1999—Pub. L. 106–117, title I, §§101(a)(2), (c)(2), 111(b)(2), title II, §202(b), Nov. 30, 1999, 113 Stat. 1548, 1549, 1556, 1561, added items 1710A, 1710B, 1725, and 1729B.

1998—Pub. L. 105–368, title IX, §901(b), Nov. 11, 1998, 112 Stat. 3360, added item 1720E.

1997—Pub. L. 105–114, title II, §§202(d), 206(b)(3), Nov. 21, 1997, 111 Stat. 2287, 2289, substituted ''Treatment and rehabilitative services for persons with drug or alcohol dependency'' for ''Treatment and rehabilitation for alcohol or drug dependence or abuse disabilities'' in item 1720A, struck out '': pilot program'' after ''home care'' in item 1720C, and added item for subchapter VII and items 1771 to 1774.

Pub. L. 105–33, title VIII, §8023(a)(2), Aug. 5, 1997, 111 Stat. 667, added item 1729A.

Pub. L. 105–12, §9(i)(2), Apr. 30, 1997, 111 Stat. 27, added item 1707.

1996—Pub. L. 104–262, title I, §§101(c)(2)(B), 104(a)(2), Oct. 9, 1996, 110 Stat. 3179, 3184, added items 1705 and 1706 and substituted ''Dental care; drugs and medicines for certain disabled veterans; vaccines'' for ''Eligibility for outpatient services'' in item 1712.

1994—Pub. L. 103–452, title I, §101(f)(2)(B), Nov. 2, 1994, 108 Stat. 4784, substituted ''and treatment'' for ''to women veterans'' in item 1720D.

1992—Pub. L. 102–585, title I, §102(a)(2), title V, §§512(b), 514(b), Nov. 4, 1992, 106 Stat. 4946, 4958, added items 1704 and 1720D and struck out subchapter VII heading ''PREVENTIVE HEALTH-CARE SERVICES PILOT PROGRAM'' and items 1761 ''Purpose'', 1762 ''Definition'', 1763 ''Preventive health-care services'', and 1764 ''Reports''.

1991—Pub. L. 102–83, §5(b)(1), Aug. 6, 1991, 105 Stat. 406, renumbered items 601 to 664 as 1701 to 1764, respectively.

Pub. L. 102–83, §4(a)(5), Aug. 6, 1991, 105 Stat. 404, substituted ''non-Department'' for ''non-Veterans' Administration'' in item 603.

1990—Pub. L. 101–508, title VIII, §8012(a)(2), Nov. 5, 1990, 104 Stat. 1388–345, added item 622A.

Pub. L. 101–366, title II, §201(a)(2), Aug. 15, 1990, 104 Stat. 438, added item 620C.

1988—Pub. L. 100–322, title I, §§101(h)(2), 115(g)(2), May 20, 1988, 102 Stat. 492, 502, substituted ''Eligibility for outpatient services'' for ''Eligibility for medical treatment'' in item 612, substituted ''Home health services; invalid'' for ''Invalid'' in item 617, and struck out item 620C ''Community based psychiatric residential treatment for chronically mentally ill veterans''.

1987—Pub. L. 100–6, §2(b), Feb. 12, 1987, 101 Stat. 94, added item 620C.

1986—Pub. L. 99–576, title II, §201(a)(2), 100 Stat. 3254, added item 620B.

Pub. L. 99–272, title XIX, §§19011(c)(2), 19012(b)(2), Apr. 7, 1986, 100 Stat. 378, 382, added item 603, and substituted ''Determination'' for ''Evidence'' and inserted ''; income thresholds'' in item 622.

1985—Pub. L. 99–166, title I, §§101(b)(2), 107(b), Dec. 3, 1985, 99 Stat. 943, 946, added item 612B and struck out ''; pilot program'' after ''disabilities'' in item 620A.

1983—Pub. L. 98–160, title I, §§103(a)(3), 104(b), Nov. 21, 1983, 97 Stat. 996, 998, inserted ''; adult day health care'' in item 620 and added item 630.

1982—Pub. L. 97–295, §4(15), Oct. 12, 1982, 96 Stat. 1306, substituted ''Hospital care, medical services, and nursing home care abroad'' for ''Hospital care and medical services abroad'' in item 624.

1981—Pub. L. 97–72, title I, §§106(a)(2), 107(c)(2), (d)(2), Nov. 3, 1981, 95 Stat. 1051, 1052, 1053, added item 629, substituted ''HOSPITAL CARE AND MEDICAL TREATMENT FOR VETERANS IN THE REPUBLIC OF THE PHILIPPINES'' for ''HOSPITAL AND MEDICAL CARE FOR COMMONWEALTH OF THE PHILIPPINES ARMY VETERANS'' in item relating to subchapter IV, and substituted ''Contracts and grants to provide for the care and treatment of United States veterans by the Veterans Memorial Medical Center'' for ''Contracts and grants to provide hospital care, medical services and nursing home care'' in item 632.

1980—Pub. L. 96–330, title IV, §401(b), Aug. 26, 1980, 94 Stat. 1051, substituted ''Evidence of inability to defray necessary expenses'' for ''Statement under oath'' in item 622.

1979—Pub. L. 96–22, title I, §§103(a)(2), 104(b), 105(b), 106(b), June 13, 1979, 93 Stat. 50, 51, 53, added items 612A, 620A, 634, and 661 to 664 and redesignated former item 634 as 635.

1977—Pub. L. 95–62, §4(b), July 5, 1977, 91 Stat. 263, struck out item 644 ''Authorization of appropriations''.

1976—Pub. L. 94–581, title II, §§202(a), 203(b), Oct. 21, 1976, 90 Stat. 2855, 2856, inserted ''NURSING HOME,'' in chapter heading, and, in analysis of subchapter headings and section catchlines, inserted '', NURSING HOME'' in item for subchapter II, inserted '', nursing home'' in item 610, substituted ''Care'' for ''Hospitalization'' in item 611, and inserted ''AND NURSING HOME'' in item for subchapter III.

1973—Pub. L. 93–82, title I, §§103(c), 106(b), 107(b), 109(b), Aug. 2, 1973, 87 Stat. 182, 184, 186, 187, substituted ''Medical care for survivors and dependents of certain veterans'' and ''Fitting and training in use of prosthetic appliances; seeing-eye dogs'' for ''Fitting and training in use of prosthetic appliances'' and ''Seeing-eye dogs'' in items 613 and 614, respectively, substituted ''natural disaster'' for ''fire'' in item 626, added item 628, substituted ''Assistance to the Republic of the Philippines'' and ''Contracts and grants to provide hospital care, medical services and nursing home care'' for ''Grants to the Republic of the Philippines'' and ''Modification of agreement with the Republic of the Philippines effectuating the Act of July 1, 1948'' in items 631 and 632, respectively, and added ''SUBCHAPTER VI—SICKLE CELL ANEMIA'' comprising items 651 to 654.

Pub. L. 93–43, §4(c)(2), June 18, 1973, 87 Stat. 79, struck out item 625 ''Arrests for crimes in hospitals and domiciliary reservations''.

1969—Pub. L. 91–178, §2(b), Dec. 30, 1969, 83 Stat. 837, added item 644.

1968—Pub. L. 90–493, §3(b), Aug. 19, 1968, 82 Stat. 809, substituted ''Invalid lifts and other devices'' for ''Invalid lifts and other devices for pensioners'' in item 617.

1964—Pub. L. 88–450, §§2(b), 6(b), Aug. 19, 1964, 78 Stat. 500, 504, inserted ''and other devices'' in item 617 and added item 620.

1962—Pub. L. 87–850, §1(b), Oct. 23, 1962, 76 Stat. 1126, added item 619.

Pub. L. 87–574, §2(2), Aug. 6, 1962, 76 Stat. 308, added item 618.

1959—Pub. L. 86–211, §7(b), Aug. 29, 1959, 73 Stat. 436, added item 617.

SUBCHAPTER I—GENERAL

§ 1701. Definitions

For the purposes of this chapter—

(1) The term ''disability'' means a disease, injury, or other physical or mental defect.

(2) The term ''veteran of any war'' includes any veteran awarded the Medal of Honor.

(3) The term ''facilities of the Department'' means—

(A) facilities over which the Secretary has direct jurisdiction;

(B) Government facilities for which the Secretary contracts; and

(C) public or private facilities at which the Secretary provides recreational activities for patients receiving care under section 1710 of this title.

(4) The term ''non-Department facilities'' means facilities other than Department facilities.

(5) The term ''hospital care'' includes—

(A)(i) medical services rendered in the course of the hospitalization of any veteran, and (ii) travel and incidental expenses pursuant to the provisions of section 111 of this title;

(B) such mental health services, consultation, professional counseling, marriage and family counseling, and training for the members of the immediate family or legal guardian of a veteran, or the individual in whose household such veteran certifies an intention to live, as the Secretary considers appropriate for the effective treatment and rehabilitation of a veteran or dependent or survivor of a veteran receiving care under the last sentence of section 1781(b) of this title; and

(C)(i) medical services rendered in the course of the hospitalization of a dependent or survivor of a veteran receiving care under the last sentence of section 1781(b) of this title, and (ii) travel and incidental expenses for such dependent or survivor under the terms and conditions set forth in section 111 of this title.

(6) The term ''medical services'' includes, in addition to medical examination, treatment, and rehabilitative services, the following:

(A) Surgical services.

(B) Dental services and appliances as described in sections 1710 and 1712 of this title.

(C) Optometric and podiatric services.

(D) Preventive health services.

(E) Noninstitutional extended care services, including alternatives to institutional extended care that the Secretary may furnish directly, by contract, or through provision of case management by another provider or payer.

(F) In the case of a person otherwise receiving care or services under this chapter—

(i) wheelchairs, artificial limbs, trusses, and similar appliances;

(ii) special clothing made necessary by the wearing of prosthetic appliances; and

(iii) such other supplies or services as the Secretary determines to be reasonable and necessary.

(G) Travel and incidental expenses pursuant to section 111 of this title.

(H) Chiropractic services.

(I) The provision of medically necessary van lifts, raised doors, raised roofs, air conditioning, and wheelchair tiedowns for passenger use.

(7) The term ''domiciliary care'' includes necessary medical services and travel and incidental expenses pursuant to the provisions of section 111 of this title.

(8) The term ''rehabilitative services'' means such professional, counseling, chiropractic, and guidance services and treatment programs as are necessary to restore, to the maximum extent possible, the physical, mental, and psychological functioning of an ill or disabled person.

(9) The term ''preventive health services'' means—

(A) periodic medical and dental examinations;

(B) patient health education (including nutrition education);

(C) maintenance of drug use profiles, patient drug monitoring, and drug utilization education;

(D) mental health preventive services;

(E) substance abuse prevention measures;

(F) chiropractic examinations and services;

(G) immunizations against infectious diseases, including each immunization on the recommended adult immunization schedule at the time such immunization is indicated on that schedule;

(H) prevention of musculoskeletal deformity or other gradually developing disabilities of a metabolic or degenerative nature;

(I) genetic counseling concerning inheritance of genetically determined diseases;

(J) routine vision testing and eye care services;

(K) periodic reexamination of members of likely target populations (high-risk groups) for selected diseases and for functional decline of sensory organs, together with attendant appropriate remedial intervention; and

(L) such other health-care services as the Secretary may determine to be necessary to provide effective and economical preventive health care.

(10) The term ''recommended adult immunization schedule'' means the schedule established (and periodically reviewed and, as appropriate, revised) by the Advisory Committee on Immunization Practices established by the Secretary of Health and Human Services and delegated to the Centers for Disease Control and Prevention.

(Pub. L. 85–857, Sept. 2, 1958, 72 Stat. 1141, § 601; Pub. L. 86–598, July 7, 1960, 74 Stat. 335; Pub. L. 86–639, § 2, July 12, 1960, 74 Stat. 472; Pub. L. 88–481, Aug. 22, 1964, 78 Stat. 593; Pub. L. 90–612, § 2, Oct. 21, 1968, 82 Stat. 1202; Pub. L. 93–82, title I, § 101, Aug. 2, 1973, 87 Stat. 179; Pub. L. 94–581, title I, § 102, title II, § 202(b), Oct. 21, 1976, 90 Stat. 2843, 2855; Pub. L. 95–520, § 5, Oct. 26, 1978, 92 Stat. 1820; Pub. L. 96–22, title I, § 102(c), title II, § 201(a), June 13, 1979, 93 Stat. 48, 54; Pub. L. 96–151, title II, §§ 201(b), 202, Dec. 20, 1979, 93 Stat. 1093, 1094; Pub. L. 97–72, title I, § 101, Nov. 3, 1981, 95 Stat. 1047; Pub. L. 97–251, § 4, Sept. 8, 1982, 96 Stat. 716; Pub. L. 98–105, Sept. 30, 1983, 97 Stat. 730; Pub. L. 98–160, title I, § 106(a), Nov. 21, 1983, 97 Stat. 998; Pub. L. 98–528, title I, § 103(a), Oct. 19, 1984, 98 Stat. 2688; Pub. L. 99–108, § 2, Sept. 30, 1985, 99 Stat. 481; Pub. L. 99–166, title I, § 102(a), Dec. 3, 1985, 99 Stat. 943; Pub. L. 99–272, title XIX, §§ 19011(d)(2), 19012(a), Apr. 7, 1986, 100 Stat. 378, 380; Pub. L. 99–576, title II, § 203, Oct. 28, 1986, 100 Stat. 3255; Pub. L. 100–322, title I, § 131, May 20, 1988, 102 Stat. 506; Pub. L. 102–54, § 14(b)(8), June 13, 1991, 105 Stat. 283; renumbered § 1701 and amended Pub. L. 102–83, §§ 4(a)(2)(E), (3)–(5), (b)(1), (2)(E), 5(a), (c)(1), Aug. 6, 1991, 105 Stat. 404–406; Pub. L. 102–585, title V, § 513, Nov. 4, 1992, 106 Stat. 4958; Pub. L. 103–446, title XII, § 1202(b)(1), Nov. 2, 1994, 108 Stat. 4689; Pub. L. 104–262, title I, §§ 101(d)(1), 103(a), Oct. 9, 1996, 110 Stat. 3179, 3182; Pub. L. 106–117, title I, § 101(b), Nov. 30, 1999, 113 Stat. 1548; Pub. L. 107–135, title II, § 208(a)(1), (e)(2), Jan. 23, 2002, 115 Stat. 2461, 2463; Pub. L. 107–330, title III, § 308(g)(3), Dec. 6, 2002, 116 Stat. 2828; Pub. L. 108–170, title I, §§ 104(a), 106(a), Dec. 6, 2003, 117 Stat. 2044, 2045; Pub. L. 110–387, title III, § 301(a)(1), title VIII, § 801, Oct. 10, 2008, 122 Stat. 4120, 4140; Pub. L. 114–315, title VI, § 602(a), Dec. 16, 2016, 130 Stat. 1569; Pub. L. 115–141, div. J, title II, § 245(b), Mar. 23, 2018, 132 Stat. 823; Pub. L. 117–333, § 22, Jan. 5, 2023, 136 Stat. 6138.)

Editorial Notes

CODIFICATION

The text of section 1762 of this title, which was transferred to the end of this section, redesignated as par. (9), and amended by Pub. L. 102–585, was based on Pub. L. 96–22, title I, §105(a), June 13, 1979, 93 Stat. 52, §662; renumbered §1762 and amended Pub. L. 102–83, §§4(b)(1), (2)(E), 5(a), Aug. 6, 1991, 105 Stat. 404–406.

PRIOR PROVISIONS

Prior sections 1700 and 1701 were renumbered sections 3500 and 3501 of this title, respectively.

AMENDMENTS

2023—Par. (6)(I). Pub. L. 117–333 added subpar. (I).

2018—Par. (6)(H). Pub. L. 115–141, §245(b)(1), added subpar. (H).

Par. (8). Pub. L. 115–141, §245(b)(2), inserted ''chiropractic,'' after ''counseling,''.

Par. (9)(F) to (L). Pub. L. 115–141, §245(b)(3), added subpar. (F) and redesignated former subpars. (F) to (K) as (G) to (L), respectively.

2016—Par. (9)(F). Pub. L. 114–315, §602(a)(1), amended subpar. (F) generally. Prior to amendment, subpar. (F) read as follows: ''immunizations against infectious disease;''.

Par. (10). Pub. L. 114–315, §602(a)(2), added par. (10).

2008—Par. (5)(B). Pub. L. 110–387, §301(a)(1), inserted ''marriage and family counseling,'' after ''professional counseling,'' and substituted ''as the Secretary considers appropriate for'' for ''as may be essential to''.

Par. (6)(E) to (G). Pub. L. 110–387, §801(2), added subpar. (E) and redesignated former subpars. (E) and (F) as (F) and (G), respectively.

Par. (10). Pub. L. 110–387, §801(1), struck out par. (10) which read as follows:

''(10)(A) During the period beginning on November 30, 1999, and ending on December 31, 2008, the term 'medical services' includes noninstitutional extended care services.

''(B) For the purposes of subparagraph (A), the term 'noninstitutional extended care services' means such alternatives to institutional extended care which the Secretary may furnish (i) directly, (ii) by contract, or (iii) (through provision of case management) by another provider or payor.''

2003—Par. (8). Pub. L. 108–170, §104(a), struck out ''(other than those types of vocational rehabilitation services provided under chapter 31 of this title)'' after ''programs''.

Par. (10)(A). Pub. L. 108–170, §106(a), substituted ''November 30, 1999, and ending on December 31, 2008,'' for ''the date of the enactment of the Veterans Millennium Health Care and Benefits Act and ending on December 31, 2003,''.

2002—Par. (5). Pub. L. 107–135, §208(e)(2), substituted ''1781(b)'' for ''1713(b)'' in subpars. (B) and (C)(i).

Par. (6). Pub. L. 107–135, §208(a)(1)(A), (B), substituted ''services, the following:'' for ''services—'' in introductory provisions and struck out concluding provisions which read as follows: ''For the purposes of this paragraph, a dependent or survivor of a veteran receiving care under the last sentence of section 1713(b) of this title shall be eligible for the same medical services as a veteran.''

Par. (6)(A). Pub. L. 107–135, §208(a)(1)(C), added subpar. (A) and struck out former subpar. (A) which read as follows: ''(i) surgical services, dental services and appliances as described in sections 1710 and 1712 of this title, optometric and podiatric services, preventive health services, and (in the case of a person otherwise receiving care or services under this chapter) wheelchairs, artificial limbs, trusses, and similar appliances, special clothing made necessary by the wearing of prosthetic appliances, and such other supplies or services as the Secretary determines to be reasonable and necessary, except that the Secretary may not furnish sensori-neural aids other than in accordance with guidelines which the Secretary shall prescribe, and (ii) travel and incidental expenses pursuant to the provisions of section 111 of this title; and''.

Par. (6)(B) to (F). Pub. L. 107–135, §208(a)(1)(A), (C), added subpars. (B) to (F) and struck out former subpar. (B) which included in the definition of ''medical services'' certain necessary consultation, professional counseling, training, and mental health services.

Par. (10)(A). Pub. L. 107–330, which directed the substitution of ''November 30, 1999,'' for ''the date of the enactment of the Veterans' Millennium Health Care and Benefits Act'', could not be executed because the word ''Veterans' '' did not appear in text.

1999—Par. (10). Pub. L. 106–117 added par. (10).

1996—Par. (6)(A)(i). Pub. L. 104–262, §103(a), struck out ''(in the case of a person otherwise receiving care or services under this chapter)'' before ''preventive health services,'', substituted ''(in the case of a person otherwise receiving care or services under this chapter)'' for ''(except under the conditions described in section 1712(a)(5)(A) of this title),'', and inserted ''except that the Secretary may not furnish sensori-neural aids other than in accordance with guidelines which the Secretary shall prescribe,'' after ''reasonable and necessary,''.

Par. (6)(B)(i)(I). Pub. L. 104–262, §101(d)(1)(A), substituted ''paragraph (1) or (2) of section 1710(a)'' for ''section 1712(a)''.

Par. (6)(B)(i)(II). Pub. L. 104–262, §101(d)(1)(B), substituted ''paragraph (1), (2) or (3) of section 1710(a)'' for ''section 1712(a)(5)(B)''.

1994—Par. (3). Pub. L. 103–446 made technical correction to directory language of Pub. L. 102–83, §4(a)(2)(E). See 1991 Amendment note below.

1992—Par. (6)(A)(i). Pub. L. 102–585, §513(b), substituted ''preventive health services,'' for ''preventive health-care services as defined in section 1762 of this title,''.

Par. (9). Pub. L. 102–585, §513(a), transferred the text of section 1762 of this title to the end of this section and redesignated it as par. (9), substituted ''The term 'preventive health service' means'' for ''For the purposes of this subchapter, the term 'preventive health-care services' means'', and redesignated pars. (1) to (11) as subpars. (A) to (K), respectively. See Codification note above.

1991—Pub. L. 102–83, §5(a), renumbered section 601 of this title as this section.

Par. (2). Pub. L. 102–54, §14(b)(8)(A), struck out ''any veteran of the Indian Wars, or'' after ''includes''.

Par. (3). Pub. L. 102–83, §5(c)(1), substituted ''1710'' for ''610'' in subpar. (C).

Pub. L. 102–83, §4(b)(1), (2)(E), substituted ''Secretary'' for ''Administrator'' in subpars. (A) to (C).

Pub. L. 102–83, §4(a)(2)(E), as amended by Pub. L. 103–446, substituted ''facilities of the Department'' for ''Veterans' Administration facilities''.

Pub. L. 102–54, §14(b)(8)(B), (C), redesignated par. (4) as (3) and struck out former par. (3) which read as follows: ''The term 'period of war' includes each of the Indian Wars.''

Par. (4). Pub. L. 102–83, §4(a)(5), substituted ''non-Department'' for ''non-Veterans' Administration''.

Pub. L. 102–83, §4(a)(3), (4), substituted ''Department'' for ''Veterans' Administration''.

Pub. L. 102–54, §14(b)(8)(E), redesignated par. (9) as (4).

Par. (5). Pub. L. 102–83, §5(c)(1), substituted ''1713(b)'' for ''613(b)'' in subpars. (B) and (C)(i).

Par. (6). Pub. L. 102–83, §5(c)(1), in subpar. (A) substituted ''1710 and 1712'' for ''610 and 612'', ''1762'' for ''662'', and ''1712(a)(5)(A)'' for ''612(a)(5)(A)'', in subpar. (B) substituted ''1712(a)'' for ''612(a)'', ''1712(a)(5)(B)'' for ''612(a)(5)(B)'', and ''1713(b)'' for ''613(b)'', and in last sentence substituted ''1713(b)'' for ''613(b)''.

Pub. L. 102–83, §4(b)(1), (2)(E), substituted ''Secretary'' for ''Administrator'' wherever appearing.

Pub. L. 102–54, §14(b)(8)(D), substituted ''612(a)(5)(A)'' for ''612(f)(1)(A)(i)'' in subpar. (A)(i) and ''612(a)(5)(B)'' for ''612(f)(1)(A)(ii)'' in subpar. (B)(i)(II).

Par. (9). Pub. L. 102–54, §14(b)(8)(E), redesignated par. (9) as (4).

1988—Par. (4)(C). Pub. L. 100–322 added subpar. (C).

1986—Par. (4). Pub. L. 99–272, § 19012(a)(1), struck out cl. (C) and provision following such clause, both relating to private facilities under contract as Veterans' Administration facilities.

Par. (6)(A)(i). Pub. L. 99–272, § 19011(d)(2)(A), substituted ''section 612(f)(1)(A)(i)'' for ''section 612(f)(1)(A)''.

Par. (6)(B). Pub. L. 99–576 amended subpar. (B) generally. Prior to amendment, subpar. (B) read as follows: ''such consultation, professional counseling, training, and mental health services as are necessary in connection with the treatment—

''(i) of the service-connected disability of a veteran pursuant to section 612(a) of this title, and

''(ii) in the discretion of the Administrator, of the non-service-connected disability of a veteran eligible for treatment under section 612(f)(1)(A)(ii) of this title where such services were initiated during the veteran's hospitalization and the provision of such services on an outpatient basis is essential to permit the discharge of the veteran from the hospital,

for the members of the immediate family or legal guardian of a veteran, or the individual in whose household such veteran certifies an intention to live, as may be essential to the effective treatment and rehabilitation of the veteran (including, under the terms and conditions set forth in section 111 of this title, travel and incidental expenses of such family member or individual in the case of a veteran who is receiving care for a service-connected disability, or in the case of dependent or survivor of a veteran receiving care under the last sentence of section 613(b) of this title). For the purposes of this paragraph, a dependent or survivor of a veteran receiving care under the last sentence of section 613(b) of this title shall be eligible for the same medical services as a veteran.''

Par. (6)(B)(ii). Pub. L. 99–272, § 19011(d)(2)(B), substituted ''section 612(f)(1)(A)(ii)'' for ''section 612(f)(1)(B)''.

Par. (9). Pub. L. 99–272, § 19012(a)(2), added par. (9).

1985—Par. (4)(C)(v). Pub. L. 99–166, § 102(a), substituted ''with respect to the Commonwealth of Puerto Rico shall expire on September 30, 1988'' for ''(except with respect to Alaska and Hawaii) shall expire on October 31, 1985'' and struck out ''and to the Virgin Islands'' before ''of the restrictions in this subclause''.

Pub. L. 99–108 substituted ''October 31, 1985'' for ''September 30, 1985''.

1984—Par. (4)(C)(v). Pub. L. 98–528 substituted ''September 30, 1985'' for ''September 30, 1984''.

1983—Par. (4)(C)(v). Pub. L. 98–105 substituted ''September 30, 1984'' for ''September 30, 1983''.

Par. (6)(a)(i). Pub. L. 98–160 inserted ''(in the case of a person otherwise receiving care or services under this chapter) preventive health-care services as defined in section 662 of this title,''.

1982—Par. (4)(C)(v). Pub. L. 97–251 substituted ''September 30, 1983'' for ''September 30, 1982''.

1981—Par. (4)(C)(v). Pub. L. 97–72 substituted ''September 30, 1982'' for ''December 31, 1981''.

1979—Par. (4). Pub. L. 96–22, §§ 102(c)(1), 201(a), substituted ''medical services for the treatment of any disability of a veteran described in clause (1)(B) or (2) of the first sentence, or the third sentence, of section 612(f) of this title or of a veteran described in section 612(g) of this title if the Administrator has determined, based on an examination by a physician employed by the Veterans' Administration (or, in areas where no such physician is available, by a physician carrying out such function under a contract or fee arrangement), that the medical condition of such veteran precludes appropriate treatment in facilities described in clauses (A) and (B) of this paragraph'' for ''medical services for the treatment of any disability of a veteran described in clause (1)(B) or (2) of section 612(f) of this title'' in subcl. (ii) of cl. (C), and added subcl. (vi) of cl. (C) and the provisions following cl. (C) relating to the periodic review of the necessity for continuing contractual arrangements in the case of veterans receiving contract care.

Par. (4)(C)(iii). Pub. L. 96–151, § 202, inserted provisions respecting safe transfer of the veteran, and substituted ''medical services in'' for ''hospital care in''.

Par. (5)(A). Pub. L. 96–151, § 201(b)(1), substituted ''travel'' for ''transportation''.

Par. (5)(C). Pub. L. 96–151, § 201(b)(2), substituted provisions relating to travel and incidental expenses for provisions relating to transportation and incidental expenses.

Par. (6)(A)(i). Pub. L. 96–22, § 102(c)(2), substituted ''described in sections 610 and 612 of this title'' for ''authorized in sections 612 (b), (c), (d), and (e) of this title''.

Par. (6)(B). Pub. L. 96–151, § 201(b)(3), substituted ''travel and incidental expenses'' for ''necessary expenses of travel and subsistence''.

1978—Par. (4)(C)(v). Pub. L. 95–520 defined ''Veterans' Administration facilities'' to include certain private facilities to provide medical services to obviate the need for hospital admission, deleted reference to hospital care for veterans in a territory, Commonwealth, or possession of the United States not contiguous to the forty-eight contiguous States, substituted provision requiring the annually determined hospital patient load and incidence of the provision of medical services to veterans hospitalized or treated at expense of Veterans' Administration in Government and private facilities in each noncontiguous State to be consistent with patient load or incidence of the provision of medical services for veterans hospitalized or treated by the Veterans' Administration within the forty-eight contiguous States for prior requirement that the annually determined average hospital patient load per thousand veteran population hospitalized at Veterans' Administration expense in Government and private facilities in each noncontiguous State not exceed the average patient load per thousand veteran population hospitalized by the Veterans' Administration within the forty-eight contiguous States; extended termination date for exercise of subcl. (v) authority to Dec. 31, 1981, from Dec. 31, 1978, except as to Alaska and Hawaii, and authorized waiver by the Administrator, to prevent hardship, of applicability to Puerto Rico and Virgin Islands of subcl. (v) restrictions with respect to hospital patient loads and incidence of provision of medical services.

1976—Par. (4)(A). Pub. L. 94–581, § 202(b)(1), substituted ''direct jurisdiction'' for ''direct and exclusive jurisdiction''.

Par. (4)(C). Pub. L. 94–581, § 202(b)(2), inserted ''when facilities described in clause (A) or (B) of this paragraph are not capable of furnishing economical care because of geographical inaccessibility or of furnishing the care or services required'' after ''contracts'' in provisions preceding subcl. (i), substituted ''to a veteran for the treatment of a service-connected disability or a disability for which a veteran was discharged'' for ''for persons suffering from service-connected disabilities or from disabilities for which such persons were discharged'' in subcl. (i), added subcls. (ii) and (iii), redesignated former subcls. (ii) and (iii) as (iv) and (v), respectively, and in subcl. (v) as so redesignated, substituted ''subclause (v)'' for ''clause (iii)''.

Par. (5)(A)(ii). Pub. L. 94–581, § 202(b)(3), substituted ''pursuant to the provisions of section 111 of this title'' for ''for any veteran who is in need of treatment for a service-connected disability or who is unable to defray the expense of transportation''.

Par. (5)(B). Pub. L. 94–581, § 102(1), substituted ''for the members of the immediate family or legal guardian of a veteran, or the individual in whose household such veteran certifies an intention to live, as may be essential to the effective treatment and rehabilitation of a veteran or dependent or survivor of a veteran receiving care under the last sentence of section 613(b) of this title; and'' for ''(including (i) necessary expenses for transportation if unable to defray such expenses; or (ii) necessary expenses of transportation and subsistence in the case of a veteran who is receiving care for a service-connected disability, or in the case of a dependent or survivor of a veteran receiving care under the last sen-

tence of section 613(b) of this title, under the terms and conditions set forth in section 111 of this title) of the members of the immediate family (including legal guardians) of a veteran or such a dependent or survivor of a veteran, or in the case of a veteran or such dependent or survivor of a veteran who has no immediate family members (or legal guardian), the person in whose household such veteran, or such a dependent or survivor certifies his intention to live, as may be necessary or appropriate to the effective treatment and rehabilitation of a veteran or such a dependent or a survivor of a veteran; and''.

Par. (6). Pub. L. 94–581, § 102(2), expanded definition of ''medical services'' to include rehabilitation services, podiatric services, and travel and incidental expenses pursuant to the provisions of section 111 of this title, and, for the members of the immediate family or legal guardian of a veteran, or the individual in whose household such veteran certifies an intention to live, as may be essential to the effective treatment and rehabilitation of the veteran, such consultation, professional counseling, training, and mental health services as are necessary in connection with the treatment of the service-connected disability of a veteran pursuant to section 612(a) of this title, and, in the discretion of the Administrator, of the non-service-connected disability of a veteran eligible for treatment under section 612(f)(1)(B) of this title where such services were initiated during the veteran's hospitalization and the provision of such services on an outpatient basis is essential to permit the discharge of the veteran from the hospital.

