million children from nutrition assistance, leaving families hungry and afraid for tomorrow. Because of this now-law, Medicare cuts have left seniors facing life-threatening barriers to healthcare.

Martin Luther King once said: ''Of all forms of inequality, injustice in health is the most shocking and inhumane.''

When you consider that this bill is on track to cost our Nation $3.4 trillion, it becomes even more nonsensical, destabilizing, and cruel. That seems to be the point.

Our Founding Fathers believed—in fact, endangered their very lives—on the unmovable belief of life, liberty, and the pursuit of happiness for those fortunate to call our Nation home.

Ripping healthcare coverage, nutrition, and security from our most vulnerable is no way to honor our guiding principles.

RECOGNIZING JANA DETTY

(Mr. TAYLOR asked and was given permission to address the House for 1 minute and to revise and extend his remarks.)

Mr. TAYLOR. Mr. Speaker, I rise today to recognize a treasured member of our Buckeye community, Jana Detty, and celebrate her retirement after a storied career spanning 50 years.

While studying at Hocking Technical College to pursue a career in medical records, Jana set out to look for a summer job. At the time, she had no idea of the great career it would launch for her. Her neighbor was the manager at a local McDonald's on Western Avenue, so Jana threw her hat in the ring.

She nailed the interview and started her job as a crew member, quickly climbing through the ranks and moving to shift manager, then assistant manager, general manager, supervisor, and, finally, human resources manager in 2009.

Jana is known for her kindness and commitment to excellence. She also demonstrated her leadership by raising over half a million dollars for charity, to provide a home away from home for families of children undergoing serious medical treatments.

Mr. Speaker, southern Ohio is proud to call Jana one of our own.

We thank her for her years of dedication to our community and congratulate her on her retirement.

□ 0910

E-CIGARETTES ADDICT YOUNG PEOPLE

(Mr. DESAULNIER asked and was given permission to address the House for 1 minute and to revise and extend his remarks.)

Mr. DESAULNIER. Mr. Speaker, I rise today to express my outrage about recent FDA regulatory actions on e-cigarettes. On April 30, Reynolds American donated $5 million to MAGA Inc., a Trump-backed super-PAC. In the following 8 days, the President dined with top tobacco executives, and the FDA issued guidance making it easier for tobacco companies to sell flavored e-cigarettes.

In 2024, 1.63 million middle and high school students in America used e-cigarettes, and nearly 90 percent of them used flavored products. The tobacco industry is openly paying bribes to advance policies that will get the next generation of young people hooked on nicotine.

Mr. Speaker, I urge my colleagues to join me in condemning this blatant, pay-for-play corruption and the harm it will inflict to generations of young Americans.

TAKE CARE OF AMERICA'S VETERANS ACT

Mr. BOST. Mr. Speaker, pursuant to House Resolution 1423, I call up the bill (H.R. 9237) to amend titles 10 and 38, United States Code, and other Federal laws, to improve benefits for veterans and the administration of the Department of Veterans Affairs, and ask for its immediate consideration in the House.

The Clerk read the title of the bill.

The SPEAKER pro tempore. Pursuant to House Resolution 1423, the amendment printed in part B of House Report 119–749 is adopted, and the bill, as amended, is considered read.

The text of the bill, as amended, is as follows:

H.R. 9237

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 ''Take Care of America's Veterans Act''.

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

TITLE I—COMPENSATION

SEC. 101. MAJOR RICHARD STAR ACT.

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

''(2) COMBAT-RELATED DISABILITY RETIREES.—

''(A) IN GENERAL.—A member retired under chapter 61 of this title with a combat-related disability who is entitled for any month to retired pay under chapter 61 of this title and is also entitled for that month to veterans' disability compensation under title 38, is entitled to be paid both without regard to sections 5304 and 5305 of title 38, as provided by subparagraphs (B) and (C).

''(B) CAREER RETIREES.—In the case of a member retired under chapter 61 of this title who has a combat-related disability that is not a qualifying service-connected disability (as defined in subsection (a)(2)) and who, at the time of the member's retirement, had 20 years or more of service otherwise creditable under section 1405 of this title or at least 20 years of qualifying and equivalent service computed under sections 12732 and 12733 of this title, the member may receive, without regard to sections 5304 and 5305 of title 38, both—

''(i) the amount of retired pay to which the member would have been entitled under any other provision of law based on the member's service in the uniformed services if the member had not been retired under chapter 61 of this title; and

''(ii) veterans' disability compensation under title 38.

''(C) DISABILITY RETIREES WITH LESS THAN 20 YEARS OF SERVICE.—In the case of a member retired under chapter 61 of this title with a combat-related disability and who, at the time of the member's retirement, had less than 20 years of service otherwise creditable under section 1405 of this title or less than 20 years of qualifying and equivalent service computed under sections 12732 and 12733 of this title, the member may receive, without regard to sections 5304 and 5305 of title 38, the lesser of—

''(i) both—

''(I) the retired pay for which the member is eligible under chapter 61 of this title; and

''(II) veterans' disability compensation under title 38; or

''(ii) both—

''(I) an amount equal to the product of the retired pay base computed under section 1406(b) or 1407 of this title and the retired pay multiplier determined under section 1409 of this title, as such base pay and multiplier would be computed if the member had 20 years of service creditable under section 1405 of this title; and

''(II) veterans' disability compensation under title 38.

''(D) COMBAT-RELATED DISABILITY DEFINED.—In this paragraph, the term 'combat-related disability' has the meaning given that term in subsection (e) of section 1413a of this title and as determined under the criteria and procedures used for purposes of such section.

''(3) EXCLUSION OF OTHER RETIREES.—Subsection (a) does not apply to a member retired under chapter 61 of this title if the member is not covered by paragraph (1) or (2).''.

(b) TECHNICAL AND CONFORMING AMENDMENTS.—

(1) COORDINATION WITH COMBAT-RELATED SPECIAL COMPENSATION PROGRAM.—Section 1414(d) of title 10, United States Code, is amended by striking ''qualified retiree under this section'' and inserting ''qualified retiree under subsection (a) or is entitled to a payment under subsection (b)(2)''.

(2) AMENDMENTS REFLECTING END OF CONCURRENT RECEIPT PHASE-IN PERIOD.—Section 1414 of title 10, United States Code, is further amended—

(A) in subsection (a)(1)—

(i) by striking the second sentence; and

(ii) by striking subparagraphs (A) and (B);

(B) by striking subsection (c) and redesignating subsections (d) and (e) as subsections (c) and (d), respectively; and

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

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

''§ 1414. Members eligible for retired pay who are also eligible for veterans' disability compensation: concurrent receipt''.

(4) CONFORMING AMENDMENT.—Section 1413a(f) of such title is amended by striking ''Subsection (d)'' and inserting ''Subsection (c)''.

(c) EFFECTIVE DATE.—The amendments made by this section shall apply to payments for months beginning on or after the date of the enactment of the Take Care of America's Veterans Act.

SEC. 102. LOVE LIVES ON ACT.

(a) MODIFICATION OF ENTITLEMENT TO VETERANS DEPENDENCY AND INDEMNITY COMPENSATION FOR SURVIVING SPOUSES WHO REMARRY.—Section 103(d) of title 38, United States Code, is amended—

(1) in paragraph (2)(B)—

(A) by inserting ''(i)'' before ''The remarriage'';

(B) in clause (i), as designated by subparagraph (A), by striking ''Notwithstanding the previous sentence'' and inserting the following:

''(ii) Notwithstanding clause (i)''; and

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

''(iii) Notwithstanding clause (ii), the remarriage of a surviving spouse shall not bar the furnishing of benefits under section 1311 or 1562 of this title to the surviving spouse of a veteran.''; and

(2) in paragraph (5)—

(A) by striking subparagraph (A); and

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

(b) CONTINUED ELIGIBILITY FOR SURVIVOR BENEFIT PLAN FOR SURVIVING SPOUSES WHO REMARRY.—Section 1450 of title 10, United States Code, is amended—

(1) in subsection (b)—

(A) in the section heading, by striking '', REMARRIAGE BEFORE AGE 55, ETC.'';

(B) in paragraph (2)—

(i) in the paragraph heading, by striking ''OR REMARRIAGE BEFORE AGE 55''; and

(ii) by striking ''or, if the surviving spouse or former spouse remarries before reaching age 55, until the surviving spouse or former spouse remarries''; and

(C) by striking paragraph (3) and inserting the following new paragraphs:

''(3) EFFECT OF TERMINATION OF SUBSEQUENT MARRIAGE.—If the surviving spouse or former spouse remarries and is also entitled to an annuity under the Plan based upon the subsequent marriage when the subsequent marriage is terminated, the surviving spouse or former spouse may not receive both annuities and shall elect which annuity to receive.

''(4) RESTORATION OF ANNUITY FOR CERTAIN SURVIVING SPOUSES.—In the case of a surviving spouse who remarried before reaching age 55 and before the date of the enactment of this paragraph, the Secretary shall resume payment of the annuity to that surviving spouse—

''(A) except as provided by subparagraph (B), for each month that begins on or after the date that is one year after such date of enactment; or

''(B) on the first day of the first month beginning after such date of enactment, in the case of a surviving spouse who elected to transfer payment of that annuity to a surviving child or children under the provisions of section 1448(d)(2)(B) of title 10, United States Code, as in effect on December 31, 2019.''; and

(2) in subsection (k)(1)—

(A) in the paragraph heading, by striking ''IF BENEFICIARY 55 YEARS OF AGE OR MORE'';

(B) by striking ''subsequently loses'' and inserting ''lost''; and

(C) by striking '', and if at the time of such remarriage the surviving spouse or former spouse is 55 years of age or more'' after ''former spouse''.

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

(1) in subparagraph (H), by striking ''; and'' and inserting a semicolon;

(2) in subparagraph (I)(v), by striking the period at the end and inserting ''; and''; and

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

''(J) a remarried widow or widower whose subsequent marriage has ended due to death, divorce, or annulment.''.

SEC. 103. EXTENSION OF INCREASED DEPENDENCY AND INDEMNITY COMPENSATION TO SURVIVING SPOUSES OF VETERANS WHO DIE FROM AMYOTROPHIC LATERAL SCLEROSIS.

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

(1) by inserting ''(A)'' before ''The rate''; and

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

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

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

SEC. 104. SHARRI BRILEY AND ERIC EDMUNDSON VETERANS BENEFITS EXPANSION ACT OF 2026.

(a) INCREASE IN RATES OF CERTAIN DISABILITY COMPENSATION AND DEPENDENCY AND INDEMNITY COMPENSATION UNDER LAWS ADMINISTERED BY SECRETARY OF VETERANS AFFAIRS.—

(1) INCREASE TO RATES OF WARTIME DISABILITY COMPENSATION.—

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

''(u) In the case of a veteran eligible for a monthly aid and attendance allowance under subsection (r) or subsection (t) of this section, the Secretary shall, in addition to the total amount of compensation for which the veteran is eligible under this section, pay the veteran a supplemental monthly allowance at the rate of $833.33.''.

(B) EFFECTIVE DATE; APPLICABILITY.—Subsection (u) of such section (as added by subparagraph (A)) shall take effect on December 1, 2026, and shall apply to months beginning on or after such date.

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

''(d)(1) Whenever there is an increase in benefit amounts payable under title II of the Social Security Act (42 U.S.C. 401 et seq.) as a result of a determination made under section 215(i) of such Act (42 U.S.C. 415(i)), the Secretary shall, except as provided in paragraph (2), effective on the date of such increase in benefit amounts, increase the dollar amounts in effect for the payment of dependency and indemnity compensation by the Secretary under paragraph (1) and paragraph (3) of section 1311(a) of this title, as such amounts were in effect immediately before the date of such increase in benefit amounts payable under title II of the Social Security Act, by a percentage equal to the sum of—

''(A) the percentage by which such benefit amounts are increased; and

''(B) one percent.

''(2) Whenever there is an increase under paragraph (1) in amounts in effect for the payment of dependency and indemnity compensation, the Secretary shall publish such amounts, as increased pursuant to such paragraph, in the Federal Register at the same time as the material required by section 215(i)(2)(D) of the Social Security Act (42 U.S.C. 415(i)(2)(D)) is published by reason of a determination under section 215(i) of such Act (42 U.S.C. 415(i)).

''(3) The requirement to increase, pursuant to paragraph (1), the amounts in effect for the payment of dependency and indemnity compensation under paragraph (1) and paragraph (3) of section 1311 (a) of this title by the Secretary shall—

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

''(B) terminate after the date on which the third increase to such amounts pursuant to such paragraph occurs.''.

(b) MODIFICATION OF WAIVERS OF FEES COLLECTED FOR HOUSING LOANS GUARANTEED, INSURED, OR MADE BY THE SECRETARY OF VETERANS AFFAIRS.—

(1) MODIFICATION.—Section 3729(b)(2) of such title is amended, in the loan fee table—

(A) in subparagraph (E), by striking ''0.50'' both places it appears and inserting ''1.42''; and

(B) in subparagraph (I), by striking ''0.50'' each place it appears and inserting ''1.0''.

(2) EFFECTIVE DATE.—The amendments made by paragraph (1) shall take effect on October 1, 2026.

(c) HOME AFFORDABILITY FOR GUARD AND RESERVE.—

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

(A) EXPANDED DEFINITION OF ''ACTIVE DUTY'' FOR PURPOSES OF HOUSING LOANS.—Section 3701(b) of title 38, United States Code, is amended by adding at the end the following new paragraph:

''(9) The term 'active duty' has the following meanings:

''(A) In the case of a member of the regular components of the Armed Forces, the meaning given such term in section 101(21)(A) of this title.

''(B) In the case of members of the reserve components of the Armed Forces—

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

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

''(C) In the case of a member of the Army National Guard of the United States or Air National Guard of the United States, in addition to service described in subparagraph (B)—

''(i) in the National Guard of a State for the purpose of organizing, administering, recruiting, instructing, or training the National Guard; or

''(ii) full-time National Guard duty (as defined in section 101 of title 32).''.

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

(2) EXPANSION OF ELIGIBILITY FOR GUARANTEED HOUSING LOANS TO CERTAIN ADDITIONAL PERSONNEL UPON PAYMENT OF ADDITIONAL LOAN FEE.—

(A) EXPANSION TO INDIVIDUALS WITH AT LEAST 14 DAYS OF SERVICE.—Section 3701(b) of title 38, United States Code, is amended by inserting after paragraph (7) the following new paragraph:

''(8) The term 'veteran' also includes, for purposes of home loans (subject to the additional loan fee in section 3729(b)(4)(J) of this title), an individual who—

''(A) is not otherwise eligible for the benefits of this chapter;

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

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

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

''(H) Each individual described in section 3701(b)(8) of this title.''.

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

''(J) In the case of a housing loan in which the veteran has eligibility under section 3701(b)(8) of this title and does not otherwise have eligibility, the loan fee table in paragraph (2) shall be applied to the veteran or other obligor (as applicable) by adding 1.00 to the percentage in the table.''.

(D) NOTIFICATION TO PERSONNEL.—The Secretary of Veterans Affairs shall provide information about this benefit to the Secretary of Defense to ensure that each member of a reserve component or a member of the Army National Guard of the United States or Air National Guard of the United States who completes entry level and skill training (as defined in section 3301(3) of title 38, United States Code) after the date of the enactment of this Act is notified of their eligibility for housing loan benefits under chapter 37 of such title, including eligibility (subject to the additional loan fee) under section 3701(b)(8) of such title.

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

(a) PROHIBITION ON DENIAL OF CLAIMS FOR BENEFITS UNDER LAWS ADMINISTERED BY SECRETARY OF VETERANS AFFAIRS ON SOLE BASIS THAT VETERAN FAILED TO APPEAR FOR CERTAIN MEDICAL EXAMINATION.—Subsection (d) of section 5103A of title 38, United States Code, is amended—

(1) in the heading, by striking ''COMPENSATION CLAIMS'' and inserting ''CLAIMS FOR BENEFITS'';

(2) in paragraph (2), by striking ''treat an examination or opinion as being necessary to make a decision on a claim for purposes of'' and inserting ''provide for a medical examination or obtain a medical opinion under''; and

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

''(3) If a veteran fails to appear for a medical examination provided by the Secretary in conjunction with a claim for a benefit under a law administered by the Secretary, the Secretary may not deny such claim on the sole basis that such veteran failed to appear for such medical examination.''.

(b) IMPROVEMENTS TO EFFICIENCY OF ADJUDICATIONS AND APPEALS OF CLAIMS FOR BENEFITS UNDER LAWS ADMINISTERED BY SECRETARY OF VETERANS AFFAIRS.—

(1) ANNUAL REPORT ON LENGTH OF ADJUDICATIONS.—

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

(i) by striking ''The Secretary'' and inserting ''(a) IN GENERAL.—The Secretary''; and

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

''(b) ANNUAL REPORT.—The Secretary shall submit to the Committees on Veterans' Affairs of the House of Representatives and the Senate an annual report that includes, with respect to the period covered by the report—

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

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

''(A) whether a motion was granted or denied; and

''(B) the reason provided for the motion; and

''(3) the number of appeals dismissed by the Board, disaggregated by—

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

''(B) in the case of a dismissal by reason of the death of the appellant, whether or not such death was a result of suicide.''.

(B) DEADLINE.—The Secretary of Veterans Affairs shall submit the first report required by subsection (b) of section 5109B of such title (as added by subparagraph (A)) by not later than one year after the date of the enactment of this Act.

(2) GUIDELINES FOR ADVANCEMENT OF CASES ON DOCKET OF BOARD.—Not later than one year after the date of the enactment of this

Act, the Secretary of Veterans Affairs, in consultation with the Board of Veterans' Appeals and the General Counsel of the Department of Veterans Affairs, shall prescribe guidelines for the advancement of a case on the docket of the Board on a motion for earlier consideration and determination under section 7107(b)(3) of title 38, United States Code. Such guidelines shall include the type of evidence that may be submitted with the motion for the advancement of the case to show grounds for such a motion.

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

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

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

''(a) IN GENERAL.—The Secretary shall use technology to track and maintain information (including information with respect to timeliness) on—

''(1) claims for benefits under the laws administered by the Secretary (including issues within such claims) that are—

''(A) continuously pursued in accordance with—

''(i) sections 5104C(a) and 5110(a)(2) of this title; or

''(ii) any other policy established by the Secretary;

''(B) filed in the National Work Queue (or any successor system) but have not been assigned to an office of the Veterans Benefits Administration for adjudication;

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

''(D) remanded by the Board of Veterans' Appeals to the Secretary pursuant to section 7104 of this title; or

''(E) pending a hearing by the Board of Veterans' Appeals under section 7107 of this title;

''(2) instances in which an adjudicator of the Veterans Benefits Administration does not comply with a relevant decision of the Board of Veterans' Appeals to remand a claim for benefits under the laws administered by the Secretary (or an issue within such a claim), including any such instance in which the relevant decision concerned a failure on the part of the agency of original jurisdiction to satisfy the duty of the Secretary to assist under section 5103A of this title;

''(3) supplemental claims under section 5108 of this title that are filed—

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

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

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

''(A) assigned a fiduciary; and

''(B) not assigned a fiduciary.

''(b) ANNUAL REPORT.—(1) The Secretary shall submit to the Committees on Veterans' Affairs of the House of Representatives and the Senate an annual report that includes all information maintained and tracked pursuant to subsection (a).

''(2) The first report required by paragraph (1) shall be submitted by not later than one year after the date of the enactment of the Take Care of America's Veterans Act.''.

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

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

(4) IMPROVEMENTS TO BOARD OF VETERANS' APPEALS.—

(A) AUTHORITY TO AGGREGATE CLAIMS.—Section 7104(a) of title 38, United States Code, is amended—

(i) by inserting ''(1)'' before the first sentence; and

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

''2(A) Subject to subparagraph (B), the Chairman of the Board may aggregate appeals that the Chairman determines involve a common question of law or fact to decide such question.

''(B) The authority under subparagraph (A) shall be effective during the period of three years beginning on the day that is 90 days after the Secretary submits to the Committees on Veterans' Affairs of the Senate and House of Representatives a copy of policies and procedures pursuant to section 105(b)(7)(D)(i)(II) of the Take Care of America's Veterans Act.''.

(B) REQUIREMENT TO ENSURE SUBSTANTIAL COMPLIANCE WITH CERTAIN DECISIONS.—Such section is further amended—

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

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

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

''(2) The agency of original adjudication may waive the requirement under paragraph (1) with respect to a decision of the Board to remand a claim to the Secretary, if a member of the Board determines—

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

''(B) such decision was unnecessary.

''(3) If the Secretary waives such requirement, the applicable member of the Board shall include, pursuant to subsection (d), a determination of such waiver in the decision of the Board.''.

(C) DEFINITION OF AGGREGATE; REPORT.—Such section is further amended by adding at the end the following new subsections:

''(h) Not later than three years after the date on which the Secretary of Veterans Affairs completes the development of the policies and procedures required under paragraph (7)(D)(i)(II), and every five years thereafter, the Secretary shall submit to the Committees on Veterans' Affairs of the Senate and House of Representatives a report on the aggregation of claims by the Board under subsection (a). Each such report shall include—

''(1) an identification of each instance in which the Board aggregated appeals during the period covered by the report, including, for each such instance, the number of appeals that were aggregated;

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

''(3) such other matters as the Secretary determines appropriate.

''(i) In this section, the term 'aggregate'—

''(1) means any practice or procedure to collect common issues, claims, or appeals by multiple parties for the purposes of resolving such issues, claims, or appeals; and

''(2) includes the use of joinder, consolidation, intervention, class actions, and any other multiparty proceedings.''.

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

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

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

''(b)(1) In an appeal over which the Court has jurisdiction pursuant to section 7266 of this title, if the appellant files a request for class certification pursuant to the rules prescribed by the Court pursuant to section 7264 of this title, the Court shall have supplemental jurisdiction over any claim for benefits under the laws administered by the Secretary—

''(A) filed by a claimant who satisfies the definition of the class contained in such request (including a claimant who has filed a claim for benefits under such laws that are specified in such request); and

''(B) regarding which—

''(i) the agency of original jurisdiction has issued a nonfinal decision; and

''(ii) the claimant has filed a notice of disagreement under section 5104C(a) or section 7105 of this title, including any case in which a claimant has filed a supplemental claim within one year of a Board decision under section 5110(a)(2)(D) and 5108 of this title following a notice of disagreement and decision of the Board.

''(2) A claimant may submit a request for administrative review of such a claim under section 5104C(a) of this title during the period beginning on the date on which the named claimant of the motion for class action review submits to the Court a motion for class action review and ending on the date that is 60 days after the later of the following dates:

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

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

''(3) In the case of a claimant whose claim is decided by the Board during the period when the Court is reviewing the motion for class action review the deadline for such claimant to file an appeal to the Court with respect to the decision of the Board shall be tolled if the Court denies the motion for class action review.

''(c)(1) In the case of a claim for benefits under the laws administered by the Secretary, the Court may remand a matter to the Board of Veterans' Appeals for the limited purpose of ordering the Board to address a question of law or fact if the Court determines the Board failed to—

''(A) address, in the relevant decision of the Board, an issue that—

''(i) the claimant or the representative of the claimant raised; or

''(ii) was reasonably raised by the evidentiary record of the claim; or

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

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

''(A) When and how a party to an appeal (either the appellant or the Secretary) may request that the Court issue a limited remand.

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

''(C) Guidelines for when the Court may grant a request for a limited remand.

''(D) Guidelines for when the Court may decide sua sponte to issue a limited remand without a request from any party.

''(E) A requirement that the parties to an appeal for which a limited remand is issued provide notice to the Court when the Board

issues its decision on the relevant question identified in the limited remand.

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

''(A) retain jurisdiction over such matter; and

''(B) stay the proceedings of the Court on such matter until the date on which the Board issues the decision required by such remand.''.

(6) STUDY AND REPORT ON COMMON QUESTIONS OF LAW OR FACT BEFORE BOARD OF VETERANS' APPEALS.—

(A) STUDY.—The Chairman of the Board of Veterans' Appeals shall carry out a study to identify questions of law or fact the Board commonly considers when reviewing appeals pursuant to section 7104 of title 38, United States Code, for which precedential guidance would assist the Board in issuing final decisions on such appeals. The Chairman may use artificial intelligence and other technology in carrying out such study.

(B) REPORT.—Not later than one year after the date of the enactment of this Act, the Chairman of the Board of Veterans Appeals shall submit to the Committees on Veterans Affairs of the House of Representatives and the Senate a report that includes the findings of the study required by subparagraph (A).

(7) INDEPENDENT ASSESSMENT OF POTENTIAL MODIFICATIONS TO AUTHORITY OF BOARD OF VETERANS' APPEALS.—

(A) AGREEMENT.—Not later than 30 days after the date of the enactment of this Act, the Secretary of Veterans Affairs shall seek to enter into an agreement with an FFRDC under which the FFRDC shall conduct an assessment of the feasibility of modifying the authority of the Board of Veterans' Appeals established under chapter 71 of title 38, United States Code, to permit the Board to issue precedential decisions with respect to questions of law or fact arising in matters before the Board.

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

(i) submit to the Committees on Veterans' Affairs of the House of Representatives and the Senate a report that includes—

(I) an explanation of the reasons the Secretary failed to satisfy such requirement; and

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

(ii) not less frequently than once every 60 days after the date on which the Secretary failed to satisfy such requirement, provide to the Committees on Veterans' Affairs of the House of Representatives and the Senate a briefing on the progress of the Secretary toward finalizing such agreement.

(C) ASSESSMENT.—An FFRDC that enters into an agreement under subparagraph (A) shall, in consultation with veterans service organizations, veterans' and survivors' advocate groups, relevant legal experts, and the Chair of the Administrative Conference of the United States (or the designee or designees of such Chair) submit to the Secretary a written assessment that includes the following:

(i) The determination of the FFRDC of whether modifying the authority of the Board to permit the Board to issue precedential decisions with respect to questions of law or fact arising in matters before the Board is feasible.

(ii) An assessment of the authority of the Board of Veterans' Appeals to aggregate, for review, more than one appeal under chapter 71 of such title that involves common questions of law or fact pursuant to section 7104 of such title, as amended by paragraph (4)(A).

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

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

(bb) whether aggregation described in clause (ii) is better carried out by one member, or a panel of members, of the Board;

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

(dd) how an accredited representative, attorney, or authorized agent may be selected to represent a class before the Board.

(II) The recommendations shall include, but not be limited to, the following:

(aa) How the Board should provide notice to claimants of the Board's intent to aggregate their claim.

(bb) This shall include standards for ensuring that information provided to claimants regarding aggregation is written in plain language and clearly explains the potential effects of aggregation on adjudication timelines, appeal rights, and participation options.

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

(dd) The rights of the claimants to appeal decisions that arise out of aggregation of claims, and whether or not such rights may be limited by existing statute, regulation, or judicial decisions.

(ee) Safeguards to ensure that aggregation of appeals does not diminish the requirement that each appeal be decided based on the individual facts, evidence, and circumstances specific to the claimant.

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

(D) REPORT; IMPLEMENTATION.—

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

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

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

(ii) DEADLINE.—The Secretary shall complete the development of the policies and procedures required under clause (i)(II) and submit to the Committees on Veterans' Affairs of the Senate and House of Representatives a copy of such policies and procedures not later than six months after the date on which the Secretary begins developing such policies and procedures.

(E) DEFINITIONS.—In this paragraph:

(i) The term ''FFRDC'' means a federally funded research and development center.

(ii) The term ''veterans service organization'' means an organization recognized by the Secretary for the representation of veterans under section 5902 of title 38, United States Code.

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

(1) PROGRAM FOR QUALITY ASSURANCE IN DECISIONS OF BOARD OF VETERANS' APPEALS; PERFORMANCE REVIEWS.—

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

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

''(A) develop policies and procedures for—

''(i) measuring quality in such decisions;

''(ii) maintaining data and identifying trends with respect to—

''(I) errors in such decisions;

''(II) errors in decisions remanded or returned to the Board by the Court of Appeals for Veterans Claims; and

''(III) specific members of the Board that issued decisions that were subsequently vacated by the Court of Appeals for Veterans Claims; and

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

''(B) with respect to a claim for such a benefit that is remanded to the Board by the Court of Appeals for Veterans Claims—

''(i) inform any employee of the Board responsible for drafting the decision of the Board with respect to such claim that such decision was remanded;

''(ii) provide any such employee with a copy of the relevant order of the Court of Appeals for Veterans Claims (including a copy of any accompanying joint motion for remand); and

''(iii) provide incentives to such employees to review such relevant orders and joint motions for remand; and

''(C) ensure, to the maximum extent practicable, that any error identified by the Board under such program is corrected before the date on which the Board issues the final decision associated with such error.

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

''(3) The Chairman may use technology, including artificial intelligence, to maintain such data and identify such trends.

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

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

''(B) the most common reasons that a claim for a benefit under a law administered by the Secretary was remanded to such Board by the Court of Appeals for Veterans Claims.''.

(B) DEADLINE.—The Secretary shall submit the first report required by paragraph (2) of such section (as added by subparagraph (A)) by not later than one year after the date of the enactment of this Act.

(2) TRAINING PROGRAM FOR CERTAIN EMPLOYEES OF BOARD OF VETERANS' APPEALS; PERFORMANCE REVIEWS.—

(A) TRAINING PROGRAM.—

(i) IN GENERAL.—Chapter 71 of such title (as amended by paragraph (1)) is further amended by inserting after section 7101A the following new section:

''§ 7101B. Training program for members of Board on timely and correct adjudication of appeals

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

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

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

''(2) Data on errors in decisions of the Board maintained pursuant to the program for quality assurance required by subsection (f) of section 7101 of this title.

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

''(c) ASSESSMENTS OF EFFECTIVENESS.—The Secretary, in conjunction with the Chairman of the Board of Veterans' Appeals, shall develop a method to assess, on an annual basis, the effectiveness of the training program under this section. In developing such method, the Secretary shall consider best practices for assessing the effectiveness of training programs, including the Kirkpatrick evaluation model.

''(d) REPORT.—The Secretary shall submit to the Committees on Veterans' Affairs of the House of Representatives and the Senate an annual report on the program required by subsection (a) that includes, with respect to the period covered by the report—

''(1) a statement of the topics of the training provided pursuant to this section, disaggregated by—

''(A) mandatory training; and

''(B) non-mandatory training; and

''(2) the results of the assessment of the effectiveness of such program required under subsection (c).

''(e) COVERED EMPLOYEE DEFINED.—In this section, the term 'covered employee' means an employee of the Board who is—

''(1) not a member of the Board; and

''(2) responsible for drafting decisions of the Board.''.

(ii) CLERICAL AMENDMENT.—The table of sections at the beginning of such chapter is amended by inserting after the item relating to section 7101A the following new item:

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

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

(i) in subparagraph (B) of subsection (c)(1) by striking ''not less often than once every three years'' and inserting ''not less often than annually''; and

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

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

''(2) In this subsection, the term 'covered employee' has the meaning given such term in section 7101B of this title.''.

(3) DECISIONS OF BOARD TO REMAND.—

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

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

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

''(1) with respect to a claim that the Board remands for further action, a statement of the specific reasons such claim was remanded, including any failure on the part of the Secretary to comply with—

''(A) the Secretary's duty to assist under section 5103A of this title; and

''(B) the Secretary's duty to notify under section 5103 of this title;''.

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

(i) subsection (e)—

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

(II) by striking ''After'' and inserting ''(1) After''; and

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

''(2) If, pursuant to a decision on an appeal, the Board remands a claim for a benefit under a law administered by the Secretary for further action, the Secretary shall, to the maximum extent practicable, issue a copy of such decision to each employee of the Veterans Benefits Administration who committed the error resulting in the decision of the Board to remand, when applicable.''; and

(ii) in subsection (g), as redesignated by subsection (b)(4)(B)(i), by striking ''under subsection (e)'' and inserting ''under paragraph (1) of subsection (e)''.

(4) ANNUAL REPORTS FOR BOARD OF VETERANS' APPEALS.—

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

''§ 7115. Annual report on Board of Veterans' Appeals

''The Chairman of the Board shall submit to the Committees on Veterans' Affairs of the House of Representatives and the Senate an annual report that includes, for each decision of the Board to remand a claim for a benefit under a law administered by the Secretary to the Secretary for further adjudication during the period covered by the report, a statement of the reasons for such decision of the Board, disaggregated by decisions on—

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

''(2) claims with a rating decision dated before such date.''.

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

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

''7115. Annual report on Board of Veterans' Appeals''.

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

(A) IN GENERAL.—Not later than six months after the date of the enactment of this Act, the Secretary of Veterans Affairs, in consultation with the Chairman of the Board of Veterans' Appeals and the head of the Office of Administrative Review of the Veterans Benefits Administration, shall develop a plan to—

(i) improve the quality of decisions of the Board to remand, pursuant to section 7104 of title 38, United States Code, claims for a benefit under a law administered by the Secretary to the Secretary for further action; and

(ii) mitigate the number of such decisions that are unnecessary under any applicable law or regulation.

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

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

(1) NOTICE OF AVOIDABLE DEFERRALS.—Not later than one year after the date of the enactment of this Act, the Secretary of Veterans Affairs shall develop policies, procedures, and technological capabilities to ensure that each employee of the Veterans Benefits Administration that commits an avoidable deferral with respect to a claim for benefits under the laws administered by the Secretary of Veterans Affairs in the National Work Queue is notified of any avoidable deferrals that such employee commits with respect to the same claim.

(2) STUDY AND REPORT ON CERTAIN OGC OPINIONS.—

(A) STUDY.—Not later than one year after the date of the enactment of this Act, the Secretary of Veterans Affairs, in consultation with the Office of the General Counsel of the Department of Veterans Affairs and the Chairman of the Board of Veterans' Appeals, shall complete a study to identify—

(i) issues about which an opinion from the Office of the General Counsel of the Department would foster consistency in the decisions of the Secretary with respect to claims for benefits under the laws administered by the Secretary; and

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

(B) 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 House of Representatives a report that includes—

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

(ii) a statement of which issues identified pursuant to such study about which the Office of the General Counsel of the Department intends to publish an opinion; and

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

SEC. 106. ANNUAL REPORT ON CAUSES OF DEATH AMONG VETERANS.

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

''§ 534. Annual report on causes of death among veterans

''(a) IN GENERAL.—The Secretary shall submit to the Committees on Veterans' Affairs of the House of Representatives and the Senate an annual report that contains data and information on causes of death among veterans.

''(b) ELEMENTS.—Such report shall include—

''(1) for each veteran that died during the period covered by the report an identification of—

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

''(B) the primary cause of death;

''(C) the secondary cause of death, if applicable; and

''(D) the manner of death;

''(2) for each primary cause of death identified pursuant to paragraph (1), a statement of the total number of veterans that died from such primary cause of death during the period covered by the report; and

''(3) for each manner of death identified pursuant to paragraph (1), a statement of the total number of veterans that died in such manner during the period covered by the report.

''(c) SUNSET.—This section shall terminate on the date that is five years after the date of the enactment of the Take Care of America's Veterans Act.''.

(b) CLERICAL AMENDMENT.—The table of sections at the beginning of chapter 5 of such title is amended by inserting after the item relating to section 533 the following new item:

''534. Annual report on causes of death among veterans''.

SEC. 107. PLAN FOR USE OF AUTOMATION TOOLS TO PROCESS CLAIMS UNDER LAWS ADMINISTERED BY THE SECRETARY OF VETERANS AFFAIRS.

(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 Committees on Veterans' Affairs of the Senate and House of Representatives the plan of the Secretary to make available, to the maximum extent practicable, an automation tool described in subsection (b) to elements of the Department of Veterans Affairs for the purpose of processing claims under laws administered by the Secretary.

(b) AUTOMATION TOOL DESCRIBED.—An automation tool described in this subsection is a technology developed for the Compensation Service of the Veterans Benefits Administration that—

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

(2) compiles evidence relevant to the determination of a claim for benefits under laws administered by the Secretary;

(3) provides automated decision support relevant to such a determination;

(4) automates information sharing between Federal agencies; and

(5) assists in generating correspondence regarding such a claim.

(c) ANALYSIS.—In developing the plan required under subsection (a), the Secretary shall conduct an analysis of each of the following:

(1) The feasibility and benefits of the use of an automation tool described in subsection (b) by elements of the Department for the purpose of processing claims under laws administered by the Secretary.

(2) Any modification to an existing automation tool that could render such tool usable for such purpose by such an element.

(3) Any requirement of any such element pertaining to such purpose that cannot be addressed by using an automation tool.

(4) The extent to which the technology offices of such elements may need to collaborate with the technology office responsible for developing an automation tool in the course of the development and use of the tool by the element for such purpose.

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

(d) PRIORITY.—In providing or expanding an automation tool described in subsection (b) to elements of the Department pursuant to the plan required under subsection (a), the Secretary shall give priority to the following elements:

(1) The Compensation Service.

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

(3) The Education Service of the Veterans Benefits Administration.

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

(5) The Debt Management Center.

(6) The Board of Veterans' Appeals.

(e) OTHER REQUIREMENTS RELATING TO TECHNOLOGY AT DEPARTMENT OF VETERANS AFFAIRS.—

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

(A) IN GENERAL.—Not later than one year after the date of the enactment of this Act, the Secretary of Veterans Affairs shall implement policies, processes, and technological capabilities, including in the National Work Queue (or successor system), to ensure that, in the case of any covered situation, a claims processor is made aware of, and assigned to address, such covered situation.

(B) DEFINITIONS.—In this subsection:

(i) The term ''covered situation'' means—

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

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

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

(2) CORRECT LABELING OF DOCUMENTS.—Not later than one year after the date of the enactment of this Act, the Secretary shall submit to the Committees on Veterans' Affairs of the Senate and House of Representatives a plan to ensure that documents in the Veterans Benefits Management System (or any successor system) are correctly labeled when such documents are uploaded, including when such documents are labeled using automation tools.

SEC. 108. REFORMS RELATING TO DEPARTMENT OF VETERANS AFFAIRS DISABILITY RATINGS.

(a) RATINGS FOR SLEEP APNEA.—

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

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

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

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

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

(ii) there is no end-organ damage.

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

(2) QUALIFYING COMORBID CONDITIONS.—For purposes of paragraph (1)(C)(i), a comorbid condition is a condition that, in the opinion of a qualified medical provider, directly impedes or prevents the use of, or implementation of, a recognized form of treatment intervention normally shown to be effective.

(b) RATINGS FOR TINNITUS.—The Secretary of Veterans Affairs shall revise the schedule for rating disabilities adopted and applied under section 1155 of title 38, United States Code, as follows:

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

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

(c) APPLICABILITY.—

(1) IN GENERAL.—The revisions to the schedule for rating disabilities adopted and applied under section 1155 of title 38, United States Code, made pursuant to this section shall apply with respect to claims filed on or after October 1, 2026.

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

SEC. 109. IMPROVEMENTS TO TEMPORARY LICENSURE REQUIREMENTS FOR CONTRACT HEALTH CARE PROFESSIONALS WHO PERFORM MEDICAL DISABILITY EXAMINATIONS FOR THE DEPARTMENT OF VETERANS AFFAIRS.

(a) EXPANSION.—Section 504 of the Veterans' Benefits Improvements Act of 1996 (Public Law 104–275; 38 U.S.C. 5101 note), as amended by paragraph (1) of subsection (a) of section 2002 of the Johnny Isakson and David P. Roe, M.D. Veterans Health Care and Benefits Improvement Act of 2020 (Public Law 116–315; 38 U.S.C. 5101 note), is further amended, subject to the sunset in paragraph (4) of such subsection, by striking paragraph (2) of subsection (c) and inserting the following:

''(2) HEALTH CARE PROFESSIONAL DESCRIBED.—A health care professional described in this paragraph is a person who is eligible for appointment to a position in the Veterans Health Administration covered by section 7402(b) of title 38, United States Code, who—

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

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

''(C) is performing authorized duties for the Department pursuant to a contract entered into under subsection (a).

''(3) SOURCE OF FUNDS.—Expenses of carrying out this section, including payments for examination travel and incidental expenses under the terms and conditions set forth by section 111 of this title, shall be reimbursed to the accounts available for the general operating expenses of the Veterans Benefits Administration and information technology systems from amounts available to the Secretary for payment of compensation and pensions.

''(4) MECHANISM FOR TRANSMITTAL OF EVIDENCE INTRODUCED BY APPLICANTS DURING EXAMINATIONS.—The Secretary shall establish a mechanism whereby a health care professional who conducts medical examinations or opinions under section 5103A(d) of this title may transmit to a veteran's claims file, evidence introduced by the applicant during a medical examination or in conjunction with a medical opinion that examiner used to inform such medical examination or opinion.''.

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

(c) CONFORMING AMENDMENT.—Paragraph (2) of such subsection is amended by striking ''physicians assistants, nurse practitioners, audiologists, and psychologists'' and inserting ''health care professionals''.

(d) REPORT.—Not later than the day that is 15 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 regarding the use of the authority under section 504 of the Veterans' Benefits Improvements Act of 1996 (Public Law 104–275; 38 U.S.C. 5101 note), as temporarily amended by section 2002(a)(1) of the Johnny Isakson and David P. Roe, M.D. Veterans Health Care and Benefits Improvement Act of 2020 (Public Law 116–315; 38 U.S.C. 5101 note) and this section. Such report shall include, with respect to the one-year period after the date of the enactment of this Act, the following elements:

(1) The number of examinations conducted pursuant to a contract under such authority.

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

(A) health care professional; and

(B) contract.

(3) The number of such examinations conducted in each State, the District of Columbia, or a Commonwealth, territory, or possession of the United States.

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

(5) The number of examinations that were erroneously conducted by a health care professional—

(A) without such a contract; or

(B) unauthorized to enter into such a contract.

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

SEC. 110. DISABILITY EXAMINATIONS: STUDY ON ACCESS IN RURAL AREAS; REVIEW OF TRAINING; REVIEW OF INADEQUATE OR UNNECESSARY EXAMINATIONS.

(a) STUDY ON IMPROVEMENTS TO DEPARTMENT OF VETERANS AFFAIRS COVERED MEDICAL DISABILITY EXAMINATIONS IN RURAL AREAS.—

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

(2) ELEMENTS.—

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

(i) A comparison of the average number of days to complete covered medical disability examinations, disaggregated by type of examination, for veterans who reside in rural and highly rural areas compared to an average time for veterans who reside in other areas to complete a covered medical disability examination, by either contractors or employees of the Department.

(ii) A root cause analysis of differences identified pursuant to clause (i).

(iii) The plan of the Secretary for the following year to improve access described in paragraph (1), which shall include a plan for the pursuit of a commercial or industry-standard solution or technology that could enable housebound veterans or veterans who live in rural areas to receive examinations without traveling long distances.

(B) NUMBER OF DAYS TO COMPLETE DEFINED.—For purposes of subparagraph (A)(i), the term ''number of days to complete'' means the number of days in the period—

(i) beginning on the date on which a contractor or employee of the Department received a request from the Secretary to conduct a covered medical disability examination; and

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

(3) REPORT ON STUDY.—Not later than one year after the date of the enactment of this Act, 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 findings of the Secretary with respect to the study completed under paragraph (1).

(4) DEFINITIONS.—In this subsection:

(A) The term ''covered medical disability examination'' means a medical nexus examination or medical opinion for the purposes of adjudicating a claim for a benefit under chapter 11 or 15 of title 38, United States Code, regardless of whether conducted by an employee or a contractor of the Department.

(B) The terms ''rural'' and ''highly rural'' have the meanings given those terms under the rural-urban commuting areas coding system of the Department of Agriculture.

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

(1) REVIEW REQUIRED.—The Secretary of Veterans Affairs shall conduct a comprehensive review of the training provided to Veterans Service Representatives (VSRs) and Rating Veterans Service Representatives (RVSRs) regarding covered medical disability examinations for the purpose of claims adjudication.

(2) SCOPE OF REVIEW.—The review shall include, at minimum, an evaluation of training and policies relating to—

(A) assessing the adequacy of covered medical disability examinations for claims adjudication;

(B) determining the necessity of medical disability examinations where claims can be adjudicated based on existing evidence without ordering additional examinations;

(C) relevant statutes, judicial decisions, regulations, and Department policies, including—

(i) the duty to assist claimants;

(ii) evidentiary standards regarding causation;

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

(iv) the absence of statutory or regulatory presumptions of service connection in covered medical disability examinations; and

(D) input from impacted Department employees, including duly appointed labor representatives.

(3) SECOND-LEVEL REVIEW FOR NEW EMPLOYEES.—The Secretary shall evaluate the effectiveness of current policies requiring a second level of review of claims decisions made by new Veterans Service Representatives and Rating Veterans Service Representatives before such employees are authorized to order covered medical disability examinations, including any applicable accuracy thresholds.

(4) REPORT TO CONGRESS.—Not later than 180 days after the date of the enactment of this Act, 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 detailing the findings of the Secretary with respect to the review conducted under paragraph (1), the data used by the Secretary to support such findings, and such recommendations as the Secretary may have for improvements to training or policies.

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

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

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

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

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

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

''(H) a summary of recurring issues that result in the Board remanding appeals back to the agency of original jurisdiction.''.

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

''(16) A summary of recurring issues that result in remands.''.

(7) DEFINITION OF COVERED MEDICAL DISABILITY EXAMINATION.—In this subsection, the term ''covered medical disability examination'' means a medical examination or medical opinion that the Secretary determines necessary for the purposes of adjudicating a claim for a benefit under chapter 11 or 15 of title 38, United States Code, regardless of whether conducted by an employee or a contractor of the Department.

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

(1) REVIEW.—Not later than 1 year after the date of the enactment of this Act and not less frequently than once every three months thereafter, the Secretary of Veterans Affairs shall review a random and representative sample of all covered medical disability examinations completed during the previous three-month period.

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

(A) a statistically significant sample of covered medical disability examinations completed by employees of the Department of Veterans Affairs; and

(B) a statistically significant sample of covered medical disability examinations completed by each contractor that provides such examinations for the Department.

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

(A) analyze the samples specified in paragraph (2); and

(B) pursuant to such analysis, identify—

(i) the percentage of examinations that were adequate for purposes of adjudicating the particular claim for a benefit under chapter 11 or 15 of title 38, United States Code, for which the examination was ordered by the Department; and

(ii) the percentage of examinations considered overdeveloped for purposes of adjudicating claims for a benefit under chapter 11 or 15 of title 38, United States Code, for which the examination was ordered by the Department.

(4) PRIORITY PROCESSING.—

(A) IN GENERAL.—Except as provided for in subparagraph (B), if during a review under paragraph (1) the Secretary finds any covered medical disability examination to be not adequate for adjudicating a claim, the Secretary shall ensure the claimant examined by that examination—

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

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

(B) EXCEPTION.—The Secretary is not required to furnish an additional examination under subparagraph (A) if the Secretary determines such an examination to be unnecessary for purposes of adjudicating the claim.

(5) COMPTROLLER GENERAL OF THE UNITED STATES STUDY.—The Comptroller General of the United States shall conduct a review of

the methodology and effectiveness of the review required in paragraph (1).

(6) COVERED MEDICAL DISABILITY EXAMINATION DEFINED.—In this subsection, the term ''covered medical disability examination'' means a medical examination or opinion for the purposes of adjudicating a claim for a benefit under chapter 11 or 15 of title 38, United States Code, regardless of whether conducted by an employee or a contractor of the Department.

(d) REVIEW AND PLAN REGARDING DEPARTMENT OF VETERANS AFFAIRS SCHEDULING OF MEDICAL EXAMINATIONS.—

(1) REVIEW REQUIRED.—Not later than one year after the date of the enactment of this Act, the Secretary of Veterans Affairs shall complete a review of scheduling request tools, contracts, and systems used by employees and contractors of the Department of Veterans Affairs to order and conduct medical disability examinations.

(2) PLAN REQUIRED.—Not later than one year after the date of the enactment of this Act, 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 plan to ensure the following:

(A) Systems and processes used by the Department enable seamless and clear communication of requirements between the claims processors who request medical disability examinations and the persons who conduct such examinations, including through a contract.

(B) Medical disability examiners, including through a contract, have access to the medical records and claims information they need to conduct exams that are adequate for purposes of rating claims for benefits under laws administered by the Secretary.

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

(D) Claimants or appellants for whom a medical disability examination is requested of the Department have a seamless experience when scheduling their examinations without regard to who conducts the examinations.

(E) The Department conducts customer satisfaction and experience surveys of claimants or appellants who attend medical disability examinations provided under laws administered by the Secretary.

SEC. 111. IMPROVEMENTS TO PROCESSING AND OUTREACH REGARDING CLAIMS INVOLVING MILITARY SEXUAL TRAUMA.

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

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

''§ 1166A. Evaluation of claims involving military sexual trauma

''(a) NOTICE AND OPPORTUNITY TO SUPPLY EVIDENCE.—The Secretary may not deny a claim of a veteran for compensation under this chapter for military sexual trauma without first—

''(1) advising the veteran of the evidence that would constitute credible corroborating evidence of the military sexual trauma; and

''(2) allowing the veteran an opportunity to furnish such corroborating evidence.

''(b) POINT OF CONTACT.—The Secretary shall ensure that each document provided to a veteran relating to a claim for compensation under this chapter for a military sexual trauma includes contact information for an appropriate point of contact with the Department.

''(c) SPECIALIZED TEAMS.—The Secretary shall ensure that all claims for compensation under this chapter for a military sexual trauma are reviewed and processed by a specialized team established under section 1166 of this title.

''(1) The Secretary shall ensure that not less than annually, the policies and procedures employed by the specialized team established under section 1166 of this title are reviewed by medical or mental health professionals as the Secretary considers appropriate to determine whether the current standard of evidentiary review for acceptable documentation adequately evaluates the likelihood a military sexual trauma occurred.

''(2) The Secretary shall also conduct periodic quality reviews of claims processed by the specialized teams established under section 1166 to identify inconsistencies, training deficiencies, or procedural shortcomings and implement corrective actions as appropriate.''.

(2) OUTREACH.—

(A) IN GENERAL.—Not later than 180 days after the date of the enactment of this Act, the Secretary of Veterans Affairs shall implement, with input from the veteran community, an informative outreach program for veterans regarding the standard of proof for evaluation of claims relating to military sexual trauma, including requirements for a medical examination and opinion.

(B) TARGETED OUTREACH.—In implementing the program under subparagraph (A), the Secretary shall, to the extent practicable, target outreach to veterans who submitted a claim relating to military sexual trauma that was denied.

(3) CLERICAL AMENDMENT.—The table of sections at the beginning of chapter 11 of such title is amended by inserting after the item relating to section 1166 the following new item:

''1166A. Evaluation of claims involving military sexual trauma.''.

(b) COMMUNICATIONS FROM THE DEPARTMENT OF VETERANS AFFAIRS TO INDIVIDUALS WHO HAVE EXPERIENCED MILITARY SEXUAL TRAUMA.—

(1) REVIEW WORKING GROUP.—

(A) IN GENERAL.—The Secretary of Veterans Affairs shall establish a working group to review correspondence relating to military sexual trauma.

(B) MEMBERSHIP.—The working group established under subparagraph (A) shall be composed of members who shall be appointed by the Secretary from among employees of the Department of Veterans Affairs who are experts in military sexual trauma and mental health, of whom—

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

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

(iii) one or more shall be appointed from among experts on sexual assault and sexual harassment of the Board of Veterans' Appeals.

(C) DUTIES.—The working group established under subparagraph (A) shall—

(i) review standard correspondence, which may include templates for notices under sections 5103, 5104, 5104B, and 7104 of title 38, United States Code, from the Department to individuals who have experienced military sexual trauma for sensitivity; and

(ii) ensure that the correspondence—

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

(II) does not re-traumatize such individuals.

(D) INDIVIDUAL WHO HAS EXPERIENCED MILITARY SEXUAL TRAUMA DEFINED.—In this subsection, the term ''individual who has experienced military sexual trauma'' means—

(i) an individual who has filed a claim for compensation under chapter 11 of title 38, United States Code, relating to military sexual trauma;

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

(iii) a member of the Armed Forces (including a member of the National Guard or Reserves), a former member of the Armed Forces, or a veteran who is receiving care from the Department relating to military sexual trauma.

(2) CONTENTS OF CERTAIN WRITTEN COMMUNICATIONS TO INDIVIDUALS WHO HAVE EXPERIENCED MILITARY SEXUAL TRAUMA.—

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

''(c) WRITTEN COMMUNICATIONS TO INDIVIDUALS WHO HAVE EXPERIENCED MILITARY SEXUAL TRAUMA.—

''(1) The Secretary shall ensure that any written communication under this section from the Department to an individual who has experienced military sexual trauma includes each of the following:

''(A) Contact information for each of the following:

''(i) The military sexual trauma coordinator of the Veterans Benefits Administration.

''(ii) The military sexual trauma coordinator of the Veterans Health Administration.

''(iii) The Veterans Crisis Line.

''(iv) The facility of the Veterans Health Administration closest to where the individual resides.

''(v) The Readjustment Counseling Service location closest to where the individual resides.

''(B) Information on the eligibility of the individual for services provided through the Readjustment Counseling Service location described in subparagraph (A)(v).

''(2) In this subsection:

''(A) The term 'individual who has experienced military sexual trauma' means—

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

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

''(iii) a member of the Armed Forces (including a member of the National Guard or Reserves), a former member of the Armed Forces, or a veteran who is receiving care from the Department relating to military sexual trauma.

''(B) The term 'military sexual trauma' has the meaning given that term in section 1166(d)(2) of this title.

''(C) The term 'Veterans Crisis Line' means the toll-free hotline for veterans established under section 1720F(h) of this title.''.

(B) DECISIONS AND NOTICES OF DECISIONS.—Section 5104 of title 38, United States Code, is amended by adding at the end the following new subsection:

''(e)(1) The Secretary shall ensure that any written communication under this section from the Department to an individual who has experienced military sexual trauma includes each of the following:

''(A) Contact information for each of the following:

''(i) The military sexual trauma coordinator of the Veterans Health Administration.

''(ii) The Veterans Crisis Line.

''(iii) The facility of the Veterans Health Administration closest to where the individual resides.

''(iv) The Readjustment Counseling Service location closest to where the individual resides.

''(B) Information on the eligibility of the individual for services provided through the Readjustment Counseling Service location described in subparagraph (A)(iv).

''(2) The Secretary shall ensure that any written communication under this section from the Department to an individual who has experienced military sexual trauma that includes notification of an award of compensation under chapter 11 of this title relating to military sexual trauma includes—

''(A) the contact information described in paragraph (1); and

''(B) the contact information for the military sexual trauma coordinator of the Veterans Benefits Administration.

''(3) In this subsection:

''(A) The term 'individual who has experienced military sexual trauma' means—

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

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

''(iii) a member of the Armed Forces (including a member of the National Guard or Reserves), a former member of the Armed Forces, or a veteran who is receiving care from the Department relating to military sexual trauma.

''(B) The term 'military sexual trauma' has the meaning given that term in section 1166(d)(2) of this title.

''(C) The term 'Veterans Crisis Line' means the toll-free hotline for veterans established under section 1720F(h) of this title.''.

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

''(f) WRITTEN COMMUNICATIONS TO INDIVIDUALS WHO HAVE EXPERIENCED MILITARY SEXUAL TRAUMA.—

''(1) The Secretary shall ensure that any written communication under this section from the Department to an individual who has experienced military sexual trauma includes each of the following:

''(A) Contact information for each of the following:

''(i) The military sexual trauma coordinator of the Veterans Health Administration.

''(ii) The Veterans Crisis Line.

''(iii) The facility of the Veterans Health Administration closest to where the individual resides.

''(iv) The Readjustment Counseling Service location closest to where the individual resides.

''(B) Information on the eligibility of the individual for services provided through the Readjustment Counseling Service location described in subparagraph (A)(iv).

''(2) The Secretary shall ensure that any written communication under this section from the Department to an individual who has experienced military sexual trauma that includes notification of an award of compensation under chapter 11 of this title relating to military sexual trauma includes—

''(A) the contact information described in paragraph (1); and

''(B) the contact information for the military sexual trauma coordinator of the Veterans Benefits Administration.

''(3) In this subsection:

''(A) The term 'individual who has experienced military sexual trauma' means—

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

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

''(iii) a member of the Armed Forces (including a member of the National Guard or Reserves), a former member of the Armed Forces, or a veteran who is receiving care from the Department relating to military sexual trauma.

''(B) The term 'military sexual trauma' has the meaning given that term in section 1166(d)(2) of this title.

''(C) The term 'Veterans Crisis Line' means the toll-free hotline for veterans established under section 1720F(h) of this title.''.

(D) BOARD OF VETERANS' APPEALS.—Section 7104 of title 38, United States Code, is amended by adding at the end the following new subsection:

''(g)(1) The Secretary shall ensure that any written communication under this section from the Department to an individual who has experienced military sexual trauma includes each of the following:

''(A) Contact information for each of the following:

''(i) The military sexual trauma coordinator of the Veterans Health Administration.

''(ii) The Veterans Crisis Line.

''(iii) The facility of the Veterans Health Administration closest to where the individual resides.

''(iv) The Readjustment Counseling Service location closest to where the individual resides.

''(B) Information on the eligibility of the individual for services provided through the Readjustment Counseling Service location described in subparagraph (A)(iv).

''(2) The Secretary shall ensure that any written communication under this section from the Department to an individual who has experienced military sexual trauma that includes notification of an award of compensation under chapter 11 of this title relating to military sexual trauma includes—

''(A) the contact information described in paragraph (1); and

''(B) the contact information for the military sexual trauma coordinator of the Veterans Benefits Administration.

''(3) In this subsection:

''(A) The term 'individual who has experienced military sexual trauma' means—

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

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

''(iii) a member of the Armed Forces (including a member of the National Guard or Reserves), a former member of the Armed Forces, or a veteran who is receiving care from the Department relating to military sexual trauma.

''(B) The term 'military sexual trauma' has the meaning given that term in section 1166(d)(2) of this title.

''(C) The term 'Veterans Crisis Line' means the toll-free hotline for veterans established under section 1720F(h) of this title.''.

(c) STUDY ON TRAINING AND PROCESSING RELATING TO CLAIMS FOR DISABILITY COMPENSATION RELATING TO MILITARY SEXUAL TRAUMA.—

(1) STUDY REQUIRED.—The Secretary of Veterans Affairs shall conduct a study on—

(A) the quality of training provided to personnel of the Department of Veterans Affairs who review claims for disability compensation under chapter 11 of title 38, United States Code, for disabilities relating to military sexual trauma; and

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

(2) ELEMENTS.—The study required by subsection (a) shall include the following:

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

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

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

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

(B) With respect to the quality of procedures described in paragraph (2) of such subsection:

(i) Whether the procedures of the Department for reviewing the accuracy of the processing of claims described in such subsection comport with generally accepted statistical methodologies to ensure reasonable accuracy of such reviews.

(ii) Whether such procedures adequately include mechanisms to correct errors found in such reviews.

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

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

(3) REPORT REQUIRED.—Not later than one year after the date of the enactment of this Act, 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 detailing the findings of the Secretary with respect to the study conducted under paragraph (1).

(d) ANNUAL SPECIAL FOCUS REVIEW OF CLAIMS FOR DISABILITY COMPENSATION FOR DISABILITIES RELATING TO MILITARY SEXUAL TRAUMA.—

(1) ANNUAL SPECIAL FOCUS REVIEW.—

(A) IN GENERAL.—Each year, the Under Secretary for Benefits of the Department of Veterans Affairs shall conduct a special focus review on the accuracy of the processing of claims for disability compensation under chapter 11 of title 38, United States Code, for disabilities relating to military sexual trauma.

