Veterans Integrated Service Network, and the directors and police chiefs of the medical centers within the Veterans Integrated Service Network of the results of the triannual security inspections conducted in prior fiscal year, to include a plan of action that describes how the Secretary plans to address any security weakness identified in the results of the triannual security inspections and includes clearly-stated goals with measurable benchmarks for each goal and deadlines for each benchmark; and

(3) a list of all vacant positions for police chief or deputy police chief at each covered facility during the prior fiscal year, the number of individuals who filled those positions over the two years prior to the date of the survey, the number of days the positions were vacant without someone serving in an acting capacity, and the number of days the positions were filled by individuals serving in an acting capacity.

(c) DEFINITIONS.—In this section:

(1) The term “covered equipment” means any item issued by the Secretary of Veterans Affairs to a Department police officer (including firearms, weapons detecting technology, ballistic vests, body-worn cameras, and radios) for use in the provision of services under section 902 of title 38, United States Code.

(2) The term “covered employee” means an employee of the Department of Veterans Affairs who is employed and responsible for security operations at a covered facility including a covered facility's police chief, facility emergency management leader, facility director, or person carrying out the responsibilities of one of these positions in an acting capacity.

(3) The term “covered facility” means any facility of the Department of Veterans Affairs where Department police officers have jurisdiction.

(4) The term “Department police officer” is used as such term as used in section 902 of title 38, United States Code.

(5) The term “security weakness” means a deficiency in the facilities, staffing, or covered equipment at a covered facility that a covered employee of the covered facility determines presents a risk to the safety of visitors or staff, including an unsecured door, inoperable security camera, unsecured police operations room, a lack of security presence at an entrance to the covered facility, and a lack of security presence in an area of the covered facility or the grounds of the covered facility that the director of the covered facility determines requires an increased security presence.

#### SEC. 503. MODIFICATION OF CERTAIN HOUSING LOAN FEES.

The loan fee table in section 3729(b)(2) of title 38, United States Code, is amended by striking “November 29, 2031” each place it appears and inserting “June 9, 2034”.

The SPEAKER pro tempore. Pursuant to the rule, the gentleman from Illinois (Mr. BOST) and the gentleman

from California (Mr. TAKANO) each will control 20 minutes.

The Chair recognizes the gentleman from Illinois.

#### GENERAL LEAVE

Mr. BOST. Madam Speaker, I ask unanimous consent that all Members may have 5 legislative days in which to revise and extend their remarks on H.R. 8371, as amended.

The SPEAKER pro tempore. Is there objection to the request of the gentleman from Illinois?

There was no objection.

Mr. BOST. Madam Speaker, I yield myself such time as I may consume.

Madam Speaker, I rise today in strong support of H.R. 8371, as amended, offered by the gentleman from Arizona (Mr. CISCOMANI), my friend and colleague.

For nearly the entire 118th Congress, the House and Senate Committees on Veterans' Affairs have worked together to develop a bipartisan package of commonsense proposals. The Dole act is the result of that work and would enhance, reform, and modernize nearly every part of the VA.

Specifically, the Dole act would change the landscape for elderly veterans and finally give them a choice in where they choose to live out their sunset years; reform VA's homeless programs to embrace data and help lift veterans out of homelessness permanently; expand nontraditional education and employment programs, like VET TEC, to allow even more students to receive the training they need to land high-paying tech jobs; protect the MISSION Act to ensure that veterans have access to the timely healthcare they want and where they want it; cut red tape for schools to allow students using the GI Bill to use their benefits; and so much more.

Simply put, the Dole act would help deliver on the promises we have made to the veterans and their families.

Madam Speaker, some of the provisions in the Dole act would, quite literally, save veterans' lives. Since COVID, homeless prevention providers haven't been able to keep pace with rising costs and help as many veterans as they would like. The Dole act would fix that.

Veterans across the country are having their healthcare restricted by VA bureaucracy, who think they get to decide where veterans should get their healthcare. The Dole act would fix that.

The Dole act would rightfully make sure that a VA bureaucrat cannot veto a doctor's medical decisions.

Under current law, veterans' caregivers have limited options on where they can get mental health support services. The Dole act would not only fix that but would expand where they can reach these services.

Right now, only veterans who pass away at a VA facility are allowed burial or funeral allowances. The Dole act will fix that.

Madam Speaker, there are a lot of good things in this bill, and it is past

time for us to send it to the President's desk before it is too late.

I thank the over 50 veterans service organizations, advocacy organizations, and stakeholders from every corner of this country for their support of the Dole act. Their advocacy and work in collaborating with the House and the Senate Committees on Veterans' Affairs has finally brought this bill to the finish line.

I ask unanimous consent to include in the RECORD two letters of support from these organizations.

The SPEAKER pro tempore. Is there objection to the request of the gentleman from Illinois?

There was no objection.

NOVEMBER 13, 2024.

Re: Letter of Support for H.R. 8371, The Senator Elizabeth Dole 21st Century Veterans Healthcare and Benefits Improvement Act.