Par. (7). Pub. L. 94–581, § 102(3), substituted ''necessary medical services and travel and incidental expenses pursuant to the provisions of section 111 of this title'' for ''transportation and incidental expenses for veterans who are unable to defray the expenses of transportation''.

Par. (8). Pub. L. 94–581, § 102(4), added par. (8).

1973—Par. (4)(C). Pub. L. 93–82, § 101(a), extended the Administrator's contract authority for providing hospital care and medical services to persons suffering from service-connected disabilities or from disabilities for which such persons were discharged or released from the active military, naval, or air service and removed the limitation on such authority that such care be rendered in emergency cases only.

Par. (5). Pub. L. 93–82, § 101(b), incorporated existing provisions in subpar. (A) and added subpars. (B) and (C).

Par. (6). Pub. L. 93–82, § 101(c), expanded definition of ''medical services'' to include home health services determined by the Secretary to be necessary or appropriate for the effective and economical treatment of a disability of a veteran or a dependent or survivor of a veteran receiving care under section 613(b) of this title.

1968—Par. (4)(C)(iii). Pub. L. 90–612 expanded category of veterans of wars in the Territories, Commonwealths, or possessions of the United States to include, until December 31, 1978, veterans of such wars in States not contiguous to the forty-eight contiguous States, with the annually determined average hospital patient load per thousand of hospitalized veteran population in each such noncontiguous States not to exceed the average within the forty-eight contiguous States.

1964—Par. (2). Pub. L. 88–481 included any veteran awarded the Medal of Honor.

1960—Par. (6). Pub. L. 86–639 inserted ''(except under the conditions described in section 612(f)(1))''.

Pub. L. 86–598 inserted ''optometrists' services'' after ''medical examination and treatment''.

Statutory Notes and Related Subsidiaries

EFFECTIVE DATE OF 1994 AMENDMENT

Pub. L. 103–446, title XII, § 1202(b), Nov. 2, 1994, 108 Stat. 4689, provided that the amendment made by that section is effective Aug. 6, 1991, and as if included in the enactment of Pub. L. 102–83.

EFFECTIVE DATE OF 1986 AMENDMENT

Amendment by section 19011(d)(2) of Pub. L. 99–272 applicable to hospital care, nursing home care, and medical services furnished on or after July 1, 1986, see section 19011(f) of Pub. L. 99–272, set out as a note under section 1710 of this title.

EFFECTIVE DATE OF 1979 AMENDMENT

Amendment by Pub. L. 96–151 effective Jan. 1, 1980, see section 206 of Pub. L. 96–151, set out as a note under section 111 of this title.

Pub. L. 96–22, title I, § 107, June 13, 1979, 93 Stat. 53, provided that: ''The amendments made to title 38, United States Code, by sections 102, 103, 104, 105, and 106 of this Act [see Tables for classification] shall be effective on October 1, 1979.''

EFFECTIVE DATE OF 1976 AMENDMENT

Amendment by Pub. L. 94–581 effective Oct. 21, 1976, see section 211 of Pub. L. 94–581, set out as a note under section 111 of this title.

EFFECTIVE DATE OF 1973 AMENDMENT

Pub. L. 93–82, title V, § 501, Aug. 2, 1973, 87 Stat. 196, provided that: ''The provisions of this Act [see Tables for classification] shall become effective the first day of the first calendar month following the date of enactment [Aug. 2, 1973], except that sections 105 and 106 [amending section 626 [now 1726] of this title and enacting section 628 [now 1728] of this title] shall be effective on January 1, 1971; section 107 [enacting sections 631 and 632 [now 1731 and 1732] of this title and provisions set out as note under section 1732 of this title] shall be effective July 1, 1973; and section 203 [amending former section 4107 of this title] shall become effective beginning the first pay period following thirty days after the date of enactment of this Act [Aug. 2, 1973].''

CONSTRUCTION OF 2016 AMENDMENT

Pub. L. 114–315, title VI, § 602(d), Dec. 16, 2016, 130 Stat. 1570, provided that: ''Nothing in this section [amending this section and section 1704 of this title] or the amendments made by this section may be construed to require a veteran to receive an immunization that the veteran does not want to receive.''

STRATEGIC PLAN ON VALUE-BASED HEALTH CARE SYSTEM FOR VETERANS HEALTH ADMINISTRATION; PILOT PROGRAM

Pub. L. 118–210, title I, § 107, Jan. 2, 2025, 138 Stat. 2716, provided that:

''(a) ESTABLISHMENT OF WORKING GROUP.—

''(1) IN GENERAL.—Not later than one year after the date of the enactment of this Act [Jan. 2, 2025], the Secretary of Veterans Affairs shall—

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

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

''(2) MEMBERSHIP.—

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

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

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

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

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

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

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

''(vii) The Chief Officer of the Office of Healthcare Innovation and Learning of the Office of Discovery, Education, and Affiliate Networks

of the Veterans Health Administration (or any successor office).

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

''(B) delivery of such health care.

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

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

''(A) outcomes;

''(B) safety;

''(C) service;

''(D) access;

''(E) productivity;

''(F) capacity; and

''(G) total cost of patient care.

''(10) With respect to the system described in subparagraph (H) [probably should be ''paragraph (9)''], an analysis of variable value with respect to patient outcomes across different health care types and specialties.

''(11) An assessment of—

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

''(i) such assessments conducted pursuant to the Electronic Health Record Modernization program of the Department of Veterans Affairs; and

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

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

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

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

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

''(ii) the findings of—

''(I) the report required by section 301(d) of the Veterans Access, Choice, and Accountability Act of 2014 (Public Law 113–146) [128 Stat. 1786];

''(II) the reports required by section 505 of the John S. McCain III, Daniel K. Akaka[,] and Samuel R. Johnson VA Maintaining Internal Systems and Strengthening Integrated Outside Networks Act of 2018 (Public Law 115–182) [38 U.S.C. 301 note];

''(III) the report required by section 301 [sic] of the VA Choice and Quality Employment Act of 2017 (Public Law 115–46) [131 Stat. 968] [section 301 of Pub. L. 115–46 does not relate to reports]; and

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

''(12) Any recommendations of the working group with respect to improving the information technology infrastructure described in clause (i) of subparagraph (J) [probably should be ''subparagraph (A) of paragraph (11)''].

''(13) An analysis of how the value-driven framework described in clause (iii) of such subparagraph [probably should be ''subparagraph (C) of paragraph (11)''] could be used to improve the model of care delivery by the Department.

''(14) A description of how a value-based care system would apply to primary care, inpatient and outpatient mental health care, and inpatient and out-

patient substance use treatment, spinal cord injury disorder care, and polytrauma care furnished by the Veterans Health Administration.

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

''(c) PILOT PROGRAM.—

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

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

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

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

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

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

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

''(3) REPORTS TO CONGRESS.—

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

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

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

''(ii) specific health outcomes in veteran patient care compared to the Veterans Health Administration system of care in effect as of the date of the enactment of this Act [Jan. 2, 2025].''

DOCUMENTATION OF PREFERENCES OF VETERANS FOR SCHEDULING OF APPOINTMENTS FOR HEALTH CARE UNDER LAWS ADMINISTERED BY SECRETARY OF VETERANS AFFAIRS

Pub. L. 118–210, title I, § 145, Jan. 2, 2025, 138 Stat. 2751, provided that:

''(a) IN GENERAL.—Not later than one year after the date of the enactment of this Act [Jan. 2, 2025], the Secretary of Veterans Affairs shall develop a mechanism to solicit information regarding the preference of veterans enrolled in the system of annual patient enrollment of the Department of Veterans Affairs established and operated under section 1705(a) of title 38, United States Code, for scheduling of appointments for health care and related services under the laws administered by the Secretary, including through non-Department providers.

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

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

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

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

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

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

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

''(e) DEPLOYMENT OF MECHANISM.—

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

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

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

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

STAFFING MODEL AND PERFORMANCE METRICS FOR CERTAIN EMPLOYEES OF THE DEPARTMENT OF VETERANS AFFAIRS

Pub. L. 118–210, title I, § 146, Jan. 2, 2025, 138 Stat. 2752, provided that:

''(a) STAFFING MODEL.—

''(1) IN GENERAL.—Not later than one year after the date of the enactment of this Act [Jan. 2, 2025], the Secretary of Veterans Affairs shall—

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

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

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

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

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

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

''(A) an update on such implementation; and

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

''(b) PERFORMANCE METRICS.—

''(1) IN GENERAL.—Not later than one year after the date of the enactment of this Act, the Secretary shall develop and implement a plan, with an appropriate

tracking system, to incorporate appropriate standardized performance metrics and oversight measures within the performance appraisal systems for employees of the Department specified in paragraph (2).

''(2) EMPLOYEES OF THE DEPARTMENT SPECIFIED.—Employees of the Department specified in this paragraph are employees who are responsible for ensuring timely access to care from the Department, compliance with relevant statutes and regulations relating to the provision of care, including section 1703 of title 38, United States Code, and overseeing the provision of care, whether at a facility of the Department or through a non-Department provider, including employees within the Office of Integrated Veteran Care of the Department, or successor office, employees of a Veterans Integrated Service Network, and employees of a medical center of the Department.

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

''(A) an update on such implementation; and

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

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

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

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

ONLINE HEALTH EDUCATION PORTAL FOR VETERANS ENROLLED IN PATIENT ENROLLMENT SYSTEM OF DEPARTMENT OF VETERANS AFFAIRS

Pub. L. 118–210, title I, § 147, Jan. 2, 2025, 138 Stat. 2754, provided that: ''Not later than one year after the date of the enactment of this Act [Jan. 2, 2025], the Secretary of Veterans Affairs shall establish, on an Internet website of the Department, a health education portal that includes interactive educational modules to ensure veterans enrolled in the patient enrollment system of the Department of Veterans Affairs established and operated under section 1705(a) of title 38, United States Code, understand the basic health care eligibilities and entitlements of veterans under the laws administered by the Secretary, including under the Veterans Community Care Program under section 1703 of such title.''

DEPARTMENT OF VETERANS AFFAIRS TREATMENT AND RESEARCH OF PROSTATE CANCER

Pub. L. 117–328, div. U, title I, § 102, Dec. 29, 2022, 136 Stat. 5408, provided that:

''(a) FINDINGS.—Congress makes the following findings:

''(1) Prostate cancer is the number one cancer diagnosed in the Veterans Health Administration.

''(2) A 1996 report published by the National Academy of Sciences, Engineering, and Medicine established a link between prostate cancer and exposure to herbicides, such as Agent Orange.

''(3) It is essential to acknowledge that due to these circumstances, certain veterans are made aware that they are high-risk individuals when it comes to the potential to develop prostate cancer.

''(4) In being designated as 'high risk', it is essential that veterans are proactive in seeking earlier preventative clinical services for the early detection and successful treatment of prostate cancer, whether that be through the Veterans Health Administration or through a community provider.

''(5) Clinical preventative services and initial detection are some of the most important components in the early detection of prostate cancer for veterans at high risk of prostate cancer.

''(6) For veterans with prostate cancer, including prostate cancer that has metastasized, precision oncology, including biomarker-driven clinical trials and innovations underway through the Prostate Cancer Foundation and Department of Veterans Affairs partnership, represents one of the most promising areas of interventions, treatments, and cures for such veterans and their families.

''(b) ESTABLISHMENT OF CLINICAL PATHWAY.—

''(1) IN GENERAL.—Not later than 365 days after the date of the enactment of this Act [Dec. 29, 2022], the Secretary of Veterans Affairs shall establish an interdisciplinary clinical pathway for all stages of prostate cancer, from early detection to end of life care. The clinical pathway shall be established in the National Surgery Office of the Department of Veterans Affairs in close collaboration with the National Program Office of Oncology, the Office of Research and Development, and other relevant entities of the Department, including Primary Care.

''(2) ELEMENTS.—The national clinical pathway established under this subsection shall include the following elements:

''(A) A diagnosis pathway for prostate cancer that includes early screening and diagnosis protocol, including screening recommendations for veterans with evidence-based risk factors.

''(B) A treatment pathway that details the respective roles of each office of the Department that will interact with veterans receiving prostate cancer care, including treatment protocol recommendations for veterans with evidence-based risk factors.

''(C) Treatment recommendations for all stages of prostate cancer that reflect nationally recognized standards for oncology, including National Comprehensive Cancer Network guidelines.

''(D) A suggested protocol timeframe for each point of care, from early screening to treatment and end-of-life care, based on severity and stage of cancer.

''(E) A plan that includes, as appropriate, both Department medical facilities and community-based partners and providers and research centers specializing in prostate cancer, especially such centers that have entered into partnerships with the Department.

''(3) COLLABORATION AND COORDINATION.—In establishing the clinical pathway required under this section, the Secretary may collaborate and coordinate with—

''(A) the National Institutes of Health;

''(B) the National Cancer Institute;

''(C) the National Institute on Minority Health and Health Disparities;

''(D) the Centers for Disease Control and Prevention;

''(E) the Centers for Medicare and Medicaid Services;

''(F) the Patient-Centered Outcomes Research Institute;

''(G) the Food and Drug Administration;

''(H) the Department of Defense; and

''(I) other Institutes and Centers as the Secretary determines necessary.

''(4) CONSULTATION REQUIREMENT.—In establishing the clinical pathway required under this section, the Secretary shall consult with, and incorporate feedback from, veterans who have received prostate cancer care at Department medical facilities as well as experts in multi-disciplinary cancer care and clinical research.

''(5) PUBLICATION.—The Secretary shall—

''(A) publish the clinical pathway established under this subsection on a publicly available Department website; and

''(B) update the clinical pathway as needed by review of the medical literature and available evidence-based guidelines at least annually, in accordance with the criteria under paragraph (2).

''(c) DEVELOPMENT OF COMPREHENSIVE PROSTATE CANCER PROGRAM AND IMPLEMENTATION OF THE PROSTATE CANCER CLINICAL PATHWAY.—

''(1) ESTABLISHMENT.—Not later than 180 days after the date of the enactment of this Act, the Secretary shall submit to Congress a plan to establish a prostate cancer program using the comprehensive prostate cancer clinical pathway developed under subsection (b).

''(2) PROGRAM REQUIREMENTS.—The comprehensive prostate cancer program shall—

''(A) receive direct oversight from the Deputy Undersecretary for Health of the Department of Veterans Affairs;

''(B) include a yearly program implementation evaluation to facilitate replication for other disease states or in other healthcare institutions;

''(C) be metric driven and include the development of biannual reports on the quality of prostate cancer care, which shall be provided to the leadership of the Department, medical centers, and providers and made publicly available in an electronic form; and

''(D) include an education plan for patients and providers.

''(3) PROGRAM IMPLEMENTATION EVALUATION.—The Secretary shall establish a program evaluation tool to learn best practices and to inform the Department and Congress regarding further use of the disease specific model of care delivery.

''(4) PROSTATE CANCER RESEARCH.—The Secretary shall submit to Congress a plan that provides for continual funding through the Office of Research and Development of the Department of Veterans for supporting prostate cancer research designed to position the Department as a national resource for prostate cancer detection and treatment. Such plan shall—

''(A) include details regarding the funding of and coordination between the National Precision Oncology Program of the Department and the PCF–VA Precision Oncology Centers of Excellence as related to the requirements of this Act [div. U of Pub. L. 117–328, see Tables for classification]; and

''(B) affirm that no funding included in such funding plan is duplicative in nature.

''(d) REPORT ON NATIONAL REGISTRY.—The Secretary of Veterans Affairs shall submit to Congress a report on the barriers and challenges associated with creating a national prostate cancer registry. Such report shall include recommendations for centralizing data about veterans with prostate cancer for the purpose of improving outcomes and serving as a resource for providers.

''(e) DEFINITIONS.—In this section:

''(1) CLINICAL PATHWAY.—The term 'clinical pathway' means a health care management tool designed around research and evidence-backed practices that provides direction for the clinical care and treatment of a specific episode of a condition or ailment.

''(2) EVIDENCE-BASED RISK FACTORS.—The term 'evidence-based risk factors' includes race, ethnicity, socioeconomic status, geographic location, exposure risks, genetic risks, including family history, and such other factors as the Secretary determines appropriate.''

STRATEGIC PLAN TO ENSURE CONTINUITY OF CARE IN THE CASE OF THE REALIGNMENT OF A MEDICAL FACILITY OF THE DEPARTMENT

Pub. L. 117–328, div. U, title I, §126, Dec. 29, 2022, 136 Stat. 5418, provided that:

''(a) SENSE OF CONGRESS.—It is the sense of Congress that the Veterans Health Administration should ensure that veterans do not experience a lapse of care when transitioning in receiving care due to the realignment of a medical facility of the Department of Veterans Affairs.

''(b) DEVELOPMENT OF STRATEGIC PLAN.—

''(1) IN GENERAL.—The Secretary of Veterans Affairs, acting through the Office of Integrated Veteran Care, the Chief Strategy Office, the Office of Asset Enterprise Management, or any successor office that has similar and related functions, shall develop and periodically update a strategic plan to ensure continuity of health care through care furnished at a facility of the Department or through the Community Care Program for veterans impacted by the realignment of a medical facility of the Department.

''(2) ELEMENTS.—The strategic plan required under paragraph (1) shall include, at a minimum, the following:

''(A) An assessment of the progress of the Department in identifying impending realignments of medical facilities of the Department and the impact of such realignments on access of veterans to care, including any impact on the network of health care providers under the Community Care Program.

''(B) The progress of the Department in establishing operated sites of care and related activities to address the impact of such a realignment.

''(C) An outline of collaborative actions and processes the Department can take to address potential gaps in health care created by such a realignment, including actions and processes to be taken by the Office of Integrated Veteran Care, the Chief Strategy Office, and the Office of Asset Enterprise Management of the Department.

''(D) A description of how the Department can identify to Third Party Administrators changes in the catchment areas of medical facilities to be realigned and develop a process with Third Party Administrators to strengthen provider coverage in advance of such realignments.

''(3) SUBMITTAL TO CONGRESS.—Not later than 180 days after the date of the enactment of this Act [Dec. 29, 2022], the Under Secretary for Health of the Department 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 paragraph (1).

''(c) DEFINITIONS.—In this section:

''(1) COMMUNITY CARE PROGRAM.—The term 'Community Care Program' means the Veterans Community Care Program under section 1703 of title 38, United States Code.

''(2) REALIGNMENT.—The term 'realignment', with respect to a facility of the Department of Veterans Affairs, includes—

''(A) any action that changes the number of facilities or relocates services, functions, or personnel positions; and

''(B) strategic collaborations between the Department and non-Federal Government entities, including tribal organizations and Urban Indian Organizations.

''(3) THIRD PARTY ADMINISTRATOR.—The term 'Third Party Administrator' means an entity that manages a provider network and performs administrative services related to such network within the Veterans Community Care Program under section 1703 of title 38, United States Code.

''(4) TRIBAL ORGANIZATION.—The term 'tribal organization' has the meaning given that term in section 4 of the Indian Self-Determination and Education Assistance Act (25 U.S.C. 5304).

''(5) URBAN INDIAN ORGANIZATION.—The term 'Urban Indian Organization' has the meaning given that

term in section 4 of the Indian Health Care Improvement Act (25 U.S.C. 1603).''

ESTABLISHMENT OF STRATEGIC PLAN REQUIREMENT FOR OFFICE OF CONNECTED CARE OF DEPARTMENT OF VETERANS AFFAIRS

Pub. L. 117–328, div. U, title I, §151, Dec. 29, 2022, 136 Stat. 5425, provided that:

''(a) FINDINGS.—Congress makes the following findings:

''(1) The COVID–19 pandemic caused the Department of Veterans Affairs to exponentially increase telehealth and virtual care modalities, including VA Video Connect, to deliver health care services to veteran patients.

''(2) Between January 2020 and January 2021, the number of telehealth appointments offered by the Department increased by 1,831 percent.

''(3) The Department maintains strategic partnerships, such as the Digital Divide Consult, with a goal of ensuring veterans who reside in rural, highly rural, or medically underserved areas have access to high-quality telehealth services offered by the Department.

''(4) As of 2019, veterans who reside in rural and highly rural areas make up approximately ⅓ of veteran enrollees in the patient enrollment system, and are on average, older than their veteran peers in urban areas, experience higher degrees of financial instability, and live with a greater number of complex health needs and comorbidities.

''(5) The Federal Communications Commission estimated in 2020 that 15 percent of veteran households do not have an internet connection.

''(6) Under the Coronavirus Aid, Relief, and Economic Security Act (Public Law 116–136) [see Tables for classification], Congress granted the Department additional authority to enter into short-term agreements or contracts with private sector telecommunications companies to provide certain broadband services for the purposes of providing expanded mental health services to isolated veterans through telehealth or VA Video Connect during a public health emergency.

''(7) The authority described in paragraph (6) was not utilized to the fullest extent by the Department.

''(8) Though the Department has made significant progress in expanding telehealth services offered to veterans who are enrolled in the patient enrollment system, significant gaps still exist to ensure all veterans receive equal and high-quality access to virtual care.

''(9) Questions regarding the efficacy of using telehealth for certain health care services and specialties remain, and should be further studied.

''(10) The Department continues to expand telehealth and virtual care offerings for primary care, mental health care, specialty care, urgent care, and even remote intensive care units.

''(b) SENSE OF CONGRESS.—It is the sense of Congress that the telehealth services offered by the Department of Veterans Affairs should be routinely measured and evaluated to ensure the telehealth technologies and modalities delivered to veteran patients to treat a wide variety of health conditions are as effective as in-person treatment for primary care, mental health care, and other forms of specialty care.

''(c) DEVELOPMENT OF STRATEGIC PLAN.—

''(1) IN GENERAL.—Not later than one year after the date of the enactment of this Act [Dec. 29, 2022], the Secretary of Veterans Affairs, acting through the Office of Connected Care of the Department of Veterans Affairs, shall develop a strategic plan to ensure the effectiveness of the telehealth technologies and modalities delivered by the Department to veterans who are enrolled in the patient enrollment system.

''(2) UPDATE.—

''(A) IN GENERAL.—The Secretary shall update the strategic plan required under paragraph (1) not less frequently than once every three years following development of the plan.

''(B) CONSULTATION.—The Secretary shall prepare any update required under subparagraph (A) in consultation with the following:

''(i) The Chief Officer of the Office of Connected Care of the Department.

''(ii) The Executive Director of Telehealth Services of the Office of Connected Care.

''(iii) The Executive Director of Connected Health of the Office of Connected Care.

''(iv) The Executive Director of the Office of Rural Health of the Department.

''(v) The Executive Director of Solution Delivery, IT Operations and Services of the Office of Information and Technology of the Department.

''(3) ELEMENTS.—The strategic plan required under paragraph (1), and any update to that plan under paragraph (2), shall include, at a minimum, the following:

''(A) A comprehensive list of all health care specialties the Department is currently delivering by telehealth or virtual care.

''(B) An assessment of the effectiveness and patient outcomes for each type of health care specialty delivered by telehealth or virtual care by the Department.

''(C) An assessment of satisfaction of veterans in receiving care through telehealth or virtual care disaggregated by age group and by Veterans Integrated Service Network.

''(D) An assessment of the percentage of virtual visits delivered by the Department through each modality including standard telephone telehealth, VA Video Connect, and the Accessing Telehealth through Local Area Stations program of the Department.

''(E) An outline of all current partnerships maintained by the Department to bolster telehealth or virtual care services for veterans.

''(F) An assessment of the barriers faced by the Department in delivering telehealth or virtual care services to veterans residing in rural and highly rural areas, and the strategies the Department is deploying beyond purchasing hardware for veterans who are enrolled in the patient enrollment system.

''(G) A detailed plan illustrating how the Department is working with other Federal agencies, including the Department of Health and Human Services, the Department of Agriculture, the Federal Communications Commission, and the National Telecommunications and Information Administration, to enhance connectivity in rural, highly rural, and medically underserved areas to better reach all veterans.

''(H) The feasibility and advisability of partnering with Federally qualified health centers, rural health clinics, and critical access hospitals to fill the gap for health care services that exists for veterans who reside in rural and highly rural areas.

''(I) An evaluation of the number of veterans who are enrolled in the patient enrollment system who have previously received care under the Veterans Community Care Program under section 1703 of title 38, United States Code.

''(d) SUBMITTAL TO CONGRESS.—Not later than 180 days after the development of the strategic plan under paragraph (1) of subsection (c), and not later than 180 days after each update under paragraph (2) of such subsection 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 that includes the following:

''(1) The completed strategic plan or update, as the case may be.

''(2) An identification of areas of improvement by the Department in the delivery of telehealth and virtual care services to veterans who are enrolled in the patient enrollment system, with a timeline for improvements to be implemented.

''(e) DEFINITIONS.—

''(1) PATIENT ENROLLMENT SYSTEM.—The term 'patient enrollment system' means 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) RURAL; HIGHLY RURAL.—The terms 'rural' and 'highly rural' have the meanings given those terms in the Rural-Urban Commuting Areas coding system of the Department of Agriculture.

''(3) VA VIDEO CONNECT.—The term 'VA Video Connect' means the program of the Department of Veterans Affairs to connect veterans with their health care team from anywhere, using encryption to ensure a secure and private connection.''

IMPROVED ACCESSIBILITY AND ACCURACY OF DATA PROVIDED BY DEPARTMENT OF VETERANS AFFAIRS

Pub. L. 117–328, div. U, title I, §195(b), (c), Dec. 29, 2022, 136 Stat. 5445, provided that:

''(b) REQUIREMENTS OF WEBSITE.—

''(1) IN GENERAL.—Not later than one year after the date of the enactment of this Act [Dec. 29, 2022], in addition to the requirements of section 206(b)(4) of the Veterans Access, Choice, and Accountability Act of 2014 (Public Law 113–146; 128 Stat. 1781) [38 U.S.C. 1701 note], the Secretary shall ensure that the Website meets the following requirements:

''(A) The Website is directly accessible from—

''(i) the main homepage of the publicly accessible internet website of the Department; and

''(ii) the main homepage of the publicly accessible internet website of each medical center of the Department.

''(B) Where practicable, the Website is organized and searchable by each medical center of the Department.

''(C) The Website is easily understandable and usable by the general public.

''(2) CONSULTATION AND CONTRACT AUTHORITY.—In carrying out the requirements of paragraph (1)(C), the Secretary—

''(A) shall consult with—

''(i) veterans service organizations; and

''(ii) veterans and caregivers of veterans from geographically diverse areas and representing different eras of service in the Armed Forces; and

''(B) may enter into a contract to design the Website with a company, non-profit entity, or other entity specializing in website design that has substantial experience in presenting health care data and information in a easily understandable and usable manner to patients and consumers.

''(c) ACCURACY OF DATA.—

''(1) ANNUAL PROCESS.—Not later than 18 months after the date of the enactment of this Act, the Secretary shall develop and implement a process to annually audit a generalizable subset of the data contained on the Website to assess the accuracy and completeness of the data.

''(2) CRITERIA.—The Secretary shall ensure that each audit under paragraph (1)—

''(A) determines the extent that the medical record information, clinical information, data, and documentation provided by each medical facility of the Department that is used to calculate the information on the Website is accurate and complete;

''(B) identifies any deficiencies in the recording of medical record information, clinical information, or data by medical facilities of the Department that affects the accuracy and completeness of the information on the Website; and

''(C) provides recommendations to medical facilities of the Department on how to—

''(i) improve the accuracy and completeness of the medical record information, clinical information, data, and documentation that is used to calculate the information on the Website; and

''(ii) ensure that each medical facility of the Department provides such information in a uniform manner.

''(3) ANNUAL REPORT.—Not later than two years after the date of the enactment of this Act, 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 on the findings of each audit under paragraph (1).''

IMPROVEMENT OF SLEEP DISORDER CARE FURNISHED BY DEPARTMENT OF VETERANS AFFAIRS

Pub. L. 117–328, div. V, title V, §502, Dec. 29, 2022, 136 Stat. 5514, provided that:

''(a) IN GENERAL.—Pursuant to the analysis conducted under subsection (b), the Secretary of Veterans Affairs shall take such action as the Secretary considers appropriate to improve the assessment and treatment of veterans with sleep disorders, including by conducting in-home sleep studies for veterans.

''(b) ANALYSIS.—The Secretary shall conduct an analysis of the ability of the Department of Veterans Affairs to treat sleep disorders among veterans, including—

''(1) assessment and treatment options for such disorders;

''(2) barriers to care for such disorders, such as wait time, travel time, and lack of staffing;

''(3) the efficacy of the clinical practice guidelines of the Department of Veterans Affairs and the Department of Defense for such disorders; and

''(4) the availability of and efficacy of the use by the Department of Veterans Affairs of cognitive behavioral therapy for insomnia.

''(c) REPORT.—Not later than two years after the date of the enactment of this Act [Dec. 29, 2022], 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 findings from the analysis conducted under subsection (b); and

''(2) any actions taken under subsection (a) to improve the assessment and treatment of veterans with sleep disorders.

''(d) AUTHORIZATION OF APPROPRIATIONS FOR IN-HOME SLEEP STUDIES.—There is authorized to be appropriated to the Secretary of Veterans Affairs $5,000,000 to be used to conduct in-home sleep studies for veterans, as part of sleep disorder assessment and treatment conducted by the Department of Veterans Affairs.''

STRENGTHENING AND AMPLIFYING VACCINATION EFFORTS TO LOCALLY IMMUNIZE ALL VETERANS AND EVERY SPOUSE

Pub. L. 117–4, Mar. 24, 2021, 135 Stat. 247, provided that:

''SECTION 1. SHORT TITLE.

''This Act may be cited as the 'Strengthening and Amplifying Vaccination Efforts to Locally Immunize All Veterans and Every Spouse Act' or the 'SAVE LIVES Act'.

''SEC. 2. AUTHORITY OF SECRETARY OF VETERANS AFFAIRS TO FURNISH COVID–19 VACCINE TO CERTAIN INDIVIDUALS NOT ENROLLED IN PATIENT ENROLLMENT SYSTEM OF DEPARTMENT OF VETERANS AFFAIRS.

''(a) IN GENERAL.—The Secretary of Veterans Affairs may furnish a vaccine for COVID–19 to a covered individual during the COVID–19 public health emergency.

''(b) PRIORITIZATION.—In furnishing vaccines for COVID–19 under the laws administered by the Secretary, the Secretary shall—

''(1) prioritize the vaccination of veterans who are enrolled in the patient enrollment system, veterans who receive hospital care and medical services pursuant to subsection (c)(2) of section 1705 of title 38, United States Code, and accompanying caregivers of such veterans before the vaccination of covered individuals not otherwise described in this paragraph; and

''(2) only furnish vaccines for COVID–19 to covered individuals under this section to the extent that such vaccines are available.

''(c) TIMING OF VACCINES PROVIDED TO SPOUSES OF VETERANS.—The Secretary may determine the timing for offering a vaccine for COVID–19 to the spouse of a veteran from the Department of Veterans Affairs.

''(d) VACCINE ALLOCATION.—It is the sense of Congress that, to the extent practicable based on the current national supply chain, the Secretary of Health and Human Services should adjust the allocation for the Department of Veterans Affairs for the vaccine for COVID–19 based on the additional eligibility of covered individuals under this section.

''(e) DEFINITIONS.—In this section:

''(1) ACCOMPANYING CAREGIVER.—The term 'accompanying caregiver' means a caregiver described in subparagraph (D), (E), or (F) of paragraph (2) who is accompanying a veteran who is receiving a vaccine for COVID–19 furnished by the Department.

''(2) COVERED INDIVIDUAL.—The term 'covered individual' means any of the following individuals:

''(A) A veteran who is not eligible to enroll in the patient enrollment system.

''(B) A veteran who is eligible for care under section 1724 of title 38, United States Code.

''(C) A beneficiary under section 1781 of such title.

''(D) A family caregiver of a veteran participating in the program of comprehensive assistance for family caregivers under section 1720G(a) of such title.