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

(i) A statistically significant, nationally representative sample of all claims for benefits under the laws administered by the Secretary of Veterans Affairs relating to military sexual trauma filed during the fiscal year preceding the fiscal year in which the report is submitted.

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

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

(iv) Trends from year to year.

(v) Training completion rates for personnel of the Department who process claims described in subparagraph (A).

(2) REPROCESSING OF CLAIMS.—If the Under Secretary finds, pursuant to a special focus review conducted under paragraph (1)(A), that an error was made with respect to the entitlement of a veteran to a benefit under the laws administered by the Secretary, the Secretary shall return the relevant claim of the veteran to the appropriate office of the Department for reprocessing to ensure that the veteran receives an accurate decision with respect to the claim.

(3) REPORT.—Section 5501(b) of the Johnny Isakson and David P. Roe, M.D. Veterans Health Care and Benefits Improvement Act

of 2020 (Public Law 116–315; 134 Stat. 5048) is amended—

(A) in paragraph (1), by striking ''through 2027'' and inserting ''until the day described in section 109(d)(4) of the Take Care of America's Veterans Act''; and

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

''(I) The findings of the most recent special focus review conducted under subsection (d)(1)(A) of section 109 of the Take Care of America's Veterans Act, including—

''(i) the elements under subsection (d)(1)(B) of such section;

''(ii) the number of claims returned for reprocessing under subsection (d)(2) of such section; and

''(iii) the number of claims described in clause (ii) for which the decision relating to service-connection or entitlement to compensation changed as a result of reprocessing the claim.''.

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

(e) WORKING GROUP ON MEDICAL EXAMINATIONS FOR CLAIMS FOR DISABILITY COMPENSATION FOR DISABILITIES RELATING TO MILITARY SEXUAL TRAUMA.—

(1) IN GENERAL.—Not later than 90 days after the date of the enactment of this Act, the Secretary of Veterans Affairs shall establish a working group on medical examinations for claims for disability compensation under chapter 11 of title 38, United States Code, for disabilities relating to military sexual trauma (in this section referred to as the ''working group'').

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

(A) Staff of the operations center for military sexual trauma of the Department of Veterans Affairs who have experience reviewing the quality of medical examinations in support of claims for disability compensation under chapter 11 of title 38, United States Code.

(B) Staff of the Medical Disability Examination Office of the Department.

(C) Veterans service officers who have experience with claims described in paragraph (1).

(D) Medical examiners who have experience with such claims.

(E) Staff of the Veterans Experience Office of the Department.

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

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

(A) review the quality of medical examinations described in paragraph (1);

(B) review the feasibility of minimizing reexaminations for conditions relating to military sexual trauma; and

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

(i) eliminate re-traumatization of individuals who file claims described in paragraph (1); and

(ii) reduce the overdevelopment of such claims.

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

(A) The views of the working group on efforts by the Department to eliminate retraumatization of individuals who file claims described in subsection (a).

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

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

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

(5) REVIEW AND IMPLEMENTATION.—Not later than one year after the date of the enactment of this Act, the Under Secretary for Benefits of the Department and the Secretary shall—

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

(B) implement the recommendations that, as determined by the Under Secretary and the Secretary, would improve the claims process for individuals who file claims described in paragraph (1).

(f) MILITARY SEXUAL TRAUMA CLAIMS PERFORMANCE DASHBOARD.—

(1) ESTABLISHMENT.—The Secretary of Veterans Affairs shall establish an interactive performance dashboard displaying information about claims relating to military sexual trauma submitted to the Secretary for benefits under laws administered by the Secretary.

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

(A) Claims relating to military sexual trauma submitted to the Secretary for benefits under laws administered by the Secretary that have been submitted, completed, or appealed, including appeals pending at the agency of jurisdiction and at the Board of Veterans' Appeals.

(B) For comparison purposes with subparagraph (A), claims not relating to military sexual trauma submitted to the Secretary for benefits under laws administered by the Secretary that have been submitted, completed, or appealed.

(C) Overall, cumulative information relating to claims relating to military sexual trauma submitted to the Secretary for benefits under laws administered by the Secretary, including the following:

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

(ii) Average number of days for completed adjudication.

(iii) Total number of pending claims, disaggregated by whether the claims have been partially adjudicated or not adjudicated at all.

(iv) Total number of claims completely adjudicated.

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

(D) The total number of claims relating to military sexual trauma submitted to the Secretary for benefits under laws administered by the Secretary.

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

(F) The most frequent reasons the Secretary denies a claim relating to military sexual trauma submitted to the Secretary for a benefit under a law administered by the Secretary.

(G) The most frequent conditions or disabilities for which a claim relating to military sexual trauma is denied.

(H) The most frequent conditions or disabilities for which a claim relating to military sexual trauma is submitted to the Secretary for disability compensation under chapter 11 of title 38, United States Code, including the grant rate for such contentions.

(3) ADDITIONAL RESOURCE INFORMATION.—The Secretary shall make available via the performance dashboard established pursuant to subsection (a) the following information:

(A) Veterans Crisis Line contact information.

(B) Information regarding the availability of services from military sexual trauma coordinators of the Veterans Health Administration.

(C) Information regarding the availability of services from military sexual trauma coordinators of the Veterans Benefits Administration.

(D) Information on availability of specialized care, services, and benefits from the Department for individuals who have experienced military sexual trauma.

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

(4) AVAILABILITY.—The Secretary shall ensure that the dashboard established pursuant to paragraph (1) is available to the public from the website of the Department of Veterans Affairs and is updated not less frequently than once every 30 days.

(5) REPORTING REQUIREMENTS.—(A) Not later than 2 years after the date of the enactment of this Act, 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 detailing—

(i) the annual cost to implement the dashboard required by paragraph (2);

(ii) areas for improvement of the dashboard; and

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

(B) Not later than 180 days after the date of the enactment of this Act, the Secretary shall commence providing, on a quarterly basis, to the Committee on Veterans' Affairs of the Senate and the Committee on Veterans' Affairs of the House of Representatives a quarterly briefing on the Department's processing of military sexual trauma-related claims.

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

SEC. 112. INDEPENDENT ASSESSMENT OF NOTICES THAT THE SECRETARY OF VETERANS AFFAIRS SENDS TO CLAIMANTS.

(a) AGREEMENT.—Not later than 30 days after the date of the enactment of this Act, the Secretary of Veterans Affairs shall seek to enter into an agreement with an FFRDC for an assessment of notices that the Secretary sends to claimants.

(b) ASSESSMENT.—An FFRDC that enters into an agreement under subsection (a) shall submit to the Secretary a written assessment of such notices. The assessment shall include the following:

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

(2) The recommendations of the FFRDC regarding how the Secretary may make such notices clearer to claimants, better organized, and more concise.

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

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

(2) implement the recommendations in the assessment that are in compliance with the laws administered by the Secretary.

(d) DEADLINE FOR IMPLEMENTATION.—The Secretary shall complete the implementation of such recommendations pursuant to subsection (c)(2) by not later than one year after the date on which the Secretary commences such implementation.

(e) DEFINITIONS.—In this section:

(1) The term ''FFRDC'' means a federally funded research and development center.

(2) The term ''covered entities'' includes—

(A) the Secretary of Veterans Affairs;

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

(C) a veterans service organization recognized under section 5902 of title 38, United States Code;

(D) an entity that advocates for veterans; and

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

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

SEC. 113. INDEPENDENT ASSESSMENT OF FORMS THAT THE SECRETARY OF VETERANS AFFAIRS SENDS TO CLAIMANTS.

(a) AGREEMENT.—Not later than 30 days after the date of the enactment of this Act, the Secretary of Veterans Affairs shall seek to enter into an agreement with an FFRDC for an assessment of forms that the Secretary sends to claimants.

(b) ASSESSMENT.—An FFRDC that enters into an agreement under subsection (a) shall submit to the Secretary a written assessment, made in consultation with covered entities, of such forms. The assessment shall include the recommendations of the FFRDC regarding how the Secretary may make such forms clearer to claimants and better organized.

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

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

(2) implement the recommendations in the assessment that are in compliance with the laws administered by the Secretary.

(d) DEADLINE FOR IMPLEMENTATION.—The Secretary shall complete the implementation of such recommendations pursuant to subsection (c)(2) by not later than two years after the date on which the Secretary commences such implementation.

(e) DEFINITIONS.—In this section:

(1) The term ''FFRDC'' means a federally funded research and development center.

(2) The term ''covered entities'' includes—

(A) the Secretary of Veterans Affairs;

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

(C) a veterans service organization recognized under section 5902 of title 38, United States Code;

(D) an entity that advocates for veterans; and

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

(3) The term ''claimant'' has the meaning given such term in section 5100 of title 38, United States Code.

TITLE II—EDUCATION AND ECONOMIC OPPORTUNITY

SEC. 201. VETS OPPORTUNITY ACT.

(a) REPAYMENT OF MEMBERS OF THE ARMED FORCES FOR CONTRIBUTIONS TOWARDS POST-9/11 EDUCATIONAL ASSISTANCE: TIMING; MECHANISM FOR INDIVIDUALS NOT ELIGIBLE FOR A MONTHLY HOUSING STIPEND.—

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

(A) in paragraph (3), by striking ''together'' and all that follows through ''before'' and inserting ''not later than 60 days after''; and

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

''(4) ADDITIONAL ASSISTANCE FOR AN INDIVIDUAL NOT ELIGIBLE FOR A MONTHLY HOUSING STIPEND.—In the case of an individual making an election under subsection (a) who is described by subparagraph (A), (C), or (E) of paragraph (1) of that subsection, and who is not eligible for a monthly stipend payable under section 3313(c) of this title, the educational assistance payable to the individual under this chapter shall be paid—

''(A) in a lump sum calculated by multiplying—

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

''(ii) the sum of the number of months described in subclauses (I) and (II) of paragraph (1)(B)(i) with regards to such individual; and

''(B) to the individual not later than 60 days after the exhaustion of the individual's entitlement to educational assistance under this chapter.''.

(2) TECHNICAL CORRECTIONS AND CONFORMING AMENDMENT.—Such subsection is further amended—

(A) by striking ''paragraphs (2) through (7)'' and inserting ''paragraphs (2) through (6)''; and

(B) in paragraph (1), in the heading, by inserting ''FOR AN INDIVIDUAL ELIGIBLE FOR A MONTHLY HOUSING STIPEND'' after ''ADDITIONAL ASSISTANCE''.

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

(b) TREATMENT OF CERTAIN INDEPENDENT STUDY PROGRAMS UNDER EDUCATIONAL ASSISTANCE PROGRAMS OF DEPARTMENT OF VETERANS AFFAIRS.—

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

(A) by inserting ''that requires regular and substantive interaction between students and instructors'' after ''course of study'';

(B) in item (aa), by striking ''; or'' and inserting a semicolon;

(C) in item (bb), by striking ''; and'' and inserting ''; or''; and

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

''(cc) an institution of higher education, as such term is defined in section 102 of the Higher Education Act of 1965 (20 U.S.C. 1002), that is approved to participate or is participating in the student financial assistance programs authorized by title IV of that Act; and''.

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

(3) OVERSIGHT.—During the first six years beginning on the date of enactment of this Act, the Secretary, in coordination with State approving agencies, shall, every two years, conduct risk-based surveys or reviews of institutions approved pursuant to section 3680A(a)(4)(A)(ii)(III)(cc) of title 38, United States Code, as added by paragraph (1).

(4) GAO REPORT.—Not later than 3 years after the date of 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 oversight and implementation of the amendments made by paragraph (1), including—

(A) the effectiveness of oversight activities conducted by the Department of Veterans Affairs and State approving agencies;

(B) institutional compliance with applicable requirements under chapter 36 of title 38, United States Code;

(C) participation and outcomes of veterans enrolled in programs approved pursuant to section 3680A(a)(4)(A)(ii)(III)(cc) of such title, as added by paragraph (1); and

(D) any recommendations to improve oversight, program integrity, or educational outcomes for veterans.

(5) APPLICABILITY.—To the extent practicable for any program requiring practical, laboratory, clinical, shop, or hands on competencies, the online portion of instruction may not substitute for the supervised in person training necessary to demonstrate such competencies.

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

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

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

''(A) withdraw from covered education;

''(B) take a leave of absence from covered education; or

''(C) subject to subsection (d), enter into an agreement with the institution concerned to complete a course of covered education to the satisfaction of such institution concerned.''.

(2) CONFORMING AMENDMENT.—Such subsection is further amended, in paragraph (2)(A), by striking ''or takes a leave of absence'' and inserting '', takes a leave of absence, or enters into an agreement''.

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

(A) by redesignating subsection (d) as subsection (e); and

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

''(d) AGREEMENT WITH INSTITUTION CONCERNED.—A covered member may enter into an agreement under subsection (a) only if the covered member has completed at least half of a course of covered education.''.

(4) SECTION HEADING.—Such section is further amended by striking the heading and inserting ''**Absence from certain education due to certain service**''.

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

''3691A. Absence from certain education due to certain service.''.

(d) DEPARTMENT OF VETERANS AFFAIRS COMPLIANCE SURVEYS.—Section 3693 of such title is amended—

(1) in subsection (c)—

(A) by striking ''not more than 10 business days of notice'';

(B) by striking ''this section.'' and inserting ''this section—''; and

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

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

''(2) in the case of any other educational institution or training establishment, not more than 10 business days of notice.''; and

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

''(d) DEFINITIONS.—In this section:

''(1) The terms 'educational institution' and 'training establishment' have the meanings given such terms in section 3452 of this title.

''(2) The term 'school certifying official' means an employee of an educational institution with primary responsibility for certifying veteran enrollment at the educational institution.''.

(e) NOTIFICATION OF SCHOOL CERTIFYING OFFICIALS OF HANDBOOK UPDATES.—

(1) IN GENERAL.—Not later than 14 business days after updating the school certifying official handbook of the Department of Veterans Affairs, the Secretary of Veterans Affairs shall provide notice to all school certifying officials of such update.

(2) SCHOOL CERTIFYING OFFICIAL DEFINED.—The term ''school certifying official'' means

an employee of an educational institution with primary responsibility for certifying veteran enrollment at the educational institution.

SEC. 202. IMPROVEMENTS TO PROCESS FOR MAKING PAYMENTS TO AUTOMOBILE SELLERS FOR AUTOMOBILES PURCHASED FOR CERTAIN DISABLED VETERANS.

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

(1) by inserting ''(1)'' before ''The Secretary''; and

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

''(2) The Secretary shall—

''(A) make payments under this section in compliance with regulations prescribed under section 3903(a) of title 31, except that no interest penalties shall be required to be paid under this section; and

''(B) in the case of any payment under this section that is not processed during the period of 30 days following receipt by the Secretary of the final invoice for such payment, the Secretary shall publish in the Federal Register the number of days required to process the payment.''.

(b) CENTRALIZATION OF PROCESS FOR MAKING PAYMENTS.—Such section is amended by adding at the end the following new subsection:

''(f)(1) The Secretary shall process payments under this section through one office of the Department that the Secretary determines has the capacity and expertise to make such payments in compliance with regulations described in subsection (a)(2).

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

(c) REPORTING.—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 accessible website of the Department of Veterans Affairs, four semiannual reports after the date of the enactment of this Act, regarding the administration of section 3902 of title 38, United States Code, as amended by this section. Each such report shall include, with respect to the period of six months preceding the date of the report, the following elements:

(1) The average and median number of days between receipt of an invoice for payment under such section by the Claims Intake Center of the Department and the day when the Secretary makes such payment, disaggregated by whether the claim was under review or being processed by—

(A) the Veterans Health Administration;

(B) the Veterans Benefits Administration; or

(C) the seller.

(2) Improvements to information technology of the Department that the Secretary determines would reduce the time required for such review or processing.

(d) GAO REPORT; BRIEFING.—

(1) REPORT.—Not later than 180 days after the date on which the Secretary completes centralization under subsection (f) of section 3902 of title 38, United States Code, as added by this section, the Comptroller General of the United States shall review such centralization and publish a report containing the results of such review. Such report shall include the determinations of the Comptroller General regarding the following:

(A) The capacity of the office determined by the Secretary under such subsection, to carry out processing described in such subsection, including—

(i) a comprehensive assessment of employees of the Department who carry out chapter 39 of such title;

(ii) a comprehensive skills assessment indicating what resources the Secretary requires to otherwise improve such centralization, including additional funds, employees, or contractors; and

(iii) a review of systems of information technology, including systems in use or to be acquired, to carry out such centralization.

(B) Recommendations to improve such processing.

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

(2) BRIEFING.—Not later than 30 days after publishing the report under paragraph (1), the Comptroller General shall provide to the Committees on Veterans' Affairs of the House of Representatives and the Senate a briefing on such report. Such briefing shall include any response from the Secretary to the Comptroller General regarding the recommendations in the report.

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

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

(1) in clause (i), by striking ''and (iii)'' and inserting '', (iii), and (iv)'';

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

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

''(iv) In the case of an individual pursuing, solely through distance learning, a program of education that is shorter than 12 weeks during the summer, for each month the individual pursues the program of education, a monthly housing stipend equal to the product of—

''(I) the national average of the monthly amount of the basic allowance for housing payable under section 403 of title 37 for a member with dependents in pay grade E–5, multiplied by

''(II) the lesser of—

''(aa) 1.0 and

''(bb) the number of course hours borne by the individual in pursuit of the program of education, divided by the minimum number of course hours required for full-time pursuit of the program of education, rounded to the nearest multiple of 10.''.

(b) EFFECTIVE DATE.—The amendments made by subsection (a) shall apply to a program of education beginning on or after August 1, 2027.

SEC. 204. CLARIFICATION REGARDING INCLUSION OF MEDICALLY NECESSARY AUTOMOBILE ADAPTATIONS IN DEPARTMENT OF VETERANS AFFAIRS DEFINITION OF "MEDICAL SERVICES".

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

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

''(i) ramp and kneeling systems;

''(ii) raised doors or lowered floors;

''(iii) raised roofs;

''(iv) air conditioning;

''(v) occupied and unoccupied mobility lifts;

''(vi) ingress or egress accessibility modifications;

''(vii) wheelchair tiedowns; and

''(viii) adapted seating.''.

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

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

(1) in paragraph (1)(B)—

(A) by striking ''calling'' and inserting ''communicating with''; and

(B) by inserting ''through the use of tailored lines of communication, including mailings, text messaging, virtual chatting, and other electronic forms of messaging'' after ''Armed Forces''; and

(2) in paragraph (2), by striking ''tailored mailings'' and inserting ''tailored lines of communication, including mailings, text messaging, virtual chatting, and other electronic forms of messaging,''.

(b) DEPARTMENT OF VETERANS AFFAIRS USE OF TAILORED LINES OF COMMUNICATION FOR CORRESPONDENCE RELATING TO EDUCATIONAL ASSISTANCE BENEFITS.—Section 3680 of title 38, United States Code, is amended by adding at the end the following new subsection:

''(i) MECHANISM FOR TAILORED LINES OF COMMUNICATION.—(1) The Secretary shall provide a mechanism by which an eligible veteran or eligible person may use tailored lines of communication to send and receive correspondence with the Department related to entitlement to and use of educational assistance benefits under the laws administered by the Secretary. The Secretary shall ensure that an eligible veteran or eligible person is provided with an opportunity to opt into sending and receiving such correspondence using such lines of communication rather than by mail.

''(2) The Secretary shall provide to eligible veterans and eligible persons who are enrolled in a course or program of education or training notice of the opportunity to opt in to sending and receiving correspondence using tailored lines of communication pursuant to paragraph (1).

''(3) In this subsection, the term 'tailored lines of communication' includes mailings, text messaging, virtual chatting, and other electronic forms of messaging.''.

SEC. 206. IMPROVEMENTS TO TRANSITION ASSISTANCE PROGRAM AND SKILLBRIDGE.

(a) TRANSITION ASSISTANCE PROGRAM: AMENDMENTS; PILOT PROGRAM; REPORTS.—

(1) SPECIAL OPERATIONS FORCES.—Subsection (a) of section 1142 of title 10, United States Code, is amended, in paragraph (1), by inserting ''(including each member of the special operations forces)'' after ''armed forces''.

(2) REQUIREMENT OF PRESEPARATION COUNSELING: NUMBER OF DAYS.—Such subsection is further amended, in paragraph (1)—

(A) by inserting ''(A)'' before ''Within''; and

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

''(B) The Secretary concerned shall ensure that a member described in subparagraph (A) receives preseparation counseling in the following amounts:

''(i) In the case of a member who has accepted an offer of full-time employment, or has enrolled in a program of education or vocational training, that shall commence after the member separates, retires, or is discharged, not fewer than three days.

''(ii) In the case of a member other than a member described in clause (i), not fewer than five days.''.

(3) REPEAT ATTENDANCE.—Such subsection is further amended by adding at the end the following new paragraph:

''(6) A member who received preseparation counseling under this section may, before separation, retirement, or discharge, request to receive, on a space-available basis, such preseparation counseling a second time.''.

(4) PATHWAYS: STANDARDIZATION; ESTABLISHMENT OF PATHWAY FOR MEMBERS OF THE RESERVE COMPONENTS.—Such section is further amended, in paragraph (1) of subsection (c), in the matter preceding subparagraph (A)(1)—

(A) by striking ''Each Secretary concerned'' and inserting ''The Secretaries of Defense and Homeland Security''; and

(B) by striking ''pathways for members of the military department concerned'' and inserting ''pathways, standardized across the armed forces''.

(5) PATHWAYS: RECORD OF PATHWAY ASSIGNMENT.—Such subsection is further amended by adding at the end the following new paragraph:

''(4) The Secretary concerned shall ensure that the pathway in which a member is placed, and the reasons for such placement, are noted in the service record of such member.''.

(6) COORDINATION BETWEEN DEPARTMENTS OF DEFENSE, VETERANS AFFAIRS, AND LABOR.—Such section is further amended, in subsection (d)—

(A) by striking the heading and inserting ''TRANSMISSION OF CERTAIN INFORMATION TO OTHER DEPARTMENTS'';

(B) by inserting ''(1)'' before ''In the case''; and

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

''(2) Before a member described in subsection (a) separates, retires, or is discharged, the Secretary concerned shall transmit to the Secretary of Veterans Affairs the Department of Defense Form DD–2648 regarding such member.

''(3)(A) Before a member described in subsection (a)(1)(B)(ii) separates, retires, or is discharged, the Secretary concerned shall provide such member with the contact information of an employee of the Department of Veterans Affairs and an employee of the Department of Labor; and

''(B) Each employee described in subparagraph (A) shall contact the member described in such subparagraph not later than 60 days after such member separates, retires, or is discharged.

''(C) The Secretary of Veterans Affairs and the Secretary of Labor shall each submit to the Committees on Armed Services and on Veterans' Affairs of the Senate and House of Representatives an annual report that identifies the number of times, and reasons why, an employee of the department under the jurisdiction of such Secretary failed to carry out subparagraph (B) in the year preceding the date of the report.''.

(7) REPORT.—Not later than two years after the date of the enactment of this Act and annually thereafter for four years, the Secretary of Defense shall submit to the Committees on Armed Services, and the Committees on Veterans' Affairs, of the Senate and House of Representatives, a report on data recorded with such tracking system during the year preceding the date of such report. Such a report shall include a list of the seven military installations located inside the continental United States, and three military installations located outside the continental United States, where members are least likely to receive preseparation counseling in accordance with such time periods. Such a report shall also include the following.

(A) The number of members who, in the course of such preseparation counseling, were referred to another Federal agency or department.

(B) The Federal agencies or departments to which members were so referred.

(C) The number of members who should have been, but were not, so referred, and reasons why such referrals did not occur.

(D) The number of members who receive such preseparation counseling and apply for unemployment compensation under subchapter II of chapter 85 of title 5, United States Code.

(E) The total amount of such unemployment compensation paid to members separating from the Armed Forces.

(8) CONTRACTING: STANDARDIZATION.—Such section is further amended by adding at the end the following new subsection:

''(f) CONTRACTING.—A Secretary concerned may enter into an agreement with an entity under which such entity shall provide preseparation counseling under this section. If more than one Secretary seeks to enter into such an agreement, such Secretaries concerned shall, to the extent practicable, seek to enter into such agreements with the same entity.''.

(b) SKILLBRIDGE: GAO STUDY.—

(1) STUDY REQUIRED.—The Comptroller General of the United States shall conduct a study of the Skillbridge programs under section 1143(e) of title 10, United States Code.

(2) REPORT.—Not later than two years after the date of the enactment of this Act, the Comptroller General shall submit to the Committees on Armed Services, and the Committees on Veterans' Affairs, of the Senate and House of Representatives, a report regarding such study. Such report shall include observations and recommendations of the Comptroller General regarding, with respect to members and employers who participate in Skillbridge—

(A) differences in criteria for participation between the Armed Forces;

(B) other differences in Skillbridge programs between the Armed Forces;

(C) best practices in Skillbridge programs across the Armed Forces, including—

(i) the selection of employers; and

(ii) the development of contracts; and

(D) the feasibility of making Skillbridge programs uniform across the Armed Forces.

SEC. 207. TRANSITION ASSISTANCE PROGRAM: PRESENTATION IN PRESEPARATION COUNSELING TO PROMOTE BENEFITS AVAILABLE TO VETERANS.

(a) IN GENERAL.—Section 1142(b) of title 10, United States Code, is amended by adding at the end the following new paragraph:

''(20) A presentation that promotes the benefits available to veterans under the laws administered by the Secretary of Veterans Affairs. Such presentation—

''(A) shall be standardized;

''(B) shall, before implementation, be reviewed and approved by the Secretary of Veterans Affairs and Secretary of Defense in collaboration with veterans service organizations that provide claims assistance under the benefits delivery at discharge program of the Department of Veterans Affairs;

''(C) shall be submitted by the Secretary of Veterans Affairs to the Committees on Veterans' Affairs and Armed Services of the Senate and the House of Representatives for review at least 90 days before implementation;

''(D) where available, shall be presented with the participation of—

''(i) an employee or representative of the Department of Veterans Affairs assisted by a representative of a veterans service organization recognized under section 5902 of title 38; or

''(ii) an employee or representative of the Department of Veterans Affairs assisted by an individual recognized under section 5903 of such title and authorized by the Secretary concerned to so participate;

''(E) shall include information on how a veterans service organization may assist the member in filing a claim described in paragraph (19);

''(F) may not encourage the member to join a particular veterans service organization; and

''(G) may not be longer than one hour.''.

(b) ANNUAL REPORT.—Not less frequently than once each year after the date of the enactment of this Act, the Secretary of Veterans Affairs shall submit, to the Committees on Armed Services of the Senate and House of Representatives, and to the Committees on Veterans' Affairs of the Senate and House of Representatives, a report that—

(1) identifies each veterans service organization that participated in a presentation under paragraph (20) of section 1142(b) of title 10, United States Code, as added by subsection (a);

(2) contains the number of members of the Armed Forces who attended such presentations; and

(3) includes any recommendations of the Secretary regarding changes to such presentation or to such paragraph.

SEC. 208. ELIMINATION OF REQUIREMENT THAT ON-CAMPUS EDUCATIONAL AND VOCATIONAL COUNSELING IS PROVIDED BY CERTAIN DEPARTMENT OF VETERANS AFFAIRS EMPLOYEES.

(a) IN GENERAL.—Section 3697B(a) of title 38, United States Code, is amended—

(1) by striking the second sentence;

(2) by inserting ''(1)'' before ''The Secretary''; and

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

''(2) Any individual providing services under paragraph (1) on behalf of the Department who is not an employee of the Department shall be subject to the same oversight, training, and accountability standards applicable to Department employees providing such services.''.

(b) EXPANSION OF VETSUCCESS ON CAMPUS PROGRAM TO AT LEAST ONE LOCATION IN EACH STATE.—

(1) IN GENERAL.—The Secretary of Veterans Affairs shall ensure that the VetSuccess on Campus program of the Department of Veterans Affairs is located in every State.

(2) COUNSELORS.—In carrying out paragraph (1), the Secretary shall ensure that at least one counselor of the VetSuccess on Campus program is located in each State, notwithstanding the number of individuals in a State or at an educational institution who may qualify to participate in the program.

(3) PREFERENCE.—In carrying out this section, the Secretary shall give preference to educational institutions that have the largest populations of students who are pursuing programs of education at such institutions with educational assistance provided under laws administered by the Secretary.

(4) STATE DEFINED.—In this section, the term ''State'' has the meaning given such term in section 101 of title 38, United States Code.

SEC. 209. EXPANSION OF ENTITLEMENT FOR PAYMENT FOR LICENSING OR CERTIFICATION TESTS FOR VETERANS ENTITLED TO EDUCATIONAL ASSISTANCE.

Section 3315 of title 38, United States Code, is amended—

(1) in subsection (a), by striking ''educational assistance under this chapter'' and inserting ''covered assistance'';

(2) in subsection (b)(3), by striking ''under this chapter'' and inserting ''with respect to covered assistance'';

(3) in subsection (c), in the matter preceding paragraph (1), by striking ''under this chapter'' and inserting ''with respect to covered assistance''; and

(4) by adding at the end the following new subsection:

''(d) WARNINGS.—Before providing any payment to or on behalf of an individual described in subsection (a), the Secretary shall provide notice to the individual a warning that use of entitlement under this section for a licensing or certification test may not lead to a license or certification.

''(e) COVERED ASSISTANCE DEFINED.—In this section, the term 'covered assistance' means educational assistance available under—

''(1) this chapter, chapter 30 of this title, chapter 35 of this title, or chapter 1606 of title 10; or

''(2) any other provision of law providing educational assistance to a veteran, or to another individual in connection with the service of a veteran in the Armed Forces.''.

SEC. 210. INCREASE OF AMOUNT OF EDUCATIONAL ASSISTANCE PAID BY THE SECRETARY OF VETERANS AFFAIRS FOR FIRST YEAR OF A FULL-TIME PROGRAM OF APPRENTICESHIP OR OTHER ON-JOB TRAINING.

Section 3313(g)(3)(B) of title 38, United States Code, is amended—

(1) in the matter preceding clause (i), by inserting ''using educational assistance under this chapter''; and

(2) in clause (i)(II), by striking ''80 percent'' and inserting ''100 percent''.

SEC. 211. IMPROVING EMERGING TECHNOLOGY OPPORTUNITIES FOR VETERANS.

(a) INCLUSION OF EMERGING TECHNOLOGIES IN HIGH TECHNOLOGY PROGRAM.—

(1) IN GENERAL.—Section 3699C of title 38, United States Code, is amended—

(A) in the section heading by striking ''**High technology**'' and inserting ''**High technology and emerging technology**'';

(B) by striking ''high technology'' and inserting ''high technology or emerging technology'' each place such term appears; and

(C) in subsection (c)(4) by adding at the end the following new subparagraph:

''(E) Such criteria shall also identify which technologies of critical importance, such as artificial intelligence and semiconductor manufacturing, shall be treated as emerging technologies for purposes of this section.''.

(2) CLERICAL AMENDMENT.—The table of sections at the beginning of chapter 36 of such title is amended by striking the item relating to section 3699C and inserting the following new item:

''3699C. High technology and emerging technology program.''.

(3) CONFORMING AMENDMENTS.—Section 3680A of title 38, United States Code, is amended in subsections (a)(4)(B) and (d)(8) by striking ''high technology'' each place such term appears and inserting ''high technology or emerging technology''.

(b) EMPLOYMENT RATE CALCULATION FOR VET-TEC HIGH TECHNOLOGY AND EMERGING TECHNOLOGY PROGRAM.—Section 3699C of title 38, United States Code, is amended—

(1) in subsection (f)—

(A) in the matter preceding paragraph (1) by inserting after ''House of Representatives'' the following: '', and make available to the public,''; and

(B) in paragraph (3) by adding at the end the following: ''Such rate shall be calculated as a fraction, the denominator of which is the number of covered individuals who completed such a program during such year and the numerator of which is the number of individuals counted in the denominator who are employed on the date that is 180 days after the date on which the individual completed the program, and expressed as a percentage. Notwithstanding the previous sentence, the numerator shall not count in a case in which the individual is employed by the same organization that was the provider of the individual's program of education or a case in which the individual is employed, by a parent or affiliate of such organization, as an instructor for a substantially similar program of education. To the maximum extent practicable, the Secretary shall also report the rates of full-time employment, part-time employment, and self-employment.''; and

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

''(3) The Secretary on an ongoing basis shall solicit, collect, and analyze feedback about the program from covered individuals who participate in the program and from the GI Bill School Feedback Tool. The Secretary shall use such feedback to evaluate and improve the implementation of the program.''.

TITLE III—HEALTH CARE

SEC. 301. EXTENSION AND MODIFICATION OF TRANSPORTATION GRANT PROGRAM OF DEPARTMENT OF VETERANS AFFAIRS.

Section 307 of the Caregivers and Veterans Omnibus Health Services Act of 2010 (Public Law 111–163; 38 U.S.C. 1710 note) is amended—

(1) in subsection (a)—

(A) in paragraph (2), by adding at the end the following new subparagraphs:

''(C) Indian tribes.

''(D) Tribal organizations.

''(E) Native Hawaiian organizations.

''(F) County veterans service organizations.'';

(B) in paragraph (3), in the matter preceding subparagraph (A), by striking ''State veterans service agency or veterans service organization awarded'' and inserting ''recipient of''; and

(C) by amending paragraph (4) to read as follows:

''(4) MAXIMUM AMOUNT.—

''(A) IN GENERAL.—Except as provided in subparagraphs (B) and (C), the amount of a grant under this section may not exceed $50,000.

''(B) OFF-ROAD COMMUNITIES.—In the case of a county that has more than five communities that are off the road system, the amount of a grant awarded with respect to that county under this section may be increased by an amount not to exceed 50 percent of the amount specified in subparagraph (A).

''(C) PURCHASING A VEHICLE.—

''(i) AMOUNT.—The amount of a grant awarded under this section to a recipient may be increased by not more than $80,000 if the recipient is purchasing a vehicle to comply with requirements under the Americans with Disabilities Act of 1990 (42 U.S.C. 12101 et seq.) in carrying out this section.

''(ii) LIMITATIONS.—The Secretary may prescribe limitations on the number of vehicles purchased by each recipient under this section.'';

(2) by striking subsection (d);

(3) by redesignating subsections (b) and (c) as subsections (d) and (e), respectively;

(4) by inserting after subsection (a) the following new subsections:

''(b) ADDITIONAL SERVICES.—

''(1) NEARBY RURAL AREAS.—In addition to providing innovative transportation options to veterans in highly rural areas, a recipient of a grant under this section may use amounts provided under the grant to provide innovative transportation options to veterans in nearby rural areas.

''(2) PRIORITY.—A recipient of a grant under this section shall prioritize the provision of innovative transportation options to veterans in highly rural areas, and shall demonstrate to the Secretary such priority, and may only provide services under paragraph (1) to veterans in nearby rural areas if—

''(A) it does not impede the services provided to veterans in highly rural areas; and

''(B) the grantee has excess capacity and resources available to provide such services to veterans in nearby rural areas.

''(c) ELIGIBILITY OF PREVIOUS AREAS.—Areas eligible for assistance under the grant program under this section on the day before the date of the enactment of the Take Care of America's Veterans Act shall remain eligible for such assistance on and after such date of enactment.''; and

(5) in subsection (e), as redesignated by paragraph (3)—

(A) by redesignating paragraph (2) as paragraph (5); and

(B) by striking paragraph (1) and inserting the following:

''(1) INDIAN TRIBE; TRIBAL ORGANIZATION.—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).

''(2) NATIVE HAWAIIAN ORGANIZATION.—The term 'Native Hawaiian organization' has the meaning given that term in section 6207 of the Elementary and Secondary Education Act of 1965 (20 U.S.C. 7517).

''(3) NEARBY.—The term 'nearby', with respect to a rural area, includes rural areas adjacent to a highly rural area and rural areas geographically between the highly rural area and the nearest Department of Veterans Affairs medical center.

''(4) RURAL; HIGHLY RURAL.—The terms 'rural' and 'highly rural' have the meanings given those terms under the Rural-Urban Commuting Areas (RUCA) coding system of the Department of Agriculture.''.

SEC. 302. VETERAN CAREGIVER REEDUCATION, REEMPLOYMENT, AND RETIREMENT ACT.

(a) EXTENSION OF PERIOD OF MEDICAL CARE COVERAGE FOR CAREGIVERS DESIGNATED AS PRIMARY PROVIDERS OF PERSONAL CARE SERVICES FOR VETERANS.—Section 1781(a)(4) of title 38, United States Code, is amended by inserting before the comma at the end the following: '', including during the 180-day period following discharge from the program under section 1720G(a) of this title unless the designation of the individual was revoked due to fraud, abuse, mistreatment, or other misconduct''.

(b) EMPLOYMENT AND OTHER BENEFITS FOR CAREGIVERS DESIGNATED AS PRIMARY PROVIDERS OF PERSONAL CARE SERVICES FOR VETERANS.—

(1) EMPLOYMENT ASSISTANCE.—Section 1720G of title 38, United States Code, is amended—

(A) by redesignating subsection (d) as subsection (e); and

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

''(d) EMPLOYMENT ASSISTANCE.—(1) The Secretary shall, subject to paragraph (2), provide to an individual designated as a primary provider of personal care services under subsection (a)(7)(A) employment assistance as follows:

''(A) Reimbursement of fees associated with certifications or relicensure necessary for such employment.

''(B) For purposes of gaining credit for continuing professional education requirements, access to training modules of the Department at no cost.

''(C) In consultation with the Secretary of Defense and the Secretary of Labor, access to existing employment assistance resources and programs as considered appropriate.

''(2) An individual described in paragraph (1) shall have access to assistance described in such paragraph—

''(A) while participating in the program established under subsection (a)(1); and

''(B) during the 180-day period following the date on which the individual is no longer participating in such program unless the designation of such individual under subsection (a)(7)(A) was revoked for fraud, abuse, mistreatment, or other misconduct.

''(3) The maximum lifetime amount that may be reimbursed for an individual under paragraph (1)(A) is $1,000.''.

(2) EXPANSION OF AVAILABLE SERVICES.—Subsection (a)(3)(A)(ii) of such section is amended—

(A) in subclause (V), by striking ''; and'' and inserting a semicolon;

(B) in subclause (VI)—

(i) in the matter preceding item (aa), by inserting ''or agreements'' after ''contracts'';

(ii) in item (aa), by inserting '', including retirement planning services,'' after ''services''; and

(iii) in item (bb), by striking the period at the end and inserting ''; and''; and

(C) by adding at the end the following new subclause:

''(VII) such instruction, preparation, training, and support as the Secretary considers appropriate to assist in transitioning away from caregiving during the 180-day period following the date on which the family caregiver is no longer participating in the program required by paragraph (1), unless such designation was revoked for fraud, abuse, or mistreatment, or other misconduct.''.

(3) ASSISTANCE RETURNING TO WORKFORCE.—Subclause (VI) of such subsection is further amended—

(A) in item (aa), by striking ''; and'' and inserting a semicolon; and

(B) by adding at the end the following new item:

''(cc) assistance returning to the workforce upon discharge or dismissal from the program required by paragraph (1) unless such designation was revoked for fraud, abuse, mistreatment, or other misconduct; and''.

(4) BEREAVEMENT COUNSELING AND SUPPORT.—Subsection (a)(3)(A)(i)(III) of such section is amended by inserting before the semicolon the following: '', including bereavement counseling and support following the death of the eligible veteran''.

(5) STUDY ON PROVISION OF RETURNSHIP PROGRAM.—

(A) IN GENERAL.—Not later than one year after the date of the enactment of this Act, the Secretary of Veterans Affairs, in partnership with the Secretary of Labor, shall complete a study on the feasibility and advisability of conducting a returnship program to assist individuals who are designated as a primary provider of personal care services under section 1720G(a)(7)(A) of title 38, United States Code, or who were discharged from such program, in returning to the workforce.

(B) REPORT.—Not later than 180 days after completion of the study 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 the study.

(6) STUDY ON INCORPORATING FORMER CAREGIVERS INTO WORKFORCE OF DEPARTMENT 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 complete a study on barriers and incentives to hiring individuals who were designated as a primary provider of personal care services under section 1720G(a)(7)(A) of title 38, United States Code, at facilities of the Department of Veterans Affairs to address staffing needs.

(B) REPORT.—Not later than 180 days after completion of the study 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 the study, which shall include—

(i) a plan for increasing employment opportunities at facilities of the Department for individuals who were designated as a primary provider of personal care services under section 1720G(a)(7)(A) of title 38, United States Code; and

(ii) such recommendations for legislative or administrative action as the Secretary considers appropriate.

(c) COMPTROLLER GENERAL REPORT ON EFFORTS OF DEPARTMENT OF VETERANS AFFAIRS IN SUPPORTING FAMILY CAREGIVERS TRANSITIONING AWAY FROM CAREGIVING.—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 assessing the efforts of the Secretary of Veterans Affairs to support individuals serving as family caregivers under section 1720G(a) of title 38, United States Code, in transitioning away from caregiving, either by assisting those individuals with retirement planning or returning to work.

(d) REPORT ON FEASIBILITY AND ADVISABILITY OF ESTABLISHING A RETIREMENT PLAN OR RETIREMENT SAVINGS FOR FAMILY CAREGIVERS OF CERTAIN VETERANS.—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 the Treasury and the heads of such other relevant entities as the Secretary of Veterans Affairs determines necessary, shall submit to Congress a report on the feasibility and advisability of, for individuals serving as family caregivers under section 1720G(a) of title 38, United States Code—

(1) establishing an individual retirement plan (as defined in section 7701(a)(37) of the Internal Revenue Code of 1986 (26 U.S.C. 7701(a)(37))) or similar retirement plan; or

(2) permitting such individuals to join an already established pathway to retirement savings.

SEC. 303. VETERANS TBI BREAKTHROUGH EXPLORATION OF ADAPTIVE CARE OPPORTUNITIES NATIONWIDE ACT.

(a) DEPARTMENT OF VETERANS AFFAIRS GRANT PROGRAM FOR SUPPLEMENTAL NEUROREHABILITATION APPROACHES TO CHRONIC MILD TBI TREATMENT.—

(1) GRANT PROGRAM.—

(A) IN GENERAL.—The Secretary of Veterans Affairs shall carry out a three-year program (to be known as the ''TBI Innovation Grant Program'') under which the Secretary shall award grants to eligible entities described in paragraph (2) for the development, implementation, and evaluation of approaches and methodologies for prospective randomized control trials for neurorehabilitation treatments for the treatment of chronic mild traumatic brain injury (in this Act referred to as ''mTBI'') in veterans.

(B) RELATIONSHIP TO OTHER DEPARTMENT ACTIVITIES.—The grant program required under subparagraph (A) shall be carried out in a manner that—

(i) supplements, and does not supplant, other clinical care and research of the Department of Veterans Affairs relating to mTBI; and

(ii) facilitates, as practicable, coordination with Veterans Health Administration facilities for referral, continuity of care, and dissemination of findings.

(2) ELIGIBLE ENTITIES DESCRIBED.—An eligible entity described in this paragraph is any of the following:

(A) A nonprofit organization with demonstrated capability to conduct clinical trials and to deliver or research effective neurorehabilitation treatments for mTBI, including through patient care delivery.

(B) An academic institution that conducts significant research on mTBI and has demonstrated capability to conduct clinical trials relating to neurorehabilitation treatments.

(C) A non-Department health care provider with expertise in neurorehabilitative therapies and demonstrated capability to conduct clinical trials and to evaluate mTBI treatments through patient care delivery.

(D) A partnership or consortium of two or more entities described in subparagraphs (A) through (C).

(3) USE OF FUNDS.—An eligible entity in receipt of a grant under this subsection shall use such grant to support activities that include—

(A) designing and testing novel or integrative treatments for mTBI that prioritize patient-centered care, including non-pharmacological therapies;

(B) conducting clinical studies and assessments to measure the effectiveness of funded approaches to—

(i) improve mental health outcomes among veterans;

(ii) reduce suicidality, and common risk factors for completing suicide, including depression and substance use disorders among veterans; and

(iii) mitigate long-term effects of mTBI and, to the extent outcomes are collected under the applicable clinical protocol, measure durability of outcomes at approximately six months following completion of treatment;

(C) providing training for clinicians and outreach to veterans and their families to improve awareness and accessibility of innovative mTBI treatments, including information on available Department resources and pathways to access such resources; and

(D) establishing partnerships with community organizations, academic institutions, and health care facilities, including, as practicable, coordination with Veterans Health Administration facilities to facilitate referral of eligible veterans, continuity of care, and dissemination of aggregate findings.

(4) LIMITATION ON GRANT AMOUNT.—The Secretary may not award an eligible entity a grant under this section in an amount that exceeds $5,000,000 for any fiscal year.

(5) PROGRAM ADMINISTRATION.—

(A) APPLICATIONS.—An eligible entity desiring a grant under this subsection shall submit to the Secretary an application in such form, at such time, and containing such information and assurances as the Secretary determines appropriate, including a detailed description of—

(i) activities proposed to be conducted using the grant;

(ii) expected outcomes of such activities;

(iii) plans for evaluating the effectiveness of such activities;

(iv) how the eligible entity will coordinate, as practicable, with Veterans Health Administration facilities for referral and continuity of care for veterans who participate in activities carried out using grant funds, and for dissemination of aggregate findings;

(v) the budget of the entity for the use of the grant, including a narrative justification and an identification of the estimated amount of grant funds to be used for administrative or overhead costs; and

(vi) assurances of compliance with applicable Federal laws and regulations relating to human subjects protections and patient safety.

(B) PRIORITY.—In awarding grants under this subsection, the Secretary shall give priority to eligible entities that have demonstrated the capacity to coordinate with the Department to facilitate referral and continuity of care for veterans who participate in activities carried out using grant funds.

(C) PERIODIC REPORTS.—As a condition of receiving a grant under this section, an eligible entity shall, not less frequently than annually during the grant period and not later than 180 days after the end of the grant period, submit to the Secretary a report that includes, with respect to the period covered by the report—

(i) a description of how the eligible entity used such grant;

(ii) a summary of the progress of activities funded with amounts from such grant;

(iii) measured outcomes relating to such activities;

(iv) a detailed accounting of expenditures of grant funds, including administrative or overhead costs;

(v) to the extent collected under the applicable clinical protocol or in the ordinary course of care, a description of any adverse events and serious adverse events, including self-harm or suicide-related events; and

(vi) a description of actions taken pursuant to the coordination plan described in subparagraph (A)(iv).

(D) OVERSIGHT; ANNUAL EVALUATIONS.—The Secretary shall—

(i) ensure rigorous oversight of the grant program under this section, including by monitoring financial compliance and timely receipt of the reports required under subparagraph (B); and

(ii) on an annual basis until the termination date specified in paragraph (9)(A), evaluate the efficacy of activities carried out using grant funds based on the reports submitted under subparagraph (B) and other appropriate information.

(E) RULE OF CONSTRUCTION.—Nothing in this section shall be construed to authorize the Secretary to require prior approval of, or changes to, any clinical protocol, study design, outcome measures, or follow-up schedule of an eligible entity that receives a grant under this section, except as necessary to ensure compliance with applicable Federal laws and regulations relating to human subjects protections and patient safety.

(F) ENFORCEMENT AUTHORITY.—The Secretary may suspend, modify, or terminate a grant awarded under this section, if the Secretary determines that the recipient of such grant has failed to comply with reporting requirements under subparagraph (B) or other applicable terms and conditions of the grant.

(6) AVAILABLE AMOUNTS; AUTHORIZATION OF APPROPRIATIONS.—

(A) AVAILABLE AMOUNTS.—The Secretary may carry out the program under this section using amounts available to the Secretary for general mental health care programs, if the use of such amounts supplements, and does not supplant, amounts otherwise available for Department mental health and traumatic brain injury programs.

(B) AUTHORIZATION OF APPROPRIATIONS.—There is authorized to be appropriated to the Secretary $10,000,000 for each of fiscal years 2026 through 2028 to carry out this section.

(7) DURATION; ANNUAL REVIEW.—

(A) DURATION.—The authority of the Secretary to carry out the grant program under this section shall terminate on the date that is three years after the date of the enactment of this Act, except that the Secretary may continue to use amounts made available to carry out this section after such date solely for the purpose of administering activities and obligations incurred before such termination date.

(B) ANNUAL REVIEW.—During such three-year period, the Secretary shall, on an annual basis, review the effectiveness of the grant program to determine the potential of such grant program for continuation or expansion.

(b) DEPARTMENT OF VETERANS AFFAIRS GRANT PROGRAM FOR INDEPENDENT THIRD-PARTY RESEARCH STUDIES AND TREATMENT WITH RESPECT TO SUPPLEMENTAL NEUROREHABILITATION TREATMENTS FOR MTBI.—

(1) ESTABLISHMENT.—The Secretary of Veterans Affairs shall establish and carry out a research grant program to award grants to eligible entities described in paragraph (2) to be used to carry out studies and applied programs on approaches and methodologies for the treatment of mTBI in veterans.

(2) ELIGIBLE ENTITIES DESCRIBED.—An eligible entity described in this paragraph is any of the following:

(A) A nonprofit organization that has demonstrated the capability to conduct clinical trials and to evaluate traumatic brain injury treatments through patient care delivery.

(B) An academic institution that conducts significant research on traumatic brain injury and has demonstrated the capability to conduct clinical trials relating to neurorehabilitation treatments.

(C) A partnership or consortium of two or more entities described in subparagraphs (A) and (B).

(3) APPLICATIONS.—An eligible entity desiring a grant under this section shall submit to the Secretary an application in such form, at such time, and containing such information and assurances as the Secretary determines appropriate, including a summary of—

(A) the research and treatment activities proposed to be carried out using grant funds;

(B) the methodology to be used for such activities;

(C) the expected outcomes of such activities;

(D) how the eligible entity will coordinate, as practicable, with Veterans Health Administration facilities for referral and continuity of care for veterans who participate in activities carried out using grant funds, and for dissemination of aggregate findings;

(E) the budget of the entity for the use of the grant, including a narrative justification and an identification of the estimated amount of grant funds to be used for administrative or overhead costs; and

(F) assurances of compliance with applicable Federal laws and regulations relating to human subjects protections and patient safety.

(4) ADMINISTRATION.—

(A) GRANT CATEGORIES.—In carrying out the grant program under this subsection, each fiscal year the Secretary shall—

(i) subject to the requirement under subparagraph (B), award four grants for exploratory or pilot research and treatment projects, each of which shall be in an amount of not more than $625,000; and

(ii) award five grants for collaborative or multidisciplinary research and treatment initiatives, each of which shall be in an amount of not more than $1,500,000.

(B) PRIORITY.—Of the grants awarded under subparagraph (A)(i), the Secretary shall award not fewer than three to nonprofit organizations.

(C) ENFORCEMENT AUTHORITY.—The Secretary may suspend, modify, or terminate a grant awarded under this subsection, if the Secretary determines that the recipient of such grant has failed to comply with the applicable terms and conditions of the grant.

(5) AGREEMENT WITH INDEPENDENT ORGANIZATION.—

(A) IN GENERAL.—The Secretary shall seek to enter into an agreement with an independent organization that is not a component of the Department and that has demonstrated expertise in randomized controlled trials, neurorehabilitation outcomes evaluation, and research integrity, under which the organization agrees to—

(i) administer the research grant program under this subsection;

(ii) carry out studies and implement efforts that include—

(I) analyzing data from mTBI treatment methodologies developed pursuant to the research grant program to assess the effect, among veterans, of such methodologies on enhanced brain health outcomes, mental health, and long-term recovery, including, to the extent outcomes are collected under the applicable clinical protocol, durability of outcomes at approximately six months following completion of treatment;

(II) identifying data-driven best practices and providing recommendations for further research or clinical application, including recommendations for dissemination to Veterans Health Administration clinicians and facilities (as appropriate); and

(III) randomized, controlled clinical trials to—

(aa) validate and deliver treatments;

(bb) establish a standard of care; and

(cc) improve access to such treatments for veterans;

(iii) submit to the Secretary not less frequently than annually a report describing activities carried out under this section, including outcome data and methodology; and

(iv) make available to the Secretary all data and findings from the grants made under this section, consistent with applicable Federal law, regulation, and Department policies relating to patient protections, data security, and privacy.

(B) RULE OF CONSTRUCTION.—Nothing in this section shall be construed to authorize the Secretary, or an independent organization that enters into an agreement with the Secretary under subparagraph (A), to require prior approval of, or changes to, any clinical protocol, study design, outcome measures, or follow-up schedule established by an eligible entity that receives a grant under this section, except as necessary to ensure compliance with applicable Federal laws and regulations relating to human subjects protections and patient safety.

(C) REPORT.—An agreement under subparagraph (A) shall include a requirement that the independent organization submits to Congress and the Secretary a comprehensive report that includes—

(i) the findings of the studies required under such agreement;

(ii) recommendations with respect to the expansion of successful TBI treatment methodologies and standard of care recommendations, if any, developed pursuant to the research grant program; and

(iii) to the extent available from the reports and study materials of grant recipients, a summary of—

(I) the durability of outcomes at approximately six months following completion of treatment, if collected under the applicable clinical protocol;

(II) adverse events and serious adverse events, including self-harm or suicide-related events, if collected under the applicable clinical protocol or in the ordinary course of care; and

(III) aggregate expenditures of grant funds, including administrative or overhead costs.

(D) SURVEYS.—The Secretary may conduct surveys of any independent organization that enters into an agreement with the Secretary under subparagraph (A) in order to assess the effectiveness of such organization in administering the research grant program under this subsection.

(6) AVAILABLE AMOUNTS; AUTHORIZATION OF APPROPRIATIONS.—

(A) AVAILABLE AMOUNTS.—The Secretary may use amounts available to the Secretary for the operating budget of the National Center for Posttraumatic Stress Disorder to carry out the research grant program under this subsection, if the use of such amounts supplements, and does not supplant, amounts otherwise available for Department programs and services.

(B) AUTHORIZATION OF APPROPRIATIONS.—There is authorized to be appropriated to the Secretary $10,000,000 for each of fiscal years 2026 through 2028 to carry out this subsection.

(7) TERMINATION DATE.—The authority of the Secretary to carry out the research grant program under this section shall terminate on the date that is three years after the date of the enactment of this Act.

(c) REPORTS TO CONGRESS.—Not later than two years after the date on which the Secretary commences the research grant program under subsection (a), and on an annual basis thereafter until the termination date specified in paragraph (8) of such subsection, the Secretary shall submit to Congress a report on the grant programs under subsections (a) and (b). Each such report shall include—

(1) the findings of the studies under subsection (a)(6)(B);

(2) a description of any agreement entered into by the Secretary under subsection (b)(5)(A);

(3) recommendations of the Secretary with respect to policy and programmatic improvements to services of the Department to treat mTBI among veterans;

(4) any findings derived from surveys conducted under subsection (b)(5)(D), including any recommendations of the Secretary for improvements to the structure, oversight, administration, or performance of the independent organization that enters into an agreement with the Secretary under subsection (b)(5)(A); and

(5) such other matters as the Secretary determines appropriate.

(d) DEFINITIONS.—In this section:

(1) The terms ''chronic mild traumatic brain injury'' and ''mTBI'' mean a mild traumatic brain injury with symptoms that persist for not fewer than six months after the inciting injury, as determined using validated clinical criteria.

(2) The term ''nonprofit organization''—

(A) means an organization described in section 501(c)(3) of the Internal Revenue Code of 1986 and exempt from taxation under section 501(a) of such Code; and

(B) includes such an organization that is a hospital, nonprofit health system, academic medical center, or clinic that delivers neurorehabilitation care or conducts clinical research relating to mTBI.

(3) The term ''veteran'' has the meaning given such term in section 101 of title 38, United States Code.

SEC. 304. ASSIGNMENT OF TRAVELING PHYSICIANS TO SERVE TERRITORIES, POSSESSIONS, AND FREELY ASSOCIATED STATES.

(a) IN GENERAL.—Subchapter I of chapter 74 of title 38, United States Code, is amended by adding at the end the following new section:

''§ 7415. Traveling physicians

''(a) IN GENERAL.—(1) The Secretary may assign a physician appointed under section 7401 or section 7431 of this title to serve as a traveling physician for a period of not more than one year at a time. A physician assigned to serve as a traveling physician under this section may be assigned to provide health care to veterans residing in American Samoa, Guam, the Commonwealth of the Northern Mariana Islands, the Commonwealth of Puerto Rico, the Virgin Islands of the United States, or the Freely Associated States (as such term is defined in section 1724(f) of this title), or any other territory or possession of the United States at Department facilities or other approved facilities located in such territory, possession, or Freely Associated State.

''(2) The Secretary may assign multiple physicians to serve as traveling physicians under this section and may assign each such physician to serve in a specific territory or possession.

''(b) COORDINATION OF CARE.—In providing care under this section, traveling physicians shall coordinate with non-Department medical providers to the extent practicable and necessary to ensure high quality and coordinated care for veterans receiving hospital care and medical services.

''(c) PAY.—In addition to pay under section 7431 of this title, the Secretary shall provide a relocation or retention bonus to traveling physicians under this section. Such relocation or retention bonus shall be substantially similar to a relocation or retention bonus offered under section 7410(a) of this title, as the Secretary considers appropriate.''.

(b) CLERICAL AMENDMENT.—The table of sections at the beginning of such chapter is amended by inserting after the item relating to section 7414 the following new item:

''7415. Traveling physicians.''.

(c) TECHNICAL AND CONFORMING AMENDMENTS.—Title 38, United States Code, is further amended as follows:

(1) In section 7410(a)(1), by—

(A) by striking ''retention allowances'' and inserting ''retention bonuses''; and

(B) by striking the second comma after ''section 7401(1) of this title''; and

(2) In section 7431(e)(5)(B), by striking ''retention allowances'' and inserting ''retention bonuses''.

SEC. 305. INCLUSION OF ADAPTIVE PROSTHESES AND TERMINAL DEVICES FOR SPORTS AND OTHER RECREATIONAL ACTIVITIES IN MEDICAL SERVICES FURNISHED TO ELIGIBLE VETERANS BY THE SECRETARY OF VETERANS AFFAIRS.

Section 1701 of title 38, United States Code, is amended, in paragraph (6)(F)(i), by inserting ''(including adaptive prostheses and terminal devices for sports and other recreational activities that are determined to be clinically appropriate by the Secretary)'' after ''artificial limbs''.

SEC. 306. MODIFICATIONS TO AND REAUTHORIZATION OF STAFF SERGEANT PARKER GORDON FOX SUICIDE PREVENTION GRANT PROGRAM OF DEPARTMENT OF VETERANS AFFAIRS.

(a) COORDINATION BY SECRETARY.—Subsection (b) of section 201 of the Commander John Scott Hannon Veterans Mental Health Care Improvement Act of 2019 (Public Law 116–171; 38 U.S.C. 1720F note) is amended by striking the second sentence.

(b) USE OF GRANT FUNDS.—Subsection (c) of such section is amended—

(1) in the subsection heading, by inserting ''; USE OF GRANT FUNDS'' after ''GRANTS''; and

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

''(3) RENEWAL OF GRANT AMOUNTS.—

''(A) IN GENERAL.—In determining whether to renew a grant awarded under this section to an eligible entity, the Secretary shall consider, among such other factors as the Secretary may consider appropriate—

''(i) the compliance by the eligible entity in administering pre- and post-intervention assessments required under subsection (e)(6); and

''(ii) any demonstrated improvements in participant outcomes.

