

“(L) The interaction of care under the Medicare program under title XVIII of the Social Security Act (42 U.S.C. 1395 et seq.), the Medicaid program under title XIX of such Act (42 U.S.C. 1396 et seq.), the TRICARE program under chapter 55 of title 10, and commercial health care plans with care furnished by the Veterans Health Administration.

“(3) USE OF EXISTING DATA.—In carrying out the requirements of this subsection, the Commission, to the extent practicable, shall use existing data that has been compiled by the Department, compiled for the Department, or purchased by the Department, including—

“(A) data described in subsection (c)(1) of section 1704A of this title; and

“(B) the results of the independent assessments conducted under such section.

“(4) ISSUES REGARDING VETERAN HEALTH CARE DELIVERY GENERALLY.—In carrying out the requirements of this subsection, the Commission shall review the effect of policies under this title on the delivery of health care services to veterans and assess the implications of changes in health care delivery for veterans under the laws administered by the Secretary.

“(5) TRANSMITTAL OF CERTAIN REPORTS.—If the Secretary or the Inspector General of the Department of Veterans Affairs submits to Congress (or a committee of Congress) a report that is required by law and that relates to policies for health care furnished under the laws administered by the Secretary, the Secretary shall transmit a copy of that report to the Commission.

“(6) CONSULTATION AND ADDITIONAL REVIEWS AND STUDIES.—

“(A) CONSULTATION.—In carrying out the requirements of this subsection, the Commission shall consult periodically with the chairmen and ranking members of the Committee on Veterans' Affairs of the Senate and the Committee on Veterans' Affairs of the House of Representatives regarding the agenda of the Commission and progress towards achieving that agenda.

“(B) ADDITIONAL REVIEWS AND REPORTS.—The Commission may conduct additional reviews, and may submit additional reports to the Committee on Veterans' Affairs of the Senate and the Committee on Veterans' Affairs of the House of Representatives, from time to time on such topics relating to the activities of the Commission as may be requested by the Chairman and members and as the Commission determines appropriate.

“(C) SPECIAL STUDIES.—The Commission may conduct special studies requested by the chairman or ranking member of the Committee on Veterans' Affairs of the Senate or the Committee on Veterans' Affairs of the House of Representatives and as the Commission determines appropriate.

“(7) COORDINATION.—In carrying out reviews, preparing reports, and conducting studies under this section, the Commission shall, to the extent practicable, coordinate with the Inspector General of the Department to ensure the work of the Commission does not interfere with investigations or remediations underway by the Inspector General.

“(8) BUDGETARY CONSIDERATIONS.—Before making any recommendations to Congress, the Commission shall examine the budget consequences of such recommendations, directly or through consultation with appropriate expert entities.

“(9) REPORT.—

“(A) IN GENERAL.—By not later than March 15 of each year, the Commission shall submit to Congress a report containing the results and recommendations from the review conducted under paragraph (1).

“(B) INCLUSION OF RECOMMENDATIONS.—A recommendation may be included in a report under subparagraph (A) if a simple majority of the members of the Commission vote to include the recommendation in the report.

“(g) POWERS OF COMMISSION.—

“(1) IN GENERAL.—The Commission may—

“(A) employ and fix the compensation of an Executive Director (at a rate of pay not greater than that provided for level III of the Executive Schedule under section 5314 of title 5) and such other personnel as may be necessary to carry out the duties of the Commission, without regard to the provisions of title 5 governing appointments in the competitive service;

“(B) seek such assistance and support as may be required in the performance of its duties from appropriate departments and agencies of the United States or departments or agencies of a State;

“(C) enter into contracts or make other arrangements, as may be necessary for the conduct of the work of the Commission (without regard to section 3709 of the Revised Statutes (41 U.S.C. 6101));

“(D) make advance, progress, and other payments that relate to the work of the Commission;

“(E) provide transportation and subsistence for individuals serving the Commission without compensation; and

“(F) prescribe such rules and regulations as the Commission determines necessary with respect to the internal organization and operation of the Commission.