''(E) A caregiver of a veteran participating in the program of general caregiver support services under section 1720G(b) of such title.

''(F) A caregiver of a veteran participating in the Medical Foster Home Program, Bowel and Bladder Program, Home Based Primary Care Program, or Veteran Directed Care Program of the Department of Veterans Affairs.

''(G) A spouse of a veteran.

''(3) COVERED PUBLIC HEALTH EMERGENCY.—The term 'covered public health emergency' means an emergency with respect to COVID–19 declared by a Federal, State, or local authority.

''(4) COVID–19.—The term 'COVID–19' means the coronavirus disease 2019.

''(5) PATIENT ENROLLMENT SYSTEM.—The term 'patient enrollment system' means 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.

''(6) VETERAN.—The term 'veteran' has the meaning given that term in section 101(2) of title 38, United States Code.''

PROHIBITION ON COPAYMENTS AND COST SHARING FOR VETERANS DURING EMERGENCY RELATING TO COVID–19

Pub. L. 117–2, title VIII, § 8007, Mar. 11, 2021, 135 Stat. 116, provided that:

''(a) IN GENERAL.—The Secretary of Veterans Affairs—

''(1) shall provide for any copayment or other cost sharing with respect to health care under the laws administered by the Secretary received by a veteran during the period specified in subsection (b); and

''(2) shall reimburse any veteran who paid a copayment or other cost sharing for health care under the laws administered by the Secretary received by a veteran during such period the amount paid by the veteran.

''(b) PERIOD SPECIFIED.—The period specified in this subsection is the period beginning on April 6, 2020, and ending on September 30, 2021.

''(c) FUNDING.—In addition to amounts otherwise available, there is appropriated to the Secretary of Veterans Affairs for fiscal year 2021, out of any money in the Treasury not otherwise appropriated, $1,000,000,000, to remain available until expended, to carry out this section, except for health care furnished pursuant to section 1703(c)(2)–(c)(4) of title 38, United States Code.''

OVERSIGHT FOR STATE HOMES REGARDING COVID–19 INFECTIONS, RESPONSE CAPACITY, AND STAFFING LEVELS

Pub. L. 116–315, title III, § 3003, Jan. 5, 2021, 134 Stat. 4991, provided that:

''(a) REPORTING.—

''(1) IN GENERAL.—During a covered public health emergency, each State home shall submit weekly to the Secretary of Veterans Affairs and the National Healthcare Safety Network of the Centers for Disease Control and Prevention, through an electronic medium and in a standardized format specified by the Secretary, a report on the emergency.

''(2) ELEMENTS.—Each report required by paragraph (1) for a State home shall include the following:

''(A) The number of suspected and confirmed COVID–19 infections among residents and staff, including residents previously treated for COVID–19, disaggregated by—

''(i) veteran, spouse of a veteran, staff, and other;

''(ii) race and ethnicity;

''(iii) gender; and

''(iv) age.

''(B) The number of total deaths and COVID–19 deaths among residents and staff, disaggregated by—

''(i) veteran, spouse of a veteran, staff, and other;

''(ii) race and ethnicity;

''(iii) gender; and

''(iv) age.

''(C) An assessment of the supply of personal protective equipment and hand hygiene supplies.

''(D) An assessment of ventilator capacity and supplies.

''(E) The number of resident beds and the occupancy rate, disaggregated by veteran, spouse of a veteran, and other.

''(F) An assessment of the access of residents to testing for COVID–19.

''(G) An assessment of staffing shortages, if any.

''(H) Such other information as the Secretary may specify.

''(b) PUBLICATION OF TOTAL INFECTIONS AND DEATHS.—

''(1) IN GENERAL.—Not later than 30 days after the date of the enactment of this Act [Jan. 5, 2021], and not less frequently than weekly thereafter, the Secretary shall post on a publicly available website of the Department of Veterans Affairs—

''(A) the total number of residents and staff of State homes who are infected with COVID–19; and

''(B) the total number of such residents and staff who have died from COVID–19.

''(2) INFORMATION ON RESIDENTS AND STAFF.—The Secretary shall disaggregate information on residents and staff published under paragraph (1) by veteran, staff, and other.

''(c) DEFINITIONS.—In this section:

''(1) COVERED PUBLIC HEALTH EMERGENCY.—The term 'covered public health emergency' means an emergency with respect to COVID–19 declared by a Federal, State, or local authority.

''(2) STATE HOME.—The term 'State home' has the meaning given that term in section 101(19) of title 38, United States Code.''

PROCESS AND REQUIREMENTS FOR SCHEDULING APPOINTMENTS FOR HEALTH CARE FROM DEPARTMENT OF VETERANS AFFAIRS AND NON-DEPARTMENT HEALTH CARE

Pub. L. 116–315, title III, § 3101, Jan. 5, 2021, 134 Stat. 4999, provided that:

''(a) PROCESS AND REQUIREMENTS.—

''(1) IN GENERAL.—Not later than 60 days after the date of the enactment of this Act [Jan. 5, 2021], the Secretary of Veterans Affairs shall—

''(A) establish a process and requirements for scheduling appointments for—

''(i) health care from the Department of Veterans Affairs; and

''(ii) health care furnished through the Veterans Community Care Program under section 1703 of title 38, United States Code, by a non-Department health care provider; and

''(B) submit to the Committee on Veterans' Affairs of the Senate and the Committee on Veterans' Affairs of the House of Representatives a description of such process and requirements.

''(2) ELEMENTS OF DESCRIPTION.—The description of the process and requirements for scheduling appointments for health care required to be submitted under paragraph (1)(B) shall include—

''(A) information on how such process and requirements take into account the access standards established under section 1703B of title 38, United States Code; and

''(B) the maximum number of days allowed to complete each step of such process.

''(3) PERIODIC REVISION.—

''(A) IN GENERAL.—The Secretary may revise the process and requirements required under paragraph (1) as the Secretary considers necessary.

''(B) SUBMITTAL TO CONGRESS.—Not later than 30 days before revising the process and requirements 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 description of such revised process and requirements, including a description of any modifications to the certification and training under subsection (b).

''(b) CERTIFICATION AND TRAINING ON PROCESS AND REQUIREMENTS.—

''(1) CERTIFICATION.—Not later than one year after the date of the enactment of this Act, the Secretary shall require each individual involved in the scheduling of appointments for health care from the Department or health care described in subsection (a)(1)(A)(ii), including schedulers, clinical coordinators, and supervisors, to certify to the Secretary that the individual understands the process and requirements established under subsection (a), including the maximum number of days allowed to complete each step of such process.

''(2) NEW EMPLOYEES.—The Secretary shall require each employee hired by the Department on or after the date of the enactment of this Act who is to be involved in the scheduling of appointments for health care from the Department or health care described in subsection (a)(1)(A)(ii)—

''(A) to undergo training on the process and requirements established under subsection (a) as part of training for the position for which the employee has been hired; and

''(B) to make the certification to the Secretary required under paragraph (1).

''(c) METHOD TO MONITOR COMPLIANCE.—

''(1) IN GENERAL.—Not later than 180 days after the date of the enactment of this Act [Jan. 5, 2021], the Secretary shall establish or maintain a method or tool—

''(A) to enable monitoring of the compliance of the Department with the process and requirements established under subsection (a), including compliance with policies of the Department relating to the maximum number of days allowed to complete each step of such process; and

''(B) to ensure that each medical facility of the Department complies with such process and requirements.

''(2) USE THROUGHOUT DEPARTMENT.—

''(A) IN GENERAL.—The Secretary shall require each medical facility of the Department to use the method or tool described in paragraph (1).

''(B) REPORT.—Not later than one year after the date of the enactment of this Act, the Secretary shall submit to the Committee on Veterans' Affairs of the Senate and the Committee on Veterans' Affairs of the House of Representatives a report indicating whether each medical facility of the Department is using the method or tool described in paragraph (1).

''(d) COMPTROLLER GENERAL REPORT.—Not later than two years after the date of the enactment of this Act, the Comptroller General of the United States shall submit to the Committee on Veterans' Affairs of the Senate and the Committee on Veterans' Affairs of the House of Representatives a report on the compliance of the Secretary with the requirements of this section.''

AUDITS REGARDING SCHEDULING OF APPOINTMENTS AND MANAGEMENT OF CONSULTATIONS FOR HEALTH CARE FROM DEPARTMENT OF VETERANS AFFAIRS AND NON-DEPARTMENT HEALTH CARE

Pub. L. 116–315, title III, §3102, Jan. 5, 2021, 134 Stat. 5001, provided that:

''(a) IN GENERAL.—Not later than each of one year and two years after the date of the enactment of this Act [Jan. 5, 2021], the Secretary of Veterans Affairs shall provide for the conduct of a facility-level audit of the scheduling of appointments and the management of consultations for health care under the laws administered by the Secretary.

''(b) APPLICATION.—

''(1) FIRST AUDIT.—The first audit required under subsection (a) shall apply to each medical facility of the Department of Veterans Affairs.

''(2) SECOND AUDIT.—The second audit required under subsection (a) shall apply to only those medical facilities of the Department that are in need of corrective action based on the first audit, as determined by the Secretary.

''(c) ELEMENTS.—Each audit conducted under subsection (a) shall include the following:

''(1) With respect to each medical center of the Department covered by the audit, an assessment of any scheduling or consultation management issues at that medical center, including the following:

''(A) An assessment of noncompliance with policies of the Veterans Health Administration relating to scheduling appointments and managing consultations.

''(B) An assessment of the extent to which appointments or consultations are not timely processed.

''(C) A description of any backlogs in appointments or consultations that are awaiting action.

''(D) An assessment of whether consultations are appropriately processed.

''(E) Data with respect to consultations as follows:

''(i) Consultations that were scheduled within the request window.

''(ii) Duplicate consultation requests.

''(iii) Consultations that were discontinued.

''(iv) Delays in consultations.

''(v) Consultations that were not properly closed or discontinued, including a description of remediation attempts.

''(F) A review for accuracy with respect to consultation management as follows:

''(i) A review of the accuracy of the type of service, either administrative or clinical, that is inputted in the electronic health record.

''(ii) A review of the accuracy of the type of consultation setting, either impatient [sic] or outpatient, that is inputted in the electronic health record.

''(iii) A review of the appropriateness of the level of urgency of the consultation that is inputted in the electronic health record.

''(iv) A review of any delayed or unresolved consultations.

''(2) An identification of such recommendations for corrective action as the Secretary considers necessary, including additional training, increased personnel, and other resources.

''(3) A certification that the director of each medical center of the Department covered by the audit is in compliance with the process and requirements established under section 3101(a) [set out as a note above] and such other requirements relating to the scheduling of appointments and management of consultations as the Secretary considers appropriate.

''(4) With respect to referrals for health care between health care providers or facilities of the Department, a measurement of, for each medical facility of the Department covered by the audit—

''(A) the period of time between—

''(i) the date that a clinician of the Department determines that a veteran requires care from another health care provider or facility and the date that the referral for care is sent to the other health care provider or facility;

''(ii) the date that the referral for care is sent to the other health care provider or facility and the date that the other health care provider or facility accepts the referral;

''(iii) the date that the other health care provider or facility accepts the referral and the date that the appointment with the other health care provider or at the other facility is made; and

''(iv) the date that the appointment with the other health care provider or at the other facility is made and the date of the appointment with the other health care provider or at the other facility; and

''(B) any other period of time that the Secretary determines necessary to measure.

''(5) With respect to referrals for non-Department health care originating from medical facilities of the Department, a measurement of, for each such facility covered by the audit—

''(A) the period of time between—

''(i) the date that a clinician of the Department determines that a veteran requires care, or a veteran presents to the Department requesting care, and the date that the referral for care is sent to a non-Department health care provider;

''(ii) the date that the referral for care is sent to a non-Department health care provider and the date that a non-Department health care provider accepts the referral;

''(iii) the date that a non-Department health care provider accepts the referral and the date that the referral to a non-Department health care provider is completed;

''(iv) the date that the referral to a non-Department health care provider is completed and the date that an appointment with a non-Department health care provider is made; and

''(v) the date that an appointment with a non-Department health care provider is made and the date that an appointment with a non-Department health care provider occurs; and

''(B) any other period of time that the Secretary determines necessary to measure.

''(d) CONDUCT OF AUDIT BY THIRD PARTY.—Each audit conducted under subsection (a) with respect to a medical facility of the Department shall be conducted by an individual or entity that is not affiliated with the facility.

''(e) TRANSMITTAL TO VHA.—Each audit conducted under subsection (a) shall be transmitted to the Under Secretary for Health of the Department so that the Under Secretary can—

''(1) strengthen oversight of the scheduling of appointments and management of consultations throughout the Department;

''(2) monitor national policy on such scheduling and management; and

''(3) develop a remediation plan to address issues uncovered by those audits.

''(f) ANNUAL REPORT.—

''(1) IN GENERAL.—Not later than December 31 of each year in which an audit is conducted under subsection (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 audit conducted during that year.

''(2) ELEMENTS.—The Secretary shall include in each report required by paragraph (1)—

''(A) the nationwide results of the audit conducted under subsection (a);

''(B) the results of such audit with respect to each medical facility of the Department covered by such audit;

''(C) an assessment of how the Department strengthened oversight of the scheduling of appointments and management of consultations at each such facility as a result of the audit;

''(D) an assessment of how the audit informed the national policy of the Department with respect to the scheduling of appointments and management of consultations; and

''(E) a description of any remediation plans to address issues raised by the audit that was completed.''

ESTABLISHMENT OF ENVIRONMENT OF CARE STANDARDS AND INSPECTIONS AT DEPARTMENT OF VETERANS AFFAIRS MEDICAL CENTERS

Pub. L. 116–315, title V, § 5103, Jan. 5, 2021, 134 Stat. 5027, provided that:

''(a) IN GENERAL.—The Secretary of Veterans Affairs shall establish a policy under which the environment of care standards and inspections at medical centers of the Department of Veterans Affairs include—

''(1) an alignment of the requirements for such standards and inspections with the women's health handbook of the Veterans Health Administration;

''(2) a requirement for the frequency of such inspections;

''(3) delineation of the roles and responsibilities of staff at each medical center who are responsible for compliance;

''(4) the requirement that each medical center submit to the Secretary and make publicly available a report on the compliance of the medical center with the standards; and

''(5) a remediation plan.

''(b) REPORT.—Not later than 180 days after the date of the enactment of this Act [Jan. 5, 2021], 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 certifying in writing that the policy required by subsection (a) has been finalized and disseminated to all medical centers of the Department.''

STUDY ON STAFFING OF WOMEN VETERAN PROGRAM MANAGER PROGRAM AT MEDICAL CENTERS OF DEPARTMENT OF VETERANS AFFAIRS AND TRAINING OF STAFF

Pub. L. 116–315, title V, § 5204, Jan. 5, 2021, 134 Stat. 5035, provided that:

''(a) STUDY.—The Secretary of Veterans Affairs shall conduct a study on the use of the Women Veteran Program Manager program of the Department of Veterans Affairs to determine—

''(1) if the program is appropriately staffed at each medical center of the Department;

''(2) whether each medical center of the Department is staffed with a Women Veteran Program Manager; and

''(3) whether it would be feasible and advisable to have a Women Veteran Program Ombudsman at each medical center of the Department.

''(b) REPORT.—Not later than 270 days after the date of the enactment of this Act [Jan. 5, 2021], 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 conducted under subsection (a).

''(c) TRAINING.—The Secretary shall ensure that all Women Veteran Program Managers and Women Vet-

eran Program Ombudsmen receive the proper training to carry out their duties.''

RECORDING OF OBLIGATIONS

Pub. L. 116–260, div. FF, title XVI, § 1601, Dec. 27, 2020, 134 Stat. 3290, provided that: ''Hereafter, subject to the availability of appropriations, the Secretary of Veterans Affairs shall record as an obligation of the United States Government amounts owed for hospital care or medical services furnished at non-Department facilities under title 38, United States Code, or Acts making appropriations for the Department of Veterans Affairs, on the date on which the Secretary approves: (i) a claim by a health care provider for payment or (ii) a voucher, invoice, or request for payment from a vendor for services rendered under a contract: *Provided*, That for any fiscal year in which an appropriation for the payment of hospital care or medical services furnished at non-Department facilities has been exhausted or has yet to be enacted, this title shall not provide the Secretary of Veterans Affairs with the authority to issue any new authorizations or orders for such care or such services in advance of such appropriation: *Provided further*, That this title shall take effect as if enacted on October 1, 2018: *Provided further*, That not later than 30 days after the date of enactment of this Act [Dec. 27, 2020], the Department of Veterans Affairs, in consultation with the Office of Management and Budget, shall submit a report to the President and the Congress, similar to the report required pursuant to 31 U.S.C. 1351, detailing how, in the absence of the enactment of this title, the expenditures or obligations would have exceeded the amount available in fiscal year 2019 and fiscal year 2020 in the Medical Community Care appropriation: *Provided further*, That the report required in the preceding proviso shall also include an explanation as to how the Department plans to avoid incurring obligations for the Medical Community Care appropriation in excess of its available budgetary resources in fiscal year 2021 and future fiscal years pursuant to the recording of obligations required by this title.''

EXPANDED TELEHEALTH FROM DEPARTMENT OF VETERANS AFFAIRS

Pub. L. 116–171, title VII, § 701, Oct. 17, 2020, 134 Stat. 825, provided that:

''(a) IN GENERAL.—The Secretary of Veterans Affairs shall enter into agreements, and expand existing agreements, with organizations that represent or serve veterans, nonprofit organizations, private businesses, and other interested parties for the expansion of telehealth capabilities and the provision of telehealth services to veterans through the award of grants under subsection (b).

''(b) AWARD OF GRANTS.—

''(1) IN GENERAL.—In carrying out agreements entered into or expanded under this section with entities described in subsection (a), the Secretary shall award grants to those entities.

''(2) LOCATIONS.—To the extent practicable, the Secretary shall ensure that grants are awarded to entities that serve veterans in rural and highly rural areas (as determined through the use of the Rural-Urban Commuting Areas coding system of the Department of Agriculture) or areas determined to be medically underserved.

''(3) USE OF GRANTS.—

''(A) IN GENERAL.—Grants awarded to an entity under this subsection may be used for one or more of the following:

''(i) Purchasing, replacing or upgrading hardware or software necessary for the provision of secure and private telehealth services.

''(ii) Upgrading security protocols for consistency with the security requirements of the Department of Veterans Affairs.

''(iii) Training of site attendants, including payment of those attendants for completing that training, with respect to—

''(I) military and veteran cultural competence, if the entity is not an organization that represents veterans;

''(II) equipment required to provide telehealth services;

''(III) privacy, including the Health Insurance Portability and Accountability Act of 1996 [Pub. L. 104–191] privacy rule under part 160 and subparts A and E of part 164 of title 45, Code of Federal Regulations, or successor regulations, as it relates to health care for veterans;

''(IV) scheduling for telehealth services for veterans; or

''(V) any other unique training needs for the provision of telehealth services to veterans.

''(iv) Upgrading existing infrastructure owned or leased by the entity to make rooms more conducive to telehealth care, including—

''(I) additions or modifications to windows or walls in an existing room, or other alterations as needed to create a new, private room, including permits or inspections required in association with space modifications;

''(II) soundproofing of an existing room;

''(III) new electrical, telephone, or internet outlets in an existing room; or

''(IV) aesthetic enhancements to establish a more suitable therapeutic environment.

''(v) Upgrading existing infrastructure to comply with the Americans with Disabilities Act of 1990 (42 U.S.C. 12101 et seq.).

''(vi) Upgrading internet infrastructure and sustainment of internet services.

''(vii) Sustainment of telephone services.

''(B) EXCLUSION.—Grants may not be used for the purchase of new property or for major construction projects, as determined by the Secretary.

''(c) AGREEMENT ON TELEHEALTH ACCESS POINTS.—

''(1) IN GENERAL.—An entity described in subsection (a) that seeks to establish a telehealth access point for veterans but does not require grant funding under this section to do so may enter into an agreement with the Department for the establishment of such an access point.

''(2) ADEQUACY OF FACILITIES.—An entity described in paragraph (1) shall be responsible for ensuring that any access point is adequately private, secure, clean, and accessible for veterans before the access point is established.

''(d) ASSESSMENT OF BARRIERS TO ACCESS.—

''(1) IN GENERAL.—Not later than 18 months after the date of the enactment of this Act [Oct. 17, 2020], the Secretary shall complete an assessment of barriers faced by veterans in accessing telehealth services.

''(2) ELEMENTS.—The assessment required by paragraph (1) shall include the following:

''(A) A description of the barriers veterans face in using telehealth while not on property of the Department.

''(B) A description of how the Department plans to address the barriers described in subparagraph (A).

''(C) Such other matters related to access by veterans to telehealth while not on property of the Department as the Secretary considers relevant.

''(3) REPORT.—Not later than 120 days after the completion of the assessment 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 assessment, including any recommendations for legislative or administrative action based on the results of the assessment.''

PARTNERSHIPS TO PROVIDE HYPERBARIC OXYGEN THERAPY TO VETERANS

Pub. L. 116–171, title VII, § 702(a), Oct. 17, 2020, 134 Stat. 827, provided that:

''(1) USE OF PARTNERSHIPS.—The Secretary of Veterans Affairs, in consultation with the Center for Com-

passionate Innovation within the Office of Community Engagement of the Department of Veterans Affairs, may enter into partnerships with non-Federal Government entities to provide hyperbaric oxygen treatment to veterans to research the effectiveness of such therapy.

''(2) TYPES OF PARTNERSHIPS.—Partnerships entered into under paragraph (1) may include the following:

''(A) Partnerships to conduct research on hyperbaric oxygen therapy.

''(B) Partnerships to review research on hyperbaric oxygen therapy provided to nonveterans.

''(C) Partnerships to create industry working groups to determine standards for research on hyperbaric oxygen therapy.

''(D) Partnerships to provide to veterans hyperbaric oxygen therapy for the purposes of conducting research on the effectiveness of such therapy.

''(3) LIMITATION ON FEDERAL FUNDING.—Federal Government funding may be used to coordinate and administer the partnerships under this subsection but may not be used to carry out activities conducted under such partnerships.''

REVIEW OF EFFECTIVENESS OF HYPERBARIC OXYGEN THERAPY

Pub. L. 116–171, title VII, §702(b), Oct. 17, 2020, 134 Stat. 827, provided that: ''Not later than 90 days after the date of the enactment of this Act [Oct. 17, 2020], the Secretary [of Veterans Affairs], in consultation with the Center for Compassionate Innovation, shall begin using an objective and quantifiable method to review the effectiveness and applicability of hyperbaric oxygen therapy, such as through the use of a device approved or cleared by the Food and Drug Administration that assesses traumatic brain injury by tracking eye movement.''

COVERAGE OF TESTING FOR COVID–19: APPLICATION WITH RESPECT TO VETERANS

Pub. L. 116–127, div. F, §6006(b), Mar. 18, 2020, 134 Stat. 207, provided that: ''The Secretary of Veterans Affairs may not require any copayment or other cost sharing under chapter 17 of title 38, United States Code, for in vitro diagnostic products described in paragraph (1) of section 6001(a) [of Pub. L. 116–127, 42 U.S.C. 1320b–5 note] (or the administration of such products) or visits described in paragraph (2) of such section furnished during any portion of the emergency period defined in paragraph (1)(B) of section 1135(g) of the Social Security Act (42 U.S.C. 1320b–5(g)) beginning on or after the date of the enactment of this Act [Mar. 18, 2020].''

PLANS TO IMPROVE MEDICAL FACILITIES OF THE DEPARTMENT OF VETERANS AFFAIRS

Pub. L. 115–407, title VI, §602, Dec. 31, 2018, 132 Stat. 5380, provided that:

''(a) PLANS REQUIRED.—

''(1) PLANS OF DIRECTORS OF MEDICAL FACILITIES.—Not later than 90 days after the date of the enactment of this Act [Dec. 31, 2018], the Secretary of Veterans Affairs shall require each director of a medical facility of the Department of Veterans Affairs to submit to the director of the Veterans Integrated Service Network that covers the facility a plan to improve such facility.

''(2) PLANS OF DIRECTORS OF VETERANS INTEGRATED SERVICE NETWORKS.—The Secretary shall require each director of a Veterans Integrated Service Network to submit to the Secretary, not later than 60 days after receiving all of the plans under paragraph (1), a plan, based on the plans received under paragraph (1), to improve the facilities within that Veterans Integrated Service Network in such a fashion that would improve the ability of all facilities within that network to provide the best and most efficient care to patients.

''(b) REGULAR REPORTS.—The Secretary shall ensure that each director of a Veterans Integrated Service Network submits to the Secretary, not later than two years after the date of the enactment of this Act and not less frequently than once every two years thereafter, a report on the actions taken by the director to improve the facilities within that Veterans Integrated Service Network and what further such actions might be necessary.

''(c) SENSE OF CONGRESS ON USE OF AUTHORITIES TO INVESTIGATE MEDICAL CENTERS OF THE DEPARTMENT OF VETERANS AFFAIRS.—It is the sense of Congress that the Secretary of Veterans Affairs should make full use of the authorities provided by section 2 of the Enhancing Veteran Care Act (Public Law 115–95; 38 U.S.C. 1701 note).''

PREVENTION OF CERTAIN HEALTH CARE PROVIDERS FROM PROVIDING NON-DEPARTMENT HEALTH CARE SERVICES TO VETERANS

Pub. L. 115–182, title I, §108, June 6, 2018, 132 Stat. 1416, as amended by Pub. L. 117–328, div. U, title I, §144, Dec. 29, 2022, 136 Stat. 5425, provided that:

''(a) IN GENERAL.—On and after the date that is 1 year after the date of the enactment of this Act [June 6, 2018], the Secretary of Veterans Affairs shall deny or revoke the eligibility of a health care provider to provide non-Department health care services to veterans if the Secretary determines that the health care provider—

''(1) was removed from employment with the Department of Veterans Affairs due to conduct that violated a policy of the Department relating to the delivery of safe and appropriate health care; or

''(2) violated the requirements of a medical license of the health care provider that resulted in the loss of such medical license.

''(b) PERMISSIVE ACTION.—On and after the date that is 1 year after the date of the enactment of this Act, the Secretary may deny, revoke, or suspend the eligibility of a health care provider to provide non-Department health care services if the Secretary determines such action is necessary to immediately protect the health, safety, or welfare of veterans and the health care provider is under investigation by the medical licensing board of a State in which the health care provider is licensed or practices.

''(c) SUSPENSION.—The Secretary shall suspend the eligibility of a health care provider to provide non-Department health care services to veterans if the health care provider is suspended from serving as a health care provider of the Department.

''(d) APPLICATION.—The requirement to deny or revoke the eligibility of a health care provider to provide non-Department health care services to veterans under subsection (a) shall apply to any removal under paragraph (1) of such subsection or violation under paragraph (2) of such subsection that occurred on or after a date determined by the Secretary that is not less than five years before the date of the enactment of this Act.

''(e) COMPTROLLER GENERAL REPORT.—Not later than 2 years after the date of the enactment of this Act, the Comptroller General of the United States shall submit to Congress a report on the implementation by the Secretary of this section, including the following:

''(1) The aggregate number of health care providers denied or suspended under this section from participation in providing non-Department health care services.

''(2) An evaluation of any impact on access to health care for patients or staffing shortages in programs of the Department providing non-Department health care services.

''(3) An explanation of the coordination of the Department with the medical licensing boards of States in implementing this section, the amount of involvement of such boards in such implementation, and efforts by the Department to address any concerns raised by such boards with respect to such implementation.

''(4) Such recommendations as the Comptroller General considers appropriate regarding harmonizing

eligibility criteria between health care providers of the Department and health care providers eligible to provide non-Department health care services.

''(f) NON-DEPARTMENT HEALTH CARE SERVICES DEFINED.—In this section, the term 'non-Department health care services' means services—

''(1) provided under subchapter I of chapter 17 of title 38, United States Code, at non-Department facilities (as defined in section 1701 of such title);

''(2) provided under section 101 of the Veterans Access, Choice, and Accountability Act of 2014 (Public Law 113–146; 38 U.S.C. 1701 note);

''(3) purchased through the Medical Community Care account of the Department; or

''(4) purchased with amounts deposited in the Veterans Choice Fund under section 802 of the Veterans Access, Choice, and Accountability Act of 2014 [38 U.S.C. 1701 note].''

VETERANS' EDUCATION AND TRAINING PROGRAMS

Pub. L. 115–182, title I, §121–123, June 6, 2018, 132 Stat. 1423, 1424, as amended by Pub. L. 115–251, title II, §211(b)(1), Sept. 29, 2018, 132 Stat. 3176, provided that:

''SEC. 121. EDUCATION PROGRAM ON HEALTH CARE OPTIONS.

''(a) IN GENERAL.—The Secretary of Veterans Affairs shall develop and administer an education program that teaches veterans about their health care options through the Department of Veterans Affairs.

''(b) ELEMENTS.—The program under subsection (a) shall—

''(1) teach veterans about—

''(A) eligibility criteria for care from the Department set forth under sections 1703, as amended by section 101 of this title and 1710 of title 38, United States Code;

''(B) priority groups for enrollment in the system of annual patient enrollment under section 1705(a) of such title [38 U.S.C. 1705(a)];

''(C) the copayments and other financial obligations, if any, required of certain individuals for certain services; and

''(D) how to utilize the access standards and standards for quality established under sections 1703B and 1703C of such title;

''(2) teach veterans about the interaction between health insurance (including private insurance, Medicare, Medicaid, the TRICARE program, the Indian Health Service, tribal health programs, and other forms of insurance) and health care from the Department; and

''(3) provide veterans with information on what to do when they have a complaint about health care received from the Department (whether about the provider, the Department, or any other type of complaint).

''(c) ACCESSIBILITY.—In developing the education program under this section, the Secretary shall ensure that materials under such program are accessible—

''(1) to veterans who may not have access to the internet; and

''(2) to veterans in a manner that complies with the Americans with Disabilities Act of 1990 (42 U.S.C. 12101 et seq.).

''(d) ANNUAL EVALUATION AND REPORT.—

''(1) EVALUATION.—The Secretary shall develop a method to evaluate the effectiveness of the education program under this section and evaluate the program using the method not less frequently than once each year.

''(2) REPORT.—Not less frequently than once each year, the Secretary shall submit to Congress a report on the findings of the Secretary with respect to the most recent evaluation conducted by the Secretary under paragraph (1).

''(e) DEFINITIONS.—In this section:

''(1) MEDICAID.—The term 'Medicaid' means the Medicaid program under title XIX of the Social Security Act (42 U.S.C. 1396 et seq.).

''(2) MEDICARE.—The term 'Medicare' means the Medicare program under title XVIII of such Act (42 U.S.C. 1395 et seq.).

''(3) TRICARE PROGRAM.—The term 'TRICARE program' has the meaning given that term in section 1072 of title 10, United States Code.

''SEC. 122. TRAINING PROGRAM FOR ADMINISTRATION OF NON-DEPARTMENT OF VETERANS AFFAIRS HEALTH CARE.

''(a) ESTABLISHMENT OF PROGRAM.—The Secretary of Veterans Affairs shall develop and implement a training program to train employees and contractors of the Department of Veterans Affairs on how to administer non-Department health care programs, including the following:

''(1) Reimbursement for non-Department emergency room care.

''(2) The Veterans Community Care Program under section 1703 of title 38, United States Code, as amended by section 101.

''(3) Management of prescriptions pursuant to improvements under section 131.

''(b) ANNUAL EVALUATION AND REPORT.—The Secretary shall—

''(1) develop a method to evaluate the effectiveness of the training program developed and implemented under subsection (a);

''(2) evaluate such program not less frequently than once each year; and

''(3) not less frequently than once each year, submit to Congress the findings of the Secretary with respect to the most recent evaluation carried out under paragraph (2).

''SEC. 123. CONTINUING MEDICAL EDUCATION FOR NON-DEPARTMENT MEDICAL PROFESSIONALS.