''(B) ADDITIONAL AMOUNTS.—Based on a consideration of the factors described in subparagraph (A), the Secretary may award amounts, not to exceed $250,000 per grantee per fiscal year, to a grantee in addition to the maximum amount under paragraph (2)(A) based on a performance-based metric established by the Secretary.''.

(c) PRIORITY FOR NEW RECIPIENTS.—Subsection (d) of such section is amended—

(1) in the subsection heading, by striking ''and Preference'' and inserting '', Preference, and Priority'';

(2) in paragraph (1)(A)—

(A) in clause (iv), by striking the semicolon at the end and inserting ''; and'';

(B) by striking clause (v); and

(C) by redesignating clause (vi) as clause (v); and

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

''(3) PRIORITY FOR NEW RECIPIENTS.—To the maximum extent practicable, the Secretary shall prioritize grants for eligible entities that have satisfied the requirements provided under subsection (f) and are located in States in which a grant has not been awarded under this section.''.

(d) REQUIREMENTS FOR RECEIPT OF GRANTS.—Subsection (e) of such section is amended—

(1) in paragraph (3)—

(A) by redesignating subparagraphs (B) and (C) as subparagraphs (C) and (D), respectively; and

(B) by inserting after subparagraph (A) the following new subparagraph (B):

''(B) coordinate with the Secretary to develop a plan for communication between the entity and local mental health providers of the Department regarding whether veterans receiving assistance under this section from the entity are attending appointments to ensure continuity of care;''; and

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

''(6) ASSESSMENTS.—An eligible entity receiving a grant under this section shall conduct a pre- and post-intervention assessment with respect to each eligible individual who receives suicide prevention services pursuant to such grant across all relevant metrics, as determined by the Secretary.

''(7) METRICS AND OUTCOMES.—An eligible entity receiving a grant under this section shall collect and submit to the Secretary such metrics and outcome data as the Secretary may require, including—

''(A) throughput measures, including the number of veterans screened, referred, connected to care, and retained in services under the grant program;

''(B) reductions in severity scale measurements, including reductions in suicidality identified through applicable inventories or assessments; and

''(C) such other quantifiable metrics as the Secretary determines appropriate.''.

(e) TRAINING AND TECHNICAL ASSISTANCE.—Subsection (g) of such section is amended—

(1) in paragraph (1)—

(A) in the matter preceding subparagraph (A), by inserting '', or interested in receiving such grants,'' after ''this section''; and

(B) in subparagraph (A), by inserting '', including training on how to properly use the Columbia Protocol (also known as the Columbia-Suicide Severity Rating Scale (C–SSRS)) and other screening tools selected by the Secretary'' after ''management''; and

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

''(3) TRAINING FOR DEPARTMENT EMPLOYEES.—The Secretary shall provide training to employees of the Department as the Secretary considers appropriate on the grant program under this section.''.

(f) BRIEFING FOR LOCAL VAMCS.—Subsection (h) of such section is amended by adding at the end the following new paragraph:

''(5) BRIEFING FOR LOCAL VAMCS.—Not less frequently than once per year, unless the Secretary determines that such frequency is not advisable, the Secretary shall provide, to the appropriate personnel of each medical center of the Department identified on the grantee's application under this section, a briefing about the grant program under this section in order to improve coordination between such recipient and personnel.''.

(g) DURATION.—Subsection (j) of such section is amended by striking ''September 30, 2026'' and inserting ''September 30, 2029''.

(h) REPORTS.—Subsection (k)(2) is amended—

(1) in the paragraph heading, by striking ''FINAL REPORT'' and inserting ''ANNUAL REPORTS''; and

(2) in subparagraph (B)—

(A) by redesignating clauses (iii) and (iv) as (v) and (vi), respectively; and

(B) by adding the following new clauses (iii) and (iv):

''(iii) A description of the Secretary's compliance with the requirement to train employees of the Department under subsection (g)(3).

''(iv) An optional description and inclusion of subjective or narrative stories of community or individual impact to allow grant recipients to share meaningful accomplishments.''.

(i) REFERRAL FOR CARE.—Subsection (m) of such section is amended by adding at the end the following new paragraph:

''(4) REQUIRED RESPONSE OR ACTION.—(A) If the Secretary receives a referral under paragraph (1) for additional care, the Secretary shall review such referral and contact the veteran not later than 72-hours following the referral.

''(B) If the Secretary receives a referral under paragraph (2) for emergent suicide care, the Secretary shall review such referral and contact the veteran not later than 24 hours following the referral by such entity under subsection (m)(1).''.

(j) REAUTHORIZATION.—Subsection (p) of such section is amended—

(1) by striking ''section a total'' and inserting ''section—

''(1) a total'';

(2) by striking the period at the end and inserting ''; and''; and

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

''(2) a total of $200,000,000 for fiscal years 2027 through 2029.''.

(k) TECHNICAL CORRECTION TO DEFINITIONS.—Subsection (q)(5) of such section is amended, in the first sentence—

(1) by striking ''Medical services'' and inserting ''The term 'emergency treatment' means medical services''; and

(2) by striking ''was rendered'' and inserting ''rendered''.

(l) IDENTIFICATION OF DEMAND FOR OTHER SERVICES AND SUPPORT.—Subsection (e) of such section, as amended, is further amended—

(1) by redesignating paragraphs (5) and (6) as (6) and (7), respectively; and

(2) by adding after paragraph (4) the following new paragraph:

''(5) DEMAND FOR OTHER SERVICES AND SUPPORT.—An entity receiving a grant under this section shall submit to the Secretary information concerning—

''(A) the number of individuals seeking services from the entity who are not eligible individuals and the most common reason such individuals are not eligible individuals;

''(B) a description of the types of services that eligible individuals or individuals described in subparagraph (A) require based on any screening conducted by the entity; and

''(C) any actions taken by the entity to provide the services described in subparagraph (B) or to refer the individual or eligible individual to another entity for the receipt of such services.''.

(m) SUICIDE PREVENTION SERVICES.—

(1) REQUIRED USE OF CERTAIN SCREENING PROTOCOL.—Subsection (q)(11)(A)(ii) of such section is amended by adding at the end the following new sentence: ''In the case of a recipient of a grant awarded under this section on or after the date of the enactment of the Take Care of America's Veterans Act, such screening shall be Columbia Protocol (also known as the Columbia-Suicide Severity Rating Scale (C–SSRS)) or the Patient Health Questionnaire–9 (PHQ9), or a successor screening tool selected by the Secretary.'';

(2) TRANSPORTATION.—Subsection (q)(11)(A) of such section is amended—

(A) by redesignating clause (xi) as clause (xii); and

(B) by inserting after clause (x) the following new clause:

''(xi) Transportation and rideshare services for eligible individuals to use for appointments.''.

(n) ELIGIBLE INDIVIDUALS.—Subsection (q)(4)(C) of such section is amended by striking ''clauses (i) through (iv)'' and inserting ''clauses (i) through (vi)''.

(o) EFFECTIVE DATE.—The amendments made by this section shall take effect on—

(1) the effective date of award following the date the Secretary publishes a notice of funding opportunity for the program required by section 201(a) of the Commander John Scott Hannon Veterans Mental Health Care Improvement Act of 2019 (Public Law 116–171; (38 U.S.C. 1720F)), if the Secretary determines such amendments do not require rulemaking; or

(2) the effective date of award following the date the Secretary publishes a notice of funding opportunity following the effective date of subsequent rulemaking, if the Secretary determines such amendments do require rulemaking.

SEC. 307. REPORTS ON THE USE OF HYPERBARIC OXYGEN THERAPY.

(a) GAO REPORT ON THE USE OF HYPERBARIC OXYGEN THERAPY TO TREAT TRAUMATIC BRAIN INJURY AND POST-TRAUMATIC STRESS DISORDER.—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 House of Representatives an update to the report titled ''Research on Hyperbaric Oxygen Therapy to Treat Traumatic Brain Injury and Post-Traumatic Stress Disorder'' (GAO-16-154). Such report shall include the assessment of the Comptroller General of clinical trials conducted, since the publication of such report—

(1) regarding the use of hyperbaric oxygen therapy to treat traumatic brain injury and post-traumatic stress disorder; and

(2) by—

(A) the Secretary of Veterans Affairs;

(B) the Secretary of Defense; and

(C) private entities.

(b) FOLLOW-UP STUDY.—

(1) IN GENERAL.—Not later than 180 days after the date of the enactment of this Act, the Secretary shall conduct a systematic review of published research literature on the off-label use of hyperbaric oxygen therapy to treat post-traumatic stress disorder and traumatic brain injury among veterans and nonveterans.

(2) ELEMENTS.—The review conducted under paragraph (1) shall include the following:

(A) An analysis of available research literature published after the review completed pursuant to section 702 of the Commander John Scott Hannon Veterans Mental Health Care Improvement Act (Public Law 116–171);

(B) An assessment of the current parameters for research on the use by the Department of Veterans Affairs of hyperbaric oxygen therapy, including—

(i) tests and questionnaires used to determine the efficacy of such therapy; and

(ii) metrics for determining the success of such therapy.

(C) A comparative analysis of tests and questionnaires used to study post-traumatic stress disorder and traumatic brain injury in other research conducted by the Department of Veterans Affairs, other Federal agencies, and entities outside the Federal Government.

(D) A market assessment of available hyperbaric oxygen therapy facilities or units within facilities to assess the most effective locations and practices, including—

(i) an analysis of whether multi-person chambers could reduce per-veteran costs;

(ii) an analysis of areas with lower prices compared to a national average; and

(iii) an identification of not fewer than two VISNs in which the provision or furnishing of hyperbaric oxygen therapy would benefit the most number of veterans at the lowest cost to the Department.

SEC. 308. DEPARTMENT OF VETERANS AFFAIRS PILOT PROGRAM TO PROVIDE GRANTS TO MENTAL HEALTH CARE PROVIDERS FOR THE PROVISION OF MENTAL HEALTH CARE FOR VETERANS.

(a) ESTABLISHMENT.—The Secretary of Veterans Affairs shall carry out a three-year pilot program under which the Secretary shall make grants to eligible mental health care providers for the provision of mental health care, including evidence-based mental health care delivered in person or via telehealth.

(b) ELIGIBILITY.—To be eligible to receive a grant under the pilot program, a mental health care provider shall—

(1) be a non-profit organization;

(2) have operated at least one outpatient mental health facility in the United States for a continuous period of at least three years;

(3) be licensed or certified under applicable state law to provide outpatient mental health services;

(4) be accredited by—

(A) the Joint Commission on Accreditation of Healthcare Organizations;

(B) the Commission on Accreditation of Rehabilitation Facilities; or

(C) any other nationally recognized accrediting body the Secretary determines appropriate; and

(5) submit to the Secretary an application that includes such information and assurances as the Secretary may require, including—

(A) an identification of the outpatient facility or facilities where the mental health care services will be provided;

(B) a plan for providing clinicians at each facility in receipt of grant funds with units of continuing education with respect to veterans issues; and

(C) an identification of the percentage of the operating budget for each such facility that was provided through Federal grants during the fiscal year preceding the year during which the application is submitted.

(c) USE OF FUNDS.—

(1) IN GENERAL.—The recipient of a grant under the pilot program shall use the grant—

(A) to deliver evidence-based mental health care for veterans in person or via telehealth;

(B) to operate or expand an existing outpatient mental health facility or establish a new outpatient mental health facility for the purpose of providing such care;

(C) to encourage veterans who are eligible for enrollment in the patient enrollment system under section 1705 of title 38, United States Code, to enroll in such system and to receive medical services furnished by the Department of Veterans Affairs;

(D) to support activities necessary to deliver or sustain care, including—

(i) outreach;

(ii) care coordination;
(iii) veteran engagement;
(iv) clinician training;
(v) implementation support; and
(vi) program evaluation; and
(E) to support continuous quality improvement and outcomes measurement activities, including the collection and reporting of clinical outcomes and operational metrics; and
(F) to support activities of the program that are not billable, reimbursable, or otherwise authorized by law, including—
(i) outreach;
(ii) care coordination;
(iii) engagement;
(iv) implementation support; and
(v) program evaluation; and
(G) to provide services to individuals for which reimbursement is not otherwise available, including such individuals who are—
(i) uninsured;
(ii) ineligible for health care furnished by the Department of Veterans Affairs; or
(iii) in receipt of health care that is not reimbursable as of the date of the enactment of this Act.

(2) LIMITATIONS ON USE OF GRANT FUNDS.—The recipient of a grant under the pilot program may not—
(A) charge an eligible veteran a fee associated with the receipt of mental health care funded by such grant;
(B) refuse to provide mental health care to an eligible veteran on the basis that the veteran is not eligible for reimbursement for such care under another payer source; or
(C) use grant funds to—
(i) duplicate payments made under any contract or agreement to which the Department is a party as of the date of the enactment of this Act; or
(ii) pay for the same clinical services or service units that are otherwise billable to a Federal payer, including the Veterans Community Care Program under section 1703 of title 38, United States Code, or any other public or private health plan.

(3) RULES OF CONSTRUCTION.—Nothing in this subsection may be construed to—
(A) prohibit a grant recipient from seeking reimbursement from non-Department payers for mental health services provided by the grant recipient, except that grant funds shall not be used to supplant or duplicate a reimbursement otherwise available under Federal law; or
(B) authorize double billing or duplicate payments for the same clinical service or unit of service.

(4) SPOUSE AND DEPENDENT CARE.—A recipient may use grant funds to provide care to spouses and dependent children of a veteran when such services are integral to achieving a successful clinical outcome. Permissible services include—
(A) family therapy;
(B) couples therapy;
(C) group therapy;
(D) family psychoeducation; and
(E) other counseling services the Secretary determines are clinically necessary.

(d) SELECTION OF FACILITIES.—In awarding grants under the pilot program, the Secretary—
(1) shall ensure that grants are distributed geographically evenly among rural and urban areas;
(2) may consider the proportion of veterans historically served by the grant recipient; and
(3) may prioritize outpatient mental health facilities located in areas that the Secretary determines—
(A) are medically underserved;
(B) have large veteran populations;
(C) are located near military installations; or
(D) have large numbers of veterans at high risk of suicide.

(e) AMOUNT OF GRANT.—
(1) IN GENERAL.—
(A) IN GENERAL.—Except as provided in subparagraph (B), no grant under the pilot program for a facility for any fiscal year may exceed $1,500,000.
(B) LIMITATION.—In the case of an outpatient mental health facility for which at least 50 percent of the operating budget of the facility for the preceding fiscal year was provided through Federal grants, no grant under the pilot program for the facility for any fiscal year may exceed the lesser of—
(i) 50 percent of the operating budget of the facility; or
(ii) $1,500,000.

(2) MULTIPLE GRANTS.—The recipient of a grant under the pilot program—
(A) may apply for, and receive, grants for more than one facility of the recipient for any fiscal year; and
(B) may apply for, and receive, a grant for a facility that has already received a grant under the pilot program.

(f) REGULATIONS; ACCOUNTABILITY.—The Secretary shall prescribe regulations to carry out this section, which shall include a requirement that each recipient of a grant under the pilot program shall—
(1) demonstrate the capacity to provide accountability;
(2) demonstrate clinical outcomes;
(3) justify the effective use of any private investment funds or Federal grant funds through data collection and reporting metrics; and
(4) collect standardized outcome measures including symptom improvement and program completion.

(g) CONTINUITY OF CARE.—A recipient of a grant under the pilot program shall adhere to the continuity of care model established by the Secretary to the Veterans Community Care Program.

(h) REPORT.—Not later than 180 days after the completion of the pilot program under this section, the Secretary shall submit to Congress a report on the pilot program that includes the following:
(1) The number of veterans who received mental health care under the program.
(2) An identification of the types of mental health care provided and the time period for which such care was provided.
(3) An identification and summary of program outcomes.
(4) The number of veterans who received mental health care under the program and subsequently enrolled in the patient enrollment system under section 1705 of title 38, United States Code.
(5) An identification of any obstacles faced by grant recipients in providing mental health care under the program.
(6) A summary of clinical outcomes based on pre- and post-client functioning—
(A) the number of veterans who improved clinically based on relevant clinical evaluation metrics that the Secretary determines appropriate;
(B) the degree of clinical improvement based on such relevant clinical evaluation metrics;
(C) the total number of veterans participating in the program; and
(D) any other outcome metrics as the Secretary determines appropriate.
(7) Findings with respect to the sustainability of the program.

(i) AUTHORIZATION OF APPROPRIATIONS.—There is authorized to be appropriated to the Secretary to carry out the pilot program under this section $20,000,000 for each of fiscal years 2027 through 2029.

SEC. 309. FURNISHING OF CERTAIN HEALTH SERVICES TO VETERANS IN THE FREELY ASSOCIATED STATES.

(a) AGREEMENTS REQUIRED.—Consistent with section 1724(f) of title 38, United States Code, and section 209(a)(4)(A) of the Compact of Free Association Amendments Act of 2024 (48 U.S.C. 1988(a)(4)(A)), the Secretary of Veterans Affairs shall work expeditiously with the governments of the Freely Associated States to enter into the agreements described in such sections.

(b) INCLUSION OF TELEHEALTH AND MAIL ORDER PHARMACY SERVICES REQUIRED.—Consistent with such sections and with the agreements required by subsection (a), the Secretary shall furnish to veterans in the Freely Associated States services that include, at a minimum—
(1) medical services authorized to be provided under chapter 17 of title 38, United States Code, which can be administered through telehealth; and
(2) pharmaceutical products authorized to be provided under such chapter, delivered by mail.

(c) IMPLEMENTATION DATES.—In carrying out subsections (a) and (b), the Secretary shall—
(1) initiate outreach to each such government not later than 30 days after the date of the enactment of this Act;
(2) enter into each agreement required by paragraph (1) not later than one year after the date of the enactment of this Act; and
(3) begin furnishing the services required by paragraphs (1) and (2) of subsection (b) not later than one year after the date of the enactment of this Act.

(d) BENEFICIARY TRAVEL.—Section 111(h)(1) of title 38, United States Code, is amended by striking ''the Secretary may make payments'' and inserting ''beginning not later than one year after the date of the enactment of the Take Care of America's Veterans Act, the Secretary shall make payments''.

(e) REPORTS.—Not less frequently than quarterly, the Secretary shall submit to the appropriate committees of Congress a report on the implementation of this section and the cost of such implementation. Until the Secretary has entered into the agreements required by subsection (a) and begun furnishing the services required by paragraphs (1) and (2) of subsection (b), the report shall also describe the technical and logistical factors that have prevented or impeded the Secretary from doing so.

(f) DEFINITIONS.—In this subsection:
(1) APPROPRIATE COMMITTEES OF CONGRESS.—The term ''appropriate committees of Congress'' means—
(A) the Committee on Veterans' Affairs and the Committee on Appropriations of the Senate; and
(B) the Committee on Veterans' Affairs and the Committee on Appropriations of the House of Representatives.
(2) FREELY ASSOCIATED STATES.—The term ''Freely Associated States'' has the meaning given such term in section 1724(f) of title 38, United States Code.

SEC. 310. MODIFICATION OF PRECISION MEDICINE FOR VETERANS INITIATIVE; REPORTING ON SUICIDE BY VETERANS AND MEMBERS OF THE ARMED FORCES.

(a) MODIFICATION OF PRECISION MEDICINE FOR VETERANS INITIATIVE.—Section 305 of the Commander John Scott Hannon Veterans Mental Health Care Improvement Act of 2019 (Public Law 116–171; 38 U.S.C. 1712A note) is amended—
(1) in subsection (a), by striking ''and such other mental health conditions'' and inserting ''repetitive low-level blast exposure, dementia, and such other brain and mental health conditions'';

(2) in subsection (d)(4), by adding at the end the following new subparagraph:

''(E) DATA-SHARING PARTNERSHIP.—

''(i) IN GENERAL.—The Secretary shall work with the Secretary of Defense to establish a data-sharing partnership between the Department of Veterans Affairs and the Department of Defense.

''(ii) STORAGE.—The partnership established under clause (i) shall be stored in the open platform made available under this paragraph.

''(iii) DATA.—The data supplied by the Secretary of Defense under the partnership established under clause (i) shall include relevant data throughout the Department of Defense relating to low-level repetitive blast exposure and traumatic brain injury collected by the Armed Forces and other appropriate entities, as determined jointly by the Secretary of Defense and the Secretary of Veterans Affairs.''; and

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

''(f) REPETITIVE LOW-LEVEL BLAST EXPOSURE RESEARCH.—In carrying out the initiative under subsection (a), the Secretary shall prioritize research—

''(1) to identify and validate biomarkers associated with repetitive low-level blast exposure and traumatic brain injury;

''(2) to evaluate clinical and non-clinical interventions that improve cognitive function, quality of life, and mental health outcomes among veterans with symptoms associated with repetitive low-level blast exposure;

''(3) to improve the diagnosis, treatment, and care coordination for veterans with a history of low-level repetitive blast exposure or traumatic brain injury, including veterans who performed duties or tasks associated with increased risk of low-level repetitive blast exposure; and

''(4) to develop evidence-based strategies to reduce suicide risk among veterans with a history of low-level repetitive blast exposure or traumatic brain injury.

''(g) ASSISTANCE AND REPORT BY NATIONAL ACADEMIES OF SCIENCES, ENGINEERING, AND MEDICINE.—Not later than 180 days after the date of the enactment of the Take Care of America's Veterans Act, the Secretary of Veterans Affairs shall seek to enter into a contract with the National Academies of Sciences, Engineering, and Medicine under which the National Academies shall—

''(1) work in tandem with the initiative under subsection (a) on validation of brain and mental health biomarkers among veterans; and

''(2) not less frequently than once every two years, 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 work completed under paragraph (1).

''(h) ASSESSMENT.—

''(1) IN GENERAL.—The Secretary of Veterans Affairs shall conduct an assessment of all translational research studies in progress and planned under the initiative under subsection (a), including research under subsection (f).

''(2) REPORT.—Not later than 60 days after completion of the assessment conducted under paragraph (1), 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 assessment.

''(i) REPORTS.—

''(1) IN GENERAL.—Not less frequently than once every two years, 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 report on the initiative under subsection (a).

''(2) RECOMMENDATIONS.—Each report required by paragraph (1) may include recommendations for immediate administrative and legislative action to improve the initiative under subsection (a).

''(j) AUTHORIZATION OF APPROPRIATIONS.—There is authorized to be appropriated to the Secretary of Veterans Affairs $5,000,000 to carry out the initiative under subsection (a) for each of fiscal years 2027 through 2032.''.

(b) INCLUSION OF INFORMATION IN REPORTS ON SUICIDE PREVENTION AMONG VETERANS AND MEMBERS OF THE ARMED FORCES.—

(1) INCLUSION OF INFORMATION IN NATIONAL VETERAN SUICIDE PREVENTION ANNUAL REPORT.—Section 149(a)(4)(B) of the Senator Elizabeth Dole 21st Century Veterans Healthcare and Benefits Improvement Act (Public Law 118–210; 38 U.S.C. 1709B note) is amended by adding at the end the following:

''(iv) Military occupation data of veterans who attempt or commit suicide.''.

(2) INCLUSION OF INFORMATION IN DEPARTMENT OF DEFENSE ANNUAL REPORT.—The Secretary of Defense shall include in the annual report of the Defense Suicide Prevention Office, or successor office, information on—

(A) occupational data of members of the Armed Forces who attempt suicide; and

(B) outcomes of suicide prevention interventions among members of the Armed Forces.

SEC. 311. ESTABLISHMENT OF THE BLAST OVERPRESSURE TASK FORCE OF THE DEPARTMENT OF VETERANS AFFAIRS.

(a) ESTABLISHMENT.—Not later than 180 days after the date of the enactment of this Act, the Secretary of Veterans Affairs shall appoint, through the Department of Veterans Affairs-Department of Defense Joint Executive Committee under section 320 of title 38, United States Code, the Blast Overpressure Task Force of the Department of Veterans Affairs (in this section referred to as the ''Task Force'').

(b) MEMBERSHIP.—Each member of the Task Force appointed under subsection (a) shall be a member of the Health Executive Committee under subsection (b)(2) of such section who, at the time of appointment, is involved in research regarding the mitigation and treatment of blast overpressure or blast exposure.

(c) DUTIES.—The duties of the Task Force are the following:

(1) To improve how the Secretary of Veterans Affairs, in consultation with the Secretary of Defense, provides health care and other benefits to veterans or members of the Armed Forces diagnosed with traumatic brain injury, post-traumatic stress disorder, or other symptoms, from blast overpressure or blast exposure.

(2) To align research agendas and acquisition strategies of the Department regarding such health care.

(3) To establish physiological and cognitive performance baselines for such veterans and members.

(4) To prioritize translational research regarding such veterans and members, including research regarding—

(A) sleep therapy;

(B) blast-related gut health;

(C) mobile diagnostics;

(D) vestibular dysfunction and balance impairment;

(E) autonomic nervous system dysregulation;

(F) cumulative mild traumatic brain injury;

(G) neuroinflammation and glial activation; and

(H) any other issue determined appropriate by the Secretary.

(5) To monitor sensory decline (including with regard to vision, hearing, and vestibular function) and stress-related impairments among such veterans and members.

(6) To support continuity of such care by integrating mobile and longitudinal diagnostic tools.

(d) REPORTS.—The Task Force shall issue annual reports to the Committees on Veterans' Affairs and on Armed Services of the Senate and House of Representatives. Each such report shall include the following elements:

(1) Details of research initiatives, coordination outcomes, and clinical advancements of the Task Force.

(2) Recommendations of the Task Force regarding—

(A) how claims processors of the Department of Veterans Affairs should evaluate evidence that links such conditions to active military, naval, air, or space service; and

(B) best practices regarding the evaluation of neurological injuries in examinations for benefits under chapters 11 or 15 of title 38, United States Code.

(e) SUNSET.—The Task Force shall terminate on September 30, 2029.

SEC. 312. EXTENSION OF SHARING OF DEPARTMENT OF VETERANS AFFAIRS AND DEPARTMENT OF DEFENSE HEALTH CARE RESOURCES; RESOURCE SHARING OVERSIGHT AND IMPLEMENTATION PLAN.

(a) OVERSIGHT.—

(1) JUSTIFICATION.—Section 8111 of title 38, United States Code, is amended, in subsection (a)—

(A) by striking ''The Secretary'' and inserting ''(1) To the extent practicable, the Secretary''; and

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

''(2) If the Secretary of Veterans Affairs elects not to enter into such an agreement or contract, notwithstanding paragraph (1), the Secretary and the Department of Veterans Affairs-Department of Defense Joint Executive Committee shall submit to the Committees on Veterans' Affairs of the House of Representatives and the Senate a written justification for such election.''.

(2) INFORMATION.—Such section is further amended by inserting, after subsection (b), the following new subsection (c):

''(c) INFORMATION.—(1) If the Committee on Veterans' Affairs of the House of Representatives or the Senate requests information from the Secretary of Veterans Affairs regarding section, the Secretary shall provide such information in the form requested by such committee, including underlying records, datasets, methodologies, contracts, and communications, and may not be limited to summaries or briefing materials in lieu of original source documents unless authorized by the requesting committee.

''(2) In response to such a request, no official or employee of the Department of Veterans Affairs shall—

''(A) withhold, screen, or alter responsive information;

''(B) delay or condition production on initial clearance or political review;

''(C) require a nondisclosure agreement unless required by law;

''(D) substitute summaries for requested records; or

''(E) otherwise impede or interfere with direct transmission of information to the Committee on Veterans' Affairs of the House of Representatives or the Senate.

''(3) If, in responding to such a request, the Secretary determines that any such information is classified, the Secretary shall make arrangements to present such information to the Chair and Ranking Member of such committee using appropriate security measures.''.

(3) EXTENSION.—Such section is further amended, in subsection (d)(3), by striking

''September 30, 2026'' and inserting ''September 30, 2027''.

(c) IMPLEMENTATION PLAN AND REPORT.—

(1) JOINT RESOURCE SHARING IMPLEMENTATION PLAN.—Not later than 90 days after the date of the enactment of this Act, the Secretary of Veterans Affairs, in coordination with the Secretary of Defense, shall submit to the Committees on Veterans' Affairs of the House of Representatives and the Senate a Joint Resource Sharing Implementation Plan. Such plan shall include—

(A) a comprehensive inventory of all agreements under section 8111 of title 38, United States Code;

(B) a standardized reimbursement methodology;

(C) capacity assessments of Department of Veterans Affairs and Department of Defense facilities; and

(D) identification of priority regions for expansion.

(2) REPORT.—Not later than 2 years after the date of the enactment of this Act, the Comptroller General shall submit a report to Congress on the implementation of section 8111 of title 38, United States Code. Such report shall include—

(A) a description of use and effectiveness of agreements under such section;

(B) a description of the role and output of the Joint Executive Committee under such section;

(C) an evaluation of the effectiveness of coordination of care and sharing of resources by the Department of Veterans Affairs and the Department of Defense under such section; and

(D) a description of any statutory, operational, or cultural barriers to the implementation of such section.

SEC. 313. TIMELY REPORTING OF THE DEATH OF A VETERAN.

(a) FINDINGS.—Congress finds the following:

(1) States and counties have reported significant delays in the signing of death certificates for veterans who pass away from natural causes.

(2) Such delays, caused by the refusal of, or postponement by, physicians of the Department of Veterans Affairs have, in some cases, lasted as long as eight weeks.

(3) Such delays prevent the timely burial of deceased veterans and access to survivor benefits.

(b) TIMELY CERTIFICATION OF THE DEATH OF A VETERAN.—

(1) IN GENERAL.—

(A) VA PHYSICIAN, NURSE PRACTITIONER, OR PHYSICIAN ASSISTANT.—Subject to subparagraph (B), a physician, nurse practitioner, or physician assistant employed by the Secretary of Veterans Affairs who is the primary care provider of a veteran who dies of natural causes shall certify the death of such veteran not later than two business days after such physician, nurse practitioner, or physician assistant learns of such death.

(B) CORONER OR MEDICAL EXAMINER.—If a physician, nurse practitioner, or physician assistant described in subparagraph (A) cannot comply with such paragraph with respect to a death described in such paragraph, a coroner or medical examiner in the jurisdiction where such death occurred may certify such death.

(2) REPORT.—

(A) IN GENERAL.—Not later than one year after the date of the enactment of this Act, and annually thereafter for the following five years, 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 regarding compliance with paragraph (1).

(B) ELEMENTS.—Each report required under subparagraph (A) shall include, with respect to the year preceding the date of the report, the following elements:

(i) The percentage of cases in which a physician, nurse practitioner, or physician assistant employed by the Secretary complied with paragraph (1)(A).

(ii) The number of cases in which such a physician, nurse practitioner, or physician assistant could not so comply.

(iii) An identification of the most common reasons why such a physician, nurse practitioner, or physician assistant could not so comply.

(3) RULE OF CONSTRUCTION.—Nothing in this section shall be construed to authorize a physician assistant or nurse practitioner to certify a death in any State in which such authority is not permitted under State or local law.

SEC. 314. EXPANSION OF ACCESS BY VETERANS TO CRITICAL ACCESS HOSPITALS AND AFFILIATED CLINICS UNDER THE VETERANS COMMUNITY CARE PROGRAM.

(a) PILOT PROGRAM TO IMPROVE CARE COORDINATION FOR VETERANS FROM CRITICAL ACCESS HOSPITALS AND AFFILIATED CLINICS.—

(1) IN GENERAL.—Not later than one year after the date of the enactment of this Act, the Secretary of Veterans Affairs shall commence a five-year pilot program to improve care coordination for eligible veterans who receive care from a critical access hospital or a provider-based rural health clinic affiliated with such hospital (in this section referred to as the ''pilot program'').

(2) CONTRACTS, AGREEMENTS, OR OTHER ARRANGEMENTS.—

(A) IN GENERAL.—In carrying out the pilot program, the Secretary shall enter into contracts, agreements, or other arrangements with facilities participating in the pilot program to reimburse critical access hospitals and affiliated clinics for outpatient health care and medical services provided to eligible veterans.

(B) ELEMENTS.—The Secretary, in coordination with participating critical access hospitals, shall ensure that any contract, agreement, or other arrangement entered into under subparagraph (A) establishes criteria, as the Secretary considers appropriate, to ensure—

(i) the provision of timely, safe, and high-quality health care services to participants in the pilot program, including through timely sharing of pertinent medical record and other information between medical facilities participating in the pilot program and medical facilities of the Department of Veterans Affairs;

(ii) the provision of health care services through the pilot program is in accordance with the medical benefits package of the Department;

(iii) no additional charges are imposed on veterans participating in the pilot program or the health care insurer of such veterans for any medical service for which payment is made by the Secretary;

(iv) appropriate reimbursement rates, including through the consideration of cost-based reimbursements; and

(v) such other considerations as the Secretary considers appropriate.

(3) LOCATIONS.—The Secretary shall ensure participation in the pilot program is open to all qualified facilities located in States that are designated by the Centers for Medicare & Medicaid Services as frontier States.

(4) AUTHORIZATION FOR CARE.—The Secretary shall provide eligible veterans opting to participate in the pilot program a one-year authorization from the Department to receive outpatient services at facilities participating in the pilot program.

(5) OUTREACH.—

(A) ELIGIBLE VETERANS.—Not less frequently than annually during each year in which the pilot program is carried out, the Secretary shall conduct direct outreach to eligible veterans in areas in which the pilot program is carried out to notify such veterans of their ability to participate in the pilot program.

(B) HOSPITALS.—The Secretary shall conduct direct outreach to critical access hospitals in areas in which the pilot program is carried out to notify those hospitals of their ability to participate in the pilot program.

(6) STAFF.—The Secretary shall ensure that each medical facility of the Department within the catchment area of a location in which the pilot program is carried out has sufficient dedicated staff to handle—

(A) administrative and technical challenges that arise from the pilot program;

(B) care coordination and follow up with the veteran and the facility participating in the pilot program after an episode of care; and

(C) timely records return following an episode of care.

(7) LIMITATION.—The Secretary may not extend the pilot program beyond the five-year period specified under subsection (a) or expand the pilot program to additional States or convert the pilot program into a permanent authority unless expressly authorized by a subsequent Act of Congress.

(8) REPORT.—

(A) IN GENERAL.—Not later than one year after the date of the enactment of this Act, and annually thereafter for the duration of the pilot program, 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 pilot program.

(B) ELEMENTS.—

(i) IN GENERAL.—Each report required under subparagraph (A) shall contain the recommendation of the Secretary for the expansion or continuation of the pilot program.

(ii) INITIAL REPORT.—The initial report required under clause (i) shall contain—

(I) a description of the outreach conducted to critical access hospitals concerning the pilot program;

(II) a list of facilities that have opted to participate in the pilot program;

(III) information, by facility, regarding total obligations and expenditures, utilization, average time from authorization to care, timeliness regarding medical records return and claim payment, emergency department utilization, veteran satisfaction, and any effect on care furnished by Department facilities; and

(IV) a list of the barriers, if any, cited by facilities that opted not to participate in the pilot program.

(iii) SUBSEQUENT REPORTS.—Each report required under clause (i) after the initial report shall contain—

(I) an updated list of facilities participating in the pilot program;

(II) the number of veterans participating in the pilot program, disaggregated by facility;

(III) an overview of the types of care received through the pilot program;

(IV) feedback from the facilities participating in the pilot program, with identifying information removed, regarding the status of the pilot program, challenges in participating in the pilot program, and the interest of the facility in continued participation in such a program; and

(V) any additional information that the Secretary determines relevant or necessary.

(9) DEFINITIONS.—In this subsection:

(A) CRITICAL ACCESS HOSPITAL.—The term ''critical access hospital'' has the meaning

given that term in section 1861(mm) of the Social Security Act (42 U.S.C. 1395x(mm)).

(B) ELIGIBLE VETERAN.—The term ''eligible veteran'' means a veteran—

(i) 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;

(ii) who has received care at a facility of the Department or in-network provider under the Veterans Community Care Program under section 1703 of such title during the previous two-year period;

(iii) who lives within 35 miles of a critical access hospital; and

(iv) who would be eligible for care or services under the Veterans Community Care Program.

(b) ACTION PLAN TO ADDRESS BARRIERS TO CARE FOR VETERANS LIVING IN RURAL AREAS.—

(1) IN GENERAL.—Not later than one year after the date of the enactment of this Act, the Secretary of Veterans Affairs shall develop and submit to the Committee on Veterans' Affairs of the Senate and the Committee on Veterans' Affairs of the House of Representatives a comprehensive action plan to identify, address, and eliminate barriers to accessing care for veterans residing in rural, highly rural, and frontier areas.

(2) ELEMENTS.—In developing the action plan required under paragraph (1), the Secretary shall—

(A) consult with health care providers that provide care in the community under the laws administered by the Secretary, State Offices of Rural Health, Tribal health authorities, and other relevant stakeholders in rural, highly rural, and frontier areas as the Secretary determines appropriate;

(B) assess barriers to care in the community for veterans residing in rural and highly rural areas, including challenges with respect to—

(i) network adequacy;

(ii) provider participation;

(iii) geographic distance;

(iv) transportation;

(v) information technology;

(vi) physical infrastructure;

(vii) outreach and understanding of eligibility for such care;

(viii) timeliness of referrals, authorization, and medical documentation exchange; and

(ix) any other matter the Secretary determines appropriate;

(C) list specific and measurable strategies and actions to address the barriers and challenges assessed under subparagraph (B), to include the consideration of—

(i) expanding participation in the Veterans Community Care Program under section 1703 of title 38, United States Code, among providers in rural, highly rural, and frontier areas;

(ii) physically locating health care facilities of the Department of Veterans Affairs within the same building or on the campuses of other health care facilities located in rural, highly rural, or frontier areas;

(iii) enhancing transportation assistance;

(iv) increasing reimbursement rates, including through cost-based reimbursements; and

(v) improving coordination with State, Tribal, and local partners; and

(D) assess legislative and regulatory barriers, if any, to addressing the barriers assessed under subparagraph (B).

(3) IMPLEMENTATION.—Not later than 90 days after submitting the action plan under paragraph (1), the Secretary shall begin implementation of the plan and shall ensure full implementation not later than two years after the date of the enactment of this Act.

(c) OUTREACH.—

(1) OUTREACH TO VETERANS.—Not later than one year after the date of the enactment of this Act, and annually thereafter, the Secretary of Veterans Affairs, through the Office of Rural Health (or successor office) and the Office of Integrated Veteran Care (or successor office), shall conduct outreach to veterans residing in rural, highly rural, and frontier areas regarding—

(A) opportunities to seek care through facilities and programs of the Department of Veterans Affairs, including via telehealth, existing programs provided through grantees or contractors of the Department, Vet Centers (as defined in section 1712A of title 38, United States Code), and volunteer programs and services for transportation;

(B) opportunities to seek care though the Veterans Community Care Program under section 1703 of title 38, United States Code;

(C) opportunities to seek care at critical access hospitals with contracts, partnerships, or agreements with the Department of Veterans Affairs; and

(D) any other matters the Secretary considers appropriate.

(2) OUTREACH TO PROVIDERS.—Not later than one year after the date of the enactment of this Act, and annually thereafter, the Secretary of Veterans Affairs, through the Office of Rural Health (or successor office) and the Office of Integrated Veteran Care (or successor office), shall—

(A) conduct outreach to health care facilities and critical access hospitals in rural areas regarding—

(i) the Veterans Community Care program under section 1703 of title 38, United States Code, and the pilot program under subsection (a) of this section; and

(ii) any other matters the Secretary considers appropriate; and

(B) seek to enter into contracts, partnerships, agreements, or other arrangements with health care facilities and critical access hospitals in rural areas.

(3) CRITICAL ACCESS HOSPITAL DEFINED.—In this section, the term ''critical access hospital'' has the meaning given that term in section 1861(mm) of the Social Security Act (42 U.S.C. 1395x(mm)).

SEC. 315. PILOT PLATFORM FOR SERVICES FOR VETERANS; COLLECTION FROM VETERANS OF INFORMATION RELATED TO SOCIAL DETERMINANTS OF HEALTH.

(a) PILOT PROGRAM ON ESTABLISHMENT OR ENHANCEMENT OF COMMUNITY INTEGRATION PLATFORM FOR VETERANS.—

(1) IN GENERAL.—Commencing not later than 18 months after the date of the enactment of this Act, the Secretary of Veterans Affairs, acting through the Center for Innovation for Care and Payment of the Department of Veterans Affairs, shall carry out a pilot program under which the Secretary shall establish a new, or enhance an existing, interoperable community integration platform to coordinate local support services for veterans through other governmental and nongovernmental organizations (in this section referred to as the ''pilot program'').

(2) ELEMENTS OF PILOT PROGRAM.—In carrying out the pilot program, the Secretary shall ensure that the community integration platform established or enhanced under the pilot program—

(A) permits veterans to identify and connect with covered entities that furnish covered services;

(B) permits covered entities to identify and connect with veterans in need of covered services;

(C) utilizes, to the extent practicable, existing interoperable technology networks;

(D) prioritizes connectivity with appropriate existing technology networks developed by public or private organizations that comply with, as applicable, standards adopted by the Secretary of Health and Human Services under section 3004 of the Public Health Service Act (42 U.S.C. 300jj–14), for the provision of covered services;

(E) ensures that—

(i) reasonable measures are taken to promote connectivity and interoperable exchange among covered entities and between covered entities and veterans; and

(ii) appropriate privacy and security protections are in place, in accordance with applicable Federal and State privacy law;

(F) is accessible by employees of the Department, covered entities, and veterans;

(G) connects covered entities and veterans for purposes of communication, service coordination, and consumer assistance, referral and capacity management, outcome tracking and reporting, and related services; and

(H) is accessible via a web-based platform for all veterans and via a non-web-based alternative platform or process for veterans who are unable to easily and reliably access the web-based platform.

(3) LOCATIONS.—

(A) INITIAL LOCATIONS.—The Secretary shall carry out the pilot program at not fewer than five medical facilities of the Department of Veterans Affairs selected by the Secretary for purposes of the pilot program.

(B) EXPANSION.—The Secretary may expand beyond initial sites for the pilot program selected under paragraph (1) not before two years after the date of enactment, not before thirty days after briefing the Committees on Veterans' Affairs of the Senate and the House of the expansion plan, and after demonstrated success.

(C) VARIETY OF FACILITIES.—In selecting facilities under subparagraph (A), the Secretary shall ensure the selection of a variety of different types of facilities, including—

(i) frontier facilities;

(ii) under-resourced facilities;

(iii) facilities at which there are existing efforts to coordinate with community resources; and

(iv) facilities located in communities with an established community-based veteran service coordination network capable of integration with the pilot program.

(4) PROCUREMENT OF TECHNOLOGY.—In carrying out the pilot program, the Secretary shall ensure full and open competition in the procurement of any services or technology and shall not enter into an exclusive national contract for the operation of the community integration platform under the pilot program. In procuring technology under this section, the Secretary may prioritize, to the maximum extent practicable, technologies, platforms, or capabilities that are already deployed, validated, interoperable, or otherwise in operational use within medical centers or other components of the Department, unless the Secretary determines and documents that an alternative solution would better achieve the purposes of this section.

(5) APPLICATION PROCESS.—

(A) IN GENERAL.—The Secretary may require covered entities that seek to participate in the pilot program to submit to the Secretary an application therefore in such form, in such manner, and containing such commitments and information as the Secretary considers necessary to carry out this section.

(B) REVIEW.—

(i) IN GENERAL.—The Secretary shall review the applications of covered entities submitted under subparagraph (A) to ensure that the participation of such entities would be safe and appropriate for veterans participating in the pilot program.

(ii) DUE DILIGENCE.—In reviewing applications under clause (i), the Secretary shall conduct due diligence consistent with how

the Secretary conducts due diligence for public-private partnerships under other laws administered by the Secretary.

(6) SCREENING AND TRACKING OF PARTICIPANTS.—

(A) IN GENERAL.—The Secretary shall require veterans participating in the community integration platform under the pilot program to provide information regarding social determinants of health using the ICD–10 diagnostic codes Z55 through Z63 and Z75 (as in effect on the date of the enactment of this Act) in a standardized risk assessment or screening tool and such other information as the Secretary considers necessary to administer the pilot program.

(B) INFORMED CONSENT.—Information collected under the pilot program with respect to a veteran shall be obtained with the informed consent of the veteran and used solely for purposes of care coordination, service delivery, or program evaluation under the pilot program.

(C) TRACKING OF INFORMATION.—

(i) IN GENERAL.—The Secretary shall track—

(I) the number of referrals of veterans to covered entities through the community integration platform under the pilot program;

(II) the response time of covered entities to which such veterans are referred; and

(III) the outcome of the initial meeting by a veteran and a covered entity to which the veteran is referred, including a description of the services that are provided to the veteran by such entity.

(ii) TRACKING BY ENTITIES.—The Secretary may require covered entities participating in the pilot program to track the information required under clause (i) in a medium determined appropriate by the Secretary.

(7) COORDINATION AND INTEGRATION OF PROGRAMS.—

(A) COORDINATION WITH EXISTING NETWORKS.—In carrying out the pilot program, the Secretary shall coordinate with existing community networks.

(B) COORDINATION AND INTEGRATION WITH STATE MEDICAID PROGRAMS.—The Secretary may consult and coordinate with the Secretary of Health and Human Services and with States regarding existing Federal and State programs, but nothing in this section shall be construed to authorize the Secretary of Veterans Affairs to administer, direct, or modify a State Medicaid program or waiver.

(8) PERFORMANCE BENCHMARKS.—The Secretary shall establish performance benchmarks for the pilot program, including measures of referral completion, timeliness of service connection, and veteran-reported satisfaction.

(9) REPORT AND BRIEFINGS.—

(A) REPORT.—Not later than three years after the commencement of the pilot program, the Secretary shall submit to the appropriate committees of Congress a report analyzing the needs of veterans for covered services reflected by the use of such services under the community integration platform under the pilot program, including an assessment of—

(i) the need for such services that is being met through such platform; and

(ii) the need for such services that is not being met through such platform.

(B) BRIEFING ON ENTITIES NOT SELECTED.—Not later than 180 days after the commencement of the pilot program, and not less frequently than once every 180 days thereafter until the conclusion of the pilot program, the Secretary shall brief the appropriate committees of Congress on the covered entities that submitted an application to participate in the pilot program but were not selected for participation and the reason those entities were not selected.

(10) COMPTROLLER GENERAL EVALUATION, REPORT, AND RECOMMENDATIONS.—

(A) EVALUATION.—The Comptroller General of the United States shall conduct an evaluation that measures the overall impact of the community integration platform established or enhanced under the pilot program with respect to—

(i) changes in individual and population health outcomes among veterans;

(ii) changes in access to health care or social services among veterans; and

(iii) such other factors as the Comptroller General considers appropriate.

(B) REPORT AND RECOMMENDATIONS.—

(i) IN GENERAL.—Not later than four years after the commencement of the pilot program, the Comptroller General shall—

(I) submit to Congress a report on the evaluation conducted under subparagraph (A);

(II) make such report publicly available; and

(III) based on such evaluation, make recommendations to the Secretary on how to improve and sustain the community integration platform established or enhanced under the pilot program.

(ii) ELEMENTS OF REPORT.—The report under clause (i)(I) shall include data on—

(I) what covered services under the pilot program are being utilized the most;

(II) what requests for services under the pilot program cannot be met; and

(III) the impact of the provision of services under the pilot program on health outcomes of veterans.

(11) LIMITATIONS.—(A) The Secretary may not use the pilot program established under subsection (a) to supplant services otherwise required to be furnished by the Department under title 38, United States Code.

(B) No covered entity participating in the pilot program established under subsection (a) may receive access to personally identifiable information, protected health information, or social determinants information of a veteran without the veteran's informed written consent, and such information may be used only for the specific referral or service authorized by the veteran.

(12) DEFINITIONS.—In this subsection:

(A) 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.

(B) COMMUNITY INTEGRATION PLATFORM.—The term ''community integration platform'' means an interoperable platform or network of interoperable systems used to enable the coordination, alignment, and connection of covered entities and veterans at the local level for purposes of communication, service coordination, and referral management of covered services.

(C) COVERED ENTITY.—The term ''covered entity'' means any of the following entities or providers that have entered into an agreement with the Secretary to participate in the pilot program:

(i) A community-based organization that—

(I) accepts referrals from health care organizations; and

(II) provides covered services.

(ii) A public or private health care provider organization.

(iii) A public or private funded payor of health care services, including home- or community-based services.

(iv) A State, local, territorial, or Tribal health or social services agency.

(v) A State public housing authority or housing finance agency.

(vi) A public health information exchange or public health information network, as defined by the Secretary.

(vii) A faith-based service provider.

(viii) Any other similar entity, as determined by the Secretary.

(D) COVERED SERVICES.—The term ''covered services'' means any of the following:

(i) Nutritional assistance.

(ii) Housing.

(iii) Health care, including preventive health intervention, chronic disease management, and behavioral health care.

(iv) Transportation.

(v) Job training and employment.

(vi) Child development or care.

(vii) Caregiving and respite care.

(viii) Disability assistance.

(ix) Suicide prevention.

(x) Sexual assault services.

(xi) Legal aid.

(xii) Transition assistance for veterans newly separated or discharged from active military, naval, air, or space service (as defined in section 101(24) of title 38, United States Code).

(xiii) Assistance with utilities necessary for safe habitation.

(xiv) Other services directly related to health care access, suicide prevention, homelessness prevention, food insecurity, transportation to health care, or assistance separating from military service and reentering civilian life, as expressly authorized under laws administered by the Secretary.

(E) SECRETARY.—The term ''Secretary'' means the Secretary of Veterans Affairs.

(F) STATE.—The term ''State'' has the meaning given that term in section 101 of title 38, United States Code.

(b) COLLECTION OF INFORMATION FROM VETERANS RELATED TO SOCIAL DETERMINANTS OF HEALTH.—

(1) IN GENERAL.—The Secretary of Veterans Affairs shall collect from 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, as part of routine screenings of such veterans under the laws administered by the Secretary, information related to social determinants that may factor into the health of such veterans.

(2) SOCIAL DETERMINANTS OF HEALTH.—

(A) IN GENERAL.—The information collected under paragraph (1) shall include standardized definitions for identifying social determinants of health needs identified in the ICD–10 diagnostic codes Z55 through Z63 and Z75 (as in effect on the date of enactment of this Act).

(B) INCORPORATION OF MEASURES.—Definitions included under subparagraph (A) with respect to identifying social determinants of health needs shall incorporate measures for quantifying the relative severity of any such social determinant of health need identified in an individual.

SEC. 316. IMPROVEMENTS TO DEPARTMENT OF VETERANS AFFAIRS PROSTHETIC AND REHABILITATIVE ITEMS AND SERVICE.

(a) PROSTHETIC AND REHABILITATIVE ITEMS AND SERVICES FORMULARY.—

(1) IN GENERAL.—Chapter 17 of title 38, United States Code, is amended by inserting after section 1709C the following new section:

''§ 1709D. Prosthetic and Rehabilitative Items and Services Formulary

''(a) IN GENERAL.—The Secretary shall establish a list of prosthetic and rehabilitative items and services, which may be referred to as the 'Prosthetic and Rehabilitative Items and Services Formulary' or the 'Formulary', for purposes of furnishing medical services under section 1701(6)(F) of this title pursuant to section 1710 of this title.

''(b) REQUIREMENTS.—

''(1) INPUT.—In developing the Formulary, the Secretary shall solicit input from veterans and the public.

''(2) AVAILABILITY OF ITEMS.—The Secretary shall ensure that all items and services included in the Formulary are available at or through all facilities of the Department.

''(3) ITEMS TO BE INCLUDED.—In developing the Formulary, the Secretary shall rely on the best available evidence to identify which items and services should be included on the Formulary.

''(c) PUBLICATION AND COMMUNICATION.—

''(1) PUBLICATION AND UPDATE.—The Secretary shall publish the Formulary on a website of the Department and shall update the Formulary periodically.

''(2) COMMUNICATION.—The Secretary shall communicate to veterans the contents of the Formulary and information about how to appeal decisions regarding the provision of items and services on the Formulary.

''(d) CONTRACTS.—The Secretary shall enter into such contracts as the Secretary considers necessary to support the availability of items and services included in the Formulary.

''(e) TRAINING.—The Secretary shall ensure the availability of training on the Formulary for clinicians and other staff of the Department.

''(f) EXCEPTIONS.—

''(1) IN GENERAL.—The Secretary shall establish a process for clinicians of the Department to request, prescribe, and furnish prosthetic and rehabilitative items and services that are not included on the Formulary when medically necessary.

''(2) MONITORING OF NON-FORMULARY ITEMS AND SERVICES.—The Secretary shall monitor requests and prescriptions for and the furnishing of prosthetic and rehabilitative items and services under paragraph (1)—

''(A) to ensure that such items and services are being consistently and appropriately prescribed at all facilities of the Department; and

''(B) to determine whether such items or services should be added to the Formulary.

''(3) PRIOR AUTHORIZATION FOR NON-FORMULARY PROCUREMENT.—The Secretary shall establish a prior authorization process for the procurement of prosthetic and rehabilitative items that are not included on the Formulary or available through a national contract.

''(4) OPEN MARKET PROCUREMENT.—The Secretary shall ensure that procurement of items that are not included on the Formulary or available through a national contract is permitted only if a clinician determines the item is medically necessary.

''(g) CONSIDERATION.—In developing the Formulary, the Secretary shall consider how the approach of the Pharmacy Benefits Management Services of the Department for formulary management and medication safety can be adapted to support the efficient and effective administration of the Formulary.

''(h) ENTERPRISE PROCUREMENT AND ORDERING SYSTEM.—

''(1) IN GENERAL.—The Secretary shall implement an enterprise electronic ordering system for prosthetic and rehabilitative items and services furnished under this section.

''(2) SYSTEMS ELEMENTS.—The system required under paragraph (1) shall—

''(A) enable the automated ordering of items included on the Formulary;

''(B) provide visibility of contract pricing and availability across all facilities of the Department;

''(C) allow enterprise loading of nationally contracted products;

''(D) provide procurement analytics to monitor compliance with national contracts and reduce open market purchasing; and

''(E) contain all data elements required for the Federal Electronic Healthcare Record in a searchable format.

''(3) IMPLEMENTATION.—The Secretary shall ensure that the system required under paragraph (1) is implemented across all medical centers of the Department by not later than three years after the date of the enactment of this section.

''(i) PROGRAM MANAGEMENT.—

''(1) IN GENERAL.—The Secretary shall ensure that the Prosthetic and Sensory Aids Service of the Department maintains adequate staffing to administer the Formulary and associated procurement programs.

''(2) STAFFING INCLUDED.—Staffing required under paragraph (1) shall include—

''(A) dedicated program managers for major prosthetic product categories; and

''(B) full-time clinical staff responsible for clinical evaluations and practice recommendations.

''(j) REPORT TO CONGRESS.—Not later than two years after the date of the enactment of this section, and annually 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 describing—

''(1) rates of compliance by the Department with national prosthetic contracts;

''(2) open market purchasing trends of the Department;

''(3) utilization of the Formulary across facilities of the Department; and

''(4) steps taken by the Department to improve enterprise procurement efficiency.''.

(2) CLERICAL AMENDMENT.—The table of sections at the beginning of such chapter is amended by inserting after the item relating to section 1709C the following new item:

''1709D. Prosthetic and rehabilitative items and services formulary''.

(b) REPORT.—

(1) 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 Committee on Veterans' Affairs of the Senate and the Committee on Veterans' Affairs of the House of Representatives a report containing a comprehensive, independent, operational, and technology assessment for the implementation of the Prosthetic and Rehabilitative Items and Services Formulary established under section 1709D of title 38, United States Code, as added by subsection (a).

(2) ELEMENTS.—The report required by paragraph (1) shall identify potential impacts of the Prosthetic and Rehabilitative Items and Services Formulary on—

(A) access by veterans to prosthetic and rehabilitative items and services;

(B) clinician workload;

(C) procurement timelines; and

(D) innovation adoption.

SEC. 317. IMPROVEMENT OF SUBMISSION OF MEDICAL DOCUMENTATION TO THE SECRETARY OF VETERANS AFFAIRS BY COMMUNITY CARE PROVIDERS.

(a) IN GENERAL.—The Secretary of Veterans Affairs shall ensure that each contract, agreement, or other arrangement through which the Secretary furnishes hospital care, medical services, or extended care services to eligible veterans through non-Department of Veterans Affairs entities or providers includes clear requirements, including requirements regarding timeliness, regarding the submission of medical documentation to the Secretary after a veteran receives such care or services from the non-Department entity or provider.

(b) INTERNAL MEASURES.—The Secretary shall establish such goals and related performance measures for medical centers of the Department as the Secretary determines appropriate in obtaining medical documentation from non-Department entities or providers under subsection (a).

(c) TRAINING.—The Secretary may establish goals and related performance measures for the completion by non-Department entities or providers of core training related to the submission to the Secretary of medical documentation under subsection (a) and may monitor the completion of such training.

(d) OUTREACH.—The Secretary shall ensure that communications by the Secretary with non-Department entities or providers contain clear and accurate information regarding requirements for submitting medical documentation under subsection (a) and completing the core training described in subsection (c).

(e) SUBMISSION OF GOALS, MEASURES, AND MATERIALS.—Not later than one year after the date of the enactment of this Act, and not less frequently than annually thereafter for the following five years, the Secretary shall submit to the Committee on Veterans' Affairs of the Senate and the Committee on Veterans' Affairs of the House of Representatives copies of any goals, performance measures, training materials, or outreach materials pertaining to the submission of medical documentation under this section.

SEC. 318. 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 process described in clause (iii), 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.

SEC. 319. PILOT PROGRAM ON COORDINATION OF CARE BETWEEN DEPARTMENT OF VETERANS AFFAIRS AND MEDICARE PROGRAM.

(a) IN GENERAL.—The Secretary, in consultation with the Secretary of Health and Human Services, shall carry out a pilot program (in this section referred to as the ''pilot program'') to coordinate, navigate, and manage care and benefits for covered veterans.

(b) PURPOSES OF PILOT PROGRAM.—The purposes of the pilot program are as follows:

(1) To improve access to health care services for covered veterans from the Department of Veterans Affairs and under the Medicare program under title XVIII of the Social Security Act (42 U.S.C. 1395 et seq.).

(2) To improve satisfaction with care received by covered veterans.

(3) To improve quality of care received by covered veterans.

(4) To lower costs to the Federal Government for care received by covered veterans.

(5) To reduce gaps in care and duplication of services and expenses for covered veterans.

(6) To improve care coordination for covered veterans, including coordination of patient information and medical records between providers and between the Department and the Centers for Medicare & Medicaid Services.

(c) LOCATIONS.—The Secretary shall carry out the pilot program in not fewer than three but not more than five Veterans Integrated Service Networks with a significant number of covered veterans and geographic diversity, including—

(1) locations that are in rural or highly rural areas, as determined through the use of the Rural-Urban Continuum Codes of the Department of Agriculture; and

(2) locations that are in medically underserved communities (as defined in section 799B of the Public Health Service Act (42 U.S.C. 295p)).

(d) CASE MANAGER.—In carrying out the pilot program, the Secretary shall assign each covered veteran participating in the pilot program a case manager responsible for—

(1) coordinating with the veteran, the primary care team of the veteran, and any relevant care coordinators already assisting the veteran to develop an individualized needs assessment for the veteran and, based on such assessment, a care coordination plan with defined treatment goals; and

(2) navigating the systems of care under the laws administered by the Secretary and under the Medicare program under title XVIII of the Social Security Act (42 U.S.C. 1395 et seq.).

(e) USE OF EXISTING MODELS.—In designing the pilot program, the Secretary may use existing models used by commercial health care programs to improve access, health outcomes, quality, and customer experience and lower per capita costs.