Hon. MIKE BOST,

*Chairman, Veterans' Affairs Committee, House of Representatives, Washington, DC.*

Hon. MARK TAKANO,

*Ranking Member, Veterans' Affairs Committee, House of Representatives, Washington, DC.*

DEAR CHAIRMAN BOST AND RANKING MEMBER TAKANO: As the country turned its attention this week to celebrating and honoring our nation's veterans, the undersigned also express our gratitude and offer strong support for H.R. 8371, The Senator Elizabeth Dole 21st Century Veterans Healthcare and Benefits Improvement Act. We represent the advocates for older adults, including those suffering from Alzheimer's and related dementia, and the leading senior living industry organizations who have made this legislation a priority for the lame duck session of Congress. The time is now to get this important bill over the finish line to deliver much needed options for long-term care to our veterans. Please place this important legislation on the Suspension calendar next week.

This legislation includes several bipartisan and bicameral proposals to reform and improve the delivery of healthcare, benefits, and services at the Department of Veterans Affairs (VA) for veterans, their families, and their survivors. In addition to the groups represented in this request, the broad support for this legislation includes 20 veteran service organizations (VSOs), major homelessness prevention organizations, education training providers, health and aging services organizations, as well as private companies, which underscores the urgency for immediate action. (See list of supporters).

Included in this bill under Subtitle B, Section 127, is the key provisions of the “Expanding Veterans' Options for Long Term Care Act,” which the undersigned organizations have endorsed and strongly supported this Congress. This particular section authorizes the VA to offer assisted living settings for aging and disabled veterans who would otherwise require more costly nursing home care. This pilot program will give veterans additional options for how and where they can get the long-term care they need as well as inform future policy decisions to meet the growing care needs of our nation's aging veterans.

The VA has acknowledged the challenges relative to the aging veteran population and the need and value of rebalancing its long-term care programs. The proposal is an economically sound and sensible approach to demonstrate the benefits of assisted living settings to the resident veteran, their families, friends, and fellow veterans. It provides the VA critical flexibility to address the

needs of a rapidly growing population of aging or disabled veterans who are not able to live at home and future costs savings will help more veterans receive the assistance they need.

Please take action to advance this legislation this year and place it on the Suspension calendar.

Thank you for your work to improve the lives of our veterans.

Sincerely,

Alzheimer's Association.  
Alzheimer's Impact Movement.  
American Seniors Housing Association.  
Argentum.  
LeadingAge.  
National Center for Assisted Living.

MAY 24, 2024.

Hon. MIKE JOHNSON,  
*Speaker, House of Representatives,*  
*Washington, DC.*

Hon. HAKEEM JEFFRIES,  
*Minority Leader, House of Representatives,*  
*Washington, DC.*

Hon. CHUCK SCHUMER,  
*Majority Leader, U.S. Senate,*  
*Washington, DC.*

Hon. MITCH MCCONNELL,  
*Minority Leader, U.S. Senate,*  
*Washington, DC.*

Since the beginning of the 118th Congress, we, the undersigned organizations, have been working with the House and Senate Committees on Veterans' Affairs on legislation to improve the health care and benefits provided to our nation's veterans, their caregivers, their families, and their survivors. Over the course of many months, our collective engagement with Members and staff through congressional hearings, committee briefings, stakeholder roundtables, and informal discussions have led to the development of bills that address several of our highest legislative priorities for those we serve.

We were pleased to see many of these bills incorporated into the recently introduced Senator Elizabeth Dole 21st Century Veterans Healthcare and Benefits Improvement Act (H.R. 8371). From improving access to mental health and long-term care for the veterans who need it, to supporting those who care for them, as well as their survivors, this bipartisan and bicameral measure would have a tremendous impact on the entire veteran community if enacted. We have been patient and collaborative as these proposals have been reviewed and adjusted to fit into a meticulously crafted legislative package. The time to act has arrived.

We recognize that this legislation is a compromise package, one that requires all sides and interested parties to engage in good faith, as we did with the House and Senate committees. We appreciated receiving regular updates from committee staff as this omnibus package progressed, and were pleased to help resolve many differences throughout the entire process leading to the introduction of this bill. We assumed committee leaders were doing the same as the negotiations moved behind closed doors. As engaged and involved stakeholders, we were deeply disappointed to learn that the bill will not advance to the House floor for a vote before Memorial Day.

While the path forward for this bill is now unclear, we continue to stand united in our belief that Congress must pass this vital legislation as quickly as possible. The Senator Elizabeth Dole 21st Century Veterans Healthcare and Benefits Improvement Act addresses some of the most urgent needs of veterans and the people who care for them; they should not have to wait any longer. On their behalf, we call on all of you to put aside politics, work together in good faith to

find a path forward through the House and the Senate, and enact this critical legislation before the Fourth of July. America's veterans, their caregivers, families and survivors deserve no less.

Sincerely,

Carl Blake, Chief Executive Officer, Paralyzed Veterans of America; Ryan M. Gallucci, Executive Director, VFW Washington Office; Steve Schwab, Chief Executive Officer, Elizabeth Dole Foundation; Jose Ramos, Vice President for Government and Community Relations, Wounded Warrior Project; Cara Rinkoff, USAWOA Executive Director.

Daniel Seehafer, National Commander, The American Legion; Edward R. Reese, Jr., Executive Director, DAV Washington Headquarters; Brian T. Kelly, Lieutenant General, U.S. Air Force (Ret), President and CEO, Military Officers Association of America (MOAA); Donald D. Overton, Jr., National Executive Director, Blinded Veterans Association; Allison Jaslow, Chief Executive Officer, Iraq and Afghanistan Veterans of America.

CAPT Jacqueline Rychnovsky, USN (Ret.), PhD, CAE, Executive Director, Commissioned Officers Association of the USPHS; Michael D. Zeiders, President, Quality of Life Foundation; Keith A. Reed, Executive Director, Air Force Sergeants Association, President and Secretary, Board of Directors, Airmen Memorial Foundation; James McCormick, Director, Government Affairs, Vietnam Veterans of America; Deborah Oelschig, TREA National President; Calaneet Balas, President & CEO, The ALS Association; Carder Ferguson, National Commander, Military Order of the Purple Heart USA.

Additional Supporting Organizations:

Christopher & Dana Reeve Foundation, Team Services Group, I AM ALS, National PACE Association, U.S. Coast Guard Chief Petty Officers Association & Enlisted Association, Military Chaplains Association, Tragedy Assistance Program for Survivors.

Mr. BOST. Madam Speaker, while I think we could and should have been able to pass this bill months ago, I am pleased to be here today. I know that some of my colleagues on the other side of the aisle took issue with some provisions in the Dole act due to a disagreement on the provision's intent.

The provision that was opposed only affected about 6 percent of the VA's current community referrals. This provision would rightfully make sure that VA bureaucracy cannot veto a doctor's medical decisions.

Veterans groups understand this, and that is why they support this bill from the start and without reservation. Thanks to the hard work of these groups of pushing Members to do the right thing, we have come to a compromise on the language before us today. I think it is obvious to everyone that our veterans and their families simply can't wait.

□ 1645

Before I reserve my time, I will thank Representative CISCOMANI and dozens of Members that have provisions in this bill. I am so happy to have Members like Representative CISCOMANI on our team.

I also thank my friend, Majority Leader STEVE SCALISE, for bringing the Dole act to the floor. He has reaffirmed

his and the rest of the House Republicans' commitment to veterans, servicemembers, and their families.

Last but certainly not least, I will personally thank my friend and recent Presidential Medal of Freedom recipient, this bill's namesake, Senator Elizabeth Dole, for working for months to get this bill to where it is today. Our Nation's veterans have no better friend than Senator Dole, and I am honored that she is with us here today.

Madam Speaker, 2 weeks ago the American people voted and gave us a mandate to fix problems they talk about at their kitchen tables that affect their families and communities every single day. The Dole act is the foundation for that work to begin for the veteran community, and I urge my colleagues to do right by the veterans and support the bill.

Madam Speaker, I reserve the balance of my time.

HOUSE OF REPRESENTATIVES,  
COMMITTEE ON NATURAL RESOURCES,  
*Washington, DC, November 4, 2024.*

Hon. MIKE BOST,  
*Chairman, Committee on Veterans' Affairs,*  
*Washington, DC.*

DEAR MR. CHAIRMAN: I write regarding H.R. 8371, the "Senator Elizabeth Dole 21st Century Veterans Healthcare and Benefits Improvement Act," which contains legislative provisions within the jurisdiction of the Committee on Natural Resources.

In the interest of permitting your committee to proceed expeditiously to floor consideration, the Committee on Natural Resources will forgo formal consideration of the legislation. I do so with the understanding that the Committee on Natural Resources does not waive any future jurisdictional claim over the subject matters contained in the bill that fall within its jurisdiction. I also request that you urge the Speaker to name members of this committee to any conference committee which is named to consider such provisions.

Please place this letter into the Congressional Record during consideration of this legislation on the House floor.

Sincerely,

BRUCE WESTERMAN,  
*Chairman, Committee on Natural Resources.*

HOUSE OF REPRESENTATIVES,  
COMMITTEE ON VETERANS' AFFAIRS,  
*Washington, DC, November 6, 2024.*

Hon. BRUCE WESTERMAN,  
*Chairman, Committee on Natural Resources,*  
*House of Representatives, Washington, DC.*

DEAR CHAIRMAN WESTERMAN: Thank you for your letter regarding H.R. 8371, the "Senator Elizabeth Dole 21st Century Veterans Healthcare and Benefits Improvement Act". I acknowledge that provisions of the bill fall within the jurisdiction of the Committee on Natural Resources.

I agree that your forgoing further action on this measure does not in any way diminish or alter the jurisdiction of the Committee on Natural Resources over the subject matters contained in this bill or similar legislation in the future. In addition, I would support your request to have the Committee on Natural Resources appropriately consulted on any issues in this bill or similar legislation that fall under the jurisdiction of the Committee on Natural Resources.

I will place copies of this exchange into the Congressional Record during consideration of this legislation on the House floor.

Sincerely,

MIKE BOST,  
*Chairman.*

COMMITTEE ON ARMED SERVICES,  
HOUSE OF REPRESENTATIVES,  
Washington, DC, November 15, 2024.

Hon. MIKE BOST,  
Chairman, House Committee on Veterans' Affairs,  
Washington, DC.

DEAR CHAIRMAN BOST: I write concerning H.R. 8371, the Senator Elizabeth Dole 21st Century Veterans Healthcare and Benefits Improvement Act offered by Representative Juan Ciscomani. As a result of your having consulted with us on provisions within H.R. 8371 that fall within the Rule X jurisdiction of the Committee on Armed Services, I agree to forego any further consideration of this resolution so that it may proceed expeditiously to the House floor for consideration.

The Committee on Armed Services takes this action with our mutual understanding that by foregoing consideration of H.R. 8371 at this time, we do not waive any jurisdiction over subject matter contained in this or similar legislation and that our committee will be appropriately consulted and involved as this resolution or similar legislation moves forward so that we may address any remaining issues in our jurisdiction.

Finally, I ask that a copy of our exchange of letters on this matter be included by House Committee on Veterans' Affairs in the Congressional Record during floor consideration, to memorialize our understanding. Thank you for the cooperative spirit in which you have worked regarding this matter and others between our respective committees.

Sincerely,

MICHAEL D. ROGERS,  
Chairman,  
House Committee on Armed Services.

HOUSE OF REPRESENTATIVES,  
COMMITTEE ON VETERANS' AFFAIRS,  
Washington, DC, November 18, 2024.

Hon. MIKE ROGERS,  
Chairman, Committee on Armed Services,  
House of Representatives, Washington, DC.

DEAR CHAIRMAN ROGERS: Thank you for your letter regarding H.R. 8371, the "Senator Elizabeth Dole 21st Century Veterans Healthcare and Benefits Improvement Act". I acknowledge that provisions of the bill fall within the jurisdiction of the Committee on Armed Services.

I agree that your forgoing further action on this measure does not in any way diminish or alter the jurisdiction of the Committee on Armed Services over the subject matters contained in this bill or similar legislation in the future. In addition, I would support your request to have the Committee on Armed Services appropriately consulted on any issues in this bill or similar legislation that fall under the jurisdiction of the Committee on Armed Services.

I will place copies of this exchange into the Congressional Record during consideration of this legislation on the House floor. I appreciate your willingness to work together to advance this important legislation.

Sincerely,

MIKE BOST,  
Chairman.

Mr. TAKANO. Madam Speaker, I yield myself such time as I may consume.

Madam Speaker, I rise in support of H.R. 8371, as amended, the Senator Elizabeth Dole 21st Century Veterans Healthcare and Benefits Improvement Act.

This omnibus package of veterans' legislation isn't perfect; such packages rarely are. However, it achieves progress on many of the goals we set out to accomplish at the beginning of the 118th Congress.

The backbone of this bill is legislation that was originally introduced by my colleague, JULIA BROWNLEY, the ranking member of the House Veterans' Affairs Subcommittee on Health.

Representative BROWNLEY has worked tirelessly for nearly 3 years to pass the Elizabeth Dole Home Care Act, H.R. 542. This bill will enable veterans to remain at home, safely age in place, and avoid or delay admission to nursing homes and other costly institutional settings of care by expanding veterans' access to home- and community-based services such as home health aides.

This legislation will also help connect veterans' caregivers to respite care and other support services that help them care for veterans at home. Further, it will help improve VA's coordination with other Federal long-term care programs that promote aging at home.

I am very thankful to my colleague JULIA BROWNLEY for her important work, but I know she worked very closely with Senator Elizabeth Dole, and Senator Dole has risen to an amazing stature in our country. I am so proud that she is also here in this Chamber with us today as the chairman mentioned. I hope someone will get her a blanket because it is so dang cold in this Chamber that I don't want her to freeze up there.

This legislation is an investment in care for millions of veterans and current servicemembers who need this help now and in the future.

Despite the great need for this bill, it has been an uphill battle to get it passed. This Chamber had an opportunity almost a year ago to pass the Elizabeth Dole Home Care Act as a stand-alone bill. Unfortunately, House Republicans decided to bring a version to the floor they knew the Senate wouldn't pass.

Why would they do that you may ask? Well, because they decided to hold the Elizabeth Dole Home Care Act and other bipartisan policy priorities hostage, attempting to use them as leverage to achieve their goal of outsourcing more VA care to for-profit healthcare providers. The Democratic Caucus stood firmly against these efforts.

It can be difficult and isolating to stand on policy principles, but I will always do so when the future of veterans' healthcare is on the line, and it is. The system is already straining, and if we don't take real and serious action, it will break.

House Republicans attempted nearly for a year to use H.R. 8371 to advance harmful provisions that would have undermined healthcare directly provided by VA, driving veterans to for-profit, lower-quality care from contracted providers. We want VA to remain a strong provider of care instead of diminishing it to nothing more than an insurance company where profits are prioritized over outcomes for veterans.

Madam Speaker, if we have learned anything during the 118th Congress, it is that anything meaningful that we have accomplished has been done on a bipartisan basis with Democratic votes.

It should never have taken this long to get here, but last week, we successfully negotiated a compromise on the most objectionable provision of H.R. 8371, which will preserve VA healthcare for current and future generations of veterans.

Unfortunately, in the year it took to get to this point, House Republicans also held hostage critical legislation to help homeless veterans. In December 2023, my colleagues in the majority knowingly and intentionally took a flawed version of the HOME Act, which includes two Democratic-led bills to the House floor to use these provisions as leverage in negotiations for this package. They used homeless veterans as political pawns in the same way that they did with elderly and disabled veterans and their caregivers.

Meanwhile, VA and its community partners continued doing the hard work to help veterans experiencing homelessness. On Veterans Day, the VA announced that veteran homelessness dropped to its lowest level on record, and that VA had helped place nearly 48,000 veterans into permanent housing in 2024.

While I celebrate VA's success in addressing this issue, there are still nearly 300,000 veterans who interact with VA's homelessness programs each year. We must continue investing resources into these programs and into our communities to ensure that every veteran has a stable place to call home. We hope the next administration will continue this work and adhere to the models that have proven effective like Housing First.

Therefore, the second pillar of this legislation supports our shared goal of ending veteran homelessness. H.R. 8371 includes provisions from Congresswoman WILLIAMS' H.R. 491, the Return Home to Housing Act and Congresswoman CHERFILUS-MCCORMICK'S H.R. 645, the Healthy Foundations for Homeless Veterans Act. These provisions will provide direct investments in communities across the country as they move veterans from the streets into stable housing.

During the pandemic, VA used authorities contained in Representative WILLIAMS' bill to enhance the services that traditional housing providers could offer to veterans through an increased per diem reimbursement rate. It used the flexible authorities in Representative CHERFILUS-MCCORMICK'S bill to save lives by bringing veterans out of unsafe living conditions into stable, permanent housing and meeting their basic needs of food, shelter, and clothing.

It also ensured homeless veterans had the transportation needed to get to and from medical appointments and job interviews.

These long overdue reauthorizations will ensure VA and its community partners can continue to address the veteran homelessness crisis in this country with the urgency and focus it deserves.

There is still more work to do to get every veteran into housing, and I look forward to working with my colleagues in Congress to provide VA, HUD, and communities across the country the support they need to end veteran homelessness.

Madam Speaker, I will also acknowledge several Democratic Members who have contributed to the drafting of this package. Representatives MIKE LEVIN, DON DAVIS, ELISSA SLOTKIN, FRANK MRVAN, DEAN PHILLIPS, MORGAN MCGARVEY, CHRIS PAPPAS, and LAUREN UNDERWOOD all have provisions in their own bills included in this package. Many of them are or have been members of our committee, and their commitment to serving veterans continues with our work here today.

Among other things, these provisions will increase outreach to veterans about their eligibility for benefits, mandate training for VA employees on reporting wrongdoing to the inspector general, and remove statutory restrictions on the qualifications of senior leaders within the Veterans Health Administration.

Madam Speaker, that does not mean this bill is perfect, and I will stress my objection, once again, to the backward practice of the majority to offset discretionary spending along with mandatory spending in every bill. This means taxpayers will be paying for these programs twice and many remaining legislative priorities from the VSOs who are with us here today are at risk of being left undone next Congress when we must unnecessarily waste our limited offsets in order to advance this legislation.

Also missing from this package is a strong piece of bipartisan, bicameral, good-government legislation that would have installed much-needed guardrails on VA's electronic health record modernization project.

It is no secret that the Oracle-driven modernization effort has struggled at VA. The program is woefully behind schedule and is only operational at 6 of 172 medical centers. I am not convinced the system is fully functional. The EHR Program RESET Act would have required minimum operational criteria to be met before Oracle could be deployed to any further facilities, which would have prevented many of the current problems.

Further, this key legislation would have improved coordination with the Department of Defense and instituted major contracting and acquisition reforms over VA's IT modernization efforts that are long overdue.

Unfortunately, RESET was stripped from the package, which is not surprising given the army of lobbyists that Oracle unleashed to kill it.

That said, I thank the Veterans Service Organization community and other

stakeholders whose tireless efforts and refusal to compromise their values proved critical in finally getting our Republican majority back to the negotiating table to reach a compromise on H.R. 8371 last week.

As we saw with the passage of the PACT Act, we know good things can be accomplished when VSOs are unified and committed to doing the right thing. I am glad that House Democrats also held firm to our values in negotiations and fought to preserve VA healthcare for current and future generations of veterans.

This package has taken more than a year to get to the finish line, but I am pleased that we as a caucus will be able to support passage on this compromise today.

Madam Speaker, I reserve the balance of my time.

The SPEAKER pro tempore. The Chair reminds Members that the rules do not permit Members to refer to persons in the gallery.

Mr. BOST. Madam Speaker, I yield 2 minutes to the gentleman from Michigan (Mr. BERGMAN).

Mr. BERGMAN. Madam Speaker, I rise today in support of H.R. 8371.

This important bill package will strengthen VA community care, streamline the disability benefits process, and improve oversight and accountability at VA. Its consideration here today is the culmination of months of committee work, negotiation, and fine-tuning on behalf of our Nation's veterans. Included in this package is language from the Elizabeth Dole Home Care Act of 2023, which will improve support for aging veterans and their caregivers.

I was proud to join Congresswoman BROWNLEY in introducing the bill last year, and I am proud to support this larger bill package as a veteran and as a member of the House VA Committee.

While I could fill an hour of time discussing this and the many other important reforms of this bill, I will focus on a relatively small provision that exemplifies the good advocacy and policymaking that often goes unnoticed by the media. Gerald's Law, which I originally introduced as H.R. 234, is named after Gerald Elliott, a U.S. Army veteran and a resident of the Upper Peninsula of Michigan in my district.

Jerry passed away in 2019 while receiving VA hospice care at his home. Following his death, Jerry's family discovered that, even though he received hospice care through the VA, the fact that he received this care at home meant his family did not qualify for burial benefits after his death.

I was made aware of this injustice by Denise Formolo, the Veterans Service Officer who was assisting Jerry's family. Her advocacy led me to create Gerald's Law, a bill to fix this legislative oversight and ensure that no veteran will have to worry about losing VA benefits for their family when choosing to spend their last days in the comfort of their own home.

I am grateful for the inclusion of Gerald's Law in this package, and I thank Chairman BOST and the VA committee staff for their tireless work getting this across the finish line.

Madam Speaker, I urge my colleagues to support H.R. 8371.

Mr. TAKANO. Madam Speaker, I yield 5 minutes to the gentlewoman from California (Ms. BROWNLEY), my good friend and the ranking member of the Subcommittee on Health.

□ 1700

Ms. BROWNLEY. Madam Speaker, I rise in support of the Elizabeth Dole 21st Century Veterans Healthcare and Benefits Improvement Act.

As you know, last week on Veterans Day, many of us attended events in our congressional districts to commemorate Veterans Day and to honor the men and women who have served our Nation in uniform. As Members of Congress, on Veterans Day, we recognize every man and woman who has answered the call to duty. In fact, it has been nearly a century since Veterans Day was first established as a Federal holiday in 1938.

While celebrating Veterans Day is an important tradition, we also owe our Nation's veterans more than words of thanks. Our words ring hollow if we don't do our part to fulfill our Nation's solemn promise to serve our veterans and their families as well as they have served our country.

As you may know, access to long-term care is one of the biggest challenges facing our aging veteran population and the families who care for them. I have been working for several years now to address this need, working with former Senator Elizabeth Dole, the Elizabeth Dole Foundation, veterans service organizations, and with my colleagues on both sides of the aisle and in both Houses of Congress.

I was proud when the bill passed the House in November of 2023 with overwhelming bipartisan support. It has been a year, and we simply cannot deny our veterans this crucial care any longer. We must get the Elizabeth Dole 21st Century Veterans Healthcare and Benefits Improvement Act across the finish line and signed into law.

Passage of my legislation would be the most impactful change in VA long-term care in decades. It would also be one of the smartest. Currently, every veteran enrolled in the VA has the right to nursing home care if clinically eligible, but it is important to note that nursing homes are not where veterans want to live their golden years. They want to be at home with their families and in their communities.

It turns out care at home is also less expensive than institutionalized care. Probably most important of all, health outcomes are far, far better by having received care at home than it is in an institutionalized setting.

As you know all too well, our healthcare system is facing a silver tsunami as baby boomers enter their

later years. The VA is not exempt from this tsunami, and immediate preparation is critical. Almost half of the VA's patient population is over 65. Without fixing veteran home and community care in the next 15 years, the VA will double its spending on institutionalized long-term care services, nearing \$15 billion to meet these needs.

Congress has a great deal of difficulty coming to agreement on most things, but we all agree that long-term care at home is better for our veterans. It is better for the VA, and it is better for our country.

I am proud to say my bill has been incorporated into the Elizabeth Dole 21st Century Veterans Healthcare and Benefits Improvement Act. The package before us also includes legislation that Senator SANDERS and I have worked on to create a new pilot program to expand VA comprehensive dental care to veterans diagnosed with diabetes and other heart disease, as well as numerous bipartisan, bicameral provisions to improve VA's benefits for veterans.

I thank Chairman BOST, and I thank Ranking Member TAKANO for their work to reach an agreement on this package that will help veterans all over the country by delivering the relief caregivers and veterans need and what they have been advocating for. I also thank Senator Elizabeth Dole for her help and support in making this the perfect bill.

Mr. TAKANO. Mr. Speaker, I reserve the balance of my time.

Mr. BOST. Mr. Speaker, I yield 2 minutes to the gentlewoman from Iowa (Mrs. MILLER-MEEKS).

Mrs. MILLER-MEEKS. Mr. Speaker, I rise today in support of H.R. 8371, the Elizabeth Dole 21st Century Veterans Healthcare and Benefits Improvement Act.

As a veteran, physician, a caregiver myself, and a Member of Congress actively addressing these issues, I have witnessed firsthand the immense challenges that caregivers face, especially as our veteran population continues to age.

Access to mental health services remains inconsistent, leaving many caregivers struggling to find the support they desperately need. The weight of caring for veterans with complex conditions can lead to significant stress, anxiety, and burnout. That is why it is crucial for us to pass this bill which includes critical provisions to enhance and reform the delivery of care and services at the Department of Veterans Affairs.

Among its key measures, this legislation expands access to home- and community-based services, allowing aging veterans to receive care at home instead of at institutions. It also fully funds the VA's VET TEC program which provides high-tech career training for veterans, with an 84 percent graduation rate and an average starting salary of over \$66,000.

This bill would also improve the timeliness and quality of care for vet-

erans under community care, ensuring that medical records are returned more quickly, and veterans receive the care they need in a timely manner.

Additionally, it includes important provisions to help address veteran homelessness by increasing funding for services that assist veterans with transportation to medical, housing, and employment appointments.

As a Member of Congress and as Americans, we have a responsibility to care for those who bravely fought for our country. By advocating for meaningful solutions that genuinely support our veterans and their caregivers, we can take important steps toward improving the lives of our Nation's heroes and those who care for them.

Mr. TAKANO. Mr. Speaker, I yield 2 minutes to the gentleman from North Carolina (Mr. DAVIS), a member of the House Armed Services Committee and the House Committee on Agriculture and a veteran himself.

Mr. DAVIS of North Carolina. Mr. Speaker, I rise in support of H.R. 8371, the Senator Elizabeth Dole 21st Century Veterans Healthcare and Benefits Improvement Act, which, among several provisions, includes the Veteran Caregiver Application and Appeals Reform Act of 2023.

As we recognize National Veterans and Military Families Month and National Family Caregivers Month, we must recommit ourselves to helping our Nation's veterans and their caregivers, often the unsung heroes of the healthcare system. Support of the CARE Act does exactly that. We must always lend a helping hand to our veterans and their families. I urge my colleagues to support H.R. 8371.

Mr. BOST. Madam Speaker, I yield 2 minutes to the gentleman from Wisconsin (Mr. VAN ORDEN).

Mr. VAN ORDEN. Madam Speaker, I rise today in strong support of H.R. 8371, the Elizabeth Dole 21st Century Veterans Healthcare and Benefits Improvement Act.

I do this for two individuals in one group, the two individuals being Robert Francis Mulligan and Mary Jean Mulligan, my Uncle Bob and Aunt Mary Jean. They were both World War II veterans and members of the Greatest Generation who, unfortunately, died in nursing homes in poor conditions because of the fact that they were not able to have funding through this act. I am very supportive of it.

The group that I stand in strong support of today is our Gold Star families. When a member passes and their family members remain, that is not a mortgage. It is not a 30-year commitment. It is a lifetime commitment. We have to do everything we possibly can so that they can move on with their lives in memory of their loved ones that served our Nation and allowed us to have this debate in freedom.

Mr. TAKANO. Madam Speaker, I reserve the balance of my time.

Mr. BOST. Madam Speaker, I yield 2 minutes to the gentleman from Texas (Mr. LUTTRELL).

Mr. LUTTRELL. Madam Speaker, I am honored to speak on H.R. 8371, the Elizabeth Dole 21st Century Veterans Healthcare and Benefits Improvement Act.

H.R. 8371 includes provisions from H.R. 4461, the Modernizing Department of Veterans Affairs Disability Benefit Questionnaire Act. Current practice does not require VA contractors who perform disability exams to submit disability benefits questionnaires, or DBQs, in a format that can be easily processed by VA claims automation software. This currently leads to backlogs and delays that can be avoided by submitting the DBQs based on a standard that computers can read.

Computerizing the data is the key to helping VA process and adjudicate veterans' claims faster. The Modernizing Department of Veterans Affairs Disability Benefit Questionnaires Act would improve these DBQs which are a critical part of the disability compensation process. As the VA moves forward with automation, standardizing the DBQ data will be critical to timely and accurate claims processing.

Our veterans, who have sacrificed so much for our country, deserve a system that works for them. I urge my colleagues to support H.R. 8371.

Mr. TAKANO. Madam Speaker, I reserve the balance of my time.

Mr. BOST. Madam Speaker, I yield 2 minutes to the gentleman from Arizona (Mr. CISCOMANI), the chief sponsor of this bill.

Mr. CISCOMANI. Madam Speaker, I rise today in support of my legislation, the Senator Elizabeth Dole 21st Century Veterans Healthcare and Benefits Improvement Act, the flagship bipartisan, bicameral veterans package of the 118th Congress.

Simply put, our veterans are our Nation's heroes. When duty called, these brave men and women answered, risking life and limb in service to their fellow citizens.

In my district, I organized the Veterans Advisory Council to hear directly from those who served about the unique challenges facing all of our veterans. As I continue to hear from our veterans, it is clear there is still work to be done to close the gaps in economic opportunity, care, and access to housing.

This legislation encompasses a number of bipartisan and bicameral proposals to address veteran homelessness by increasing reimbursement rates to partner organizations; improve the delivery of healthcare by increasing coordination with providers and expanding access to home and community care; modernize delivery of benefits by cutting red tape; and overall improvement to the delivery of services for veterans, their families, and survivors.

Specifically, I am proud my bill includes a provision I have spearheaded to reauthorize and fund the VET TEC program to cover costs for veterans seeking job training in high-tech industries. Currently, the program has an 84



percent graduation rate for the 12,000 veterans who have already completed it. By reauthorizing this program, we are creating the same opportunity for thousands of veterans to come.

Additionally, I want to highlight that it authorizes appropriations for the Office of Women's Health at the VA to expand access for women to mobile mammography units and outreach.

I urge my colleagues to support this legislation, to ensure we provide our veterans and their families with the support and benefits they earned through their service.

Mr. TAKANO. Madam Speaker, I reserve the balance of my time.

Mr. BOST. Madam Speaker, I yield 30 seconds to the Representative from Nebraska (Mr. BACON).

Mr. BACON. Madam Speaker, I rise today in support of the Senator Elizabeth Dole 21st Century Veterans Healthcare and Benefits Improvement Act.

One percent of Americans answered the call to defend our Nation with: Send me. We owe them a debt of gratitude. Our veterans should receive healthcare and benefits they have earned without having to battle the VA.

The Dole act expands economic opportunities, broadens nontraditional educational programs, and does so much for our veterans. Today, 60 percent of our Nation is veterans. We owe them a debt of gratitude.

Mr. TAKANO. Madam Speaker, I reserve the balance of my time.

Mr. BOST. Madam Speaker, I yield 1 minute to the gentleman from Indiana (Mr. BAIRD).

Mr. BAIRD. Madam Speaker, I am a decorated Army combat veteran who served in the Vietnam war. I know how well and how much the sacrifices our servicemembers make to defend our Nation. Access to timely healthcare for our veterans is mission critical for the VA, and failure to deliver is unacceptable.

In 2014, the House Committee on Veterans' Affairs discovered that 40 veterans died while waiting for medical care. This is just one example. My bill, the VA Same-Day Scheduling Act, will ensure that no veteran is more than one phone call away from the care they have been promised.

I am encouraged that the spirit of the bill is included in the Elizabeth Dole act which requires a plan to get the VA to same-day scheduling. This is a step in the right direction to fix that bureaucratic travesty.

□ 1715

Mr. BOST. Madam Speaker, may I inquire of the Chair as to how much time is remaining.

The SPEAKER pro tempore (Mrs. MILLER-MEEKS). The gentleman from Illinois has 4½ minutes remaining.

Mr. BOST. Madam Speaker, I have no further speakers, and I reserve the balance of my time.

Mr. TAKANO. Madam Speaker, I yield myself the balance of my time to close.

I have said as much as I can about this important piece of legislation. What I will finally say is I am very glad that we got here, and I thank the chairman. We spent all this time, and we have reached a compromise. That is what we have to do in Congress, put our veterans and the people first. I think the American people want to see more of this sort of thing happening.

Madam Speaker, I am very pleased that we could get this done before the Thanksgiving weekend.

I urge all of my colleagues to support H.R. 8371, the Senator Elizabeth Dole 21st Century Veterans Healthcare and Benefits Improvement Act, and I yield back the balance of my time.

Mr. BOST. Madam Speaker, I yield myself the balance of my time to close. I offer a very special thank-you to the ranking member, the staff who have been involved in the negotiations back and forth, the Senate, all of our VSOs that came out—as I said in my opening, there were over 50—in support of this bill, and for the hard work and pushing forward that Senator Elizabeth Dole has done on this bill. We are so glad that we can call it up tonight.

Madam Speaker, I encourage all Members to support H.R. 8371, as amended, the Senator Elizabeth Dole 21st Century Veterans Healthcare and Benefits Improvement Act, and I yield back the balance of my time.

Mrs. KIGGANS of Virginia. Madam Speaker, I rise today in support of the Senator Elizabeth Dole 21st Century Veterans Healthcare and Benefits Improvement Act.

This bipartisan legislation contains consequential reforms that will significantly improve the lives of veterans and their families across the country.

I'm very proud that my bill, the Caregiver Outreach and Program Enhancement Act, is included in this package.

Known as the COPE Act, my bill would authorize the VA to award grants to organizations that provide mental health resources to those who care for our nation's veterans.

Caregivers play a critical role in the lives of older Americans—especially our veterans—and as the only geriatric nurse practitioner in Congress, I know being a caregiver comes with immense emotional challenges.

By ensuring veteran caregivers can properly take care of their mental health, the COPE Act will improve the lives of our nation's heroes and solidify the support system they need to age with dignity.

In addition to the COPE Act, this package also includes the VA Medical Center Security Report Act of 2023, which I introduced to increase veterans' safety and support police officers at VA Medical Centers amid an uptick in violent crime.

Madam Speaker, I am the granddaughter of a veteran, the daughter of a veteran, the wife of a veteran, the mother of future veterans, and I served 10 years in the U.S. Navy myself.

I'm blessed to represent one of the largest veteran populations in the U.S. in Hampton Roads.

Improving the lives of our nation's heroes is, and always will be, one of my top priorities in Congress . . . and the legislation before us on the House Floor today helps Congress do just that.

I'd like to thank my colleagues on the other side of the aisle—Representatives CHRISSEY HOULAHAN and CHRIS PAPPAS—who joined me in originally introducing the COPE Act.

I'd also like to thank Chairman BOST for his commitment to our veterans and for spearheading the Senator Elizabeth Dole 21st Century Veterans Healthcare and Benefits Improvement Act.

I'm confident with the passage of this impactful legislation, we will move closer to fulfilling our promise to provide for America's veteran population and those who care for them.

I urge all my colleagues on both sides to support the Elizabeth Dole Act.

The SPEAKER pro tempore. The question is on the motion offered by the gentleman from Illinois (Mr. BOST) that the House suspend the rules and pass the bill, H.R. 8371, as amended.

The question was taken.

The SPEAKER pro tempore. In the opinion of the Chair, two-thirds being in the affirmative, the ayes have it.

Mr. BOST. Madam Speaker, on that I demand the yeas and nays.

The yeas and nays were ordered.

The SPEAKER pro tempore. Pursuant to clause 8 of rule XX, further proceedings on this motion will be postponed.

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#### RECESS

The SPEAKER pro tempore. Pursuant to clause 12(a) of rule I, the Chair declares the House in recess until approximately 6:30 p.m. today.

Accordingly (at 5 o'clock and 17 minutes p.m.), the House stood in recess.

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□ 1830

#### AFTER RECESS

The recess having expired, the House was called to order by the Speaker pro tempore (Mr. NEWHOUSE) at 6 o'clock and 30 minutes p.m.

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#### ANNOUNCEMENT BY THE SPEAKER PRO TEMPORE

The SPEAKER pro tempore. Proceedings will resume on questions previously postponed.

Votes will be taken in the following order:

H.R. 8371; and

H.R. 5658.

The first electronic vote will be conducted as a 15-minute vote. Pursuant to clause 9 of rule XX, the remaining electronic vote will be conducted as a 5-minute vote.