''(a) ESTABLISHMENT OF PROGRAM.—

''(1) IN GENERAL.—The Secretary of Veterans Affairs shall establish a program to provide continuing medical education material to non-Department medical professionals.

''(2) EDUCATION PROVIDED.—The program established under paragraph (1) shall include education on the following:

''(A) Identifying and treating common mental and physical conditions of veterans and family members of veterans.

''(B) The health care system of the Department of Veterans Affairs.

''(C) Such other matters as the Secretary considers appropriate.

''(b) MATERIAL PROVIDED.—The continuing medical education material provided to non-Department medical professionals under the program established under subsection (a) shall be the same material provided to medical professionals of the Department to ensure that all medical professionals treating veterans have access to the same materials, which supports core competencies throughout the community.

''(c) ADMINISTRATION OF PROGRAM.—

''(1) IN GENERAL.—The Secretary shall administer the program established under subsection (a) to participating non-Department medical professionals through an internet website of the Department of Veterans Affairs.

''(2) CURRICULUM AND CREDIT PROVIDED.—The Secretary shall determine the curriculum of the program and the number of hours of credit to provide to participating non-Department medical professionals for continuing medical education.

''(3) ACCREDITATION.—The Secretary shall ensure that the program is accredited in as many States as practicable.

''(4) CONSISTENCY WITH EXISTING RULES.—The Secretary shall ensure that the program is consistent with the rules and regulations of the following:

''(A) The medical licensing agency of each State in which the program is accredited.

''(B) Such medical credentialing organizations as the Secretary considers appropriate.

''(5) USER COST.—The Secretary shall carry out the program at no cost to participating non-Department medical professionals.

''(6) MONITORING, EVALUATION, AND REPORT.—The Secretary shall monitor the utilization of the program established under subsection (a), evaluate its effectiveness, and report to Congress on utilization and effectiveness not less frequently than once each year.

''(d) NON-DEPARTMENT MEDICAL PROFESSIONAL DEFINED.—In this section, the term 'non-Department medical professional' means any individual who is licensed by an appropriate medical authority in the United States and is in good standing, is not an employee of the Department of Veterans Affairs, and provides care to veterans or family members of veterans under the laws administered by the Secretary of Veterans Affairs.''

ESTABLISHMENT OF PROCESSES TO ENSURE SAFE OPIOID PRESCRIBING PRACTICES BY NON-DEPARTMENT OF VETERANS AFFAIRS HEALTH CARE PROVIDERS

Pub. L. 115–182, title I, §131, June 6, 2018, 132 Stat. 1425, as amended by Pub. L. 115–251, title II, §211(b)(2), Sept. 29, 2018, 132 Stat. 3176, provided that:

''(a) RECEIPT AND REVIEW OF GUIDELINES.—The Secretary of Veterans Affairs shall ensure that all covered health care providers are provided a copy of and certify that they have reviewed the evidence-based guidelines for prescribing opioids set forth by the Opioid Safety Initiative of the Department of Veterans Affairs.

''(b) INCLUSION OF MEDICAL HISTORY AND CURRENT MEDICATIONS.—The Secretary shall implement a process to ensure that, if care of a veteran by a covered health care provider is authorized under the laws administered by the Secretary, the document authorizing such care includes the available and relevant medical history of the veteran and a list of all medications prescribed to the veteran as known by the Department.

''(c) SUBMITTAL OF MEDICAL RECORDS AND PRESCRIPTIONS.—

''(1) IN GENERAL.—The Secretary shall, consistent with section 1703(a)(2)(A) of title 38, United States Code,, [sic] as amended by section 101 of this Act, and section 1703A(e)(2)(F) of such title, as added by section 102 of this Act, require each covered health care provider to submit medical records of any care or services furnished, including records of any prescriptions for opioids, to the Department in the timeframe and format specified by the Secretary.

''(2) RESPONSIBILITY OF DEPARTMENT FOR RECORDING AND MONITORING.—In carrying out paragraph (1) and upon the receipt by the Department of the medical records described in paragraph (1), the Secretary shall—

''(A) ensure the Department is responsible for the recording of the prescription in the electronic health record of the veteran; and

''(B) enable other monitoring of the prescription as outlined in the Opioid Safety Initiative of the Department.

''(3) 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 evaluating the compliance of covered health care providers with the requirements under this section.

''(d) USE OF OPIOID SAFETY INITIATIVE GUIDELINES.—

''(1) IN GENERAL.—If the Secretary determines that the opioid prescribing practices of a covered health care provider, when treating veterans, satisfy a condition described in paragraph (3), the Secretary shall take such action as the Secretary considers appropriate to ensure the safety of all veterans receiving care from that health care provider, including removing or directing the removal of any such health care provider from provider networks or otherwise refusing to authorize care of veterans by such health care provider in any program authorized under the laws administered by the Secretary.

''(2) INCLUSION IN CONTRACTS.—The Secretary shall ensure that any contracts, agreements, or other arrangements entered into by the Secretary with third parties involved in administering programs that provide care in the community to veterans under the laws administered by the Secretary specifically grant the authority set forth in paragraph (1) to such third parties and to the Secretary, as the case may be.

''(3) CONDITIONS FOR EXCLUSION OR LIMITATION.—The Secretary shall take such action as is considered appropriate under paragraph (1) when the opioid prescribing practices of a covered health care provider when treating veterans—

''(A) conflict with or are otherwise inconsistent with the standards of appropriate and safe care;

''(B) violate the requirements of a medical license of the health care provider; or

''(C) may place at risk the veterans receiving health care from the provider.

''(e) COVERED HEALTH CARE PROVIDER DEFINED.—In this section, the term 'covered health care provider' means a non-Department of Veterans Affairs health care provider who provides health care to veterans under the laws administered by the Secretary of Veterans Affairs, but does not include a health care provider employed by another agency of the Federal Government.''

COMPETENCY STANDARDS FOR NON-DEPARTMENT OF VETERANS AFFAIRS HEALTH CARE PROVIDERS

Pub. L. 115–182, title I, §133, June 6, 2018, 132 Stat. 1427, provided that:

''(a) ESTABLISHMENT OF STANDARDS AND REQUIREMENTS.—The Secretary of Veterans Affairs shall establish standards and requirements for the provision of care by non-Department of Veterans Affairs health care providers in clinical areas for which the Department of Veterans Affairs has special expertise, including post-traumatic stress disorder, military sexual trauma-related conditions, and traumatic brain injuries.

''(b) CONDITION FOR ELIGIBILITY TO FURNISH CARE.—(1) Each non-Department of Veterans Affairs health care provider shall, to the extent practicable as determined by the Secretary or otherwise provided for in paragraph (2), meet the standards and requirements established pursuant to subsection (a) before furnishing care pursuant to a contract, agreement, or other arrangement with the Department of Veterans Affairs. Non-Department of Veterans Affairs health care providers furnishing care pursuant to a contract, agreement, or other arrangement shall, to the extent practicable as determined by the Secretary, fulfill training requirements established by the Secretary on how to deliver evidence-based treatments in the clinical areas for which the Department of Veterans Affairs has special expertise.

''(2) Each non-Department of Veterans Affairs health care provider who enters into a contract, agreement, or other arrangement after the effective date identified in subsection (c) shall, to the extent practicable, meet the standards and requirements established pursuant to subsection (a) within 6 months of the contract, agreement, or other arrangement taking effect.

''(c) EFFECTIVE DATE.—This section shall take effect on the day that is 1 year after the date of the enactment of this Act [June 6, 2018].''

PROGRAM ON ESTABLISHMENT OF PEER SPECIALISTS IN PATIENT ALIGNED CARE TEAM SETTINGS WITHIN MEDICAL CENTERS OF DEPARTMENT OF VETERANS AFFAIRS

Pub. L. 115–182, title V, §506, June 6, 2018, 132 Stat. 1477, as amended by Pub. L. 117–328, div. V, title IV, §401(a), Dec. 29, 2022, 136 Stat. 5509, provided that:

''(a) PROGRAM REQUIRED.—The Secretary of Veterans Affairs shall carry out a program to establish not fewer than two peer specialists in patient aligned care teams at medical centers of the Department of Veterans Affairs to promote the use and integration of services for

mental health, substance use disorder, and behavioral health in a primary care setting. Each such peer specialist shall be a full-time employee whose primary function is to serve as a peer specialist and shall be in addition to all other employees of such medical center.

''(b) INITIAL TIMEFRAME FOR ESTABLISHMENT OF PROGRAM.—The Secretary shall carry out the program at medical centers of the Department as follows:

''(1) Not later than May 31, 2019, at not fewer than 15 medical centers of the Department.

''(2) Not later than May 31, 2020, at not fewer than 30 medical centers of the Department.

''(c) INITIAL SELECTION OF LOCATIONS.—

''(1) IN GENERAL.—In establishing the program at initial locations, the Secretary shall select medical centers for the program as follows:

''(A) Not fewer than five shall be medical centers of the Department that are designated by the Secretary as polytrauma centers.

''(B) Not fewer than 10 shall be medical centers of the Department that are not designated by the Secretary as polytrauma centers.

''(2) CONSIDERATIONS.—In selecting medical centers for the program under paragraph (1), the Secretary shall consider the feasibility and advisability of selecting medical centers in the following areas:

''(A) Rural areas and other areas that are underserved by the Department.

''(B) Areas that are not in close proximity to an active duty military installation.

''(C) Areas representing different geographic locations, such as census tracts established by the Bureau of the Census.

''(d) TIMEFRAME FOR EXPANSION OF PROGRAM; SELECTION OF ADDITIONAL LOCATIONS.—

''(1) TIMEFRAME FOR EXPANSION.—The Secretary shall make permanent and expand the program to additional medical centers of the Department as follows:

''(A) As of the date of the enactment of the STRONG Veterans Act of 2022 [Dec. 29, 2022], the Secretary shall make such program permanent at each medical center participating in the program on the day before such date of enactment.

''(B) During the seven-year period following such date of enactment, the Secretary shall expand the program to an additional 25 medical centers per year until the program is carried out at each medical center of the Department.

''(2) SELECTION OF ADDITIONAL LOCATIONS.—In selecting medical centers for the expansion of the program under paragraph (1)(B), until such time as each medical center of the Department is participating in the program by establishing not fewer than two peer specialists at the medical center, the Secretary shall prioritize medical centers in the following areas:

''(A) Rural areas and other areas that are underserved by the Department.

''(B) Areas that are not in close proximity to an active duty military installation.

''(C) Areas representing different geographic locations, such as census tracts established by the Bureau of the Census.

''(e) CONSIDERATIONS FOR HIRING PEER SPECIALISTS.—In carrying out the program at each medical center, the Secretary shall ensure that—

''(1) the needs of female veterans are specifically considered and addressed;

''(2) female peer specialists are hired and made available to support female veterans who are treated at each medical center.

''(f) ENGAGEMENT WITH COMMUNITY PROVIDERS.—At each location selected under subsection (c), the Secretary shall consider ways in which peer specialists can conduct outreach to health care providers in the community who are known to be serving veterans to engage with those providers and veterans served by those providers.

''(g) REPORTS.—

''(1) PERIODIC REPORTS.—

''(A) IN GENERAL.—Not later than one year after the date of the enactment of the STRONG Veterans Act of 2022 [Dec. 29, 2022], and annually thereafter for five years, the Secretary shall submit to the Committees on Veterans' Affairs of the House of Representatives and the Senate a report on the program, including the expansion of the program under subsection (d)(1).

''(B) ELEMENTS.—Each report under subparagraph (A) shall include, with respect to the one-year period preceding the submission of the report, the following:

''(i) The findings and conclusions of the Secretary with respect to the program.

''(ii) An assessment of the benefits of the program to veterans and family members of veterans.

''(iii) An assessment of the effectiveness of peer specialists in engaging under subsection (f) with health care providers in the community and veterans served by such providers.

''(iv) The name and location of each medical center where new peer specialists were hired.

''(v) The number of new peer specialists hired at each medical center pursuant to this section and the total number of peer specialists within the Department hired pursuant to this section.

''(vi) An assessment of any barriers confronting the recruitment, training, or retention of peer specialists.

''(2) FINAL REPORT.—Not later than one year after the Secretary determines that the program is being carried out at each medical center of the Department, the Secretary shall submit to the Committees on Veterans' Affairs of the House of Representatives and the Senate a report notifying such committees of such determination.''

DEPARTMENT OF VETERANS AFFAIRS MEDICAL SCRIBE PILOT PROGRAM.

Pub. L. 115–182, title V, §507, June 6, 2018, 132 Stat. 1479, as amended by Pub. L. 115–251, title II, §211(b)(10), Sept. 29, 2018, 132 Stat. 3177, provided that:

''(a) IN GENERAL.—The Secretary of Veterans Affairs shall carry out a 2-year pilot program under which the Secretary shall increase the use of medical scribes at Department of Veterans Affairs medical centers.

''(b) LOCATIONS.—The Secretary shall carry out the pilot program at the 10 medical centers of the Department as follows:

''(1) At least four such medical centers located in rural areas.

''(2) At least four such medical centers located in urban areas.

''(3) Two such medical centers located in areas with need for increased access or increased efficiency, as determined by the Secretary.

''(c) MEDICAL SCRIBES.—

''(1) HIRING.—Under the pilot program the Secretary shall—

''(A) hire 20 new Department of Veterans Affairs term employees as medical scribes; and

''(B) seek to enter into contracts with appropriate entities for the employment of 20 additional medical scribes.

''(2) DISTRIBUTION.—The Secretary shall assign four medical scribes to each of the 10 medical centers of the Department where the Secretary carries out the pilot program as follows:

''(A) Two scribes shall be assigned to each of two physicians.

''(B) Thirty percent of the scribes shall be employed in the provision of emergency care.

''(C) Seventy percent of the scribes shall be employed in the provision of specialty care in specialties with the longest patient wait times or lowest efficiency ratings, as determined by the Secretary.

''(d) REPORTS.—

''(1) REPORTS TO CONGRESS.—Not later than 180 days after the commencement of the pilot program re-

quired under this section, and every 180 days thereafter for the duration of the pilot program, the Secretary of Veterans Affairs shall submit to Congress a report on the pilot program. Each such report shall include each of the following:

''(A) A separate analysis of each [of] the following with respect to medical scribes employed by the Department of Veterans Affairs and medical scribes performing Department of Veterans Affairs functions under a contract:

''(i) Provider efficiency.

''(ii) Patient satisfaction.

''(iii) Average wait time.

''(iv) The number of patients seen per day by each physician or practitioner.

''(v) The amount of time required to hire and train an employee to perform medical scribe functions under the pilot program.

''(B) Metrics and data for analyzing the effects of the pilot program, including an evaluation of the each of the [sic] elements under clauses (i) through (iv) of subparagraph (A) at medical centers who employed scribes under the pilot program for an appropriate period preceding the hiring of such scribes.

''(2) COMPTROLLER GENERAL REPORT.—Not later than 90 days after the termination of the pilot program under this section, the Comptroller General of the United States shall submit to Congress a report on the pilot program. Such report shall include a comparison of the pilot program with similar programs carried out in the private sector.

''(e) DEFINITIONS.—In this section:

''(1) The term 'medical scribe' means an unlicensed individual hired to enter information into the electronic health record or chart at the direction of a physician or licensed independent practitioner whose responsibilities include the following:

''(A) Assisting the physician or practitioner in navigating the electronic health record.

''(B) Responding to various messages as directed by the physician or practitioner.

''(C) Entering information into the electronic health record, as directed by the physician or practitioner.

''(2) The terms 'urban' and 'rural' have the meanings given such terms under the rural-urban commuting codes developed by the Secretary of Agriculture and the Secretary of Health and Human Services.

''(f) FUNDING.—The pilot program under this section shall be carried out using amounts otherwise authorized to be appropriated for the Department of Veterans Affairs. No additional amounts are authorized to be appropriated to carry out such program.''

PILOT PROGRAM FOR HEALTH AND WELLNESS CENTERS AND PROGRAMS

Pub. L. 115–141, div. J, title II, § 252, Mar. 23, 2018, 132 Stat. 825, as amended by Pub. L. 116–94, div. F, title II, § 254, Dec. 20, 2019, 133 Stat. 2808, provided that: ''During the period preceding October 1, 2022, the Secretary of Veterans Affairs may carry out a 2-year pilot program making grants to nonprofit veterans services organizations recognized by the Secretary in accordance with section 5902 of title 38, United States Code, to upgrade, through construction and repair, VSO community facilities into health and wellness centers and to promote and expand complementary and integrative wellness programs: *Provided*, That no single grant may exceed a total of $500,000: *Provided further*, That the Secretary may not provide more than 20 grants during the 2-year pilot program: *Provided further*, That the recipient of a grant under this section may not use the grant to purchase real estate or to carry out repair of facilities leased by the recipient or to construct facilities on property leased by the recipient: *Provided further*, That the Secretary ensures that the grant recipients use grant funds to construct or repair facilities located in at least 10 different geographic locations in economically depressed areas or areas designated as highly rural that are not in close proximity to Department of Veterans Affairs medical centers: *Provided further*, That the Secretary shall report to the Committees on Appropriations of both Houses of Congress no later than 180 days after enactment of this Act [Mar. 23, 2018], on the grant program established under this section.''

INVESTIGATION OF MEDICAL CENTERS OF THE DEPARTMENT OF VETERANS AFFAIRS

Pub. L. 115–95, § 2, Dec. 20, 2017, 131 Stat. 2042, provided that:

''(a) IN GENERAL.—The Secretary of Veterans Affairs may contract with a nonprofit organization that accredits health care organizations and programs in the United States to investigate a medical center of the Department of Veterans Affairs to assess and report deficiencies of the facilities at such medical center.

''(b) AUTHORITY OF DIRECTORS.—

''(1) IN GENERAL.—Subject to coordination under paragraph (2), the Secretary shall delegate the authority under subsection (a) to contract for an investigation at a medical center of the Department to the Director of the Veterans Integrated Service Network in which the medical center is located or the director of such medical center.

''(2) COORDINATION.—Before entering into a contract under paragraph (1), the Director of a Veterans Integrated Service Network or the director of a medical center, as the case may be, shall notify the Secretary of Veterans Affairs, the Inspector General of the Department of Veterans Affairs, and the Comptroller General of the United States for purposes of coordinating any investigation conducted pursuant to such contract with any other investigations that may be ongoing.

''(c) RULE OF CONSTRUCTION.—Nothing in this section may be construed—

''(1) to prevent the Office of the Inspector General of the Department of Veterans Affairs from conducting any review, audit, evaluation, or inspection regarding a topic for which an investigation is conducted under this section; or

''(2) to modify the requirement that employees of the Department assist with any review, audit, evaluation, or inspection conducted by the Office of the Inspector General of the Department.''

FASTER CARE FOR VETERANS

Pub. L. 114–286, Dec. 16, 2016, 130 Stat. 1459, provided that:

''SECTION 1. SHORT TITLE.

''This Act may be cited as the 'Faster Care for Veterans Act of 2016'.

''SEC. 2. PILOT PROGRAM ESTABLISHING A PATIENT SELF-SCHEDULING APPOINTMENT SYSTEM.

''(a) PILOT PROGRAM.—Not later than 120 days after the date of the enactment of this Act [Dec. 16, 2016], the Secretary of Veterans Affairs shall commence a pilot program under which veterans use an Internet website or mobile application to schedule and confirm medical appointments at medical facilities of the Department of Veterans Affairs.

''(b) SELECTION OF LOCATIONS.—The Secretary shall select not less than three Veterans Integrated Services Networks in which to carry out the pilot program under subsection (a).

''(c) CONTRACTS.—

''(1) AUTHORITY.—The Secretary shall seek to enter into a contract using competitive procedures with one or more contractors to provide the scheduling capability described in subsection (a).

''(2) NOTICE OF COMPETITION.—Not later than 60 days after the date of the enactment of this Act, the Secretary shall issue a request for proposals for the contract described in paragraph (1). Such request shall be full and open to any contractor that has an existing

commercially available, off-the-shelf online patient self-scheduling system that includes the capabilities specified in section 3(a).

''(3) SELECTION.—Not later than 120 days after the date of the enactment of this Act, the Secretary shall award a contract to one or more contractors pursuant to the request for proposals under paragraph (2).

''(d) DURATION OF PILOT PROGRAM.—

''(1) IN GENERAL.—Except as provided by paragraph (2), the Secretary shall carry out the pilot program under subsection (a) for an 18-month period.

''(2) EXTENSION.—The Secretary may extend the duration of the pilot program under subsection (a), and may expand the selection of Veterans Integrated Services Networks under subsection (b), if the Secretary determines that the pilot program is reducing the wait times of veterans seeking medical care and ensuring that more available appointment times are filled.

''(e) MOBILE APPLICATION DEFINED.—In this section, the term 'mobile application' means a software program that runs on the operating system of a cellular telephone, tablet computer, or similar portable computing device that transmits data over a wireless connection.

''SEC. 3. CAPABILITIES OF PATIENT SELF-SCHEDULING APPOINTMENT SYSTEM.

''(a) MINIMUM CAPABILITIES.—The Secretary of Veterans Affairs shall ensure that the patient self-scheduling appointment system used in the pilot program under section 2, and any other patient self-scheduling appointment system developed or used by the Department of Veterans Affairs, includes, at a minimum, the following capabilities:

''(1) Capability to schedule, modify, and cancel appointments for primary care, specialty care, and mental health.

''(2) Capability to support appointments for the provision of health care regardless of whether such care is provided in person or through telehealth services.

''(3) Capability to view appointment availability in real time.

''(4) Capability to make available, in real time, appointments that were previously filled but later cancelled by other patients.

''(5) Capability to provide prompts or reminders to veterans to schedule follow-up appointments.

''(6) Capability to be used 24 hours per day, 7 days per week.

''(7) Capability to integrate with the Veterans Health Information Systems and Technology Architecture of the Department, or such successor information technology system.

''(b) INDEPENDENT VALIDATION AND VERIFICATION.—

''(1) INDEPENDENT ENTITY.—

''(A) The Secretary shall seek to enter into an agreement with an appropriate non-governmental, not-for-profit entity with expertise in health information technology to independently validate and verify that the patient self-scheduling appointment system used in the pilot program under section 2, and any other patient self-scheduling appointment system developed or used by the Department of Veterans Affairs, includes the capabilities specified in subsection (a).

''(B) Each independent validation and verification conducted under subparagraph (A) shall be completed as follows:

''(i) With respect to the validation and verification of the patient self-scheduling appointment system used in the pilot program under section 2, by not later than 60 days after the date on which such pilot program commences.

''(ii) With respect to any other patient self-scheduling appointment system developed or used by the Department of Veterans Affairs, by not later than 60 days after the date on which such system is deployed, regardless of whether such deployment is on a limited basis, but not including any deployments for testing purposes.

''(2) GAO EVALUATION.—

''(A) The Comptroller General of the United States shall evaluate each validation and verification conducted under paragraph (1).

''(B) Not later than 30 days after the date on which the Comptroller General completes an evaluation under paragraph (1), the Comptroller General shall submit to the appropriate congressional committees a report on such evaluation.

''(C) In this paragraph, the term 'appropriate congressional committees' means—

''(i) the Committees on Veterans' Affairs of the House of Representatives and the Senate; and

''(ii) the Committees on Appropriations of the House of Representatives and the Senate.

''(c) CERTIFICATION.—

''(1) CAPABILITIES INCLUDED.—Not later than December 31, 2017, the Secretary shall certify to the Committees on Veterans' Affairs of the House of Representatives and the Senate that the patient self-scheduling appointment system used in the pilot program under section 2, and any other patient self-scheduling appointment system developed or used by the Department of Veterans Affairs as of the date of the certification, includes the capabilities specified in subsection (a).

''(2) NEW SYSTEMS.—If the Secretary develops or begins using a new patient self-scheduling appointment system that is not covered by a certification made under paragraph (1), the Secretary shall certify to such committees that such new system includes the capabilities specified in subsection (a) by not later than 30 days after the date on which the Secretary determines to replace the previous patient self-scheduling appointment system.

''(3) EFFECT OF CAPABILITIES NOT INCLUDED.—If the Secretary does not make a timely certification under paragraph (1) or paragraph (2), the Secretary shall replace any patient self-scheduling appointment system developed by the Secretary that is in use with a commercially available, off-the-shelf online patient self-scheduling system that includes the capabilities specified in subsection (a).

''SEC. 4. PROHIBITION ON NEW APPROPRIATIONS.

''No additional funds are authorized to carry out the requirements of this Act. Such requirements shall be carried out using amounts otherwise authorized.''

INSPECTION PROGRAM FOR KITCHENS AND FOOD SERVICE AREAS AT DEPARTMENT OF VETERANS AFFAIRS MEDICAL FACILITIES

Pub. L. 114–223, div. A, title II, § 251, Sept. 29, 2016, 130 Stat. 893, provided that:

''(a) IN GENERAL.—Not later than 90 days after the date of the enactment of this Act [Sept. 29, 2016], the Secretary of Veterans Affairs shall establish a program to conduct inspections of kitchens and food service areas at each medical facility of the Department of Veterans Affairs. Such inspections shall occur not less frequently than annually. The program's goal is to ensure that the same standards for kitchens and food service areas at hospitals in the private sector are being met at kitchens and food service areas at medical facilities of the Department.

''(b) AGREEMENT.—

''(1) IN GENERAL.—The Secretary shall seek to enter into an agreement with the Joint Commission on Accreditation of Hospital Organizations under which the Joint Commission on Accreditation of Hospital Organizations conducts the inspections required under subsection (a).

''(2) ALTERNATE ORGANIZATION.—If the Secretary is unable to enter into an agreement described in paragraph (1) with the Joint Commission on Accreditation of Hospital Organizations on terms acceptable to the Secretary, the Secretary shall seek to enter into such an agreement with another appropriate organization that—

''(A) is not part of the Federal Government;

''(B) operates as a not-for-profit entity; and

''(C) has expertise and objectivity comparable to that of the Joint Commission on Accreditation of Hospital Organizations.

''(c) REMEDIATION PLAN.—

''(1) INITIAL FAILURE.—If a kitchen or food service area of a medical facility of the Department is determined pursuant to an inspection conducted under subsection (a) not to meet the standards for kitchens and food service areas in hospitals in the private sector, that medical facility fails the inspection and the Secretary shall—

''(A) implement a remediation plan for that medical facility within 72 hours; and

''(B) Conduct [sic] a second inspection under subsection (a) at that medical facility within 14 days of the failed inspection.

''(2) SECOND FAILURE.—If a medical facility of the Department fails the second inspection conducted under paragraph (1)(B), the Secretary shall close the kitchen or food service area at that medical facility that did not meet the standards for kitchens and food service areas in hospitals in the private sector until full remediation is completed and all kitchens and food service areas at that medical facility meet such standards.

''(3) PROVISION OF FOOD.—If a kitchen or food service area is closed at a medical facility of the Department pursuant to paragraph (2), the Director of the Veterans Integrated Service Network in which the medical facility is located shall enter into a contract with a vendor approved by the General Services Administration to provide food at the medical facility.

''(d) QUARTERLY REPORTS.—Not less frequently than quarterly, the Under Secretary of Health shall submit to Congress a report on inspections conducted under this section, and their detailed findings and actions taken, during the preceding quarter at medical facilities of the Department.''

MOLD INSPECTION PROGRAM FOR DEPARTMENT OF VETERANS AFFAIRS MEDICAL FACILITIES

Pub. L. 114–223, div. A, title II, § 252, Sept. 29, 2016, 130 Stat. 894, provided that:

''(a) IN GENERAL.—Not later than 90 days after the date of the enactment of this Act [Sept. 29, 2016], the Secretary of Veterans Affairs shall establish a program to conduct risk-based inspections for mold and mold issues at each medical facility of the Department of Veterans Affairs. Such facilities will be rated high, medium, or low risk for mold. Such inspections at facilities rated high risk shall occur not less frequently than annually, and such inspections at facilities rated medium or low risk shall occur not less frequently than biennially.

''(b) AGREEMENT.—

''(1) IN GENERAL.—The Secretary shall seek to enter into an agreement with the Joint Commission on Accreditation of Hospital Organizations under which the Joint Commission on Accreditation of Hospital Organizations conducts the inspections required under subsection (a).

''(2) ALTERNATE ORGANIZATION.—If the Secretary is unable to enter into an agreement described in paragraph (1) with the Joint Commission on Accreditation of Hospital Organizations on terms acceptable to the Secretary, the Secretary shall seek to enter into such an agreement with another appropriate organization that—

''(A) is not part of the Federal Government;

''(B) operates as a not-for-profit entity; and

''(C) has expertise and objectivity comparable to that of the Joint Commission on Accreditation of Hospital Organizations.

''(c) REMEDIATION PLAN.—If a medical facility of the Department is determined pursuant to an inspection conducted under subsection (a) to have a mold issue, the Secretary shall—

''(1) implement a remediation plan for that medical facility within 7 days; and

''(2) Conduct [sic] a second inspection under subsection (a) at that medical facility within 90 days of the initial inspection.

''(d) QUARTERLY REPORTS.—Not less frequently than quarterly, the Under Secretary for Health shall submit to Congress a report on inspections conducted under this section, and their detailed findings and actions taken, during the preceding quarter at medical facilities of the Department.''

IMPROVEMENT OF HEALTH CARE RELATING TO USE OF OPIOIDS, PATIENT ADVOCACY, COMPLEMENTARY AND INTEGRATIVE HEALTH, AND FITNESS OF PROVIDERS

Pub. L. 114–198, title IX, July 22, 2016, 130 Stat. 755, as amended by Pub. L. 115–251, title II, § 208, Sept. 29, 2018, 132 Stat. 3173, provided that:

''SEC. 901. SHORT TITLE.

''This title may be cited as the 'Jason Simcakoski Memorial and Promise Act'.

''SEC. 902. DEFINITIONS.

''In this title:

''(1) The term 'controlled substance' has the meaning given that term in section 102 of the Controlled Substances Act (21 U.S.C. 802).

''(2) The term 'State' means each of the several States, territories, and possessions of the United States, the District of Columbia, and the Commonwealth of Puerto Rico.

''(3) The term 'complementary and integrative health' has the meaning given that term, or any successor term, by the National Institutes of Health.

''(4) The term 'opioid receptor antagonist' means a drug or device approved or cleared under the Federal Food, Drug, and Cosmetic Act (21 U.S.C. 301 et seq.) for emergency treatment of known or suspected opioid overdose.

''SUBTITLE A—OPIOID THERAPY AND PAIN MANAGEMENT

''SEC. 911. IMPROVEMENT OF OPIOID SAFETY MEASURES BY DEPARTMENT OF VETERANS AFFAIRS.

''(a) EXPANSION OF OPIOID SAFETY INITIATIVE.—

''(1) INCLUSION OF ALL MEDICAL FACILITIES.—Not later than 180 days after the date of the enactment of this Act [July 22, 2016], the Secretary of Veterans Affairs shall expand the Opioid Safety Initiative of the Department of Veterans Affairs to include all medical facilities of the Department.

''(2) GUIDANCE.—The Secretary shall establish guidance that each health care provider of the Department of Veterans Affairs, before initiating opioid therapy to treat a patient as part of the comprehensive assessment conducted by the health care provider, use the Opioid Therapy Risk Report tool of the Department of Veterans Affairs (or any subsequent tool), which shall include information from the prescription drug monitoring program of each participating State as applicable, that includes the most recent information to date relating to the patient that accessed such program to assess the risk for adverse outcomes of opioid therapy for the patient, including the concurrent use of controlled substances such as benzodiazepines, as part of the comprehensive assessment conducted by the health care provider.

''(3) ENHANCED STANDARDS.—The Secretary shall establish enhanced standards with respect to the use of routine and random urine drug tests for all patients before and during opioid therapy to help prevent substance abuse, dependence, and diversion, including—

''(A) that such tests occur not less frequently than once each year or as otherwise determined according to treatment protocols; and

''(B) that health care providers appropriately order, interpret and respond to the results from such tests to tailor pain therapy, safeguards, and risk management strategies to each patient.