(f) CONTRACTING WITH PRIVATE SECTOR ENTITIES.—

(1) IN GENERAL.—The Secretary, to the extent practicable, shall consider entering into contracts or agreements with private sector entities carrying out commercial health care programs for assistance in designing, implementing, and managing care and benefits under the pilot program, to include providing care coordination.

(2) NOTIFICATION.—If the Secretary determines that entering into contracts or agreements with private sector entities under paragraph (1) is not necessary or practicable, 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) a notification of that determination;

(B) a description of the steps, if any, the Secretary has taken to attempt to enter into a contract or an agreement with a private sector entity;

(C) a justification for why the Secretary has determined that such contract or agreement is not necessary or practicable; and

(D) a plan for how the Secretary will carry out the pilot program without entering into a contract or an agreement with a private sector entity, including through the use of employees of the Department of Veterans Affairs or other government agencies, nonprofit organizations, or other entities.

(g) METRICS.—

(1) IN GENERAL.—The Secretary shall track metrics under the pilot program, including the following:

(A) The number of veterans participating in the pilot program, disaggregated by Veterans Integrated Service Network.

(B) Reliance on health care services administered by the Secretary.

(C) Reliance on health care services administered under the Medicare program under title XVIII of the Social Security Act (42 U.S.C. 1395 et seq.).

(D) Quality of care, including patient outcomes.

(E) Cost of care.

(F) Access to care, including under the designated access standards developed by the Secretary under section 1703B of title 38, United States Code.

(G) Patient satisfaction.

(H) Provider satisfaction.

(I) Care coordination, including timely information sharing and medical documentation return.

(2) ELEMENTS.—In tracking metrics under paragraph (1), the Secretary shall track information relating to—

(A) whether care received by a covered veteran is related to a service-connected disability (as defined in section 101 of title 38, United States Code);

(B) the priority group under section 1705(a) of title 38, United States Code, through which each covered veteran was enrolled in the system of annual patient enrollment of the Department of Veterans Affairs under such section;

(C) the type of care and services provided to covered veterans; and

(D) the demographics of covered veterans participating in the pilot program, including age.

(h) SUPPLEMENT NOT SUPPLANT.—The services provided under the pilot program shall supplement, not supplant, the services provided under the education program under section 121 of the VA MISSION Act of 2018 (Public Law 115–182; 38 U.S.C. 1701 note).

(i) DURATION.—The Secretary shall carry out the pilot program for a three-year period beginning on the commencement of the pilot program.

(j) REPORTS.—

(1) DEVELOPMENT, IMPLEMENTATION, RESULTS, AND DESIGN OF PILOT PROGRAM.—

(A) IN GENERAL.—Not less frequently than biannually during the two-year period beginning on the date of the enactment of this Act, 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 development, implementation, results, and design of the pilot program, including information on the metrics tracked under subsection (g).

(B) FINAL DESIGN.—One of the reports required under subparagraph (A) shall contain a description of the final design of the pilot program.

(2) RESULTS OF PILOT PROGRAM.—

(A) IN GENERAL.—Not later than one year after the submission of the final report under paragraph (1), and not less frequently than annually thereafter during the duration of the pilot program, 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 results of the pilot program.

(B) FINAL REPORT.—In the final report submitted under subparagraph (A), the Secretary shall include the recommendation of the Secretary for whether the pilot program should be extended or made permanent.

(k) DEFINITIONS.—In this section:

(1) COVERED VETERAN.—The term ''covered veteran'' means a veteran who is enrolled in both the Medicare program under title XVIII of the Social Security Act (42 U.S.C. 1395 et seq.) and the system of annual patient enrollment of the Department of Veterans Affairs under section 1705(a) of title 38, United States Code.

(2) SECRETARY.—The term ''Secretary'' means the Secretary of Veterans Affairs.

SEC. 320. FISHER HOUSE AVAILABILITY.

Section 1708 of title 38, United States Code, is amended—

(1) in subsection (a), by striking ''in connection with'' and all that follows through the period at the end and inserting ''in accordance with this section.'';

(2) in subsection (b)—

(A) in paragraph (2)—

(i) by inserting ''described in paragraph (1)'' after ''family of a veteran''; and

(ii) by inserting ''such'' after ''accompany''; and

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

''(3) On a space-available basis, a covered beneficiary who must travel a significant distance to receive care or services at a Department or non-Department facility.

''(4) On a space-available basis, a member of the family of a covered beneficiary described in paragraph (3) and others who accompany such a covered beneficiary who is receiving care or services and provide the equivalent of familial support for such beneficiary when the covered beneficiary or the family member is traveling to receive care or services at a Department or non-Department facility.

''(5) On a space-available basis, a veteran and a member of the family of a veteran and others who must travel a significant distance for a member of the veteran's family to receive care or services at a Department or non-Department facility.

''(6) On a space available basis, a covered beneficiary and a member of the family of a covered beneficiary and others who must travel a significant distance for a member of the covered beneficiary's family to receive care or services at a Department or non-Department facility.'';

(3) by striking subsection (c) and redesignating subsections (d) and (e) as subsections (c) and (d), respectively;

(4) in subsection (d), as so redesignated—

(A) in paragraph (2), by striking ''subsection (d)'' and inserting ''subsection (c)'';

(B) in paragraph (3), by striking ''under subsection (b)(2)'' and inserting ''or a covered beneficiary under subsection (b)'';

(C) in paragraph (4), by striking ''and'' after the semicolon;

(D) by redesignating paragraph (5) as paragraph (6); and

(E) by inserting after paragraph (4) the following new paragraph (5):

''(5) establishing criteria for providing access to temporary lodging facilities on a space-available basis under paragraphs (3) through (6) of subsection (b); and''; and

(5) by adding at the end the following new subsection:

''(e) In this section:

''(1) The term 'covered beneficiary' means a member of the uniformed services.

''(2) The term 'Fisher House' means a housing facility that—

''(A) is located at, or in proximity to, a Department medical facility;

''(B) is available for residential use on a temporary basis by patients of that facility and others described in subsection (b); and

''(C) is constructed by, and donated to the Secretary by, the Zachary and Elizabeth M. Fisher Armed Services Foundation or the Fisher House Foundation.''.

SEC. 321. STUDY ON QUALITY OF MENTAL HEALTH AND ADDICTION THERAPY CARE PROVIDED BY HEALTH CARE PROVIDERS OF DEPARTMENT OF VETERANS AFFAIRS COMPARED TO NON-DEPARTMENT PROVIDERS.

(a) IN GENERAL.—Not later than 90 days after the date of the enactment of this Act, the Secretary of Veterans Affairs shall seek to enter into an agreement with an independent and objective academic organization or research institute with demonstrated expertise in evaluating health outcomes inside and outside the Department of Veterans Affairs under which that organization shall—

(1) conduct a comparative study, subject to applicable Federal privacy laws, that evaluates the quality of mental health and addiction therapy care furnished under laws administered by the Secretary, by providers of the Department and by non-Department providers, across a range of treatment modalities, including telehealth, in-patient, intensive out-patient, out-patient, and residential treatment; and

(2) submit to the Committee on Veterans' Affairs of the Senate and the Committee on Veterans' Affairs of the House of Representatives, and publish on a publicly available website, a report containing the final results of such study.

(b) TIMING.—The Secretary shall ensure that the organization with which the Secretary enters into an agreement pursuant to subsection (a) completes the study and submits the required report not later than 18 months after the date on which the agreement is executed.

(c) ELEMENTS.—The report submitted pursuant to subsection (a)(2) shall include an assessment of the following:

(1) The degree of symptom improvement among veterans receiving care from such Department and non-Department providers across telehealth, in-patient, intensive outpatient, outpatient, and residential modalities. For each setting, symptom changes shall be measured between intake and discharge (for inpatient, intensive-outpatient, and residential programs) and between initiation of care and five months thereafter (for outpatient programs). Symptom scores shall be obtained for—

(A) Post-traumatic stress disorder, using the Clinician-Administered PTSD Scale and the PTSD Checklist;

(B) depression, using the Patient Health Questionnaire-9;

(C) substance use disorder, using the Brief Addiction Monitor; and

(D) suicidality, using the Columbia-Suicide Severity Rating Scale.

(2) Treatment-fidelity scores, derived from electronic health record documentation, assessing the extent to which such Department and non-Department providers adhere to evidenced-based practices in delivering mental health and addiction therapy care, as measured against criteria established by the VA/DOD Clinical Practice Guidelines and other nationally recognized, evidence-based standards, including those of the American Society of Addiction Medicine and the American Psychiatric Association.

(3) Identification of any gaps or delays in coordination between such Department and non-Department providers in responding to veterans seeking mental health or addiction therapy services, including the timeliness and completeness of health record exchange and communication of care plans.

(4) Measures of patient satisfaction with care received from such Department and non-Department providers.

(5) The number and percentage of such Department and non-Department providers who have completed Department or other accredited condition-specific training relevant to the veterans they treat, including training on military culture and trauma-informed care.

(6) The extent to which veterans with co-occurring mental-health and substance-use conditions receive coordinated, integrated care addressing the full range of their clinical needs, regardless of provider affiliation.

(7) Whether such Department and non-Department providers monitor and document health-outcome measures throughout the course of treatment and at regular intervals during the three years following the initiation of treatment.

(8) The number of veterans receiving treatment from such Department and non-Department providers across all levels of care, including inpatient, residential, intensive outpatient, and standard outpatient programs.

(9) The proportion of veterans described in paragraph (8) whose treatment progress is documented in their electronic health records as follows:

(A) For inpatient, residential, and intensive outpatient programs, entry and exit symptom-assessment data and discharge summaries shall be recorded not later than one year following admission.

(B) For outpatient programs, initial symptom-assessment data shall be entered not later than one month of intake, and follow-up data shall be recorded not later than one year thereafter.

(10) The average elapsed time for such Department and non-Department providers, between receipt of referral for care or veteran outreach and completion of the initial appointment or admission.

(11) The percentage of such Department and non-Department providers who undergo formal peer-review or clinical-quality review at least once every six months.

SEC. 322. LACTATION SPACES IN MEDICAL CENTERS OF THE DEPARTMENT OF VETERANS AFFAIRS.

(a) IN GENERAL.—Subchapter II of chapter 17 of title 38, United States Code, is amended by adding at the end the following new section:

''§ 1720M. Lactation spaces in medical centers of the Department

''(a) LACTATION SPACE REQUIRED.—The Secretary shall ensure that each medical center of the Department contains a lactation space.

''(b) NO UNAUTHORIZED ENTRY.—Nothing in this section shall be construed to authorize an individual to enter a medical center of the Department or portion thereof that the individual is not otherwise authorized to enter.

''(c) LACTATION SPACE DEFINED.—In this section, the term 'lactation space' means a hygienic place, other than a bathroom, that—

''(1) is shielded from view;

''(2) is free from intrusion;

''(3) is accessible to disabled individuals (including such individuals who use wheelchairs);

''(4) contains a chair and a working surface;

''(5) is easy to locate;

''(6) is clearly identified with signage; and

''(7) is available for use by women veterans and members of the public to express breast milk.''.

(b) CLERICAL AMENDMENT.—The table of sections at the beginning of such chapter is

amended by inserting after the item related to section 1720L the following new item:

''1720M. Lactation spaces in medical centers of the Department.''.

(c) IMPLEMENTATION.—The Secretary of Veterans Affairs shall ensure that—

(1) not later than two years after the date of the enactment of this Act, not fewer than 80 percent of medical centers of the Department of Veterans Affairs are in compliance with section 1720M of title 38, United States Code, as added by subsection (a); and

(2) not later than three years after such date of enactment, all medical centers of the Department are in compliance with such section.

(d) REPORT.—

(1) IN GENERAL.—Not later than one year after the date of the enactment of this Act, and annually thereafter, 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 report on the progress of the Secretary in meeting the requirements under section 1720M of title 38, United States Code, as added by subsection (a), including—

(A) a list of which medical centers of the Department of Veterans Affairs currently have a lactation space;

(B) a list of which medical centers of the Department do not have a lactation space; and

(C) for each medical center listed under subparagraph (B), a description of actions the Department has taken to design and plan a lactation space and a timeline for such lactation space to be fully functional and open for use within the time periods specified under subsection (c).

(2) TERMINATION.—The Secretary is not required to submit a report under paragraph (1) on or after the date on which the Secretary confirms in a report submitted under such paragraph that each medical center of the Department contains a lactation space.

SEC. 323. RESEARCH RELATED TO MENOPAUSE, PERIMENOPAUSE, AND MID-LIFE WOMEN'S HEALTH: REPORT; PLAN.

(a) DEFINITIONS.—In this section:

(1) COVERED PROVIDER.—The term ''covered provider'' means a health care provider employed by the Department of Veterans Affairs.

(2) MENOPAUSE.—The term ''menopause'' means the stage of a woman's life—

(A) when menstrual periods stop permanently and she can no longer get pregnant; and

(B) that is not a disease state, but a normal part of aging for women.

(3) MID-LIFE.—The term ''mid-life'' means a life stage that—

(A) coincides with the menopausal transition in women, which may be physical or emotional;

(B) encompasses the late reproductive age, which can begin at approximately 35 years of age, to the late postmenopausal stages of reproductive aging, which can extend to approximately 65 years of age; and

(C) often marks the onset of many chronic diseases.

(4) PERIMENOPAUSE.—The term ''perimenopause'' means the time during a woman's life when levels of the hormone estrogen fall unevenly in a woman's body and is also called the menopausal transition.

(5) POSTMENOPAUSAL.—The term ''postmenopausal'' means the stage of a woman's life after a woman has been without a menstrual period for 12 months that lasts for the rest of a woman's life and reflects a time when women are at increased risk for osteoporosis and heart disease.

(b) EVALUATION OF CERTAIN RESEARCH RELATED TO MENOPAUSE, PERIMENOPAUSE, OR MID-LIFE WOMEN'S HEALTH.—

(1) IN GENERAL.—The Secretary of Veterans Affairs shall evaluate—

(A) the results of completed research related to menopause, perimenopause, or mid-life women's health among women who are members of the uniformed services or veterans;

(B) the status of such research that is ongoing;

(C) any gaps in knowledge and research on—

(i) treatments for menopause-related symptoms, including hormone and non-hormone treatments;

(ii) the safety and effectiveness of treatments for menopause-related symptoms;

(iii) the impact of perimenopause and menopause on the mental health of women who are members of the uniformed services or veterans;

(D) the availability of and uptake of professional training resources for covered providers relating to mid-life women's health with respect to the care, treatment, and management of perimenopause and menopausal symptoms, and related support services; and

(E) the availability of and uptake of treatments for women who are members of the uniformed services or veterans who are experiencing perimenopause or menopause.

(2) REPORT; STRATEGIC PLAN.—Not later than 180 days after the date of the enactment of this Act, the Secretary of Veterans Affairs shall submit to Congress a report containing—

(A) the findings of the evaluation conducted under paragraph (1);

(B) recommendations for improving professional training resources described in paragraph (1)(D) for covered providers; and

(C) a strategic plan that—

(i) resolves the gaps in knowledge and research identified in the report; and

(ii) identifies topics in need of further research relating to potential treatments for menopause-related symptoms of women who are members of the uniformed services or veterans.

(3) NONDUPLICATION AND SUPPLEMENTATION OF EFFORTS.—In carrying out activities under this section, the Secretary of Veterans Affairs shall ensure that such activities minimize duplication and supplement, not supplant, existing information-sharing efforts of the Department of Health and Human Services.

(c) SENSE OF CONGRESS ON ADDITIONAL RESEARCH RELATED TO MENOPAUSE, PERIMENOPAUSE, OR MID-LIFE WOMEN'S HEALTH.—It is the sense of Congress that the Secretary of Defense and the Secretary of Veterans Affairs should each conduct research related to menopause, perimenopause, or mid-life health regarding women who are members of the uniformed services or veterans.

SEC. 324. PILOT PROGRAM ON PROVISION OF OPIOID RESCUE MEDICATIONS TO VETERANS.

(a) IN GENERAL.—Commencing not later than 120 days after the date of the enactment of this Act, the Secretary of Veterans Affairs shall carry out a one-year pilot program under which the Secretary shall make covered medications available to any veteran at no charge (in this section referred to as the ''pilot program'').

(b) PROVISION OF MEDICATION PRIOR TO CONFIRMATION OF STATUS.—The Secretary may provide covered medication to an individual under the pilot program prior to confirming the status of the individual as a veteran if the individual provides contact information for the individual and a written self-attestation of veteran status.

(c) SITE SELECTION.—The Secretary shall prioritize carrying out the pilot program in geographical areas where data indicates a disproportionately high risk of overdose among the veteran population.

(d) LIMITATION ON USE OF INFORMATION.—

(1) IN GENERAL.—In carrying out this section, the Secretary may only collect the personally identifiable information needed for prescribing covered medication under the pilot program, and any personally identifiable information collected under this section may be used solely for the purpose of delivering, evaluating, and enhancing the quality of health care.

(2) EXCLUSION.—The Secretary may not use any personally identifiable information collected under this section—

(A) for the purpose of preventing a veteran from employment;

(B) as evidence of a history of drug use; or

(C) as evidence that an individual is an unlawful user of or addicted to any controlled substance.

(e) PROVISION OF INFORMATION.—The Secretary shall ensure that any individual who receives covered medication under the pilot program also receives—

(1) information about addiction services, suicide prevention services, mental health services, and other related services provided by the Department of Veterans Affairs; and

(2) information on the use and application of covered medications.

(f) REPORT.—

(1) IN GENERAL.—Not later than 30 days before the completion of the pilot program under this section, the Secretary shall submit to Congress a report on the pilot program.

(2) ELEMENTS.—The report required by paragraph (1) shall include the following:

(A) The number of veterans who received a covered medication under the pilot program, disaggregated by those enrolled in the system of annual patient enrollment of the Department of Veterans Affairs under section 1705(a) of title 38, United States Code, and those not enrolled in such system.

(B) An assessment of the feasibility of expanding the pilot program to provide covered medications to immediate family members of veterans.

(C) Any considerations associated with continuing, expanding, or making permanent the pilot program.

(D) Any other recommendations of the Secretary with respect to modifying or continuing the pilot program.

(g) DEFINITIONS.—In this section:

(1) COVERED MEDICATION.—The term ''covered medication'' means any opioid overdose rescue medication, such as naloxone.

(2) VETERAN.—The term ''veteran'' has the meaning given that term in section 101 of title 38, United States Code.

SEC. 325. ESTABLISHMENT OF VETERANS HEALTH ADMINISTRATION POLICY ADVISORY COMMISSION.

(a) IN GENERAL.—Chapter 1 of title 38, United States Code, is amended by adding at the end the following new section:

''§ 120. Veterans Health Administration Policy Advisory Commission

''(a) ESTABLISHMENT.—There is established the Veterans Health Administration Policy Advisory Commission (in this section referred to as the 'Commission').

''(b) MEMBERSHIP.—

''(1) COMPOSITION.—The Commission shall be composed of 17 members appointed by the Comptroller General of the United States, of which not fewer than 2 shall be veterans.

''(2) QUALIFICATIONS.—

''(A) IN GENERAL.—An individual is eligible for appointment to the Commission under paragraph (1) if the individual has significant expertise in operating or advising large

medical systems, including expertise in quality of care, staffing issues, health information technology, artificial intelligence in health care, medical research, and managed care plans and networks.

''(B) EXPERIENCE OF MEMBERS.—In appointing members under paragraph (1), the Comptroller General shall select individuals from backgrounds that reflect the broad diversity of health care received by veterans, including nonprofit health systems, public and private health systems, care furnished by the Veterans Health Administration, and care furnished by the Department of Defense.

''(3) ETHICAL DISCLOSURE.—A member of the Commission shall be considered an employee of Congress whose compensation is disbursed by the Secretary of the Senate for purposes of applying subchapter I of chapter 131 of title 5, United States Code, except that a member of the Commission is required to file public financial disclosure reports without regard to their number of days of service or rate of pay.

''(c) PERIOD OF APPOINTMENT; VACANCIES.—

''(1) VACANCIES.—

''(A) IN GENERAL.—A vacancy on the Commission shall be filled in the manner in which the original appointment was made and shall be subject to any conditions that applied with respect to the original appointment.

''(B) FILLING UNEXPIRED TERM.—An individual chosen to fill a vacancy shall be appointed for the unexpired term of the member replaced.

''(2) EXPIRATION OF TERMS.—The term of any member shall not expire before the date on which the member's successor takes office.

''(d) MEETINGS.—

''(1) FREQUENCY.—The Commission shall meet at the call of the Chairman, but not less frequently than once per year.

''(2) QUORUM.—A majority of the members of the Commission shall constitute a quorum, but a lesser number of members may hold meetings.

''(e) CHAIRMAN AND VICE CHAIRMAN.—The Comptroller General shall designate one member of the Commission as Chairman and one member of the Commission as Vice Chairman, at the time of appointment of such member and for the term of appointment of such member, except that in the case of vacancy of the Chairmanship or Vice Chairmanship, the Comptroller General may designate another member for the remainder of that member's term.

''(f) DUTIES OF THE COMMISSION.—

''(1) REVIEW.—The Commission shall—

''(A) review operations at the Veterans Health Administration; and

''(B) prepare reports for Congress based on such review, including recommendations to Congress.

''(2) TOPICS TO BE REVIEWED.—In conducting a review under paragraph (1)(A), the Commission shall include periodic reviews of the following, taking into consideration other independent assessments in selecting topics to limit duplicative efforts:

''(A) Information technology infrastructure at medical facilities of the Department, including with respect to electronic health record systems.

''(B) Referrals to care at facilities of the Department and under the Veterans Community Care Program under section 1703 of this title, and factors impacting those referrals.

''(C) Access and wait times at medical facilities of the Department and under the Veterans Community Care Program, including both primary and specialty care, and factors impacting those wait times.

''(D) The quality of health care furnished by the Department and through the Veterans Community Care Program.

''(E) Workforce issues, including workforce performance, recruitment, and retention factors.

''(F) Patient satisfaction and customer service at medical facilities of the Department and through the Veterans Community Care Program.

''(G) The training of health care providers and the standards of care at facilities of the Department and in the Veterans Community Care Program.

''(H) The long-term budgetary outlook of the Veterans Health Administration, as well as key components driving budgetary changes over time.

''(I) The research program of the Department, including both internal and external research.

''(J) 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.

''(10) LIMITATION.—Nothing in this section shall be construed to authorize the Commission to direct, control, approve, suspend, delay, or administer any program, policy, contract, personnel action, budgetary decision, clinical decision, or operational activity of the Department. The Commission shall serve solely in an advisory capacity to Congress and to the Department on matters expressly authorized under laws administered by the Secretary.

''(g) POWERS OF COMMISSION.—

''(1) IN GENERAL.—The Commission may—

''(A) employ and fix the compensation:

''(i) 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) who is confirmed by two-thirds vote by members of the Commission; and

''(ii) other such 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 a contract or conduct original research only upon a written determination by the Chair and Vice Chair that comparable information is unavailable, insufficient, or outdated;

''(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) to the maximum extent practicable, rely on existing data, reports, audits, evaluations, and assessments prepared by the Department, the Inspector General of the Department, the Government Accountability Office, the Congressional Research Service, the Congressional Budget Office, and other relevant Federal entities before entering into any contract or conducting original research; 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, subsection (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.

''(l) TERMINATION.—

''(1) The Commission shall terminate on September 30, 2032.

''(2) Not later than 1 year before the date of termination under paragraph (1), the Commission shall submit to the Committees on Veterans' Affairs of the House of Representatives and the Senate a final assessment on whether the Commission should be continued, modified, or allowed to terminate.

''(3) A member of the Commission shall be appointed under subsection (b)(1) for a term of 5 years, except that the Comptroller General shall designate staggered terms for the members first appointed.

''(4) No funds may be obligated by the Commission after the date of termination under paragraph (1), except for activities necessary to close out the operations of the Commission.''.

(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.

SEC. 326. ACCESS TO HEALTH CARE.

(a) CONNECTION TO VETERANS HEALTH ADMINISTRATION WHEN A DISABILITY CLAIM RELATED TO MILITARY SEXUAL TRAUMA IS SUBMITTED TO VETERANS BENEFITS ADMINISTRATION.—Section 2 of the MST Claims Coordination Act (Public Law 117–303; 38 U.S.C. 1166 note) is amended—

(1) in subsection (a)(1)—

(A) in subparagraph (C), by striking ''; and'' and inserting a semicolon; and

(B) by striking subparagraph (D) and inserting the following:

''(D) the contact information for the nearest military sexual trauma coordinator for the veteran at the Veterans Benefits Administration and a description of the assistance such coordinator can provide;

''(E) the contact information for the nearest military sexual trauma coordinator for the veteran at the Veterans Health Administration and a description of the assistance such coordinator can provide;

''(F) the types of services that individuals who have experienced military sexual trauma are eligible to receive from the Department of Veterans Affairs, such as mental health counseling from providers trained in military sexual trauma issues and peer support services, including the nearest locations where such services are furnished, including the nearest Readjustment Counseling Service location, and the contact information for the providers of such services; and

''(G) such other information on services, care, or resources for military sexual trauma as the Secretary determines appropriate.''; and

(2) in subsection (d)—

(A) in paragraph (3)—

(i) in subparagraph (B), by striking ''; and'' and inserting a semicolon;

(ii) in subparagraph (C), by striking the period and inserting ''; and''; and

(iii) by adding at the end the following:

''(D) submitting a claim for disability compensation to the Veterans Benefits Administration for a disability relating to military sexual trauma.''; and

(B) by amending paragraph (5) to read as follows:

''(5) The term 'military sexual trauma' with respect to eligibility for health care, has the meaning given such term in section 1166(d)(2) of title 38, United States Code.''.

(b) CARE RELATING TO MILITARY SEXUAL TRAUMA FOR INDIVIDUALS WHO WITHDRAW FROM OR OTHERWISE DO NOT COMPLETE SERVICE AT SERVICE ACADEMIES.—

(1) IN GENERAL.—The Secretary of Veterans Affairs, in coordination with the Secretary of Defense, the Secretary of Homeland Security, and the Secretary of Transportation, shall ensure that each individual who withdraws from, or otherwise does not complete service at, a service academy is provided—

(A) information on the potential eligibility of such individual for care and counseling relating to military sexual trauma provided through the Department of Veterans Affairs; and

(B) the option to receive copies of—

(i) the individual's service treatment records or military personnel records that document military sexual trauma;

(ii) reporting forms of the Department of Defense, the Department of Homeland Security, or the Department of Transportation on sexual assault or sexual harassment for which the individual was the victim; and

(iii) any investigative reports into military sexual trauma that occurred during the individual's service in the Armed Forces and for which the individual was the victim, which are in the possession of the Department of Defense, the Department of Homeland Security, or the Department of Transportation.

(2) DEFINITIONS.—In this subsection:

(A) MILITARY SEXUAL TRAUMA.—The term ''military sexual trauma'' has the meaning given such term in section 1166(d)(2) of title 38, United States Code.

(B) SERVICE ACADEMY.—The term ''service academy'' means any of the following:

(i) The United States Military Academy.

(ii) The United States Naval Academy.

(iii) The United States Air Force Academy.

(iv) The United States Coast Guard Academy.

(v) The United States Merchant Marine Academy.

SEC. 327. RESEARCH ON HEALTH CONDITIONS OF DESCENDANTS OF TOXIC-EXPOSED VETERANS.

(a) RESEARCH ON DIAGNOSIS AND TREATMENT OF HEALTH CONDITIONS OF DESCENDANTS OF INDIVIDUALS EXPOSED TO TOXIC SUBSTANCES WHILE SERVING IN ARMED FORCES.—

(1) CONTRACT OR AGREEMENT.—The Secretary of Veterans Affairs shall enter into a contract or interagency agreement with the Agency for Toxic Substances and Disease Registry (in this section referred to as the ''Agency'') to perform the services covered by this section.

(2) SERVICES.—Under a contract or agreement between the Secretary and the Agency under this section, the Agency shall—

(A) conduct a literature review on the health effects on descendants of toxic-exposed veterans and toxic-exposed members of the Armed Forces from their toxic exposure and identify any gaps in knowledge or research on such topic;

(B) not later than 180 days after completing the literature review under subparagraph (A) establish and maintain a publicly available report with information on—

(i) the findings of the Agency with respect to such literature review; and

(ii) the ongoing research and activities directed by the Agency, including a review of all relevant data to determine the strength of evidence for a positive association between a health condition researched and a toxic exposure based on the categories set forth under section 1173(c)(2) of title 38, United States Code; and

(C) not later than 30 days after the date on which the first review is published under subparagraph (B) and not less frequently than once every year thereafter, publish a new report containing the information made available under clause (ii) of such subparagraph.

(3) SUNSET.—On the date that is 7 years after the date of enactment of this Act.

(4) LITERATURE REVIEW.—

(A) IN GENERAL.—In carrying out the literature review under paragraph (2)(A), the Agency shall review available literature to determine the association between military toxic exposures and the incidence or prevalence of birth defects among the descendants of toxic-exposed veterans and toxic-exposed members of the Armed Forces.

(B) REPORT.—Not later than one year after the date of the enactment of this Act, the Agency 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 containing the findings of the Agency with respect to the activities of the Agency under paragraph (2)(A).

(C) PLAN.—

(i) IN GENERAL.—Not later than 180 days after the date of the enactment of this Act, the Agency shall submit to the Secretary and to the Committee on Veterans' Affairs of the Senate and the Committee on Veterans' Affairs of the House of Representatives a plan describing the Agency's proposed approach to carrying out the literature review under paragraph (2)(A).

(ii) CONTENTS.—The plan submitted pursuant to clause (i) shall include—

(I) the scope and key research questions to be addressed; and

(II) the methodology to be used in identifying, evaluating, and synthesizing relevant scientific and medical literature.

(5) CONSULTATION.—The Agency shall carry out the services covered by this subsection in consultation with such Federal, State, and research partners as the Agency and the Secretary jointly consider appropriate.

(6) PROHIBITION ON EXPANSION OF SERVICES.—Nothing in this section shall be construed to authorize the expansion of compensation or healthcare benefits furnished by the Department to the descendants of members of the Armed Forces.

(b) PROGRAM FOR MONITORING HEALTH OF DESCENDANTS OF VETERANS AND MEMBERS OF THE ARMED FORCES SUBJECTED TO TOXIC EXPOSURE IN THE ARMED FORCES.—

(1) IN GENERAL.—The Secretary of Veterans Affairs shall use the results of the literature review conducted under subsection (a)(2)(A) to establish a health monitoring or screening program for descendants of toxic-exposed veterans and toxic-exposed members of the Armed Forces, to assist in identifying potential patterns or signals, supporting public health surveillance, and facilitating epidemiologic and clinical research related to birth defects.

(2) REQUIREMENTS.—In carrying out the program required by paragraph (1), the Secretary shall—

(A) leverage Government data sets to improve the program;

(B) recruit additional descendants;

(C) consult with relevant stakeholders to develop a strategy to coordinate collection of information under the program; and

(D) ensure data from the program is used to inform basic research, translational research, and epidemiological studies to help address data and knowledge gaps identified in the literature review conducted under subsection (a)(2)(A).

(3) MECHANISMS FOR ADMINISTRATION.—The Secretary may administer the program required by paragraph (1) either directly or through such mechanisms as the Secretary considers appropriate, such as through the award of a grant or cooperative agreement.

(4) COLLECTION OF INFORMATION.—In administering the health monitoring program required by paragraph (1), the Secretary may collect, process, maintain, and consolidate information on birth defects among descendants of toxic-exposed veterans and toxic-exposed members of the Armed Forces, including biological samples, environmental factors, and personal and social factors.

(5) CONSULTATION.—The Secretary shall carry out the services covered by this section in consultation with such Federal, State, and research partners as the Department considers appropriate.

(6) SUNSET.—This section shall terminate on the date that is 7 years after the date of enactment of this Act.

(7) PROHIBITION ON EXPANSION OF SERVICES.—No information collected by this program shall be used to inform the expansion of compensation or healthcare benefits furnished by the Department to the descendants of members of the Armed Forces, unless otherwise authorized by another Act of Congress on a date after the passage of this legislation.

(c) DEFINITIONS.—In this subsection:

(1) ACTIVE MILITARY, NAVAL, AIR, OR SPACE SERVICE.—The term ''active military, naval, air, or space service'' has the meaning given such term in section 101 of title 38, United States Code.

(2) RELEVANT STAKEHOLDERS.—The term ''relevant stakeholders'' means—

(A) public health experts with experience in developing and maintaining registries;

(B) epidemiologists with experience in studying health effects of toxic exposure on the descendants of toxic-exposed veterans;

(C) descendants of toxic-exposed veterans; and

(D) veterans service organizations.

(3) TOXIC-EXPOSED MEMBER OF THE ARMED FORCES.—The term ''toxic-exposed member of the Armed Forces'' means a member of the Armed Forces who was subject to a toxic exposure in line of duty in the active military, naval, air, or space service.

(4) TOXIC-EXPOSED VETERAN.—The term ''toxic-exposed veteran'' means a veteran who was subject to a toxic exposure in line of duty in the active military, naval, air, or space service.

(5) TOXIC EXPOSURE.—The terms ''toxic exposure'' and ''toxic-exposed veteran'' have the meanings given such terms in section 101 of title 38, United States Code.

SEC. 328. VETERANS SPINAL TRAUMA ACCESS TO NEW DEVICES ACT.

Section 1706 of title 38, United States Code, is amended by adding at the end the following new subsection:

''(d)(1) In managing the provision of hospital care and medical services under section 1710(a) of this title, the Secretary shall furnish (through direct provision of service, referral, or a telehealth program operated by the Department) a preventative health evaluation annually to any veteran with a spinal cord injury or disorder who elects to undergo the evaluation.

''(2) The evaluation described in paragraph (1) shall include the following:

''(A) An assessment of any circumstance or condition the veteran is experiencing that indicates a risk for any health complication related to the spinal cord injury or disorder, including a risk of comorbidities.

''(B) An assessment regarding chronic pain and, if applicable, the management of chronic pain.

''(C) An assessment regarding dietary management and weight management.

''(D) An assessment regarding prosthetic equipment, including which prosthetic equipment the veteran needs, how well any existing prosthetic equipment is functioning considering the needs of the veteran, and any safety concerns regarding the prosthetic equipment in use by or recommended to the veteran.

''(E) An assessment with respect to the provision of assistive technology, including spinal cord neuromodulation technology (such as non-invasive transcutaneous spinal stimulation), that could help maximize the veteran's voluntary motor or autonomic function, independence, or mobility, including suitability for home use and need for training, programming, and remote follow-up.

''(3)(A) In maintaining, prescribing, or amending any guidance, rules, or regulations issued by the Department regarding the requirements set out in this subsection, the Secretary shall consult with—

''(i) the spinal cord injury and disorder program managers of the Department;

''(ii) clinicians employed by the Department as specialists in spinal cord injuries and disorders;

''(iii) clinicians and technologists with demonstrated expertise in spinal cord neuromodulation therapies, including non-invasive transcutaneous approaches; and

''(iv) representatives of organizations recognized under section 5902 of this title.

''(B) Before issuing any guidance, rules, or regulations regarding the requirements set out in this subsection, the Secretary shall consult with manufacturers of assistive technologies and other entities relevant to the provision of assistive technologies if the guidance, rules, or regulations would directly affect such manufacturers or entities.

''(C) The Secretary shall ensure, to the extent possible, that any veteran known by the Secretary to have a spinal cord injury or disorder receives information annually about the evaluation available under this subsection and the benefits to the veteran of choosing to undergo the evaluation.

''(4) As the Secretary determines clinically appropriate, the Secretary may provide training, programming, remote monitoring, and follow-up for assistive technologies through telehealth.

''(5) Not later than one year after the date of the enactment of the Take Care of America's Veterans Act, and every two years thereafter, 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) For the period covered by the report—

''(i) the number of veterans who—

''(I) received medical care or hospital services from the Department and used an assistive technology;

''(II) received medical care or hospital services from the Department and were assessed for the provision of an assistive technology; and

''(III) received medical care or hospital services from the Department and were prescribed an assistive technology.

''(ii) for any assistive technology prescribed, an identification of the category of such technology, including spinal cord neuromodulation, and a summary of functional outcomes associated with the prescription of such technology, if available.

''(B) The year-to-year change (for the period covered by the report, including the two years immediately prior to the year the report is submitted) in the percent of veterans with a spinal cord injury or disorder who received an evaluation under this subsection.

''(6) In reviewing the performance metrics of a Veterans Integrated Service Network for any year beginning after the date that is one year after the date of the enactment of the Take Care of America's Veterans Act, the Secretary shall consider the provision of evaluations under paragraph (1).

''(7) In this subsection, the term 'assistive technology' means a powered medical device or electronic tool used to treat or alleviate symptoms or conditions caused by a spinal cord injury or disorder, including the following:

''(A) A personal mobility device, including a powered exoskeleton device.

''(B) A speech generating device.

''(C) A spinal cord neuromodulation technology, including non-invasive transcutaneous spinal stimulation using sensory (afferent) pathways, intended to improve voluntary motor function, autonomic function, independence, or quality of life.

''(D) Where clinically appropriate, and consistent with the prosthetic and sensory aids

policies of the Department, an implantable spinal cord stimulation system that is approved by the Food and Drug Administration.''.

SEC. 329. DEPARTMENT OF VETERANS AFFAIRS PILOT PROGRAM TO AWARD GRANTS FOR THE PROVISION OF SERVICE DOGS TO VETERANS.

(a) IN GENERAL.—

(1) PILOT PROGRAM REQUIRED.—Not later than 24 months after the date of the enactment of this Act, the Secretary of Veterans Affairs shall establish a pilot program under which the Secretary shall award grants, on a competitive basis based on the application elements listed in subsection (b)(2), to nonprofit entities to provide service dogs to eligible veterans.

(2) DURATION.—The Secretary shall carry out the pilot program during the three-year period beginning on the date on which the first grant is awarded under this section.

(b) APPLICATIONS.—

(1) IN GENERAL.—To be eligible to receive a grant under this section, a nonprofit entity shall submit an application to the Secretary at such time and in such manner as the Secretary may require.

(2) ELEMENTS.—An application submitted by a nonprofit entity under paragraph (1) shall include the following:

(A) A proposal for the provision of service dogs to eligible veterans, including how the nonprofit entity will communicate with the Secretary to ensure an increasing number of service dogs are provided to veterans.

(B) A description of the following services or commitments to be provided by the nonprofit entity:

(i) The training that will be provided to eligible veterans.

(ii) The training of dogs that will serve as service dogs.

(iii) Any additional support or services that will be provided for such dogs and eligible veterans.

(iv) The plan for publicizing the availability of such service dogs through a marketing campaign that targets eligible veterans.

(v) The commitment to have humane standards for animals.

(vi) The demonstrated experience of the nonprofit entity in training service dogs in compliance with the requirements of the Americans with Disabilities Act of 1990 (42 U.S.C. 12101 et seq.).

(c) AWARD OF GRANTS.—

(1) IN GENERAL.—The Secretary shall award a grant to each nonprofit entity for which the Secretary has approved an application submitted under subsection (b)(1).

(2) AGREEMENT REQUIRED.—Before the provision of any grant amounts to a nonprofit entity selected to receive a grant under this section, the Secretary shall enter into an agreement, containing such terms, conditions, and limitations as the Secretary determines appropriate, with such entity.

(3) MAXIMUM GRANT AMOUNT.—A grant awarded to a nonprofit entity under this section may not exceed $2,000,000 in a fiscal year.

(4) PAYMENTS.—The Secretary shall establish intervals of payment for the administration of each grant awarded under this section.

(d) USE OF FUNDS.—

(1) IN GENERAL.—

(A) REQUIREMENT.—A recipient of a grant under this section shall use the grant amounts to plan, develop, implement, and manage one or more covered programs.

(B) COVERED PROGRAM DEFINED.—In this paragraph, the term ''covered program'' means a program under which—

(i) service dogs are provided to participants in the program; and

(ii) only eligible veterans are allowed to participate in the program.

(2) ADMINISTRATIVE EXPENSES.—The Secretary may establish a maximum amount for each grant awarded under this section that may be used by the recipient of the grant to cover administrative expenses.

(3) OTHER CONDITIONS AND LIMITATIONS.—The Secretary may establish other conditions or limitations on the use of grant amounts under this section.

(e) REQUIREMENTS FOR GRANT RECIPIENTS.—

(1) NOTIFICATIONS AND INFORMATION.—A recipient of a grant under this section shall—

(A) notify each veteran who receives a service dog through such grant that the service dog is being paid for, in whole or in part, by the Department of Veterans Affairs; and

(B) inform each such veteran of the benefits and services available from the Secretary for the veteran and the service dog.

(2) PROHIBITION ON CERTAIN FEES.—A recipient of a grant under this section may not charge a fee to a veteran receiving a service dog through such grant.

(f) VETERINARY INSURANCE.—

(1) IN GENERAL.—The Secretary shall provide to each veteran who receives a service dog through a grant under this section a commercially available veterinary insurance policy for the service dog.

(2) CONTINUATION.—If the Secretary provides a veterinary insurance policy to a veteran under paragraph (1), the Secretary shall continue to provide the policy to the veteran without regard to the continuation or termination of the pilot program.

(g) TRAINING AND TECHNICAL ASSISTANCE.—The Secretary may provide training and technical assistance regarding grant application and administration to recipients of grants under this section.

(h) OVERSIGHT AND MONITORING.—The Secretary—

(1) may require each recipient of a grant under this section to provide, in such form as may be prescribed by the Secretary, such reports or answers in writing to specific questions, surveys, or questionnaires as the Secretary determines necessary to carry out the pilot program;

(2) shall establish such oversight and monitoring requirement as the Secretary determines appropriate to ensure that grant amounts awarded under this section are used appropriately; and

(3) may take such actions as the Secretary determines necessary and according to the terms of the grant agreement to address any issues identified through the enforcement of such requirements.

(i) DEFINITIONS.—In this section:

(1) ELIGIBLE VETERAN.—The term ''eligible veteran'' means a veteran (as defined in section 101 of title 38, United States Code) who—

(A) as determined by a physician, has one or more disabilities, conditions, or diagnoses described in paragraph (2); and

(B) is 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, or is otherwise entitled to receive such care and services under subsection (c)(2) of such section.

(2) DISABILITY, CONDITION, DIAGNOSIS DESCRIBED.—A disability, condition, or diagnosis described in this subparagraph is any of the following:

(A) Blindness or visual impairment.

(B) Loss of use of a limb, paralysis, or other significant mobility issue.

(C) Loss of hearing.

(D) Post-traumatic stress disorder.

(E) Traumatic brain injury.

(F) Any other disability, condition, or diagnosis for which the Secretary determines, based on medical judgment, that it is optimal for the veteran to manage the disability, condition, or diagnosis and live independently through the assistance of a service dog.

(3) PILOT PROGRAM.—The term ''pilot program'' means the pilot program required by subsection (a)(1).

(4) SERVICE DOG.—The term ''service dog'' means any dog that is individually trained to do work or perform tasks that are—

(A) for the benefit of a veteran with a disability, condition, or diagnosis described in paragraph (2); and

(B) directly related to the disability, condition, or diagnosis of the veteran.

(j) AUTHORIZATION OF APPROPRIATIONS.—There is authorized to be appropriated to carry out this section $10,000,000 for each of the three consecutive fiscal years beginning the fiscal year in which the pilot program is established under subsection (a).

(k) TERMINATION.—

(1) The authority to carry out a pilot program under this section shall terminate on September 30, 2029.

(2) No funds may be obligated by the Secretary to carry out a pilot program under this section after the date of termination in paragraph (1), except for activities necessary to close operations of such pilot program.

SEC. 330. AUTHORIZATION OF MAJOR MEDICAL FACILITY PROJECT OF DEPARTMENT OF VETERANS AFFAIRS FOR FISCAL YEAR 2027 IN MANCHESTER, NEW HAMPSHIRE.

(a) AUTHORIZATION OF MAJOR MEDICAL FACILITY PROJECT OF DEPARTMENT OF VETERANS AFFAIRS FOR FISCAL YEAR 2027 IN MANCHESTER, NEW HAMPSHIRE.—

(1) IN GENERAL.—The Secretary of Veterans Affairs shall carry out a major medical facility project for the replacement of a medical center, a new central utility plant, a community living center, a residential rehabilitation treatment facility, associated parking, and demolition of existing buildings in Manchester, New Hampshire.

(2) NON-DEPARTMENT FEDERAL ENTITY WAIVER.—In order to reduce cost and expedite timelines, the Secretary may waive the requirements under section 8103(e) of title 38, United States Code, and section 1096 of the National Defense Authorization Act for Fiscal Year 2016 (Public Law 114–92; 38 U.S.C. 8103 note) for a non-Department Federal entity to be engaged in project management and other activities for the project under paragraph (1).

(3) NOTIFICATION.—Not later than 60 days after making a waiver, modification, or substitution relating to the project under subsection (a), including a waiver under paragraph (2), the Secretary shall submit to the appropriate committees of Congress a notification describing the waiver, modification, or substitution and the reason for such waiver, modification, or substitution.

(4) AUTHORIZATION OF APPROPRIATIONS.—There is authorized to be appropriated to the Secretary of Veterans Affairs for the Construction, Major Projects account $1,180,000,000 for the project under paragraph (1), to remain available until expended.

(5) APPROPRIATE COMMITTEES OF CONGRESS DEFINED.—In this section the term ''appropriate committees of Congress'' means—

(A) the Committee on Veterans' Affairs and the Committee on Appropriations of the Senate; and

(B) the Committee on Veterans' Affairs and the Committee on Appropriations of the House of Representatives.

(b) ACCESS TO INFORMATION FOR MEDICAL FACILITY CONSTRUCTION PROJECTS AND LEASES.—

(1) IN GENERAL.—Subchapter I of chapter 81 of title 38, United States Code, is amended by inserting after section 8106 the following:

''§ 8107. Access to information for medical facility construction projects and leases

''(a) IN GENERAL.—For any major construction project, lease, or enhanced-use lease for a medical facility of the Department, the Secretary shall ensure that the Committee on Veterans' Affairs of the Senate and the Committee on Veterans' Affairs of the House of Representatives are provided timely access to all information, records, documents, data, analyses, communications, contracts, agreements, project schedules, cost estimates, memoranda, briefings, reports, and other materials relating to the project or lease.

''(b) PROHIBITION ON WITHHOLDING INFORMATION.—The Secretary may not withhold information under subsection (a) from the Committee on Veterans' Affairs of the Senate and the Committee on Veterans' Affairs of the House of Representatives solely on the basis that the information is predecisional, deliberative, advisory, procurement-sensitive, or subject to an internal policy or directive of the Department.''.

(2) CLERICAL AMENDMENT.—The table of sections at the beginning of such chapter is amended by inserting after the item relating to section 8106 the following new item:

''8107. Access to information for medical facility construction projects and leases.''.

SEC. 331. AUTHORIZATION OF MAJOR MEDICAL FACILITY PROJECT OF DEPARTMENT OF VETERANS AFFAIRS FOR FISCAL YEAR 2027 IN SAN ANTONIO, TEXAS.

(a) IN GENERAL.—The Secretary of Veterans Affairs shall carry out a major medical facility project for the acquisition of land for a new Department of Veterans Affairs health care facility in San Antonio, Texas.

(b) NON-DEPARTMENT FEDERAL ENTITY WAIVER.—In order to reduce cost and expedite timelines, the Secretary may waive the requirements under section 8103(e) of title 38, United States Code, and section 1096 of the National Defense Authorization Act for Fiscal Year 2016 (Public Law 114–92; 38 U.S.C. 8103 note) for a non-Department Federal entity to be engaged in project management and other activities for the project under subsection (a).

(c) NOTIFICATION.—Not later than 60 days after making a waiver, modification, or substitution relating to the project under subsection (a), including a waiver under subsection (b), the Secretary shall submit to the appropriate committees of Congress a notification describing the waiver, modification, or substitution and the reason for such waiver, modification, or substitution.

(d) AUTHORIZATION OF APPROPRIATIONS.—There is authorized to be appropriated to the Secretary of Veterans Affairs for the Construction, Major Projects account $30,000,000 for the project under subsection (a) to remain available until expended.

SEC. 332. AUTHORIZATION OF MAJOR MEDICAL FACILITY PROJECT OF DEPARTMENT OF VETERANS AFFAIRS FOR FISCAL YEAR 2027 IN INDIANAPOLIS, INDIANA.

(a) IN GENERAL.—The Secretary of Veterans Affairs shall carry out a major medical facility project for the replacement of a medical center, a new central utility plant, a replacement multi-specialty outpatient clinic, and associated parking in Indianapolis, Indiana.

(b) NON-DEPARTMENT FEDERAL ENTITY WAIVER.—In order to reduce cost and expedite timelines, the Secretary may waive the requirements under section 8103(e) of title 38, United States Code, and section 1096 of the National Defense Authorization Act for Fiscal Year 2016 (Public Law 114–92; 38 U.S.C. 8103 note) for a non-Department Federal entity to be engaged in project management and other activities for the project under subsection (a).

(c) NOTIFICATION.—Not later than 60 days after making a waiver, modification, or substitution relating to the project under subsection (a), including a waiver under subsection (b), the Secretary shall submit to the appropriate committees of Congress a notification describing the waiver, modification, or substitution and the reason for such waiver, modification, or substitution.

(d) AUTHORIZATION OF APPROPRIATIONS.—There is authorized to be appropriated to the Secretary of Veterans Affairs for the Construction, Major Projects account $1,641,570,000 for the project under subsection (a), to remain available until expended.

SEC. 333. BOWEL AND BLADDER CARE PROGRAM OF DEPARTMENT OF VETERANS AFFAIRS.

(a) FINDINGS; SENSE OF CONGRESS.—

(1) FINDINGS.—Congress finds the following:

(A) Bowel care and bladder care are supportive and necessary medical services for veterans with spinal cord injuries and disorders when they are unable to manage their bowel and bladder functions independently.

(B) Inadequate care will lead to complications and problems such as autonomic dysreflexia that can be potentially life-threatening and result in illness and hospitalization.

(C) Bowel care and bladder care are essential to support veterans with spinal cord injuries and disorders in non-institutional settings, improve quality of life, optimize health, and prevent complications from neurogenic bowel and bladder.

(D) Family caregivers and individually employed caregivers provide life-sustaining care for the bowel and bladder care needs of veterans that allow them to live in their communities.

(2) SENSE OF CONGRESS.—It is the sense of Congress that—

(A) family caregivers and individually employed caregivers should not be subjected to self-employment taxes and treated as vendors or contractors for the veterans to whom they provide care;

(B) veterans should not be forced to finish their bowel and bladder care needs in a set period of time that does not consider their individual needs; and

(C) veterans should not be subjected to ongoing clinical determinations regarding their bowel and bladder care needs absent a decision by their medical care provider that such care is no longer needed.

(b) IN GENERAL.—The Secretary of Veterans Affairs shall establish a program to address the bowel and bladder care needs of covered veterans (in this section referred to as the ''program'').

(c) PROVISION OF CARE.—

(1) CLINICAL NEED.—The Secretary shall provide bowel and bladder care under the program to covered veterans based on clinical need, which may include covered veterans receiving aid and attendance benefits from the Department of Veterans Affairs.

(2) CAREGIVER OR AGENCY.—A covered veteran may receive bowel and bladder care under the program through a qualified family member, an individually employed caregiver, or a contracted home health agency.

(3) INDIVIDUALIZED ASSESSMENT.—The Secretary shall conduct an individualized assessment with respect to a covered veteran to determine the number of hours of bowel and bladder care needed by such veteran under the program.

(4) DENIAL OF CARE.—Before denying bowel and bladder care for any covered veteran under the program, the Secretary shall first obtain review of and concurrence with respect to such denial from a designated Spinal Cord Injuries and Disorders Center of the Department.

(d) COORDINATION OF CARE AND BENEFITS.—The Secretary shall ensure the program is coordinated with other programs and benefits of the Department for which the covered veteran is eligible to ensure that covered veterans and caregivers receive appropriate support without duplicating benefits or services.

(e) SUPPORTIVE MEDICAL TRAINING AND QUALIFICATIONS.—

(1) IN GENERAL.—The Secretary shall provide to each family member or individually employed caregiver providing care to a covered veteran under the program necessary supportive medical training to participate in and receive payment by the Secretary for the provision of such care.

(2) QUALIFICATIONS.—The Secretary shall establish such requirements, conditions, and qualifications for providers of care under the program as necessary to provide clinically appropriate bowel and bladder care to covered veterans and to ensure the financial and administrative integrity of the program.

(f) PAYMENT.—

(1) IN GENERAL.—The Secretary shall provide a monthly stipend to family members and individually employed caregivers and payment to contracted home health agencies for care provided to covered veterans under the program.

(2) LIMITATION.—

(A) FAMILY MEMBERS AND INDIVIDUALLY EMPLOYED CAREGIVERS.—The stipend for a family member or individually employed caregiver for care provided to a covered veteran under the program—

(i) shall be determined by the Secretary;

(ii) shall be based on the amount and degree of assistance provided; and

(iii) may not exceed the fifth step of the applicable grade of the General Schedule hourly rate paid to nursing assistants who provide such care at the medical facility of the Department that is nearest to the residence of such veteran.

(B) HOME HEALTH AGENCIES.—Payment to a home health agency for care provided to a covered veteran under the program may not exceed the payment rates of the Department under section 17.4035 of title 38, Code of Federal Regulations (relating to payment rates and methodologies), or successor regulations.

(g) SUBMISSION OF DOCUMENTATION.—Family members and individually employed caregivers providing care to covered veterans under the program shall provide such documentation and information in such format and under such terms as the Secretary may require as a condition of receiving payment under the program.

(h) CONTINUED PARTICIPATION IN PROGRAM.—If a covered veteran has been medically determined to require care under the program for a continuous period of three years or more, the veteran is deemed to require such care for life or until such time as the medical provider for such veteran determines the service is no longer needed.

(i) NOT VENDORS OR CONTRACTORS.—Family members and individually employed caregivers providing care to covered veterans under the program shall not be considered vendors or contractors for purposes of the program.

(j) LIMITATION.—Care may not be provided under the program to a veteran who can perform the bowel and bladder functions of the veteran without assistance.

(k) COVERED VETERAN DEFINED.—In this section, the term ''covered veteran'' means a veteran who—

(1) is 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;

(2) has a spinal cord injury or disorder; and

(3) is dependent upon others for bowel and bladder care while residing in non-institutional settings.

TITLE IV—ORGANIZATION

SEC. 401. AUTHORIZATION OF APPROPRIATIONS TO THE OFFICE OF INFORMATION AND TECHNOLOGY OF THE DEPARTMENT OF VETERANS AFFAIRS FOR CERTAIN PURPOSES.

(a) AUTHORIZATION OF APPROPRIATIONS.—There is authorized to be appropriated, and there is appropriated, to the Secretary of Veterans Affairs $500,000,000 for fiscal year 2026, to remain available until September 30, 2031, for deposit into the accounts of the Office of Information and Technology of the Department of Veterans Affairs for the purposes described in subsection (b).

(b) USE OF FUNDS.—Funds shall be allocated and expended only as follows:

(1) $150,000,000 for Enterprise Logistics and Supply Chain Visibility — To develop and deploy integrated, real-time enterprise-wide logistics systems, inventory visibility, pharmaceutical tracking, and medical supply chain resiliency capabilities. These systems shall support both routine veteran care operations and 4th Mission medical surge, patient movement, and emergency distribution requirements in consultation with the Secretary of Defense, the Administrator of the Federal Emergency Management Agency, and the heads of other Federal agencies.

(2) $200,000,000 for Cybersecurity and Operational Resiliency — For zero trust architecture implementation, threat detection, secure cloud hardening, endpoint protection, continuity of operations (COOP) platforms, and protection of mission-essential systems against cyber and physical disruptions. Funds shall prioritize high-risk legacy systems and medical device security.

(3) $150,000,000 for Resilient Communications and Digital Records Modernization — For interoperable, survivable communications infrastructure, and targeted digitization/automation of high-volume paper-based workflows (claims, correspondence, administrative records) to reduce fraud risk and improve continuity during degraded or emergency environments. Funds shall not be used for broad Electronic Health Record Modernization expansion.

(c) OVERSIGHT AND PROTECTION OF SENSITIVE INFORMATION.—

(1) The Secretary may obligate and expend amounts under this section in classified, controlled, or protected environments consistent with applicable law.

(2) Not later than 90 days after the date of enactment of this Act, and annually thereafter until September 30, 2031, the Secretary shall provide to the Committees on Veterans' Affairs of the House of Representatives and the Senate a briefing and report on—

(A) activities carried out using funds made available under this section;

(B) progress on improving cybersecurity, resiliency, continuity, logistics, communications, digitization, and mission assurance capabilities; and

(C) coordination with other Federal agencies, as appropriate. Such reports may include a classified annex.

(3) DETAILED IMPLEMENTATION PLAN AND QUARTERLY BRIEFINGS.—

(A) Not later than 90 days after the date of enactment of this Act, the Secretary, acting through the Office of Information and Technology, shall submit to the Committees on Veterans' Affairs of the House of Representatives and the Senate a comprehensive implementation plan. The plan shall include—

(i) specific milestones, deliverables, and performance metrics for each category of activities in subsection (b);

(ii) a zero trust architecture strategy with timelines and technical requirements;

(iii) a detailed expenditure plan by fiscal quarter and by activity category; and

(iv) any proposed interagency or private-sector partnerships.

(B) Not later than 30 days after the end of each fiscal quarter through September 30, 2031, the Secretary shall provide the Committees a briefing and written report on—

(i) obligations and expenditures to date, by category;

(ii) progress against the implementation plan;

(iii) any deviations from the plan and corrective actions; and

(iv) updated projections for remaining funds.

(C) The initial briefing under subparagraph (B) shall be in person and subsequent briefings may be virtual unless otherwise requested by the Committees. Reports under such subparagraph may include a classified annex.

(d) LIMITATION.—Funds made available under this section may not be used for any purpose unrelated to information technology modernization, cybersecurity, operational resilience, logistics modernization, communications modernization, digitization, or fraud prevention activities of the Department.

(e) SUPPLEMENT, NOT SUPPLANT.—Amounts made available under this section shall supplement and not supplant other amounts otherwise authorized to be appropriated for the Office of Information and Technology of the Department of Veterans Affairs.

(f) RULE OF CONSTRUCTION.—Nothing in this section shall be construed to require the public disclosure of classified information, controlled unclassified information, operational details, cybersecurity architecture, contingency planning information, mission-essential system design, or information otherwise protected from disclosure under Federal law or Executive Order.

(g) REAUTHORIZATION AND SUNSET.—

(1) REAUTHORIZATION REQUIRED.—The authority provided under this section to obligate or expend amounts appropriated pursuant to subsection (a) shall terminate on September 30, 2031, unless subsequently reauthorized by law.

(2) LIMITATION ON NEW OBLIGATIONS AFTER SUNSET.—Beginning on October 1, 2031, the Secretary may not initiate, award, enter into, renew, extend, or otherwise obligate funds for any new program, project, activity, contract, task order, or operational capability carried out pursuant to this section unless expressly authorized by a subsequent Act of Congress.

(3) CONTINUATION OF EXISTING ACTIVITIES.—Nothing in paragraph (2) shall be construed to prohibit the Secretary from—

(A) maintaining, sustaining, securing, operating, completing, or supporting any program, project, activity, contract, system, platform, infrastructure capability, or operational activity lawfully initiated using amounts obligated before September 30, 2031; or

(B) carrying out similar information technology modernization, cybersecurity, continuity of operations, logistics modernization, communications modernization, operational resiliency, or mission assurance activities using amounts otherwise authorized and appropriated under any other provision of law.