“(2) DATA COLLECTION.—In order to carry out its functions, the Commission shall—

“(A) utilize existing information, both published and unpublished, if possible, collected and assessed either by its own staff or under other arrangements made in accordance with this section;

“(B) carry out, or award grants or contracts for, original research and experimentation, if existing information is inadequate; and

“(C) adopt procedures allowing any interested party to submit information for use by the Commission in making reports and recommendations.

“(3) INFORMATION FROM FEDERAL AGENCIES.—

“(A) IN GENERAL.—The Commission may secure directly from any relevant department or agency of the United States health care information the Chairman determines would be helpful to enable the Commission to carry out this section.

“(B) TIMING.—Upon request of the Chairman, the head of a department or agency of the United States shall furnish information requested under subparagraph (A) to the Commission on an agreed upon schedule or not later than 180 days after the date of the request.

“(h) COMPENSATION.—

“(1) MEMBERS.—

“(A) IN GENERAL.—While conducting the business of the Commission (including travel time), a member of the Commission shall be entitled to compensation at the per diem equivalent of the rate provided for level IV of the Executive Schedule under section 5315 of title 5.

“(B) TRAVEL EXPENSES.—While conducting the business of the Commission away from home and the regular place of business of the member, a member may be allowed travel expenses, as authorized by the Chairman.

“(2) PHYSICIAN COMPARABILITY ALLOWANCE FOR PERSONNEL.—The Commission may provide a physician comparability allowance to physicians serving as personnel of the Commission in the same manner as physicians of the Federal Government may be provided such an allowance by an agency under section 5948 of title 5, and for such purpose, sub-

section (i) of such section shall apply to the Commission in the same manner as it applies to the Tennessee Valley Authority.

“(3) TREATMENT OF PERSONNEL.—For purposes of pay (other than pay of members of the Commission) and employment benefits, rights, and privileges, all personnel of the Commission shall be treated as if they were employees of the United States Senate.

“(i) DETAIL OF FEDERAL EMPLOYEES.—An employee of the Federal Government may be detailed to the Commission without reimbursement and without interruption or loss of civil service status or privileges.

“(j) ACCESS OF CONGRESSIONAL SUPPORT AGENCIES TO INFORMATION.—The Commission shall provide to the Comptroller General, the Congressional Research Service, and the Congressional Budget Office unrestricted access to all deliberations, records, and nonproprietary data of the Commission not later than 30 days after such access is requested.

“(k) AUTHORIZATION OF APPROPRIATIONS.—The Commission shall submit requests for appropriations in the same manner as the Comptroller General submits requests for appropriations, but amounts appropriated for the Commission shall be separate from amounts appropriated for the Comptroller General.”.

(b) CLERICAL AMENDMENT.—The table of sections at the beginning of such chapter is amended by inserting after the item relating to section 119 the following new item:

“120. Veterans Health Administration Policy Advisory Commission.”.

(c) INITIAL APPOINTMENT.—Not later than 280 days after the date on which amounts are first appropriated to the Veterans Health Administration Policy Advisory Commission established under section 120 of title 38, United States Code, as added by subsection (a), the Comptroller General of the United States shall make initial appointments of members to the Commission under subsection (b)(1) of such section.

## IMPROVING VETERAN ACCESS TO CARE ACT

Mr. THUNE. Madam President, I ask unanimous consent that the Senate proceed to the immediate consideration Calendar No. 272, S. 607.

The PRESIDING OFFICER. The clerk will report the bill by title.

The legislative clerk read as follows:

A bill (S. 607) to require the Secretary of Veterans Affairs to establish an integrated project team to improve the process for scheduling appointments for health care from the Department of Veterans Affairs, and for other purposes.

There being no objection, the Senate proceeded to consider the bill, which had been reported from the Committee on Veterans' Affairs with an amendment to strike all after the enacting clause and insert the part printed in italic, as follows:

### SECTION 1. SHORT TITLE.

*This Act may be cited as the “Improving Veteran Access to Care Act”.*

### SEC. 2. IMPLEMENTATION OF AND REPORT ON EFFORTS OF DEPARTMENT OF VETERANS AFFAIRS TO IMPROVE HEALTH CARE APPOINTMENT SCHEDULING.

(a) IN GENERAL.—*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 plan to improve the process for scheduling appointments for health care from the Department of Veterans*

Affairs, including improvements for both patients and employees of the Department responsible for scheduling such appointments.

(b) ELEMENTS OF PLAN.—

(1) IN GENERAL.—The plan required by subsection (a) shall include—

(A) such actions, resources, technology, and process improvements as the Secretary determines necessary to ensure the Department achieves, in a timely manner, improved delivery of health care, access to health care, customer experience and service relating to the receipt of health care, and efficiency with respect to the delivery of health care; and

(B) a proposed schedule and timeline to carry out such plan.

(2) OBJECTIVES.—

(A) IN GENERAL.—The Secretary shall ensure that the plan required by subsection (a) addresses the following objectives:

(i) To develop or continue the development of a scheduling system that enables both personnel and patients of the Department to view available appointments for care furnished by the Department, including primary care, mental health care, and all forms of specialty care.

(ii) To develop or continue the development of a self-service scheduling platform, available for use by all patients of the Department, which shall—

(I) enable such patients to view available appointments and, subject to the method provided under subclause (II), fully schedule appointments for all care furnished by the Department;

(II) if a referral is required for an appointment, provide a method for the patient to request a referral and subsequently book an appointment if the referral is approved; and

(III) provide such patients with the ability to cancel or reschedule appointments.

(iii) To create a process through which all patients of the Department can telephonically speak with a scheduler who can assist the patient to determine appointment availability and can fully schedule appointments on behalf of the patient for all care furnished by the Department.

(iv) To carry out such other functions, oversight, metric development and tracking, change management, cross-Department coordination, and other related matters, including improvements to employee-facing information technology, training, and processes, as the Secretary determines appropriate as it relates to scheduling tools, functions, and operations with respect to health care appointments furnished by the Department.

(B) EXPLANATION OF INABILITY TO IMPLEMENT CERTAIN OBJECTIVES, FEATURES, OR SERVICES.—If the Secretary determines that an objective under subparagraph (A), or any feature or service in connection with that objective, cannot be implemented or otherwise incorporated into a final product pursuant to the plan required by subsection (a), the Secretary shall include with the plan submitted under such subsection a report containing—

(i) an explanation as to why that objective, feature, or service cannot be implemented or incorporated, as the case may be; and

(ii) a plan for implementing the plan required by subsection (a) without that objective, feature, or service.

(c) IMPLEMENTATION.—Not later than two years after submitting to the appropriate committees of Congress the plan required by subsection (a), the Secretary shall fully implement the plan.

(d) COORDINATION WITH ELECTRONIC HEALTH RECORD MODERNIZATION PROGRAM.—In developing the plan required by subsection (a), the Secretary shall ensure that the elements and objectives of such plan set forth under subsection (b) are developed in consideration of the deployment schedule and capabilities of the Electronic Health Record Modernization Program of the Department to ensure a smooth transition to using the tools and features under such plan as relevant and appropriate.

(e) IMPLEMENTATION REPORTS.—Not later than each of one year and two years after the date on which the Secretary submits the plan required by subsection (a), the Secretary shall submit to the appropriate committees of Congress a report on the progress of the Secretary in implementing such plan, including—

(1) the costs incurred to implement the plan as of the date of the report;

(2) the expected costs to complete implementation of the plan (including costs for management and technology);

(3) the schedule for deployment of any capabilities developed pursuant to the plan; and

(4) the goals and metrics achieved, challenges, and lessons learned in implementing the plan.

(f) RULE OF CONSTRUCTION.—Nothing in this section shall be construed to require the Secretary to include in the plan required by subsection (a) any technology or process that would preclude or impede the ability of a veteran to contact or schedule an appointment directly with a facility or provider through a non-online scheduling process, should the veteran choose to do so.

(g) DEFINITIONS.—In this section:

(1) APPROPRIATE COMMITTEES OF CONGRESS.—The term “appropriate committees of Congress” means the Committee on Veterans’ Affairs of the Senate and the Committee on Veterans’ Affairs of the House of Representatives.

(2) FULLY SCHEDULE.—The term “fully schedule”, with respect to an appointment for health care, means that the appointment booking is completed, rather than simply requested.

Mr. THUNE. I ask unanimous consent that the committee-reported substitute amendment be agreed to; that the bill, as amended, be considered read a third time and passed; that the committee-reported title amendment be agreed to; and that the motion to reconsider be considered made and laid upon the table.

The PRESIDING OFFICER. Without objection, it is so ordered.

The committee-reported amendment in the nature of a substitute was agreed to.

The bill (S. 607), as amended, was ordered to be engrossed for a third reading, was read the third time, and passed.

The committee-reported amendment to the title was agreed to as follows:

Amend the title so as to read: “A bill to require the Secretary of Veterans Affairs to establish and implement a plan to improve the process for scheduling appointments for health care from the Department of Veterans Affairs, and for other purposes.”

EXECUTIVE CALENDAR

WAIVING QUORUM CALL

Mr. THUNE. Madam President, I ask unanimous consent that the mandatory quorum call be waived in relation to the Simmons nomination.

The PRESIDING OFFICER. Without objection, it is so ordered.

VOTE ON EN BLOC NOMINATIONS

Mr. THUNE. Madam President, I know of no further debate on the nominations en bloc.

The PRESIDING OFFICER. Is there no further debate?

If there is no further debate, the question is, Will the Senate advise and consent to the en bloc nominations provided under the provisions of S. Res. 532?

Mr. THUNE. I ask for the yeas and nays.

The PRESIDING OFFICER. Is there a sufficient second?

There appears to be a sufficient second.

The clerk will call the roll.

The senior assistant legislative clerk called the roll.

Mr. SCHUMER. I announce that the Senator from New Jersey (Mr. BOOKER), the Senator from Illinois (Mr. DURBIN), the Senator from Minnesota (Ms. SMITH), and the Senator from Massachusetts (Ms. WARREN), are necessarily absent.

The result was announced—yeas 53, nays 43, as follows:

[Rollcall Vote No. 655 Ex.]

YEAS—53

Banks	Graham	Moreno
Barrasso	Grassley	Mullin
Blackburn	Hagerty	Murkowski
Boozman	Hawley	Paul
Britt	Hoeben	Ricketts
Budd	Husted	Risch
Capito	Hyde-Smith	Rounds
Cassidy	Johnson	Schmitt
Collins	Justice	Scott (FL)
Cornyn	Kennedy	Scott (SC)
Cotton	Lankford	Sheehy
Cramer	Lee	Sullivan
Crapo	Lummis	Thune
Cruz	Marshall	Tillis
Curtis	McConnell	Tuberville
Daines	McCormick	Wicker
Ernst	Moody	Young
Fischer	Moran	

NAYS—43

Alsobrooks	Hirono	Rosen
Baldwin	Kaine	Sanders
Bennet	Kelly	Schatz
Blumenthal	Kim	Schiff
Blunt	King	Schumer
Cantwell	Klobuchar	Shaheen
Coons	Lujan	Slotkin
Cortez Masto	Markey	Van Hollen
Duckworth	Merkley	Warner
Fetterman	Murphy	Warnock
Gallego	Murray	Welch
Gillibrand	Ossoff	Whitehouse
Hassan	Padilla	Wyden
Heinrich	Peters	
Hickenlooper	Reed	

NOT VOTING—4

Booker	Smith	Warren
Durbin		

The en bloc nominations were confirmed as follows:

Calendar Number 166: Henry Mack III, of Florida, to be an Assistant Secretary of Labor

Calendar Number 267: James Percival, of Florida, to be General Counsel, Department of Homeland Security

Calendar Number 354: Pedro Allende, of Florida, to be Under Secretary for Science and Technology, Department of Homeland Security

Calendar Number 429: Michael Powers, of Virginia, to be Deputy Under Secretary of Defense

Calendar Number 430: Benjamin Kohlmann, of Texas, to be an Assistant Secretary of the Navy

Calendar Number 431: Amy Henninger, of Virginia, to be Director of Operational Test and Evaluation, Department of Defense

Calendar Number 432: David Denton, Jr., of Virginia, to be General Counsel of the Department of the Navy