''(b) PAIN MANAGEMENT EDUCATION AND TRAINING.—

''(1) IN GENERAL.—In carrying out the Opioid Safety Initiative of the Department, the Secretary shall re-

quire all employees of the Department responsible for prescribing opioids to receive education and training described in paragraph (2).

''(2) EDUCATION AND TRAINING.—Education and training described in this paragraph is education and training on pain management and safe opioid prescribing practices for purposes of safely and effectively managing patients with chronic pain, including education and training on the following:

''(A) The implementation of and full compliance with the VA/DOD Clinical Practice Guideline for Management of Opioid Therapy for Chronic Pain, including any update to such guideline.

''(B) The use of evidence-based pain management therapies and complementary and integrative health services, including cognitive-behavioral therapy, non-opioid alternatives, and non-drug methods and procedures to managing pain and related health conditions including, to the extent practicable, medical devices approved or cleared by the Food and Drug Administration for the treatment of patients with chronic pain and related health conditions.

''(C) Screening and identification of patients with substance use disorder, including drug-seeking behavior, before prescribing opioids, assessment of risk potential for patients developing an addiction, and referral of patients to appropriate addiction treatment professionals if addiction is identified or strongly suspected.

''(D) Communication with patients on the potential harm associated with the use of opioids and other controlled substances, including the need to safely store and dispose of supplies relating to the use of opioids and other controlled substances.

''(E) Such other education and training as the Secretary considers appropriate to ensure that veterans receive safe and high-quality pain management care from the Department.

''(3) USE OF EXISTING PROGRAM.—In providing education and training described in paragraph (2), the Secretary shall use the Interdisciplinary Chronic Pain Management Training Team Program of the Department (or successor program).

''(c) PAIN MANAGEMENT TEAMS.—

''(1) IN GENERAL.—In carrying out the Opioid Safety Initiative of the Department, the director of each medical facility of the Department shall identify and designate a pain management team of health care professionals, which may include board certified pain medicine specialists, responsible for coordinating and overseeing pain management therapy at such facility for patients experiencing acute and chronic pain that is non-cancer related.

''(2) ESTABLISHMENT OF PROTOCOLS.—

''(A) IN GENERAL.—In consultation with the Directors of each Veterans Integrated Service Network, the Secretary shall establish standard protocols for the designation of pain management teams at each medical facility within the Department.

''(B) CONSULTATION ON PRESCRIPTION OF OPIOIDS.—Each protocol established under subparagraph (A) shall ensure that any health care provider without expertise in prescribing analgesics or who has not completed the education and training under subsection (b), including a mental health care provider, does not prescribe opioids to a patient unless that health care provider—

''(i) consults with a health care provider with pain management expertise or who is on the pain management team of the medical facility; and

''(ii) refers the patient to the pain management team for any subsequent prescriptions and related therapy.

''(3) REPORT.—

''(A) IN GENERAL.—Not later than one year after the date of enactment of this Act [July 22, 2016], the director of each medical facility of the Department shall submit to the Under Secretary for Health and the director of the Veterans Integrated Service Network in which the medical facility is located a report identifying the health care professionals that have been designated as members of the pain management team at the medical facility pursuant to paragraph (1).

''(B) ELEMENTS.—Each report submitted under subparagraph (A) with respect to a medical facility of the Department shall include—

''(i) a certification as to whether all members of the pain management team at the medical facility have completed the education and training required under subsection (b);

''(ii) a plan for the management and referral of patients to such pain management team if health care providers without expertise in prescribing analgesics prescribe opioid medications to treat acute and chronic pain that is non-cancer related; and

''(iii) a certification as to whether the medical facility—

''(I) fully complies with the stepped-care model, or successor models, of pain management and other pain management policies of the Department; or

''(II) does not fully comply with such stepped-care model, or successor models, of pain management and other pain management policies but is carrying out a corrective plan of action to ensure such full compliance.

''(d) TRACKING AND MONITORING OF OPIOID USE.—

''(1) PRESCRIPTION DRUG MONITORING PROGRAMS OF STATES.—In carrying out the Opioid Safety Initiative and the Opioid Therapy Risk Report tool of the Department, the Secretary shall—

''(A) ensure access by health care providers of the Department to information on controlled substances, including opioids and benzodiazepines, prescribed to veterans who receive care outside the Department through the prescription drug monitoring program of each State with such a program, including by seeking to enter into memoranda of understanding with States to allow shared access of such information between States and the Department;

''(B) include such information in the Opioid Therapy Risk Report tool; and

''(C) require health care providers of the Department to submit to the prescription drug monitoring program of each State with such a program information on prescriptions of controlled substances received by veterans in that State under the laws administered by the Secretary.

''(2) REPORT ON TRACKING OF DATA ON OPIOID USE.—Not later than 18 months after the date of the enactment of this Act [July 22, 2016], 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 feasibility and advisability of improving the Opioid Therapy Risk Report tool of the Department to allow for more advanced real-time tracking of and access to data on—

''(A) the key clinical indicators with respect to the totality of opioid use by veterans;

''(B) concurrent prescribing by health care providers of the Department of opioids in different health care settings, including data on concurrent prescribing of opioids to treat mental health disorders other than opioid use disorder; and

''(C) mail-order prescriptions of opioids prescribed to veterans under the laws administered by the Secretary.

''(e) AVAILABILITY OF OPIOID RECEPTOR ANTAGONISTS.—

''(1) INCREASED AVAILABILITY AND USE.—

''(A) IN GENERAL.—The Secretary shall maximize the availability of opioid receptor antagonists, including naloxone, to veterans.

''(B) AVAILABILITY, TRAINING, AND DISTRIBUTING.—In carrying out subparagraph (A), not later than 90 days after the date of the enactment of this Act [July 22, 2016], the Secretary shall—

''(i) equip each pharmacy of the Department with opioid receptor antagonists to be dispensed to outpatients as needed; and

''(ii) expand the Overdose Education and Naloxone Distribution program of the Department to ensure that all veterans in receipt of health care under laws administered by the Secretary who are at risk of opioid overdose may access such opioid receptor antagonists and training on the proper administration of such opioid receptor antagonists.

''(C) VETERANS WHO ARE AT RISK.—For purposes of subparagraph (B), veterans who are at risk of opioid overdose include—

''(i) veterans receiving long-term opioid therapy;

''(ii) veterans receiving opioid therapy who have a history of substance use disorder or prior instances of overdose; and

''(iii) veterans who are at risk as determined by a health care provider who is treating the veteran.

''(2) REPORT.—Not later than 120 days after the date of the enactment of this Act [July 22, 2016], and not later than one year after the date of the enactment of the Department of Veterans Affairs Expiring Authorities Act of 2018 [Sept. 29, 2018] 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 carrying out paragraph (1), including an assessment of any remaining steps to be carried out by the Secretary to carry out such paragraph.

''(f) INCLUSION OF CERTAIN INFORMATION AND CAPABILITIES IN OPIOID THERAPY RISK REPORT TOOL OF THE DEPARTMENT.—

''(1) INFORMATION.—The Secretary shall include in the Opioid Therapy Risk Report tool of the Department—

''(A) information on the most recent time the tool was accessed by a health care provider of the Department with respect to each veteran; and

''(B) information on the results of the most recent urine drug test for each veteran.

''(2) CAPABILITIES.—The Secretary shall include in the Opioid Therapy Risk Report tool the ability of the health care providers of the Department to determine whether a health care provider of the Department prescribed opioids to a veteran without checking the information in the tool with respect to the veteran.

''(g) NOTIFICATIONS OF RISK IN COMPUTERIZED HEALTH RECORD.—The Secretary shall modify the computerized patient record system of the Department to ensure that any health care provider that accesses the record of a veteran, regardless of the reason the veteran seeks care from the health care provider, will be immediately notified whether the veteran—

''(1) is receiving opioid therapy and has a history of substance use disorder or prior instances of overdose;

''(2) has a history of opioid abuse; or

''(3) is at risk of developing an opioid use disorder, as determined by a health care provider who is treating the veteran.

''SEC. 912. STRENGTHENING OF JOINT WORKING GROUP ON PAIN MANAGEMENT OF THE DEPARTMENT OF VETERANS AFFAIRS AND THE DEPARTMENT OF DEFENSE.

''(a) IN GENERAL.—Not later than 90 days after the date of enactment of this Act [July 22, 2016], the Secretary of Veterans Affairs and the Secretary of Defense shall ensure that the Pain Management Working Group of the Health Executive Committee of the Department of Veterans Affairs–Department of Defense Joint Executive Committee (Pain Management Working Group) established under section 320 of title 38, United States Code, includes a focus on the following:

''(1) The opioid prescribing practices of health care providers of each Department.

''(2) The ability of each Department to manage acute and chronic pain among individuals receiving health care from the Department, including training health care providers with respect to pain management.

''(3) The use by each Department of complementary and integrative health in treating such individuals.

''(4) The concurrent use and practice by health care providers of each Department of opioids and prescription drugs to treat mental health disorders, including benzodiazepines.

''(5) The use of care transition plans by health care providers of each Department to address case management issues for patients receiving opioid therapy who transition between inpatient and outpatient care.

''(6) The coordination in coverage of and consistent access to medications prescribed for patients transitioning from receiving health care from the Department of Defense to receiving health care from the Department of Veterans Affairs.

''(7) The ability of each Department to properly screen, identify, refer, and treat patients with substance use disorders who are seeking treatment for acute and chronic pain management conditions.

''(b) COORDINATION AND CONSULTATION.—The Secretary of Veterans Affairs and the Secretary of Defense shall ensure that the working group described in subsection (a)—

''(1) coordinates the activities of the working group with other relevant working groups established under section 320 of title 38, United States Code;

''(2) consults with other relevant Federal agencies, including the Centers for Disease Control and Prevention, with respect to the activities of the working group; and

''(3) consults with the Department of Veterans Affairs and the Department of Defense with respect to the VA/DOD Clinical Practice Guideline for Management of Opioid Therapy for Chronic Pain, or any successor guideline, and reviews and provides comments before any update to the guideline is released.

''(c) CLINICAL PRACTICE GUIDELINES.—

''(1) IN GENERAL.—Not later than 180 days after the date of the enactment of this Act [July 22, 2016], the Secretary of Veterans Affairs and the Secretary of Defense shall issue an update to the VA/DOD Clinical Practice Guideline for Management of Opioid Therapy for Chronic Pain.

''(2) MATTERS INCLUDED.—In conducting the update under paragraph (1), the Pain Management Working Group, in coordination with the Clinical Practice Guideline VA/DoD Management of Opioid Therapy for Chronic Pain Working Group, shall work to ensure that the Clinical Practical Guideline includes the following:

''(A) Enhanced guidance with respect to—

''(i) the co-administration of an opioid and other drugs, including benzodiazepines, that may result in life-limiting drug interactions;

''(ii) the treatment of patients with current acute psychiatric instability or substance use disorder or patients at risk of suicide; and

''(iii) the use of opioid therapy to treat mental health disorders other than opioid use disorder.

''(B) Enhanced guidance with respect to the treatment of patients with behaviors or comorbidities, such as post-traumatic stress disorder or other psychiatric disorders, or a history of substance abuse or addiction, that requires a consultation or co-management of opioid therapy with one or more specialists in pain management, mental health, or addictions.

''(C) Enhanced guidance with respect to health care providers—

''(i) conducting an effective assessment for patients beginning or continuing opioid therapy, including understanding and setting realistic goals with respect to achieving and maintaining an expected level of pain relief, improved function, or a clinically appropriate combination of both; and

''(ii) effectively assessing whether opioid therapy is achieving or maintaining the established treatment goals of the patient or whether the patient and health care provider should discuss adjusting, augmenting, or discontinuing the opioid therapy.

''(D) Guidelines to inform the methodologies used by health care providers of the Department of Veterans Affairs and the Department of Defense to safely taper opioid therapy when adjusting or discontinuing the use of opioid therapy, including—

''(i) prescription of the lowest effective dose based on patient need;

''(ii) use of opioids only for a limited time; and

''(iii) augmentation of opioid therapy with other pain management therapies and modalities.

''(E) Guidelines with respect to appropriate case management for patients receiving opioid therapy who transition between inpatient and outpatient health care settings, which may include the use of care transition plans.

''(F) Guidelines with respect to appropriate case management for patients receiving opioid therapy who transition from receiving care during active duty to post-military health care networks.

''(G) Guidelines with respect to providing options, before initiating opioid therapy, for pain management therapies without the use of opioids and options to augment opioid therapy with other clinical and complementary and integrative health services to minimize opioid dependence.

''(H) Guidelines with respect to the provision of evidence-based non-opioid treatments within the Department of Veterans Affairs and the Department of Defense, including medical devices and other therapies approved or cleared by the Food and Drug Administration for the treatment of chronic pain as an alternative to or to augment opioid therapy.

''(I) Guidelines developed by the Centers for Disease Control and Prevention for safely prescribing opioids for the treatment of chronic, non-cancer related pain in outpatient settings.

''(3) RULE OF CONSTRUCTION.—Nothing in this subsection shall be construed to prevent the Secretary of Veterans Affairs and the Secretary of Defense from considering all relevant evidence, as appropriate, in updating the VA/DOD Clinical Practice Guideline for Management of Opioid Therapy for Chronic Pain, as required under paragraph (1), or from ensuring that the final clinical practice guideline updated under such paragraph remains applicable to the patient populations of the Department of Veterans Affairs and the Department of Defense.

''SEC. 913. REVIEW, INVESTIGATION, AND REPORT ON USE OF OPIOIDS IN TREATMENT BY DEPARTMENT OF VETERANS AFFAIRS.

''(a) COMPTROLLER GENERAL REPORT.—

''(1) IN GENERAL.—Not later than two years after the date of the enactment of this Act [July 22, 2016], the Comptroller General of the United States shall submit to the Committee on Veterans' Affairs of the Senate and the Committee on Veterans' Affairs of the House of Representatives a report on the Opioid Safety Initiative of the Department of Veterans Affairs and the opioid prescribing practices of health care providers of the Department.

''(2) ELEMENTS.—The report submitted under paragraph (1) shall include the following:

''(A) An assessment of the implementation and monitoring by the Veterans Health Administration of the Opioid Safety Initiative of the Department, including examining, as appropriate, the following:

''(i) How the Department monitors the key clinical outcomes of such safety initiative (for example, the percentage of unique veterans visiting each medical center of the Department that are prescribed an opioid or an opioid and benzodiazepine concurrently) and how the Department uses that information—

''(I) to improve prescribing practices; and

''(II) to identify high prescribing or otherwise inappropriate prescribing practices by health care providers.

''(ii) How the Department monitors the use of the Opioid Therapy Risk Report tool of the Department (as developed through such safety initiative) and compliance with such tool by medical facilities and health care providers of the Department, including any findings by the Department of prescription rates or prescription practices by medical facilities or health care providers that are inappropriate.

''(iii) The implementation of academic detailing programs within the Veterans Integrated Service Networks of the Department and how such programs are being used to improve opioid prescribing practices.

''(iv) Recommendations on such improvements to the Opioid Safety Initiative of the Department as the Comptroller General considers appropriate.

''(B) Information made available under the Opioid Therapy Risk Report tool with respect to—

''(i) deaths resulting from sentinel events involving veterans prescribed opioids by a health care provider;

''(ii) overall prescription rates and, if applicable, indications used by health care providers for prescribing chronic opioid therapy to treat non-cancer, non-palliative, and non-hospice care patients;

''(iii) the prescription rates and indications used by health care providers for prescribing benzodiazepines and opioids concomitantly;

''(iv) the practice by health care providers of prescribing opioids to treat patients without any pain, including to treat patients with mental health disorders other than opioid use disorder; and

''(v) the effectiveness of opioid therapy for patients receiving such therapy, including the effectiveness of long-term opioid therapy.

''(C) An evaluation of processes of the Department in place to oversee opioid use among veterans, including procedures to identify and remedy potential over-prescribing of opioids by health care providers of the Department.

''(D) An assessment of the implementation by the Secretary of Veterans Affairs of the VA/DOD Clinical Practice Guideline for Management of Opioid Therapy for Chronic Pain, including any figures or approaches used by the Department to assess compliance with such guidelines by medical centers of the Department and identify any medical centers of the Department operating action plans to improve compliance with such guidelines.

''(E) An assessment of the data that the Department has developed to review the opioid prescribing practices of health care providers of the Department, as required by this subtitle, including a review of how the Department identifies the practices of individual health care providers that warrant further review based on prescribing levels, health conditions for which the health care provider is prescribing opioids or opioids and benzodiazepines concurrently, or other practices of the health care provider.

''(b) SEMI-ANNUAL PROGRESS REPORT ON IMPLEMENTATION OF COMPTROLLER GENERAL RECOMMENDATIONS.—Not later than 180 days after the date of the submittal of the report required under subsection (a), and not less frequently than annually thereafter until the Comptroller General of the United States determines that all recommended actions are closed, 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 progress report detailing the actions by the Secretary to address any outstanding findings and recommendations by the Comptroller General of the United States

under subsection (a) with respect to the Veterans Health Administration.

''(c) ANNUAL REPORT ON OPIOID THERAPY AND PRESCRIPTION RATES.—Not later than one year after the date of the enactment of this Act [July 22, 2016], and not less frequently than annually 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 opioid therapy and prescription rates for the one-year period preceding the date of the submission of the report. Each such report shall include each of the following:

''(1) The number of patients and the percentage of the patient population of the Department who were prescribed benzodiazepines and opioids concurrently by a health care provider of the Department.

''(2) The number of patients and the percentage of the patient population of the Department without any pain who were prescribed opioids by a health care provider of the Department, including those who were prescribed benzodiazepines and opioids concurrently.

''(3) The number of non-cancer, non-palliative, and non-hospice care patients and the percentage of such patients who were treated with opioids by a health care provider of the Department on an inpatient-basis and who also received prescription opioids by mail from the Department while being treated on an inpatient-basis.

''(4) The number of non-cancer, non-palliative, and non-hospice care patients and the percentage of such patients who were prescribed opioids concurrently by a health care provider of the Department and a health care provider that is not a health care provider of the Department.

''(5) With respect to each medical facility of the Department, the collected and reviewed information on opioids prescribed by health care providers at the facility to treat non-cancer, non-palliative, and non-hospice care patients, including—

''(A) the prescription rate at which each health care provider at the facility prescribed benzodiazepines and opioids concurrently to such patients and the aggregate of such prescription rate for all health care providers at the facility;

''(B) the prescription rate at which each health care provider at the facility prescribed benzodiazepines or opioids to such patients to treat conditions for which benzodiazepines or opioids are not approved treatment and the aggregate of such prescription rate for all health care providers at the facility;

''(C) the prescription rate at which each health care provider at the facility prescribed or dispensed mail-order prescriptions of opioids to such patients while such patients were being treated with opioids on an inpatient-basis and the aggregate of such prescription rate for all health care providers at the facility; and

''(D) the prescription rate at which each health care provider at the facility prescribed opioids to such patients who were also concurrently prescribed opioids by a health care provider that is not a health care provider of the Department and the aggregate of such prescription rates for all health care providers at the facility.

''(6) With respect to each medical facility of the Department, the number of times a pharmacist at the facility overrode a critical drug interaction warning with respect to an interaction between opioids and another medication before dispensing such medication to a veteran.

''(d) INVESTIGATION OF PRESCRIPTION RATES.—If the Secretary determines that a prescription rate with respect to a health care provider or medical facility of the Department conflicts with or is otherwise inconsistent with the standards of appropriate and safe care, the Secretary shall—

''(1) immediately notify the Committee on Veterans' Affairs of the Senate and the Committee on Veterans' Affairs of the House of Representatives of such determination, including information relating to such determination, prescription rate, and health care provider or medical facility, as the case may be; and

''(2) through the Office of the Medical Inspector of the Veterans Health Administration, conduct a full investigation of the health care provider or medical facility, as the case may be.

''(e) PRESCRIPTION RATE DEFINED.—In this section, the term 'prescription rate' means, with respect to a health care provider or medical facility of the Department, each of the following:

''(1) The number of patients treated with opioids by the health care provider or at the medical facility, as the case may be, divided by the total number of pharmacy users of that health care provider or medical facility.

''(2) The average number of morphine equivalents per day prescribed by the health care provider or at the medical facility, as the case may be, to patients being treated with opioids.

''(3) Of the patients being treated with opioids by the health care provider or at the medical facility, as the case may be, the average number of prescriptions of opioids per patient.

''SEC. 914. MANDATORY DISCLOSURE OF CERTAIN VETERAN INFORMATION TO STATE CONTROLLED SUBSTANCE MONITORING PROGRAMS.

[Amended section 5701 of this title.]

''SEC. 915. ELIMINATION OF COPAYMENT REQUIREMENT FOR VETERANS RECEIVING OPIOID ANTAGONISTS OR EDUCATION ON USE OF OPIOID ANTAGONISTS.

''(a) COPAYMENT FOR OPIOID ANTAGONISTS.—[Amended section 1722A of this title.]

''(b) COPAYMENT FOR EDUCATION ON USE OF OPIOID ANTAGONISTS.—[Amended section 1710 of this title.]

''SUBTITLE B—PATIENT ADVOCACY

''SEC. 921. COMMUNITY MEETINGS ON IMPROVING CARE FURNISHED BY DEPARTMENT OF VETERANS AFFAIRS.

''(a) COMMUNITY MEETINGS.—

''(1) MEDICAL CENTERS.—Not later than 90 days after the date of the enactment of this Act [July 22, 2016], and not less frequently than once every 90 days thereafter, the Secretary shall ensure that each medical facility of the Department of Veterans Affairs hosts a community meeting open to the public on improving health care furnished by the Secretary.

''(2) COMMUNITY-BASED OUTPATIENT CLINICS.—Not later than one year after the date of the enactment of this Act, and not less frequently than annually thereafter, the Secretary shall ensure that each community-based outpatient clinic of the Department hosts a community meeting open to the public on improving health care furnished by the Secretary.

''(b) ATTENDANCE BY DIRECTOR OF VETERANS INTEGRATED SERVICE NETWORK OR DESIGNEE.—

''(1) IN GENERAL.—Each community meeting hosted by a medical facility or community-based outpatient clinic under subsection (a) shall be attended by the Director of the Veterans Integrated Service Network in which the medical facility or community-based outpatient clinic, as the case may be, is located. Subject to paragraph (2), the Director may delegate such attendance only to an employee who works in the Office of the Director.

''(2) ATTENDANCE BY DIRECTOR.—Each Director of a Veterans Integrated Service Network shall personally attend not less than one community meeting under subsection (a) hosted by each medical facility located in the Veterans Integrated Service Network each year.

''(c) NOTICE.—The Secretary shall notify the Committee on Veterans' Affairs of the Senate, the Com-

mittee on Veterans' Affairs of the House of Representatives, and each Member of Congress (as defined in section 902) [sic] who represents the area in which the medical facility is located of a community meeting under subsection (a) by not later than 10 days before such community meeting occurs.

''SEC. 922. IMPROVEMENT OF AWARENESS OF PATIENT ADVOCACY PROGRAM AND PATIENT BILL OF RIGHTS OF DEPARTMENT OF VETERANS AFFAIRS.

''Not later than 90 days after the date of the enactment of this Act [July 22, 2016], the Secretary of Veterans Affairs shall, in as many prominent locations as the Secretary determines appropriate to be seen by the largest percentage of patients and family members of patients at each medical facility of the Department of Veterans Affairs—

''(1) display the purposes of the Patient Advocacy Program of the Department and the contact information for the patient advocate at such medical facility; and

''(2) display the rights and responsibilities of—

''(A) patients and family members of patients at such medical facility; and

''(B) with respect to community living centers and other residential facilities of the Department, residents and family members of residents at such medical facility.

''SEC. 923. COMPTROLLER GENERAL REPORT ON PATIENT ADVOCACY PROGRAM OF DEPARTMENT OF VETERANS AFFAIRS.

''(a) IN GENERAL.—Not later than two years after the date of the enactment of this Act [July 22, 2016], the Comptroller General of the United States shall submit to the Committee on Veterans' Affairs of the Senate and the Committee on Veterans' Affairs of the House of Representatives a report on the Patient Advocacy Program of the Department of Veterans Affairs (in this section referred to as the 'Program').

''(b) ELEMENTS.—The report required by subsection (a) shall include the following:

''(1) A description of the Program, including—

''(A) the purpose of the Program;

''(B) the activities carried out under the Program; and

''(C) the sufficiency of the Program in achieving the purpose of the Program.

''(2) An assessment of the sufficiency of staffing of employees of the Department responsible for carrying out the Program.

''(3) An assessment of the sufficiency of the training of such employees.

''(4) An assessment of—

''(A) the awareness of the Program among veterans and family members of veterans; and

''(B) the use of the Program by veterans and family members of veterans.

''(5) Such recommendations and proposals for improving or modifying the Program as the Comptroller General considers appropriate.

''(6) Such other information with respect to the Program as the Comptroller General considers appropriate.

''SEC. 924. ESTABLISHMENT OF OFFICE OF PATIENT ADVOCACY OF THE DEPARTMENT OF VETERANS AFFAIRS.

''(a) IN GENERAL.—[Enacted section 7309A of this title.]

''(b) CLERICAL AMENDMENT.—[Amended analysis of chapter 73 of this title.]

''(c) DATE FULLY OPERATIONAL.—[Enacted provisions set out as a note under section 7309A of this title.]

''SUBTITLE C—COMPLEMENTARY AND INTEGRATIVE HEALTH

''SEC. 931. EXPANSION OF RESEARCH AND EDUCATION ON AND DELIVERY OF COMPLEMENTARY AND INTEGRATIVE HEALTH TO VETERANS.

''(a) ESTABLISHMENT.—There is established a commission to be known as the 'Creating Options for Veterans' Expedited Recovery' or the 'COVER Commission' (in this section referred to as the 'Commission'). The Commission shall examine the evidence-based therapy treatment model used by the Secretary of Veterans Affairs for treating mental health conditions of veterans and the potential benefits of incorporating complementary and integrative health treatments available in non-Department facilities (as defined in section 1701 of title 38, United States Code).

''(b) DUTIES.—The Commission shall perform the following duties:

''(1) Examine the efficacy of the evidence-based therapy model used by the Secretary for treating mental health illnesses of veterans and identify areas to improve wellness-based outcomes.

''(2) Conduct a patient-centered survey within each of the Veterans Integrated Service Networks to examine—

''(A) the experience of veterans with the Department of Veterans Affairs when seeking medical assistance for mental health issues through the health care system of the Department;

''(B) the experience of veterans with non-Department facilities and health professionals for treating mental health issues;

''(C) the preference of veterans regarding available treatment for mental health issues and which methods the veterans believe to be most effective;

''(D) the experience, if any, of veterans with respect to the complementary and integrative health treatment therapies described in paragraph (3);

''(E) the prevalence of prescribing prescription medication among veterans seeking treatment through the health care system of the Department as remedies for addressing mental health issues; and

''(F) the outreach efforts of the Secretary regarding the availability of benefits and treatments for veterans for addressing mental health issues, including by identifying ways to reduce barriers to gaps in such benefits and treatments.

''(3) Examine available research on complementary and integrative health treatment therapies for mental health issues and identify what benefits could be made with the inclusion of such treatments for veterans, including with respect to—

''(A) music therapy;

''(B) equine therapy;

''(C) training and caring for service dogs;

''(D) yoga therapy;

''(E) acupuncture therapy;

''(F) meditation therapy;

''(G) outdoor sports therapy;

''(H) hyperbaric oxygen therapy;

''(I) accelerated resolution therapy;

''(J) art therapy;

''(K) magnetic resonance therapy; and

''(L) other therapies the Commission determines appropriate.

''(4) Study the sufficiency of the resources of the Department to ensure the delivery of quality health care for mental health issues among veterans seeking treatment within the Department.

''(5) Study the current treatments and resources available within the Department and assess—

''(A) the effectiveness of such treatments and resources in decreasing the number of suicides per day by veterans;

''(B) the number of veterans who have been diagnosed with mental health issues;

''(C) the percentage of veterans using the resources of the Department who have been diagnosed with mental health issues;

''(D) the percentage of veterans who have completed counseling sessions offered by the Department; and

''(E) the efforts of the Department to expand complementary and integrative health treatments viable to the recovery of veterans with mental health issues as determined by the Secretary to improve

the effectiveness of treatments offered by the Department.

''(c) MEMBERSHIP.—

''(1) IN GENERAL.—The Commission shall be composed of 10 members, appointed as follows:

''(A) Two members appointed by the Speaker of the House of Representatives, at least one of whom shall be a veteran.

''(B) Two members appointed by the minority leader of the House of Representatives, at least one of whom shall be a veteran.

''(C) Two members appointed by the majority leader of the Senate, at least one of whom shall be a veteran.

''(D) Two members appointed by the minority leader of the Senate, at least one of whom shall be a veteran.

''(E) Two members appointed by the President, at least one of whom shall be a veteran.

''(2) QUALIFICATIONS.—Members of the Commission shall be individuals who—

''(A) are of recognized standing and distinction within the medical community with a background in treating mental health;

''(B) have experience working with the military and veteran population; and

''(C) do not have a financial interest in any of the complementary and integrative health treatments reviewed by the Commission.

''(3) CHAIRMAN.—The President shall designate a member of the Commission to be the Chairman.

''(4) PERIOD OF APPOINTMENT.—Members of the Commission shall be appointed for the life of the Commission.

''(5) VACANCY.—A vacancy in the Commission shall be filled in the manner in which the original appointment was made.

''(6) APPOINTMENT DEADLINE.—The appointment of members of the Commission in this section shall be made not later than 90 days after the date of the enactment of this Act [July 22, 2016].

''(d) POWERS OF COMMISSION.—

''(1) MEETINGS.—

''(A) INITIAL MEETING.—The Commission shall hold its first meeting not later than 30 days after a majority of members are appointed to the Commission.

''(B) MEETING.—The Commission shall regularly meet at the call of the Chairman. Such meetings may be carried out through the use of telephonic or other appropriate telecommunication technology if the Commission determines that such technology will allow the members to communicate simultaneously.

''(2) HEARINGS.—The Commission may hold such hearings, sit and act at such times and places, take such testimony, and receive evidence as the Commission considers advisable to carry out the responsibilities of the Commission.

''(3) INFORMATION FROM FEDERAL AGENCIES.—The Commission may secure directly from any department or agency of the Federal Government such information as the Commission considers necessary to carry out the duties of the Commission.

''(4) INFORMATION FROM NONGOVERNMENTAL ORGANIZATIONS.—In carrying out its duties, the Commission may seek guidance through consultation with foundations, veteran service organizations, nonprofit groups, faith-based organizations, private and public institutions of higher education, and other organizations as the Commission determines appropriate.

''(5) COMMISSION RECORDS.—The Commission shall keep an accurate and complete record of the actions and meetings of the Commission. Such record shall be made available for public inspection and the Comptroller General of the United States may audit and examine such record.

''(6) PERSONNEL RECORDS.—The Commission shall keep an accurate and complete record of the actions and meetings of the Commission. Such record shall be made available for public inspection and the Comptroller General of the United States may audit and examine such records.

''(7) COMPENSATION OF MEMBERS; TRAVEL EXPENSES.—Each member shall serve without pay but shall receive travel expenses to perform the duties of the Commission, including per diem in lieu of substances [sic], at rates authorized under subchapter I of chapter 57 of title 5, United States Code.

''(8) STAFF.—The Chairman, in accordance with rules agreed upon the Commission, may appoint and fix the compensation of a staff director and such other personnel as may be necessary to enable the Commission to carry out its functions, without regard to the provisions of title 5, United States Code, governing appointments in the competitive service, without regard to the provision of chapter 51 and subchapter III of chapter 53 of such title relating to classification and General Schedule pay rates, except that no rate of pay fixed under this paragraph may exceed the equivalent of that payable for a position at level IV of the Executive Schedule under section 5315 of title 5, United States Code.