(h) USE OF EXISTING CONTRACTING AUTHORITIES.—The Secretary shall carry out the activities authorized under this section, to the maximum extent practicable, through contracts, task orders, delivery orders, interagency agreements, cooperative agreements, or other agreements entered into under existing authorities of title 38, United States Code, as applicable. Amounts made available under this section shall not be used to establish a new full-time equivalent position, hire additional employees of the Department, or otherwise increase the number of full-time equivalent employees of the Department, except to the extent the Secretary determines that such personnel are necessary for the oversight, management, cybersecurity supervision, acquisition administration, or operational integration of activities carried out under this section.

SEC. 402. ESTABLISHMENT OF UNDER SECRETARY FOR MANAGEMENT AND CHIEF FINANCIAL OFFICER.

(a) CHIEF FINANCIAL OFFICER; OFFICE OF BUDGET.—Section 309 of title 38, United States Code, is amended to read as follows:

"§ 309. Under Secretary for Management and Chief Financial Officer

''(a) UNDER SECRETARY FOR MANAGEMENT AND CHIEF FINANCIAL OFFICER.—

''(1) The Under Secretary for Management and Chief Financial Officer shall be the principal management and financial officer of the Department.

''(2) The Under Secretary shall report directly to the Secretary.

''(3) The Under Secretary shall serve as the Chief Financial Officer of the Department for purposes of chapter 9 of title 31.

''(4) The Under Secretary shall exercise authority, direction, and control over the Office of Budget and such other offices as may be assigned by law or by the Secretary.

''(b) DUTIES.—The duties of the Under Secretary include the following:

''(1) To advise the Secretary on financial management of the Department.

''(2) To formulate, justify, execute, oversee, and certify the budget of the Department.

''(3) To control, account for, audit, and report on the finances of the Department.

''(4) To coordinate and assist the Chief Acquisition Officer with the life cycle of major acquisition programs of the Department.

''(5) To exercise the authority and carry out the functions specified in section 902 of title 31.

''(6) To ensure compliance with sections 1341, 1342, 1349, 1350, and 1511 through 1519 of title 31.

''(7) To provide to Congress, or a congressional committee upon request, information regarding the budget, finances, and fiscal condition of the Department.

''(8) To serve as the head of the Office of Budget of the Department.

''(9) To establish and oversee Department-wide financial management policies, accounting systems, internal controls, enterprise risk management programs, strategic planning processes, and capital planning activities.

''(10) To oversee infrastructure investment planning, financial systems modernization, and business transformation initiatives of the Department.

''(c) DEPUTY ASSISTANT SECRETARY.—(1) There is in the Department a Deputy Assistant Secretary for Infrastructure and Construction.

''(2) Such Deputy Assistant Secretary shall be a career appointee (as that term is defined in section 3132(a) of title 5) within the Senior Executive Service of the Department.

''(d) OFFICE OF INFRASTRUCTURE AND CONSTRUCTION.—There is an Office of Infrastructure and Construction in the Department.

''(e) BUDGET AND APPROPRIATIONS AFFAIRS OFFICE.—(1) There is within the Office of Management a Budget and Appropriations

Affairs Office (in this subsection referred to as the 'BAA Office'). The Under Secretary shall appoint a head of the BAA Office who shall report exclusively to the Under Secretary.

''(2) The sole function of the BAA Office is to provide to Congress (or a congressional committee), accurate, timely, and certified information regarding the finances and budget of the Department.

''(3) Congress or a congressional committee may submit a request for information described in paragraph (2) directly to the BAA Office.

''(4) Paragraphs (2) and (3) notwithstanding, the Assistant Secretary for Congressional and Legislative Affairs may facilitate and transmit responses to requests described in paragraph (3) that are submitted to the BAA Office. Any response containing information described in paragraph (2) shall be prepared and certified by the BAA Office and may not be altered, delayed, withheld, edited, or modified by any other officer or employee of the Department prior to transmission to Congress or a congressional committee.

''(5) Not more than six full-time equivalent employees, including supervisors, may be assigned to the BAA Office.

''(f) LIMITATION ON AUTHORITY TO APPOINT.—The Secretary may not establish an employee position—

''(1) that performs a function substantially similar to the function of the Budget and Appropriations Affairs Office established under section 309(e); and

''(2) that is not within the Office of Management.

''(g) TRANSFER OF FUNCTIONS.—(1) All functions, powers, duties, authorities, responsibilities, personnel, property, records, contracts, delegations, directives, regulations, administrative actions, and unobligated balances of appropriations relating to the Chief Financial Officer of the Department immediately before the effective date of this Act are transferred to the Under Secretary for Management and Chief Financial Officer.

''(2) Any delegation, determination, rule, regulation, order, permit, contract, agreement, certification, or other administrative action in effect immediately before the effective date of this Act shall continue in effect according to its terms until modified, superseded, terminated, or revoked.

''(h) REFERENCES.—Any reference in any law, regulation, rule, directive, delegation, contract, agreement, determination, record, or other official document of the United States to the Chief Financial Officer of the Department shall be deemed to refer to the Under Secretary for Management and Chief Financial Officer.''.

(b) TECHNICAL AND CONFORMING AMENDMENTS.—

(1) The table of sections for chapter 3 of title 38, United States Code, is amended accordingly.

(2) The Secretary shall make such additional technical and conforming amendments to regulations, directives, delegations, organizational charters, manuals, and internal guidance as may be necessary to carry out this Act.

(c) FINANCIAL EMPLOYEES.—Subchapter I of chapter 7 of such title is amended by inserting after section 715 the following new section (and the table of sections at the beginning of such chapter is amended accordingly):

''§ 716 Employees with certain financial authority: management; limitation on duties

''(a) IN GENERAL.—An employee described in subsection (b)—

''(1) shall report exclusively to the Chief Financial Officer of the Department designated under section 309 of this title; and

''(2) may not perform a programmatic or operational function in the Department.

''(b) EMPLOYEE DESCRIBED.—An employee described in this subsection is an employee of the Department—

''(1) whose position is that of chief financial officer of an Administration of the Department or a Veterans Integrated Service Network; or

''(2) whose duties are substantially similar to a position described in paragraph (1).''.

SEC. 403. DEPARTMENT OF VETERANS AFFAIRS ACQUISITION REFORM AND COST ASSESSMENT.

(a) DEPARTMENT OF VETERANS AFFAIRS ACQUISITION ORGANIZATION.—

(1) DEFINITIONS.—Chapter 81 of title 38, United States Code, is amended by inserting after subchapter VI the following new subchapter:

''SUBCHAPTER VII—ACQUISITION ORGANIZATION, COST ASSESSMENT, AND PROGRAM EVALUATION

''§ 8181. Definition of major acquisition program

''In this subchapter, the term 'major acquisition program' means a program of the Department to acquire services, supplies, technology, systems, or a combination thereof, with an estimated total program cost, estimated by the Secretary, that exceeds—

''(1) $1,000,000,000 (adjusted pursuant to section 1908 of title 41) for the total life cycle cost of the program; or

''(2) $200,000,000 (adjusted pursuant to section 1908 of title 41) annually.''.

(2) ASSISTANT SECRETARY FOR ACQUISITION.—Section 308 of such title is amended—

(A) in subsection (a)(1), by striking ''seven'' and inserting ''eight'';

(B) in subsection (b)(10), by striking ''Procurement functions'' and inserting ''Acquisition functions''; and

(C) in subsection (d)(1), strike ''19'' and insert ''22''.

(3) ACQUISITION ORGANIZATION.—Subchapter VII of chapter 81 of such title, as added by paragraph (1), is amended by adding at the end the following new section:

''§ 8182. Acquisition organization

''(a) ASSISTANT SECRETARY FOR ACQUISITION; CHIEF ACQUISITION OFFICER.—(1) The Secretary shall designate one of the Assistant Secretaries specified in subsection (a)(1) of section 308 of this title as the Assistant Secretary of Veterans Affairs for Acquisition, who shall focus solely on the administration of functions specified in subsection (b)(10) of such section.

''(2) Pursuant to section 1702(a) of title 41, the Secretary shall designate the Assistant Secretary of Veterans Affairs for Acquisition as the Chief Acquisition Officer of the Department.

''(b) OFFICE OF ACQUISITION.—(1) There is in the Department an Office of Acquisition.

''(2) The head of the Office of Acquisition shall be the Assistant Secretary of Veterans Affairs for Acquisition designated pursuant to subsection (a).

''(3) The Secretary shall take such actions as may be necessary to ensure that major acquisition program offices of the Department align under the Office of Acquisition and report directly to the Assistant Secretary of Veterans Affairs for Acquisition.

''(4) The budget of the Office of Acquisition, including budgets for major acquisition programs, shall be established in the budget justification materials submitted to Congress in support of the budget of the Department (as submitted with the budget of the President under section 1105(a) of title 31).

''(c) DEPUTY ASSISTANT SECRETARY FOR LOGISTICS.—(1) Pursuant to section 308(d) of this title, the Secretary shall appoint a Deputy Assistant Secretary of Veterans Affairs for Logistics, who shall report to the Assistant Secretary for Acquisition.

''(2) The Deputy Assistant Secretary of Veterans Affairs for Logistics shall be responsible for administration of logistics and supply chain operations of the Department.

''(d) DEPUTY ASSISTANT SECRETARY FOR PROCUREMENT.—(1) Pursuant to section 308(d) of this title, the Secretary shall appoint a Deputy Assistant Secretary of Veterans Affairs for Procurement, who shall report to the Assistant Secretary for Acquisition.

''(2) The Deputy Assistant Secretary of Veterans Affairs for Procurement shall be responsible for all procurement and contracting organizations of the Department.

''(e) DEPUTY ASSISTANT SECRETARY FOR ACQUISITION, PROGRAM MANAGEMENT, AND PERFORMANCE.—(1) Pursuant to section 308(d) of this title, the Secretary shall appoint a Deputy Assistant Secretary of Veterans Affairs for Acquisition, Program Management, and Performance, who shall report to the Assistant Secretary for Acquisition.

''(2) The Deputy Assistant Secretary for Acquisition, Program Management, and Performance shall be responsible for the following:

''(A) Lifecycle management.

''(B) Requirements planning.

''(C) Programming and budgeting.

''(D) Policy.

''(E) Performance standards.

''(F) Governance.

''(G) Enhancing the capabilities of the acquisition workforce.

''(f) PROGRAM EXECUTIVE OFFICERS.—(1) The Assistant Secretary for Acquisition shall appoint no fewer than four Program Executive Officers, each responsible for overseeing major acquisition programs in one of the following areas:

''(A) Medical.

''(B) Information technology.

''(C) Professional services.

''(D) Other areas not included in subparagraphs (A) through (C).

''(2) Each Program Executive Officer shall report directly to the Assistant Secretary for Acquisition and shall supervise the managers of major acquisition programs within their respective area, as appointed under section 8183 of this title.

''(3) Each Program Executive Officer shall be—

''(A) certified in project management at level three by—

''(i) the Department;

''(ii) the Federal Acquisition Institute pursuant to section 1201 of title 41; or

''(iii) the Department of Defense pursuant to section 1701a of title 10; or

''(B) hold an equivalent certification by a private sector project management certification organization, as determined appropriate by the Secretary.''.

(b) DEPARTMENT OF VETERANS AFFAIRS MAJOR ACQUISITION PROGRAM MANAGERS.—Subchapter VII of chapter 81 of title 38, United States Code, as added by subsection (a), is amended by adding at the end the following new section:

''§ 8183. Major acquisition program managers

''(a) APPOINTMENTS.—Not later than 30 days after any date on which the Secretary approves a major acquisition program to commence, the applicable Program Executive Officer shall appoint a manager to be responsible for administering such program.

''(b) QUALIFICATIONS.—Each manager appointed pursuant to subsection (a) shall be—

''(1) certified in project management at level three by—

''(A) the Department;

''(B) the Federal Acquisition Institute pursuant to section 1201 of title 41; or

''(C) the Department of Defense pursuant to section 1701a of title 10; or

''(2) hold an equivalent certification by a private sector project management certification organization, as determined appropriate by the Secretary.

''(c) DUTIES.—Each manager appointed pursuant to subsection (a) for a major acquisition program shall—

''(1) report to the Assistant Secretary for Acquisition through the Program Executive Officer responsible for the major acquisition program; and

''(2) be responsible for, with respect to the major acquisition program—

''(A) developing, in coordination with the Program Executive Officer, a plan to administer the major acquisition program, which shall be known as the 'program baseline' for the major acquisition program, that includes—

''(i) a description of each acquisition phase of the major acquisition program;

''(ii) for each such acquisition phase, requirements for advancing the major acquisition program to a subsequent acquisition phase; and

''(iii) estimates of the cost, schedule, and performance of the major acquisition program that account for the entire life cycle of the major acquisition program;

''(B) ensuring the major acquisition program is in compliance with such requirements and providing all program documentation, including program baseline documentation, cost, schedule, performance and risk assessments, and other relevant materials, to designated officials and relevant governance boards;

''(C) developing resource requests and justifications necessary to satisfy such requirements; and

''(D) on a continuous basis, assessing and managing risks to satisfying the requirements of such program baseline relating to cost and schedule.

''(d) PROGRAM DECISION AUTHORITY.—(1) The Assistant Secretary for Acquisition is the program decision authority regarding a major acquisition program.

''(2) Program management offices for major acquisition programs shall—

''(A) report directly to the Assistant Secretary for Acquisition; and

''(B) operate independently of the Veterans Benefits Administration, the Veterans Health Administration, the National Cemetery Administration, and staff offices of the Department.

''(e) NOTIFICATION REQUIRED.—Not later than 30 days after any date on which a major acquisition program concludes an acquisition phase, the manager of such program appointed pursuant to subsection (a) shall notify the Assistant Secretary for Acquisition.''.

(c) DEPARTMENT OF VETERANS AFFAIRS ACQUISITION AND PROCUREMENT REORGANIZATION MATTERS.—

(1) ORGANIZATIONAL CONSOLIDATION.—Not later than one year after the date of the enactment of this Act, the Secretary of Veterans Affairs shall organizationally consolidate under the Assistant Secretary of Veterans Affairs for Acquisition every activity of the Department of Veterans Affairs, including the Veterans Benefits Administration, the Veterans Health Administration, and the National Cemetery Administration, that relates to—

(A) acquisition;

(B) procurement and contracting; or

(C) logistics and supply chain.

(2) RELOCATION.—Paragraph (1) shall not be construed to require the physical relocation of employees of the Department.

(3) PLAN AND BRIEFING.—

(A) IN GENERAL.—Not later than 90 days after commencing organizational consolidation under paragraph (1), the Secretary shall—

(i) submit to the Committee on Veterans' Affairs of the Senate and the Committee on Veterans' Affairs of the House of Representatives a written plan to carry out such organizational consolidation; and

(ii) provide such committees a briefing on such plan.

(B) CONTENTS.—The plan submitted pursuant to subparagraph (A)(i) shall include the following:

(i) A timeline.

(ii) A plan for communication and training activities for relevant Department personnel.

(iii) A plan for modification of relevant Department policy and guidance.

(iv) Such other matters as the Secretary considers relevant and appropriate.

(d) INDEPENDENT VERIFICATION AND VALIDATION OF MAJOR ACQUISITION PROGRAMS OF DEPARTMENT OF VETERANS AFFAIRS.—

(1) CONTRACTING AUTHORITY.—Not later than 120 days after the date of the enactment of this Act, the Secretary of Veterans Affairs shall seek to enter into one or more contracts using competitive procedures with one or more entities to carry out the functions described in paragraph (3).

(2) ELIGIBILITY.—

(A) IN GENERAL.—An entity is not eligible to be awarded a contract under this section unless the Chief Acquisition Officer of the Department of Veterans Affairs determines, at the time of evaluation of offers submitted under paragraph (1), that the entity is currently performing or has performed, during the preceding three-year period, not fewer than three prime contracts from either governmental or commercial health care organizations for—

(i) the independent verification and validation services or equivalent services, including systems engineering and technical advisory (SETA) support of major acquisition programs; or

(ii) the independent verification and validation or systems engineering and technical advisory (SETA) support of the development or acquisition of major acquisition programs or defense systems, in accordance with guidance of the Department of Defense relating to such acquisition programs or such business systems.

(B) PAST PERFORMANCE.—For any contract used to demonstrate eligibility under subparagraph (A), an entity must have performed the work at a satisfactory or better level as indicated by the past performance information in the Contractor Performance Assessment Reporting System, or successor system.

(C) DEMONSTRATION OF LACK OF CONFLICT OF INTEREST.—The Secretary shall revoke the eligibility of an entity under this subsection if an entity does not demonstrate clear and unmitigable evidence that the entity does not have a conflict of interest with respect to the effective performance of functions under paragraph (3).

(D) NO MITIGATION PLANS ACCEPTABLE.—The Secretary may not accept from an entity a plan to mitigate a conflict of interest in order to ameliorate any limitation or prohibition under this subsection.

(3) FUNCTIONS.—The functions specified in this subsection are the following:

(A) The independent verification and validation of each major acquisition program project—

(i) when such major acquisition program is initiated, with respect to its design and the development of its requirements and acquisition;

(ii) at the conclusion of such program; and

(iii) at any other intervals during such program selected by the Chief Acquisition Officer of the Department.

(B) The independent verification and validation of other programs or projects of the Department selected by the Chief Acquisition Officer of the Department, at intervals selected by the Chief Acquisition Officer.

(4) FUNDING.—The Chief Financial Officer of the Department shall ensure that each organizational subdivision of the Department that enters into a contract under paragraph (1) proportionally contributes amounts to fund each such contract.

(5) DEFINITIONS.—In this section:

(A) COVERED CONTRACT.—The term ''covered contract'' means any prime or subcontract with the Department, including—

(i) information technology support or software or system design, development, sustainment, or maintenance services;

(ii) professional or management consulting services; or

(iii) advisory and assistance services.

(B) INDEPENDENT VERIFICATION VALIDATION.—The term ''independent verification and validation'' means a comprehensive inspection, a review, analysis, and testing, or an assessment of systems, software, or hardware, as applicable, performed by an entity awarded a contract under paragraph (1)—

(i) to verify that the requirements of a program, project or system, or a development phase of such a program or project, are correctly defined; and

(ii) to validate cost, schedule, and performance baselines of current programs and measure program effectiveness.

(e) DEPARTMENT OF VETERANS AFFAIRS COST ASSESSMENT AND PROGRAM EVALUATION.—

(1) IN GENERAL.—Subchapter VII of chapter 81 of title 38, United States Code, as added by subsection (a) and amended by subsection (b), is further amended by adding at the end the following new section:

''§ 8184. Cost assessment and program evaluation

''(a) DIRECTOR OF COST ASSESSMENT AND PROGRAM EVALUATION.—There is in the Department a Director of Cost Assessment and Program Evaluation, who shall report directly to the Secretary.

''(b) RESPONSIBILITIES.—The responsibilities of the Director are as follows:

''(1) To develop policies and procedures for cost estimation and analysis of major acquisition programs of the Department.

''(2) To conduct independent cost estimates and analyses for major acquisition programs to support acquisition decisions, or any other acquisitions as directed by the Secretary.

''(3) To provide an independent cost estimate to the Assistant Secretary for Acquisition in advance of a decision to proceed with full-scale acquisition for a major acquisition program or any other program as directed by the Director.

''(4) To evaluate the effectiveness of major acquisition programs in meeting Department objectives.

''(5) Not less frequently than once each year, to submit to the Secretary and the Committee on Veterans' Affairs of the Senate and the Committee on Veterans' Affairs of the House of Representatives an annual report on cost estimation and program evaluation activities, including recommendations to improve acquisition efficiency. Such report shall include a list of all acquisitions where the independent cost estimate for a major acquisition program exceeded the budget request for the program by more than 5 percent.

''(c) SUPPORT AND RESOURCES.—The Chief Financial Officer of the Department shall

provide to the Secretary such support and resources as may be necessary for the Secretary to ensure the effective establishment and functioning of the Director of Cost Assessment and Program Evaluation.''.

(2) REPORT ON MONITORING OF OPERATING AND SUPPORT COSTS FOR MAJOR ACQUISITION PROGRAMS.—

(A) REPORT TO SECRETARY OF VETERANS AFFAIRS.—Not later than one year after the date of the enactment of this Act, and not less frequently than once each year thereafter until December 31, 2028, the Director of Cost Assessment and Program Evaluation of the Department of Veterans Affairs shall submit to the Secretary of Veterans Affairs a report on systems and methods for tracking and assessing operating and support costs of major acquisition programs (as defined in section 8181 of title 38, United States Code, as added by subsection (a)), including recommendations for establishing cost baselines.

(B) TRANSMITTAL TO CONGRESS.—Not later than 30 days after receiving a report pursuant to 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 the report received by the Secretary.

(f) IMPROVEMENTS TO HIRING OF ENTRY-LEVEL ACQUISITION POSITIONS IN DEPARTMENT OF VETERANS AFFAIRS.—

(1) PRIORITY USE OF INTERNSHIP PROGRAMS FOR HIRING INTO ENTRY-LEVEL POSITIONS IN ACQUISITIONS.—The Secretary of Veterans Affairs shall prioritize the use of acquisition internship programs to hire employees to entry-level positions relating to acquisition in the Department of Veterans Affairs.

(2) ANNUAL NUMBER OF PARTICIPANTS IN ACQUISITION INTERNSHIP PROGRAMS.—

(A) IN GENERAL.—Not later than September 30 of the first fiscal year beginning after the date of the enactment of this Act, the Secretary shall take such actions as may be necessary to ensure that the annual number of participants in acquisition internship programs of the Department is—

(i) not fewer than twice the number of participants in such programs during fiscal year 2025; and

(ii) not more than 4 times the number of participants in such programs during such fiscal year.

(B) TERMINATION.—The requirements of subparagraph (A) shall terminate on the date on which the Secretary certifies to the appropriate committees of Congress that the projected number of graduates of acquisition internship programs is sufficient to satisfy the human capital needs of the Department with respect to acquisition, taking into account the rate of attrition and projected retirements of personnel.

(C) APPROPRIATE COMMITTEES OF CONGRESS DEFINED.—In this subsection, 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.

(g) INDEPENDENT ANALYSIS OF ACQUISITION PROCESS OF DEPARTMENT OF VETERANS AFFAIRS.—

(1) SYSTEMS ENGINEERING ANALYSIS.—Not later than one year after the date of the enactment of this Act, the Secretary of Veterans Affairs shall enter into a memorandum of understanding with the Executive Director of the Acquisition Research Center of the Department of Defense to conduct a systems engineering analysis of the acquisition process of the Department of Veterans Affairs.

(2) REPORT.—Not later than one year after the date in which the Secretary enters into the memorandum of understanding required by paragraph (1), 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 findings of the Executive Director with respect to the analysis conducted under such subsection.

(h) REQUIREMENTS DEVELOPMENT PROCESS.—

(1) IN GENERAL.—Subchapter VII of chapter 81 of title 38, United States Code, as added by subsection (a) and amended by subsections (b) and (e), is further amended by adding at the end the following new section:

''§ 8185. Requirements development process

''(a) ESTABLISHMENT OF PROCESS.—(1) The Secretary shall establish a standardized requirements development process for major acquisition programs.

''(2) The process established pursuant to paragraph (1) shall—

''(A) define and validate mission-driven requirements for major acquisition programs exceeding $200,000,000 annually or $1,000,000,000 in lifecycle costs, in coordination with the Assistant Secretary for Acquisition;

''(B) incorporate data-driven needs assessments, stakeholder input from relevant administrations, staff offices, and other elements of the Department, and alignment with statutory mandates, such as section 8121 of this title; and

''(C) ensure iterative validation of requirements through independent verification and validation, as described in section 8183 of this title, to confirm cost, schedule, and performance baselines.

''(b) LIMITATION ON PERSONNEL.—The Secretary shall implement the process established pursuant to subsection (a) using staff within the Office of Acquisition and other relevant offices of the Department, as established under section 8182 of this title, without creating new positions, unless a subsequent cost-benefit analysis, validated by the Director of Cost Assessment and Program Evaluation, justifies additional resources.''.

(2) REPORT.—Not later than 180 days after the enactment of this Act, 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 detailing the requirements process established pursuant to section 8183 of such title, as added by paragraph (1) and a plan for implementation of such process, including timelines for integration with major acquisition program baselines.

(i) CONFORMING AMENDMENTS.—Subchapter VI of chapter 81 of title 38, United States Code, is amended—

(1) in section 8171, by striking paragraphs (5) and (6); and

(2) by striking section 8172.

(j) CLERICAL AMENDMENTS.—The table of sections at the beginning of chapter 81 of title 38, United States Code, is amended—

(1) by striking the item relating to section 8172; and

(2) by adding at the end the following:

''SUBCHAPTER VII—ACQUISITION REVIEW, COST ASSESSMENT, AND PROGRAM EVALUATION

''8181. Definition of major acquisition program.
''8182. Acquisition reorganization.
''8183. Major acquisition program managers.
''8184. Cost assessment and program evaluation.
''8185. Requirements development process.''.

SEC. 404. IMPROVEMENT OF TELEPHONE COMMUNICATION BY DEPARTMENT OF VETERANS AFFAIRS.

(a) IN GENERAL.—Chapter 63 of title 38, United States Code, is amended by adding at the end the following new section:

''§ 6321. Telephone communication

''(a) CALLS ASSOCIATED WITH DEPARTMENT.—Not later than one year after the date of the enactment of the Take Care of America's Veterans Act, the Secretary shall ensure, to the extent practicable and feasible, that any call made to a veteran, beneficiary, claimant, or other relevant individual by an employee or contractor of the Department regarding services or benefits furnished by the Department—

''(1) is made from a single, well-known telephone number; and

''(2) uses caller identification branding that indicates to the individual that the call is from or on behalf of the Department.

''(b) CALL CENTERS FOR HEALTH CARE APPOINTMENTS AND REFERRALS.—

''(1) IN GENERAL.—Not later than one year after the date of the enactment of the Take Care of America's Veterans Act, the Secretary shall ensure that the Veterans Health Administration has at least one call center in each of the time zones specified in paragraph (3) to address concerns regarding appointments and referrals for health care under the laws administered by the Secretary.

''(2) EXISTING EFFORTS AND CALL CENTERS.—In carrying out paragraph (1), the Secretary—

''(A) shall ensure coordination with existing efforts of the Department to improve call center operations; and

''(B) may use existing call centers to meet the requirements of such paragraph.

''(3) TIME ZONES SPECIFIED.—The time zones specified in this paragraph are the following:

''(A) Eastern time.
''(B) Central time.
''(C) Mountain time.
''(D) Pacific time.
''(E) Alaska time.
''(F) Hawaii time.

''(4) CLARIFICATION.—The Secretary is not required to ensure that the Veterans Health Administration has a call center in any location generally within a time zone specified in paragraph (3) that does not follow daylight saving time.''.

(b) CLERICAL AMENDMENT.—The table of sections at the beginning of chapter 63 of such title is amended by adding at the end the following new item:

''6321. Telephone communication.''.

(c) REPORT.—Not later than 180 days after enactment, and annually for three years thereafter, the Secretary shall submit to the Committees on Veterans' Affairs of the Senate and House of Representatives a report on implementation, including call-answer rates, abandoned-call rates, average wait times, veteran complaints, spoofing or fraud-prevention measures, and any exceptions granted.

SEC. 405. ADVANCING DEPARTMENT OF VETERANS AFFAIRS EMERGENCY RESPONSE TO CRISIS.

(a) REPORT ON EMERGENCY MANAGEMENT ROLES FOR DEPARTMENT OF VETERANS AFFAIRS.—

(1) IN GENERAL.—Not later than 180 days after the date of the enactment of this Act, 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 report outlining the roles and responsibilities of all offices of the Department of Veterans Affairs involved with emergency management.

(2) CONSULTATION.—In preparing the report required by paragraph (1), the Secretary of Veterans Affairs shall consult with the Comptroller General of the United States, the Inspector General of the Department of Veterans Affairs, the Secretary of Homeland Security, the Secretary of Defense, and such other Federal agencies as the Secretary of Veterans Affairs considers relevant, to obtain insights from their experience and

trends that they have found, and such recommendations as they may have with respect to the management by the Department of Veterans Affairs of emergency management functions.

(3) CONTENTS.—The report submitted pursuant to paragraph (1) shall include the following:

(A) A description of the organizational structure of each office, both during normal operations and during emergency or disaster operations.

(B) The roles and responsibilities of each office.

(C) A detailed description of roles and responsibilities that are shared by both the Office of Emergency Management of the Department and the Office of Operations, Security, and Preparedness of the Department, including an analysis of how each office plays a part in emergency management functions.

(D) Recommendations for improving the structure and alignment of relevant offices to better prepare the Department for emergencies, remove redundancies, and improve accountability.

(E) An analysis of the feasibility and advisability of consolidating relevant offices into one centralized emergency management office to improve communication and streamline emergency preparedness and response efforts of the Department.

(b) PLAN TO ALLOW FUEL SHARING AND INCREASED COORDINATION BETWEEN THE FEDERAL EMERGENCY MANAGEMENT AGENCY AND THE DEPARTMENT OF VETERANS AFFAIRS.—Not later than 90 days after the date of the enactment of this Act, the Secretary of Veterans Affairs shall, after consulting with the Administrator of the Federal Emergency Management Agency, submit to the Committee on Veterans' Affairs of the Senate, the Committee on Veterans' Affairs of the House of Representatives, the Committee on Homeland Security and Government Affairs of the Senate, and the Committee on Homeland Security of the House of Representatives a report regarding—

(1) the current limitations preventing the Federal Emergency Management Agency from providing fuel or other resources to the Department of Veterans Affairs during emergencies;

(2) whether the Department requires action by Congress to allow such resource provision to occur;

(3) whether the Secretary has been unable to coordinate with the Administrator during prior emergencies or Fourth Mission activations due to a lack of authority for such coordination;

(4) whether the Secretary requires action by Congress to address any of the issues mentioned under paragraph (3); and

(5) whether the Secretary requires action by Congress to address the issue of Department employees or responders being unable to use Department-purchased fuel.

SEC. 406. MEMBERSHIP OF DEPARTMENT OF VETERANS AFFAIRS GERIATRICS AND GERONTOLOGY ADVISORY COMMITTEE.

Section 7315 of title 38, United States Code, is amended, in subsection (a)—

(1) in the second sentence, by striking ''and at least one representative of a national veterans service organization'' and inserting '', at least one individual who represents a national veterans service organization, at least one individual who has served veterans or families of veterans in a State home, and at least one individual who holds a professional license in nursing home administration''; and

(2) by designating the first, second, and third sentences as paragraphs (1) through (3), respectively (and adjusting the margins accordingly).

SEC. 407. SCHEDULING OF APPOINTMENTS UNDER THE VETERANS COMMUNITY CARE PROGRAM.

(a) ELECTRONIC PROCESS.—Subsection (d) of section 3101 of the Johnny Isakson and David P. Roe, M.D. Veterans Health Care and Benefits Improvement Act of 2020 (Public Law 116–315; 38 U.S.C. 1701 note) is amended to read as follows:

''(d) ELECTRONIC PROCESS.—(1) The Secretary shall implement an electronic process through which a scheduler of the Department, using an information technology system, may schedule an appointment for health care furnished by the Department or through the Veterans Community Care Program, under section 1703 of this title, by a non-Department health care provider.

''(2) The electronic process under this subsection shall allow a scheduler, with regards to appointments described in—

''(A) either clause of subparagraph (A) of subsection (a)(1), to view, search, and sort such appointments by type of care, location, and date; and

''(B) clause (ii) of such subparagraph—

''(i) to schedule such an appointment;

''(ii) to provide referral and authorization documents directly to a non-Department provider; and

''(iii) to perform any other function the Secretary determines necessary.

''(3) The Secretary shall ensure that the electronic process allows a scheduler to schedule an appointment for health care furnished by the Secretary through a health care provider of the Department.

''(4) The Secretary shall implement the electronic process through an existing agreement if practicable.

''(5) The Secretary shall submit to the Committees on Veterans' Affairs of the Senate and House of Representatives the following regarding the electronic process:

''(A) Not later than 90 days after the Secretary makes a determination under subparagraph (B)(iii) of paragraph (2), a briefing regarding the functions the Secretary has determined necessary.

''(B) Not later than six months after the date of the enactment of Take Care of America's Veterans Act, and semiannually thereafter during the following three years, a report regarding operation of the electronic process during both the semiannual period preceding the date of the report and the cumulative period since the date of the enactment of such Act. Such a report shall include the following for each such period:

''(i) The number of non-Department health care providers that participated in such electronic process, disaggregated by—

''(I) category of hospital care or medical services provided; and

''(II) medical center of the Department;

''(ii) The number of appointments scheduled pursuant to the electronic process, disaggregated by—

''(I) category of hospital care or medical services provided;

''(II) medical center of the Department; and

''(III) month.

''(iii) A comparison of the average wait time for appointments scheduled through the electronic process and through non-electronic methods, disaggregated by medical center of the Department.

''(iv) The rates at which veterans cancelled appointments scheduled through the electronic process.

''(v) The rates at which veterans did not appear for appointments scheduled through the electronic process.''.

(b) IMPLEMENTATION.—

(1) DATE.—The Secretary of Veterans Affairs shall implement the electronic process under subsection (d) of section 1703H of such title, as added by this section, not later than two years after the date of the enactment of this Act.

(2) GUIDELINES.—Not later than 90 days after the date of the enactment of this Act, the Secretary of Veterans Affairs shall establish guidelines. Such guidelines shall include the following:

(A) Procedures for schedulers and other employees of the Department involved in the scheduling of appointments described in such section.

(B) A directive that employees described in subparagraph (A) use the electronic process to the extent practicable.

(C) A directive that employees described in subparagraph (A), when scheduling an appointment for a covered veteran (as such term is used in section 1703 of such title) for health care furnished by the Secretary, inform such covered veteran of available appointments through providers of the Department and through providers under the Veterans Community Care Program when eligible.

(D) Procedures for engaging with non-Department health care providers in specialized cases.

(E) Standards regarding timeliness and accuracy.

(F) Escalation protocols for scheduling failures or delays.

(3) TRAINING.—Not later than 180 days after the date of the enactment of this Act, the Secretary shall implement a mandatory training program for employees described in subparagraph (B) regarding the guidelines under subparagraph (B).

(4) EVALUATION.—Not later than 60 days after the date of the enactment of this Act, the Secretary shall prescribe performance benchmarks and outcome-based metrics for the electronic process under such section, including—

(A) time between a referral and a scheduled appointment;

(B) patient satisfaction; and

(C) the percentage of appointments scheduled exclusively through the electronic process.

(5) OUTREACH.—Not later than 90 days after the date of the enactment of this Act, the Secretary shall plan and carry out an outreach strategy to encourage non-Department of Veterans Affairs health care providers that participate in the Veterans Community Care Program to participate in the electronic process under such subsection. Such outreach shall—

(A) include contacting each such provider during such 90 days;

(B) include seeking to enter into an agreement with each such provider under which the provider shall participate in the electronic process;

(C) include collaborating with State hospital associations and rural health associations to promote such participation;

(D) focus on providers in specialties or underserved areas, as determined by the Secretary; and

(E) include the publication, on a publicly accessible website of the Department, of information regarding—

(i) details of the electronic process;

(ii) how a provider may elect to participate in the electronic process; and

(iii) a point of contact in the Department regarding the electronic process.

(6) OVERSIGHT.—The Secretary shall submit to the Committees on Veterans' Affairs of the Senate and House of Representatives, with regards to the electronic process under such subsection, the following:

(A) Not later than 30 days after the Secretary establishes guidelines under paragraph (2) of this subsection, a copy of such guidelines.

(B) Not later than 30 days after the Secretary formulates the plan under paragraph (5) of this subsection, a briefing on the outreach strategy under such paragraph.

(C) Not later than 180 days after the date of the enactment of this Act, the benchmarks and metrics prescribed under paragraph (4).

(c) EXPANSION.—Not later than 90 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 integrate the scheduling of appointments for health care furnished through health care providers of the Department of Veterans Affairs into the electronic process under subsection (d) of section 1703H of such title, as added by this section. Such plan shall include the following elements:

(1) A timeline to implement such plan.

(2) Estimated costs to carry out such plan.

(3) Changes to policies and procedures of the Department the Secretary determines necessary to implement such plan.

(d) CODIFICATION.—

(1) IN GENERAL.—Section 3101 of such Act, as amended by subsection (a), is transferred to subchapter I of chapter 17 of title 38, United States Code, inserted after section 1703G, and redesignated as section 1703H.

(2) CONFORMING AMENDMENTS.—Section 1703H of such title, as transferred and redesignated by this subsection, is amended—

(A) by striking any heading that is not a section heading or subsection heading and conforming the margins accordingly;

(B) by striking ''of title 38, United States Code'' both places it appears and inserting ''of this title'';

(C) in subsection (b)(1), by striking ''Not later than one year after the date of the enactment of this Act, the Secretary'' and inserting ''The Secretary'';

(D) in subsection (c)—

(i) in paragraph (1), in the matter preceding subparagraph (A), by striking ''Not later than 180 days after the date of the enactment of this Act, the Secretary'' and inserting ''The Secretary''; and

(ii) in paragraph (2), by striking subparagraphs (A) and (B) and inserting ''The Secretary shall require each medical facility of the Department to use the method or tool described in paragraph (1).'';

(E) in the section enumerator, by striking ''**SEC.**'' and inserting ''§''; and

(F) in the section heading—

(i) by striking ''**PROCESS AND REQUIREMENTS FOR SCHEDULING APPOINTMENTS FOR HEALTH CARE FROM DEPARTMENT OF VETERANS AFFAIRS AND NON-DEPARTMENT HEALTH CARE.**'' and inserting ''**SCHEDULING OF APPOINTMENTS**''; and

(ii) by conforming the typeface and typestyle, including capitalization, to the typeface and typestyle used in the section heading of section 1703G of such title.

(3) TABLE OF SECTIONS.—The table of sections at the beginning of such chapter is amended by inserting, after the item relating to section 1703G, the following new item:

''1703H. Scheduling of appointments.''.

TITLE V—MEMORIAL AFFAIRS

SEC. 501. EXPANSION OF ELIGIBILITY FOR DEPARTMENT OF VETERANS AFFAIRS MEMORIAL HEADSTONE OR MARKER FOR CERTAIN INDIVIDUALS.

Section 2306(b)(2) of title 38, United States Code, is amended in subparagraphs (B) and (C) by striking ''who dies on or after November 11, 1998,'' each place it appears.

SEC. 502. DEPARTMENT OF VETERANS AFFAIRS PROVISION OF ADDITIONAL BURIAL BENEFITS WHEN AN URN OR COMMEMORATIVE PLAQUE IS FURNISHED.

(a) IN GENERAL.—Paragraph (2) of section 2306(h) of title 38, United States Code, is amended to read as follows:

''(2) If the Secretary furnishes an urn or commemorative plaque for an individual under paragraph (1), the Secretary may not provide for such individual a headstone or marker under this section, or any interment benefit under section 2402 of this title, unless—

''(A) in the case of a request for a headstone or marker under this section—

''(i) such request is made at the same time as a request for placement of a headstone or marker for another individual who is eligible to have such a headstone or marker placed in a national cemetery, a veterans' cemetery in receipt of a grant made under section 2408 of this title, or a post cemetery; and

''(ii) the Secretary furnishes one headstone or marker inscribed for both individuals; or

''(B) in the case of a request for interment, the individual is interred at the same time and in the same gravesite as the interment of another individual eligible for interment in a national cemetery under section 2402(a) of this title.''.

(b) APPLICABILITY.—The amendment made by subsection (a) shall apply with respect to an individual who dies on or after January 5, 2021.

SEC. 503. FALLEN SERVICEMEMBERS RELIGIOUS HERITAGE RESTORATION PROGRAM.

(a) FINDINGS.—Congress finds the following:

(1) An estimated 900 American-Jewish servicemembers of the Armed Forces, killed in World War I and World War II and buried overseas in United States military cemeteries, were, for various reasons, mistakenly buried under Latin Crosses. In most instances, those mistakes were made inadvertently.

(2) In 2022, more than 2,000,000 people visited the United States World War I and World War II cemeteries in foreign countries.

(3) American-Jewish servicemembers played a vital role in the Allied victories in World War I and World War II.

(4) American-Jewish servicemembers who fought and died for the United States must have their heritage properly recognized and honored.

(5) The United States Government has a solemn responsibility to ensure that every American servicemember killed in action and buried overseas is properly honored.

(6) The work of properly identifying American-Jewish servicemembers buried overseas is vital and integral to the responsibility of the American Battle Monuments Commission to ensure that past mistakes in honoring those servicemembers who died in the line of duty are corrected.

(b) FALLEN SERVICEMEMBERS RELIGIOUS HERITAGE RESTORATION PROGRAM.—

(1) ESTABLISHMENT.—The American Battle Monuments Commission shall establish a program to identify covered members and to contact survivors and descendants of such covered members. Such program shall be known as the ''Fallen Servicemembers Religious Heritage Restoration Program''.

(2) DURATION.—The Commission shall carry out the Fallen Servicemembers Religious Heritage Restoration Program during the first five fiscal years that begin after the date of the enactment of this Act.

(3) CONTRACTS.—

(A) AUTHORITY.—During each fiscal year described in subsection (b), the Commission shall seek to enter into a contract with a nonprofit organization under which such nonprofit organization shall carry out the purpose described in subsection (b)(1).

(B) TERM; AMOUNT.—Each contract under this subsection shall be for one year and in the amount of $500,000 to the nonprofit organization.

(C) PRIORITY.—In awarding a contract under this subsection, the Commission shall give priority to a nonprofit organization that has demonstrated capability and expertise in carrying out the purpose described in subsection (b)(1).

(4) DEFINITIONS.—In this section:

(A) The term ''covered member'' means a deceased member of the Armed Forces who was Jewish and buried—

(i) in a United States military cemetery located outside the United States; and

(ii) under a marker that indicates such member was not Jewish.

(B) The term ''nonprofit organization'' means an organization described in section 501(c)(3) of the Internal Revenue Code of 1986 and exempt from taxation under section 501(a) of such Code.

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

Subtitle A—Improvement of Veterans Community Care Program

SEC. 601. CODIFICATION OF REQUIREMENTS FOR ELIGIBILITY STANDARDS FOR ACCESS TO COMMUNITY CARE FROM DEPARTMENT OF VETERANS AFFAIRS.

(a) ELIGIBILITY ACCESS STANDARDS.—Section 1703B of title 38, United States Code, is amended—

(1) by striking subsections (a) through (e) and inserting the following:

''(a) ACCESS STANDARDS FOR COMMUNITY CARE.—(1) For purposes of section 1703(d)(1)(D) of this title, the eligibility access standards for hospital care, medical services, or non-institutional extended care services, are as follows:

''(A) With respect to primary care, mental health care, or non-institutional extended care services, the Secretary must schedule an appointment for the covered veteran with a health care provider of the Department who can provide the needed service—

''(i) within 30 minutes average driving time from the residence of the veteran unless a longer average driving time has been agreed to by the veteran in consultation with a health care provider of the veteran; and

''(ii) within 20 days of either the date of request for such an appointment or a later date agreed to by the veteran in consultation with a health care provider of the veteran.

''(B) With respect to specialty care, the Secretary must schedule an appointment for the covered veteran with a health care provider of the Department who can provide the needed service—

''(i) within 60 minutes average driving time from the residence of the veteran unless a longer average driving time has been agreed to by the veteran in consultation with a health care provider of the veteran; and

''(ii) within 28 days of either the date of request for such an appointment or a later date agreed to by the veteran in consultation with a health care provider of the veteran.

''(C) With respect to a covered treatment program, the Secretary must—

''(i) provide to a covered veteran a screening not later than 48 hours after the date on which the veteran, or a relevant health care provider, makes a documented request for the veteran to be admitted to a covered treatment program; and

''(ii) if the veteran is determined eligible for priority admission to a covered treatment program—

''(I) admit the veteran to a covered treatment program not later than 48 hours after the date of such determination; or

''(II) give the veteran the option of seeking care at a non-Department facility pursuant to section 1792(e) of this title.

''(2) For the purposes of determining the ability of the Secretary to schedule an appointment for a covered veteran with a health care provider of the Department under paragraph (1), the Secretary shall not take into consideration the availability of telehealth appointments from the Department.

''(3) In the case of a covered veteran who has had an appointment with a health care provider of the Department canceled by the Department for a reason other than either the request of the veteran or the failure of the veteran to appear as scheduled, in calculating a wait time for a subsequent appointment under the eligibility access standards established under paragraph (1), the Secretary shall calculate such wait time from the date of the request for the original, canceled appointment.

''(4) If a veteran agrees to a longer average drive time or a later date under paragraph (1), the Secretary shall document the agreement to such longer average drive time or later date in the electronic health record of the veteran and provide the veteran a copy of such documentation. Such copy may be provided electronically.

''(5) Paragraph (1)(C) shall not be construed to affect a covered veteran in a covered treatment program pursuant to a determination made on or before the date of the enactment of the Take Care of America's Veterans Act.

''(6)(A) Subject to the provisions of this paragraph, subparagraphs (A) and (B) of paragraph (1) shall terminate on the date that is eight years after the date of the enactment of the Take Care of America's Veterans Act.

''(B) Not later than seven years after the date of the enactment of the Take Care of America's Veterans Act, 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 containing—

''(i) an assessment of the effects of the codification of eligibility access standards for primary care, mental health care, non-institutional extended care services, and specialty care under this subsection on the management and oversight of the Veterans Community Care Program under section 1703 of this title; and

''(ii) the recommendation of the Secretary for continued codification of such standards along with a justification for such recommendation.

''(C) On and after the date that is eight years after the date of the enactment of the Take Care of America's Veterans Act, the Secretary may not establish access standards for care and services described in subparagraph (A) or (B) of paragraph (1) that are different from the standards set forth in those subparagraphs unless, not later than 180 days before establishing such different standards—

''(i) the Secretary submits to the Committee on Veterans' Affairs of the Senate and the Committee on Veterans' Affairs of the House of Representatives notification of the intent of the Secretary to establish such different standards, including a description of the changes the Secretary intends to make and the justification for such changes; and

''(ii) a joint resolution of approval is enacted that approves such different standards.

''(D) For purposes of this subsection, the term 'joint resolution of approval' means only a joint resolution the matter after the resolving clause of which is as follows: 'That Congress approves the access standards established by the Secretary submitted on ____ relating to ____.', with the first blank space filled by the appropriate date and the second blank space filled with a description of the access standards.

''(E) A joint resolution of approval shall be considered under the expedited procedures outlined in section 802 of title 5 to the same extent as a joint resolution described in subsection (a) of that section is considered.

''(b) APPLICATION.—The Secretary shall ensure that the eligibility access standards established under subsection (a) apply—

''(1) to all care and services within the medical benefits package of the Department to which a covered veteran is eligible under section 1703 of this title; and

''(2) to all covered veterans, regardless of whether a veteran is a new or established patient.

''(c) PERIODIC REVIEW OF ACCESS STANDARDS.—(1) Not later than three years after the date of the enactment of the Take Care of America's Veterans Act, and not less frequently than once every three years thereafter, the Secretary shall—

''(A) conduct a review of the eligibility access standards under subsection (a) in consultation with—

''(i) such Federal entities as the Secretary considers appropriate, including the Department of Defense, the Department of Health and Human Services, and the Centers for Medicare & Medicaid Services;

''(ii) entities and individuals in the private sector, including—

''(I) veteran patients;

''(II) representatives of veterans, including individual veterans and participants from veteran stakeholder organizations selected through an open and transparent process; and

''(III) health care providers participating in the Veterans Community Care Program under section 1703 of this title; and

''(iii) other entities that are not part of the Federal Government; and

''(B) submit to the appropriate committees of Congress a report on—

''(i) the findings of the Secretary with respect to the review conducted under paragraph (1); and

''(ii) such recommendations as the Secretary may have with respect to the eligibility access standards under subsection (a).

''(2) Chapter 10 of title 5 shall not apply to the consultation required by paragraph (1)(A).'';

(2) by striking subsection (g);

(3) by redesignating subsections (f), (h), and (i) as subsections (d), (e), and (f), respectively;

(4) in subsection (d), as redesignated by paragraph (3)—

(A) by striking ''established'' each place it appears; and

(B) in paragraph (1), by striking ''(1) Subject to'' and inserting ''COMPLIANCE BY COMMUNITY CARE PROVIDERS WITH ACCESS STANDARDS.—(1) Subject to'';

(5) in subsection (e), as so redesignated—

(A) in paragraph (1)—

(i) by striking ''(1) Consistent with'' and inserting ''DETERMINATION REGARDING ELIGIBILITY.—(1) Consistent with''; and

(ii) by striking ''designated access standards established under this section'' and inserting ''eligibility access standards under subsection (a)''; and

(B) in paragraph (2)(B), by striking ''designated access standards established under this section'' and inserting ''eligibility access standards under subsection (a)''; and

(6) in subsection (f), as redesignated by paragraph (2)—

(A) in the matter preceding paragraph (1), by striking ''In this section'' and inserting ''DEFINITIONS.—In this section''; and

(B) in paragraph (2)—

(i) by striking ''covered veterans'' and inserting ''covered veteran'';

(ii) by striking ''veterans described'' and inserting ''a veteran described'';

(iii) by redesignating paragraphs (3) and (4) as paragraphs (4) and (5), respectively; and

(iv) by inserting after paragraph (2) the following new paragraph (3):

''(3) The term 'covered treatment program' has the meaning given such term in section 1791 of this title.''.

(b) CONFORMING AMENDMENTS.—Section 1703(d) of such title is amended—

(1) in paragraph (1)(D), by striking ''designated access standards developed by the Secretary under section 1703B of this title'' and inserting ''eligibility access standards under section 1703B(a) of this title'';

(2) in paragraph (3), by striking ''designated access standards developed by the Secretary under section 1703B of this title'' and inserting ''eligibility access standards under section 1703B(a) of this title''; and

(3) in paragraph (4), by striking ''designated access standards developed by the Secretary under section 1703B of this title'' and inserting ''eligibility access standards under section 1703B(a) of this title''.

SEC. 602. REQUIREMENT THAT SECRETARY NOTIFY VETERANS OF ELIGIBILITY FOR CARE OR DENIAL OF REQUEST FOR CARE UNDER VETERANS COMMUNITY CARE PROGRAM.

(a) IN GENERAL.—Section 1703(a) of title 38, United States Code, is amended by adding at the end the following new paragraph:

''(5)(A)(i) Except as provided in clause (iii), the Secretary shall notify each covered veteran in writing of the eligibility of such veteran for care or services under this section as soon as possible but not later than five days after the date on which the Secretary is aware that the veteran is seeking care or services and is eligible for such care or services under this section.

''(ii) The Secretary is required to notify a covered veteran under clause (i) only at the start of an episode of care for such veteran.

''(iii) The Secretary shall allow a covered veteran to opt out of receiving notification under clause (i).

''(B) With respect to each covered veteran eligible for care or services under subsection (d), and consistent with subparagraph (A), the Secretary shall provide such veteran periodic reminders, as applicable and as the Secretary determines appropriate, of their ongoing eligibility under such subsection.

''(C) Any notification or reminder under this paragraph may be provided electronically.

''(6)(A) If a request by a veteran for the Secretary to authorize care or services under this section is denied, except as provided in subparagraph (C), the Secretary shall notify the veteran in writing as soon as possible but not later than five days after the denial is made—

''(i) of the reason for the denial; and

''(ii) with instructions on how to appeal such denial using the clinical appeals process of the Veterans Health Administration.

''(B) If a denial under subparagraph (A) is due to the Secretary meeting the eligibility access standards under section 1703B(a) of this title, notice under such subparagraph shall include an explanation of how the Secretary met such standards.

''(C) The Secretary shall allow a covered veteran to opt out of receiving notification under subparagraph (A).

''(D) Any notification under this paragraph may be provided electronically.''.

(b) REPORTS TO CONGRESS.— Not later than one year after the date of the enactment of

this Act, and not less frequently than annually thereafter for a period of five years, 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 report on the implementation of the amendments made by subsection (a), including—

(1) an assessment of the timeliness of the notifications required by those amendments;

(2) a description of barriers to increasing the timeliness of those notifications; and

(3) the number of veterans who opt out of receiving those notifications.

SEC. 603. CONSIDERATION UNDER VETERANS COMMUNITY CARE PROGRAM OF CONTINUITY OF CARE AND NEED FOR CAREGIVER OR ATTENDANT.

Section 1703(d) of title 38, United States Code, is amended—

(1) in paragraph (2), by adding at the end the following new subparagraphs:

''(F) The potential for improved continuity of care, including if a veteran has an established relationship with a non-Department provider and the likelihood of the covered veteran to seek and complete recommended care, including if the veteran would abstain from seeking such care if required to seek such care at a facility of the Department.

''(G) Whether the covered veteran needs an attendant to provide required aid or assistance to the veteran, including for the veteran to travel to a facility of the Department.''; and

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

''(5) The Secretary shall ensure that consideration of the factors specified in paragraph (2) includes consideration of all relevant factors, is driven by clinical need, and that no single factor is required to be determinative when considering the best medical interest of a covered veteran.''.

SEC. 604. DISCUSSION OF TELEHEALTH OPTIONS UNDER VETERANS COMMUNITY CARE PROGRAM.

Section 1703 of title 38, United States Code, is amended—

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

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

''(q) DISCUSSION OF OPTIONS FOR TELEHEALTH.—(1) When discussing options for care or services for a covered veteran under this section, the Secretary shall ensure that the veteran is informed of the ability of the veteran to seek care or services via telehealth, either through a medical facility of the Department or through a non-Department provider, if—

''(A) telehealth is—

''(i) available to the veteran;

''(ii) appropriate for the type of care or services the veteran is seeking, as determined by the Secretary; and

''(iii) is acceptable to the veteran; or

''(B) the care or services the veteran is seeking is only or primarily available through telehealth.

''(2) Nothing in paragraph (1) shall be construed to prohibit a health care provider specified in subsection (c) from furnishing hospital care, medical services, or extended care services under this section via telehealth.''.

SEC. 605. EXTENSION OF DEADLINE FOR SUBMITTAL OF CLAIMS BY HEALTH CARE ENTITIES AND PROVIDERS UNDER PROMPT PAYMENT STANDARD.

Section 1703D of title 38, United States Code, is amended—

(1) in subsection (a)(2), by striking ''the reason for denying the claim and what, if any, additional information is required to process the claim'' and inserting ''the reason for denying the claim and request additional missing information, if any, that is required to process the claim'';

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

''(b) SUBMITTAL OF CLAIMS BY HEALTH CARE ENTITIES AND PROVIDERS.—(1) A health care entity or provider that furnishes hospital care, a medical service, or an extended care service under this chapter pursuant to a contract, agreement, or other arrangement shall submit to the Secretary a claim for payment for furnishing the hospital care, medical service, or extended care service not later than one year after the date on which the entity or provider furnished the hospital care, medical service, or extended care service.

''(2) No health care entity or provider may seek payment from a patient if the health care entity or provider failed to comply with the timely filing requirement set forth in paragraph (1).''; and

(3) in subsection (c), by adding at the end the following new paragraph:

''(3)(A) If the Secretary determines, based on reliable evidence, that a health care entity or provider has submitted or caused to be submitted a fraudulent claim for payment under this chapter, the Secretary may suspend such entity or provider from furnishing hospital care, medical services, or extended care services under this chapter.

''(B) Before imposing a suspension under subparagraph (A) with respect to an entity or provider, the Secretary shall—

''(i) provide written notice to the entity or provider identifying the basis for the proposed suspension;

''(ii) afford the entity or provider an opportunity to respond within a period of 30 days; and

''(iii) consider any evidence or explanation submitted by the entity or provider.

''(C)(i) The Secretary shall take all necessary actions to resolve a suspension under subparagraph (A) as soon as possible and not later than one year after the date of such suspension unless the Secretary determines and provides a written determination that an extension beyond one year is strictly necessary to protect the interests of veterans and taxpayers and to preserve the integrity of the health care delivery system of the Department.

''(ii) Any extension under clause (i) of a suspension shall—

''(I) be for an additional period of not longer than one year; and

''(II) shall be reported to the Committee on Veterans' Affairs of the Senate and the Committee on Veterans' Affairs of the House of Representatives.

''(D) The Secretary shall establish procedures for reinstatement of an entity or provider suspended under subparagraph (A) following the resolution of any fraud-related investigation or proceeding.

''(E) The Secretary shall coordinate actions under this paragraph with the Office of Inspector General of the Department.

''(F) The Secretary shall prescribe regulations to carry out this paragraph, including standards of evidence, notice, and appeal procedures.

''(G)(i) Not less frequently than quarterly, 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 written notification of the suspensions entered into, if any, during the preceding quarter that includes—

''(I) the identity of the suspended entity or provider;

''(II) the statutory or regulatory basis for the suspension;

''(III) a summary of the factual findings or evidence supporting the action; and

''(IV) the status of any related investigation of or referral to the Office of Inspector General of the Department or any other appropriate Federal agency.

''(ii) The Secretary shall provide to the Committee on Veterans' Affairs of the Senate and the Committee on Veterans' Affairs of the House of Representatives, upon request, all records, memoranda, and communications relevant to any suspension or reinstatement action taken under this paragraph, in accordance with applicable laws related to privacy, ongoing investigations, or sensitive law enforcement information.

''(iii) Failure by the Secretary to provide notice under clause (i) shall be treated as a failure to comply with a statutory reporting requirement.''.

SEC. 606. AUDIT OF REPRESENTATIVE SAMPLE OF VETERANS RECEIVING CARE AND SERVICES UNDER VETERANS COMMUNITY CARE PROGRAM.

Not later than one year after the date of the enactment of this Act, and not less frequently than annually thereafter for the following five years, the Secretary of Veterans Affairs shall—

(1) conduct an audit, for the one-year period preceding the audit, of—

(A) the number of veterans eligible for care or services under section 1703 of title 38, United States Code, and the reasons for such eligibility, including multiple such reasons for veterans eligible under more than one eligibility criteria;

(B) with respect to veterans eligible for care or services under section 1703 of title 38, United States Code, the number of veterans who are informed of such eligibility;

(C) the number of veterans who opt to seek care or services under such section;

(D) the number of veterans who do not opt to seek care or services under such section;

(E) the timeliness of referrals for care or services under such section and the timeliness of receipt of such care or services, including whether care or services received by the veteran through a non-Department of Veterans Affairs provider had a shorter wait time than the average wait time for such care or services at a facility of the Department;

(F) the number of requests for an appeal of a denial of care or services under such section using the clinical appeals process of the Veterans Health Administration;

(G) the timeliness of each such appeal; and

(H) the outcome of each such appeal; and

(2) 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 audit conducted under paragraph (1).

SEC. 607. INFORMATION ON WAIT TIME AND DRIVE TIME OPTIONS FOR RECEIPT OF CARE BY VETERANS.

(a) IN GENERAL.—To the greatest extent practicable, the Secretary of Veterans Affairs shall ensure that veterans are informed in writing, for each episode of care provided under the laws administered by the Secretary, of current wait time and average drive time options for such episode of care disaggregated by care provided—

(1) in person at a facility of the Department of Veterans Affairs;

(2) via telehealth through a provider of the Department;

(3) in person through the nearest suitable non-Department facility with which the Department has a provider agreement or other arrangement for non-Department care pursuant to section 1703 of title 38, United States Code; and

(4) via telehealth through a non-Department provider with which the Department has a provider agreement or other arrangement for non-Department care pursuant to such section with the shortest wait time.

(b) FORM OF INFORMATION.—Information provided under subsection (a)—

(1) may be provided electronically; and

(2) shall be documented in the health record of the veteran.

(c) OPT OUT.—The Secretary shall permit a veteran to opt out of receiving information under subsection (a).

SEC. 608. ESTABLISHMENT OF PERIOD DURING WHICH A REFERRAL UNDER VETERANS COMMUNITY CARE PROGRAM REMAINS VALID.

Section 1703(a) of title 38, United States Code, as amended by section 602(a), is further amended by adding at the end the following new paragraph:

''(7) When authorizing care or services under this section, the Secretary shall ensure that the period during which such care or services may be performed by a health care provider specified in subsection (c) begins on the date that the covered veteran has the first appointment with such provider.''.

SEC. 609. UPDATES TO CONTRACTING REQUIREMENTS UNDER VETERANS COMMUNITY CARE PROGRAM.

Section 1703(h) of title 38, United States Code, is amended—

(1) in paragraph (3)—

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

''(A) The Secretary may terminate a contract with an entity entered into under paragraph (1) at such time and upon such notice to the entity as the Secretary may specify for purposes of this section, if the Secretary notifies the appropriate committees of Congress that, at a minimum—

''(i) the entity failed to comply substantially with the provisions of the contract or with the provisions of this section and the regulations prescribed under this section, including with respect to access, quality, training, and medical documentation;

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

''(iii) it is reasonable to terminate the contract based on coverage provided by contracts or sharing agreements entered into under authorities other than this section.'';

(B) by redesignating subparagraph (B) as subparagraph (D);

(C) by inserting after subparagraph (A) the following new subparagraphs:

''(B)(i) The Secretary shall terminate a contract with an entity entered into under paragraph (1) at such a time and upon such notice to the entity as the Secretary may specify for the purposes of this section, if the entity—

''(I) is excluded from participation in a Federal health care program (as defined in section 1128B(f) of the Social Security Act (42 U.S.C. 1320a–7b(f))) under section 1128 or 1128A of the Social Security Act (42 U.S.C. 1320a–7 and 1320a–7a);

''(II) has been convicted of a felony or other serious offense under Federal or State law and the continued participation of the entity would be detrimental to the best interests of veterans or the Department; or

''(III) is identified as an excluded source on the list maintained in the System for Award Management, or any successor system.

''(ii) The Secretary may issue a waiver for entities subject to clause (i) for a one-year period, and such a waiver shall be reported to Congress not later than 30 days after such waiver is issued.

''(C) Any entities ineligible to enter into contracts with the Department due to one or more reasons specified in this paragraph may be listed on a publicly available website of the Department or appropriate third party administrator.'';

(D) in subparagraph (D), as redesignated by subparagraph (B) of this paragraph, by striking ''in subparagraph (A)'' and inserting ''in this paragraph''; and

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

''(7) Any contract or agreement between the Department and a third party administrator or between a third party administrator and a health care provider specified in subsection (c) that is made with respect to care or services provided under this section shall include—

''(A) notice of obligations to comply with Federal laws and the consequences for failure to comply with those laws, including specific information regarding claims for payment and consequences for any false claims, statements, or documents, or concealment of a material fact;

''(B) confirmation by the health care provider that they are accredited to provide any specialized services subject to the contract or agreement and that they will only use qualified staff to provide those services; and

''(C) confirmation that the health care provider will identify any individuals providing specialized services or treatments included in the contract or agreement and provide proof of the licensure of those individuals to the Department.''.

SEC. 610. PUBLICATION OF COMMUNITY CARE NETWORK SUFFICIENCY AND PAYMENT WAIVER REQUESTS AND APPROVALS.

Not later than one year after the date of the enactment of this Act, and not less frequently than annually thereafter, the Secretary of Veterans Affairs shall publish on a publicly available and user-friendly website—

(1) the information contained in the most recent report required by section 1703(p) of title 38, United States Code; and

(2) an overview, disaggregated by region, of the waivers requested, approved, and denied under section 1703B(f)(3) of such title.

SEC. 611. REQUIREMENTS RELATING TO QUALITY OF COMMUNITY CARE PROVIDERS.

(a) MONTHLY CHECKS AGAINST LIST OF EXCLUDED INDIVIDUALS OR ENTITIES.—The Secretary of Veterans Affairs shall ensure that third party administrators under the Veterans Community Care Program perform automated monthly checks for all community care providers against the list of excluded individuals or entities set forth by the Office of Inspector General of the Department of Health and Human Services using national provider identifier records or other unique identifiers.

(b) REVISION OF PROVIDER EXCLUSION STANDARD OPERATING PROCEDURES.—Not later than 90 days after the date of the enactment of this Act, the Secretary shall ensure that the Office of Integrated Veteran Care or successor office revises its provider exclusion standard operating procedures to require automated matching of community care providers in the provider profile management system of the Department of Veterans Affairs to the system for award management exclusions of the General Services Administration using both taxpayer identification number and national provider identifier as identifiers.

(c) PROCESS TO IDENTIFY DEPARTMENT PROVIDERS TERMINATED OR RESIGNING FROM EMPLOYMENT.—Not later than 90 days after the date of the enactment of this Act, the Secretary shall ensure that the Under Secretary for Health of the Department of Veterans Affairs develops a process to identify health care providers that are terminated, retire, or resign from employment with the Department for quality of care concerns or while under investigation for quality of care concerns so those health care providers can be prevented from participating in the Veterans Community Care Program.

(d) UPDATE OF INFORMATION ON PROVIDERS.—Not later than one year after the date of the enactment of this Act, the Secretary, through the Office of Integrated Veteran Care or successor office, shall develop a process to ensure that third party administrators regularly, not less frequently than quarterly—

(1) update their lists of community care providers to reflect accurate provider contact information;

(2) annotate providers that are not currently accepting patients under the Veterans Community Care Program; and

(3) remove providers from the provider profile management system that—

(A) are on the list of excluded individuals or entities set forth by the Office of Inspector General of the Department of Health and Human Services;

(B) are in the system for award management exclusions of the General Services Administration; or

(C) have been terminated from employment with the Department of Veterans Affairs due to quality of care concerns or left such employment voluntarily, through resignation, or through retirement, while under investigation for quality of care concerns.

(e) DEFINITIONS.—In this section:

(1) COMMUNITY CARE PROVIDER.—The term ''community care provider'' means a health care provider specified under section 1703(c) of title 38, United States Code.

(2) VETERANS COMMUNITY CARE PROGRAM.—The term ''Veterans Community Care Program'' means the Veterans Community Care Program under section 1703 of title 38, United States Code.

SEC. 612. PROVIDER TRAINING.

(a) DEVELOPMENT OF PLAN.—Not later than 180 days after the date of the enactment of this Act, the Secretary of Veterans Affairs shall develop a comprehensive plan to better align training and incentive requirements applicable to community care providers participating in the Veterans Community Care Program and health care providers, residents, and trainees of the Department of Veterans Affairs.

(b) ELEMENTS.—The plan required under subsection (a) shall—

(1) identify existing training requirements or incentives applicable to health care providers of the Department;

(2) identify existing training requirements or incentives applicable to health care trainees or residents of the Department;

(3) identify existing training requirements or incentives applicable to community care providers;

(4) assess gaps between training requirements and incentives for health care providers of the Department, trainees or residents of the Department, and community care providers;

(5) establish standardized baseline training requirements to ensure consistency in the quality of care furnished through the Department from health care providers of the Department, trainees or residents of the Department, and community care providers; and

(6) provide a strategy, assessment of barriers, and timeline for implementing such baseline training requirements, including—

(A) through online modules and continuing medical education programs; and

(B) within such strategy—

(i) metrics to measure the effectiveness of baseline training requirements in improving clinical quality, satisfaction of veterans, and health outcomes for veterans;

(ii) a mechanism to account for non-Department training that is equivalent or substantially similar to the Department training in length, scope, and content, as determined by the Secretary;

(iii) a mechanism to regularly communicate, including through direct outreach

and publication online and in provider handbooks of third party administrators under the Veterans Community Care Program, requirements and expectations with respect to training;

(iv) a mechanism to track, report, and address non-compliance, to include corrective actions, which may include suspending or barring providers who are routinely non-compliant; and

(v) a mechanism to designate community care providers who routinely meet or exceed baseline training requirements as preferred providers or part of the high performing provider program of the Department, as the Secretary considers appropriate.

(c) IMPLEMENTATION.—Not later than one year after submission of the report required under subsection (d), the Secretary shall begin implementing the plan required under subsection (a).

(d) REPORT TO CONGRESS.—Not later than 180 days after the date of the enactment of this Act, 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 containing—

(1) the plan required under subsection (a);

(2) a description of identified gaps between training or incentives for providers of the Department, trainees or residents of the Department, and community care providers;

(3) the estimated costs associated with implementation of the plan; and

(4) a description of any legislative or regulatory changes necessary to carry out the plan.

(e) ANNUAL UPDATES.—Not later than one year after the submission of the report required by subsection (d), and annually thereafter for the following two years, 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—

(1) describing progress in implementing the plan required under subsection (a);

(2) assessing any measurable impacts of such implementation on quality of care; and

(3) assessing any improvements in rates of compliance with training requirements among health care providers, trainees, and residents of the Department and community care providers.

(f) DEFINITIONS.—In this section:

(1) COMMUNITY CARE PROVIDER.—The term ''community care provider'' means a health care provider specified under section 1703(c) of title 38, United States Code.

(2) TRAINING.—The term ''training'' includes training relating to—

(A) veteran-specific cultural competency;

(B) health conditions related to military service, including toxic exposures, post-traumatic stress disorder, traumatic brain injury, and military sexual trauma;

(C) suicide prevention;

(D) pain management and opioid safety; and

(E) any other matter the Secretary determines appropriate.

(3) VETERANS COMMUNITY CARE PROGRAM.—The term ''Veterans Community Care Program'' means the Veterans Community Care Program under section 1703 of title 38, United States Code.

SEC. 613. OVERSIGHT AUTHORITY OVER COMMUNITY CARE.

(a) IN GENERAL.—The Secretary of Veterans Affairs shall include in each contract or agreement used to provide care or services through the Veterans Community Care Program provisions requiring the contractor and any subcontractor or participating provider to provide government officials, including the Office of the Inspector General of the Department of Veterans Affairs, access, within a reasonable time and manner, to records, materials, documents, data, and personnel necessary to conduct audits, inspections, evaluations, or investigations related to such care or services.

(b) THIRD PARTY ADMINISTRATORS.—

(1) REQUIREMENT.—The Secretary shall require third party administrators under the Veterans Community Care Program to include provisions in agreements with participating providers that are equivalent to the provisions required under subsection (a).

(2) NOTIFICATION.—Notification of the requirements under this section and any other related information as the Secretary determines appropriate shall be included in the provider handbooks of third party administrators under the Veterans Community Care Program.

(c) STANDARD CONTRACT LANGUAGE.—The Secretary shall establish standard contract language under this section in consultation with the Inspector General of the Department of Veterans Affairs.

(d) VETERANS COMMUNITY CARE PROGRAM DEFINED.—In this section, the term ''Veterans Community Care Program'' means the Veterans Community Care Program under section 1703 of title 38, United States Code.

Subtitle B—Mental Health Treatment Programs

SEC. 621. VETERAN PARTICIPATION IN CERTAIN MENTAL HEALTH PROGRAMS.

(a) ESTABLISHMENT.—Chapter 17 of title 38, United States Code, is amended by adding at the end the following new subchapter:

''SUBCHAPTER IX—PARTICIPATION BY VETERANS IN CERTAIN MENTAL HEALTH TREATMENT PROGRAMS

''§ 1791. Definitions

''In this subchapter:

''(1) ACTIVITIES OF DAILY LIVING.—The term 'activities of daily living' means specific personal care activities that are required for basic daily maintenance and sustenance, to include eating, toileting, bathing, grooming, dressing and undressing, and mobility.

''(2) COVERED TREATMENT PROGRAM.—

''(A) IN GENERAL.—The term 'covered treatment program'—

''(i) means—

''(I) a mental health residential rehabilitation treatment program of the Department; or

''(II) a program of the Department for residential care for mental health and substance use disorders;

''(ii) includes—

''(I) the programs designated as of the date of the enactment of the Take Care of America's Veterans Act as domiciliary residential rehabilitation treatment programs; and

''(II) any programs designated as domiciliary residential rehabilitation treatment programs on or after such date of enactment; and

''(iii) does not include—

''(I) Compensated Work Therapy Transition Residence programs of the Department; or

''(II) Department or non-Department programs in which more than 20 percent of the care provided is provided through telehealth.

''(B) ACCREDITATION.—A program described in subparagraph (A) must maintain accreditation by the Commission on Accreditation of Rehabilitation Facilities and the Joint Commission.

''(3) COVERED VETERAN.—The term 'covered veteran' means a veteran described in section 1703(b) of this title.

''(4) EVIDENCE-BASED TREATMENT.—The term 'evidence-based treatment' means treatment provided in accordance with the Department of Veterans Affairs/Department of Defense Clinical Practice Guidelines for Mental Health and Substance Use Disorder, or any successor similar guidelines.

''(5) SOCIAL SUPPORT SYSTEMS.—The term 'social support systems', with respect to a covered veteran—

''(A) means—

''(i) a member of the family of the covered veteran, including a parent, spouse, child, step-family member, or extended family member; or

''(ii) an individual who lives with the veteran but is not a member of the family of the veteran; and

''(B) does not include a facility-organized peer support program.

''§ 1792. Standardized process to determine eligibility of covered veterans for participation in certain mental health treatment programs

''(a) STANDARDIZED SCREENING PROCESS.—Not later than one year after the date of the enactment of the Take Care of America's Veterans Act, the Secretary shall establish a standardized screening process to determine, based on clinical need, whether a covered veteran satisfies criteria for priority or routine admission to a covered treatment program.

''(b) ELIGIBILITY CRITERIA FOR PRIORITY ADMISSION.—

''(1) IN GENERAL.—Under the standardized screening process required by subsection (a), a covered veteran shall be eligible for priority admission to a covered treatment program if the covered veteran meets criteria established by the Secretary that shall include the following:

''(A) A clinical assessment of the symptoms of the veteran, including symptoms that—

''(i) significantly affect activities of daily life; and

''(ii) increase the risk of adverse outcomes, such as overdose, suicide, self-harm, or an unsafe living situation.

''(B) The lack of availability and applicability of other treatment options.

''(C) Whether the veteran has a recent suicide or overdose attempt.

''(D) Whether the veteran is determined to be a high risk for suicide or overdose.

''(E) Whether the veteran has a demonstrated history of non-responsiveness, relapse, or inability to find recovery from two other completed courses of treatment, such as outpatient or intensive outpatient treatment, through a program that—

''(i) is licensed by a State;

''(ii) is accredited by the Commission on Accreditation of Rehabilitation Facilities or the Joint Commission; and

''(iii) provides evidence-based treatment.

''(F) Such other criteria as the Secretary determines appropriate, in consultation with Congress.

''(2) CONSIDERATION.—In making a determination that a covered veteran meets criteria established by the Secretary under paragraph (1) for priority admission to a covered treatment program, the Secretary shall—

''(A) consider any referral of a health care provider of a covered veteran; and

''(B) ensure that consideration of such criteria includes consideration of all relevant factors, is driven by clinical need, and that no single factor is required to be determinative when considering the best medical interest of a covered veteran.

''(3) PROVISION OF HIGHER-LEVEL CARE.—The Secretary shall provide immediate and clinically necessary care under other authorities available to the Secretary to any covered veteran who is not clinically recommended for admission to a covered treatment program based on the need for a higher level of care, such as being at a high acute risk for suicide.

''(c) SCREENING FOR TRAUMATIC BRAIN INJURY.—Under the standardized screening process required by subsection (a), the Secretary shall ensure a covered veteran is screened at an appropriate time for potential mild, moderate, or severe traumatic brain injury.

''(d) CONSIDERATIONS.—In making placement decisions in a covered treatment program for veterans who meet criteria for priority or routine admission, the Secretary shall—

''(1) consider the input of the covered veteran with respect to the—

''(A) program specialty, subtype, and treatment track offered to the covered veteran; and

''(B) geographic placement of the covered veteran, including proximity to the current residence, time zone, or geographic region of the covered veteran;

''(2) maximize the proximity of the covered veteran to social support systems; and

''(3) to the greatest extent practicable, place the veteran in a covered treatment program located within the same time zone and geographic region as the residence of the veteran at the time of admission.

''(e) CONDITIONS UNDER WHICH CARE SHALL BE FURNISHED THROUGH NON-DEPARTMENT PROVIDERS.—

''(1) PRIORITY ADMISSION.—If the Secretary determines a covered veteran is eligible for priority admission to a covered treatment program pursuant to the standardized screening process required by subsection (a) and the Secretary is unable to admit such covered veteran to a covered treatment program at a facility of the Department in a manner that complies with the requirements under subsection (d) and section 1703B(a)(1)(C) of this title, the Secretary shall offer the covered veteran the option to receive care at a non-Department facility that—

''(A) can admit the covered veteran within the period required by section 1703B(a)(1)(C)(ii)(I) of this title;

''(B) is party to a contract or agreement with the Department or enters into such a contract or agreement under which the Department furnishes a program that is equivalent to a covered treatment program to a veteran through such non-Department facility;

''(C) is licensed by a State;

''(D) is accredited by the Commission on Accreditation of Rehabilitation Facilities or the Joint Commission; and

''(E) provides evidence-based treatment.

''(2) ROUTINE ADMISSION.—If the Secretary determines a covered veteran is eligible for routine admission to a covered treatment program pursuant to the standardized screening process required by subsection (a) and the Secretary is unable to admit such covered veteran to a covered treatment program at a facility of the Department in a manner that complies with the requirements under section 1703B(a)(1)(C) of this title with respect to routine admission, the Secretary shall offer the covered veteran the option to receive care at a non-Department facility that—

''(A) is party to a contract or agreement with the Department or enters into such a contract or agreement under which the Department furnishes a program that is equivalent to a covered treatment program to a veteran through such non-Department facility;

''(B) is licensed by a State;

''(C) is accredited by the Commission on Accreditation of Rehabilitation Facilities or the Joint Commission; and

''(D) provides evidence-based treatment.

''(3) RULE OF CONSTRUCTION.—This subsection shall not be construed to affect a covered veteran in a covered treatment program pursuant to a determination made on or before the date of the Take Care of America's Veterans Act.

''§ 1793. Improvements to Department of Veterans Affairs mental health residential rehabilitation treatment program

''(a) PERFORMANCE METRICS.—

''(1) IN GENERAL.—The Secretary shall develop metrics to track, and shall subsequently track, the performance of medical facilities of the Department, Veterans Integrated Service Networks, and non-Department facilities in meeting the requirements for—

''(A) screening, under section 1792 of this title, for a covered treatment program;

''(B) timely admission, under section 1792 of this title, to a covered treatment program pursuant to such screening; and

''(C) adherence to evidence-based treatment standards developed by the Secretary in consultation with appropriate governmental and non-governmental professional organizations with a demonstrated history of providing or accrediting programs that are substantially similar to covered treatment programs, or made of professionals who provide for such programs, including by—

''(i) using placement criteria established by the American Society of Addiction Medicine; and

''(ii) maintaining standards to meet accreditation by the Commission on Accreditation of Rehabilitation Facilities or the Joint Commission.

''(2) ELEMENTS.—The metrics developed under paragraph (1) shall include metrics for tracking the performance of medical facilities of the Department, Veterans Integrated Service Networks, and non-Department facilities with respect to routine and priority admission under a covered treatment program as well as adherence to evidence-based treatment standards.

''(3) CONSULTATION.—In developing metrics under paragraph (1), the Secretary shall consult with mental health and substance use disorder providers, including providers employed by the Department and those employed by non-Department entities, and ensure adherence to industry standards.

''(4) REPORT.—Not later than one year after the date of the enactment of the Take Care of America's Veterans Act, the Secretary shall submit to the Committee on Veterans' Affairs of the Senate and the Committee on Veterans' Affairs of the House a report describing the consultation and performance metrics required under this subsection.

''(b) OVERSIGHT.—

''(1) IN GENERAL.—The Secretary shall develop a process for systematically assessing at the facility, network, and regional level, as the Secretary considers appropriate, the quality of care delivered by facilities of the Department and non-Department facilities treating covered veterans under this section as well as a process for rectifying any identified concerns.

''(2) ELEMENTS.—The processes required under paragraph (1) shall include assessments of—

''(A) the extent to which providers at the facility deliver evidence-based treatments to covered veterans;

''(B) clinical outcomes for covered veterans, including those outcomes assessed pursuant to a subsequent clinical screening under subsection (g)(3)(F);

''(C) the ratio of licensed independent practitioners per resident;

''(D) the rate of completion of training under section 1795 of this title by licensed independent practitioners;

''(E) whether non-Department facilities and providers generally meet the criteria outlined in section 1792(e) of this title;

''(F) the timeliness, completeness, and rate of transmission, if applicable, of medical records during and following treatment of covered veterans; and

''(G) potentially wasteful, fraudulent, or inappropriate referral or billing practices.

''(3) CONSULTATION.—In developing the processes required under paragraph (1), the Secretary shall consult with relevant stakeholders, including mental health and substance use disorder providers employed by the Department and those employed by non-Department entities, and ensure adherence to industry standards.

''(4) REPORT.—Not later than one year after the date of the enactment of the Take Care of America's Veterans Act, 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 describing the consultation and oversight processes required by this subsection.

''(c) PLACEMENT; TRANSPORTATION.—

''(1) LOCATIONS.—If the Secretary determines that a covered veteran is in need of residential care under a covered treatment program, the Secretary shall provide to the covered veteran a list of locations at which such covered veteran can receive such residential care that meets—

''(A) the standards for screening under section 1792 of this title; and

''(B) the care needs of the covered veteran, including applicable treatment tracks.

''(2) TRANSPORTATION COVERAGE.—

''(A) IN GENERAL.—Notwithstanding any other provision of law regarding the transportation of individuals under this title, or any other law administered by the Secretary, and except as provided in subparagraph (B), the Secretary shall provide transportation, pay for, or reimburse the costs of transportation for any covered veteran who is admitted into a covered treatment program and needs transportation assistance—

''(i) from the residence of the covered veteran or a facility of the Department or authorized non-Department facility that does not provide such care to another Department or non-Department facility that provides residential care covered under a covered treatment program; and

''(ii) back to the residence of the covered veteran or to a facility of the Department or an authorized non-Department facility after the conclusion of a covered treatment program, if applicable.

''(B) LIMITATIONS.—

''(i) COSTS INCURRED BY VETERANS.—The Secretary shall provide reimbursement under subparagraph (A) directly to a covered veteran only for costs directly incurred by the covered veteran and pre-approved by the Department.

''(ii) NO COVERAGE OF TRANSPORTATION PROVIDED BY COVERED TREATMENT PROGRAM.—The Secretary shall not reimburse a covered veteran for transportation provided to the covered veteran by a covered treatment program, unless for a purpose and amount approved by the Secretary.

''(d) APPEALS.—

''(1) IN GENERAL.—The Secretary shall develop a national policy and associated procedures, in accordance with the existing clinical appeals process of the Veterans Health Administration, under which a covered veteran, a representative of a covered veteran, or a provider who requests a covered veteran be admitted to a covered treatment program, including a provider of the Department or a non-Department provider, may file a clinical appeal pursuant to this subsection if the covered veteran is—

''(A) denied admission into a covered treatment program; or

''(B) accepted into a covered treatment program but is not offered bed placement in a timely manner.

''(2) TIMELINESS STANDARDS FOR REVIEW.—

''(A) IN GENERAL.—The national policy and procedures developed under paragraph (1) for appeals described in such paragraph shall include timeliness standards for the Department to review and make a decision on such an appeal.

''(B) DECISION.—The Secretary shall review and respond to any appeal under paragraph (1) not later than 72 hours after the Secretary receives such appeal.

''(3) PUBLIC GUIDANCE.—The Secretary shall develop, and make available to the public, guidance on how a covered veteran, a representative of the covered veteran, or a provider of the covered veteran can file a clinical appeal pursuant to this subsection—

''(A) if the covered veteran is denied admission into a covered treatment program;

''(B) if the first date on which the covered veteran may enter a covered treatment program does not comply with the eligibility access standards under section 1703B(a) of this title for care at a covered treatment program; or

''(C) with respect to such other factors as the Secretary may specify.

''(4) RULE OF CONSTRUCTION.—Nothing in this subsection may be construed as granting a covered veteran, a representative of a covered veteran, or a provider who requests a covered veteran be admitted to a covered treatment program, including a provider of the Department or a non-Department provider, the right to appeal a decision of the Secretary with respect to admission to a covered treatment program to the Board of Veterans' Appeals under chapter 71 of this title.

''(e) TRACKING OF AVAILABILITY AND WAIT TIMES.—

''(1) IN GENERAL.—The Secretary, to the extent practicable, shall create a method for tracking availability and wait times under a covered treatment program across all facilities of the Department, Veterans Integrated Service Networks, and non-Department providers throughout the United States.

''(2) AVAILABILITY OF INFORMATION.—The Secretary shall make the information tracked under paragraph (1) available, in real time to—

''(A) the mental health treatment coordinators at each facility of the Department;

''(B) the leadership of each medical center of the Department;

''(C) the leadership of each Veterans Integrated Service Network; and

''(D) the Office of the Under Secretary for Health of the Department.

''(3) PUBLICATION OF INFORMATION.—Not less frequently than monthly, the Secretary shall publish the information tracked under paragraph (1) on a publicly accessible website of the Department.

''(f) STAFFING MATTERS.—

''(1) TRAINING.—

''(A) IN GENERAL.—The Secretary shall update and implement training for staff of the Department directly involved in a covered treatment program regarding referrals, screening, admission, placement decisions, and appeals for such program, including all changes to processes and guidance under such program required by this section and section 1792.

''(B) COVERED VETERANS AWAITING ADMISSION.—The training under subparagraph (A) shall include procedures for the care of covered veterans awaiting admission into a covered treatment program and communication with such covered veterans and the providers of such covered veterans.

''(C) TIMING OF TRAINING.—

''(i) IN GENERAL.—The Secretary shall require the training under subparagraph (A) to be completed by staff required to complete such training—

''(I) not later than 60 days after beginning employment at the Department in a position that includes work directly involving a covered treatment program; and

''(II) not less frequently than annually.

''(ii) TRACKING.—The Secretary shall track completion of training required under clause (i) by staff required to complete such training.

''(2) OVERSIGHT STANDARDS.—The Secretary shall review and revise oversight standards for the leadership of the Veterans Integrated Service Networks and the Veterans Health Administration to ensure that facilities and staff of the Department are adhering to the policy on access to care of each covered treatment program.

''(3) STAFF COVERAGE.—The Secretary shall not require staff of a covered treatment program to act as coverage for any other team, service, or project unrelated to the covered treatment program for a period of greater than three days per month unless such coverage is for purposes of the fourth mission of the Department or under an emergency declaration.

''(g) CARE COORDINATION AND FOLLOW-UP CARE.—

''(1) CONTINUITY OF CARE.—The Secretary shall ensure each covered veteran who is screened for admission to a covered treatment program is offered, and provided if agreed upon, care options during the period between screening of the covered veteran and admission of the covered veteran to such program to ensure the covered veteran does not experience any lapse in care.

''(2) CARE COORDINATION FOR SUBSTANCE USE DISORDER.—For a covered veteran being treated for substance use disorder, the Secretary shall—

''(A) ensure there is a care plan in place during the period between any detoxification services or inpatient care received by the covered veteran and admission of the covered veteran to a covered treatment program; and

''(B) communicate that care plan to the covered veteran, the primary care provider of the covered veteran, and the facility where the covered veteran is or will be residing under such program.

''(3) CARE PLANNING AND CLINICAL SCREENING.—

''(A) IN GENERAL.—A covered treatment program, in consultation with the covered veteran and the treating providers of the covered veteran in the covered treatment program, shall ensure the completion of a care plan and a clinical screening upon admittance to the covered treatment program and prior to discharge from the covered treatment program, which shall include an assessment of, with respect to the covered veteran—

''(i) overall mental health;

''(ii) risk for suicide;

''(iii) risk for overdose;

''(iv) housing insecurity;

''(v) food insecurity;

''(vi) employment;

''(vii) complex medical needs and diagnoses; and

''(viii) any other factors the Secretary determines necessary.

''(B) MATTERS TO BE INCLUDED.—The care plan required under subparagraph (A) for a covered veteran shall include details on the course of treatment for the covered veteran following completion of treatment under the covered treatment program, including recommended length of stay and any necessary follow-up care and the results of any screening conducted under such subparagraph.

''(C) LENGTH OF STAY.—

''(i) IN GENERAL.—Covered treatment programs at non-Department facilities shall submit the care plan under subparagraph (A) for a covered veteran, including the requested or recommended length of stay for the covered veteran, to the Department not later than 72 hours after the veteran is admitted to the covered treatment program.

''(ii) APPROVAL REQUIRED.—Any length of stay of a covered veteran at a covered treatment program longer than 30 days or extensions of length of stay greater than a total of 30 days shall require approval by the Secretary. The Secretary shall respond to any such requests for approval within 72 hours. Any such requests that have not received a response within 72 hours shall be automatically approved on a daily basis until the Secretary responds.

''(D) SHARING OF CARE PLAN.—The care plan required under subparagraph (A) shall be shared with the covered veteran, the primary care provider of the covered veteran, and any other providers with which the covered veteran consents to sharing the plan.

''(E) DISCHARGE FROM NON-DEPARTMENT FACILITY.—Upon discharge of a covered veteran under a covered treatment program from a non-Department facility, and not later than 30 days after discharge, the facility shall share with the Department all care records maintained by the facility with respect to the covered veteran and shall work in consultation with the Department on the care plan of the covered veteran required under subparagraph (A).

''(F) SUBSEQUENT CLINICAL SCREENING.—Not later than 180 days after the end of treatment of a covered veteran in a covered treatment program, the covered treatment program or a Department or non-Department provider shall conduct a subsequent clinical screening, which shall include an assessment of the factors specified in clauses (i) through (viii) of subparagraph (A) and recommendations for follow-up care as the Secretary considers appropriate.

''(G) COMPLEX MEDICAL NEEDS.—Before, during, and after treatment in a covered treatment program, the Secretary shall provide greater engagement, coordination, and monitoring of care for covered veterans with—

''(i) complex medical diagnoses, including diagnoses of dementia, spinal cord injury or disorder, epilepsy, Parkinson's, anemia, severe mental illness, multiple sclerosis, incontinence of the bladder or bowel, mobility limitations, or impaired vision; or

''(ii) complex medical needs, including chemotherapy or other oncology care, dialysis, recurring blood transfusions, or physical or occupational therapy.

''(h) DATA COLLECTION.—The Secretary shall consult with the Office of Research and Development of the Department, or any successor office, regarding any data the Department should consider requesting or requiring from non-Department facilities to assist with research studies and projects in which the Department is participating relating to mental health residential rehabilitation treatment programs.

''(i) REPORTS TO CONGRESS.—

''(1) REPORT ON MODIFICATIONS TO PROGRAMS.—

''(A) IN GENERAL.—Not later than two years after the date of the enactment of the Take Care of America's Veterans Act, 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 modifications made to the guidance, operation, and oversight of covered treatment programs to fulfill the requirements of this section.

''(B) ELEMENTS.—The report required by subparagraph (A) shall include—

''(i) an assessment of whether costs of covered treatment programs, including for residential care provided through facilities of the Department and non-Department facilities, serve as a disincentive to placement in such a program;

''(ii) a description of actions taken by the Department to address the findings and recommendations by the Secretary contained in the report under section 503(c) of the STRONG Veterans Act of 2022 (division V of Public Law 117–328; 136 Stat. 5515), including—

''(I) such actions with respect to—

''(aa) any new locations added for covered treatment programs;

''(bb) any beds added at existing facilities of such programs; and

''(cc) any additional treatment tracks or sex-specific programs created or added at facilities of the Department; and

''(II) a breakdown of the number and percentage of covered veterans who are determined eligible for priority placement into a covered treatment program and the number and percentage of covered veterans who are determined eligible for routine placement into a covered treatment program; and

''(iii) such recommendations as the Secretary may have for legislative or administrative action to address any funding constraints or disincentives for use of a covered treatment program.

''(2) ANNUAL REPORT ON OPERATION OF PROGRAMS.—

''(A) IN GENERAL.—Not later than one year after the submission of the report under paragraph (1), and not less frequently than annually thereafter for the following five years, 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 operation of covered treatment programs.

''(B) ELEMENTS.—Subject to subparagraph (C), each report required by subparagraph (A) shall include the following:

''(i) The number of covered veterans served by a covered treatment program, disaggregated by—

''(I) Veterans Integrated Service Network in which the covered veteran receives care;

''(II) facility, including facilities of the Department and non-Department facilities, at which the covered veteran receives care;

''(III) type of residential rehabilitation treatment care received by the covered veteran under such program;

''(IV) sex of the covered veteran; and

''(V) race or ethnicity of the covered veteran.

''(ii) Wait times under a covered treatment program for the most recent year data is available, disaggregated by—

''(I) treatment track or specificity of residential rehabilitation treatment care sought by the covered veteran;

''(II) sex of the covered veteran;

''(III) State or territory in which the covered veteran is located;

''(IV) Veterans Integrated Service Network in which the covered veteran is located; and

''(V) facility of the Department at which the covered veteran seeks care.

''(iii) A list of all locations of a covered treatment program and number of bed spaces at each such location, disaggregated by residential rehabilitation treatment care or treatment track provided under such program at such location.

''(iv) A list of any new locations of covered treatment programs added or removed and any bed spaces added or removed during the one-year period preceding the date of the report.

''(v) Average cost of a stay under a covered treatment program, including total stay average and daily average, at facilities of the Department compared to non-Department facilities.

''(vi) A review of staffing needs and gaps with respect to covered treatment programs that is data-driven and aligned with industry benchmarks and standards, including—

''(I) a list of facilities that had unstaffed beds or closed beds due to lack of staffing at any point in the previous year;

''(II) the number of additional staff needed to staff those beds;

''(III) the number of beds at each facility;

''(IV) the average wait-times for the covered treatment program, disaggregated by month, during the periods of bed closures; and

''(V) a list of facilities that required staff of covered treatment programs to perform duties unrelated to covered treatment programs for a period of greater than three days.

''(vii) An overview of data collected pursuant to a subsequent clinical screening under subsection (g)(3)(F).

''(viii) A list of health care systems without a covered treatment program and an assessment of the feasibility and advisability of opening a covered treatment program at such health care system that is aligned and justified by patient demand and market factors.

''(ix) A list of health care systems that offer a covered treatment program aligned with patient demand and market factors and that have an average wait time of more than 20 days and an assessment of the feasibility and advisability of expanding such covered treatment program to lower such average wait time.

''(x) Any recommendations for changes to the operation of covered treatment programs, including any policy changes, guidance changes, training changes, or other changes.

''(C) ANONYMITY.—To ensure that the data provided under this paragraph, or some portion of that data, will not undermine the anonymity of a veteran, the Secretary shall provide such data pursuant to applicable Federal law and in a manner that is wholly consistent with applicable Federal privacy and confidentiality laws, including—

''(i) section 552a of title 5 (commonly known as the 'Privacy Act of 1974');

''(ii) the Health Insurance Portability and Accountability Act of 1996 (Public Law 104–191);

''(iii) parts 160 and 164 of title 45, Code of Federal Regulations, or successor regulations; and

''(iv) sections 5701, 5705, and 7332 of this title.

''(3) NOTIFICATION TO CONGRESS OF BEDS NOT AVAILABLE DUE TO LACK OF STAFFING.—The Secretary shall notify Congress of any covered treatment programs of the Department with more than five beds or more than ten percent of beds unavailable, closed, or reassigned due to lack of staffing, including—

''(A) information on the staff needed to reopen beds that are closed;

''(B) plans to recruit and retain staff;

''(C) the total number of beds closed or expected to be closed;

''(D) the estimated length of time until those closed beds are made available; and

''(E) the current wait time for access to those beds.

''(j) THIRD-PARTY ASSESSMENT.—

''(1) IN GENERAL.—Not later than two years after the date of the enactment of the Take Care of America's Veterans Act, the Secretary shall seek to enter into a contract with an appropriate entity to conduct a study of the care provided under covered treatment programs through facilities of the Department and non-Department facilities.

''(2) ELEMENTS.—The study required under paragraph (1) shall include a review of—

''(A) whether facilities are meeting requirements of the Department pursuant to law, regulation, or policy;

''(B) staffing models used by facilities and level of adherence to those models;

''(C) success rates of covered treatment programs in preventing readmittance to a covered treatment program or death by suicide or overdose within a year of discharge from the program;

''(D) adherence of non-Department facilities to timelines for claim submission and record returns to the Department; and

''(E) any other factors the Secretary or the appropriate entity determines relevant or appropriate to include.

''(3) COMPLETION OF STUDY.—The contract sought under paragraph (1) shall include a requirement that the appropriate entity, not later than four years after the date of the enactment of the Take Care of America's Veterans Act, complete the study required under such paragraph and submit to the Secretary a report on the study.

''(4) ACTION PLAN AND COMMENTARY.—Not later than five years after the date of the enactment of the Take Care of America's Veterans Act, the Secretary shall submit to the Committee on Veterans' Affairs of the Senate and the Committee on Veterans' Affairs of the House of Representatives, and publish on a publicly accessible website of the Department, a report containing—

''(A) the results of the study required under paragraph (1);

''(B) action plans for improvement based on the results of the study; and

''(C) general commentary and feedback on the results of the study.

''(5) APPROPRIATE ENTITY DEFINED.—In this subsection, the term 'appropriate entity' means—

''(A) a nongovernmental entity with experience in assessing programs that deliver services provided under covered treatment programs on a large scale; or

''(B) a federally funded research and development center.

''(k) REVISION OF GUIDANCE.—The Secretary shall update the guidance of the Department on the operation of covered treatment programs to reflect each of the requirements under this section.

''(l) DEADLINE.—Unless otherwise specified, the Secretary shall carry out each requirement under this section by not later than one year after the date of the enactment of the Take Care of America's Veterans Act.

''(m) COMPTROLLER GENERAL REVIEW.—

''(1) IN GENERAL.—Not later than two years after the date of the enactment of the Take Care of America's Veterans Act, the Comptroller General of the United States shall review access to care under a covered treatment program for covered veterans in need of residential mental health care and substance use disorder care.

''(2) ELEMENTS.—The review required by paragraph (1) shall include the following:

''(A) A review of wait times for covered veterans under a covered treatment program, disaggregated by—

''(i) treatment track or specificity of residential rehabilitation treatment care needed;

''(ii) sex of the covered veteran;

''(iii) home State of the covered veteran;

''(iv) home Veterans Integrated Service Network of the covered veteran; and

''(v) wait times for—

''(I) facilities of the Department; and

''(II) non-Department facilities.

''(B) A review of policy and training of the Department on screening, admission, and placement under a covered treatment program.

''(C) A review of the rights of covered veterans and providers to appeal admission decisions under a covered treatment program and how the Department adjudicates appeals.

''(D) When determining the facility at which a covered veteran admitted to a covered treatment program will be placed in such program, a review of how the input of the covered veteran is taken into consideration with respect to—

''(i) program specialty, subtype, or treatment track offered to the covered veteran; and

''(ii) the geographic placement of the covered veteran, including family- or occupation-related preferences or circumstances.

''(E) A review of staffing and staffing needs and gaps of covered treatment programs, including with respect to—

''(i) mental health providers and coordinators at the facility level;

''(ii) staff of facilities of such programs;

''(iii) staff of Veterans Integrated Service Networks; and

''(iv) overall administration of such programs at the national level.

''(F) A review of outcomes from Department and non-Department covered treatment programs based at least in part on the subsequent clinical screenings required under subsection (g)(3)(F).

''(G) Recommendations for improvement of access by covered veterans to care under a covered treatment program, including with respect to—

''(i) any new sites or types of programs needed or in development;

''(ii) changes in training or policy;

''(iii) changes in communications with covered veterans; and

''(iv) oversight of covered treatment programs by the Department.

''§ 1794. Fee schedule

''(a) IN GENERAL.—Not later than 180 days after the date of the enactment of the Take Care of America's Veterans Act, the Secretary shall make publicly available on an appropriate website of the Department a fee schedule for each covered treatment program provided by a non-Department provider through which the Secretary furnishes care and services under section 1710 of this title.

''(b) ELEMENTS.—The fee schedule required under subsection (a) for a covered treatment program shall—

''(1) reflect reasonable charges for the services provided;

''(2) be based on the amounts customarily paid for similar services under the Medicaid program under title XIX of the Social Security Act (42 U.S.C. 1396 et seq.) and by commercial health insurance providers;

''(3) to the greatest extent practicable, be consistent with payment rates under section 1703(i) of this title;

''(4) be comprehensive to include a variety of possible types of care, services, and charges; and

''(5) be sufficient to ensure a robust network of qualified community providers able to provide services under a covered treatment program to covered veterans.

''(c) COORDINATION OF PAYMENT RATES.—After the date of the initial publication of the fee schedule under subsection (a), the rate paid by the Department for residential substance use disorder treatment shall be the rate provided in the fee schedule required under such subsection.

''(d) RECOUPMENT OF AMOUNTS.—

''(1) IN GENERAL.—The Secretary shall recoup from a non-Department entity, including a third party administrator, any amount paid to such entity that exceeds the amount specified under the fee schedule under subsection (a) for the care or services provided.

''(2) LIMITATION.—A non-Department entity shall not bill a veteran for any charges recouped under paragraph (1).

''§ 1795. Training

''(a) IN GENERAL.—Not later than one year after the date of the enactment of the Take Care of America's Veterans Act, the Secretary shall—

''(1) develop and implement a plan to ensure that health care providers caring for veterans under covered treatment programs receive and complete relevant training aligned with industry standards and practices; and

''(2) submit that plan to the Committee on Veterans' Affairs of the Senate and the Committee on Veterans' Affairs of the House of Representatives.

''(b) ELEMENTS OF TRAINING.—Training required under subsection (a) shall—

''(1) be easily accessible, no-cost, and offered in such a manner as to qualify for or fulfill continuing education requirements for health care professionals;

''(2) include course modules related to military culture, post-traumatic stress disorder, the evaluation and management of suicide, traumatic brain injury, and opioid safety, or comparable course modules, as determined by the Secretary; and

''(3) be offered through Department and non-Department entities or organizations.

''(c) ELEMENTS OF PLAN.—The plan required under subsection (a) shall—

''(1) allow for Department or non-Department providers to receive credit for non-Department training that is equivalent or substantially similar to training required under subsection (a); and

''(2) include details regarding consequences for non-compliance with training required under such plan, which may include removal from a network of providers under the Veterans Community Care Program under section 1703 of this title for a specified period of time.

''(d) CONSULTATION.—The Secretary shall consult with relevant professional organizations with respect to the content of relevant training required under subsection (a).''.

(b) CLERICAL AMENDMENT.—The table of sections at the beginning of such chapter is amended by adding at the end the following new items:

''SUBCHAPTER IX—PARTICIPATION BY VETERANS IN CERTAIN MENTAL HEALTH TREATMENT PROGRAMS

''1791. Definitions.

''1792. Standardized process to determine eligibility of covered veterans for participation in certain mental health treatment programs.

''1793. Improvements to Department of Veterans Affairs mental health residential rehabilitation treatment program.

''1794. Fee schedule.

''1795. Training.''.

SEC. 622. ACCESS TO MENTAL HEALTH RESIDENTIAL REHABILITATION TREATMENT PROGRAMS FOR VETERANS WITH SPINAL CORD INJURY OR DISORDER.

(a) PLAN.—

(1) IN GENERAL.—Not later than 90 days after the date of the enactment of this Act, 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 plan to ensure access to mental health residential treatment programs for veterans with a spinal cord injury or disorder.

(2) ELEMENTS.—The plan required under paragraph (1) shall include—

(A) a staffing plan, which shall include a plan for how the Department will—

(i) incorporate staff from other facilities to support the pilot program required under subsection (b); and

(ii) ensure adequate staffing to support the needs of veterans with a spinal cord injury or disorder;

(B) an assessment of medical equipment needs; and

(C) an assessment of the best location to deliver treatment and health care under mental health residential treatment programs, including through the use of spinal cord injury or disorder centers, spinal cord injury or disorder spokes, and community care providers.

(b) PILOT PROGRAM.—

(1) IN GENERAL.—Commencing not later than 120 days after the date of the enactment of this Act, the Secretary shall carry out a pilot program to provide improved access to mental health residential treatment programs of the Department of Veterans Affairs for veterans with a spinal cord injury or disorder at not fewer than three medical facilities of the Department.

(2) SELECTION OF LOCATIONS.—In selecting sites for the pilot program under paragraph (1), the Secretary shall prioritize sites in the following areas:

(A) Areas with geographic diversity, including areas that serve veterans residing in rural or highly rural areas.

(B) Areas with a significant number of veterans with spinal cord injury or disorder.

(c) REPORT.—Not later than one year after the date of the enactment of this Act, 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 implementation of the plan required under subsection (a);

(2) the initial results from the pilot program under subsection (b), including the number of unique veterans who participated in the pilot program, the cost of the pilot program, and an assessment of the effectiveness of the pilot program in increasing access to, and improving outcomes for, participants in the pilot program;

(3) plans, if any, to expand or extend the pilot program to address demand for the highly specialized treatment provided under the mental health residential treatment programs of the Department for veterans with a spinal cord injury or disorder; and

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

Subtitle C—Staffing Matters

SEC. 631. TREATMENT OF PSYCHOLOGISTS.

(a) TREATMENT AS TITLE 38 EMPLOYEES.—Section 7401 of title 38, United States Code, is amended—

(1) in paragraph (1), by inserting ''psychologists,'' after ''chiropractors,''; and

(2) in paragraph (3), by striking ''psychologists,''.

(b) INCLUSION IN CONTRACTS FOR SCARCE MEDICAL SPECIALIST SERVICES.—Section 7409(a) of title 38, United States Code, is amended by inserting ''psychologists,'' after ''chiropractors,''.

SEC. 632. MENTORSHIP PROGRAM FOR EXECUTIVE LEADERSHIP TEAMS AT MEDICAL CENTERS OF THE DEPARTMENT OF VETERANS AFFAIRS.

(a) IN GENERAL.—The Secretary of Veterans Affairs may establish a program to connect covered individuals (in this section referred to as ''mentees'') with peer mentors to facilitate sharing of best practices and leadership experiences and to foster opportunities to develop knowledge and skills required to lead successfully at medical facilities of the Department (in this section referred to as the ''mentorship program'').

(b) COVERED INDIVIDUAL DEFINED.—In this section, the term ''covered individual'' means—

(1) an individual in the position of Facility Director, Chief of Staff, Associate Director of Patient Care Services, Associate Director, Assistant Director, or Deputy Director at a medical center of the Department; or

(2) any other employee of the Department who is determined by the Secretary to be an executive leader at a medical center of the Department.

(c) ELIGIBILITY.—The following employees of the Department are eligible for participation as mentees in the mentorship program:

(1) An employee appointed to a position as a covered individual who has been in that position for less than one year.

(2) A covered individual employed at a medical center of the Department (regardless of appointment commencement date) that meets one or more of the following criteria:

(A) Reports poor performance, as defined by the Secretary, on the Strategic Analytics for Improvement and Learning Value Model of the Department, or successor similar model.

(B) Reports data under section 1703C(a)(3) of title 38, United States Code, as published on the Access to Care website of the Department, or successor similar website, that—

(i) does not consistently meet the level reported in the community surrounding such medical center, as determined by the Secretary; or

(ii) does not meet a threshold level determined by the Secretary.

(C) Has one or more recommendations from a report by the Office of Inspector General of the Department of Veterans Affairs that is still open more than one year after the report was published.

(3) A covered individual employed at a medical center of the Department (regardless of appointment commencement date) who is recommended by the regional leadership overseeing such medical center.

(d) CRITERIA FOR PEER MENTORS.—Each peer mentor to be paired with a mentee under subsection (a) shall meet each of the following criteria:

(1) Previous or current employment in the same position title as the mentee.

(2) Employment in that position for not less than two years.

(3) Employment at a medical center of the Department that reports—

(A) above average performance, as defined by the Secretary, on the Strategic Analytics for Improvement and Learning Value Model of the Department, or successor similar model; and

(B) data under section 1703C(a)(3) of title 38, United States Code, as published on the Access to Care website of the Department, or successor similar website, that exceeds the level reported in the community surrounding such medical center, as determined by the Secretary.

(e) REPORT.—Not later than one year after the date of the enactment of this Act, and annually thereafter for an additional three years, 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 mentorship program, including—

(1) the number of mentees and peer mentors participating in the mentorship program, disaggregated by medical center of the Department;

(2) the number of mentor-mentee pairings initiated under each of the eligibility criteria outlined in paragraphs (1), (2), and (3) of subsection (c), including information on any circumstances in which multiple criteria under such paragraphs were met;

(3) a description of the actions taken by the Department to encourage communication between mentees and peer mentors;

(4) aggregated feedback from participants in the mentorship program; and

(5) the turnover rate for mentee participants in the mentorship program.

(f) TERMINATION.—The authority under this section shall terminate on September 30, 2030.

SEC. 633. REQUIREMENT FOR EQUIVALENT ROLE POSTINGS FOR VACANT POSITIONS AT DEPARTMENT OF VETERANS AFFAIRS.

(a) IN GENERAL.—Whenever possible and practicable, if the Secretary of Veterans Affairs is issuing a posting for vacant positions at the Department of Veterans Affairs that may be filled by more than one type of professional or clinician, the Secretary shall issue postings for all possible clinicians or professionals who could fill the position.

(b) APPLICATION TO CERTAIN POSITIONS.—The Secretary shall consider the requirement under subsection (a) in particular with respect to hard-to-recruit, hard-to-retain, primary care, and mental health care positions.

SEC. 634. IMPROVEMENTS TO DEPARTMENT OF VETERANS AFFAIRS HIRING PROCESSES.

(a) IN GENERAL.—Subchapter I of chapter 7 of title 38, United States Code, is amended by inserting after section 701 the following new section:

''§ 702. Hiring processes

''(a) STANDARDIZED APPROVAL PROCESS FOR FILLING VACANT POSITIONS.—

''(1) PROCESS REQUIRED.—

''(A) IN GENERAL.—The Secretary shall establish a standardized, nationwide approval process for filling vacant employment positions within the Department.

''(B) VARIABILITY.—The process required by subparagraph (A) may be different for each type of employment position in the Department.

''(C) APPROVAL WINDOWS.—The process required by subparagraph (A) shall include a standardized approval window for each approval step.

''(2) DELEGATION.—If the approval authority for a step in the hiring process established under paragraph (1) is vacant, on leave, or otherwise unable to respond to requests for approval in an appropriate timeframe, such authority for approval shall be delegated to the extent practicable to the supervisor of such approval authority or such other designee as may be specified in the chain of command.

''(3) TIME TO FILL GOAL.—Each window of time allotted for each approval step under paragraph (1)(C) when added together shall not exceed the time-to-fill goal of the Department for such employment position.

''(b) PROCESS FOR TENTATIVE OFFERS OF EMPLOYMENT.—The Secretary shall develop a standardized process for issuing tentative offers of employment with the Department and such process shall require that each such offer includes a specified rate of basic pay when possible and practicable.

''(c) THIRD-PARTY CONTRACTS.—The Secretary may conduct laboratory testing, background clearances, and other candidate approval and vetting procedures through a contract with a third party if the Secretary determines that the contract would ensure equal or better quality or timeliness.

''(d) ELECTRONIC SIGNATURES.—

''(1) AUTHORITY.—The Secretary shall allow electronic signatures on any hiring, recruitment, retention, or other employment documents once a standardized process for such signatures is developed and implemented under paragraph (2).

''(2) STANDARDIZED PROCESS.—The Secretary shall develop a standardized process for use of electronic signatures as described in paragraph (1), which shall include exceptions and limitations as the Secretary considers appropriate and that allows for use of electronic signatures for employment documents, including SF 1152 and related successor forms, SF 2823 and related successor forms, and SF 3102–FERS and related successor forms.

''(e) EMPLOYEE COMMUNITY BUILDING PROGRAM.—The Secretary shall, to the extent practicable, establish an employee community building program that connects employees in similar positions, offices, and programs to connect with each other nationwide.''.

(b) CLERICAL AMENDMENT.—The table of sections at the beginning of chapter 7 of such title is amended by inserting after the item relating to section 701 the following new item:

''702. Hiring processes.''.

SEC. 635. DEPARTMENT OF VETERANS AFFAIRS TELEWORK POLICY.

(a) POLICY REQUIRED.—Not later than 180 days after the date of the enactment of this Act, the Secretary of Veterans Affairs shall, in accordance with the requirements of this section and the requirements of section 6502 of title 5, United States Code, establish a policy for the use of telework within the Department of Veterans Affairs.

(b) LOCATIONS.—The policy established under subsection (a) may be different for different locations, specialties, and categories of employees, as determined appropriate by the Secretary.

(c) ASSESSMENT.—In developing the policy required by subsection (a), the Secretary shall assess the following for each category of employees at the Department—

(1) staffing levels and trends over the last 5 years;

(2) exit survey data related to telework;

(3) the availability of dedicated work space at facilities of the Department to enable on-site work at a duty station;

(4) a comparison of productivity levels when duties are performed on site or through telework;

(5) telework flexibilities for comparable categories of employees in the private sector and in other Federal agencies; and

(6) particular duties that necessitate on site work.

(d) NOTICE AND REPORTING.—

(1) IN GENERAL.—For any change made to the policy established pursuant to subsection (a), the Secretary shall—

(A) notify all affected employees of the Department of the changes; and

(B) 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 changes.

(2) REPORT CONTENTS.—For each report submitted to Congress under paragraph (1)(B), the Secretary shall include the analyses for each category conducted in subsection (c) and the role of those analyses in the telework policy for each category.

(3) DEADLINE.—A report submitted under paragraph (1)(B) regarding a change to the policy established under subsection (a) shall be made not fewer than 90 days before the change goes into effect.

(e) REPORT ON BUDGETARY IMPACT.—Not later than 1 year after the date on which the policy established pursuant to subsection (a) goes into effect, the Secretary shall submit to the Committee on Veterans' Affairs and the Committee on Appropriations of the Senate and the Committee on Veterans' Affairs and the Committee on Appropriations of the House of Representatives a report on the annual budgetary impact of such policy.

(f) EFFECTIVE DATE AND CHANGES.—

(1) EFFECTIVE DATE OF INITIAL POLICY.—The initial policy established pursuant to subsection (a) shall go into effect not later than 180 days after the date on which the policy is established.

(2) EFFECTIVE DATE OF SUBSEQUENT CHANGES.—Any change made to the policy established pursuant to subsection (a) after the effective date set forth in paragraph (1) shall take effect not less than 90 days after the date on which the change is made.

(3) NOTICE.—For any change made to the policy established pursuant to subsection (a) after the effective date set forth in paragraph (1), the Secretary shall—

(A) notify all affected employees of the Department of the changes; and

(B) 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 changes.

SEC. 636. EXPANSION OF REIMBURSEMENT OF CONTINUING PROFESSIONAL EDUCATION EXPENSES.

(a) IN GENERAL.—Section 7411 of title 38, United States Code, is amended to read as follows:

"§ 7411. Reimbursement of continuing professional education expenses

''(a) REQUIRED REIMBURSEMENT.—The Secretary shall reimburse any full-time physician, dentist, podiatrist, chiropractor, optometrist, psychologist, registered nurse (including any advanced practice registered nurse), or physician assistant appointed under section 7401(1) of this title not more than $1,000 per year for each such individual for expenses incurred for continuing professional education directly related to the duties and responsibilities of the position of the employee or related to the duties and responsibilities of the position or positions of the employees overseen by the employee.

''(b) AUTHORIZED REIMBURSEMENT.—The Secretary may reimburse any full-time licensed practical or vocational nurse (including any nurse practitioner), medical technologist, pharmacist, pharmacy technician, diagnostic radiologic technologist, or social worker appointed under section 7401(3) of this title, not more than $1,000 per year for each such individual for expenses incurred for continuing professional education directly related to the duties and responsibilities of the position of the employee or related to the duties and responsibilities of the position or positions of the employees overseen by the employee.

''(c) MAXIMUM NUMBER OF INDIVIDUALS REIMBURSED.—The total number of individuals who may be reimbursed under this section may not exceed 50,000 per year.

''(d) PRIORITY REIMBURSEMENTS.—In providing reimbursement under subsection (a), the Secretary shall prioritize reimbursement for individuals providing direct patient care or individuals who are decision-makers for direct patient care.

''(e) REPORT REQUIRED.—

''(1) IN GENERAL.—Not less frequently than annually after the end of the first fiscal year following the date of the enactment of the Take Care of America's Veterans Act, the Secretary shall submit to the Committee on Veterans' Affairs of the Senate and the Committee on Veterans' Affairs of the House of Representatives information on utilization of reimbursement under this section, including—

''(A) locations at which reimbursement is claimed;

''(B) position title and specialty of the individual claiming reimbursement;

''(C) average amount claimed per position and specialty; and

''(D) percent utilization by each position and specialty overall.

''(2) AUTHORITY TO INCLUDE IN EXISTING REPORT.—The information required under paragraph (1) may be submitted independently or included in another annual report to Congress.''.

(b) CLERICAL AMENDMENT.—The table of sections at the beginning of subchapter I of chapter 74 of title 38, United States Code, is amended by striking the item relating to section 7411 and inserting the following new item:

''7411. Reimbursement of continuing professional education expenses.''.

SEC. 637. DEPARTMENT OF VETERANS AFFAIRS PERSONNEL TRANSPARENCY.

(a) IN GENERAL.—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; 38 U.S.C. 301 note) is amended—

(1) in subsection (a)—

(A) in paragraph (1)—

(i) in the matter before subparagraph (A), by striking ''information,'' and all that follows through ''facility:'' and inserting ''information:'';

(ii) in subparagraph (B)—

(I) by inserting ''(i)'' before ''The number''; and

(II) by adding at the end the following new clause:

''(ii) Information made available under this subparagraph shall be updated not less frequently than once each quarter to account for delays in data processing and shall reflect the most recently available data.'';

(iii) in subparagraph (C), by striking ''vacancies, by occupation.'' and inserting ''positions currently undergoing a recruitment action, disaggregated by occupation and by stage of recruitment.'';

(iv) in subparagraph (E)(iii), by striking ''potential hires or''; and

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

''(F) The number of positions vacated during the quarter for which the Department has not initiated a recruitment action or is not planning to initiate a recruitment action.'';

(B) by redesignating paragraph (5) as paragraph (6);

(C) by inserting after paragraph (4) the following new paragraph (5):

''(5) DISPLAY OF INFORMATION.—The display of information made publicly available on a website of the Department pursuant to paragraph (1) shall be disaggregated—

''(A) by departmental component;

''(B) in the case of information relating to Veterans Health Administration positions, by medical facility; and

''(C) in the case of information relating to Veterans Benefits Administration positions, by regional office.''; and

(D) in paragraph (6), as redesignated by subparagraph (B), by striking ''shall'' and all that follows and inserting the following: ''shall—

''(A) review the administration of the website required under paragraph (1);

''(B) develop recommendations relating to the improvement of such administration; and

''(C) submit to the Committee on Veterans' Affairs of the Senate and the Committee on Veterans' Affairs of the House of Representatives a report containing—

''(i) the findings of the Inspector General with respect to the most recent review conducted under subparagraph (A); and

''(ii) the recommendations most recently developed under subparagraph (B).''; and

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

''(b) ANNUAL REPORT.—Each year, the Secretary shall submit to Congress an annual report that includes the following:

''(1) A description of the steps the Department is taking to achieve full staffing capacity.

''(2) A description of the actions the Department is taking to improve the onboard timeline for facilities of the Department, including—

''(A) in the case of facilities of the Veterans Health Administration, for facilities for which the duration of the onboarding process exceeds the metrics laid out in the Time to Hire Model of the Veterans Health Administration, or successor model; and

''(B) in the case of the Veterans Benefits Administration, for regional offices that exceed the time-to-hire target of the Office of Personnel Management.

''(3) The amount of additional funds necessary to enable the Department to reach full staffing capacity.

''(4) Such recommendations for legislative or administrative action as the Secretary may have in order to achieve full staffing capacity at the Department.''.

(b) EFFECTIVE DATE.—The amendments made by subsection (a) shall take effect on the date of the enactment of this Act and shall apply with respect to the second update under section 505(a)(3) of such Act beginning after the date of the enactment of this Act and each update thereafter.

SEC. 638. MODIFICATION OF AUTHORITY OF LICENSURE OF HEALTH CARE PROFESSIONALS PROVIDING TREATMENT VIA TELEMEDICINE.

Section 1730C of title 38, United States Code, is amended—

(1) by amending subsection (a) to read as follows:

''(a) IN GENERAL.—Notwithstanding any provision of law regarding the licensure of health care professionals or the prescribing of controlled substances, a covered health care professional may practice the health care profession of the health care professional and prescribe controlled substances at any location in any State or any of the Freely Associated States (as defined in section 1724(f) of this title), regardless of where the covered health care professional or the patient is located, if the covered health care professional is using telemedicine to provide treatment or prescribe controlled substances to an individual under this chapter.'';

(2) in subsection (b), by adding at the end the following new paragraph:

''(4) A health care professional who is a contractor of the Department acting in the scope of a contract with the Department to furnish care in a facility or clinic of the Department and who has an active, current, full, and unrestricted license, registration, or certification in a State to practice the health care profession of the health care professional, excluding the following:

''(A) A health care professional located outside a facility or clinic of the Department providing care through the Veterans Community Care Program under section 1703 of this title or a similar authority under the laws administered by the Secretary.

''(B) A health care professional conducting disability compensation evaluations pursuant to a contract with the Department.'';

(3) in subsection (d)—

(A) by redesignating paragraph (2) as paragraph (3); and

(B) by inserting after paragraph (1) the following new paragraph (2):

''(2) State laws that may be inconsistent under paragraph (1) include—

''(A) the laws of—

''(i) the State of licensure, certification, or registration of the covered health care professional;

''(ii) the State of practice of the covered health care professional;

''(iii) the State in which the patient is located; or

''(iv) the State of residence of the patient; and

''(B) such laws specified under subparagraph (A) as incorporated by the Controlled Substances Act (21 U.S.C. 801 et seq.).''; and

(4) in subsection (e), striking ''Nothing'' and inserting ''Except as provided in subsections (a) and (d), nothing''.

SEC. 639. PROVISION OF DATA ON EDUCATIONAL ASSISTANCE PROGRAMS OF VETERANS HEALTH ADMINISTRATION.

(a) IN GENERAL.—Beginning not later than 180 days after the date of the enactment of this Act, the Secretary of Veterans Affairs shall provide to the Committee on Veterans' Affairs of the Senate and the Committee on Veterans' Affairs of the House of Representatives data on graduate medical education programs, health profession scholarship programs, and any other educational assistance programs within the Veterans Health Administration.

(b) ELEMENTS.—The data required to be provided under subsection (a) shall include, for each program, the following:

(1) The number of active participants, broken down by position or expected future position or licensure.

(2) The amount of funds spent each fiscal year.

(3) The number of participants who have completed their education and are currently completing their service requirements at the Department of Veterans Affairs.

(4) The number of participants who were previously active in the program but left the program before completing their education or service requirement during the year preceding the date on which the data is provided.

(5) An overview of outreach by the Department to prospective participants in the program.

(6) Such other information as the Secretary considers appropriate.

(c) UPDATE AND SUBMITTAL OF DATA.—The data required to be provided under subsection (a)—

(1) shall be updated not less frequently than annually; and

(2) may be submitted to the Committee on Veterans' Affairs of the Senate and the Committee on Veterans' Affairs of the House of Representatives as part of another report required by law.

(d) INITIAL DATA.—With the first iteration of data provided under subsection (a), the Secretary shall provide to the Committee on Veterans' Affairs of the Senate and the Committee on Veterans' Affairs of the House of Representatives a report on the implementation of the pilot program under section 246 of the Military Construction, Veterans Affairs, and Related Agencies Appropriations Act, 2018 (division J of Public Law 115–141; 38 U.S.C. 7601 note), including the current status of the pilot program and a timeline of the status of the pilot program since its initial implementation.

Subtitle D—Optimization of Workforce

SEC. 641. DEPARTMENT OF VETERANS AFFAIRS STRATEGIC HUMAN CAPITAL PLAN.

(a) IN GENERAL.—Subchapter I of chapter 7 of title 38, United States Code, is amended by adding at the end the following new section:

''§ 729. Strategic human capital plan

''(a) PLAN DEVELOPMENT.—(1) Not later than September 30, 2027, the Secretary shall develop and submit to the appropriate committees of Congress a five-year strategic human capital plan to support the mission and responsibilities of the Department, disaggregated by the Veterans Health Administration, the Veterans Benefits Administration, the National Cemetery Administration, and such other administrative components of the Department as the Secretary considers necessary to carry out the mission of the Department.

''(2) Not later than September 30, 2028, and each September 30 thereafter, the Secretary shall update the plan developed pursuant to paragraph (1) and extend the plan so that it covers the next period of five fiscal years commencing immediately after the date of the update.

''(b) REQUIREMENTS.—(1) In developing the plan required by subsection (a), the Secretary shall take into account and document current and future projected demand for benefits and services administered by the Department, disaggregated for each component by facility location, facility type, region, administration, program office, the type of benefit or service, and such other categories as the Secretary determines appropriate.

''(2) The Secretary shall develop and update the plan under subsection (a) in consultation with veterans service organizations and such other stakeholders as the Secretary considers appropriate.

''(c) CONTENTS.—The strategic human capital plan required by subsection (a) shall incorporate leading practices, including the following:

''(1) A workforce gap analysis, including an assessment of—

''(A) the staffing levels of each employee position needed to deliver high quality, accessible, and timely health care, benefits, and other services the Secretary considers appropriate, disaggregated by employee position, facility location, facility type, region, administration, program office, the type of benefit or service, and such other categories as the Secretary determines appropriate;

''(B) how the staffing levels described in subparagraph (A) align with industry best practices in each employee position for the anticipated demand for health care, benefits, and other services described in subsection (b); and

''(C) core competencies, as defined by the Secretary, and the staffing levels needed in each of these core competencies, disaggregated by employee position, facility location, facility type, region, administration, program office, the type of benefit or service and such other categories as the Secretary considers appropriate.

''(2) An implementation plan that includes the following:

''(A) Specific recruitment and retention goals to fulfill the staffing needs identified in the strategic human capital plan and the strategy of the Department to achieve such goals.

''(B) Specific strategies—

''(i) to improve workforce productivity using technological, organizational, behavioral, and such other approaches as the Secretary determines appropriate and productivity measures that are specific to employee positions and the benefits or services they provide; and

''(ii) that are informed by applicable industry best practices.

''(C) Specific strategies for recruiting and retaining veterans, spouses of veterans and members of the Armed Forces, family members of veterans and members of the Armed Forces, caregivers of veterans, and survivors of members of the Armed Forces as employees of the Department.

''(D) Specific goals to reduce the time to hire and onboard employees of the Department and a strategy to achieve such goals, including draft legislative language for any legislative action necessary to achieve such goals, without degradation of—

''(i) necessary background checks; and

''(ii) measures to protect Department customer and employee safety.

''(d) ANNUAL UPDATES.—Not later than September 30, 2028, and on September 30 of each of year thereafter, the Secretary shall submit to the appropriate committees of Congress an update on the implementation of the strategic human capital plan developed pursuant to subsection (a), including an assessment by the Secretary of—

''(1) the progress of the Department in implementing the strategic human capital plan;

''(2) the progress of the Department in improving outcomes for veterans and their spouses, dependents, and caregivers through the delivery of high quality, accessible, and timely health care, benefits, and other services the Secretary considers appropriate using results based performance measures;

''(3) changes to projected demand for benefits and services based on new legislative action or other factors, disaggregated for each component by facility location, facility type, region, administration, program office and the type of benefit or service;

''(4) changes to the staffing levels included in the strategic human capital plan, including justifications for such changes, disaggregated by employee position, facility location, facility type, region, administration, program office, the type of benefit or service and such other categories as the Secretary determines appropriate;

''(5) any differentiation between the staffing levels included in the strategic human capital plan and those included in the budget justification materials most recently submitted to Congress in support of the budget of the Department (as submitted with the budget of the President under section 1105(a) of title 31); and

''(6) any differentiation from the Quadrennial Veterans Health Administration review required by section 7330C of this title.

''(e) COMPTROLLER GENERAL OF THE UNITED STATES BIENNIAL REVIEWS.—Not later than 180 days after the date on which the human capital plan is submitted to the appropriate committees of Congress pursuant to subsection (a), and not less frequently than once every 2 years thereafter, the Comptroller General of the United States shall—

''(1) review the strategic human capital plan developed pursuant to subsection (a) and updated pursuant to subsection (d), as the case may be, particularly with respect to the adequacy of the plan to fulfill the mission and responsibilities of the Department; and

''(2) submit to Congress the findings of the Comptroller General with respect to the review conducted pursuant to paragraph (1).

''(f) DEFINITIONS.—In this section:

''(1) The term 'appropriate committees of Congress' means—

''(A) the Committee on Veterans' Affairs and the Committee on Appropriations of the Senate; and

''(B) the Committee on Veterans' Affairs and the Committee on Appropriations of the House of Representatives.

''(2) The term 'veterans service organization' means any organization recognized by the Secretary under section 5902 of this title.''.

(b) CLERICAL AMENDMENT.—The table of sections at the beginning of chapter 7 of such title is amended by inserting after the item relating to section 728 the following new item:

''729. Strategic human capital plan.''.

SEC. 642. DEPARTMENT OF VETERANS AFFAIRS REDUCTION IN FORCE NOTICE REQUIREMENT.

(a) IN GENERAL.—Subchapter I of chapter 7 of title 38, United States Code, as amended

by section 641, is further amended by inserting after section 729 the following new section:

''§ 729A. Reductions in force

''(a) NOTICE REQUIRED.—In any case in which the Secretary plans to carry out a reduction in force, the Secretary shall, not later than the date that is 60 days before the date on which the Secretary commences carrying out such reduction in force, submit to the appropriate committees of Congress and the employees of the Department who will be affected by the reduction in force notice of the intention of the Secretary to carry out such reduction in force.

''(b) LIMITATION.—Notwithstanding any other provision of law, the Secretary may not carry out any reduction in force with respect to any employee who has not received the notice required under subsection (a) in the manner and within the time required by such subsection.

''(c) CONTENTS.—Notice regarding plans to carry out a reduction in force submitted pursuant to subsection (a) shall include the following:

''(1) The total number of employees of the Department who will be affected by the reduction.

''(2) The offices of the Department that will be affected by the reduction, including, for each such office, the following:

''(A) The location of the office.

''(B) The program of the Department carried out by the office.

''(C) The total number of employees of the office before and after the reduction in force.

''(D) The services provided by the office.

''(3) A justification for the reduction in force, including how—

''(A) the new staffing levels resulting from the reduction in force align with the current and future projected demand for benefits and services administered by the Department, disaggregated for each component by facility location, facility type, region, administration, program office, the type of benefit or service, and such other categories as the Secretary determines appropriate; and

''(B) the reduction in force aligns with the strategic human capital plan required by section 729 of this title.

''(4) Budgetary effects of the reduction in force.

''(5) An assessment of the anticipated impact of the reduction in force on the delivery of benefits and services furnished by the Department and the actions the Secretary plans to take to mitigate any adverse impacts.

''(d) EQUAL CONTENT.—A notice regarding a reduction in force sent to an employee pursuant to subsection (a) shall be the same as the notice submitted under such subsection to Congress for the same reduction in force.

''(e) ADMINISTRATIVE REMEDY.—A reduction in force carried out with respect to an employee in violation of subsection (b) shall have no force or effect with respect to such employee until the Secretary complies with subsection (a).

''(f) DEFINITIONS.—In this section:

''(1) The term 'appropriate committees of Congress' means—

''(A) the Committee on Veterans' Affairs and the Committee on Appropriations of the Senate; and

''(B) the Committee on Veterans' Affairs and the Committee on Appropriations of the House of Representatives.

''(2) The term 'reduction in force' means any action that would have required notice under part 351 of title 5, Code of Federal Regulations, as in effect on January 1, 2026.''.

(b) CLERICAL AMENDMENT.—The table of sections at the beginning of chapter 7 of such title is amended by inserting after the item relating to section 729 the following new item:

''729A. Reductions in force.''.

SEC. 643. DETAILED PLANS AND JUSTIFICATIONS FOR REORGANIZATION OF OFFICES.

Section 510 of title 38, United States Code, is amended—

(1) in subsection (f)(2)—

(A) in subparagraph (D), by inserting ''in improving outcomes for veterans and their spouses, dependents, and caregivers through the delivery of high quality, accessible, and timely health care, benefits, and other services the Secretary considers appropriate'' before the period at the end; and

(B) by adding at the end the following new subparagraphs:

''(G) A description of how the Secretary will analyze success of the reorganization using results based performance metrics that are derived from the justification for the reorganization.

''(H) A risk mitigation plan identifying significant operational, workforce, financial, information technology, patient care, and service-delivery risks reasonably anticipated by the Secretary and the actions planned to mitigate such risks.'';

(2) by redesignating subsections (e) and (f) as subsections (f) and (g), respectively; and

(3) by inserting after subsection (d) the following new subsection (e):

''(e) Not later than 180 days after the date on which the Secretary completes an administrative reorganization for which the Secretary submitted under subsection (b) a report containing a detailed plan and justification for the administrative reorganization, and not less frequently than once every 180 days thereafter until the date that is two years after the date of the completion of such administrative reorganization, 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 assessing the administrative reorganization using the performance metrics described in the detailed plan and justification pursuant to subsection (g)(2)(G).''.

SEC. 644. RULE OF CONSTRUCTION.

Nothing in this subtitle or an amendment made by this subtitle shall be construed to have any effect on any provision of law in effect before the date of the enactment of this Act.

Subtitle E—Veterans Infrastructure and Transformation

SEC. 651. SHORT TITLE.

This subtitle may be cited as the ''Veterans Infrastructure and Transformation Act of 2026'' or the ''VITAL Act of 2026''.

SEC. 652. MODIFICATION OF AUTHORITY FOR SHARING OF HEALTH-CARE RESOURCES OF DEPARTMENT OF VETERANS AFFAIRS TO INCLUDE FLEXIBLE SPACE UTILIZATION AND STREAMLINED SERVICE AGREEMENTS.

Section 8153 of title 38, United States Code, is amended—

(1) in subsection (a)(3)—

(A) in subparagraph (A), by inserting ''physical'' before ''space'';

(B) in subparagraph (B)(i), by inserting ''physical'' before ''space'';

(C) by striking subparagraph (E);

(D) by redesignating subparagraphs (C) and (D) as subparagraphs (D) and (E), respectively;

(E) by inserting after subparagraph (B) the following new subparagraph (C):

''(C) If the health-care resource required is physical space or common services with respect to existing buildings and is to be acquired from an institution affiliated with the Department in accordance with section 7302 of this title or another entity, the Secretary may enter into contracts or agreements for the acquisition of the space or service—

''(i) without regard to any law or regulation (including any Executive order, circular, or other administrative policy) that would otherwise require the use of competitive procedures for acquiring the resource; and

''(ii) if all obligations are funded through available appropriations or borne by the institution or entity, without regard to any limitations applicable to leases of the Department, if, in the case of a multi-year space-sharing agreement, the agreement—

''(I) requires that payments for each fiscal year be made only from appropriated funds and available that year; and

''(II) includes a provision that the Government's obligations for future years is contingent upon availability of appropriations.'';

(F) in subparagraph (D), as redesignated by subparagraph (D) of this paragraph, by striking ''subparagraph (A) or (B)'' and inserting ''subparagraph (A), (B), or (C)'';

(2) by adding at the end the following:

''(h) In this section:

''(1) The term 'commercial service' means a service that is offered and sold competitively in the commercial marketplace, is performed under standard commercial terms and conditions, and is procured using firm-fixed price contracts.

''(2) The term 'common service' means a commercial service necessary to maintain or operate existing physical space, including maintenance, heating, ventilation, air conditioning, electricity, energy, water, wastewater, landscaping, security, laundry, or any other service as determined by the Secretary.

''(3) The term 'physical space' means a portion of a building or parking facilities.''.

SEC. 653. USE OF COMMERCIAL CONSTRUCTION AND FACILITIES CODE AND STANDARDS.

(a) IN GENERAL.—The Secretary of Veterans Affairs may use commercial codes and standards instead of or in addition to Federal codes and standards in the construction or alteration of facilities of the Department of Veterans Affairs, where such commercial codes and standards do not conflict with statutory and regulatory requirements.

(b) PILOT PROJECTS.—The Secretary shall carry out not fewer than three pilot projects during each of fiscal years 2027, 2028, 2029, 2030, and 2031 utilizing commercial codes and standards instead of Federal codes and standards to lease or construct facilities of the Department for major construction, minor construction, or major lease projects.

(c) REPORTS.—The Secretary shall submit to the Committee on Veterans' Affairs of the Senate and the Committee on Veterans' Affairs of the House of Representatives not later than 90 days after the end of each of fiscal years 2027, 2028, 2029, 2030, and 2031, a report detailing the use by the Secretary of the authority provided by subsection (a) and conduct of each pilot project required by subsection (b) that was initiated, ongoing, or completed during the fiscal year.

(d) DEFINITIONS.—In this section:

(1) COMMERCIAL CODES AND STANDARDS.—The term ''commercial codes and standards'' means building codes or standards of the following:

(A) The National Fire Protection Association.

(B) The International Code Council.

(C) The American Society for Testing and Materials.

(D) The American Society of Civil Engineers.

(E) Any other building code or standard, other than those described in paragraph (2), determined by the Secretary.

(2) FEDERAL CODES AND STANDARDS.—The term ''Federal codes and standards'' means the following:

(A) Building codes or standards specific to one or more Federal agencies.

(B) Building codes or standards specific to the Department, including the Technical Information Library.

(C) Standards of the Federal Guidelines Institute.

SEC. 654. FEASIBILITY STUDY FOR FULL-SERVICE HOSPITAL OF DEPARTMENT OF VETERANS AFFAIRS IN CERTAIN STATES.

(a) IN GENERAL.—The Secretary of Veterans Affairs shall conduct a study on the feasibility of establishing a full-service hospital of the Department of Veterans Affairs in Alaska and Hawaii.

(b) PUBLICATION.—Not later than one year after the date of the enactment of this title, the Secretary shall publish on a publicly available website of the Department the findings of the Secretary with respect to the study conducted under subsection (a).

SEC. 655. REPORT ON STRATEGIC PLAN FOR INFRASTRUCTURE AND CAPITAL ASSETS OF DEPARTMENT OF VETERANS AFFAIRS.

(a) REPORT.—Not later than one year after the date of the enactment of this Act, 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 report on the strategic plan for infrastructure and capital assets of the Department of Veterans Affairs, which summarizes a facility lifecycle strategy targeting modernization of owned and leased facilities and infrastructure required to mitigate increasing systemic failures, veteran and staff safety, benefits delivery interruptions, and funding associated to address emergency repairs.

(b) ELEMENTS.—The report required by subsection (a) shall cover known and projected requirements over a period of not less than 10 years for the following:

(1) Land acquisition.

(2) Operations and maintenance of facilities of the existing capital asset portfolio of the Department.

(3) Operations and maintenance of the planned future capital asset portfolio of the Department.

(4) New construction, disaggregated by type of new construction, including the following types of construction:

(A) Major construction.

(B) Minor construction.

(C) Nonrecurring maintenance.

(5) Leasing.

(6) Alternative acquisition methods, such as partnerships and donations.

(7) Activation of space.

(8) Disposal, reuse, and remediation.

(9) Facility lifecycle strategy process supporting the planning, programming delivery, management, and maintenance of the current and future capital asset portfolio of the Department.

(10) A discussion of the negative effect of the lack of stable and predictable capital asset funding on the ability of the Department to plan, staff, and execute effective capital asset management.

(11) Overview of the strategy being utilized in the approach of the Secretary to capital investment, across all the capital and leasing programs, including the approach of repair versus recapitalization, use of leasing, and other relevant strategies as deemed appropriate by the Secretary.

(12) Such other matters as the Secretary considers appropriate, including with respect to legislative or administrative action, if such actions are subject to the availability of appropriated funds.

(c) RULE OF CONSTRUCTION.—Nothing in this section or a report submitted under this section shall be construed to create or imply any financial or operational obligation beyond the availability of appropriated funds.

SEC. 656. PILOT PROGRAM ON ACCEPTANCE BY THE DEPARTMENT OF VETERANS AFFAIRS OF DONATED FACILITIES AND RELATED IMPROVEMENTS: EXTENSION; MODIFICATION.

(a) EXTENSION.—Section 2 of the Communities Helping Invest through Property and Improvements Needed for Veterans Act of 2016 (Public Law 114–294; 38 U.S.C. 8103 note) is amended, in subsection (i), by striking ''December 16, 2026'' and inserting ''the day that is five years after the date of the enactment of the Take Care of America's Veterans Act''.

(b) MODIFICATION OF ACCEPTANCE OF PROPERTY.—Paragraph (1) of subsection (b) of such section is amended to read as follows:

''(1) the donation aligns with—

''(A) a need identified in a Strategic Capital Investment Planning process priority list, a five-year development plan, a facility master plan, or an annual capital needs inventory of the Department; or

''(B) any component or phase of a need described in paragraph (1); and''.

SEC. 657. AUTHORITY TO ACCEPT DONATIONS OF CONSTRUCTION SERVICES, MINOR CONSTRUCTION OR NONRECURRING MAINTENANCE PROJECTS, AND TARGETED CONTRIBUTIONS.

(a) AUTHORITY.—Notwithstanding any other provision of law, the Secretary of Veterans Affairs may accept donations comprising the total cost or a portion of the cost of—

(1) minor construction projects;

(2) nonrecurring maintenance projects; or

(3) construction services relating—

(A) to minor construction projects;

(B) to nonrecurring maintenance projects;

(C) to an existing facility of the Department; or

(D) to a new facility or portion thereof of the Department.

(b) ALIGNMENT TO NEEDS.—The Secretary may accept a donation under this section only if—

(1) the donation aligns with—

(A) a need identified in a Strategic Capital Investment Planning process priority list, a five-year development plan, a facility master plan, or an annual capital needs inventory of the Department; or

(B) any component or phase of a need described in subparagraph (A);

(2) the donation is from an entity described in section 2(a)(2) of the Communities Helping Invest through Property and Improvements Needed for Veterans Act of 2016 (Public Law 114–294; 38 U.S.C. 8103 note);

(3) the Secretary determines such donation would—

(A) accelerate project completion;

(B) reduce the expense to the Department;

(C) improve facility condition; or

(D) otherwise benefit veterans;

(4) the donor enters into a formal agreement with the Secretary that includes—

(A) provisions for the Department's oversight during performance;

(B) compliance with applicable construction codes and standards, and applicable laws and regulations;

(C) donor-provided insurance, warranties, and liability protections;

(D) the amount of the donation and the amount of the Department's funding contribution, if any;

(E) that the donation shall not increase the cost to the Federal Government of completing such project described in subsection (a) (excluding activation and sustainment of such facility); and

(F) such other terms as the Secretary determines necessary.

(c) STREAMLINED REQUIREMENTS.—For donations under this section that do not involve transfer of real property title—

(1) the donor shall enter into an agreement with the Department that determines who is responsible to ensure environmental or historic preservation due diligence is completed;

(2) the donor shall obtain all federally required construction and facility related permits; and

(3) agreements may be simplified relative to those under section 2 of the Communities Helping Invest through Property and Improvements Needed for Veterans Act of 2016 (Public Law 114–294; 38 U.S.C. 8103 note) to reflect the nature of services or targeted contributions.

(d) REPORTING.—The Secretary shall include information on donations accepted under this section in the reports required under section 2(g) of the Communities Helping Invest through Property and Improvements Needed for Veterans Act of 2016 (Public Law 114–294; 38 U.S.C. 8103 note), with separate tracking for donations under this section.

SEC. 658. REPORT ON USE OF ADDITIONAL AUTHORITIES RELATING TO RECRUITMENT AND RETENTION OF PERSONNEL.

(a) REPORT REQUIRED.—Not later than 90 days after the date of the enactment of this Act, the Secretary of Veterans Affairs shall submit to the appropriate committees of Congress a report detailing how the Secretary will use the authorities of section 706 of title 38, United States Code, to increase the size and performance of the acquisition workforce of the Department of Veterans Affairs.

(b) DEFINITIONS.—In this section:

(1) ACQUISITION WORKFORCE OF THE DEPARTMENT.—The term ''acquisition workforce of the Department of Veterans Affairs'' means personnel of the Department of Veterans Affairs occupying positions within occupational series, as defined by the Director of the Office of Personnel Management, responsible for acquisition functions, as determined by the Secretary.

(2) 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.

SEC. 659. REPORTS ON KEY CAPITAL ASSET INVESTMENTS, ACTIVITIES, AND PERFORMANCE OF DEPARTMENT OF VETERANS AFFAIRS.

(a) IN GENERAL.—Section 8120 of title 38, United States Code, is amended to read as follows:

''§ 8120. Reports on key capital asset investments, activities, and performance

''(a) CAPITAL ASSET INVESTMENT, ACTIVITIES, AND PERFORMANCE.—

''(1) IN GENERAL.—Not later than 30 days after the end of each fiscal year, and every 60 days thereafter until the end of the subsequent fiscal year, the Secretary shall submit to the appropriate committees of Congress a report on key capital asset investments, activities, and performance of the Department.

''(2) ELEMENTS.—

''(A) FIRST REPORT IN EACH FISCAL YEAR.—The first report under paragraph (1) in each fiscal year shall include the following:

''(i) A brief summary of work that was completed on each capital asset project that was completed in the previous fiscal year.

''(ii) A brief summary of the accomplishments, impediments, and challenges experienced by the Department with respect to capital asset projects in the previous fiscal year and a description of efforts made to address any such impediments and challenges.

''(iii) With respect to each capital asset project completed in such year, the following:

''(I) The type of project (major construction, minor construction, nonrecurring maintenance, leases, or other category, including disposals).

''(II) The estimated total cost and the actual total cost of the project.

''(III) A description of the project.

''(IV) The location and facility with respect to which the project was carried out.

''(V) The fiscal quarter the project was expected to begin, the fiscal quarter the project began, the month and year the project was completed, and the fiscal quarter the facility in connection to such project was in use by veterans, employees of the Department, or other relevant users, as the case may be.

''(iv) In the case of any capital asset project completed during the previous fiscal year with respect to which the final cost of the project (or any increment of the project) was more than 10 percent greater than the estimated cost of the project (or increment) or the completion of such project (or increment) was more than 180 days later than the planned schedule for such project (or increment)—

''(I) the reason for any such overage or delay; and

''(II) actions being taken to prevent any such overage or delay in future projects.

''(v) A list of any capital asset projects cancelled during the previous fiscal year, including any projects in the design phase and including the reason for the cancellation.

''(vi) A summary of total actual obligations for capital asset projects for the previous fiscal year, broken out by major construction, minor construction, nonrecurring maintenance, and leases from the medical facilities appropriation account of the Department.

''(vii) A projected list of capital asset projects, broken out by type of project under subclause (I), that are expected to be initiated during the current fiscal year and those that are expected to be completed during the current fiscal year, which shall include the following:

''(I) The type of project (major construction, minor construction, nonrecurring maintenance, leases, or other category, including disposals).

''(II) The estimated total cost of the project.

''(III) A description of the project.

''(IV) The location and facility with respect to which the project was carried out or is expected to be carried out.

''(V) The fiscal quarter the project is expected to begin, the fiscal quarter the project is expected to be completed, and the fiscal quarter the facility in connection to such project is expected to be in use by veterans, employees of the Department, or other relevant users, as the case may be.

''(viii) Projected total obligations for capital asset projects for the current fiscal year, broken out by major construction, minor construction, nonrecurring maintenance, and leases, from the medical facilities appropriation account of the Department.

''(ix) Such observations of best practices, impediments, and accomplishments related to the capital asset management and performance of the Department, including any legislative or administrative action, as the Secretary considers appropriate with respect to such practices, impediments, and accomplishments.

''(x) Meaningful metrics that show the progress of the Department toward meeting relevant goals of the Department relating to capital asset management.

''(xi) Such other matters as the Secretary considers appropriate.

''(B) SUBSEQUENT REPORTS.—Each report in a fiscal year after the first report shall include, at a minimum, relevant updates on any capital asset projects that are ongoing during that fiscal year, including any updates to information provided with respect to such projects under subparagraph (A).

''(3) MATTERS RELATING TO REPORTING COSTS.—In each report under paragraph (1), when reporting on costs for capital asset projects, the Secretary may include information regarding Federal requirements, including those specific to the Department, that may not exist in the non-Federal construction sector that may increase costs for capital asset projects.

''(b) SUPER CONSTRUCTION PROJECTS.—

''(1) IN GENERAL.—Not later than 30 days after the end of each fiscal year, and every 60 days thereafter until the end of that fiscal year, the Secretary shall submit to the appropriate committees of Congress a report on the super construction projects carried out by the appropriate non-Department Federal entity described in section 8103(e)(1) of this title during such year.

''(2) ELEMENTS.—Each report required under paragraph (1) shall include, for each project described in such paragraph—

''(A) the budgetary and scheduling status of the project, as of the last day of the most recent fiscal quarter ending before the date on which the report is required to be submitted; and

''(B) the actual cost and schedule variances of the project, as of such day, compared to the planned cost and schedules for the project.

''(c) DEFINITIONS.—In this section:

''(1) APPROPRIATE COMMITTEES OF CONGRESS.—The term 'appropriate committees of Congress' means—

''(A) the Committee on Appropriations and the Committee on Veterans' Affairs of the Senate; and

''(B) the Committee on Appropriations and the Committee on Veterans' Affairs of the House of Representatives.

''(2) CAPITAL ASSET PROJECT.—The term 'capital asset project' means a capital asset investment or activity of the Department.

''(3) SUPER CONSTRUCTION PROJECT.—The term 'super construction project' has the meaning given such term in section 8103(e)(3) of this title.''.

(b) CLERICAL AMENDMENT.—The table of sections at the beginning of chapter 81 of title 38, United States Code, is amended by striking the item relating to section 8120 and inserting the following new item:

''8120. Reports on key capital asset investments, activities, and performance.''.

SEC. 660. DEVELOPMENT OF STREAMLINED PROCUREMENT MODEL; REPORT.

Not later than 180 days after the date of enactment of this Act, the Secretary of Veterans Affairs, in consultation with the Comptroller General of the United States, the Director of the Office of Management and Budget, and private sector stakeholders, shall develop a revised process for the procurement of major medical facility leases under chapter 81 of title 38, United States Code, and submit to the Committees on Veterans' Affairs of the House of Representatives and the Senate a report that includes a description of such revised process.

SEC. 661. SUBMISSION AND NOTIFICATION OF COST ESTIMATES FOR MEDICAL FACILITY LEASES.

(a) SUBMISSION OF COST ESTIMATES FOR MAJOR MEDICAL FACILITY LEASES WITH PRESIDENTIAL BUDGET REQUEST.—Subchapter I of chapter 81 of title 38, United States Code, is amended by inserting after section 8104 the following new section:

''§ 8104A. Submission of cost estimates for major medical facility leases with president's budget request

''(a) IN GENERAL.—For each major medical facility lease or prospectus-level lease for which the Secretary seeks authorization, appropriations, or prospectus approval, the Secretary shall include in the budget justification materials submitted to Congress in connection with the budget of the Department for the applicable fiscal year (as submitted with the budget of the President under section 1105(a) of title 31) a market-based cost estimate and full life-cycle cost estimate for such lease.

''(b) MARKET-BASED COST ESTIMATE.—Each market-based cost estimate required under subsection (a) shall include an evaluation of—

''(1) local land values;

''(2) applicable construction costs; and

''(3) other cost factors the Secretary determines relevant to build-to-suit facilities.

''(c) STANDARDIZED METHODOLOGY.—

''(1) IN GENERAL.—The Secretary shall adopt and apply a standardized methodology for estimating under subsection (a) the full life-cycle cost of major medical facility leases and prospectus-level leases.

''(2) REQUIRED ELEMENTS.—The methodology required under paragraph (1) shall include, at a minimum—

''(A) base rent projections over the full lease term;

''(B) tenant improvement and buildout costs based on current medical facility standards;

''(C) estimated operating expenses, including utilities, maintenance, and security;

''(D) annual escalation factors tied to construction cost indices, labor rates, and market trends;

''(E) cost assumptions for option periods or potential renewal terms; and

''(F) geographic adjustments using current regional market data to reflect location-specific construction and leasing conditions.

''(d) ANNUAL ADJUSTMENT.—

''(1) IN GENERAL.—To reflect inflation and market escalation, the Secretary shall annually adjust each cost estimate for a lease submitted to Congress for authorization, appropriations, or prospectus approval during the period beginning on the date on which the Secretary first includes such cost estimate in the budget justification materials described in subsection (a) and ending on the projected award date for the lease.

''(2) INDICES.—In adjusting a cost estimate under paragraph (1), the Secretary shall use such medical construction or real estate indices as the Secretary determines appropriate.

''(e) RULES OF CONSTRUCTION.—

''(1) BUDGETARY TREATMENT.—Nothing in this section shall be construed to alter, supersede, waive, or otherwise affect the application of the scorekeeping guidelines, including the budgetary treatment of leases under Office of Management and Budget Circular A–11 or any successor guidance.

''(2) PRESERVATION OF EXISTING BUDGET AUTHORITY REQUIREMENTS.—Nothing in this section shall be construed to authorize the Secretary to enter into a lease, incur an obligation, or make an expenditure except to the extent and in the amount provided in advance in appropriations Acts.

''(f) DEFINITIONS.—In this section, the term 'major medical facility lease' has the meaning given that term in section 8104(a)(3)(B) of this title.''.

(b) CONGRESSIONAL NOTIFICATION AND PLAN REQUIRED FOR COST ESTIMATES EXCEEDING APPROVED PROSPECTUS AMOUNTS.—Subchapter I of such chapter is further amended

by inserting after section 8104A the following new section:

''§ 8104B. Congressional notification and plan required for cost estimates exceeding approved prospectus amounts

''(a) PRICE ESTIMATES REQUIRED DURING SOLICITATION PHASE.—As part of the request for lease proposals (or equivalent formal solicitation) for a major medical facility lease, the Secretary shall require offerors to provide detailed price proposals, including the cost of land (if applicable), to enable evaluation against the authorized prospectus amount.

''(b) NOTIFICATION REQUIRED.—If the lowest responsive offer for a major medical facility lease exceeds the unserviced shell rent authorized in the approved prospectus by more than 10 percent, the Secretary shall notify the Committee on Veterans' Affairs of the Senate and the Committee on Veterans' Affairs of the House of Representatives not later than 45 days after the date on which the Secretary determines that such offer exceeds such authorized amount.

''(c) PLAN REQUIRED.—

''(1) IN GENERAL.—Not later than 60 days after notification under subsection (b) with respect to a major medical facility lease, 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 plan to address the cost discrepancy for such lease, which may include scope adjustment, value engineering, requesting additional authority, or other appropriate measures.

''(2) LIMITATION ON AWARD.—The Secretary shall not award a major medical facility lease until the Committee on Veterans' Affairs of the Senate and the Committee on Veterans' Affairs of the House of Representatives have received the plan required under paragraph (1) with respect to such lease.

''(d) LIMITATION ON FURTHER ACTION.—If the Secretary is required to submit a notification under subsection (b), the Secretary may not issue a request for lease proposals for the applicable major medical facility lease until the date on which the Secretary submits the plan required under subsection (c).

''(e) RULE OF CONSTRUCTION.—Nothing in this section shall be construed to authorize the Secretary to exceed any amount authorized in an approved prospectus or any amount provided in advance in an appropriations Act.''.

(c) CLERICAL AMENDMENT.—The table of sections at the beginning of such chapter is amended by inserting after the item relating to section 8104 the following new items:

''8104A. Submission of cost estimates for major medical facility leases with President's budget request

''8104B. Congressional notification and plan required for cost estimates exceeding approved prospectus amounts''.

SEC. 662. REPORT ON CAPITAL ASSET AND INFORMATION TECHNOLOGY NEEDS OF THE RESEARCH AND DEVELOPMENT PROGRAM OF DEPARTMENT OF VETERANS AFFAIRS.

(a) REPORT REQUIRED.—Not later than two years after the date of the enactment of this Act, the Secretary of Veterans Affairs shall submit to Congress a report on the capital asset and information technology needs of the research and development program of the Department of Veterans Affairs.

(b) CONTENTS.—

(1) IN GENERAL.—The report required by subsection (a) shall include the following:

(A) A comprehensive summary of new facilities, renovations of existing facilities, leasing of facilities, and any other such facilities or physical infrastructure the Department requires to effectively perform its research and development functions, including projected functions.

(B) Detailed information on the information technology resources, projects, equipment, and related information technology needs, disaggregated by type of information technology funding categories, such as development or operations and maintenance, the Department requires in order to make the research and development program and activities of the Department functional and high-performing in the short-, medium-, and long-term, and those needed to enable employees of the Department to perform their research and development activities in an effective and efficient manner.

(C) Such matters as the Secretary determines relevant to maintain and further improve and advance the research and development functions of the Department through improved capital asset and information technology support.

(2) REQUIREMENTS.—

(A) FACILITIES.—

(i) SUMMARIES BY PROJECT.—In providing information under paragraph (1)(A), the Secretary shall provide estimated summaries for each project with cost data as well as a realistic multi-year plan to design and deliver the capital asset projects, assuming required funding is provided.

(ii) IDENTIFICATION OF PROJECTS.—The Secretary shall identify each project under paragraph (1)(A) by its project type, such as major construction, minor construction, nonrecurring maintenance, major lease, minor lease, or such other category as the Secretary determines may be appropriate.

(B) INFORMATION TECHNOLOGY.—In providing information under paragraph (1)(B), the Secretary shall provide estimated summaries for each project or investment with individual and total cost data as well as a realistic multi-year plan to develop relevant requirements and acquire and deploy the relevant information technology services, projects, equipment, and related matters.

(C) SCOPE.—The scope of the report submitted under subsection (a) is on the capital asset, information technology, and other related critical support functions, excluding human capital related needs, needed for the Department to perform research and development in an effective and efficient manner.

(c) CONSIDERATIONS.—In preparing the report required by subsection (a), the Secretary may consider the following:

(1) The findings of the 2012 final report of the Research Infrastructure Program of the Department.

(2) Current and updated data providing the most accurate and holistic presentation of the physical infrastructure, information technology, and other relevant support function needs of the research and development program of the Department.

(3) Such other matters as the Secretary considers appropriate.

SEC. 663. IMPROVING PREVENTION, DETECTION, AND REPORTING OF WASTE, FRAUD, AND ABUSE IN DEPARTMENT OF VETERANS AFFAIRS CAPITAL ASSET PROJECTS AND ACTIVITIES.

(a) REPORT REQUIRED.—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 actions the Department of Veterans Affairs is taking or plans to take to enhance the ability of the Department to prevent, detect, and report waste, fraud, and abuse occurring in capital asset projects of the Department, whether by employees, contractors, or other relevant persons or entities involved with the Department.

(b) ELEMENTS.—The report required by subsection (a) shall include the following:

(1) An assessment of whether new training or enhancements to existing training should be undertaken to improve the prevention, detection, and reporting of waste, fraud, and abuse.

(2) Recommendations for such legislative and administrative action as the Secretary determines appropriate to improve the prevention, detection, and reporting of waste, fraud, and abuse.

(3) Such other matters as the Secretary considers appropriate.

(c) CONSULTATION.—In carrying out subsection (a), the Secretary—

(1) shall consult with the Inspector General of the Department of Veterans Affairs and the Comptroller General of the United States on matters relating to best practices and strategies to improve detection and prevention by the Department of waste, fraud, and abuse in capital asset projects and management; and

(2) may consult with such other persons and entities on such matters as the Secretary considers appropriate.

SEC. 664. REPORT ON LONG-TERM CARE PHYSICAL INFRASTRUCTURE NEEDS OF DEPARTMENT 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 submit to the appropriate committees of Congress a report, disaggregated by medical center or other relevant health care facility of the Department of Veterans Affairs, identifying the physical infrastructure needs of the Department to support current and future anticipated long-term care needs and models of care for veterans, including—

(1) infrastructure needed to support the delivery of long-term care for women veterans, veterans with spinal cord injuries and diseases, veterans with traumatic brain injury, veterans with unique behavioral health needs, veterans with memory loss, and other population groups with unique needs or projected future needs;

(2) information regarding the plans of the Department to provide such care as the Department builds internal capacity but space is not yet available to meet the demand for such care; and

(3) with respect to any projects needed to provide the infrastructure specified under paragraph (1)—

(A) the estimated individual project cost and total cost to accomplish those projects; and

(B) the estimated individual project timeline to accomplish each such project upon receipt of appropriate funding.

(b) INCLUSION OF INFORMATION REGARDING PRIORITIZATION OF CERTAIN PROJECTS.—The Secretary shall include in the report required under subsection (a) information regarding how the infrastructure prioritization processes of the Department, such as the Strategic Capital Investment Planning process, or successor process, could be modified to include higher prioritization of projects that support the provision of a health care service that is not widely available, or is not available in compliance with appropriate quality or access standards, from non-Department providers.

(c) DEVELOPMENT OF REPORT.—In developing the report required under subsection (a), the Secretary shall consult with relevant regional and national program offices of the Veterans Health Administration with responsibility for managing the various health care services covered by the report, including long-term care and care relating to spinal cord injuries and diseases, to ensure that the report contains a holistic, comprehensive, and integrated plan to address the capital asset and other space needs for the population of veterans who require those services.

(d) INDICATION OF TYPES OF PROJECTS.—In the report required under subsection (a), the Secretary shall indicate the projects that can be most efficiently and effectively accomplished through smaller individual infrastructure projects or through a larger medical facility replacement or new site of care, as determined by the Secretary.

Subtitle F—Other Health Care Matters

SEC. 671. PRESCRIPTION, DELIVERY, DISTRIBUTION, AND DISPENSATION OF CONTROLLED SUBSTANCE MEDICATIONS BY COVERED HEALTH CARE PROFESSIONALS OF DEPARTMENT OF VETERANS AFFAIRS VIA TELEMEDICINE.

(a) IN GENERAL.—Subchapter III of chapter 17 of title 38, United States Code, is amended by adding at the end the following new section:

''§ 1730D. Prescription, delivery, distribution, and dispensation of controlled substance medications via telemedicine

''(a) IN GENERAL.—Notwithstanding sections 102(54) and 309(e) of the Controlled Substances Act (21 U.S.C. 802(54) and 829(e)), a covered health care professional may prescribe, deliver, distribute, and dispense a controlled substance if the covered health care professional is using telemedicine through the use of an interactive telecommunications system, including an audio-only telecommunications system when necessary, to prescribe, deliver, distribute, or dispense to a patient eligible to receive hospital care or medical services under this chapter a controlled substance that is a prescription drug as determined under the Federal Food, Drug, and Cosmetic Act (21 U.S.C. 301 et seq.), regardless of whether such covered health care professional has conducted an in-person medical examination of such patient, if—

''(1) such covered health care professional—

''(A) is acting in the usual course of professional practice;

''(B) is registered pursuant to section 303(g) of the Controlled Substances Act (21 U.S.C. 823(g)) in any State or is utilizing the registration of a facility of the Department registered pursuant to section 303(f) of such Act (21 U.S.C. 823(f));

''(C) has access to medical documentation from an in-person medical evaluation of such patient in the past two years by—

''(i) a covered health care professional;

''(ii) a health care professional who furnished care and services under the Veterans Community Care Program under section 1703 of this title; or

''(iii) a health care professional of the Department of Defense; and

''(D) at the time of the telemedicine visit of the patient—

''(i) has reviewed the prescription data of the individual from the electronic health record database of the Department and data from the prescription drug monitoring program for the State in which the patient is located at the time of the telemedicine encounter (if such a program exists) for at least the one-year period preceding the date of the visit or, if less than one year of data is available, for the entire period available; and

''(ii) provides documentation of—

''(I) such review;

''(II) all successful attempts to access such databases and program; and

''(III) all unsuccessful attempts to access such databases and program that resulted in the prescription of a limited supply under subsection (b); and

''(2) such substance is delivered, distributed, or dispensed for a legitimate medical purpose.

''(b) AUTHORITY FOR LIMITED SUPPLY.—

''(1) IN GENERAL.—If the databases and program described in subsection (a)(1)(D) are unavailable or inaccessible at the time of a telemedicine encounter conducted by a covered health care professional, the covered health care professional may not prescribe, deliver, distribute, or dispense more than a seven-day supply of a controlled substance until the covered health care professional is able to review such databases and program.

''(2) DATABASES UNAVAILABLE OR INACCESSIBLE.—If a database or program required to be reviewed under subsection (a)(1)(D) is unavailable or inaccessible for an extended period, as determined by the Secretary, a covered health care professional may provide additional seven-day supplies of a controlled substance until such database or program is accessible.

''(c) MAXIMUM SUPPLY.—The authority under this section may be used to supply a controlled substance for not more than a six-month period.

''(d) USE OF AUTHORITY.—The Secretary shall ensure that the authority under this section is used to prevent interruptions to patient care and not as a replacement for routine in-person patient care.

''(e) REGULATIONS.—

''(1) IN GENERAL.—The Secretary shall establish in regulations guidelines and a process for the prescription, delivery, distribution, and dispensation of a controlled substance pursuant to subsection (a).

''(2) ELEMENTS.—The Secretary shall ensure the guidelines and process described in paragraph (1)—

''(A) do not restrict access of a patient to in-person care; and

''(B) provide for the collection and analysis of data to determine if an individual has evidence of a prior in-person medical evaluation by a health care professional described in subsection (a)(1)(C) who would reasonably be expected to have prescribing authority based on their credential or organizational role.

''(3) INITIATING TREATMENT.—

''(A) IN GENERAL.—The guidelines established by paragraph (1) shall prohibit a covered health care professional from initiating treatment with an opioid medication listed in schedule II or III under section 202 of the Controlled Substances Act (21 U.S.C. 812) unless the covered health care professional is providing treatment—

''(i) for opioid use disorder;

''(ii) for a patient receiving palliative care or enrolled in hospice care; or

''(iii) for a patient who is physically located in a medical facility where the patient is receiving in-person care.

''(B) EXCEPTION.—The prohibition under subparagraph (A) shall not apply to renewal or maintenance of a previously prescribed medication described in such subparagraph.

''(f) REPORTING.—

''(1) IN GENERAL.—Not later than one year after the date of the enactment of the Take Care of America's Veterans Act, and not less frequently than annually thereafter until the termination date under subsection (g), 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 that addresses the use of the authority under this section during the fiscal year preceding the date of submission of the report in each Veterans Integrated Service Network.

''(2) ELEMENTS.—Each report under paragraph (1) shall indicate, at a minimum—

''(A) how many patients received prescriptions for controlled substance medications through telemedicine under this section;

''(B) which controlled substances are being prescribed under this section and how many prescriptions were written for each such substance;

''(C) the number of individuals who received a controlled substance medication that was prescribed, delivered, distributed, or dispensed under this section without evidence of an in-person medical evaluation within the previous two years by a health care professional described in subsection (a)(1)(C); and

''(D) the barriers that exist to reviewing prescription drug monitoring programs of States and how often those barriers occur.

''(g) DURATION.—The authority under this section shall terminate on September 30, 2031.

''(h) DEFINITIONS.— In this section:

''(1) The terms 'controlled substance', 'deliver', 'dispense', and 'distribute' have the meanings given those terms in section 102 of the Controlled Substances Act (21 U.S.C. 802).

''(2) The term 'covered health care professional' means—

''(A) a health care professional who—

''(i) is—

''(I) an employee of the Department appointed under section 7306, 7401, 7405, 7406, or 7408 of this title or under title 5; or

''(II) operating from a facility of the Department, including a clinic of the Department;

''(ii) is authorized by the Secretary to provide health care under this chapter;

''(iii) is required to adhere to all standards for quality relating to the provision of health care in accordance with applicable policies of the Department;

''(iv) has an active, current, full, and unrestricted license, registration, or certification or meets qualification standards set forth by the Secretary within a specified time frame; and

''(v) with respect to a health care profession listed under section 7402(b) of this title, has the qualifications for such profession as set forth by the Secretary; and

''(B) a health professions trainee who—

''(i) is appointed under section 7405 of this title; and

''(ii) is under the clinical supervision of a health care professional described in subparagraph (A).''.

(b) CLERICAL AMENDMENT.—The table of sections at the beginning of such chapter is amended by inserting after the item relating to section 1730C the following new item:

''1730D. Prescription, delivery, distribution, and dispensation of controlled substance medications via telemedicine.''.

SEC. 672. COPAYMENTS FOR LIMITED SUPPLIES OF MEDICATIONS.

Paragraph (4) of section 1722A(a) of title 38, United States Code, is amended to read as follows:

''(4) Paragraph (1) does not apply—

''(A) to opioid antagonists furnished under this chapter to a veteran who is at high risk for overdose of a specific medication or substance in order to reverse the effect of such an overdose; and

''(B) to any limited supply prescription for medication, up to a 30-day supply of such medication, under section 1730D(b) of this title if the covered health care professional would have prescribed, delivered, distributed, or dispensed a supply for more than seven days if not for the restrictions under such section.''.

SEC. 673. PLAN ON ESTABLISHMENT OF INTERACTIVE, ONLINE SELF-SERVICE MODULE FOR CARE.

(a) IN GENERAL.—The Secretary of Veterans Affairs shall develop and implement a plan to establish, to the greatest extent practicable, an interactive, online self-service module—

(1) to allow 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—

(A) to request appointments, track referrals for health care under the laws administered by the Secretary, whether at a facility of the Department of Veterans Affairs or through a non-Department provider, and receive appointment reminders;

(B) to appeal and track decisions relating to—

(i) denials of requests for authorization for care or services under section 1703 of title 38, United States Code; or

(ii) denials of requests for care or services at facilities of the Department, including under section 1710 of such title;

(C) to compare the average wait times for appointments for the type of care sought by the veteran at facilities of the Department and with non-Department facilities and providers through which the Secretary furnishes care and services under section 1703 of such title;

(D) to compare average driving times between their residence and the nearest facility of the Department that provides the care they are seeking and between their residence and the closest non-Department provider that provides the care they are seeking and through which the Secretary furnishes care and services under section 1703 of such title; and

(E) to view a provider directory, information regarding pending medical claims, and explanations of benefits; and

(2) to implement such other matters as determined appropriate by the Secretary.

(b) SUBMITTAL OF PLAN.—

(1) INITIAL PLAN.—Not later than 180 days after the date of the enactment of this Act, the Secretary shall submit to the Committee on Veterans' Affairs of the Senate and the Committee on Veterans' Affairs of the House of Representatives the plan developed under subsection (a).

(2) BIANNUAL UPDATE.—Not less frequently than once every 180 days during the two-year period beginning on the submittal of the plan under paragraph (1), the Secretary shall brief the Committee on Veterans' Affairs of the Senate and the Committee on Veterans' Affairs of the House of Representatives on any updates on the implementation of such plan.

SEC. 674. MODIFICATION OF REQUIREMENTS FOR CENTER FOR INNOVATION FOR CARE AND PAYMENT OF THE DEPARTMENT OF VETERANS AFFAIRS AND TRANSFER OF AUTHORITY.

(a) IN GENERAL.—Chapter 3 of title 38, United States Code, is amended by adding at the end the following new section:

"§ 326. Center for Innovation

''(a) ESTABLISHMENT.—There is established in the Department, within the Office of the Secretary, a Center for Innovation (in this section referred to as the 'Center').

''(b) PURPOSE.—The purpose of the Center is to test innovative payment and service delivery models to reduce program expenditures of the Department under chapter 17 of this title while preserving or enhancing the quality of care furnished to veterans and other eligible individuals.

''(c) IDENTIFICATION AND TESTING OF MODELS.—

''(1) IN GENERAL.—The Center shall—

''(A) identify and test health care payment and service delivery models under this title, including care from non-Department providers under subchapter I of chapter 17 of this title, that have the potential to—

''(i) reduce program expenditures; and

''(ii) preserve or enhance the quality of care furnished to veterans;

''(B) give preference to models that improve the coordination, quality, and efficiency of health care services furnished under this title; and

''(C) evaluate the effect of applying such models on program expenditures and quality outcomes under this title.

''(2) INCLUDED MODELS.—The models identified and tested under paragraph (1) may include the following:

''(A) Bundled payment arrangements.

''(B) Preventive care initiatives.

''(C) Chronic care coordination models.

''(d) SELECTION OF MODELS.—

''(1) IN GENERAL.—The Secretary, acting through the Center, shall select models to be tested under subsection (c) from among those that—

''(A) address a defined population for which there are demonstrated deficits in care leading to poor clinical outcomes or potentially avoidable expenditures; and

''(B) are expected to reduce program costs while preserving or enhancing the quality of care furnished to veterans.

''(2) CRITERIA.—In selecting models under paragraph (1), the Secretary shall apply criteria consistent with the model selection framework used in evidence-based criteria that the Secretary determines appropriate.

''(e) TESTING AND EVALUATION.—

''(1) IN GENERAL.—The Secretary shall design and test each model under this section in a manner that allows for the evaluation of—

''(A) changes in program expenditures;

''(B) changes in quality and outcomes of care for veterans; and

''(C) other factors the Secretary determines relevant to care coordination, access, and equity.

''(2) EVALUATION.—The Secretary shall evaluate each model under this section using scientifically valid methodologies, including control or comparison groups if practicable.

''(f) REPORTING.—

''(1) ANNUAL REPORT.—Not less frequently than annually, 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 models being tested under this section and their preliminary results, including—

''(A) a brief narrative description of the model explaining its intent and the proposed manner in which it is supposed to reduce expenditures and increase quality of or access to care for veterans;

''(B) the number of veterans and providers participating in the model, broken down by demographics such as age, race or ethnicity, geographic location, and other characteristics as chosen by the Secretary;

''(C) gross and net savings or increases to the medical services account of the Department, including in comparison to baseline budgetary assumptions in the absence of the model;

''(D) an assessment of the utilization of the model, including the proportion of providers choosing to participate in the model and the proportion of veterans choosing to participate in the model, as the case may be;

''(E) an assessment of quality of care and patient outcomes as measured by discrete objective metrics, including changes to morbidity and mortality, changes to admission rates, changes to readmission rates, changes to population health metrics such as average blood pressure, A1C levels, body mass index, or other relevant health metrics, or other relevant clinical outcome metrics;

''(F) a description of provider, stakeholder, and veteran experiences; and

''(G) such other matters as the Secretary may consider relevant.

''(2) FINAL REPORT ON MODELS.—Not later than 180 days after completing each model under this section, 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 final report on such model, including—

''(A) findings from the evaluation of such model;

''(B) updated findings under paragraph (1) with respect to such model;

''(C) an assessment of the fiscal impact of such model; and

''(D) recommendations for expansion or termination of the use of such model.

''(g) EXPANSION OF SUCCESSFUL MODELS.—

''(1) IN GENERAL.—Except as provided in paragraph (2), the Secretary may, through rulemaking, expand the duration and scope of a model tested under this section to the extent that—

''(A) the Secretary determines such expansion is expected to—

''(i) reduce program expenditures without reducing quality of care; or

''(ii) improve quality of care without increasing program expenditures; and

''(B) the Chief Financial Officer of the Department certifies that such expansion will maintain budget neutrality.

''(2) LIMITATION.—The Secretary shall not expand a model unless the results of the evaluation of the model under subsection (e) demonstrate that the requirements of paragraph (1) are satisfied.

''(h) COST NEUTRALITY AND FUNDING.—

''(1) IN GENERAL.—Implementation or expansion of any model under this section shall be conducted in a manner that is cost-neutral to the Department over the duration of the use of the model, including administrative costs.

''(2) USE OF AVAILABLE AMOUNTS.—The Secretary shall ensure that expenditures under this section are made from amounts otherwise available to the Department for medical services, community care, or medical support and compliance.

''(i) RULE OF CONSTRUCTION.—Nothing in this section shall be construed to authorize the Secretary to reduce the scope or amount of benefits under this title, or to impose additional eligibility requirements, except as may be necessary to carry out an approved model under this section.''.

(b) CONFORMING AND CLERICAL AMENDMENTS.—

(1) CONFORMING REPEAL.—Section 1703E of title 38, United States Code, is repealed.

(2) CONFORMING AMENDMENTS.—

(A) PILOT PROGRAM TO IMPROVE ADMINISTRATION OF CARE UNDER VETERANS COMMUNITY CARE PROGRAM.—Section 105(a) of the Senator Elizabeth Dole 21st Century Veterans Healthcare and Benefits Improvement Act (Public Law 118–210; 38 U.S.C. 1703 note) is amended, in the matter preceding paragraph (1), by striking ''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'' and inserting ''Pursuant to section 326 of title 38, United States Code, the Secretary of Veterans Affairs, acting through the Center for Innovation''.

(B) PILOT PROGRAM ON CONSOLIDATING APPROVAL PROCESS OF DEPARTMENT OF VETERANS AFFAIRS FOR COVERED DENTAL CARE.—Section 106(a) of the Senator Elizabeth Dole 21st Century Veterans Healthcare and Benefits Improvement Act (Public Law 118–210; 38 U.S.C. 1703 note) is amended, in the matter preceding paragraph (1), by striking ''the Center for Innovation for Care and Payment established under section 1703E of title 38, United States Code'' and inserting ''the Center for Innovation established under section 326 of title 38, United States Code''.

(C) STRATEGIC PLAN ON VALUE-BASED HEALTH CARE SYSTEM FOR VETERANS HEALTH ADMINISTRATION; PILOT PROGRAM.—Section 107 of the Senator Elizabeth Dole 21st Century Veterans Healthcare and Benefits Improvement Act (Public Law 118–210; 38 U.S.C. 1701 note) is amended—

(i) in subsection (a)(2)(A)(viii), by striking ''the Center for Innovation for Care and Payment of the Department under section 1703E of title 38, United States Code'' and inserting ''the Center for Innovation under section 326 of title 38, United States Code''; and

(ii) in subsection (c)(1), by striking ''the Center for Innovation for Care and Payment established under section 1703E of title 38, United States Code'' and inserting ''the Center for Innovation under section 326 of title 38, United States Code''.

(3) CLERICAL AMENDMENTS.—

(A) CHAPTER 17.—The table of sections at the beginning of chapter 17 of title 38, United States Code, is amended by striking the item relating to section 1703E.

(B) CHAPTER 3.—The table of sections at the beginning of chapter 3 of such title is amended by adding at the end the following new item:

''326. Center for Innovation.''.

(c) COMPTROLLER GENERAL REPORT.—Not later than 18 months after the date of the enactment of this Act, the Comptroller General of the United States shall submit to Congress a report—

(1) on the efforts of the Center for Innovation of the Department of Veterans Affairs in fulfilling the objectives and requirements under section 326 of title 38, United States Code, as added by subsection (a); and

(2) containing such recommendations as the Comptroller General considers appropriate.

(d) REVIEW OF VETERANS COMMUNITY CARE PROGRAM.—

(1) IN GENERAL.—Not later than one year after the date of the enactment of this Act, the Secretary of Veterans Affairs, acting through the Office of Management of the Department of Veterans Affairs, shall conduct a review of all aspects of the Veterans Community Care Program.

(2) ELEMENTS.—The review required by paragraph (1) shall—

(A) identify proven management and payment best practices of the Federal Government used 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.), and the TRICARE program (as defined in section 1072 of title 10, United States Code);

(B) determine what best practices, if any, identified under subparagraph (A) should be adopted and implemented by the Secretary, including those practices that would require legislative action before adoption and implementation;

(C) determine how the Secretary can improve access to care through the Veterans Community Care Program for veterans eligible for such care;

(D) identify solutions to ease administrative, legislative, and regulatory burdens and improve efficiency in the Veterans Community Care Program;

(E) identify improvements to the Veterans Community Care Program that can enhance the experience of veterans and participating entities and providers furnishing hospital care, medical services, and extended care services under the Veterans Community Care Program;

(F) review how the Secretary—

(i) identifies eligibility for and reviews, processes, and approves referrals for care under the Veterans Community Care Program;

(ii) authorizes the furnishing of services under the Veterans Community Care Program; and

(iii) receives, reviews, processes, and approves requests for payment from participating entities and providers furnishing services under the Veterans Community Care Program.

(G) assess such other factors as determined appropriate by the Secretary in consultation with Congress.

(3) BRIEFING AND REPORT.—

(A) BRIEFING.—Periodically throughout the duration of the review required under paragraph (1), but not less frequently than quarterly, the Secretary shall brief the Committee on Veterans' Affairs of the Senate and the Committee on Veterans' Affairs of the House of Representatives on the status and preliminary findings of such review.

(B) REPORT.—Not later than 30 days after the conclusion of the review required under paragraph (1), 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 written report containing—

(i) a complete and unredacted list of all findings and recommendations from the review; and

(ii) any legislative, administrative, regulatory, policy, or other changes sought by the Secretary as a result of such findings.

(4) VETERANS COMMUNITY CARE PROGRAM DEFINED.—In this subsection, the term ''Veterans Community Care Program'' means the Veterans Community Care Program under section 1703 of title 38, United States Code.

(e) PILOT PROGRAMS.—

(1) IN GENERAL.—Not later than one year after the date of the enactment of this Act, the Secretary of Veterans Affairs shall commence carrying out the pilot programs described in paragraph (2) through the Center for Innovation established by section 326 of title 38, United States Code, as added by subsection (a), and the Office of Management of the Department of Veterans Affairs.

(2) PILOT PROGRAMS DESCRIBED.—The Secretary shall carry out the following pilot programs:

(A) A pilot program to test innovative payment models for the furnishing of preventive health services, as such term is defined in section 1701 of title 38, United States Code.

(B) A pilot program to test innovative payment models involving payment bundling for integrated care during an episode of care authorized under the Veterans Community Care Program under section 1703 of title 38, United States Code, to improve the coordination, quality, and efficiency of health care delivery under such program.

(f) MODIFICATION OF INDEPENDENT ASSESSMENTS OF HEALTH CARE DELIVERY SYSTEMS AND MANAGEMENT PROCESSES.—Section 1704A of title 38, United States Code, is amended—

(1) in subsection (a)(2)(I), by adding at the end the following new clause:

''(vi) To identify proven management and payment best practices of the Federal Government used 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.), and the TRICARE program (as defined in section 1072 of title 10).''; and

(2) in subsection (d), by inserting ''or federally funded research and development center'' after ''private entity''.

SEC. 675. REPORT ON IMPROVEMENTS TO CLINICAL APPEALS PROCESS.

(a) IN GENERAL.—Not later than two years after the date of the enactment of this Act, the Secretary of Veterans Affairs, in consultation with veterans service organizations, veterans, caregivers of veterans, employees of the Department of Veterans Affairs, and other stakeholders as determined by 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 containing recommendations for legislative or administrative action to improve the clinical appeals process of the Department with respect to timeliness, transparency, objectivity, consistency, and fairness.

(b) INAPPLICABILITY OF REQUIREMENTS RELATING TO FEDERAL ADVISORY COMMITTEES.—Chapter 10 of title 5, United States Code, shall not apply to the consultation required by subsection (a).

(c) VETERANS SERVICE ORGANIZATION DEFINED.—In this section, the term ''veterans service organization'' means any organization recognized by the Secretary under section 5902 of title 38, United States Code.

SEC. 676. PLAN ON INCREASING ACCESSIBILITY OF CARE FOR VETERANS WITH SPINAL CORD INJURY OR DISORDER.

(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 Committee on Veterans' Affairs of the Senate and the Committee on Veterans' Affairs of the House of Representatives a plan on improving disability-related access to care from facilities of the Department and from non-Department facilities and providers through which the Secretary furnishes care and services under section 1703 of title 38, United States Code, for veterans with spinal cord injury or disorder.

(b) CONSULTATION.—In developing the plan required under subsection (a), the Secretary shall consult with relevant stakeholders, including veterans service organizations who serve veterans with spinal cord injury or disorder.

(c) ELEMENTS.—The plan required under subsection (a) shall include an assessment of disability-related barriers to care at medical facilities of the Department of Veterans Affairs and through community care networks of non-Department providers for veterans with spinal cord injury or disorder and a description of the actions needed to overcome such barriers, including cost estimates, timelines for corrective action, and requests for legislative action, if any.

(d) VETERANS SERVICE ORGANIZATION DEFINED.—In this section, the term ''veterans service organization'' means any organization recognized by the Secretary under section 5902 of title 38, United States Code.

The SPEAKER pro tempore. The bill, as amended, shall be debatable for 1 hour, equally divided and controlled by the chair and ranking minority member of the Committee on Veterans' Affairs, or their respective designees.

The gentleman from Illinois (Mr. BOST) and the gentleman from California (Mr. TAKANO) each will control 30 minutes.

The Chair recognizes the gentleman from Illinois.

GENERAL LEAVE

Mr. BOST. Mr. Speaker, I ask unanimous consent that all Members have 5 legislative days in which to revise and extend their remarks and insert extraneous material into the RECORD on H.R. 9237.

The SPEAKER pro tempore. Is there objection to the request of the gentleman from Illinois?

There was no objection.

Mr. BOST. Mr. Speaker, I yield myself such time as I may consume.

Mr. Speaker, I rise today in strong support of my bill, H.R. 9237, the Take Care of America's Veterans Act.

As a veteran of the United States Marine Corps, for me, this bill is personal. When a young man or woman raises their right hand and agrees to serve this country, America makes a promise. That promise does not end when a servicemember is wounded. It is my goal—and the goal of my friend, Senator JERRY MORAN—to deliver on that promise.

This bill would be one of the most comprehensive veteran packages considered by Congress in a decade. This bill includes more than 60 bipartisan provisions that would improve healthcare, benefits, operations, and accountability across the VA.

Mr. Speaker, I would like to tell you more about some of those important provisions. One is the Major Richard Star Act. For decades, medically retired, combat-injured veterans have had their military retirement offset dollar-for-dollar by their VA disability. While some disabled veterans who served 20 years receive both, there are tens of thousands of combat-injured veterans who currently do not. Many combat-injured veterans would have served longer if their injuries had not taken that opportunity from them.

H.R. 9237 would help end that injustice. It would end that offset for combat-injured veterans, allowing them to receive both benefits up to what a 20-year retiree with the same disabilities would receive.

Members on both sides of the aisle and veterans service organizations support this and have for years. A press release, a handshake, or a discharge petition does not end the wounded warrior tax. This bill will.

The Love Lives On Act is another important provision included in this bill. Currently, surviving spouses lose their benefits if they remarry before age 55, but those benefits were earned by their spouse's sacrifice for this country. The Love Lives On Act would allow surviving spouses to remarry at any age.

Another important provision in this bill is the Sharri Briley and Eric Edmundson Veterans Benefits Expansion Act. This bill would provide long-awaited increases to catastrophically disabled veterans and surviving spouses.

Eric was 25 years old when an IED left him with a fractured spine and a traumatic brain injury. H.R. 9237 would increase benefits for catastrophically disabled veterans like Eric by $10,000 a year.

It would also increase benefits for surviving spouses. These American families have not seen a meaningful increase in decades.

Mr. Speaker, this bill also includes the Veterans' ACCESS Act. Veterans should be able to access healthcare in their own communities. Too many veterans still face delays, confusion, and barriers when trying to use VA community care.

This bill would also improve mental health care and community-based suicide prevention. A veteran's healthcare should be driven by the veteran's needs, not by government control.

H.R. 9237 would improve education benefits and vocational training to help veterans transition into civilian life. It would modernize the VA's claims and appeals process so veterans have a system that works for them. It would streamline the way VA handles construction, leasing, contracting, IT, and finances.

The Take Care of America's Veterans Act would expand benefits and push VA to do better.

Mr. Speaker, I also want to address how this bill is funded, as I have heard a lot of misinformation about this point. H.R. 9237 would codify VA's own pending regulation on how to evaluate sleep apnea and tinnitus' effect on a veteran's workplace earnings. This regulation was proposed by the Biden-era VA in 2022, created by VA's team of doctors and researchers. It was part of VA's efforts to modernize its disability rating schedule created in the 1940s.

President Biden's Under Secretary for Benefits, Josh Jacobs, testified in favor of these changes at his confirmation hearing.

Earlier this year, VA's executive director of compensation confirmed plans to finalize these changes this year. These are not new ideas, and there is nothing unprecedented about this. This bill would not eliminate disability ratings for sleep apnea or tinnitus. It would not automatically reduce any veteran's current disability rating. Future veterans with sleep apnea will still get treatment through VA healthcare, but if a CPAP eliminates your symptoms, VA would compensate you less.

Currently, the amount of compensation for sleep apnea is often more than the amount that a veteran receives if they lose a limb.

This change is just common sense. It is why VA has worked hard to propose changes like these, which reflect modern medicine. For tinnitus, VA has found it is best understood as a symptom of another condition such as hearing loss or TBI.

Under the proposed change, tinnitus would still be rated as part of another underlying condition. This is not about denying these conditions exist. Let's be clear. This is not cutting benefits. No one will lose their benefits who are receiving them.

□ 0920

It is about making sure the VA rating schedule follows modern science and using those savings to fund the expansion of benefits and other VA programs.

Mr. Speaker, if we don't pass H.R. 9237 today, VA can make these rating changes as planned but the savings would go back to one place: Big Government. I want those savings to go instead into the pockets and the benefits for millions of veterans and their families.

Mr. Speaker, as a United States Marine Corps veteran, you can bet your bottom dollar that I believe that this bill would not harm a single veteran, and I would not bring it forward to this floor if I thought it would. Veterans do not need a bill that makes Members feel good for a day and then dies in the Senate. They need legislation that can pass.

Mr. Speaker, veterans groups agree. I include in the RECORD a letter from 20 different veterans organizations in support of this legislation.

Richard Star Act would be funded through the defense authorizing committees and fully end the unjust wounded veteran tax on combat-injured warriors. Pay-as-you-go rules would be waived for these earned benefits. There would be complete clarity from the Administration and VA about whether long-anticipated VASRD changes will proceed independently of this bill. Unfortunately, the current environment is far from ideal, and veterans, families, survivors, and caregivers have already waited years across multiple Congresses and administrations for action on provisions that maintain strong bipartisan support.

The Administration must also provide immediate clarity on whether these rating-schedule changes are intended to proceed independently of the Take Care of America's Veterans Act through VA regulation, White House direction, or other administrative action. That clarity is essential because the bill's financing rests on assumptions that remain unresolved. If similar VASRD changes are implemented outside this legislation, the resulting savings could revert to the Treasury rather than be reinvested in veterans, families, survivors, and caregivers.

Given that reality, we believe the practical question before Congress is whether this process should continue so these resources can be reinvested in veterans, caregivers, families, and survivors, or whether the opportunity to enact this package is lost while unresolved funding questions remain. We support advancing the Take Care of America's Veterans Act because the bill represents a net expansion of benefits and support for the veteran community and contains protections intended to prevent reductions for current beneficiaries. The goodness and positive impact of this package should not be lost in the debate over its financing.

As Congress continues its consideration of this legislation, we urge Members to preserve and strengthen key protections: no retroactive harm to veterans currently receiving compensation; prospective application only to future claims or future requests for increased ratings; full transparency from VA, the White House, and the Administration regarding any independent regulatory or policy action; and a final package that ensures expanded benefits are delivered responsibly and effectively. We are committed to working with Congress, VA, the Administration, coalition partners, and the broader veteran community to improve the pay-for, identify any credible alternative path forward, and secure the strongest possible outcome.

This moment presents a clear test of whether Congress can translate long-standing bipartisan agreement into meaningful action. We support the Take Care of America's Veterans Act so the process can continue and so Congress can deliver lasting results for veterans, their families, caregivers, and survivors. We urge swift action to advance this legislation and stand ready to work with lawmakers in both chambers to honor our commitments to all who have served.

Sincerely,

The American Legion, Military Officers Association of America (MOAA), Wounded

Warrior Project, Elizabeth Dole Foundation, Tragedy Assistance Program for Survivors (TAPS), American Veterans (AMVETS), Air Force Sergeants Association, American Optometric Association, Avalon Action Alliance, Commissioned Officers Association of the USPHS (COA).

Gold Star Spouses of America, K9s For Warriors, Korean War Veterans Association, Military Chaplains Association, Military Order of the Purple Heart (MOPH), Mission Roll Call, National Defense Committee, National Military Family Association (NMFA), USCG Chief Petty Officers Association (CPOA), Vietnam Veterans of America.

Mr. BOST. Mr. Speaker, veterans groups from The American Legion to the Wounded Warrior Project support this bill. Survivor groups like the Tragedy Assistance Program for Survivors support this bill. Caregiver organizations, like the Elizabeth Dole Foundation, support this bill. They all want this bill to pass.

Chairman MORAN and I have worked for months to try to enact a law that will help the greatest number of veterans. I believe we have offered that kind of package today.

I want to take a moment to share what we have heard directly from veterans. Mission Roll Call, a national nonpartisan organization dedicated to serving veterans and their families, recently conducted a survey on my bill. They found 71 percent of veterans support the bill. I think that is a clear choice.

Mr. Speaker, as our Nation observes its 250th birthday, H.R. 9237 asks a simple question: Do we have veterans' backs? Do we have the backs of fellow Americans who raise their right hand to serve in defense of this great country, the Gold Star families who carry the cost of their loved one's sacrifice, or caregivers who every single day care for a disabled veteran family member? For me, the answer will always be ''yes,'' both during service and after.

Mr. Speaker, I urge all my colleagues to support the Take Care of America's Veterans Act, and I reserve the balance of my time.

Mr. TAKANO. Mr. Speaker, I yield myself such time as I may consume.

Mr. Speaker, I rise today in strong opposition to H.R. 9237. It is a beautiful day here in Washington, D.C., but Republicans are casting a dark cloud over all of us and especially over America's veterans.

We have before us today a bill that, despite its name, does the exact opposite of taking care of veterans. It enshrines into law the largest cut to veterans' benefits ever in the history of this Nation.

The premise of this bill is that some veterans must be made worse off in order to make others better off. Mr. Speaker, I reject that premise, I reject this bill, and I encourage others to do the same.

Here is the core issue: The majority treats veterans as a zero-sum game: cut disability pay for some to find benefits for others. That is not governing. That is rationing suffering among our Nation's heroes.

With this bill, the majority would, for the first time ever, have Congress interfere in the scientific process that the determines veterans' disability ratings, overriding the expertise of medical professionals at the Department of Veterans Affairs. I respect that Chairman BOST is a military veteran, but he is not a medical professional.

The majority, for the first time ever, would have us cut tens of billions of dollars from veteran disability compensation to pay for the Department of Defense obligations. This is absolutely unconscionable.

Consider the math. Republicans are discussing nearly $70 billion in new Pentagon spending without offsets. They vote enthusiastically for $1.5 trillion in annual defense budgets. Yet, they insist on paying for veterans' priorities by cutting benefits with the two most common service-connected conditions. Apparently, there is no problem sending veterans the bill for the wars that Congress funds.

This is a massive 600-page bill—crafted behind closed doors and brought to the floor without careful consideration—packed with harmful provisions designed to boost a few vulnerable Members' electoral prospects.

Mr. Speaker, for those reasons and many, many more, I cannot in good conscience support this legislation.

More important than my opposition is the opposition of the very people whom the majority claims to help, the veterans themselves. Over 30 Veteran Service Organizations and advocates oppose this legislation, including many of the largest, like the Veterans of Foreign Wars, Disabled American Veterans, Iraq and Afghanistan Veterans of America, and numerous others. They know that reaching into the pockets of one set of veterans to provide for another is morally wrong. Creating tiers of veterans based on their period of service and treating tomorrow's veterans worse than today's is morally wrong. They will not stand for it, and neither should we.

In addition to the numerous VSOs and over two dozen labor unions opposed to this bill, including the Union of Veterans Council, American Federation of Government Employees, and AFL–CIO, so do professional associations like the American Psychological Association and the Nurses Organization of VA. They all recognize the devastating effect this legislation will have on VA's workforce and their ability to deliver high-quality care.

Even the Mortgage Bankers Association has expressed opposition to this bill. The majority has decided that, during a housing affordability crisis, it makes sense to raise costs on struggling veteran homeowners who are desperately trying to avoid foreclosure.

This package contains multiple harmful provisions. It would accelerate the privatization of veteran healthcare—creating new grant programs for private providers that divert resources from VA mental health and PTSD programs—and steer veterans into more expensive community-based care, even where VA services remain available, and strip VA psychologists of their collective bargaining rights.

This bill also contains numerous sections opposed by key stakeholders, like Student Veterans of America, Veterans Education Success, and the American Federation of Teachers, that would direct GI Bill funding toward low-quality, for-profit, unaccredited online programs.

This bill contains provisions that would allow GI benefits to be used for online welding courses. Can you believe it? Explain to me how you can teach someone online how to weld.

Inexplicably, H.R. 9237 even includes a $500 million IT slush fund that VA will use to enrich contractors and reward the President's cronies. The list goes on and on.

We are going to hear arguments from the majority today about all the good things this bill attempts to do. If we exist in a vacuum, I would say that I agree. There are parts of this bill with broad bipartisan support: long overdue increases to dependency and indemnity compensation and a special monthly compensation, for example.

We do not exist in isolation here, and we must take the bill as the total sum of its parts, especially since the majority has blocked amendments to this bill, as they have done so often in this Congress.

□ 0930

Regrettably, we will also hear the chairman say that cutting veterans' benefits is the only way that we can get them done. This is patently false, and the chairman knows it. Everyone in this Chamber knows it, and everyone in America knows it, as well. There are any number of other places we can find money for these priorities.

We don't lack money around here. What is in short supply, at least on the other side of the aisle, is the political will to use some of it on behalf of America's veterans. There is $1.5 trillion for the Department of Defense, $70 billion for the Department of Homeland Security, and hundreds of millions of dollars for permanent tax cuts for the wealthy, none of it offset, and all of which the chairman voted for enthusiastically.

Just 10 days of President Trump's folly in Iran would pay for 10 years of benefits under the Major Richard Star Act.

Let me say that again. Just 10 days of President Trump's folly in Iran would pay for 10 years of benefits under the Major Richard Star Act.

The question we have before us today is this: Why do you insist on offsets now? Why only now when we are trying to do work on behalf of our Nation's veterans do you care about the deficit? Why are Republicans holding veterans' priorities hostage, including the overwhelming top priority of veterans, the Major Richard Star Act, in exchange

for multibillion-dollar cuts to veterans' benefits?

That is a mystery to me, and it is a question that Chairman BOST and Republicans will struggle to answer, as well.

I will point to this chart here.

Mr. Speaker, let me finish with a quote from just one veteran in opposition to this legislation: ''I am a disabled Michigan veteran and lifelong conservative. Please pass the Major Richard Star Act as a stand-alone bill. We do not support the Take Care of America's Veterans Act, H.R. 9237, and we will never elect Representatives who want to cut veterans' benefits. How could Republicans propose this.''

I couldn't have said it any better, and there are thousands more comments just like this as you can see here.

Mr. Speaker, I reserve the balance of my time.

The SPEAKER pro tempore. Members are reminded to direct their remarks to the Chair.

Mr. BOST. Mr. Speaker, I yield myself such time as I may consume.

Mr. Speaker, the ranking member knows VA has an obligation to update disability conditions based on the latest science and medicine. In his opening, he said that I am not a doctor. He is right. I am a marine. I am a truck driver, and somehow I have been blessed to serve our veterans as the chairman of the committee. He is not a doctor either. Likewise, he has been blessed by his community to be here, but what I do want to say is, for the record, the proposed changes for sleep apnea and tinnitus aren't developed by Congress.

They were developed by VA physicians. They are doctors—medical experts, doctors—and researchers under the Biden administration as part of the ongoing disability rating modernization efforts.

In testimony before the House Veterans' Affairs Committee in January 2026, VA officials stated that the Department intended to continue moving forward with respiratory ear-body system, rulemaking, and anticipated completing those efforts by the end of year 2026. That testimony was not given by career staff acting alone.

In fact, just this morning, VA officials confirmed that they are planning to move forward with the proposed rule on sleep apnea and tinnitus.

The testimony represents the official position of the Department at the time it was delivered to Congress. The question before us is not whether Congress created these proposed changes. We did not. VA's announcement makes their intention clear. This is moving forward regardless, but Ranking Member TAKANO would rather play politics.

The question is whether the savings associated with the proposed deployment and changes by the VA should remain in their control and the bureaucrats' control, or do we make it through our Article I power to reinvest into our veterans and their families. H.R. 9237 chooses veterans.

Mr. Speaker, I ask you to look at the testimony of Josh Jacobs, Biden Under Secretary for Benefits, and Nina Tann, President Trump's Executive Director of the Compensation Service at the Department of Veterans Affairs.

Mr. Speaker, I yield 3 minutes to the gentleman from Ohio (Mr. TAYLOR), a good friend.

Mr. TAYLOR. Mr. Speaker, I thank Chairman BOST for yielding me the time.

Mr. Speaker, I rise today in support of the Take Care of America's Veterans Act. America's veterans represent the best our country has to offer, and it is time for Congress to deliver meaningful reforms to our veterans' benefit programs that improve the quality of life for America's warfighters.

That is why I am proud to be an original cosponsor of the Take Care of America's Veterans Act, which will modernize and enhance the delivery of VA benefits for veterans across our country.

As we continue to celebrate America's 250th anniversary, it is important that we realize that freedom is not free, and we wouldn't have this amazing country without the sacrifices of countless servicemembers and their families.

Now is the time to reaffirm Congress' support of our veteran community and put veterans first by passing this legislation.

I am particularly proud that this legislation includes the expansion of GI Bill benefits, increases benefits for severely disabled veterans and their families, and ends the wounded veterans tax, thanks to the inclusion of the Major Richard Star Act.

These reforms are long overdue, and I applaud Chairman BOST and the work of the House Veterans' Affairs Committee for their role in crafting this legislation.

This bill upholds the promise we made to our Nation's veterans that upon completion of their service, we would take care of them and their families.

It is our duty as temporary caretakers of our Republic to fight for those who keep us safe, and veterans are at the top of that list.

Mr. Speaker, on behalf of southern Ohio, I thank all our veterans and their families for the countless sacrifices they have made to keep our Nation safe. This vote is for them.

Mr. Speaker, I urge all my colleagues to support this bill.

Mr. TAKANO. Mr. Speaker, I yield myself such time as I may consume.

Mr. Speaker, the chairman has said several times that the disability changes this bill makes are coming anyway. That is simply not true. He is counting on a golden egg that the VA has simply not laid yet.

The first Trump administration floated changes to conditions like sleep apnea and tinnitus beginning in 2019. Then 4 years ago, when VA sought public comment on a notice of proposed rulemaking, the 2022 changes during the Biden administration, VSOs and many Members of this body spoke loudly and clearly and unanimously in opposition to them, and what he doesn't mention is that the Biden administration walked away from those proposed rule changes.

The VA listened to those voices in 2022, and as a result, the proposed rule has been on a shelf since then. Just a few short weeks ago, VA clarified that it is not planning to take any action on this proposed rule. That was from a VA spokesperson in public. There is nothing inevitable about these rule changes, which are going to bring about the golden egg of savings, the $57 billion that the chairman is counting on in order to pay for this bill. The savings will come from cuts to veterans disability benefits. Their tweet that he is referring to this morning quoting an unnamed source is not the same as rulemaking.

This is simply the majority trying to find any excuse possible to cut benefits they view as overly generous, which has long been their goal. That is why Americans for Prosperity has endorsed this bill.

The architects of Project 2025 have been desperate to cut benefits for years, and they have been trying to find a way to touch veterans benefits. I am not going to let them do that. They even showed up at the majority's press conference to cheer on their efforts just a few short days ago, and now they finally have a majority who is willing to bow to their demands to harm veterans.

□ 0940

My majority counterparts have picked an interesting time to care about science again. Their remarks today attempt to demonstrate that they are working to align themselves with the best science to update and modernize the disability ratings schedule.

Yet, my majority colleagues fail to see the irony in legislating away veteran benefits before VA completes a thorough review of the best science. They are substituting their own judgment for that of VA clinicians and researchers who actually understand the medical evidence related to these disabilities.

If this bill is passed, the expertise of VA and the years of work that go into clinical determinations become moot.

If you don't believe me, just listen to what one of VA's top doctors, former VA Secretary and Under Secretary for Health David Shulkin, stated regarding this bill's proposed changes to disability ratings: ''Any modernization of the VA Schedule for Rating Disabilities should be instead conducted through an independent, evidence-based medical review led by the Department of Veterans Affairs, with opportunities for public comment and

congressional oversight. Any savings resulting from that process should be reinvested in improving disability evaluations, rehabilitation services, and veterans' healthcare—not used to finance unrelated provisions of the legislation.''

If my colleagues are suddenly interested in following that science, they should let the experts continue their work independently without the political pressure that passage of this bill will inevitably create.

Mr. Speaker, I yield 2 minutes to the gentlewoman from Illinois (Ms. UNDERWOOD), my good friend. She is a former member of this committee who currently serves on the House Committee on Appropriations.

Ms. UNDERWOOD. Mr. Speaker, I rise today in support of my bill, the Lactation Spaces for Veteran Moms Act.

Serving veterans is one of the greatest privileges we have as Members of Congress, and we must do everything that we can to ensure not only that they receive the benefits that they have earned through their service and sacrifice, but also that they can access those benefits with the dignity that they deserve.

That is why I am so proud to lead the bipartisan Lactation Spaces for Veteran Moms Act with Congresswoman ASHLEY HINSON.

As a nurse, I have seen firsthand the benefits of breastfeeding for moms and babies. My bill will ensure that every VA medical center contains a clean, private space specifically designed for nursing and pumping.

Our veterans and their families have given so much in service to our country, and they deserve the same level of support and respect when they seek care.

For VA medical centers to meet the needs of young families, caregivers, and our hardworking VA employees, they need to be equipped with proper facilities.

In the VA medical centers that lack a dedicated lactation space, moms are forced to use unsanitary places like bathrooms or struggle to find a private corner. That is unacceptable. Our veterans deserve better.

That is why we must pass the Lactation Spaces for Veteran Moms Act now.

Mr. BOST. Mr. Speaker, I yield myself such time as I may consume.

Mr. Speaker, I don't think that the ranking member is caught up on current events. Just recently, just to confirm what we already knew, the VA officials confirmed that they are moving ahead with the changes on tinnitus, sleep apnea, and disability benefits.

VA has made no move to withdraw the sleep apnea and/or those from the changes that will then save the money that then the bureaucrats will control.

So as we are moving forward—I mean, the ranking member can keep saying things that aren't true, or he can admit this is an issue, and that is where we are coming up with the revenue.

That being said, let me tell you the next person I want to yield time to has worked on the Major Richard Star Act for years, as did his father before him.

With that, Mr. Speaker, I yield 2 minutes to the gentleman from Florida (Mr. BILIRAKIS), the Representative from Florida's 12th District.

Mr. BILIRAKIS. Mr. Speaker, I thank the chairman for his leadership and thank him for this great package that will support our veterans.

Mr. Speaker, I rise today in strong support of the Take Care of America's Veterans Act.

First and foremost, this legislation delivers long-overdue justice by including key provisions of my Major Richard Star Act. I promised Richard Star that we would get this done, and we are in the process of doing it, again, on behalf of our true American heroes, which I remain committed to achieving full concurrent receipt. Anything that is not included in this bill, we are going to pursue for the benefit of our veterans.

This package takes a major step forward by providing immediate relief to nearly 60,000 combat-injured veterans, Mr. Speaker. For far too long, medically retired servicemembers wounded in combat have been forced to forfeit a portion of the retirement pay they earned simply because they also receive VA disability compensation, and that is wrong. That is the so-called wounded veteran tax, and it is fundamentally unjust.

These men and women sacrificed their health in defense of our Nation. They earned both benefits, and they deserve to receive both.

This legislation also strengthens veterans' access to healthcare by expanding choice, improves the VA claims and appeals process, and increases support for catastrophically disabled veterans, caregivers, and surviving spouses.

Republicans have been working on these issues for many years, Mr. Speaker, and it looks like it is going to come to fruition. I appreciate it so very much, and I thank the chairman for his leadership.

It enhances mental health services, expands care in rural communities, improves transition assistance for servicemembers entering civilian life, and modernizes VA facilities to better serve future generations.

The SPEAKER pro tempore. The time of the gentleman has expired.

Mr. BOST. Mr. Speaker, I yield an additional 1 minute to the gentleman from Florida.

Mr. BILIRAKIS. Most importantly, this bill honors the legacy of Major Richard Star, who fought tirelessly to correct this injustice before his passing. His determination has brought us to this moment, and today, we have the opportunity to continue that fight on behalf of thousands of deserving veterans.

Mr. TAKANO. Mr. Speaker, I include in the RECORD a coalition letter from 10 veterans service organizations; a resolution from The American Legion Department of Texas; a statement from The American Legion, Trujillo-Sheets Post 28, in Durango, Colorado; and emails from Minnesota Blue Earth Post 89 of The American Legion and American Legion Post 58 in Belleville, Illinois, all in opposition to this bill.

JUNE 24, 2026.

Hon. JERRY MORAN,
Chairman, Committee on Veterans' Affairs, U.S. Senate, Washington, DC.
Hon. RICHARD BLUMENTHAL,
Ranking Member, Committee on Veterans' Affairs, U.S. Senate, Washington, DC.
Hon. MIKE BOST,
Chairman, Committee on Veterans' Affairs, House of Representatives, Washington, DC.
Hon. MARK TAKANO,
Ranking Member, Committee on Veterans' Affairs, House of Representatives, Washington, DC.

DEAR CHAIRMEN MORAN AND BOST, AND RANKING MEMBERS BLUMENTHAL AND TAKANO: As organizations representing millions of veterans, service members, survivors, caregivers, and military families of all generations, we have long worked with Congress to protect and strengthen the benefits and services earned through military service. For that reason, we do not support the funding mechanism within the Take Care of America's Veterans Act (H.R. 9237/S. 4744) that would significantly reduce future benefits for more than a million disabled veterans.

The Veterans Affairs Schedule for Rating Disabilities is intended to reflect medical evidence, functional impairment, and scientific expertise, not serve as a budgetary offset. If Congress establishes the precedent that disability ratings may be rewritten through statute to generate ''savings'', future Congresses will have a ready-made roadmap for reducing earned benefits whenever fiscal pressures arise. Disability compensation is not a government program to be trimmed when convenient. It is earned compensation for injuries and illnesses incurred in service to our nation.

Some supporters argue that Congress is simply implementing changes previously proposed by the Department of Veterans Affairs. However, VA never finalized those proposals, largely due to receiving more than 2,600 comments raising concerns about the medical justification for the changes and their impact on future veterans. In fact, VA spokesman Quinn Slaven recently stated, ''No changes are planned or imminent,'' and noted that the agency is still reviewing the proposed rule, which ''would need to undergo significant changes [emphasis added] prior to being finalized'' before any implementation could occur (Slaven, quoted in GovExec, June 16, 2026).

We are also troubled that reductions to future VA disability compensation are being used to finance provisions such as the *Major Richard Star Act*, which addresses a military retirement inequity rooted in Department of Defense policy. Correcting a Title 10 obligation should not come at the expense of Title 38 benefits. We continue to support enactment of a clean and complete *Major Richard Star Act* that delivers full concurrent receipt to combat-injured retirees without reducing earned benefits for future veterans.

Congress can and should address these priorities without reducing compensation for future disabled veterans, bypassing the regulatory process, or undermining confidence in the disability compensation system.

We respectfully urge Congress to find a different path forward for these important benefit increases, including a clean and complete Major Richard Star Act, that does not

force one generation of veterans to bear the cost for another.

Sincerely,

DAV (Disabled American Veterans), Iraq and Afghanistan Veterans of America, Jewish War Veterans, Marine Corps League, National Organization of Veterans' Advocates, National Veterans Legal Services Program, Reserve Organization of America, Veterans of Foreign Wars, 54kVeterans.

THE AMERICAN LEGION
DEPARTMENT OF TEXAS

Resolution No: 8–26

Title: Equal Advocacy for all Veterans and Equitable Funding of earned Veterans' Benefits

Origin: American Legion Post 300

Assigned To: Legislative Convention Committee

Whereas, William J Bordelon Post 300 believes that future changes to disability compensation policies governing sleep apnea and tinnitus would result in similarly situated veterans receiving different compensation based solely upon when they entered military service or became eligible to file their claims; and

Whereas, William J Bordelon Post 300 further believes that every veteran who honorably serves the United States deserves equal advocacy from The American Legion regardless of generation, era of service, or date of military service, and that Congress should fully fund veterans' benefits without relying upon offsets affecting future veterans; now, therefore, be it

Resolved, By the American Legion Department of Texas in Annual Convention assembled in Austin, Texas, July 10–12, 2026; That The American Legion reaffirms its unwavering support for passage of the Major Richard Star Act and restoration of full concurrent receipt for eligible combat-disabled military retirees; and, be it further

Resolved, That The American Legion, Department of Texas respectfully petition the National Convention of The American Legion to establish as national policy that The American Legion continue supporting legislation benefiting veterans while opposing any legislative funding mechanism that finances earned veterans' benefits through future reductions, limitations, or policy changes affecting Department of Veterans Affairs disability compensation; and, be it further

Resolved, That The American Legion reaffirm its commitment that benefits earned through honorable military service are obligations of the Nation and should be fully funded by Congress without creating disparities in compensation policy between current and future veterans; and, be it finally

Resolved, That copies of this resolution be forwarded to the National Convention of The American Legion for consideration and appropriate action.

AMERICAN LEGION TRUJILLO–SHEETS POST 28
DURANGO, CO'S POST

Last night all members at the post meeting voted unanimously that the post is NOT SUPPORTING the TCAVA.

At the 2022 American Legion convention resolution 33 was approved which clearly describes the feeling of the membership of the legion. This is the guidance that the leadership should be using to determine our support for bills that affect our VA benefits. You can read it here from the National Archives. https://archive.legion.org/node/8419

From: Paul Kafka
Sent: Tuesday, July 14, 2026 11:30:06 AM
To: Shane Junkert
Subject: TCAVA opposition

Tonight 07/13/2026 at the Blue Earth Post 89 American Legion Department of Minnesota meeting, a motion was made to disapprove of National's position on the TCAVA. After discussion, a vote was held, and it was unanimous. Blue Earth Post 89 is in disagreement with Department and National on this issue. We fully support the original MAJ Richard Star act, but can not abide by taking from one group of veterans to pay another.

PAUL J. KAFKA,
Past Commander, American Legion Post 89.

BILL ENYART.

Here is the email American Legion Post 58, Belleville, IL, sent Mike Bost tonight:

Re TCAVA HR 9237 Section 108

CONGRESSMAN BOST: American Legion Post 58 voted unanimously at tonight's meeting to indicate our disagreement with TCAVA Section 108 in its entirety. And further to voice our disagreement with the position taken by the American Legion National Commander in support of this legislation as currently written. He does not speak for us.

Located in Belleville, about half of our members reside in your district, most of the balance in Congresswoman Budzinski's. We will be watching your vote on this carefully. We urge you to change your position on this. Do not strip benefits from future and current veterans.

Respectfully,

Bill Enyart, Post Commander; Rodney Buhr, Senior Vice-commander; Marvin Hammel, Junior Vice-commander; April Tarbill, Finance Pio Officer.

We sent similar letters to Congresswoman Budzinski, and Senators Durbin and Duckworth.

Mr. TAKANO. Mr. Speaker, the chairman has made the claim that VA is going to move forward with taking away sleep apnea and tinnitus as conditions that veterans may claim disability ratings for. I would like to ask the chairman who at VA has made that commitment. He has tweeted out this morning that this is the case.

Mr. Speaker, I yield 15 seconds to the gentleman from Illinois (Mr. BOST) for the purpose of a colloquy to tell me the name of the person at VA who has confirmed that the VA is moving forward with these changes to disability ratings.

Mr. BOST. We have heard from the opening statement that came out of the VA, from the leadership at VA—

Mr. TAKANO. The Secretary?

Mr. BOST.—and that was sent out this morning under the approval of the Secretary.

Mr. TAKANO. So the gentleman is saying that a Secretary who backed away from changes to disability ratings in terms of medication—the intent was to say that if veterans take medication or get some sort of treatment, that if their conditions improve, that their disability ratings could then be lowered. He backed away from that after immense protest and opposition from veterans and veterans organizations.

□ 0950

You are telling me that this very same Secretary is telling you that he is moving forward with a $57 billion cut to disability ratings?

Mr. Speaker, I yield to the gentleman for the purposes of a colloquy.

Mr. BOST. That is exactly the position of the VA and their administration. That was said this morning. It was sent out this morning. It is now being reported in the news.

Mr. TAKANO. Mr. Speaker, I reclaim my time.

Mr. BOST. You can reclaim your time, but you asked the question.

Mr. TAKANO. The time is mine. I am reclaiming my time.

Mr. Speaker, there has been no public statement by the Secretary. There has been no named official from VA today. I defy the chairman to produce such a name. He is making a claim, but, again, I will contend that they are counting on a golden egg in disability cuts, savings on the backs of veterans, that has not been laid yet and that I contend will not be.

Mr. Speaker, I yield 2 minutes to the gentleman from Pennsylvania (Mr. DELUZIO), a veteran of the U.S. Navy, a former member of this committee and who now serves on the House Armed Services Committee and the House Transportation Committee.

Mr. DELUZIO. Mr. Speaker, I thank the gentleman from California for yielding.

Mr. Speaker, I rise in opposition to this bill. I rise in opposition to any effort to cut veterans' benefits.

Let's be clear. This bill raises the cost of the VA Home Loan Program during a housing crisis, and this program and this bill cuts VA benefits for current veterans who don't have them and for troops downrange right now for two of the most common conditions they may experience: sleep apnea and tinnitus.

This bill sells off more VA and veterans' care to the private sector. It continues the privatization push of the Trump administration and so many congressional Republicans. I am not going to take a lecture on fiscal responsibility or accept this argument from the Republicans and the Trump administration that you have to fund veterans' programs by cutting care or benefits for other veterans.

The same people who have funded an Iran war at the tune of billions and billions of dollars, the same people who added nearly $5 trillion to the debt through their One Big Beautiful Bill Act, which, by the way, has a new name now, I guess. We have lost track of that. That new bill, by the way, would also add $19 trillion over 30 years.

Mr. Speaker, there is no problem on the Republican side with adding to the debt when it comes time to give tax breaks and tax giveaways to the ultrarich and to corporations, but when it comes time to care of veterans, now they are counting pennies.

Let's be crystal clear about what this bill does. It says to troops downrange right now who are in harm's way that they have to have worse benefits than veterans have today to pay for benefits and care that other veterans have earned.

That is ridiculous. It is why groups like the VFW, the IAVA, and others oppose this bill. It is why I think Democrats and Republicans should oppose this bill on the floor today.

For this reason and many others, at the appropriate time, I will offer a motion to recommit this bill back to committee. If the House Rules permitted, I would have offered the motion with an amendment to this bill.

The amendment would change the offsets used in the bill. Instead of reducing the VA home loan benefit and cutting disability benefits for sleep apnea and tinnitus, it takes unobligated, appropriated but not committed, funding given to the DOD in the One Big Beautiful Bill Act and uses it as a pay-for.

The SPEAKER pro tempore. The time of the gentleman has expired.

Mr. TAKANO. Mr. Speaker, I yield an additional 15 seconds to the gentleman from Pennsylvania.

Mr. DELUZIO. Mr. Speaker, I ask unanimous consent to insert the text of my amendment into the RECORD immediately prior to the vote on the motion to recommit.

The SPEAKER pro tempore. Is there objection to the request of the gentleman from Pennsylvania?

There was no objection.

Mr. DELUZIO. Mr. Speaker, I hope my colleagues will join me in voting for the motion to recommit.

Mr. BOST. Mr. Speaker, I yield 2 minutes to the gentleman from Michigan (Mr. BARRETT), my good friend from the Seventh District.

Mr. BARRETT. Mr. Speaker, I rise today in support of the Take Care of America's Veterans Act.

This package includes more than 60 bipartisan bills that modernize, enhance, and reform the delivery of healthcare and benefits for the entire veteran community.

It also delivers numerous bills that veterans and VSOs across America have been vocal about, like the Major Richard Star Act, the Love Lives On Act, the ACCESS Act, the TAP Promotion and Expansion Act, and more.

It also includes eight of my own specific bill priorities, including:

The ASSIST Act and CRUISE Act, which will help disabled veterans and businesses make necessary and timely modifications to vehicles, ensuring that veterans have accessibility to move about.

The Sharri Briley & Eric Edmundson Veterans Benefits Expansion Act will finally deliver the first notable increase in over 30 years to our most severely disabled veterans and our Gold Star families who have sacrificed so much.

My Clear Communication for Veterans Claims Act and my Delivering Digitally to Our Veterans Act, which will ensure that every veteran can understand the messages and communications they receive from the VA in a simplified manner and even opt in to get them electronically.

My Veterans Community Care Scheduling Improvement Act, which will make it easier for veterans to schedule medical appointments closer to home and easier to access.

The Acquisition Reform and Cost Assessment Act to strengthen oversight of VA acquisitions with the ginormous contracts that they often enter into.

And, finally, my Home Affordability for Guard and Reserve Act to empower more of our National Guard and reservists to take advantage of the VA Home Loan Program. Today, they would wait 6 years to qualify for the VA Home Loan Program. Under this bill, they will qualify once they return home from their training and are in good standing with their unit.

Mr. Speaker, I worked hard on these bills for nearly 2 years, and they and more than 50 other bipartisan bills just like them are all major wins that will improve the lives of our Nation's heroes.

I thank Chairman BOST for his work on this legislation, and I look forward to the passage of this bill. I urge my colleagues to vote ''yes.''

Mr. TAKANO. Mr. Speaker, there is overwhelming opposition to cutting veterans' disability benefits to offset the cost of this bill.

Major VSOs, like the Veterans of Foreign Wars, Disabled American Veterans, Iraq and Afghanistan Veterans of America, along with numerous others, all oppose this bill due to the offset.

More importantly, veterans themselves are overwhelmingly opposed, as well. Check out any online veteran forum, and you will find thousands of comments from both veterans and Active-Duty servicemembers decrying these proposed cuts.

Veterans of all eras agree that their receipt of benefits should not be predicated on cuts to benefits for another generation of veterans. It is our job to listen to them. There are other ways to fund this bill's provisions. We just need to have the political courage to stand up and do what is right for our veterans.

Mr. Speaker, I yield 2 minutes to the gentleman from Texas (Mr. MENEFEE), my good friend who serves on the House Committee on Science, Space, and Technology and the House Committee on Oversight and Government Reform.

Mr. MENEFEE. Mr. Speaker, I rise today to oppose H.R. 9237, which, if we are being clear, cuts veterans' benefits.

The President and my colleagues on the Republican side in Congress have no problem sending our men and women off to war, but the real measure of a nation is not just how it treats their servicemembers when they are on Active Duty. It is how it treats them when they are no longer dodging the bombs, the bullets, and the storms at sea and when they are no longer serving in war.

As a Congress, we have to do right by our veterans, and this bill simply does not do it with $57 billion in cuts for disability benefits for veterans. It raises home loan refinancing fees $4 billion on veteran borrowers.

Mr. Speaker, I am the son of two veterans, and we would have never purchased our first home when I was in high school were it not for a VA home assistance loan. That is to say not just for me but for so many folks across the 18th Congressional District of Texas.

I keep hearing my colleagues on the other side of the aisle saying that we have to find money to offset to be able to pay for some of the other benefits in this bill. Yet, if we are pinching pennies, let's tell the President to end his war in Iran, which has cost taxpayers billions and billions of dollars. It is time for this Congress to do right by our veterans.

Mr. Speaker, I urge my colleagues on both sides of the aisle to vote against H.R. 9237.

Mr. BOST. Mr. Speaker, I yield 2 minutes to the gentleman from Pennsylvania (Mr. MEUSER), from the Ninth District.

□ 1000

Mr. MEUSER. Mr. Speaker, I thank Chairman BOST for his leadership.

Mr. Speaker, I rise today in support of the Take Care of America's Veterans Act. Our veterans answered the call to serve, sacrificed on behalf of this country, and defended the freedoms every American enjoys.

They have earned a Department of Veterans Affairs that delivers the care, benefits, and support that they were promised without unnecessary delays or bureaucratic obstacles, and that includes community care, Mr. Speaker. That is one of the aversions and obstacles and reasons for opposition because Democrats are pretty much against community care initiatives.

This bipartisan package brings together more than 60 commonsense proposals that truly make this happen. And by the way, it is supported by The American Legion, Military Officers Association of America, Wounded Warrior Project, Elizabeth Dole Foundation, Korean War Veterans Association, Vietnam Veterans of America, AMVETS, Gold Star Spouses of America, and the list goes on.

Very importantly, it includes the Major Richard Star Act. Voting against this bill is voting against the Major Richard Star Act, which ends the unfair wounded veterans tax for eligible combat-injured retirees. These veterans were medically retired because their service was cut short by injuries sustained defending our country. They should not be forced to give up a portion of their military retirement pay simply because they also receive VA disability compensation. This bill corrects that injustice.

It also strengthens access to community care, as mentioned, and mental health treatment. It allows military widows to remarry and maintain their benefits. It cuts through the VA red

tape and strengthens the claims appeals processes. This is not about a cutting of benefits. It is about advancing services with some modernization initiatives, as well.

We owe our veterans more than the words of gratitude. We owe them this action. We owe them the Take Care of America's Veterans Act.

Mr. TAKANO. Mr. Speaker, I yield myself such time as I may consume.

I will point out that yesterday, House Republicans released a $95 billion supplemental for the reconciliation bill they want to bring forward next week for Pentagon spending, farm assistance, and intelligence operations all without offsets. We are talking about $95 billion—none of them with an offset. Yet, we are asking our veterans to pay for this bill. Only in the case of veterans is the chairman looking for an offset.

I defy the chairman to tell me whether he will ask for an offset for the $95 billion supplemental that goes to Pentagon spending, farm assistance, and intelligence operations. I eagerly await to hear his answer.

Mr. Speaker, I reserve the balance of my time.

Mr. BOST. Mr. Speaker, I yield 2 minutes to the gentlewoman from the Northern Mariana Islands (Ms. KING-HINDS), my good friend.

Ms. KING-HINDS. Mr. Speaker, I rise before you today to lend my voice in strong support of H.R. 9237, the Take Care of America's Veterans Act.

This comprehensive package is designed to address the critical needs of our Nation's veterans.

The legislation represents a meaningful step forward closing resource gaps that have persisted for far too long. Among its provisions are vital improvements for veterans affected by traumatic brain injuries, expanded survivor benefits, and increased access to medical care in the U.S. territories and the Freely Associated States.

I am proud to note that two bills I authored are included in this package. First is the Territorial Response and Access to Veterans' Essential Lifecare, or TRAVEL Act. This provision, which already passed in the House, establishes a VA program enabling physicians to travel to the U.S. territories and deliver essential medical care directly to veterans.

The second bill, the U.S. Vets of the Freely Associated States Act, empowers the VA to provide telehealth services and mail prescriptions to veterans residing in the Republic of the Marshall Islands, the Federated States of Micronesia, and Palau. These Pacific Island countries are among our closest allies whose citizens serve in our military at exceptionally high rates, yet they lack access to basic care and benefits. This legislation will help remedy that inequity.

The Take Care of America's Veterans Act is not just important. It is urgent. Our veterans deserve the best we can offer, and this package delivers on that promise.

I thank Chairman BOST for his leadership and dedication to veterans everywhere. I urge my colleagues to join me in supporting the passage of H.R. 9237.

Mr. TAKANO. Mr. Speaker, I yield myself such time as I may consume.

I continue to ask the chairman in advance of a $95 billion supplemental for Pentagon spending, farm assistance, and intelligence operation, on none of this are the Republicans seeking an offset? Only the chairman in this particular case when it comes to our veterans is demanding that veterans pay for veterans.

We could pass this bill without having to ask veterans to pay for veterans—actually, for disabled veterans to pay for veterans.

Mr. Speaker, I would ask the chairman again: Does he plan to seek an offset or demand an offset for the $95 billion supplemental for Pentagon spending, farm assistance, and intelligence operations, none of which Republicans are intending to pay for? Their rules and their policy is to make veterans pay for veterans.

Mr. Speaker, I reserve the balance of my time.

Mr. BOST. Mr. Speaker, I have no further speakers, and I am ready to close.

I reserve the balance of my time.

Mr. TAKANO. I yield myself such time as I may consume.

In listening to the chairman today and at the Rules Committee several weeks ago, it is clear to me that he has been picking his words very carefully. He has been very specific that this bill, the so-called Take Care of America's Veterans Act, would not impair current veterans.

I am not sure if the chairman fully understands how the disability benefits system works or if he truly believes what he is saying, but what he is saying isn't even remotely the full truth.

The bill can and will lead to cuts for those who already have service-connected disability ratings for sleep apnea and tinnitus. This is because anytime a veteran applies for a rating increase or applies for a new rating for some other condition, VA can and does review previous ratings, sometimes even lowering them.

It is foolish to think that VA won't apply the new rules for sleep apnea and tinnitus when veterans have their ratings reviewed.

Further, his remarks fail to take into consideration two other critically important populations here. First, these cuts would make servicemembers currently serving who may be incurring these injuries right now ineligible to receive compensation for service-connected tinnitus or sleep apnea. Those servicemembers President Trump keeps sending into harm's way in this foolish war with Iran would be ineligible for these benefits. That should give us all pause.

Let me just say a ''yes'' vote on this bill is a message that we are sending to the servicemembers currently serving in and around the waters of Iran and the Strait of Hormuz and our servicemembers that are stationed at bases who have already faced incoming missile fire and have been subjected to the blasts that have surely affected their eardrums, we are saying to them that they will not be able to apply to make claims based on tinnitus, much less sleep apnea. That is the message a ''yes'' vote will send to them. That is why I say vote ''no.''

In addition, the chairman and his colleagues fail to acknowledge that the existing veterans who have yet to file a claim for tinnitus or sleep apnea—I am talking about a group of people not the current servicemembers, but veterans who have yet to apply for a rating—these two groups of veterans, that is, current servicemembers and veterans who have yet to file, will be treated worse than those that came before them.

This contract will unilaterally be changed on them and for the worse. How my Republican colleagues are okay with treating two veterans with the same exact condition differently is beyond me.

Mr. Speaker, this is the largest cut to veterans' disability benefits in history being used to pay for this bill when Republicans are not demanding offsets for $95 billion next week. I don't know how you all can live with yourselves.

Mr. Speaker, I reserve the balance of my time.

Mr. BOST. Mr. Speaker, I am prepared to close, and I reserve the balance of my time.

□ 1010

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

Throughout this process, I have tried to stay up to date on what veterans are saying online about the so-called Take Care of America's Veterans Act. I found the discussions to be enlightening.

Before my colleagues say I have cherry-picked those comments, I urge them to pull out their phones and take a look at the comment sections on any social media post discussing this bill. It will become clear to you that opposition to this legislation is coming from veterans on both sides of the aisle. Let's take a look. I am quoting from the comments:

''This creates two tiers of veterans.''

''Veterans should not have to take a reduced amount to provide savings to pay for fellow veterans. The U.S. Government should honor their commitment to us.''

''This is a false choice. Find the funds without making veterans literally pay the cost.''

''If they truly cared, they wouldn't rob all veterans to pay for this as there are plenty of other ways to fund this act.''

''Pitting veterans against veterans.''

''You taught us to take care of each other; this bill contradicts that.''

There are thousands more just like this from veterans in each of our districts telling us to vote ''no'' on this bad bill. If my colleagues won't listen to my concerns here, I urge them to listen to the veterans, dependents, caregivers, survivors, and advocates in their districts.

We cannot today, tomorrow, or ever balance budgets on the backs of veterans who have already sacrificed so much for their country. Instead, we must honor the contract we made with our Nation's veterans and reject the false choice Chairman BOST has foisted upon us.

I join the millions of veterans across the country who vehemently oppose H.R. 9237, the Take Care of America's Veterans Act, and urge everyone to do the same.

Mr. Speaker, I yield back the balance of my time.

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

I will respond to a few claims that the veterans do not want this package. It is just not true. The ranking member can disagree on the bill. He can disagree on the offset. He can argue that they would have written the package differently, but I do not think it is accurate to suggest the veterans' community, as a whole, is somehow united against this legislative package.

The package has support from a wide range of organizations, including The American Legion, Vietnam Veterans of America, Mission Roll Call, Wounded Warrior Project, Military Officers Association of America, AMVETS, Concerned Veterans for America, Tragedy Assistance Programs for Survivors, Gold Star Spouses of America, the Veterans Survivor Coalition, the Military Order of the Purple Heart, Veterans Justice Alliance, the National Association of State Approving Agencies, the ALS Association, Elizabeth Dole Foundation, Air Force Sergeants Association, American Optometric Association, Avalon Action Alliance, Career Education Colleges and Universities, Commissioned Officers Association of the USPHS, K9s for Warriors, Korean War Veterans Association, Military Chaplains Association, National Defense Committee, National Military Family Association, USCG Chief Petty Officers Association, Americans for Prosperity, National Federal Development Association, National Taxpayers Union, and the Association of Mature American Citizens.

Those organizations represent veterans, survivors, Gold Star families, wounded veterans, military families, advocates, and professionals who work directly with the people this bill would help.

When the ranking member claims that veterans do not want this package, that ignores millions of voices in the veterans' community who are asking Congress to act.

This bill includes longstanding priorities for veterans and, importantly, it does so in a way that is paid for and capable of actually moving from here to the Senate and to the President's desk.

At some point, we have to decide whether we are going to keep talking about these promises or actually move a package that can become law. I believe that this package is a serious, responsible step forward, and I reject the idea that veterans do not want this Congress to act on this bill.

Also, whether they want to admit it or not, the problem with most of these organizations that were in opposition is because they didn't want the offset. That offset, as I have told you this morning, as the VA has said exactly what we said, they are going to implement it.

The question for my colleagues is very simple: Do they want to use their Article I power to make decisions, as we should in Congress, to direct that money to our veterans and where they need it? We have sat and looked at these over and over again. We have also passed some of these bills and sent them over to the Senate to die because they don't have an offset.

This isn't an easy game, and it is not a game. If you don't believe this marine is serious about helping veterans—and I am telling you I took a lot of crap this week—I can tell you this: I will stand and always stand for my veterans.

I am the son of a veteran. I am the grandson of a veteran. I am the nephew of a veteran. I am the father of a veteran, and I am the grandfather of two of them.

Mr. Speaker, I have heard a lot this week. I am going to tell you, we have worked hard and did the best we can to put the best bill forward. It is the best bill that has been around in decades.

Do we want the bureaucrats to make the decision and not support those areas where we are trying to help our veterans? You can love it. You can hate it, but I am telling you, this is the best thing we can do for veterans right now. I would encourage all of my colleagues to support this legislation, and I yield back the balance of my time.

The SPEAKER pro tempore (Mr. HURD). All time for debate has now expired.

Pursuant to House Resolution 1423, the previous question is ordered on the bill, as amended.

The question is on the engrossment and third reading of the bill.

The bill was ordered to be engrossed and read a third time, and was read the third time.

MOTION TO RECOMMIT

Mr. DELUZIO. Mr. Speaker, I have a motion to recommit at the desk.

The SPEAKER pro tempore. The Clerk will report the motion to recommit.

The Clerk read as follows:

Mr. Deluzio of Pennsylvania moves to recommit the bill H.R. 9237 to the Committee on Veterans' Affairs.

The material previously referred to by Mr. DELUZIO is as follows:

Mr. Deluzio moves to recommit the bill H.R. 9237 to the Committee on Veterans' Affairs with instructions to report the same back to the House forthwith, with the following amendments:

Page 17, strike lines 9 through 17.

Page 17, line 18, redesignate subsection (c) as subsection (b).

Strike section 108 and insert the following new section:

SEC. 108. RESCISSION OF ONE BIG BEAUTIFUL BILL ACT FUNDS FOR DEPARTMENT OF DEFENSE.

Notwithstanding any other provision of law, of the unobligated balances of amounts made available under title II of the Act entitled ''An Act to provide for reconciliation pursuant to title II of H. Con. Res. 14'', approved July 4, 2025 (Public Law 119–21; 139 Stat. 112) (commonly known as the ''One Big Beautiful Bill Act''), an amount sufficient to offset the costs of carrying out the amendments made by this Act is hereby rescinded.

The SPEAKER pro tempore. Pursuant to clause 2(b) of rule XIX, the previous question is ordered on the motion to recommit.

The question is on the motion to recommit.

The question was taken; and the Speaker pro tempore announced that the noes appeared to have it.

Mr. DELUZIO. Mr. 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 question are postponed.

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:

The motion to suspend the rules and pass:

H.R. 5362, if ordered;

The motion to recommit H.R. 9237; and

Passage of H.R. 9237, if ordered.

The first electronic vote will be conducted as a 15-minute vote. Pursuant to clause 9 of rule XX, remaining electronic votes will be conducted as 5-minute votes.

COLONEL MICHAEL H. BOYCE DEPARTMENT OF VETERANS AFFAIRS MULTISPECIALTY CLINIC

The SPEAKER pro tempore. Pursuant to clause 8 of rule XX, the unfinished business is the question on suspending the rules and passing the bill (H.R. 5362) to name the Department of Veterans Affairs multispecialty clinic in Marietta, Georgia, as the ''Colonel Michael H. Boyce Department of Veterans Affairs Multispecialty Clinic'', on which the yeas and nays were ordered.

The Clerk read the title of the bill.

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.

The question was taken.