''(9) PERSONNEL AS FEDERAL EMPLOYEES.—

''(A) IN GENERAL.—The executive director and any personnel of the Commission are employees under section 2105 of title 5, United States Code, for purpose of chapters 63, 81, 83, 84, 85, 87, 89, and 90 of such title.

''(B) MEMBERS OF THE COMMISSION.—Subparagraph (A) shall not be construed to apply to members of the Commission.

''(10) CONTRACTING.—The Commission may, to such extent and in such amounts as are provided in appropriations Acts, enter into contracts to enable the Commission to discharge the duties of the Commission under this Act.

''(11) EXPERT AND CONSULTANT SERVICE.—The Commission may procure the services of experts and consultants in accordance with section 3109 of title 5, United States Code, at rates not to exceed the daily rate paid to a person occupying a position at level IV of the Executive Schedule under section 5315 of title 5, United States Code.

''(12) POSTAL SERVICE.—The Commission may use the United States mails in the same manner and under the same conditions as departments and agencies of the United States.

''(13) PHYSICAL FACILITIES AND EQUIPMENT.—Upon the request of the Commission, the Administrator of General Services shall provide to the Commission, on a reimbursable basis, the administrative support services necessary for the Commission to carry out its responsibilities under this Act. These administrative services may include human resource management, budget, leasing accounting, and payroll services.

''(e) REPORT.—

''(1) INTERIM REPORTS.—

''(A) IN GENERAL.—Not later than 60 days after the date on which the Commission first meets, and each 30-day period thereafter ending on the date on which the Commission submits the final report under paragraph (2), the Commission shall submit to the Committees on Veterans' Affairs of the House of Representatives and the Senate and the President a report detailing the level of cooperation the Secretary of Veterans Affairs (and the heads of other departments or agencies of the Federal Government) has provided to the Commission.

''(B) OTHER REPORTS.—In carrying out its duties, at times that the Commission determines appropriate, the Commission shall submit to the Committees on Veterans' Affairs of the House of Representatives and the Senate and any other appropriate entities an interim report with respect to the findings identified by the Commission.

''(2) FINAL REPORT.—Not later than 18 months after the first meeting of the Commission, the Commission shall submit to the Committee on Veterans' Affairs

of the House of Representatives and the Senate, the President, and the Secretary of Veterans Affairs a final report on the findings of the Commission. Such report shall include the following:

''(A) Recommendations to implement in a feasible, timely, and cost-efficient manner the solutions and remedies identified within the findings of the Commission pursuant to subsection (b).

''(B) An analysis of the evidence-based therapy model used by the Secretary of Veterans Affairs for treating veterans with mental health care issues, and an examination of the prevalence and efficacy of prescription drugs as a means for treatment.

''(C) The findings of the patient-centered survey conducted within each of the Veterans Integrated Service Networks pursuant to subsection (b)(2).

''(D) An examination of complementary and integrative health treatments described in subsection (b)(3) and the potential benefits of incorporating such treatments in the therapy models used by the Secretary for treating veterans with mental health issues.

''(3) PLAN.—Not later than 90 days after the date on which the Commission submits the final report under paragraph (2), the Secretary of Veterans Affairs shall submit to the Committees on Veterans' Affairs of the House of Representatives and the Senate a report on the following:

''(A) An action plan for implementing the recommendations established by the Commission on such solutions and remedies for improving wellness-based outcomes for veterans with mental health care issues.

''(B) A feasible timeframe on when the complementary and integrative health treatments described in subsection (b)(3) can be implemented Department-wide.

''(C) With respect to each recommendation established by the Commission, including any complementary and integrative health treatment, that the Secretary determines is not appropriate or feasible to implement, a justification for such determination and an alternative solution to improve the efficacy of the therapy models used by the Secretary for treating veterans with mental health issues.

''(f) TERMINATION OF COMMISSION.—The Commission shall terminate 30 days after the Commission submits the final report under subsection (e)(2).

''SEC. 932. EXPANSION OF RESEARCH AND EDUCATION ON AND DELIVERY OF COMPLEMENTARY AND INTEGRATIVE HEALTH TO VETERANS.

''(a) DEVELOPMENT OF PLAN TO EXPAND RESEARCH, EDUCATION, AND DELIVERY.—Not later than 180 days after the date of the enactment of this Act [July 22, 2016], the Secretary of Veterans Affairs shall develop a plan to expand materially and substantially the scope of the effectiveness of research and education on, and delivery and integration of, complementary and integrative health services into the health care services provided to veterans.

''(b) ELEMENTS.—The plan required by subsection (a) shall provide for the following:

''(1) Research on the following:

''(A) The effectiveness of various complementary and integrative health services, including the effectiveness of such services integrated with clinical services.

''(B) Approaches to integrating complementary and integrative health services into other health care services provided by the Department of Veterans Affairs.

''(2) Education and training for health care professionals of the Department on the following:

''(A) Complementary and integrative health services selected by the Secretary for purposes of the plan.

''(B) Appropriate uses of such services.

''(C) Integration of such services into the delivery of health care to veterans.

''(3) Research, education, and clinical activities on complementary and integrative health at centers of innovation at medical centers of the Department.

''(4) Identification or development of metrics and outcome measures to evaluate the effectiveness of the provision and integration of complementary and integrative health services into the delivery of health care to veterans.

''(5) Integration and delivery of complementary and integrative health services with other health care services provided by the Department.

''(c) CONSULTATION.—

''(1) IN GENERAL.—In carrying out subsection (a), the Secretary shall consult with the following:

''(A) The Director of the National Center for Complementary and Integrative Health of the National Institutes of Health.

''(B) The Commissioner of Food and Drugs.

''(C) Institutions of higher education, private research institutes, and individual researchers with extensive experience in complementary and integrative health and the integration of complementary and integrative health practices into the delivery of health care.

''(D) Nationally recognized providers of complementary and integrative health.

''(E) Such other officials, entities, and individuals with expertise on complementary and integrative health as the Secretary considers appropriate.

''(2) SCOPE OF CONSULTATION.—The Secretary shall undertake consultation under paragraph (1) in carrying out subsection (a) with respect to the following:

''(A) To develop the plan.

''(B) To identify specific complementary and integrative health practices that, on the basis of research findings or promising clinical interventions, are appropriate to include as services to veterans.

''(C) To identify barriers to the effective provision and integration of complementary and integrative health services into the delivery of health care to veterans, and to identify mechanisms for overcoming such barriers.

''SEC. 933. PILOT PROGRAM ON INTEGRATION OF COMPLEMENTARY AND INTEGRATIVE HEALTH AND RELATED ISSUES FOR VETERANS AND FAMILY MEMBERS OF VETERANS.

''(a) PILOT PROGRAM.—

''(1) IN GENERAL.—Not later than 180 days after the date on which the Secretary of Veterans Affairs receives the final report under section 931(e)(2), the Secretary shall commence a pilot program to assess the feasibility and advisability of using complementary and integrative health and wellness-based programs (as defined by the Secretary) to complement the provision of pain management and related health care services, including mental health care services, to veterans.

''(2) MATTERS ADDRESSED.—In carrying out the pilot program, the Secretary shall assess the following:

''(A) Means of improving coordination between Federal, State, local, and community providers of health care in the provision of pain management and related health care services to veterans.

''(B) Means of enhancing outreach, and coordination of outreach, by and among providers of health care referred to in subparagraph (A) on the pain management and related health care services available to veterans.

''(C) Means of using complementary and integrative health and wellness-based programs of providers of health care referred to in subparagraph (A) as complements to the provision by the Department of Veterans Affairs of pain management and related health care services to veterans.

''(D) Whether complementary and integrative health and wellness-based programs described in subparagraph (C)—

''(i) are effective in enhancing the quality of life and well-being of veterans;

''(ii) are effective in increasing the adherence of veterans to the primary pain management and related health care services provided such veterans by the Department;

''(iii) have an effect on the sense of well-being of veterans who receive primary pain management and related health care services from the Department; and

''(iv) are effective in encouraging veterans receiving health care from the Department to adopt a more healthy lifestyle.

''(b) DURATION.—The Secretary shall carry out the pilot program under subsection (a)(1) for a period of three years.

''(c) LOCATIONS.—

''(1) FACILITIES.—The Secretary shall carry out the pilot program under subsection (a)(1) at facilities of the Department providing pain management and related health care services, including mental health care services, to veterans. In selecting such facilities to carry out the pilot program, the Secretary shall select not fewer than 15 geographically diverse medical centers of the Department, of which not fewer than two shall be polytrauma rehabilitation centers of the Department.

''(2) MEDICAL CENTERS WITH PRESCRIPTION RATES OF OPIOIDS THAT CONFLICT WITH CARE STANDARDS.—In selecting the medical centers under paragraph (1), the Secretary shall give priority to medical centers of the Department at which there is a prescription rate of opioids that conflicts with or is otherwise inconsistent with the standards of appropriate and safe care.

''(d) PROVISION OF SERVICES.—Under the pilot program under subsection (a)(1), the Secretary shall provide covered services to covered veterans by integrating complementary and integrative health services with other services provided by the Department at the medical centers selected under subsection (c).

''(e) COVERED VETERANS.—For purposes of the pilot program under subsection (a)(1), a covered veteran is any veteran who—

''(1) has a mental health condition diagnosed by a clinician of the Department;

''(2) experiences chronic pain;

''(3) has a chronic condition being treated by a clinician of the Department; or

''(4) is not described in paragraph (1), (2), or (3) and requests to participate in the pilot program or is referred by a clinician of the Department who is treating the veteran.

''(f) COVERED SERVICES.—

''(1) IN GENERAL.—For purposes of the pilot program, covered services are services consisting of complementary and integrative health services as selected by the Secretary.

''(2) ADMINISTRATION OF SERVICES.—Covered services shall be administered under the pilot program as follows:

''(A) Covered services shall be administered by professionals or other instructors with appropriate training and expertise in complementary and integrative health services who are employees of the Department or with whom the Department enters into an agreement to provide such services.

''(B) Covered services shall be included as part of the Patient Aligned Care Teams initiative of the Office of Patient Care Services, Primary Care Program Office, in coordination with the Office of Patient Centered Care and Cultural Transformation.

''(C) Covered services shall be made available to—

''(i) covered veterans who have received conventional treatments from the Department for the conditions for which the covered veteran seeks complementary and integrative health services under the pilot program; and

''(ii) covered veterans who have not received conventional treatments from the Department for such conditions.

''(g) REPORTS.—

''(1) IN GENERAL.—Not later than 30 months after the date on which the Secretary commences the pilot program under subsection (a)(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 pilot program.

''(2) ELEMENTS.—The report under paragraph (1) shall include the following:

''(A) The findings and conclusions of the Secretary with respect to the pilot program under subsection (a)(1), including with respect to—

''(i) the use and efficacy of the complementary and integrative health services established under the pilot program;

''(ii) the outreach conducted by the Secretary to inform veterans and community organizations about the pilot program; and

''(iii) an assessment of the benefit of the pilot program to covered veterans in mental health diagnoses, pain management, and treatment of chronic illness.

''(B) Identification of any unresolved barriers that impede the ability of the Secretary to incorporate complementary and integrative health services with other health care services provided by the Department.

''(C) Such recommendations for the continuation or expansion of the pilot program as the Secretary considers appropriate.

''SUBTITLE D—FITNESS OF HEALTH CARE PROVIDERS

''SEC. 941. ADDITIONAL REQUIREMENTS FOR HIRING OF HEALTH CARE PROVIDERS BY DEPARTMENT OF VETERANS AFFAIRS.

''As part of the hiring process for each health care provider considered for a position at the Department of Veterans Affairs after the date of the enactment of the [this] Act [July 22, 2016], the Secretary of Veterans Affairs shall require from the medical board of each State in which the health care provider has or had a medical license—

''(1) information on any violation of the requirements of the medical license of the health care provider during the 20-year period preceding the consideration of the health care provider by the Department; and

''(2) information on whether the health care provider has entered into any settlement agreement for a disciplinary charge relating to the practice of medicine by the health care provider.

''SEC. 942. PROVISION OF INFORMATION ON HEALTH CARE PROVIDERS OF DEPARTMENT OF VETERANS AFFAIRS TO STATE MEDICAL BOARDS.

''Notwithstanding section 552a of title 5, United States Code, with respect to each health care provider of the Department of Veterans Affairs who has violated a requirement of the medical license of the health care provider, the Secretary of Veterans Affairs shall provide to the medical board of each State in which the health care provider is licensed detailed information with respect to such violation, regardless of whether such board has formally requested such information.

''SEC. 943. REPORT ON COMPLIANCE BY DEPARTMENT OF VETERANS AFFAIRS WITH REVIEWS OF HEALTH CARE PROVIDERS LEAVING THE DEPARTMENT OR TRANSFERRING TO OTHER FACILITIES.

''Not later than 180 days after the date of the enactment of this Act [July 22, 2016], 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 compliance by the Department of Veterans Affairs with the policy of the Department—

''(1) to conduct a review of each health care provider of the Department who transfers to another

medical facility of the Department, resigns, retires, or is terminated to determine whether there are any concerns, complaints, or allegations of violations relating to the medical practice of the health care provider; and

''(2) to take appropriate action with respect to any such concern, complaint, or allegation.

''SUBTITLE E—OTHER MATTERS

''SEC. 951. MODIFICATION TO LIMITATION ON AWARDS AND BONUSES.''

[Amended section 705 of Pub. L. 113–146, set out as a note under section 703 of this title.]

FUNDING ACCOUNT FOR NON-DEPARTMENT CARE

Pub. L. 114–41, title IV, §4003, July 31, 2015, 129 Stat. 462, provided that: ''Each budget of the President submitted to Congress under section 1105 of title 31, United States Code, for fiscal year 2017 and each fiscal year thereafter shall include an appropriations account for non-Department provider programs (as defined in section 2(d) [probably means section 4002(d) of Pub. L. 114–41, 129 Stat. 462]) to be comprised of—

''(1) discretionary medical services funding that is designated for hospital care and medical services furnished at non-Department facilities; and

''(2) any funds transferred for such purpose from the Veterans Choice Fund established by section 802 of the Veterans Access, Choice, and Accountability Act of 2014 (Public Law 113–146; 128 Stat. 1802) [set out below].''

LIMITATION ON DIALYSIS PILOT PROGRAM

Pub. L. 114–41, title IV, §4006, July 31, 2015, 129 Stat. 465, provided that:

''(a) LIMITATION.—None of the funds authorized to be appropriated or otherwise made available to the Secretary of Veterans Affairs may be used to expand the dialysis pilot program or to create any new dialysis capability provided by the Department in a facility that is not an initial facility under the dialysis pilot program until—

''(1) an independent analysis of the dialysis pilot program is conducted for each such initial facility;

''(2) the Secretary submits to the appropriate congressional committees the report under subsection (b); and

''(3) a period of 180 days has elapsed following the date on which the Secretary submits such report.

''(b) REPORT.—The Secretary shall submit to the appropriate congressional committees a report containing the following:

''(1) The independent analysis described in subsection (a)(1).

''(2) A five-year dialysis investment plan explaining all of the options of the Secretary for delivering dialysis care to veterans, including how and where such care will be delivered.

''(c) DEFINITIONS.—In this section:

''(1) The term 'appropriate congressional committees' means—

''(A) the Committee on Veterans' Affairs and the Committee on Appropriations of the House of Representatives; and

''(B) the Committee on Veterans' Affairs and the Committee on Appropriations of the Senate.

''(2) The term 'dialysis pilot program' means the pilot demonstration program approved by the Under Secretary of Veterans Affairs for Health in August 2010 and by the Secretary of Veterans Affairs in September 2010 to provide dialysis care to patients at certain outpatient facilities operated by the Department of Veterans Affairs.

''(3) The term 'initial facility' means one of the four outpatient facilities identified by the Secretary to participate in the dialysis pilot program prior to the date of the enactment of this Act [July 31, 2015].''

VETERANS ACCESS, CHOICE AND ACCOUNTABILITY IN HEALTH CARE

Pub. L. 113–146, §2, titles I, II, VIII, Aug. 7, 2014, 128 Stat. 1755, 1769, 1801, as amended by Pub. L. 113–175, title IV, §409(a)–(f), Sept. 26, 2014, 128 Stat. 1906, 1907; Pub. L. 113–235, div. I, title II, §242, Dec. 16, 2014, 128 Stat. 2568; Pub. L. 114–19, §3(a), May 22, 2015, 129 Stat. 215; Pub. L. 114–41, title IV, §§4004, 4005, July 31, 2015, 129 Stat. 463, 464; Pub. L. 114–131, §1, Feb. 29, 2016, 130 Stat. 292; Pub. L. 115–26, §§1, 2, Apr. 19, 2017, 131 Stat. 129; Pub. L. 115–182, title I, §§142, 143, June 6, 2018, 132 Stat. 1429, provided that:

''SEC. 2. DEFINITIONS.

''In this Act [see Tables for classification]:

''(1) The term 'facility of the Department' has the meaning given the term 'facilities of the Department' in section 1701 of title 38, United States Code.

''(2) The terms 'hospital care' and 'medical services' have the meanings given such terms in section 1701 of title 38, United States Code.

''TITLE I—IMPROVEMENT OF ACCESS TO CARE FROM NON-DEPARTMENT OF VETERANS AFFAIRS PROVIDERS

''SEC. 101. EXPANDED AVAILABILITY OF HOSPITAL CARE AND MEDICAL SERVICES FOR VETERANS THROUGH THE USE OF AGREEMENTS WITH NON-DEPARTMENT OF VETERANS AFFAIRS ENTITIES.

''(a) EXPANSION OF AVAILABLE CARE AND SERVICES.—

''(1) FURNISHING OF CARE.—

''(A) IN GENERAL.—Hospital care and medical services under chapter 17 of title 38, United States Code, shall be furnished to an eligible veteran described in subsection (b), at the election of such veteran, through agreements authorized under subsection (d), or any other law administered by the Secretary of Veterans Affairs, with entities specified in subparagraph (B) for the furnishing of such care and services to veterans.

''(B) ENTITIES SPECIFIED.—The entities specified in this subparagraph are the following:

''(i) Any health care provider that is participating in the Medicare program under title XVIII of the Social Security Act (42 U.S.C. 1395 et seq.), including any physician furnishing services under such program.

''(ii) Any Federally-qualified health center (as defined in section 1905(*l*)(2)(B) of the Social Security Act (42 U.S.C. 1396d(*l*)(2)(B))).

''(iii) The Department of Defense.

''(iv) The Indian Health Service.

''(v) Subject to subsection (d)(5), a health care provider not otherwise covered under any of clauses (i) through (iv).

''(2) CHOICE OF PROVIDER.—An eligible veteran who makes an election under subsection (c) to receive hospital care or medical services under this section may select a provider of such care or services from among the entities specified in paragraph (1)(B) that are accessible to the veteran.

''(3) COORDINATION OF CARE AND SERVICES.—The Secretary shall coordinate, through the Non-VA Care Coordination Program of the Department of Veterans Affairs, the furnishing of care and services under this section to eligible veterans, including by ensuring that an eligible veteran receives an appointment for such care and services within the wait-time goals of the Veterans Health Administration for the furnishing of hospital care and medical services.

''(b) ELIGIBLE VETERANS.—A veteran is an eligible veteran for purposes of this section if—

''(1) the veteran is enrolled in the patient enrollment system of the Department of Veterans Affairs established and operated under section 1705 of title 38, United States Code, including any such veteran who has not received hospital care or medical services from the Department and has contacted the Department seeking an initial appointment from the Department for the receipt of such care or services; and

''(2) the veteran—

''(A) attempts, or has attempted, to schedule an appointment for the receipt of hospital care or

medical services under chapter 17 of title 38, United States Code, but is unable to schedule an appointment within—

''(i) the wait-time goals of the Veterans Health Administration for the furnishing of such care or services; or

''(ii) with respect to such care or services that are clinically necessary, the period determined necessary for such care or services if such period is shorter than such wait-time goals;

''(B) resides more than 40 miles (as calculated based on distance traveled) from—

''(i) with respect to a veteran who is seeking primary care, a medical facility of the Department, including a community-based outpatient clinic, that is able to provide such primary care by a full-time primary care physician; or

''(ii) with respect to a veteran not covered under clause (i), the medical facility of the Department, including a community-based outpatient clinic, that is closest to the residence of the veteran;

''(C) resides—

''(i) in a State without a medical facility of the Department that provides—

''(I) hospital care;

''(II) emergency medical services; and

''(III) surgical care rated by the Secretary as having a surgical complexity of standard; and

''(ii) more than 20 miles from a medical facility of the Department described in clause (i); or

''(D)(i) resides in a location, other than a location in Guam, American Samoa, or the Republic of the Philippines, that is 40 miles or less from a medical facility of the Department, including a community-based outpatient clinic; and

''(ii)(I) is required to travel by air, boat, or ferry to reach each medical facility described in clause (i) that is 40 miles or less from the residence of the veteran; or

''(II) faces an unusual or excessive burden in traveling to such a medical facility of the Department based on—

''(aa) geographical challenges;

''(bb) environmental factors, such as roads that are not accessible to the general public, traffic, or hazardous weather;

''(cc) a medical condition that impacts the ability to travel; or

''(dd) other factors, as determined by the Secretary.

''(c) ELECTION AND AUTHORIZATION.—

''(1) IN GENERAL.—In the case of an eligible veteran described in subsection (b)(2)(A), the Secretary shall, at the election of the eligible veteran—

''(A) provide the veteran an appointment that exceeds the wait-time goals described in such subsection or place such eligible veteran on an electronic waiting list described in paragraph (2) for an appointment for hospital care or medical services the veteran has elected to receive under this section; or

''(B)(i) authorize that such care or services be furnished to the eligible veteran under this section for a period of time specified by the Secretary; and

''(ii) notify the eligible veteran by the most effective means available, including electronic communication or notification in writing, describing the care or services the eligible veteran is eligible to receive under this section.

''(2) ELECTRONIC WAITING LIST.—The electronic waiting list described in this paragraph shall be maintained by the Department and allow access by each eligible veteran via www.myhealth.va.gov or any successor website (or other digital channel) for the following purposes:

''(A) To determine the place of such eligible veteran on the waiting list.

''(B) To determine the average length of time an individual spends on the waiting list, disaggregated by medical facility of the Department and type of care or service needed, for purposes of allowing such eligible veteran to make an informed election under paragraph (1).

''(d) CARE AND SERVICES THROUGH AGREEMENTS.—

''(1) AGREEMENTS.—

''(A) IN GENERAL.—The Secretary shall enter into agreements for furnishing care and services to eligible veterans under this section with entities specified in subsection (a)(1)(B). An agreement entered into pursuant to this subparagraph may not be treated as a Federal contract for the acquisition of goods or services and is not subject to any provision of law governing Federal contracts for the acquisition of goods or services. Before entering into an agreement pursuant to this subparagraph, the Secretary shall, to the maximum extent practicable and consistent with the requirements of this section, furnish such care and services to such veterans under this section with such entities pursuant to sharing agreements, existing contracts entered into by the Secretary, or other processes available at medical facilities of the Department.

''(B) AGREEMENT DEFINED.—In this paragraph, the term 'agreement' includes contracts, intergovernmental agreements, and provider agreements, as appropriate.

''(2) RATES AND REIMBURSEMENT.—

''(A) IN GENERAL.—In entering into an agreement under paragraph (1) with an entity specified in subsection (a)(1)(B), the Secretary shall—

''(i) negotiate rates for the furnishing of care and services under this section; and

''(ii) reimburse the entity for such care and services at the rates negotiated pursuant to clause (i) as provided in such agreement.

''(B) LIMIT ON RATES.—

''(i) IN GENERAL.—Except as provided in clause (ii), rates negotiated under subparagraph (A)(i) shall not be more than the rates paid by the United States to a provider of services (as defined in section 1861(u) of the Social Security Act (42 U.S.C. 1395x(u))) or a supplier (as defined in section 1861(d) of such Act (42 U.S.C. 1395x(d))) under the Medicare program under title XVIII of the Social Security Act (42 U.S.C. 1395 et seq.) for the same care or services.

''(ii) EXCEPTION.—

''(I) IN GENERAL.—The Secretary may negotiate a rate that is more than the rate paid by the United States as described in clause (i) with respect to the furnishing of care or services under this section to an eligible veteran who resides in a highly rural area.

''(II) HIGHLY RURAL AREA DEFINED.—In this clause, the term 'highly rural area' means an area located in a county that has fewer than seven individuals residing in that county per square mile.

''(III) OTHER EXCEPTIONS.—With respect to furnishing care or services under this section in Alaska, the Alaska Fee Schedule of the Department of Veterans Affairs will be followed, except for when another payment agreement, including a contract or provider agreement, is in place. With respect to care or services furnished under this section in a State with an All-Payer Model Agreement under the Social Security Act [42 U.S.C. 301 et seq.] that became effective on January 1, 2014, the Medicare payment rates under clause (i) shall be calculated based on the payment rates under such agreement.

''(C) LIMIT ON COLLECTION.—For the furnishing of care or services pursuant to an agreement under paragraph (1), an entity specified in subsection (a)(1)(B) may not collect any amount that is greater than the rate negotiated pursuant to subparagraph (A)(i).

''(3) CERTAIN PROCEDURES.—

''(A) IN GENERAL.—In entering into an agreement under paragraph (1) with an entity described in sub-

paragraph (B), the Secretary may use the procedures, including those procedures relating to reimbursement, available for entering into provider agreements under section 1866(a) of the Social Security Act (42 U.S.C. 1395cc(a)) and participation agreements under section 1842(h) of such Act (42 U.S.C. 1395u(h)). During the period in which such entity furnishes care or services pursuant to this section, such entity may not be treated as a Federal contractor or subcontractor by the Office of Federal Contract Compliance Programs of the Department of Labor by virtue of furnishing such care or services.

''(B) ENTITIES DESCRIBED.—The entities described in this subparagraph are the following:

''(i) In the case of the Medicare program, any provider of services that has entered into a provider agreement under section 1866(a) of the Social Security Act (42 U.S.C. 1395cc(a)) and any physician or other supplier who has entered into a participation agreement under section 1842(h) of such Act (42 U.S.C. 1395u(h)); and

''(ii) In the case of the Medicaid program, any provider participating under a State plan under title XIX of such Act (42 U.S.C. 1396 et seq.).

''(4) INFORMATION ON POLICIES AND PROCEDURES.—The Secretary shall provide to any entity with which the Secretary has entered into an agreement under paragraph (1) the following:

''(A) Information on applicable policies and procedures for submitting bills or claims for authorized care or services furnished to eligible veterans under this section.

''(B) Access to a telephone hotline maintained by the Department that such entity may call for information on the following:

''(i) Procedures for furnishing care and services under this section.

''(ii) Procedures for submitting bills or claims for authorized care and services furnished to eligible veterans under this section and being reimbursed for furnishing such care and services.

''(iii) Whether particular care or services under this section are authorized, and the procedures for authorization of such care or services.

''(5) AGREEMENTS WITH OTHER PROVIDERS.—In accordance with the rates determined pursuant to paragraph (2), the Secretary may enter into agreements under paragraph (1) for furnishing care and services to eligible veterans under this section with an entity specified in subsection (a)(1)(B)(v) if the entity meets criteria established by the Secretary for purposes of this section.

''(e) RESPONSIBILITY FOR COSTS OF CERTAIN CARE.—

''(1) SUBMITTAL OF INFORMATION ON HEALTH-CARE PLANS.—Before receiving hospital care or medical services under this section, an eligible veteran shall provide to the Secretary information on any health-care plan described in paragraph (2) under which the eligible veteran is covered.

''(2) HEALTH-CARE PLAN.—A health-care plan described in this paragraph—

''(A) is an insurance policy or contract, medical or hospital service agreement, membership or subscription contract, or similar arrangement not administered by the Secretary of Veterans Affairs, under which health services for individuals are provided or the expenses of such services are paid; and

''(B) does not include any such policy, contract, agreement, or similar arrangement pursuant to title XVIII or XIX of the Social Security Act (42 U.S.C. 1395 et seq.[, 1396 et seq.]) or chapter 55 of title 10, United States Code.

''(3) RECOVERY OF COSTS FOR CERTAIN CARE.—

''(A) IN GENERAL.—In any case in which an eligible veteran is furnished hospital care or medical services under this section for a non-service-connected disability described in subsection (a)(2) of section 1729 of title 38, United States Code, or for a condition for which recovery is authorized or with respect to which the United States is deemed to be a third party beneficiary under Public Law 87–693, commonly known as the 'Federal Medical Care Recovery Act' (42 U.S.C. 2651 et seq.), the Secretary shall recover or collect from a third party (as defined in subsection (i) of such section 1729) reasonable charges for such care or services to the extent that the veteran (or the provider of the care or services) would be eligible to receive payment for such care or services from such third party if the care or services had not been furnished by a department or agency of the United States.

''(B) USE OF AMOUNTS.—Amounts collected by the Secretary under subparagraph (A) shall be deposited in the Medical Community Care account of the Department. Amounts so deposited shall remain available until expended.

''(f) VETERANS CHOICE CARD.—

''(1) IN GENERAL.—For purposes of receiving care and services under this section, the Secretary shall, not later than 90 days after the date of the enactment of this Act [Aug. 7, 2014], issue to each veteran described in subsection (b)(1) a card that may be presented to a health care provider to facilitate the receipt of care or services under this section.

''(2) NAME OF CARD.—Each card issued under paragraph (1) shall be known as a 'Veterans Choice Card'.

''(3) DETAILS OF CARD.—Each Veterans Choice Card issued to a veteran under paragraph (1) shall include the following:

''(A) The name of the veteran.

''(B) An identification number for the veteran that is not the social security number of the veteran.

''(C) The contact information of an appropriate office of the Department for health care providers to confirm that care or services under this section are authorized for the veteran.

''(D) Contact information and other relevant information for the submittal of claims or bills for the furnishing of care or services under this section.

''(E) The following statement: 'This card is for qualifying medical care outside the Department of Veterans Affairs. Please call the Department of Veterans Affairs phone number specified on this card to ensure that treatment has been authorized.'.

''(4) INFORMATION ON USE OF CARD.—Upon issuing a Veterans Choice Card to a veteran, the Secretary shall provide the veteran with information clearly stating the circumstances under which the veteran may be eligible for care or services under this section.

''(g) INFORMATION ON AVAILABILITY OF CARE.—The Secretary shall provide information to a veteran about the availability of care and services under this section in the following circumstances:

''(1) When the veteran enrolls in the patient enrollment system of the Department under section 1705 of title 38, United States Code.

''(2) When the veteran attempts to schedule an appointment for the receipt of hospital care or medical services from the Department but is unable to schedule an appointment within the wait-time goals of the Veterans Health Administration for the furnishing of such care or services.

''(3) When the veteran becomes eligible for hospital care or medical services under this section under subparagraph (B), (C), or (D) of subsection (b)(2).

''(h) FOLLOW-UP CARE.—In carrying out this section, the Secretary shall ensure that, at the election of an eligible veteran who receives hospital care or medical services from a health care provider in an episode of care under this section, the veteran receives such hospital care and medical services from such health care provider through the completion of the episode of care, including all specialty and ancillary services deemed necessary as part of the treatment recommended in the course of such hospital care or medical services.

''(i) PROVIDERS.—To be eligible to furnish care or services under this section, a health care provider must—

''(1) maintain at least the same or similar credentials and licenses as those credentials and licenses that are required of health care providers of the Department, as determined by the Secretary for purposes of this section; and

''(2) submit, not less frequently than once each year during the period in which the Secretary is authorized to carry out this section pursuant to subsection (p), verification of such licenses and credentials maintained by such health care provider.

''(j) COST-SHARING.—

''(1) IN GENERAL.—The Secretary shall require an eligible veteran to pay a copayment for the receipt of care or services under this section only if such eligible veteran would be required to pay a copayment for the receipt of such care or services at a medical facility of the Department or from a health care provider of the Department pursuant to chapter 17 of title 38, United States Code.

''(2) LIMITATION.—The amount of a copayment charged under paragraph (1) may not exceed the amount of the copayment that would be payable by such eligible veteran for the receipt of such care or services at a medical facility of the Department or from a health care provider of the Department pursuant to chapter 17 of title 38, United States Code.

''(3) COLLECTION OF COPAYMENT.—A health care provider that furnishes care or services to an eligible veteran under this section shall collect the copayment required under paragraph (1) from such eligible veteran at the time of furnishing such care or services.

''(k) CLAIMS PROCESSING SYSTEM.—

''(1) IN GENERAL.—The Secretary shall provide for an efficient nationwide system for processing and paying bills or claims for authorized care and services furnished to eligible veterans under this section.

''(2) REGULATIONS.—Not later than 90 days after the date of the enactment of this Act, the Secretary of Veterans Affairs shall prescribe regulations for the implementation of such system.

''(3) OVERSIGHT.—The Chief Business Office of the Veterans Health Administration shall oversee the implementation and maintenance of such system.

''(4) ACCURACY OF PAYMENT.—

''(A) IN GENERAL.—The Secretary shall ensure that such system meets such goals for accuracy of payment as the Secretary shall specify for purposes of this section.

''(B) QUARTERLY REPORT.—

''(i) IN GENERAL.—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 quarterly report on the accuracy of such system.

''(ii) ELEMENTS.—Each report required by clause (i) shall include the following:

''(I) A description of the goals for accuracy for such system specified by the Secretary under subparagraph (A).

''(II) An assessment of the success of the Department in meeting such goals during the quarter covered by the report.

''(iii) DEADLINE.—The Secretary shall submit each report required by clause (i) not later than 20 days after the end of the quarter covered by the report.

''(*l*) MEDICAL RECORDS.—

''(1) IN GENERAL.—The Secretary shall ensure that any health care provider that furnishes care or services under this section to an eligible veteran submits to the Department a copy of any medical record related to the care or services provided to such eligible veteran by such health care provider for inclusion in the electronic medical record of such eligible veteran maintained by the Department upon the completion of the provision of such care or services to such eligible veteran.

''(2) ELECTRONIC FORMAT.—Any medical record submitted to the Department under paragraph (1) shall, to the extent possible, be in an electronic format.

''(m) TRACKING OF MISSED APPOINTMENTS.—The Secretary shall implement a mechanism to track any missed appointments for care or services under this section by eligible veterans to ensure that the Department does not pay for such care or services that were not furnished to an eligible veteran.

''(n) IMPLEMENTATION.—Not later than 90 days after the date of the enactment of this Act, the Secretary shall prescribe interim final regulations on the implementation of this section and publish such regulations in the Federal Register.

''(*o*) INSPECTOR GENERAL REPORT.—Not later than 30 days after the date on which the Secretary determines that 75 percent of the amounts deposited in the Veterans Choice Fund established by section 802 have been exhausted, the Inspector General of the Department shall submit to the Secretary a report on the results of an audit of the care and services furnished under this section to ensure the accuracy and timeliness of payments by the Department for the cost of such care and services, including any findings and recommendations of the Inspector General.

''(p) AUTHORITY TO FURNISH CARE AND SERVICES.—The Secretary may not use the authority under this section to furnish care and services after the date that is 1 year after the date of the enactment of the Caring for Our Veterans Act of 2018 [June 6, 2018].

''(q) REPORTS.—

''(1) INITIAL REPORT.—Not later than 90 days after the publication of the interim final regulations under subsection (n), 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 furnishing of care and services under this section that includes the following:

''(A) The number of eligible veterans who have received care or services under this section.

''(B) A description of the types of care and services furnished to eligible veterans under this section.

''(2) FINAL REPORT.—Not later than 30 days after the date on which the Secretary determines that 75 percent of the amounts deposited in the Veterans Choice Fund established by section 802 have been exhausted, 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 furnishing of care and services under this section that includes the following:

''(A) The total number of eligible veterans who have received care or services under this section, disaggregated by—

''(i) eligible veterans described in subsection (b)(2)(A);

''(ii) eligible veterans described in subsection (b)(2)(B);

''(iii) eligible veterans described in subsection (b)(2)(C); and

''(iv) eligible veterans described in subsection (b)(2)(D).

''(B) A description of the types of care and services furnished to eligible veterans under this section.

''(C) An accounting of the total cost of furnishing care and services to eligible veterans under this section.

''(D) The results of a survey of eligible veterans who have received care or services under this section on the satisfaction of such eligible veterans with the care or services received by such eligible veterans under this section.

''(E) An assessment of the effect of furnishing care and services under this section on wait times for appointments for the receipt of hospital care and medical services from the Department.

''(F) An assessment of the feasibility and advisability of continuing furnishing care and services

under this section after the termination date specified in subsection (p).

''(r) RULE OF CONSTRUCTION.—Nothing in this section shall be construed to alter the process of the Department for filling and paying for prescription medications.

''(s) WAIT-TIME GOALS OF THE VETERANS HEALTH ADMINISTRATION.—

''(1) IN GENERAL.—Except as provided in paragraph (2), in this section, the term 'wait-time goals of the Veterans Health Administration' means not more than 30 days from the date on which a veteran requests an appointment for hospital care or medical services from the Department.

''(2) ALTERNATE GOALS.—If the Secretary submits to Congress, not later than 60 days after the date of the enactment of this Act, a report stating that the actual wait-time goals of the Veterans Health Administration are different from the wait-time goals specified in paragraph (1)—

''(A) for purposes of this section, the wait-time goals of the Veterans Health Administration shall be the wait-time goals submitted by the Secretary under this paragraph; and

''(B) the Secretary shall publish such wait-time goals in the Federal Register and on an Internet website of the Department available to the public.

''(t) WAIVER OF CERTAIN PRINTING REQUIREMENTS.—Section 501 of title 44, United States Code, shall not apply in carrying out this section.

''SEC. 102. ENHANCEMENT OF COLLABORATION BETWEEN DEPARTMENT OF VETERANS AFFAIRS AND INDIAN HEALTH SERVICE.

''(a) OUTREACH TO TRIBAL-RUN MEDICAL FACILITIES.—The Secretary of Veterans Affairs shall, in consultation with the Director of the Indian Health Service, conduct outreach to each medical facility operated by an Indian tribe or tribal organization through a contract or compact with the Indian Health Service under the Indian Self-Determination and Education Assistance Act (25 U.S.C. 450 et seq.) [now 25 U.S.C. 5301 et seq.] to raise awareness of the ability of such facilities, Indian tribes, and tribal organizations to enter into agreements with the Department of Veterans Affairs under which the Secretary reimburses such facilities, Indian tribes, or tribal organizations, as the case may be, for health care provided to veterans who are—

''(1) eligible for health care at such facilities; and

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

''(B) eligible for hospital care and medical services pursuant to subsection (c)(2) of such section.

''(b) PERFORMANCE METRICS FOR MEMORANDUM OF UNDERSTANDING.—The Secretary of Veterans Affairs and the Director of the Indian Health Service shall jointly establish and implement performance metrics for assessing the performance by the Department of Veterans Affairs and the Indian Health Service under the memorandum of understanding entitled 'Memorandum of Understanding between the Department of Veterans Affairs (VA) and the Indian Health Service (IHS)' in increasing access to health care, improving quality and coordination of health care, promoting effective patient-centered collaboration and partnerships between the Department and the Service, and ensuring health-promotion and disease-prevention services are appropriately funded and available for beneficiaries under both health care systems.

''(c) REPORT.—Not later than 180 days after the date of the enactment of this Act [Aug. 7, 2014], the Secretary of Veterans Affairs and the Director of the Indian Health Service shall jointly submit to Congress a report on the feasibility and advisability of the following:

''(1) Entering into agreements for the reimbursement by the Secretary of the costs of direct care services provided through organizations receiving amounts pursuant to grants made or contracts entered into under section 503 of the Indian Health Care Improvement Act (25 U.S.C. 1653) to veterans who are otherwise eligible to receive health care from such organizations.

''(2) Including the reimbursement of the costs of direct care services provided to veterans who are not Indians in agreements between the Department and the following:

''(A) The Indian Health Service.

''(B) An Indian tribe or tribal organization operating a medical facility through a contract or compact with the Indian Health Service under the Indian Self-Determination and Education Assistance Act (25 U.S.C. 450 et seq.) [now 25 U.S.C. 5301 et seq.].

''(C) A medical facility of the Indian Health Service.

''(3) Entering into an agreement between the Department and the Indian Health Service described in paragraph (2)(A) with respect to the effect of such agreement on the priority access of any Indian to health care services provided through the Indian Health Service, the eligibility of any Indian to receive health services through the Indian Health Service, and the quality of health care services provided to any Indian through the Indian Health Service.

''SEC. 103. ENHANCEMENT OF COLLABORATION BETWEEN DEPARTMENT OF VETERANS AFFAIRS AND NATIVE HAWAIIAN HEALTH CARE SYSTEMS.

''(a) IN GENERAL.—The Secretary of Veterans Affairs shall, in consultation with Papa Ola Lokahi and such other organizations involved in the delivery of health care to Native Hawaiians as the Secretary considers appropriate, enter into contracts or agreements with Native Hawaiian health care systems that are in receipt of funds from the Secretary of Health and Human Services pursuant to grants awarded or contracts entered into under section 6(a) of the Native Hawaiian Health Care Improvement Act (42 U.S.C. 11705(a)) for the reimbursement of direct care services provided to eligible veterans as specified in such contracts or agreements.

''(b) DEFINITIONS.—In this section, the terms 'Native Hawaiian', 'Native Hawaiian health care system', and 'Papa Ola Lokahi' have the meanings given those terms in section 12 of the Native Hawaiian Health Care Improvement Act (42 U.S.C. 11711).

''SEC. 104. REAUTHORIZATION AND MODIFICATION OF PILOT PROGRAM OF ENHANCED CONTRACT CARE AUTHORITY FOR HEALTH CARE NEEDS OF VETERANS.

[Amended section 403 of Pub. L. 110—387, set out as a note under section 1703 of this title.]

''SEC. 105. PROMPT PAYMENT BY DEPARTMENT OF VETERANS AFFAIRS.

''(a) SENSE OF CONGRESS ON PROMPT PAYMENT BY DEPARTMENT.—It is the sense of Congress that the Secretary of Veterans Affairs shall comply with part 1315 of title 5, Code of Federal Regulations (commonly known as the 'prompt payment rule'), or any corresponding similar regulation or ruling, in paying for health care pursuant to contracts entered into with non-Department of Veterans Affairs providers to provide health care under the laws administered by the Secretary.

''(b) ESTABLISHMENT OF CLAIMS PROCESSING SYSTEM.—

''(1) CLAIMS PROCESSING SYSTEM.—The Secretary of Veterans Affairs shall establish and implement a system to process and pay claims for payment for hospital care, medical services, and other health care furnished by non-Department of Veterans Affairs health care providers under the laws administered by the Secretary.

''(2) COMPLIANCE WITH PROMPT PAYMENT ACT.—The system established and implemented under paragraph (1) shall comply with all requirements of chapter 39 of title 31, United States Code (commonly referred to as the 'Prompt Payment Act').

''(c) REPORT.—Not later than 1 year after the date of the enactment of this Act [Aug. 7, 2014], the Comptroller General of the United States shall submit to Congress a report on the timeliness of payments by the Secretary for hospital care, medical services, and other health care furnished by non-Department of Veterans Affairs health care providers under the laws administered by the Secretary.

''(d) ELEMENTS.—The report required by subsection (c) shall include the following:

''(1) The results of a survey of non-Department health care providers who have submitted claims to the Department for hospital care, medical services, or other health care furnished to veterans for which payment is authorized under the laws administered by the Secretary during the one-year period preceding the submittal of the report, which survey shall include the following:

''(A) The amount of time it took for such health care providers, after submitting such claims, to receive payment from the Department for such care or services.

''(B) A comparison of the amount of time under subparagraph (A) and the amount of time it takes such health care providers to receive payments from the United States for similar care or services provided to the following, if applicable:

''(i) Beneficiaries under the Medicare program under title XVIII of the Social Security Act (42 U.S.C. 1395 et seq.).

''(ii) Covered beneficiaries under the TRICARE program under chapter 55 of title 10, United States Code.

''(2) Such recommendations for legislative or administrative action as the Comptroller General considers appropriate.

''(e) SURVEY ELEMENTS.—In carrying out the survey, the Comptroller General shall seek responses from non-Department health care providers in a manner that ensures that the survey reflects the responses of such providers that—

''(1) are located in different geographic areas;

''(2) furnish a variety of different hospital care, medical services, and other health care; and

''(3) furnish such care and services in a variety of different types of medical facilities.

''SEC. 106. TRANSFER OF AUTHORITY FOR PAYMENTS FOR HOSPITAL CARE, MEDICAL SERVICES, AND OTHER HEALTH CARE FROM NON-DEPARTMENT OF VETERANS AFFAIRS PROVIDERS TO THE CHIEF BUSINESS OFFICE OF THE VETERANS HEALTH ADMINISTRATION.

''(a) TRANSFER OF AUTHORITY.—

''(1) IN GENERAL.—Effective as of October 1, 2014, the Secretary of Veterans Affairs shall transfer the authority to pay for hospital care, medical services, and other health care furnished through non-Department of Veterans Affairs providers from—

''(A) the Veterans Integrated Service Networks and medical centers of the Department of Veterans Affairs, to

''(B) the Chief Business Office of the Veterans Health Administration of the Department of Veterans Affairs.

''(2) MANNER OF CARE.—The Chief Business Office shall work in consultation with the Office of Clinical Operations and Management of the Department to ensure that care and services described in paragraph (1) are provided in a manner that is clinically appropriate and in the best interest of the veterans receiving such care and services.

''(3) NO DELAY IN PAYMENT.—The transfer of authority under paragraph (1) shall be carried out in a manner that does not delay or impede any payment by the Department for hospital care, medical services, or other health care furnished through a non-Department provider under the laws administered by the Secretary.

''(b) BUDGET MATTERS.—The budget of the Department of Veterans Affairs for any fiscal year beginning after the date of the enactment of this Act [Aug. 7, 2014] (as submitted to Congress pursuant to section 1105(a) of title 31, United States Code) shall specify funds for the payment for hospital care, medical services, and other health care furnished through non-Department of Veterans Affairs providers, including any administrative costs associated with such payment, as funds for the Chief Business Office of the Veterans Health Administration rather than as funds for the Veterans Integrated Service Networks or medical centers of the Department.

''TITLE II—HEALTH CARE ADMINISTRATIVE MATTERS

''SEC. 201. INDEPENDENT ASSESSMENT OF THE HEALTH CARE DELIVERY SYSTEMS AND MANAGEMENT PROCESSES OF THE DEPARTMENT OF VETERANS AFFAIRS.

''(a) INDEPENDENT ASSESSMENT.—

''(1) ASSESSMENT.—Not later than 90 days after the date of the enactment of this Act [Aug. 7, 2014], the Secretary of Veterans Affairs shall enter into one or more contracts with a private sector entity or entities described in subsection (b) to conduct an independent assessment of the hospital care, medical services, and other health care furnished in medical facilities of the Department. Such assessment shall address each of the following:

''(A) Current and projected demographics and unique health care needs of the patient population served by the Department.

''(B) Current and projected health care capabilities and resources of the Department, including hospital care, medical services, and other health care furnished by non-Department facilities under contract with the Department, to provide timely and accessible care to veterans.

''(C) The authorities and mechanisms under which the Secretary may furnish hospital care, medical services, and other health care at non-Department facilities, including whether the Secretary should have the authority to furnish such care and services at such facilities through the completion of episodes of care.

''(D) The appropriate system-wide access standard applicable to hospital care, medical services, and other health care furnished by and through the Department, including an identification of appropriate access standards for each individual specialty and post-care rehabilitation.

''(E) The workflow process at each medical facility of the Department for scheduling appointments for veterans to receive hospital care, medical services, or other health care from the Department.

''(F) The organization, workflow processes, and tools used by the Department to support clinical staffing, access to care, effective length-of-stay management and care transitions, positive patient experience, accurate documentation, and subsequent coding of inpatient services.

''(G) The staffing level at each medical facility of the Department and the productivity of each health care provider at such medical facility, compared with health care industry performance metrics, which may include an assessment of any of the following:

''(i) The case load of, and number of patients treated by, each health care provider at such medical facility during an average week.

''(ii) The time spent by such health care provider on matters other than the case load of such health care provider, including time spent by such health care provider as follows:

''(I) At a medical facility that is affiliated with the Department.

''(II) Conducting research.

''(III) Training or supervising other health care professionals of the Department.

''(H) The information technology strategies of the Department with respect to furnishing and man-

aging health care, including an identification of any weaknesses and opportunities with respect to the technology used by the Department, especially those strategies with respect to clinical documentation of episodes of hospital care, medical services, and other health care, including any clinical images and associated textual reports, furnished by the Department in Department or non-Department facilities.

''(I) Business processes of the Veterans Health Administration, including processes relating to furnishing non-Department health care, insurance identification, third-party revenue collection, and vendor reimbursement, including an identification of mechanisms as follows:

''(i) To avoid the payment of penalties to vendors.

''(ii) To increase the collection of amounts owed to the Department for hospital care, medical services, or other health care provided by the Department for which reimbursement from a third party is authorized and to ensure that such amounts collected are accurate.

''(iii) To increase the collection of any other amounts owed to the Department with respect to hospital care, medical services, and other health care and to ensure that such amounts collected are accurate.

''(iv) To increase the accuracy and timeliness of Department payments to vendors and providers.

''(J) The purchasing, distribution, and use of pharmaceuticals, medical and surgical supplies, medical devices, and health care related services by the Department, including the following:

''(i) The prices paid for, standardization of, and use by the Department of the following:

''(I) Pharmaceuticals.

''(II) Medical and surgical supplies.

''(III) Medical devices.

''(ii) The use by the Department of group purchasing arrangements to purchase pharmaceuticals, medical and surgical supplies, medical devices, and health care related services.

''(iii) The strategy and systems used by the Department to distribute pharmaceuticals, medical and surgical supplies, medical devices, and health care related services to Veterans Integrated Service Networks and medical facilities of the Department.

''(K) The process of the Department for carrying out construction and maintenance projects at medical facilities of the Department and the medical facility leasing program of the Department.

''(L) The competency of leadership with respect to culture, accountability, reform readiness, leadership development, physician alignment, employee engagement, succession planning, and performance management.

''(2) PARTICULAR ELEMENTS OF CERTAIN ASSESSMENTS.—

''(A) SCHEDULING ASSESSMENT.—In carrying out the assessment required by paragraph (1)(E), the private sector entity or entities shall do the following:

''(i) Review all training materials pertaining to scheduling of appointments at each medical facility of the Department.

''(ii) Assess whether all employees of the Department conducting tasks related to scheduling are properly trained for conducting such tasks.

''(iii) Assess whether changes in the technology or system used in scheduling appointments are necessary to limit access to the system to only those employees that have been properly trained in conducting such tasks.

''(iv) Assess whether health care providers of the Department are making changes to their schedules that hinder the ability of employees conducting such tasks to perform such tasks.

''(v) Assess whether the establishment of a centralized call center throughout the Department for scheduling appointments at medical facilities of the Department would improve the process of scheduling such appointments.

''(vi) Assess whether booking templates for each medical facility or clinic of the Department would improve the process of scheduling such appointments.

''(vii) Assess any interim technology changes or attempts by Department to internally develop a long-term scheduling solutions with respect to the feasibility and cost effectiveness of such internally developed solutions compared to commercially available solutions.

''(viii) Recommend actions, if any, to be taken by the Department to improve the process for scheduling such appointments, including the following:

''(I) Changes in training materials provided to employees of the Department with respect to conducting tasks related to scheduling such appointments.

''(II) Changes in monitoring and assessment conducted by the Department of wait times of veterans for such appointments.

''(III) Changes in the system used to schedule such appointments, including changes to improve how the Department—

''(aa) measures wait times of veterans for such appointments;

''(bb) monitors the availability of health care providers of the Department; and

''(cc) provides veterans the ability to schedule such appointments.

''(IV) Such other actions as the private sector entity or entities considers appropriate.

''(B) MEDICAL CONSTRUCTION AND MAINTENANCE PROJECT AND LEASING PROGRAM ASSESSMENT.—In carrying out the assessment required by paragraph (1)(K), the private sector entity or entities shall do the following:

''(i) Review the process of the Department for identifying and designing proposals for construction and maintenance projects at medical facilities of the Department and leases for medical facilities of the Department.

''(ii) Assess the process through which the Department determines the following:

''(I) That a construction or maintenance project or lease is necessary with respect to a medical facility or proposed medical facility of the Department.

''(II) The proper size of such medical facility or proposed medical facility with respect to treating veterans in the catchment area of such medical facility or proposed medical facility.

''(iii) Assess the management processes of the Department with respect to the capital management programs of the Department, including processes relating to the methodology for construction and design of medical facilities of the Department, the management of projects relating to the construction and design of such facilities, and the activation of such facilities.

''(iv) Assess the medical facility leasing program of the Department.

''(3) TIMING.—The private sector entity or entities carrying out the assessment required by paragraph (1) shall complete such assessment not later than 240 days after entering into the contract described in such paragraph.

''(b) PRIVATE SECTOR ENTITIES DESCRIBED.—A private entity described in this subsection is a private entity that—

''(1) has experience and proven outcomes in optimizing the performance of the health care delivery systems of the Veterans Health Administration and the private sector and in health care management; and

''(2) specializes in implementing large-scale organizational and cultural transformations, especially with respect to health care delivery systems.

''(c) PROGRAM INTEGRATOR.—

''(1) IN GENERAL.—If the Secretary enters into contracts with more than one private sector entity under subsection (a), the Secretary shall designate one such entity that is predominately a health care organization as the program integrator.

''(2) RESPONSIBILITIES.—The program integrator designated pursuant to paragraph (1) shall be responsible for coordinating the outcomes of the assessments conducted by the private entities pursuant to such contracts.

''(d) REPORT ON ASSESSMENT.—

''(1) IN GENERAL.—Not later than 60 days after completing the assessment required by subsection (a), the private sector entity or entities carrying out such assessment shall submit to the Secretary of Veterans Affairs, the Committee on Veterans' Affairs of the Senate, the Committee on Veterans' Affairs of the House of Representatives, and the Commission on Care established under section 202 a report on the findings and recommendations of the private sector entity or entities with respect to such assessment.

''(2) PUBLICATION.—Not later than 30 days after receiving the report under paragraph (1), the Secretary shall publish such report in the Federal Register and on an Internet website of the Department of Veterans Affairs that is accessible to the public.

''(e) NON-DEPARTMENT FACILITIES DEFINED.—In this section, the term 'non-Department facilities' has the meaning given that term in section 1701 of title 38, United States Code.

''SEC. 202. COMMISSION ON CARE.

''(a) ESTABLISHMENT OF COMMISSION.—

''(1) IN GENERAL.—There is established a commission, to be known as the 'Commission on Care' (in this section referred to as the 'Commission'), to examine the access of veterans to health care from the Department of Veterans Affairs and strategically examine how best to organize the Veterans Health Administration, locate health care resources, and deliver health care to veterans during the 20-year period beginning on the date of the enactment of this Act [Aug. 7, 2014].

''(2) MEMBERSHIP.—

''(A) VOTING MEMBERS.—The Commission shall be composed of 15 voting members who are appointed as follows:

''(i) Three members appointed by the Speaker of the House of Representatives, at least one of whom shall be a veteran.

''(ii) Three members appointed by the Minority Leader of the House of Representatives, at least one of whom shall be a veteran.

''(iii) Three members appointed by the Majority Leader of the Senate, at least one of whom shall be a veteran.

''(iv) Three members appointed by the Minority Leader of the Senate, at least one of whom shall be a veteran.

''(v) Three members appointed by the President, at least two of whom shall be veterans.

''(B) QUALIFICATIONS.—Of the members appointed under subparagraph (A)—

''(i) at least one member shall represent an organization recognized by the Secretary of Veterans Affairs for the representation of veterans under section 5902 of title 38, United States Code;

''(ii) at least one member shall have experience as senior management for a private integrated health care system with an annual gross revenue of more than $50,000,000;

''(iii) at least one member shall be familiar with government health care systems, including those systems of the Department of Defense, the Indian Health Service, and Federally-qualified health centers (as defined in section 1905(*l*)(2)(B) of the Social Security Act (42 U.S.C. 1396d(*l*)(2)(B)));

''(iv) at least one member shall be familiar with the Veterans Health Administration but shall not be currently employed by the Veterans Health Administration; and

''(v) at least one member shall be familiar with medical facility construction and leasing projects carried out by government entities and have experience in the building trades, including construction, engineering, and architecture.

''(C) DATE.—The appointments of members of the Commission shall be made not later than 1 year after the date of the enactment of this Act.

''(3) PERIOD OF APPOINTMENT.—

''(A) IN GENERAL.—Members shall be appointed for the life of the Commission.

''(B) VACANCIES.—Any vacancy in the Commission shall not affect its powers, but shall be filled in the same manner as the original appointment.

''(4) INITIAL MEETING.—Not later than 15 days after the date on which eight voting members of the Commission have been appointed, the Commission shall hold its first meeting.

''(5) MEETINGS.—The Commission shall meet at the call of the Chairperson.

''(6) QUORUM.—A majority of the members of the Commission shall constitute a quorum, but a lesser number of members may hold hearings.

''(7) CHAIRPERSON AND VICE CHAIRPERSON.—The President shall designate a member of the commission to serve as Chairperson of the Commission. The Commission shall select a Vice Chairperson from among its members.

''(b) DUTIES OF COMMISSION.—

''(1) EVALUATION AND ASSESSMENT.—The Commission shall undertake a comprehensive evaluation and assessment of access to health care at the Department of Veterans Affairs.

''(2) MATTERS EVALUATED AND ASSESSED.—In undertaking the comprehensive evaluation and assessment required by paragraph (1), the Commission shall evaluate and assess the results of the assessment conducted by the private sector entity or entities under section 201, including any findings, data, or recommendations included in such assessment.

''(3) REPORTS.—The Commission shall submit to the President, through the Secretary of Veterans Affairs, reports as follows:

''(A) Not later than 90 days after the date of the initial meeting of the Commission, an interim report on—

''(i) the findings of the Commission with respect to the evaluation and assessment required by this subsection; and

''(ii) such recommendations as the Commission may have for legislative or administrative action to improve access to health care through the Veterans Health Administration.

''(B) Not later than June 30, 2016, a final report on—

''(i) the findings of the Commission with respect to the evaluation and assessment required by this subsection; and

''(ii) such recommendations as the Commission may have for legislative or administrative action to improve access to health care through the Veterans Health Administration.

''(c) POWERS OF THE COMMISSION.—

''(1) HEARINGS.—The Commission may hold such hearings, sit and act at such times and places, take such testimony, and receive such evidence as the Commission considers advisable to carry out this section.

''(2) INFORMATION FROM FEDERAL AGENCIES.—The Commission may secure directly from any Federal agency such information as the Commission considers necessary to carry out this section. Upon request of the Chairperson of the Commission, the head of such agency shall furnish such information to the Commission.

''(d) COMMISSION PERSONNEL MATTERS.—

''(1) COMPENSATION OF MEMBERS.—

''(A) IN GENERAL.—Each member of the Commission who is not an officer or employee of the Fed-

eral Government shall be compensated at a rate equal to the daily equivalent of the annual rate of basic pay prescribed for level IV of the Executive Schedule under section 5315 of title 5, United States Code, for each day (including travel time) during which such member is engaged in the performance of the duties of the Commission.

''(B) OFFICERS OR EMPLOYEES OF THE UNITED STATES.—All members of the Commission who are officers or employees of the United States shall serve without compensation in addition to that received for their services as officers or employees of the United States.

''(2) TRAVEL EXPENSES.—The members of the Commission shall be allowed travel expenses, including per diem in lieu of subsistence, at rates authorized for employees of agencies under subchapter I of chapter 57 of title 5, United States Code, while away from their homes or regular places of business in the performance of services for the Commission.

''(3) STAFF.—

''(A) IN GENERAL.—The Chairperson of the Commission may, without regard to the civil service laws and regulations, appoint and terminate an executive director and such other additional personnel as may be necessary to enable the Commission to perform its duties. The employment of an executive director shall be subject to confirmation by the Commission.

''(B) COMPENSATION.—The Chairperson of the Commission may fix the compensation of the executive director and other personnel without regard to chapter 51 and subchapter III of chapter 53 of title 5, United States Code, relating to classification of positions and General Schedule pay rates, except that the rate of pay for the executive director and other personnel may not exceed the rate payable for level V of the Executive Schedule under section 5316 of such title.

''(4) DETAIL OF GOVERNMENT EMPLOYEES.—Any Federal Government employee may be detailed to the Commission without reimbursement, and such detail shall be without interruption or loss of civil service status or privilege.

''(5) PROCUREMENT OF TEMPORARY AND INTERMITTENT SERVICES.—The Chairperson of the Commission may procure temporary and intermittent services under section 3109(b) of title 5, United States Code, at rates for individuals that do not exceed the daily equivalent of the annual rate of basic pay prescribed for level V of the Executive Schedule under section 5316 of such title.

''(e) TERMINATION OF THE COMMISSION.—The Commission shall terminate 30 days after the date on which the Commission submits the report under subsection (b)(3)(B).

''(f) FUNDING.—The Secretary of Veterans Affairs shall make available to the Commission from amounts appropriated or otherwise made available to the Secretary such amounts as the Secretary and the Chairperson of the Commission jointly consider appropriate for the Commission to perform its duties under this section.

''(g) EXECUTIVE ACTION.—

''(1) ACTION ON RECOMMENDATIONS.—The President shall require the Secretary of Veterans Affairs and such other heads of relevant Federal departments and agencies to implement each recommendation set forth in a report submitted under subsection (b)(3) that the President—

''(A) considers feasible and advisable; and

''(B) determines can be implemented without further legislative action.

''(2) REPORTS.—Not later than 60 days after the date on which the President receives a report under subsection (b)(3), the President shall submit to the Committee on Veterans' Affairs of the Senate and the Committee on Veterans' Affairs of the House of Representatives and such other committees of Congress as the President considers appropriate a report setting forth the following:

''(A) An assessment of the feasibility and advisability of each recommendation contained in the report received by the President.

''(B) For each recommendation assessed as feasible and advisable under subparagraph (A) the following:

''(i) Whether such recommendation requires legislative action.

''(ii) If such recommendation requires legislative action, a recommendation concerning such legislative action.

''(iii) A description of any administrative action already taken to carry out such recommendation.

''(iv) A description of any administrative action the President intends to be taken to carry out such recommendation and by whom.

''SEC. 203. TECHNOLOGY TASK FORCE ON REVIEW OF SCHEDULING SYSTEM AND SOFTWARE OF THE DEPARTMENT OF VETERANS AFFAIRS.

''(a) TASK FORCE REVIEW.—

''(1) IN GENERAL.—The Secretary of Veterans Affairs shall, through the use of a technology task force, conduct a review of the needs of the Department of Veterans Affairs with respect to the scheduling system and scheduling software of the Department of Veterans Affairs that is used by the Department to schedule appointments for veterans for hospital care, medical services, and other health care from the Department.

''(2) AGREEMENT.—

''(A) IN GENERAL.—The Secretary shall seek to enter into an agreement with a technology organization or technology organizations to carry out the review required by paragraph (1).

''(B) PROHIBITION ON USE OF FUNDS.—Notwithstanding any other provision of law, no Federal funds may be used to assist the technology organization or technology organizations under subparagraph (A) in carrying out the review required by paragraph (1).

''(b) REPORT.—

''(1) IN GENERAL.—Not later than 45 days after the date of the enactment of this Act [Aug. 7, 2014], the technology task force required under subsection (a)(1) 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 setting forth the findings and recommendations of the technology task force regarding the needs of the Department with respect to the scheduling system and scheduling software of the Department described in such subsection.

''(2) ELEMENTS.—The report required by paragraph (1) shall include the following:

''(A) Proposals for specific actions to be taken by the Department to improve the scheduling system and scheduling software of the Department described in subsection (a)(1).

''(B) A determination as to whether one or more existing off-the-shelf systems would—

''(i) meet the needs of the Department to schedule appointments for veterans for hospital care, medical services, and other health care from the Department; and

''(ii) improve the access of veterans to such care and services.

''(3) PUBLICATION.—Not later than 30 days after the receipt of the report required by paragraph (1), the Secretary shall publish such report in the Federal Register and on an Internet website of the Department accessible to the public.

''(c) IMPLEMENTATION OF TASK FORCE RECOMMENDATIONS.—Not later than 1 year after the receipt of the report required by subsection (b)(1), the Secretary shall implement the recommendations set forth in such report that the Secretary considers are feasible, advisable, and cost effective.

''SEC. 204. IMPROVEMENT OF ACCESS OF VETERANS TO MOBILE VET CENTERS AND MOBILE MEDICAL CENTERS OF THE DEPARTMENT OF VETERANS AFFAIRS.

''(a) IMPROVEMENT OF ACCESS.—

''(1) IN GENERAL.—The Secretary of Veterans Affairs shall improve the access of veterans to telemedicine and other health care and readjustment counseling services through the use of mobile vet centers and mobile medical centers of the Department of Veterans Affairs by providing standardized requirements for the operation of such centers.

''(2) REQUIREMENTS.—The standardized requirements required by paragraph (1) shall include the following:

''(A) The number of days each mobile vet center and mobile medical center of the Department is expected to travel per year.

''(B) The number of locations and events each center is expected to visit per year.

''(C) The number of appointments and outreach contacts each center is expected to conduct per year.

''(D) The method and timing of notifications given by each center to individuals in the area to which the center is traveling, including notifications informing veterans of the availability to schedule appointments at the center.

''(3) USE OF TELEMEDICINE.—The Secretary shall ensure that each mobile vet center and mobile medical center of the Department has the capability to provide telemedicine services.

''(b) REPORTS.—

''(1) IN GENERAL.—Not later than 1 year after the date of the enactment of this Act [Aug. 7, 2014], and not later than September 30 each year 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 access to health care through the use of mobile vet centers and mobile medical centers of the Department that includes statistics on each of the requirements set forth in subsection (a)(2) for the year covered by the report.

''(2) ELEMENTS.—Each report required by paragraph (1) shall include the following:

''(A) A description of the use of mobile vet centers and mobile medical centers to provide telemedicine services and readjustment counseling to veterans during the year preceding the submittal of the report, including the following:

''(i) The number of days each mobile vet center and mobile medical center was open to provide such services.

''(ii) The number of days each center traveled to a location other than the headquarters of the center to provide such services.

''(iii) The number of appointments and outreach contacts each center conducted to provide such services on average per month and in total during such year.

''(B) An analysis of the effectiveness of using mobile vet centers and mobile medical centers to provide health care services and readjustment counseling to veterans through the use of telemedicine.

''(C) Any recommendations for an increase in the number of mobile vet centers and mobile medical centers of the Department.

''(D) Any recommendations for an increase in the telemedicine capabilities of each mobile vet center and mobile medical center.

''(E) The feasibility and advisability of using temporary health care providers, including locum tenens, to provide direct health care services to veterans at mobile medical centers.

''(F) Such other recommendations on improvement of the use of mobile vet centers and mobile medical centers by the Department as the Secretary considers appropriate.

''SEC. 205. IMPROVED PERFORMANCE METRICS FOR HEALTH CARE PROVIDED BY DEPARTMENT OF VETERANS AFFAIRS.

''(a) PROHIBITION ON USE OF SCHEDULING AND WAIT-TIME METRICS IN DETERMINATION OF PERFORMANCE AWARDS.—The Secretary of Veterans Affairs shall ensure that scheduling and wait-time metrics or goals are not used as factors in determining the performance of the following employees for purposes of determining whether to pay performance awards to such employees:

''(1) Directors, associate directors, assistant directors, deputy directors, chiefs of staff, and clinical leads of medical centers of the Department of Veterans Affairs.

''(2) Directors, assistant directors, and quality management officers of Veterans Integrated Service Networks of the Department of Veterans Affairs.

''(b) MODIFICATION OF PERFORMANCE PLANS.—

''(1) IN GENERAL.—Not later than 30 days after the date of the enactment of this Act [Aug. 7, 2014], the Secretary shall modify the performance plans of the directors of the medical centers of the Department and the directors of the Veterans Integrated Service Networks to ensure that such plans are based on the quality of care received by veterans at the health care facilities under the jurisdictions of such directors.

''(2) FACTORS.—In modifying performance plans under paragraph (1), the Secretary shall ensure that assessment of the quality of care provided at health care facilities under the jurisdiction of a director described in paragraph (1) includes consideration of the following:

''(A) Recent reviews by the Joint Commission (formerly known as the 'Joint Commission on Accreditation of Healthcare Organizations') of such facilities.

''(B) The number and nature of recommendations concerning such facilities by the Inspector General of the Department in reviews conducted through the Combined Assessment Program, in the reviews by the Inspector General of community-based outpatient clinics and primary care clinics, and in reviews conducted through the Office of Healthcare Inspections during the two most recently completed fiscal years.

''(C) The number of recommendations described in subparagraph (B) that the Inspector General of the Department determines have not been carried out satisfactorily with respect to such facilities.

''(D) Reviews of such facilities by the Commission on Accreditation of Rehabilitation Facilities.

''(E) The number and outcomes of administrative investigation boards, root cause analyses, and peer reviews conducted at such facilities during the fiscal year for which the assessment is being conducted.

''(F) The effectiveness of any remedial actions or plans resulting from any Inspector General recommendations in the reviews and analyses described in subparagraphs (A) through (E).

''(3) ADDITIONAL LEADERSHIP POSITIONS.—To the degree practicable, the Secretary shall assess the performance of other employees of the Department in leadership positions at Department medical centers, including associate directors, assistant directors, deputy directors, chiefs of staff, and clinical leads, and in Veterans Integrated Service Networks, including assistant directors and quality management officers, using factors and criteria similar to those used in the performance plans modified under paragraph (1).

''(c) REMOVAL OF CERTAIN PERFORMANCE GOALS.—For each fiscal year that begins after the date of the enactment of this Act, the Secretary shall not include in the performance goals of any employee of a Veterans Integrated Service Network or medical center of the Department any performance goal that might disincentivize the payment of Department amounts to provide hospital care, medical services, or other health care through a non-Department provider.

''SEC. 206. IMPROVED TRANSPARENCY CONCERNING HEALTH CARE PROVIDED BY DEPARTMENT OF VETERANS AFFAIRS.

''(a) PUBLICATION OF WAIT TIMES.—Not later than 90 days after the date of the enactment of this Act [Aug. 7, 2014], the Secretary of Veterans Affairs shall publish in the Federal Register, and on a publicly accessible Internet website of each medical center of the Department of Veterans Affairs, the wait-times for the scheduling of an appointment in each Department facility by a veteran for the receipt of primary care, specialty care, and hospital care and medical services based on the general severity of the condition of the veteran. Whenever the wait-times for the scheduling of such an appointment changes, the Secretary shall publish the revised wait-times—

''(1) on a publicly accessible Internet website of each medical center of the Department by not later than 30 days after such change; and

''(2) in the Federal Register by not later than 90 days after such change.

''(b) PUBLICLY AVAILABLE DATABASE OF PATIENT SAFETY, QUALITY OF CARE, AND OUTCOME MEASURES.—

''(1) IN GENERAL.—Not later than 180 days after the date of the enactment of this Act, the Secretary shall develop and make available to the public a comprehensive, machine-readable data set containing all applicable patient safety, quality of care, and outcome measures for health care provided by the Department that are tracked by the Secretary.

''(2) UPDATE FREQUENCY.—The Secretary shall update the data required by paragraph (1) not less frequently than once each year.

''(3) UNAVAILABLE MEASURES.—For all measures that the Secretary would otherwise publish in the data required by paragraph (1) but has not done so because such measures are not available, the Secretary shall publish notice of the reason for such unavailability and a timeline for making such measures available in the data.

''(4) ACCESSIBILITY.—The Secretary shall ensure that the data required by paragraph (1) is accessible to the public through the primary Internet website of the Department and through each primary Internet website of a Department medical center.

''(c) HOSPITAL COMPARE WEBSITE OF DEPARTMENT OF HEALTH AND HUMAN SERVICES.—

''(1) AGREEMENT REQUIRED.—Not later than 180 days after the date of the enactment of this Act, the Secretary of Veterans Affairs shall enter into an agreement with the Secretary of Health and Human Services for the provision by the Secretary of Veterans Affairs of such information as the Secretary of Health and Human Services may require to report and make publicly available patient quality and outcome information concerning Department of Veterans Affairs medical centers through the Hospital Compare Internet website of the Department of Health and Human Services or any successor Internet website.

''(2) INFORMATION PROVIDED.—The information provided by the Secretary of Veterans Affairs to the Secretary of Health and Human Services under paragraph (1) shall include the following:

''(A) Measures of timely and effective health care.

''(B) Measures of readmissions, complications of death, including with respect to 30-day mortality rates and 30-day readmission rates, surgical complication measures, and health care related infection measures.

''(C) Survey data of patient experiences, including the Hospital Consumer Assessment of Healthcare Providers and Systems or any similar successor survey developed by the Department of Health and Human Services.

''(D) Any other measures required of or reported with respect to hospitals participating in the Medicare program under title XVIII of the Social Security Act (42 U.S.C. 1395 et seq.).

''(3) UNAVAILABLE INFORMATION.—For any applicable metric collected by the Department of Veterans Affairs or required to be provided under paragraph (2) and withheld from or unavailable in the Hospital Compare Internet website or any successor Internet website, the Secretary of Veterans Affairs shall publish a notice on such Internet website stating the reason why such metric was withheld from public disclosure and a timeline for making such metric available, if applicable.

''(d) COMPTROLLER GENERAL REVIEW OF PUBLICLY AVAILABLE SAFETY AND QUALITY METRICS.—Not later than 3 years after the date of the enactment of this Act, the Comptroller General of the United States shall conduct a review of the safety and quality metrics made publicly available by the Secretary of Veterans Affairs under this section to assess the degree to which the Secretary is complying with the provisions of this section.

''SEC. 207. INFORMATION FOR VETERANS ON THE CREDENTIALS OF DEPARTMENT OF VETERANS AFFAIRS PHYSICIANS.

''(a) IMPROVEMENT OF 'OUR DOCTORS' INTERNET WEBSITE LINKS.—

''(1) AVAILABILITY THROUGH DEPARTMENT OF VETERANS AFFAIRS HOMEPAGE.—A link to the 'Our Doctors' health care providers database of the Department of Veterans Affairs, or any successor data set, shall be available on and through the homepage of the Internet website of the Department that is accessible to the public.

''(2) INFORMATION ON LOCATION OF RESIDENCY TRAINING.—The Internet website of the Department that is accessible to the public shall include under the link to the 'Our Doctors' health care providers database of the Department, or any successor data set, the name of the facility at which each licensed physician of the Department underwent residency training.

''(3) INFORMATION ON PHYSICIANS AT PARTICULAR FACILITIES.—The 'Our Doctors' health care providers database of the Department, or any successor data set, shall identify whether each licensed physician of the Department is a physician in residency.

''(b) INFORMATION ON CREDENTIALS OF PHYSICIANS FOR VETERANS UNDERGOING SURGICAL PROCEDURES.—

''(1) IN GENERAL.—Each veteran who is undergoing a surgical procedure by or through the Department shall be provided information described in paragraph (2) with respect to the surgeon to be performing such procedure at such time in advance of the procedure as is appropriate to permit such veteran to evaluate such information.

''(2) INFORMATION DESCRIBED.—The information described in this paragraph with respect to a surgeon described in paragraph (1) is as follows:

''(A) The education and training of the surgeon.

''(B) The licensure, registration, and certification of the surgeon by the State or national entity responsible for such licensure, registration, or certification.

''(3) OTHER INDIVIDUALS.—If a veteran is unable to evaluate the information provided under paragraph (1) due to the health or mental competence of the veteran, such information shall be provided to an individual acting on behalf of the veteran.

''(c) COMPTROLLER GENERAL REPORT AND PLAN.—

''(1) REPORT.—Not later than 2 years after the date of the enactment of this Act [Aug. 7, 2014], the Comptroller General of the United States shall submit to the Committee on Veterans' Affairs of the Senate and the Committee on Veterans' Affairs of the House of Representatives a report setting forth an assessment by the Comptroller General of the following:

''(A) The manner in which contractors under the Patient-Centered Community Care initiative of the Department perform oversight of the credentials of physicians within the networks of such contractors under the initiative.

''(B) The oversight by the Department of the contracts under the Patient-Centered Community Care initiative.

''(C) The verification by the Department of the credentials and licenses of health care providers furnishing hospital care and medical services under section 101.

''(2) PLAN.—

''(A) IN GENERAL.—Not later than 30 days after the submittal of the report under paragraph (1), the Secretary shall submit to the Comptroller General, the Committee on Veterans' Affairs of the Senate, and the Committee on Veterans' Affairs of the House of Representatives a plan to address any findings and recommendations of the Comptroller General included in such report.

''(B) IMPLEMENTATION.—Not later than 90 days after the submittal of the report under paragraph (1), the Secretary shall carry out such plan.

''SEC. 208. INFORMATION IN ANNUAL BUDGET OF THE PRESIDENT ON HOSPITAL CARE AND MEDICAL SERVICES FURNISHED THROUGH EXPANDED USE OF CONTRACTS FOR SUCH CARE.

''The materials on the Department of Veterans Affairs in the budget of the President for a fiscal year, as submitted to Congress pursuant to section 1105(a) of title 31, United States Code, shall set forth the following:

''(1) The number of veterans who received hospital care and medical services under section 101 during the fiscal year preceding the fiscal year in which such budget is submitted.

''(2) The amount expended by the Department on furnishing care and services under such section during the fiscal year preceding the fiscal year in which such budget is submitted.

''(3) The amount requested in such budget for the costs of furnishing care and services under such section during the fiscal year covered by such budget, set forth in aggregate and by amounts for each account for which amounts are so requested.

''(4) The number of veterans that the Department estimates will receive hospital care and medical services under such section during the fiscal years covered by the budget submission.

''(5) The number of employees of the Department on paid administrative leave at any point during the fiscal year preceding the fiscal year in which such budget is submitted.

''SEC. 209. PROHIBITION ON FALSIFICATION OF DATA CONCERNING WAIT TIMES AND QUALITY MEASURES AT DEPARTMENT OF VETERANS AFFAIRS.

''Not later than 60 days after the date of the enactment of this Act [Aug. 7, 2014], and in accordance with title 5, United States Code, the Secretary of Veterans Affairs shall establish policies whereby any employee of the Department of Veterans Affairs who knowingly submits false data concerning wait times for health care or quality measures with respect to health care to another employee of the Department or knowingly requires another employee of the Department to submit false data concerning such wait times or quality measures to another employee of the Department is subject to a penalty the Secretary considers appropriate after notice and an opportunity for a hearing, including civil penalties, unpaid suspensions, or termination.

''TITLE VIII—OTHER MATTERS

''SEC. 801. APPROPRIATION OF AMOUNTS.

''(a) IN GENERAL.—There is authorized to be appropriated, and is appropriated, to the Secretary of Veterans Affairs, out of any funds in the Treasury not otherwise appropriated $5,000,000,000 to carry out subsection (b). Such funds shall be available for obligation or expenditure without fiscal year limitation.

''(b) USE OF AMOUNTS.—The amount appropriated under subsection (a) shall be used by the Secretary as follows:

''(1) To increase the access of veterans to care as follows:

''(A) To hire primary care and specialty care physicians for employment in the Department of Veterans Affairs.

''(B) To hire other medical staff, including the following:

''(i) Physicians.

''(ii) Nurses.

''(iii) Social workers.

''(iv) Mental health professionals.

''(v) Other health care professionals as the Secretary considers appropriate.

''(C) To carry out sections 301 [enacting section 7412 of this title, amending sections 7302 and 7612 of this title, and enacting provisions set out as notes under sections 7302 and 7412 of this title] and 302 [amending sections 7619 and 7683 of this title], including the amendments made by such sections.

''(D) To pay for expenses, equipment, and other costs associated with the hiring of primary care, specialty care physicians, and other medical staff under subparagraphs (A), (B), and (C).

''(2) To improve the physical infrastructure of the Department as follows:

''(A) To maintain and operate hospitals, nursing homes, domiciliary facilities, and other facilities of the Veterans Health Administration.

''(B) To enter into contracts or hire temporary employees to repair, alter, or improve facilities under the jurisdiction of the Department that are not otherwise provided for under this paragraph.

''(C) To carry out leases for facilities of the Department.

''(D) To carry out minor construction projects of the Department.

''(c) AVAILABILITY.—The amount appropriated under subsection (a) shall remain available until expended.

''(d) REPORT.—

''(1) IN GENERAL.—Not later than 1 year after the date of the enactment of this Act [Aug. 7, 2014], the Secretary of Veterans Affairs shall submit to the appropriate committees of Congress a report on how the Secretary has obligated the amounts appropriated under subsection (a) as of the date of the submittal of the report.

''(2) APPROPRIATE COMMITTEES OF CONGRESS DEFINED.—In this subsection, 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.

''(e) FUNDING PLAN.—The Secretary shall submit to Congress a funding plan describing how the Secretary intends to use the amounts provided under subsection (a).

''SEC. 802. VETERANS CHOICE FUND.

''(a) IN GENERAL.—There is established in the Treasury of the United States a fund to be known as the Veterans Choice Fund.

''(b) ADMINISTRATION OF FUND.—The Secretary of Veterans Affairs shall administer the Veterans Choice Fund established by subsection (a).

''(c) USE OF AMOUNTS.—

''(1) IN GENERAL.—Except as provided in paragraphs (3) and (4), any amounts deposited in the Veteran Choice Fund shall be used by the Secretary of Veterans Affairs to carry out section 101, including, subject to paragraph (2), any administrative requirements of such section.

''(2) AMOUNT FOR ADMINISTRATIVE REQUIREMENTS.—

''(A) LIMITATION.—Except as provided by subparagraph (B), of the amounts deposited in the Veterans Choice Fund, not more than $300,000,000 may be used for administrative requirements to carry out section 101.

''(B) INCREASE.—The Secretary may increase the amount set forth in subparagraph (A) with respect to the amounts used for administrative requirements if—

''(i) the Secretary determines that the amount of such increase is necessary to carry out section 101;

''(ii) the Secretary submits to the Committees on Veterans' Affairs and Appropriations of the House of Representatives and the Committees on Veterans' Affairs and Appropriations of the Senate a report described in subparagraph (C); and

''(iii) a period of 60 days has elapsed following the date on which the Secretary submits the report under clause (ii).

''(C) REPORT.—A report described in this subparagraph is a report that contains the following:

''(i) A notification of the amount of the increase that the Secretary determines necessary under subparagraph (B)(i).

''(ii) The justifications for such increased amount.

''(iii) The administrative requirements that the Secretary will carry out using such increased amount.

''(3) TEMPORARY AUTHORITY FOR OTHER USES.—

''(A) OTHER NON-DEPARTMENT CARE.—In addition to the use of amounts described in paragraph (1), of the amounts deposited in the Veterans Choice Fund, not more than $3,348,500,000 may be used by the Secretary during the period described in subparagraph (C) for amounts obligated by the Secretary on or after May 1, 2015, to furnish health care to individuals pursuant to chapter 17 of title 38, United States Code, at non-Department facilities, including pursuant to non-Department provider programs other than the program established by section 101.

''(B) HEPATITIS C.—Of the amount specified in subparagraph (A), not more than $500,000,000 may be used by the Secretary during the period described in subparagraph (C) for pharmaceutical expenses relating to the treatment of Hepatitis C.

''(C) PERIOD DESCRIBED.—The period described in this subparagraph is the period beginning on the date of the enactment of the VA Budget and Choice Improvement Act [July 31, 2015] and ending on October 1, 2015.

''(D) REPORTS.—Not later than 14 days after the date of the enactment of the VA Budget and Choice Improvement Act, and not less frequently than once every 14-day period thereafter during the period described in subparagraph (C), the Secretary shall submit to the appropriate congressional committees a report detailing—

''(i) the amounts used by the Secretary pursuant to subparagraphs (A) and (B); and

''(ii) an identification of such amounts listed by the non-Department provider program for which the amounts were used.

''(E) DEFINITIONS.—In this paragraph:

''(i) The term 'appropriate congressional committees' means—

''(I) the Committee on Veterans' Affairs and the Committee on Appropriations of the House of Representatives; and

''(II) the Committee on Veterans' Affairs and the Committee on Appropriations of the Senate.

''(ii) The term 'non-Department facilities' has the meaning given that term in section 1701 of title 38, United States Code.

''(iii) The term 'non-Department provider program' has the meaning given that term in section 4002(d) of the VA Budget and Choice Improvement Act [Pub. L. 114–41, 129 Stat. 462].

''(4) PERMANENT AUTHORITY FOR OTHER USES.—Beginning on March 1, 2019, amounts remaining in the Veterans Choice Fund may be used to furnish hospital care, medical services, and extended care services to individuals pursuant to chapter 17 of title 38, United States Code, at non-Department facilities, including pursuant to non-Department provider programs other than the program established by section 101. Such amounts shall be available in addition to amounts available in other appropriations accounts for such purposes.

''(d) APPROPRIATION AND DEPOSIT OF AMOUNTS.—

''(1) IN GENERAL.—There is authorized to be appropriated, and is appropriated, to the Secretary of Veterans Affairs, out of any funds in the Treasury not otherwise appropriated $10,000,000,000 to be deposited in the Veterans Choice Fund established by subsection (a). Such funds shall be available for obligation or expenditure without fiscal year limitation, and only for the program created under section 101 (or for hospital care and medical services pursuant to paragraphs (3) and (4) of subsection (c) of this section).

''(2) AVAILABILITY.—The amount appropriated under paragraph (1) shall remain available until expended.

''(e) SENSE OF CONGRESS.—It is the sense of Congress that the Veterans Choice Fund is a supplement to but distinct from the Department of Veterans Affairs' current and expected level of non-Department care currently part of Department's medical care budget. Congress expects that the Department will maintain at least its existing obligations of non-Department care programs in addition to but distinct from the Veterans Choice Fund for each of fiscal years 2015 through 2017.

''SEC. 803. EMERGENCY DESIGNATIONS.

''(a) IN GENERAL.—This Act [see Tables for classification] is designated as an emergency requirement pursuant to section 4(g) of the Statutory Pay-As-You-Go Act of 2010 (2 U.S.C. 933(g)).

''(b) DESIGNATION IN SENATE.—In the Senate, this Act is designated as an emergency requirement pursuant to section 403(a) of S. Con. Res. 13 (111th Congress), the concurrent resolution on the budget for fiscal year 2010.''

[Pub. L. 114–19, §3(b), May 22, 2015, 129 Stat. 216, provided that: ''The amendments made by subsection (a) [amending section 101(b)(2) of Pub. L. 113–146, set out above] shall take effect on the date of the enactment of this Act [May 22, 2015] and apply with respect to care or services provided on or after such date.'']

LOCATION OF SERVICES

Pub. L. 110–387, title III, §301(b), Oct. 10, 2008, 122 Stat. 4120, provided that: ''Paragraph (5) of section 1701 of title 38, United States Code, shall not be construed to prevent the Secretary of Veterans Affairs from providing services described in subparagraph (B) of such paragraph to individuals described in such subparagraph in centers under section 1712A of such title (commonly referred to as 'Vet Centers'), Department of Veterans Affairs medical centers, community-based outpatient clinics, or in such other facilities of the Department of Veterans Affairs as the Secretary considers necessary.''

GUIDELINES RELATING TO FURNISHING OF SENSORI-NEURAL AIDS

Pub. L. 104–262, title I, §103(b), Oct. 9, 1996, 110 Stat. 3182, provided that: ''Not later than 30 days after the date of the enactment of this Act [Oct. 9, 1996], the Secretary of Veterans Affairs shall prescribe the guidelines required by the amendments made by subsection (a) [amending this section] and shall furnish a copy of those guidelines to the Committees on Veterans' Affairs of the Senate and House of Representatives.''

STUDY OF FEASIBILITY AND ADVISABILITY OF ALTERNATIVE ORGANIZATIONAL STRUCTURES FOR EFFECTIVE PROVISION OF HEALTH CARE SERVICES TO VETERANS

Pub. L. 103–446, title XI, §1104, Nov. 2, 1994, 108 Stat. 4682, directed Secretary of Veterans Affairs to submit to Congress, not later than one year after Nov. 2, 1994, report and study on feasibility and advisability of alternative organizational structures, such as the establishment of a wholly-owned Government corporation or a Government-sponsored enterprise, for the effective provision of health care services to veterans.

CONTRACT HEALTH CARE; RATIFICATION OF ACTION OF ADMINISTRATOR OF VETERANS' AFFAIRS

Pub. L. 98–528, title I, §103(b), Oct. 19, 1984, 98 Stat. 2688, ratified actions by Administrator of Veterans' Affairs in entering into contracts applicable to the period beginning Oct. 1, 1984, and ending Oct. 19, 1984, for care described in par. (4)(C)(v) of this section and in making waivers described in that provision.

ADMINISTRATION CAPABILITY TO PROVIDE APPROPRIATE CARE FOR GENDER-SPECIFIC DISABILITIES OF WOMEN VETERANS

Pub. L. 98–160, title III, §302, Nov. 21, 1983, 97 Stat. 1004, as amended by Pub. L. 102–40, title IV, §402(d)(2), May 7, 1991, 105 Stat. 239; Pub. L. 102–83, §§5(c)(2), 6(f), Aug. 6, 1991, 105 Stat. 406, 407, provided that: ''The Secretary of Veterans Affairs shall ensure that each health-care facility under the direct jurisdiction of the Secretary is able, through services made available either by individuals appointed to positions in the Veterans Health Administration or under contracts or other agreements made under section 4117 [see 7409], 8111, or 8153 of title 38, United States Code, to provide appropriate care, in a timely fashion, for any gender-specific disability (as defined in section 1701(1) of such title) of a woman veteran eligible for such care under chapter 17 or chapter 31 of such title.''

ANNUAL REPORT TO CONGRESS COVERING CONTRACT-CARE PROGRAMS

Pub. L. 96–22, title II, §201(b), June 13, 1979, 93 Stat. 54, which directed Chief Medical Director of the Veterans' Administration to report to appropriate committees of Congress, not later than Feb. 1, 1980, and annually thereafter, on implementation of former par. (4)(C)(v) of this section and amendments made to this section by section 201 of Pub. L. 96–22, and on numbers of veterans provided contract treatment (and average cost and duration thereof) in each State in certain enumerated categories, was repealed by Pub. L. 100–322, title I, §112(b), May 20, 1988, 102 Stat. 499.

HOSPITAL CARE AND MEDICAL SERVICES FURNISHED BY VETERANS' ADMINISTRATION IN PUERTO RICO AND VIRGIN ISLANDS; REPORT TO PRESIDENT AND CONGRESS

Pub. L. 95–520, §8, Oct. 26, 1978, 92 Stat. 1822, as amended by Pub. L. 96–330, title IV, §407, Aug. 26, 1980, 94 Stat. 1053, directed Administrator of Veterans' Affairs, not later than Feb. 1, 1981, to submit a report to President and Congress on furnishing by Administration of hospital care and medical services in Puerto Rico and Virgin Islands, and set forth applicable criteria and considerations for the report.

§ 1702. Presumptions: psychosis after service in World War II and following periods of war; mental illness after service in the Persian Gulf War

(a) PSYCHOSIS.—For the purposes of this chapter, any veteran of World War II, the Korean conflict, the Vietnam era, or the Persian Gulf War who developed an active psychosis (1) within two years after discharge or release from the active military, naval, or air service, and (2) before July 26, 1949, in the case of a veteran of World War II, before February 1, 1957, in the case of a veteran of the Korean conflict, before May 8, 1977, in the case of a Vietnam era veteran, or before the end of the two-year period beginning on the last day of the Persian Gulf War, in the case of a veteran of the Persian Gulf War, shall be deemed to have incurred such disability in the active military, naval, or air service.

(b) MENTAL ILLNESS.—For purposes of this chapter, any veteran of the Persian Gulf War who develops an active mental illness (other than psychosis) shall be deemed to have incurred such disability in the active military, naval, or air service if such veteran develops such disability—

(1) within two years after discharge or release from the active military, naval, or air service; and

(2) before the end of the two-year period beginning on the last day of the Persian Gulf War.

(Pub. L. 85–857, Sept. 2, 1958, 72 Stat. 1141, §602; Pub. L. 90–77, title II, §203(a), Aug. 31, 1967, 81 Stat. 183; Pub. L. 97–295, §4(16), Oct. 12, 1982, 96 Stat. 1306; Pub. L. 99–576, title VII, §701(20), Oct. 28, 1986, 100 Stat. 3292; Pub. L. 102–25, title III, §334(b), Apr. 6, 1991, 105 Stat. 88; renumbered §1702, Pub. L. 102–83, §5(a), Aug. 6, 1991, 105 Stat. 406; Pub. L. 110–181, div. A, title XVII, §1708(a)(1), (2), Jan. 28, 2008, 122 Stat. 493, 494.)

Editorial Notes

AMENDMENTS

2008—Pub. L. 110–181, §1708(a)(2), substituted ''Presumptions: psychosis after service in World War II and following periods of war; mental illness after service in the Persian Gulf War'' for ''Presumption relating to psychosis'' in section catchline.

Subsecs. (a), (b). Pub. L. 110–181, §1708(a)(1), designated existing text as subsec. (a), inserted heading, and added subsec. (b).

1991—Pub. L. 102–83 renumbered section 602 of this title as this section.

Pub. L. 102–25 substituted ''the Vietnam era, or the Persian Gulf War'' for ''or the Vietnam era'', struck out ''or'' before ''before May 8, 1977'', and inserted ''or before the end of the two-year period beginning on the last day of the Persian Gulf War, in the case of a veteran of the Persian Gulf War,'' after ''Vietnam era veterans,''.

1986—Pub. L. 99–576 struck out ''his'' before ''discharge''.

1982—Pub. L. 97–295 substituted ''before February 1, 1957, in the case of a veteran of the Korean conflict, or before May 8, 1977,'' for ''or February 1, 1957, in the case of a veteran of the Korean conflict, or before the expiration of two years following termination of the Vietnam era''.

1967—Pub. L. 90–77 made the presumption relating to psychosis applicable to any veteran of the Vietnam era who developed an active psychosis within two years after his discharge from active service and before the expiration of two years following termination of the Vietnam era.

Statutory Notes and Related Subsidiaries

EFFECTIVE DATE OF 1967 AMENDMENT

Amendment by Pub. L. 90–77 effective first day of first calendar month which begins more than ten days after Aug. 31, 1967, see section 405 of Pub. L. 90–77, set out as a note under section 101 of this title.

§ 1703. Veterans Community Care Program

(a) IN GENERAL.—(1) There is established a program to furnish hospital care, medical services, and extended care services to covered veterans through health care providers specified in subsection (c).

(2) The Secretary shall coordinate the furnishing of hospital care, medical services, and extended care services under this section to covered veterans, including coordination of, at a minimum, the following: