

VETERANS ACCESS, CHOICE, AND ACCOUNTABILITY ACT OF  
2014

\_\_\_\_\_, 2014.—Ordered to be printed

Mr. Miller of Florida, from the committee of conference,  
submitted the following

CONFERENCE REPORT

To accompany H.R. 3230

The committee of conference on the disagreeing votes of the two Houses on the amendment of the House to the amendment of the Senate to the bill (H.R. 3230), making continuing appropriations during a Government shutdown to provide pay and allowances to members of the reserve components of the Armed Forces who perform inactive-duty training during such period, having met, after full and free conference, have agreed to recommend and do recommend to their respective Houses as follows:

That the Senate recede from its disagreement to the amendment of the House and agree to the same with an amendment as follows:

In lieu of the matter proposed to be inserted by the House amendment, insert the following:

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

2 (a) **SHORT TITLE.**—This Act may be cited as the  
3 “Veterans Access, Choice, and Accountability Act of  
4 2014”.

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

- Sec. 1. Short title; table of contents.
- Sec. 2. Definitions.

**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.
- Sec. 102. Enhancement of collaboration between Department of Veterans Affairs and Indian Health Service.
- Sec. 103. Enhancement of collaboration between Department of Veterans Affairs and Native Hawaiian health care systems.
- Sec. 104. Reauthorization and modification of pilot program of enhanced contract care authority for health care needs of veterans.
- Sec. 105. Prompt payment by Department of Veterans Affairs.
- 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.

**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.
- Sec. 202. Commission on Care.
- Sec. 203. Technology task force on review of scheduling system and software of the Department of Veterans Affairs.
- Sec. 204. Improvement of access of veterans to mobile vet centers and mobile medical centers of the Department of Veterans Affairs.
- Sec. 205. Improved performance metrics for health care provided by Department of Veterans Affairs.
- Sec. 206. Improved transparency concerning health care provided by Department of Veterans Affairs.
- Sec. 207. Information for veterans on the credentials of Department of Veterans Affairs physicians.
- Sec. 208. Information in annual budget of the President on hospital care and medical services furnished through expanded use of contracts for such care.

- Sec. 209. Prohibition on falsification of data concerning wait times and quality measures at Department of Veterans Affairs.

TITLE III—HEALTH CARE STAFFING, RECRUITMENT, AND TRAINING MATTERS

- Sec. 301. Treatment of staffing shortage and biennial report on staffing of medical facilities of the Department of Veterans Affairs.
- Sec. 302. Extension and modification of certain programs within the Department of Veterans Affairs Health Professionals Educational Assistance Program.
- Sec. 303. Clinic management training for employees at medical facilities of the Department of Veterans Affairs.

TITLE IV—HEALTH CARE RELATED TO SEXUAL TRAUMA

- Sec. 401. Expansion of eligibility for sexual trauma counseling and treatment to veterans on inactive duty training.
- Sec. 402. Provision of counseling and treatment for sexual trauma by the Department of Veterans Affairs to members of the Armed Forces.
- Sec. 403. Reports on military sexual trauma.

TITLE V—OTHER HEALTH CARE MATTERS

- Sec. 501. Extension of pilot program on assisted living services for veterans with traumatic brain injury.

TITLE VI—MAJOR MEDICAL FACILITY LEASES

- Sec. 601. Authorization of major medical facility leases.
- Sec. 602. Budgetary treatment of Department of Veterans Affairs major medical facilities leases.

TITLE VII—OTHER VETERANS MATTERS

- Sec. 701. Expansion of Marine Gunnery Sergeant John David Fry Scholarship.
- Sec. 702. Approval of courses of education provided by public institutions of higher learning for purposes of All-Volunteer Force Educational Assistance Program and Post-9/11 Educational Assistance conditional on in-State tuition rate for veterans.
- Sec. 703. Extension of reduction in amount of pension furnished by Department of Veterans Affairs for certain veterans covered by Medicaid plans for services furnished by nursing facilities.
- Sec. 704. Extension of requirement for collection of fees for housing loans guaranteed by Secretary of Veterans Affairs.
- Sec. 705. Limitation on awards and bonuses paid to employees of Department of Veterans Affairs.
- Sec. 706. Extension of authority to use income information.
- Sec. 707. Removal of senior executives of the Department of Veterans Affairs for performance or misconduct.

TITLE VIII—OTHER MATTERS

- Sec. 801. Appropriation of amounts.
- Sec. 802. Veterans Choice Fund.
- Sec. 803. Emergency designations.

1 **SEC. 2. DEFINITIONS.**

2 In this Act:

3 (1) The term “facility of the Department” has  
4 the meaning given the term “facilities of the Depart-  
5 ment” in section 1701 of title 38, United States  
6 Code.

7 (2) The terms “hospital care” and “medical  
8 services” have the meanings given such terms in sec-  
9 tion 1701 of title 38, United States Code.

10 **TITLE I—IMPROVEMENT OF AC-**  
11 **CESS TO CARE FROM NON-DE-**  
12 **PARTMENT OF VETERANS AF-**  
13 **FAIRS PROVIDERS**

14 **SEC. 101. EXPANDED AVAILABILITY OF HOSPITAL CARE**  
15 **AND MEDICAL SERVICES FOR VETERANS**  
16 **THROUGH THE USE OF AGREEMENTS WITH**  
17 **NON-DEPARTMENT OF VETERANS AFFAIRS**  
18 **ENTITIES.**

19 (a) **EXPANSION OF AVAILABLE CARE AND SERV-**  
20 **ICES.—**

21 (1) **FURNISHING OF CARE.—**

22 (A) **IN GENERAL.—**Hospital care and med-  
23 ical services under chapter 17 of title 38,  
24 United States Code, shall be furnished to an el-  
25 ible veteran described in subsection (b), at the  
26 election of such veteran, through agreements

1 authorized under subsection (d), or any other  
2 law administered by the Secretary of Veterans  
3 Affairs, with entities specified in subparagraph  
4 (B) for the furnishing of such care and services  
5 to veterans.

6 (B) ENTITIES SPECIFIED.—The entities  
7 specified in this subparagraph are the following:

8 (i) Any health care provider that is  
9 participating in the Medicare program  
10 under title XVIII of the Social Security  
11 Act (42 U.S.C. 1395 et seq.).

12 (ii) Any Federally-qualified health  
13 center (as defined in section 1905(l)(2)(B)  
14 of the Social Security Act (42 U.S.C.  
15 1396d(l)(2)(B))).

16 (iii) The Department of Defense.

17 (iv) The Indian Health Service.

18 (2) CHOICE OF PROVIDER.—An eligible veteran  
19 who makes an election under subsection (c) to re-  
20 ceive hospital care or medical services under this  
21 section may select a provider of such care or services  
22 from among the entities specified in paragraph  
23 (1)(B) that are accessible to the veteran.

24 (3) COORDINATION OF CARE AND SERVICES.—  
25 The Secretary shall coordinate, through the Non-VA

1 Care Coordination Program of the Department of  
2 Veterans Affairs, the furnishing of care and services  
3 under this section to eligible veterans, including by  
4 ensuring that an eligible veteran receives an appoint-  
5 ment for such care and services within the wait-time  
6 goals of the Veterans Health Administration for the  
7 furnishing of hospital care and medical services.

8 (b) ELIGIBLE VETERANS.—A veteran is an eligible  
9 veteran for purposes of this section if—

10 (1)(A) as of August 1, 2014, the veteran is en-  
11 rolled in the patient enrollment system of the De-  
12 partment of Veterans Affairs established and oper-  
13 ated under section 1705 of title 38, United States  
14 Code, including any such veteran who has not re-  
15 ceived hospital care or medical services from the De-  
16 partment and has contacted the Department seeking  
17 an initial appointment from the Department for the  
18 receipt of such care or services; or

19 (B) the veteran is eligible for hospital care and  
20 medical services under section 1710(e)(1)(D) of such  
21 title and is a veteran described in section 1710(e)(3)  
22 of such title; and

23 (2) the veteran—

24 (A) attempts, or has attempted, to sched-  
25 ule an appointment for the receipt of hospital

1 care or medical services under chapter 17 of  
2 title 38, United States Code, but is unable to  
3 schedule an appointment within the wait-time  
4 goals of the Veterans Health Administration for  
5 the furnishing of such care or services;

6 (B) resides more than 40 miles from the  
7 medical facility of the Department, including a  
8 community-based outpatient clinic, that is clos-  
9 est to the residence of the veteran;

10 (C) resides—

11 (i) in a State without a medical facil-  
12 ity of the Department that provides—

13 (I) hospital care;

14 (II) emergency medical services;

15 and

16 (III) surgical care rated by the  
17 Secretary as having a surgical com-  
18 plexity of standard; and

19 (ii) more than 20 miles from a med-  
20 ical facility of the Department described in  
21 clause (i); or

22 (D)(i) resides in a location, other than a  
23 location in Guam, American Samoa, or the Re-  
24 public of the Philippines, that is 40 miles or  
25 less from a medical facility of the Department,

1 including a community-based outpatient clinic;  
2 and

3 (ii)(I) is required to travel by air, boat, or  
4 ferry to reach each medical facility described in  
5 clause (i) that is 40 miles or less from the resi-  
6 dence of the veteran; or

7 (II) faces an unusual or excessive burden  
8 in accessing each medical facility described in  
9 clause (i) that is 40 miles or less from the resi-  
10 dence of the veteran due to geographical chal-  
11 lenges, as determined by the Secretary.

12 (c) ELECTION AND AUTHORIZATION.—

13 (1) IN GENERAL.—In the case of an eligible  
14 veteran described in subsection (b)(2)(A), the Sec-  
15 retary shall, at the election of the eligible veteran—

16 (A) place such eligible veteran on an elec-  
17 tronic waiting list described in paragraph (2)  
18 for an appointment for hospital care or medical  
19 services the veteran has elected to receive under  
20 this section; or

21 (B)(i) authorize that such care or services  
22 be furnished to the eligible veteran under this  
23 section for a period of time specified by the  
24 Secretary; and



1 (ii) notify the eligible veteran by the most  
2 effective means available, including electronic  
3 communication or notification in writing, de-  
4 scribing the care or services the eligible veteran  
5 is eligible to receive under this section.

6 (2) ELECTRONIC WAITING LIST.—The elec-  
7 tronic waiting list described in this paragraph shall  
8 be maintained by the Department and allow access  
9 by each eligible veteran via [www.myhealth.va.gov](http://www.myhealth.va.gov) or  
10 any successor website for the following purposes:

11 (A) To determine the place of such eligible  
12 veteran on the waiting list.

13 (B) To determine the average length of  
14 time an individual spends on the waiting list,  
15 disaggregated by medical facility of the Depart-  
16 ment and type of care or service needed, for  
17 purposes of allowing such eligible veteran to  
18 make an informed election under paragraph  
19 (1).

20 (d) CARE AND SERVICES THROUGH AGREEMENTS.—

21 (1) AGREEMENTS.—

22 (A) IN GENERAL.—The Secretary shall  
23 enter into agreements for furnishing care and  
24 services to eligible veterans under this section  
25 with entities specified in subsection (a)(1)(B).

1 (B) AGREEMENT DEFINED.—In this para-  
2 graph, the term “agreement” includes con-  
3 tracts, intergovernmental agreements, and pro-  
4 vider agreements, as appropriate.

5 (2) RATES AND REIMBURSEMENT.—

6 (A) IN GENERAL.—In entering into an  
7 agreement under paragraph (1) with an entity  
8 specified in subsection (a)(1)(B), the Secretary  
9 shall—

10 (i) negotiate rates for the furnishing  
11 of care and services under this section; and

12 (ii) reimburse the entity for such care  
13 and services at the rates negotiated pursu-  
14 ant to clause (i) as provided in such agree-  
15 ment.

16 (B) LIMIT ON RATES.—

17 (i) IN GENERAL.—Except as provided  
18 in clause (ii), rates negotiated under sub-  
19 paragraph (A)(i) shall not be more than  
20 the rates paid by the United States to a  
21 provider of services (as defined in section  
22 1861(u) of the Social Security Act (42  
23 U.S.C. 1395x(u))) or a supplier (as defined  
24 in section 1861(d) of such Act (42 U.S.C.  
25 1395x(d))) under the Medicare program

1 under title XVIII of the Social Security  
2 Act (42 U.S.C. 1395 et seq.) for the same  
3 care or services.

4 (ii) EXCEPTION.—

5 (I) IN GENERAL.—The Secretary  
6 may negotiate a rate that is more  
7 than the rate paid by the United  
8 States as described in clause (i) with  
9 respect to the furnishing of care or  
10 services under this section to an eligi-  
11 ble veteran who resides in a highly  
12 rural area.

13 (II) HIGHLY RURAL AREA DE-  
14 FINED.—In this clause, the term  
15 “highly rural area” means an area lo-  
16 cated in a county that has fewer than  
17 seven individuals residing in that  
18 county per square mile.

19 (C) LIMIT ON COLLECTION.—For the fur-  
20 nishing of care or services pursuant to an  
21 agreement under paragraph (1), an entity spec-  
22 ified in subsection (a)(1)(B) may not collect any  
23 amount that is greater than the rate negotiated  
24 pursuant to subparagraph (A)(i).

25 (3) CERTAIN PROCEDURES.—

1           (A) IN GENERAL.—In entering into an  
2           agreement under paragraph (1) with an entity  
3           described in subparagraph (B), the Secretary  
4           may use the procedures, including those proce-  
5           dures relating to reimbursement, available for  
6           entering into provider agreements under section  
7           1866(a) of the Social Security Act (42 U.S.C.  
8           1395cc(a)). During the period in which such  
9           entity furnishes care or services pursuant to  
10          this section, such entity may not be treated as  
11          a Federal contractor or subcontractor by the  
12          Office of Federal Contract Compliance Pro-  
13          grams of the Department of Labor by virtue of  
14          furnishing such care or services.

15          (B) ENTITIES DESCRIBED.—The entities  
16          described in this subparagraph are the fol-  
17          lowing:

18               (i) In the case of the Medicare pro-  
19               gram, any provider of service that has en-  
20               tered into a provider agreement under sec-  
21               tion 1866(a) of the Social Security Act (42  
22               U.S.C. 1395cc(a)); and

23               (ii) In the case of the Medicaid pro-  
24               gram, any provider participating under a

1 State plan under title XIX of such Act (42  
2 U.S.C. 1396 et seq.).

3 (4) INFORMATION ON POLICIES AND PROCE-  
4 DURES.—The Secretary shall provide to any entity  
5 with which the Secretary has entered into an agree-  
6 ment under paragraph (1) the following:

7 (A) Information on applicable policies and  
8 procedures for submitting bills or claims for au-  
9 thorized care or services furnished to eligible  
10 veterans under this section.

11 (B) Access to a telephone hotline main-  
12 tained by the Department that such entity may  
13 call for information on the following:

14 (i) Procedures for furnishing care and  
15 services under this section.

16 (ii) Procedures for submitting bills or  
17 claims for authorized care and services fur-  
18 nished to eligible veterans under this sec-  
19 tion and being reimbursed for furnishing  
20 such care and services.

21 (iii) Whether particular care or serv-  
22 ices under this section are authorized, and  
23 the procedures for authorization of such  
24 care or services.

25 (e) OTHER HEALTH-CARE PLAN.—

1           (1) SUBMITTAL OF INFORMATION TO SEC-  
2           RETARY.—Before receiving hospital care or medical  
3           services under this section, an eligible veteran shall  
4           provide to the Secretary information on any health-  
5           care plan described in paragraph (4) under which  
6           the eligible veteran is covered.

7           (2) DISCLOSURE OF INFORMATION TO NON-DE-  
8           PARTMENT ENTITY.—Notwithstanding section 5701  
9           of title 38, United States Code, for purposes of fur-  
10          nishing hospital care or medical services to an eligi-  
11          ble veteran under this section, the Secretary shall  
12          disclose to the entity specified in paragraph (1)(B)  
13          of subsection (a) with which the Secretary has en-  
14          tered into an agreement described in such sub-  
15          section—

16                 (A) whether the eligible veteran is covered  
17                 under a health-care plan described in paragraph  
18                 (4); and

19                 (B) whether the hospital care or medical  
20                 services sought by the eligible veteran is for a  
21                 medical condition that is related to a non-serv-  
22                 ice-connected disability described in paragraph  
23                 (3)(C).

24          (3) CARE FOR WHICH THE DEPARTMENT IS  
25          SECONDARILY RESPONSIBLE.—

1 (A) IN GENERAL.—If an eligible veteran is  
2 covered under a health-care plan described in  
3 paragraph (4) and receives hospital care or  
4 medical services for a non-service-connected dis-  
5 ability described in subparagraph (C), such  
6 health-care plan shall be primarily responsible  
7 for paying for such care or services, to the ex-  
8 tent such care or services is covered by such  
9 health-care plan, and the Secretary shall be sec-  
10 ondarily responsible for paying for such care or  
11 services in accordance with subparagraph  
12 (B)(ii).

13 (B) RESPONSIBILITY FOR COSTS OF  
14 CARE.—In a case in which the Secretary is sec-  
15 ondarily responsible for paying for hospital care  
16 or medical services as described in subpara-  
17 graph (A)—

18 (i) the health care provider that fur-  
19 nishes such care or services pursuant to an  
20 agreement described in subsection (a) shall  
21 be responsible for seeking reimbursement  
22 for the cost of such care or services from  
23 the health-care plan described in para-  
24 graph (4) under which the eligible veteran  
25 is covered; and

1 (ii) the Secretary shall be responsible  
2 for promptly paying only the amount that  
3 is not covered by such health-care plan, ex-  
4 cept that such responsibility for payment  
5 may not exceed the rate determined for  
6 such care or services pursuant to sub-  
7 section (d)(2).

8 (C) NON-SERVICE-CONNECTED DISABILITY  
9 DESCRIBED.—A non-service-connected disability  
10 described in this subsection is a non-service-  
11 connected disability (as defined in section 101  
12 of title 38, United States Code)—

13 (i) that is incurred incident to a vet-  
14 eran's employment and that is covered  
15 under a workers' compensation law or plan  
16 that provides for payment for the cost of  
17 health care and services provided to the  
18 veteran by reason of the disability;

19 (ii) that is incurred as the result of a  
20 motor vehicle accident to which applies a  
21 State law that requires the owners or oper-  
22 ators of motor vehicles registered in that  
23 State to have in force automobile accident  
24 reparations insurance;



1 (iii) that is incurred as the result of  
2 a crime of personal violence that occurred  
3 in a State, or a political subdivision of a  
4 State, in which a person injured as the re-  
5 sult of such a crime is entitled to receive  
6 health care and services at such State's or  
7 subdivision's expense for personal injuries  
8 suffered as the result of such crime;

9 (iv) that is incurred by a veteran—

10 (I) who does not have a service-  
11 connected disability; and

12 (II) who is entitled to care (or  
13 payment of the expenses of care)  
14 under a health-care plan; or

15 (v) for which care and services are  
16 furnished under this section to a veteran  
17 who—

18 (I) has a service-connected dis-  
19 ability; and

20 (II) is entitled to care (or pay-  
21 ment of the expenses of care) under a  
22 health-care plan.

23 (4) HEALTH-CARE PLAN.—A health-care plan  
24 described in this paragraph—

1 (A) is an insurance policy or contract,  
2 medical or hospital service agreement, member-  
3 ship or subscription contract, or similar ar-  
4 rangement not administered by the Secretary of  
5 Veterans Affairs, under which health services  
6 for individuals are provided or the expenses of  
7 such services are paid; and

8 (B) does not include any such policy, con-  
9 tract, agreement, or similar arrangement pursu-  
10 ant to title XVIII or XIX of the Social Security  
11 Act (42 U.S.C. 1395 et seq.) or chapter 55 of  
12 title 10, United States Code.

13 (f) VETERANS CHOICE CARD.—

14 (1) IN GENERAL.—For purposes of receiving  
15 care and services under this section, the Secretary  
16 shall, not later than 90 days after the date of the  
17 enactment of this Act, issue to each veteran de-  
18 scribed in subsection (b)(1) a card that may be pre-  
19 sented to a health care provider to facilitate the re-  
20 ceipt of care or services under this section.

21 (2) NAME OF CARD.—Each card issued under  
22 paragraph (1) shall be known as a “Veterans Choice  
23 Card”.

1           (3) DETAILS OF CARD.—Each Veterans Choice  
2 Card issued to a veteran under paragraph (1) shall  
3 include the following:

4           (A) The name of the veteran.

5           (B) An identification number for the vet-  
6 eran that is not the social security number of  
7 the veteran.

8           (C) The contact information of an appro-  
9 priate office of the Department for health care  
10 providers to confirm that care or services under  
11 this section are authorized for the veteran.

12           (D) Contact information and other rel-  
13 evant information for the submittal of claims or  
14 bills for the furnishing of care or services under  
15 this section.

16           (E) The following statement: “This card is  
17 for qualifying medical care outside the Depart-  
18 ment of Veterans Affairs. Please call the De-  
19 partment of Veterans Affairs phone number  
20 specified on this card to ensure that treatment  
21 has been authorized.”.

22           (4) INFORMATION ON USE OF CARD.—Upon  
23 issuing a Veterans Choice Card to a veteran, the  
24 Secretary shall provide the veteran with information  
25 clearly stating the circumstances under which the

1 veteran may be eligible for care or services under  
2 this section.

3 (g) INFORMATION ON AVAILABILITY OF CARE.—The  
4 Secretary shall provide information to a veteran about the  
5 availability of care and services under this section in the  
6 following circumstances:

7 (1) In the case of a veteran described in sub-  
8 section (b)(1)(B), when the veteran enrolls in the  
9 patient enrollment system of the Department under  
10 section 1705 of title 38, United States Code.

11 (2) When the veteran attempts to schedule an  
12 appointment for the receipt of hospital care or med-  
13 ical services from the Department but is unable to  
14 schedule an appointment within the wait-time goals  
15 of the Veterans Health Administration for the fur-  
16 nishing of such care or services.

17 (3) When the veteran becomes eligible for hos-  
18 pital care or medical services under this section  
19 under subparagraph (B), (C), or (D) of subsection  
20 (b)(2).

21 (h) FOLLOW-UP CARE.—In carrying out this section,  
22 the Secretary shall ensure that, at the election of an eligi-  
23 ble veteran who receives hospital care or medical services  
24 from a health care provider in an episode of care under  
25 this section, the veteran receives such hospital care and

1 medical services from such health care provider through  
2 the completion of the episode of care (but for a period  
3 not exceeding 60 days), including all specialty and ancil-  
4 lary services deemed necessary as part of the treatment  
5 recommended in the course of such hospital care or med-  
6 ical services.

7 (i) PROVIDERS.—To be eligible to furnish care or  
8 services under this section, a health care provider must—

9 (1) maintain at least the same or similar cre-  
10 dentials and licenses as those credentials and li-  
11 censes that are required of health care providers of  
12 the Department, as determined by the Secretary for  
13 purposes of this section; and

14 (2) submit, not less frequently than once each  
15 year during the period in which the Secretary is au-  
16 thorized to carry out this section pursuant to sub-  
17 section (p), verification of such licenses and creden-  
18 tials maintained by such health care provider.

19 (j) COST-SHARING.—

20 (1) IN GENERAL.—The Secretary shall require  
21 an eligible veteran to pay a copayment for the re-  
22 ceipt of care or services under this section only if  
23 such eligible veteran would be required to pay a co-  
24 payment for the receipt of such care or services at  
25 a medical facility of the Department or from a

1 health care provider of the Department pursuant to  
2 chapter 17 of title 38, United States Code.

3 (2) LIMITATION.—The amount of a copayment  
4 charged under paragraph (1) may not exceed the  
5 amount of the copayment that would be payable by  
6 such eligible veteran for the receipt of such care or  
7 services at a medical facility of the Department or  
8 from a health care provider of the Department pur-  
9 suant to chapter 17 of title 38, United States Code.

10 (3) COLLECTION OF COPAYMENT.—A health  
11 care provider that furnishes care or services to an el-  
12 igible veteran under this section shall collect the co-  
13 payment required under paragraph (1) from such el-  
14 igible veteran at the time of furnishing such care or  
15 services.

16 (k) CLAIMS PROCESSING SYSTEM.—

17 (1) IN GENERAL.—The Secretary shall provide  
18 for an efficient nationwide system for processing and  
19 paying bills or claims for authorized care and serv-  
20 ices furnished to eligible veterans under this section.

21 (2) REGULATIONS.—Not later than 90 days  
22 after the date of the enactment of this Act, the Sec-  
23 retary of Veterans Affairs shall prescribe regulations  
24 for the implementation of such system.

1           (3) OVERSIGHT.—The Chief Business Office of  
2 the Veterans Health Administration shall oversee the  
3 implementation and maintenance of such system.

4           (4) ACCURACY OF PAYMENT.—

5           (A) IN GENERAL.—The Secretary shall en-  
6 sure that such system meets such goals for ac-  
7 curacy of payment as the Secretary shall specify  
8 for purposes of this section.

9           (B) QUARTERLY REPORT.—

10           (i) IN GENERAL.—The Secretary shall  
11 submit to the Committee on Veterans' Af-  
12 fairs of the Senate and the Committee on  
13 Veterans' Affairs of the House of Rep-  
14 resentatives a quarterly report on the accu-  
15 racy of such system.

16           (ii) ELEMENTS.—Each report re-  
17 quired by clause (i) shall include the fol-  
18 lowing:

19           (I) A description of the goals for  
20 accuracy for such system specified by  
21 the Secretary under subparagraph  
22 (A).

23           (II) An assessment of the success  
24 of the Department in meeting such

1 goals during the quarter covered by  
2 the report.

3 (iii) DEADLINE.—The Secretary shall  
4 submit each report required by clause (i)  
5 not later than 20 days after the end of the  
6 quarter covered by the report.

7 (l) MEDICAL RECORDS.—

8 (1) IN GENERAL.—The Secretary shall ensure  
9 that any health care provider that furnishes care or  
10 services under this section to an eligible veteran sub-  
11 mits to the Department any medical record related  
12 to the care or services provided to such eligible vet-  
13 eran by such health care provider for inclusion in  
14 the electronic medical record of such eligible veteran  
15 maintained by the Department upon the completion  
16 of the provision of such care or services to such eli-  
17 gible veteran.

18 (2) ELECTRONIC FORMAT.—Any medical record  
19 submitted to the Department under paragraph (1)  
20 shall, to the extent possible, be in an electronic for-  
21 mat.

22 (m) TRACKING OF MISSED APPOINTMENTS.—The  
23 Secretary shall implement a mechanism to track any  
24 missed appointments for care or services under this sec-  
25 tion by eligible veterans to ensure that the Department



1 does not pay for such care or services that were not fur-  
2 nished to an eligible veteran.

3 (n) IMPLEMENTATION.—Not later than 90 days after  
4 the date of the enactment of this Act, the Secretary shall  
5 prescribe interim final regulations on the implementation  
6 of this section and publish such regulations in the Federal  
7 Register.

8 (o) INSPECTOR GENERAL REPORT.—Not later than  
9 30 days after the date on which the Secretary determines  
10 that 75 percent of the amounts deposited in the Veterans  
11 Choice Fund established by section 802 have been ex-  
12 hausted, the Inspector General of the Department shall  
13 submit to the Secretary a report on the results of an audit  
14 of the care and services furnished under this section to  
15 ensure the accuracy and timeliness of payments by the De-  
16 partment for the cost of such care and services, including  
17 any findings and recommendations of the Inspector Gen-  
18 eral.

19 (p) AUTHORITY TO FURNISH CARE AND SERVICES.—

20 (1) IN GENERAL.—The Secretary may not use  
21 the authority under this section to furnish care and  
22 services after the date specified in paragraph (2).

23 (2) DATE SPECIFIED.—The date specified in  
24 this paragraph is the date on which the Secretary  
25 has exhausted all amounts deposited in the Veterans

1 Choice Fund established by section 802, or the date  
2 that is three years after the date of the enactment  
3 of this Act, whichever occurs first.

4 (3) PUBLICATION.—The Secretary shall publish  
5 such date in the Federal Register and on an Inter-  
6 net website of the Department available to the public  
7 not later than 30 days before such date.

8 (q) REPORTS.—

9 (1) INITIAL REPORT.—Not later than 90 days  
10 after the publication of the interim final regulations  
11 under subsection (n), the Secretary shall submit to  
12 the Committee on Veterans' Affairs of the Senate  
13 and the Committee on Veterans' Affairs of the  
14 House of Representatives a report on the furnishing  
15 of care and services under this section that includes  
16 the following:

17 (A) The number of eligible veterans who  
18 have received care or services under this sec-  
19 tion.

20 (B) A description of the types of care and  
21 services furnished to eligible veterans under this  
22 section.

23 (2) FINAL REPORT.—Not later than 30 days  
24 after the date on which the Secretary determines  
25 that 75 percent of the amounts deposited in the Vet-

1       erans Choice Fund established by section 802 have  
2       been exhausted, the Secretary shall submit to the  
3       Committee on Veterans' Affairs of the Senate and  
4       the Committee on Veterans' Affairs of the House of  
5       Representatives a report on the furnishing of care  
6       and services under this section that includes the fol-  
7       lowing:

8               (A) The total number of eligible veterans  
9       who have received care or services under this  
10       section, disaggregated by—

11               (i) eligible veterans described in sub-  
12       section (b)(2)(A);

13               (ii) eligible veterans described in sub-  
14       section (b)(2)(B);

15               (iii) eligible veterans described in sub-  
16       section (b)(2)(C); and

17               (iv) eligible veterans described in sub-  
18       section (b)(2)(D).

19               (B) A description of the types of care and  
20       services furnished to eligible veterans under this  
21       section.

22               (C) An accounting of the total cost of fur-  
23       nishing care and services to eligible veterans  
24       under this section.

1 (D) The results of a survey of eligible vet-  
2 erans who have received care or services under  
3 this section on the satisfaction of such eligible  
4 veterans with the care or services received by  
5 such eligible veterans under this section.

6 (E) An assessment of the effect of fur-  
7 nishing care and services under this section on  
8 wait times for appointments for the receipt of  
9 hospital care and medical services from the De-  
10 partment.

11 (F) An assessment of the feasibility and  
12 advisability of continuing furnishing care and  
13 services under this section after the termination  
14 date specified in subsection (p).

15 (r) RULE OF CONSTRUCTION.—Nothing in this sec-  
16 tion shall be construed to alter the process of the Depart-  
17 ment for filling and paying for prescription medications.

18 (s) WAIT-TIME GOALS OF THE VETERANS HEALTH  
19 ADMINISTRATION.—

20 (1) IN GENERAL.—Except as provided in para-  
21 graph (2), in this section, the term “wait-time goals  
22 of the Veterans Health Administration” means not  
23 more than 30 days from the date on which a veteran  
24 requests an appointment for hospital care or medical  
25 services from the Department.

1           (2) ALTERNATE GOALS.—If the Secretary sub-  
2           mits to Congress, not later than 60 days after the  
3           date of the enactment of this Act, a report stating  
4           that the actual wait-time goals of the Veterans  
5           Health Administration are different from the wait-  
6           time goals specified in paragraph (1)—

7                   (A) for purposes of this section, the wait-  
8                   time goals of the Veterans Health Administra-  
9                   tion shall be the wait-time goals submitted by  
10                  the Secretary under this paragraph; and

11                   (B) the Secretary shall publish such wait-  
12                   time goals in the Federal Register and on an  
13                   Internet website of the Department available to  
14                   the public.

15 **SEC. 102. ENHANCEMENT OF COLLABORATION BETWEEN**  
16                   **DEPARTMENT OF VETERANS AFFAIRS AND**  
17                   **INDIAN HEALTH SERVICE.**

18           (a) OUTREACH TO TRIBAL-RUN MEDICAL FACILI-  
19           TIES.—The Secretary of Veterans Affairs shall, in con-  
20           sultation with the Director of the Indian Health Service,  
21           conduct outreach to each medical facility operated by an  
22           Indian tribe or tribal organization through a contract or  
23           compact with the Indian Health Service under the Indian  
24           Self-Determination and Education Assistance Act (25  
25           U.S.C. 450 et seq.) to raise awareness of the ability of

1 such facilities, Indian tribes, and tribal organizations to  
2 enter into agreements with the Department of Veterans  
3 Affairs under which the Secretary reimburses such facili-  
4 ties, Indian tribes, or tribal organizations, as the case may  
5 be, for health care provided to veterans who are—

6 (1) eligible for health care at such facilities; and

7 (2)(A) enrolled in the patient enrollment system  
8 of the Department established and operated under  
9 section 1705 of title 38, United States Code; or

10 (B) eligible for hospital care and medical serv-  
11 ices pursuant to subsection (c)(2) of such section.

12 (b) PERFORMANCE METRICS FOR MEMORANDUM OF  
13 UNDERSTANDING.—The Secretary of Veterans Affairs  
14 shall establish performance metrics for assessing the per-  
15 formance by the Department of Veterans Affairs and the  
16 Indian Health Service under the memorandum of under-  
17 standing entitled “Memorandum of Understanding be-  
18 tween the Department of Veterans Affairs (VA) and the  
19 Indian Health Service (IHS)” in increasing access to  
20 health care, improving quality and coordination of health  
21 care, promoting effective patient-centered collaboration  
22 and partnerships between the Department and the Serv-  
23 ice, and ensuring health-promotion and disease-prevention  
24 services are appropriately funded and available for bene-  
25 ficiaries under both health care systems.

1 (c) REPORT.—Not later than 180 days after the date  
2 of the enactment of this Act, the Secretary of Veterans  
3 Affairs and the Director of the Indian Health Service shall  
4 jointly submit to Congress a report on the feasibility and  
5 advisability of the following:

6 (1) Entering into agreements for the reimburse-  
7 ment by the Secretary of the costs of direct care  
8 services provided through organizations receiving  
9 amounts pursuant to grants made or contracts en-  
10 tered into under section 503 of the Indian Health  
11 Care Improvement Act (25 U.S.C. 1653) to veterans  
12 who are otherwise eligible to receive health care from  
13 such organizations.

14 (2) Including the reimbursement of the costs of  
15 direct care services provided to veterans who are not  
16 Indians in agreements between the Department and  
17 the following:

18 (A) The Indian Health Service.

19 (B) An Indian tribe or tribal organization  
20 operating a medical facility through a contract  
21 or compact with the Indian Health Service  
22 under the Indian Self-Determination and Edu-  
23 cation Assistance Act (25 U.S.C. 450 et seq.).

24 (C) A medical facility of the Indian Health  
25 Service.

1 (d) DEFINITIONS.—In this section:

2 (1) INDIAN.—The terms “Indian” and “Indian  
3 tribe” have the meanings given those terms in sec-  
4 tion 4 of the Indian Health Care Improvement Act  
5 (25 U.S.C. 1603).

6 (2) MEDICAL FACILITY OF THE INDIAN  
7 HEALTH SERVICE.—The term “medical facility of  
8 the Indian Health Service” includes a facility oper-  
9 ated by an Indian tribe or tribal organization  
10 through a contract or compact with the Indian  
11 Health Service under the Indian Self-Determination  
12 and Education Assistance Act (25 U.S.C. 450 et  
13 seq.).

14 (3) TRIBAL ORGANIZATION.—The term “tribal  
15 organization” has the meaning given the term in  
16 section 4 of the Indian Self-Determination and Edu-  
17 cation Assistance Act (25 U.S.C. 450b).

18 **SEC. 103. ENHANCEMENT OF COLLABORATION BETWEEN**  
19 **DEPARTMENT OF VETERANS AFFAIRS AND**  
20 **NATIVE HAWAIIAN HEALTH CARE SYSTEMS.**

21 (a) IN GENERAL.—The Secretary of Veterans Affairs  
22 shall, in consultation with Papa Ola Lokahi and such  
23 other organizations involved in the delivery of health care  
24 to Native Hawaiians as the Secretary considers appro-  
25 priate, enter into contracts or agreements with Native Ha-



1 waiian health care systems that are in receipt of funds  
2 from the Secretary of Health and Human Services pursu-  
3 ant to grants awarded or contracts entered into under sec-  
4 tion 6(a) of the Native Hawaiian Health Care Improve-  
5 ment Act (42 U.S.C. 11705(a)) for the reimbursement of  
6 direct care services provided to eligible veterans as speci-  
7 fied in such contracts or agreements.

8 (b) DEFINITIONS.—In this section, the terms “Native  
9 Hawaiian”, “Native Hawaiian health care system”, and  
10 “Papa Ola Lokahi” have the meanings given those terms  
11 in section 12 of the Native Hawaiian Health Care Im-  
12 provement Act (42 U.S.C. 11711).

13 **SEC. 104. REAUTHORIZATION AND MODIFICATION OF**  
14 **PILOT PROGRAM OF ENHANCED CONTRACT**  
15 **CARE AUTHORITY FOR HEALTH CARE NEEDS**  
16 **OF VETERANS.**

17 Section 403 of the Veterans’ Mental Health and  
18 Other Care Improvements Act of 2008 (Public Law 110–  
19 387; 38 U.S.C. 1703 note) is amended—

20 (1) in subsection (a)—

21 (A) in paragraph (3), by striking “only  
22 during the” and all that follows through the pe-  
23 riod at the end and inserting “only during the  
24 period beginning on the date of the commence-  
25 ment of the pilot program under paragraph (2)

1 and ending on the date that is two years after  
2 the date of the enactment of the Veterans Ac-  
3 cess, Choice, and Accountability Act of 2014.”;  
4 and

5 (B) by amending paragraph (4) to read as  
6 follows:

7 “(4) PROGRAM LOCATIONS.—The Secretary  
8 shall carry out the pilot program at locations in the  
9 following Veterans Integrated Service Networks (and  
10 such other locations as the Secretary considers ap-  
11 propriate):

12 “(A) Veterans Integrated Service Network

13 1.

14 “(B) Veterans Integrated Service Network

15 6.

16 “(C) Veterans Integrated Service Network

17 15.

18 “(D) Veterans Integrated Service Network

19 18.

20 “(E) Veterans Integrated Service Network

21 19.”;

22 (2) in subsection (b)(1)(A), by striking “as of  
23 the date of the commencement of the pilot program  
24 under subsection (a)(2)” and inserting “as of Au-  
25 gust 1, 2014”;

1           (3) by redesignating subsection (h) as sub-  
2           section (k);

3           (4) by inserting after subsection (g) the fol-  
4           lowing new subsections:

5           “(h) APPOINTMENTS.—In carrying out the pilot pro-  
6           gram under this section, the Secretary shall ensure that  
7           medical appointments for covered veterans—

8           “(1) are scheduled not later than 5 days after  
9           the date on which the appointment is requested; and

10           “(2) occur not later than 30 days after such  
11           date.

12           “(i) OUTREACH.—The Secretary shall ensure that  
13           covered veterans are informed about the pilot program  
14           under this section.

15           “(j) USE OF EXISTING CONTRACTS.—In carrying out  
16           the pilot program under this section after the date of the  
17           enactment of the Veterans Access, Choice, and Account-  
18           ability Act of 2014, the Secretary shall make use of con-  
19           tracts entered into before such date or may enter into new  
20           contracts.”; and

21           (5) in paragraph (2)(B) of subsection (k), as  
22           redesignated by paragraph (3) of this section, by  
23           striking the semicolon at the end and inserting “;  
24           and”.

1 **SEC. 105. PROMPT PAYMENT BY DEPARTMENT OF VET-**  
2 **ERANS AFFAIRS.**

3 (a) SENSE OF CONGRESS ON PROMPT PAYMENT BY  
4 DEPARTMENT.—It is the sense of Congress that the Sec-  
5 retary of Veterans Affairs shall comply with section 1315  
6 of title 5, Code of Federal Regulations (commonly known  
7 as the “prompt payment rule”), or any corresponding  
8 similar regulation or ruling, in paying for health care pur-  
9 suant to contracts entered into with non-Department of  
10 Veterans Affairs providers to provide health care under  
11 the laws administered by the Secretary.

12 (b) ESTABLISHMENT OF CLAIMS PROCESSING SYS-  
13 TEM.—

14 (1) CLAIMS PROCESSING SYSTEM.—The Sec-  
15 retary of Veterans Affairs shall establish and imple-  
16 ment a system to process and pay claims for pay-  
17 ment for hospital care, medical services, and other  
18 health care furnished by non-Department of Vet-  
19 erans Affairs health care providers under the laws  
20 administered by the Secretary.

21 (2) COMPLIANCE WITH PROMPT PAYMENT  
22 ACT.—The system established and implemented  
23 under paragraph (1) shall comply with all require-  
24 ments of chapter 39, United States Code (commonly  
25 referred to as the “Prompt Payment Act”).

1 (c) REPORT.—Not later than one year after the date  
2 of the enactment of this Act, the Comptroller General of  
3 the United States shall submit to Congress a report on  
4 the timeliness of payments by the Secretary for hospital  
5 care, medical services, and other health care furnished by  
6 non-Department of Veterans Affairs health care providers  
7 under the laws administered by the Secretary.

8 (d) ELEMENTS.—The report required by subsection  
9 (b) shall include the following:

10 (1) The results of a survey of non-Department  
11 health care providers who have submitted claims to  
12 the Department for hospital care, medical services,  
13 or other health care furnished to veterans for which  
14 payment is authorized under the laws administered  
15 by the Secretary during the one-year period pre-  
16 ceeding the submittal of the report, which survey  
17 shall include the following:

18 (A) The amount of time it took for such  
19 health care providers, after submitting such  
20 claims, to receive payment from the Depart-  
21 ment for such care or services.

22 (B) A comparison of the amount of time  
23 under subparagraph (A) and the amount of  
24 time it takes such health care providers to re-  
25 ceive payments from the United States for simi-

1           lar care or services provided to the following, if  
2           applicable:

3                   (i) Beneficiaries under the Medicare  
4                   program under title XVIII of the Social  
5                   Security Act (42 U.S.C. 1395 et seq.).

6                   (ii) Covered beneficiaries under the  
7                   TRICARE program under chapter 55 of  
8                   title 10, United States Code.

9           (2) Such recommendations for legislative or ad-  
10          ministrative action as the Comptroller General con-  
11          siders appropriate.

12          (e) SURVEY ELEMENTS.—In carrying out the survey,  
13          the Comptroller General shall seek responses from non-  
14          Department health care providers in a manner that en-  
15          sures that the survey reflects the responses of such pro-  
16          viders that—

17                   (1) are located in different geographic areas;

18                   (2) furnish a variety of different hospital care,  
19          medical services, and other health care; and

20                   (3) furnish such care and services in a variety  
21          of different types of medical facilities.

1 **SEC. 106. TRANSFER OF AUTHORITY FOR PAYMENTS FOR**  
2 **HOSPITAL CARE, MEDICAL SERVICES, AND**  
3 **OTHER HEALTH CARE FROM NON-DEPART-**  
4 **MENT OF VETERANS AFFAIRS PROVIDERS TO**  
5 **THE CHIEF BUSINESS OFFICE OF THE VET-**  
6 **ERANS HEALTH ADMINISTRATION.**

7 (a) TRANSFER OF AUTHORITY.—

8 (1) IN GENERAL.—Effective as of October 1,  
9 2014, the Secretary of Veterans Affairs shall trans-  
10 fer the authority to pay for hospital care, medical  
11 services, and other health care furnished through  
12 non-Department of Veterans Affairs providers  
13 from—

14 (A) the Veterans Integrated Service Net-  
15 works and medical centers of the Department  
16 of Veterans Affairs, to

17 (B) the Chief Business Office of the Vet-  
18 erans Health Administration of the Department  
19 of Veterans Affairs.

20 (2) MANNER OF CARE.—The Chief Business  
21 Office shall work in consultation with the Office of  
22 Clinical Operations and Management of the Depart-  
23 ment to ensure that care and services described in  
24 paragraph (1) are provided in a manner that is clini-  
25 cally appropriate and in the best interest of the vet-  
26 erans receiving such care and services.

1           (3) NO DELAY IN PAYMENT.—The transfer of  
2           authority under paragraph (1) shall be carried out  
3           in a manner that does not delay or impede any pay-  
4           ment by the Department for hospital care, medical  
5           services, or other health care furnished through a  
6           non-Department provider under the laws adminis-  
7           tered by the Secretary.

8           (b) BUDGET MATTERS.—The budget of the Depart-  
9           ment of Veterans Affairs for any fiscal year beginning  
10          after the date of the enactment of this Act (as submitted  
11          to Congress pursuant to section 1105(a) of title 31,  
12          United States Code) shall specify funds for the payment  
13          for hospital care, medical services, and other health care  
14          furnished through non-Department of Veterans Affairs  
15          providers, including any administrative costs associated  
16          with such payment, as funds for the Chief Business Office  
17          of the Veterans Health Administration rather than as  
18          funds for the Veterans Integrated Service Networks or  
19          medical centers of the Department.



1                   **TITLE II—HEALTH CARE**  
2                   **ADMINISTRATIVE MATTERS**

3 **SEC. 201. INDEPENDENT ASSESSMENT OF THE HEALTH**  
4                   **CARE DELIVERY SYSTEMS AND MANAGE-**  
5                   **MENT PROCESSES OF THE DEPARTMENT OF**  
6                   **VETERANS AFFAIRS.**

7                   (a) INDEPENDENT ASSESSMENT.—

8                   (1) ASSESSMENT.—Not later than 90 days  
9                   after the date of the enactment of this Act, the Sec-  
10                  retary of Veterans Affairs shall enter into one or  
11                  more contracts with a private sector entity or enti-  
12                  ties described in subsection (b) to conduct an inde-  
13                  pendent assessment of the hospital care, medical  
14                  services, and other health care furnished in medical  
15                  facilities of the Department. Such assessment shall  
16                  address each of the following:

17                  (A) Current and projected demographics  
18                  and unique health care needs of the patient  
19                  population served by the Department.

20                  (B) Current and projected health care ca-  
21                  pabilities and resources of the Department, in-  
22                  cluding hospital care, medical services, and  
23                  other health care furnished by non-Department  
24                  facilities under contract with the Department,

1 to provide timely and accessible care to vet-  
2 erans.

3 (C) The authorities and mechanisms under  
4 which the Secretary may furnish hospital care,  
5 medical services, and other health care at non-  
6 Department facilities, including whether the  
7 Secretary should have the authority to furnish  
8 such care and services at such facilities through  
9 the completion of episodes of care.

10 (D) The appropriate system-wide access  
11 standard applicable to hospital care, medical  
12 services, and other health care furnished by and  
13 through the Department, including an identi-  
14 fication of appropriate access standards for  
15 each individual specialty and post-care rehabili-  
16 tation.

17 (E) The workflow process at each medical  
18 facility of the Department for scheduling ap-  
19 pointments for veterans to receive hospital care,  
20 medical services, or other health care from the  
21 Department.

22 (F) The organization, workflow processes,  
23 and tools used by the Department to support  
24 clinical staffing, access to care, effective length-  
25 of-stay management and care transitions, posi-

1           tive patient experience, accurate documentation,  
2           and subsequent coding of inpatient services.

3           (G) The staffing level at each medical fa-  
4           cility of the Department and the productivity of  
5           each health care provider at such medical facil-  
6           ity, compared with health care industry per-  
7           formance metrics, which may include an assess-  
8           ment of any of the following:

9                   (i) The case load of, and number of  
10                   patients treated by, each health care pro-  
11                   vider at such medical facility during an av-  
12                   erage week.

13                   (ii) The time spent by such health  
14                   care provider on matters other than the  
15                   case load of such health care provider, in-  
16                   cluding time spent by such health care pro-  
17                   vider as follows:

18                           (I) At a medical facility that is  
19                           affiliated with the Department.

20                           (II) Conducting research.

21                           (III) Training or supervising  
22                           other health care professionals of the  
23                           Department.

24           (H) The information technology strategies  
25           of the Department with respect to furnishing

1 and managing health care, including an identi-  
2 fication of any weaknesses and opportunities  
3 with respect to the technology used by the De-  
4 partment, especially those strategies with re-  
5 spect to clinical documentation of episodes of  
6 hospital care, medical services, and other health  
7 care, including any clinical images and associ-  
8 ated textual reports, furnished by the Depart-  
9 ment in Department or non-Department facili-  
10 ties.

11 (I) Business processes of the Veterans  
12 Health Administration, including processes re-  
13 lating to furnishing non-Department health  
14 care, insurance identification, third-party rev-  
15 enue collection, and vendor reimbursement, in-  
16 cluding an identification of mechanisms as fol-  
17 lows:

18 (i) To avoid the payment of penalties  
19 to vendors.

20 (ii) To increase the collection of  
21 amounts owed to the Department for hos-  
22 pital care, medical services, or other health  
23 care provided by the Department for which  
24 reimbursement from a third party is au-

1           thorized and to ensure that such amounts  
2           collected are accurate.

3           (iii) To increase the collection of any  
4           other amounts owed to the Department  
5           with respect to hospital care, medical serv-  
6           ices, and other health care and to ensure  
7           that such amounts collected are accurate.

8           (iv) To increase the accuracy and  
9           timeliness of Department payments to ven-  
10          dors and providers.

11          (J) The purchasing, distribution, and use  
12          of pharmaceuticals, medical and surgical sup-  
13          plies, medical devices, and health care related  
14          services by the Department, including the fol-  
15          lowing:

16           (i) The prices paid for, standardiza-  
17           tion of, and use by the Department of the  
18           following:

19                   (I) Pharmaceuticals.

20                   (II) Medical and surgical sup-  
21                   plies.

22                   (III) Medical devices.

23           (ii) The use by the Department of  
24           group purchasing arrangements to pur-  
25           chase pharmaceuticals, medical and sur-

1                   gical supplies, medical devices, and health  
2                   care related services.

3                   (iii) The strategy and systems used by  
4                   the Department to distribute pharma-  
5                   ceuticals, medical and surgical supplies,  
6                   medical devices, and health care related  
7                   services to Veterans Integrated Service  
8                   Networks and medical facilities of the De-  
9                   partment.

10                  (K) The process of the Department for  
11                  carrying out construction and maintenance  
12                  projects at medical facilities of the Department  
13                  and the medical facility leasing program of the  
14                  Department.

15                  (L) The competency of leadership with re-  
16                  spect to culture, accountability, reform readi-  
17                  ness, leadership development, physician align-  
18                  ment, employee engagement, succession plan-  
19                  ning, and performance management.

20                  (2) PARTICULAR ELEMENTS OF CERTAIN AS-  
21                  SESSMENTS.—

22                  (A) SCHEDULING ASSESSMENT.—In car-  
23                  rying out the assessment required by paragraph  
24                  (1)(E), the private sector entity or entities shall  
25                  do the following:

1 (i) Review all training materials per-  
2 taining to scheduling of appointments at  
3 each medical facility of the Department.

4 (ii) Assess whether all employees of  
5 the Department conducting tasks related  
6 to scheduling are properly trained for con-  
7 ducting such tasks.

8 (iii) Assess whether changes in the  
9 technology or system used in scheduling  
10 appointments are necessary to limit access  
11 to the system to only those employees that  
12 have been properly trained in conducting  
13 such tasks.

14 (iv) Assess whether health care pro-  
15 viders of the Department are making  
16 changes to their schedules that hinder the  
17 ability of employees conducting such tasks  
18 to perform such tasks.

19 (v) Assess whether the establishment  
20 of a centralized call center throughout the  
21 Department for scheduling appointments  
22 at medical facilities of the Department  
23 would improve the process of scheduling  
24 such appointments.

1                   (vi) Assess whether booking templates  
2                   for each medical facility or clinic of the  
3                   Department would improve the process of  
4                   scheduling such appointments.

5                   (vii) Assess any interim technology  
6                   changes or attempts by Department to in-  
7                   ternally develop a long-term scheduling so-  
8                   lutions with respect to the feasibility and  
9                   cost effectiveness of such internally devel-  
10                  oped solutions compared to commercially  
11                  available solutions.

12                  (viii) Recommend actions, if any, to  
13                  be taken by the Department to improve the  
14                  process for scheduling such appointments,  
15                  including the following:

16                       (I) Changes in training materials  
17                       provided to employees of the Depart-  
18                       ment with respect to conducting tasks  
19                       related to scheduling such appoint-  
20                       ments.

21                       (II) Changes in monitoring and  
22                       assessment conducted by the Depart-  
23                       ment of wait times of veterans for  
24                       such appointments.



1 (III) Changes in the system used  
2 to schedule such appointments, in-  
3 cluding changes to improve how the  
4 Department—

5 (aa) measures wait times of  
6 veterans for such appointments;

7 (bb) monitors the avail-  
8 ability of health care providers of  
9 the Department; and

10 (cc) provides veterans the  
11 ability to schedule such appoint-  
12 ments.

13 (IV) Such other actions as the  
14 private sector entity or entities con-  
15 siders appropriate.

16 (B) MEDICAL CONSTRUCTION AND MAIN-  
17 TENANCE PROJECT AND LEASING PROGRAM AS-  
18 SESSMENT.—In carrying out the assessment re-  
19 quired by paragraph (1)(K), the private sector  
20 entity or entities shall do the following:

21 (i) Review the process of the Depart-  
22 ment for identifying and designing pro-  
23 posals for construction and maintenance  
24 projects at medical facilities of the Depart-

1                   ment and leases for medical facilities of the  
2                   Department.

3                   (ii) Assess the process through which  
4                   the Department determines the following:

5                   (I) That a construction or main-  
6                   tenance project or lease is necessary  
7                   with respect to a medical facility or  
8                   proposed medical facility of the De-  
9                   partment.

10                  (II) The proper size of such med-  
11                  ical facility or proposed medical facil-  
12                  ity with respect to treating veterans in  
13                  the catchment area of such medical  
14                  facility or proposed medical facility.

15                  (iii) Assess the management processes  
16                  of the Department with respect to the cap-  
17                  ital management programs of the Depart-  
18                  ment, including processes relating to the  
19                  methodology for construction and design of  
20                  medical facilities of the Department, the  
21                  management of projects relating to the  
22                  construction and design of such facilities,  
23                  and the activation of such facilities.

24                  (iv) Assess the medical facility leasing  
25                  program of the Department.

1           (3) TIMING.—The private sector entity or enti-  
2           ties carrying out the assessment required by para-  
3           graph (1) shall complete such assessment not later  
4           than 240 days after entering into the contract de-  
5           scribed in such paragraph.

6           (b) PRIVATE SECTOR ENTITIES DESCRIBED.—A pri-  
7           vate entity described in this subsection is a private entity  
8           that—

9           (1) has experience and proven outcomes in opti-  
10           mizing the performance of the health care delivery  
11           systems of the Veterans Health Administration and  
12           the private sector and in health care management;  
13           and

14           (2) specializes in implementing large-scale orga-  
15           nizational and cultural transformations, especially  
16           with respect to health care delivery systems.

17           (c) PROGRAM INTEGRATOR.—

18           (1) IN GENERAL.—If the Secretary enters into  
19           contracts with more than one private sector entity  
20           under subsection (a), the Secretary shall designate  
21           one such entity that is predominately a health care  
22           organization as the program integrator.

23           (2) RESPONSIBILITIES.—The program inte-  
24           grator designated pursuant to paragraph (1) shall be  
25           responsible for coordinating the outcomes of the as-

1        assessments conducted by the private entities pursuant  
2        to such contracts.

3        (d) REPORT ON ASSESSMENT.—

4            (1) IN GENERAL.—Not later than 60 days after  
5        completing the assessment required by subsection  
6        (a), the private sector entity or entities carrying out  
7        such assessment shall submit to the Secretary of  
8        Veterans Affairs, the Committee on Veterans' Af-  
9        fairs of the Senate, the Committee on Veterans' Af-  
10       affairs of the House of Representatives, and the Com-  
11       mission on Care established under section 202 a re-  
12       port on the findings and recommendations of the  
13       private sector entity or entities with respect to such  
14       assessment.

15            (2) PUBLICATION.—Not later than 30 days  
16        after receiving the report under paragraph (1), the  
17        Secretary shall publish such report in the Federal  
18        Register and on an Internet website of the Depart-  
19        ment of Veterans Affairs that is accessible to the  
20        public.

21        (e) NON-DEPARTMENT FACILITIES DEFINED.—In  
22        this section, the term “non-Department facilities” has the  
23        meaning given that term in section 1701 of title 38,  
24        United States Code.

1 **SEC. 202. COMMISSION ON CARE.**

2 (a) **ESTABLISHMENT OF COMMISSION.—**

3 (1) **IN GENERAL.—**There is established a com-  
4 mission, to be known as the “Commission on Care”  
5 (in this section referred to as the “Commission”), to  
6 examine the access of veterans to health care from  
7 the Department of Veterans Affairs and strategically  
8 examine how best to organize the Veterans Health  
9 Administration, locate health care resources, and de-  
10 liver health care to veterans during the 20-year pe-  
11 riod beginning on the date of the enactment of this  
12 Act.

13 (2) **MEMBERSHIP.—**

14 (A) **VOTING MEMBERS.—**The Commission  
15 shall be composed of 15 voting members who  
16 are appointed as follows:

17 (i) Three members appointed by the  
18 Speaker of the House of Representatives,  
19 at least one of whom shall be a veteran.

20 (ii) Three members appointed by the  
21 Minority Leader of the House of Rep-  
22 resentatives, at least one of whom shall be  
23 a veteran.

24 (iii) Three members appointed by the  
25 Majority Leader of the Senate, at least one  
26 of whom shall be a veteran.

1 (iv) Three members appointed by the  
2 Minority Leader of the Senate, at least one  
3 of whom shall be a veteran.

4 (v) Three members appointed by the  
5 President, at least two of whom shall be  
6 veterans.

7 (B) QUALIFICATIONS.—Of the members  
8 appointed under subparagraph (A)—

9 (i) at least one member shall rep-  
10 resent an organization recognized by the  
11 Secretary of Veterans Affairs for the rep-  
12 resentation of veterans under section 5902  
13 of title 38, United States Code;

14 (ii) at least one member shall have ex-  
15 perience as senior management for a pri-  
16 vate integrated health care system with an  
17 annual gross revenue of more than  
18 \$50,000,000;

19 (iii) at least one member shall be fa-  
20 miliar with government health care sys-  
21 tems, including those systems of the De-  
22 partment of Defense, the Indian Health  
23 Service, and Federally-qualified health cen-  
24 ters (as defined in section 1905(l)(2)(B) of

1 the Social Security Act (42 U.S.C.  
2 1396d(1)(2)(B));

3 (iv) at least one member shall be fa-  
4 miliar with the Veterans Health Adminis-  
5 tration but shall not be currently employed  
6 by the Veterans Health Administration;  
7 and

8 (v) at least one member shall be fa-  
9 miliar with medical facility construction  
10 and leasing projects carried out by govern-  
11 ment entities and have experience in the  
12 building trades, including construction, en-  
13 gineering, and architecture.

14 (C) DATE.—The appointments of members  
15 of the Commission shall be made not later than  
16 one year after the date of the enactment of this  
17 Act.

18 (3) PERIOD OF APPOINTMENT.—

19 (A) IN GENERAL.—Members shall be ap-  
20 pointed for the life of the Commission.

21 (B) VACANCIES.—Any vacancy in the  
22 Commission shall not affect its powers, but  
23 shall be filled in the same manner as the origi-  
24 nal appointment.

1           (4) INITIAL MEETING.—Not later than 15 days  
2 after the date on which eight voting members of the  
3 Commission have been appointed, the Commission  
4 shall hold its first meeting.

5           (5) MEETINGS.—The Commission shall meet at  
6 the call of the Chairperson.

7           (6) QUORUM.—A majority of the members of  
8 the Commission shall constitute a quorum, but a  
9 lesser number of members may hold hearings.

10          (7) CHAIRPERSON AND VICE CHAIRPERSON.—  
11 The President shall designate a member of the com-  
12 mission to serve as Chairperson of the Commission.  
13 The Commission shall select a Vice Chairperson  
14 from among its members.

15          (b) DUTIES OF COMMISSION.—

16           (1) EVALUATION AND ASSESSMENT.—The Com-  
17 mission shall undertake a comprehensive evaluation  
18 and assessment of access to health care at the De-  
19 partment of Veterans Affairs.

20           (2) MATTERS EVALUATED AND ASSESSED.—In  
21 undertaking the comprehensive evaluation and as-  
22 sessment required by paragraph (1), the Commission  
23 shall evaluate and assess the results of the assess-  
24 ment conducted by the private sector entity or enti-



1 ties under section 201, including any findings, data,  
2 or recommendations included in such assessment.

3 (3) REPORTS.—The Commission shall submit  
4 to the President, through the Secretary of Veterans  
5 Affairs, reports as follows:

6 (A) Not later than 90 days after the date  
7 of the initial meeting of the Commission, an in-  
8 terim report on—

9 (i) the findings of the Commission  
10 with respect to the evaluation and assess-  
11 ment required by this subsection; and

12 (ii) such recommendations as the  
13 Commission may have for legislative or ad-  
14 ministrative action to improve access to  
15 health care through the Veterans Health  
16 Administration.

17 (B) Not later than 180 days after the date  
18 of the initial meeting of the Commission, a final  
19 report on—

20 (i) the findings of the Commission  
21 with respect to the evaluation and assess-  
22 ment required by this subsection; and

23 (ii) such recommendations as the  
24 Commission may have for legislative or ad-  
25 ministrative action to improve access to

1 health care through the Veterans Health  
2 Administration.

3 (c) POWERS OF THE COMMISSION.—

4 (1) HEARINGS.—The Commission may hold  
5 such hearings, sit and act at such times and places,  
6 take such testimony, and receive such evidence as  
7 the Commission considers advisable to carry out this  
8 section.

9 (2) INFORMATION FROM FEDERAL AGENCIES.—

10 The Commission may secure directly from any Fed-  
11 eral agency such information as the Commission  
12 considers necessary to carry out this section. Upon  
13 request of the Chairperson of the Commission, the  
14 head of such agency shall furnish such information  
15 to the Commission.

16 (d) COMMISSION PERSONNEL MATTERS.—

17 (1) COMPENSATION OF MEMBERS.—

18 (A) IN GENERAL.—Each member of the  
19 Commission who is not an officer or employee  
20 of the Federal Government shall be com-  
21 pensated at a rate equal to the daily equivalent  
22 of the annual rate of basic pay prescribed for  
23 level IV of the Executive Schedule under section  
24 5315 of title 5, United States Code, for each  
25 day (including travel time) during which such

1 member is engaged in the performance of the  
2 duties of the Commission.

3 (B) OFFICERS OR EMPLOYEES OF THE  
4 UNITED STATES.—All members of the Commis-  
5 sion who are officers or employees of the United  
6 States shall serve without compensation in addi-  
7 tion to that received for their services as offi-  
8 cers or employees of the United States.

9 (2) TRAVEL EXPENSES.—The members of the  
10 Commission shall be allowed travel expenses, includ-  
11 ing per diem in lieu of subsistence, at rates author-  
12 ized for employees of agencies under subchapter I of  
13 chapter 57 of title 5, United States Code, while  
14 away from their homes or regular places of business  
15 in the performance of services for the Commission.

16 (3) STAFF.—

17 (A) IN GENERAL.—The Chairperson of the  
18 Commission may, without regard to the civil  
19 service laws and regulations, appoint and termi-  
20 nate an executive director and such other addi-  
21 tional personnel as may be necessary to enable  
22 the Commission to perform its duties. The em-  
23 ployment of an executive director shall be sub-  
24 ject to confirmation by the Commission.

1           (B) COMPENSATION.—The Chairperson of  
2           the Commission may fix the compensation of  
3           the executive director and other personnel with-  
4           out regard to chapter 51 and subchapter III of  
5           chapter 53 of title 5, United States Code, relat-  
6           ing to classification of positions and General  
7           Schedule pay rates, except that the rate of pay  
8           for the executive director and other personnel  
9           may not exceed the rate payable for level V of  
10          the Executive Schedule under section 5316 of  
11          such title.

12          (4) DETAIL OF GOVERNMENT EMPLOYEES.—  
13          Any Federal Government employee may be detailed  
14          to the Commission without reimbursement, and such  
15          detail shall be without interruption or loss of civil  
16          service status or privilege.

17          (5) PROCUREMENT OF TEMPORARY AND INTER-  
18          MITTENT SERVICES.—The Chairperson of the Com-  
19          mission may procure temporary and intermittent  
20          services under section 3109(b) of title 5, United  
21          States Code, at rates for individuals that do not ex-  
22          ceed the daily equivalent of the annual rate of basic  
23          pay prescribed for level V of the Executive Schedule  
24          under section 5316 of such title.

1 (e) TERMINATION OF THE COMMISSION.—The Com-  
2 mission shall terminate 30 days after the date on which  
3 the Commission submits the report under subsection  
4 (b)(3)(B).

5 (f) FUNDING.—The Secretary of Veterans Affairs  
6 shall make available to the Commission from amounts ap-  
7 propriated or otherwise made available to the Secretary  
8 such amounts as the Secretary and the Chairperson of the  
9 Commission jointly consider appropriate for the Commis-  
10 sion to perform its duties under this section.

11 (g) EXECUTIVE ACTION.—

12 (1) ACTION ON RECOMMENDATIONS.—The  
13 President shall require the Secretary of Veterans Af-  
14 fairs and such other heads of relevant Federal de-  
15 partments and agencies to implement each rec-  
16 ommendation set forth in a report submitted under  
17 subsection (b)(3) that the President—

18 (A) considers feasible and advisable; and

19 (B) determines can be implemented with-  
20 out further legislative action.

21 (2) REPORTS.—Not later than 60 days after  
22 the date on which the President receives a report  
23 under subsection (b)(3), the President shall submit  
24 to the Committee on Veterans' Affairs of the Senate  
25 and the Committee on Veterans' Affairs of the

1 House of Representatives and such other committees  
2 of Congress as the President considers appropriate  
3 a report setting forth the following:

4 (A) An assessment of the feasibility and  
5 advisability of each recommendation contained  
6 in the report received by the President.

7 (B) For each recommendation assessed as  
8 feasible and advisable under subparagraph (A)  
9 the following:

10 (i) Whether such recommendation re-  
11 quires legislative action.

12 (ii) If such recommendation requires  
13 legislative action, a recommendation con-  
14 cerning such legislative action.

15 (iii) A description of any administra-  
16 tive action already taken to carry out such  
17 recommendation.

18 (iv) A description of any administra-  
19 tive action the President intends to be  
20 taken to carry out such recommendation  
21 and by whom.

22 **SEC. 203. TECHNOLOGY TASK FORCE ON REVIEW OF**  
23 **SCHEDULING SYSTEM AND SOFTWARE OF**  
24 **THE DEPARTMENT OF VETERANS AFFAIRS.**

25 (a) **TASK FORCE REVIEW.—**

1           (1) IN GENERAL.—The Secretary of Veterans  
2           Affairs shall, through the use of a technology task  
3           force, conduct a review of the needs of the Depart-  
4           ment of Veterans Affairs with respect to the sched-  
5           uling system and scheduling software of the Depart-  
6           ment of Veterans Affairs that is used by the Depart-  
7           ment to schedule appointments for veterans for hos-  
8           pital care, medical services, and other health care  
9           from the Department.

10           (2) AGREEMENT.—

11           (A) IN GENERAL.—The Secretary shall  
12           seek to enter into an agreement with a tech-  
13           nology organization or technology organizations  
14           to carry out the review required by paragraph  
15           (1).

16           (B) PROHIBITION ON USE OF FUNDS.—  
17           Notwithstanding any other provision of law, no  
18           Federal funds may be used to assist the tech-  
19           nology organization or technology organizations  
20           under subparagraph (A) in carrying out the re-  
21           view required by paragraph (1).

22           (b) REPORT.—

23           (1) IN GENERAL.—Not later than 45 days after  
24           the date of the enactment of this Act, the technology  
25           task force required under subsection (a)(1) shall

1 submit to the Secretary, the Committee on Veterans'  
2 Affairs of the Senate, and the Committee on Vet-  
3 erans' Affairs of the House of Representatives a re-  
4 port setting forth the findings and recommendations  
5 of the technology task force regarding the needs of  
6 the Department with respect to the scheduling sys-  
7 tem and scheduling software of the Department de-  
8 scribed in such subsection.

9 (2) ELEMENTS.—The report required by para-  
10 graph (1) shall include the following:

11 (A) Proposals for specific actions to be  
12 taken by the Department to improve the sched-  
13 uling system and scheduling software of the De-  
14 partment described in subsection (a)(1).

15 (B) A determination as to whether one or  
16 more existing off-the-shelf systems would—

17 (i) meet the needs of the Department  
18 to schedule appointments for veterans for  
19 hospital care, medical services, and other  
20 health care from the Department; and

21 (ii) improve the access of veterans to  
22 such care and services.

23 (3) PUBLICATION.—Not later than 30 days  
24 after the receipt of the report required by paragraph  
25 (1), the Secretary shall publish such report in the



1 Federal Register and on an Internet website of the  
2 Department accessible to the public.

3 (c) IMPLEMENTATION OF TASK FORCE REC-  
4 OMMENDATIONS.—Not later than one year after the re-  
5 ceipt of the report required by subsection (b)(1), the Sec-  
6 retary shall implement the recommendations set forth in  
7 such report that the Secretary considers are feasible, ad-  
8 visable, and cost effective.

9 **SEC. 204. IMPROVEMENT OF ACCESS OF VETERANS TO MO-**  
10 **BILE VET CENTERS AND MOBILE MEDICAL**  
11 **CENTERS OF THE DEPARTMENT OF VET-**  
12 **ERANS AFFAIRS.**

13 (a) IMPROVEMENT OF ACCESS.—

14 (1) IN GENERAL.—The Secretary of Veterans  
15 Affairs shall improve the access of veterans to tele-  
16 medicine and other health care through the use of  
17 mobile vet centers and mobile medical centers of the  
18 Department of Veterans Affairs by providing stand-  
19 ardized requirements for the operation of such cen-  
20 ters.

21 (2) REQUIREMENTS.—The standardized re-  
22 quirements required by paragraph (1) shall include  
23 the following:

1 (A) The number of days each mobile vet  
2 center and mobile medical center of the Depart-  
3 ment is expected to travel per year.

4 (B) The number of locations each center is  
5 expected to visit per year.

6 (C) The number of appointments each cen-  
7 ter is expected to conduct per year.

8 (D) The method and timing of notifica-  
9 tions given by each center to individuals in the  
10 area to which the center is traveling, including  
11 notifications informing veterans of the avail-  
12 ability to schedule appointments at the center.

13 (3) USE OF TELEMEDICINE.—The Secretary  
14 shall ensure that each mobile vet center and mobile  
15 medical center of the Department has the capability  
16 to provide telemedicine services.

17 (b) REPORTS.—

18 (1) IN GENERAL.—Not later than one year  
19 after the date of the enactment of this Act, and not  
20 later than September 30 each year thereafter, the  
21 Secretary of Veterans Affairs shall submit to the  
22 Committee on Veterans' Affairs of the Senate and  
23 the Committee on Veterans' Affairs of the House of  
24 Representatives a report on access to health care  
25 through the use of mobile vet centers and mobile

1 medical centers of the Department that includes sta-  
2 tistics on each of the requirements set forth in sub-  
3 section (a)(2) for the year covered by the report.

4 (2) ELEMENTS.—Each report required by para-  
5 graph (1) shall include the following:

6 (A) A description of the use of mobile vet  
7 centers and mobile medical centers to provide  
8 telemedicine services to veterans during the  
9 year preceding the submittal of the report, in-  
10 cluding the following:

11 (i) The number of days each mobile  
12 vet center and mobile medical center was  
13 open to provide such services.

14 (ii) The number of days each center  
15 traveled to a location other than the head-  
16 quarters of the center to provide such serv-  
17 ices.

18 (iii) The number of appointments  
19 each center conducted to provide such serv-  
20 ices on average per month and in total  
21 during such year.

22 (B) An analysis of the effectiveness of  
23 using mobile vet centers and mobile medical  
24 centers to provide health care services to vet-  
25 erans through the use of telemedicine.

1 (C) Any recommendations for an increase  
2 in the number of mobile vet centers and mobile  
3 medical centers of the Department.

4 (D) Any recommendations for an increase  
5 in the telemedicine capabilities of each mobile  
6 vet center and mobile medical center.

7 (E) The feasibility and advisability of  
8 using temporary health care providers, includ-  
9 ing locum tenens, to provide direct health care  
10 services to veterans at mobile vet centers and  
11 mobile medical centers.

12 (F) Such other recommendations on im-  
13 provement of the use of mobile vet centers and  
14 mobile medical centers by the Department as  
15 the Secretary considers appropriate.

16 **SEC. 205. IMPROVED PERFORMANCE METRICS FOR**  
17 **HEALTH CARE PROVIDED BY DEPARTMENT**  
18 **OF VETERANS AFFAIRS.**

19 (a) PROHIBITION ON USE OF SCHEDULING AND  
20 WAIT-TIME METRICS IN DETERMINATION OF PERFORM-  
21 ANCE AWARDS.—The Secretary of Veterans Affairs shall  
22 ensure that scheduling and wait-time metrics or goals are  
23 not used as factors in determining the performance of the  
24 following employees for purposes of determining whether  
25 to pay performance awards to such employees:

1           (1) Directors, associate directors, assistant di-  
2           rectors, deputy directors, chiefs of staff, and clinical  
3           leads of medical centers of the Department of Vet-  
4           erans Affairs.

5           (2) Directors, assistant directors, and quality  
6           management officers of Veterans Integrated Service  
7           Networks of the Department of Veterans Affairs.

8           (b) MODIFICATION OF PERFORMANCE PLANS.—

9           (1) IN GENERAL.—Not later than 30 days after  
10          the date of the enactment of this Act, the Secretary  
11          shall modify the performance plans of the directors  
12          of the medical centers of the Department and the di-  
13          rectors of the Veterans Integrated Service Networks  
14          to ensure that such plans are based on the quality  
15          of care received by veterans at the health care facili-  
16          ties under the jurisdictions of such directors.

17          (2) FACTORS.—In modifying performance plans  
18          under paragraph (1), the Secretary shall ensure that  
19          assessment of the quality of care provided at health  
20          care facilities under the jurisdiction of a director de-  
21          scribed in paragraph (1) includes consideration of  
22          the following:

23                   (A) Recent reviews by the Joint Commis-  
24                   sion (formerly known as the “Joint Commission

1 on Accreditation of Healthcare Organizations”)  
2 of such facilities.

3 (B) The number and nature of rec-  
4 ommendations concerning such facilities by the  
5 Inspector General of the Department in reviews  
6 conducted through the Combined Assessment  
7 Program, in the reviews by the Inspector Gen-  
8 eral of community-based outpatient clinics and  
9 primary care clinics, and in reviews conducted  
10 through the Office of Healthcare Inspections  
11 during the two most recently completed fiscal  
12 years.

13 (C) The number of recommendations de-  
14 scribed in subparagraph (B) that the Inspector  
15 General of the Department determines have not  
16 been carried out satisfactorily with respect to  
17 such facilities.

18 (D) Reviews of such facilities by the Com-  
19 mission on Accreditation of Rehabilitation Fa-  
20 cilities.

21 (E) The number and outcomes of adminis-  
22 trative investigation boards, root cause anal-  
23 yses, and peer reviews conducted at such facili-  
24 ties during the fiscal year for which the assess-  
25 ment is being conducted.

1 (F) The effectiveness of any remedial ac-  
2 tions or plans resulting from any Inspector  
3 General recommendations in the reviews and  
4 analyses described in subparagraphs (A)  
5 through (E).

6 (3) ADDITIONAL LEADERSHIP POSITIONS.—To  
7 the degree practicable, the Secretary shall assess the  
8 performance of other employees of the Department  
9 in leadership positions at Department medical cen-  
10 ters, including associate directors, assistant direc-  
11 tors, deputy directors, chiefs of staff, and clinical  
12 leads, and in Veterans Integrated Service Networks,  
13 including assistant directors and quality manage-  
14 ment officers, using factors and criteria similar to  
15 those used in the performance plans modified under  
16 paragraph (1).

17 (c) REMOVAL OF CERTAIN PERFORMANCE GOALS.—  
18 For each fiscal year that begins after the date of the en-  
19 actment of this Act, the Secretary shall not include in the  
20 performance goals of any employee of a Veterans Inte-  
21 grated Service Network or medical center of the Depart-  
22 ment any performance goal that might disincentivize the  
23 payment of Department amounts to provide hospital care,  
24 medical services, or other health care through a non-De-  
25 partment provider.

1 **SEC. 206. IMPROVED TRANSPARENCY CONCERNING**  
2 **HEALTH CARE PROVIDED BY DEPARTMENT**  
3 **OF VETERANS AFFAIRS.**

4 (a) PUBLICATION OF WAIT TIMES.—Not later than  
5 90 days after the date of the enactment of this Act, the  
6 Secretary of Veterans Affairs shall publish in the Federal  
7 Register, and on a publicly accessible Internet website of  
8 each medical center of the Department of Veterans Af-  
9 fairs, the wait-times for the scheduling of an appointment  
10 in each Department facility by a veteran for the receipt  
11 of primary care, specialty care, and hospital care and med-  
12 ical services based on the general severity of the condition  
13 of the veteran. Whenever the wait-times for the scheduling  
14 of such an appointment changes, the Secretary shall pub-  
15 lish the revised wait-times—

16 (1) on a publicly accessible Internet website of  
17 each medical center of the Department by not later  
18 than 30 days after such change; and

19 (2) in the Federal Register by not later than 90  
20 days after such change.

21 (b) PUBLICLY AVAILABLE DATABASE OF PATIENT  
22 SAFETY, QUALITY OF CARE, AND OUTCOME MEAS-  
23 URES.—

24 (1) IN GENERAL.—Not later than 180 days  
25 after the date of the enactment of this Act, the Sec-  
26 retary shall develop and make available to the public



1 a comprehensive database containing all applicable  
2 patient safety, quality of care, and outcome meas-  
3 ures for health care provided by the Department  
4 that are tracked by the Secretary.

5 (2) UPDATE FREQUENCY.—The Secretary shall  
6 update the database required by paragraph (1) not  
7 less frequently than once each year.

8 (3) UNAVAILABLE MEASURES.—For all meas-  
9 ures that the Secretary would otherwise publish in  
10 the database required by paragraph (1) but has not  
11 done so because such measures are not available, the  
12 Secretary shall publish notice in the database of the  
13 reason for such unavailability and a timeline for  
14 making such measures available in the database.

15 (4) ACCESSIBILITY.—The Secretary shall en-  
16 sure that the database required by paragraph (1) is  
17 accessible to the public through the primary Internet  
18 website of the Department and through each pri-  
19 mary Internet website of a Department medical cen-  
20 ter.

21 (c) HOSPITAL COMPARE WEBSITE OF DEPARTMENT  
22 OF HEALTH AND HUMAN SERVICES.—

23 (1) AGREEMENT REQUIRED.—Not later than  
24 180 days after the date of the enactment of this Act,  
25 the Secretary of Veterans Affairs shall enter into an

1 agreement with the Secretary of Health and Human  
2 Services for the provision by the Secretary of Vet-  
3 erans Affairs of such information as the Secretary of  
4 Health and Human Services may require to report  
5 and make publicly available patient quality and out-  
6 come information concerning Department of Vet-  
7 erans Affairs medical centers through the Hospital  
8 Compare Internet website of the Department of  
9 Health and Human Services or any successor Inter-  
10 net website.

11 (2) INFORMATION PROVIDED.—The information  
12 provided by the Secretary of Veterans Affairs to the  
13 Secretary of Health and Human Services under  
14 paragraph (1) shall include the following:

15 (A) Measures of timely and effective health  
16 care.

17 (B) Measures of readmissions, complica-  
18 tions of death, including with respect to 30-day  
19 mortality rates and 30-day readmission rates,  
20 surgical complication measures, and health care  
21 related infection measures.

22 (C) Survey data of patient experiences, in-  
23 cluding the Hospital Consumer Assessment of  
24 Healthcare Providers and Systems or any simi-

1 lar successor survey developed by the Depart-  
2 ment of Health and Human Services.

3 (D) Any other measures required of or re-  
4 ported with respect to hospitals participating in  
5 the Medicare program under title XVIII of the  
6 Social Security Act (42 U.S.C. 1395 et seq.).

7 (3) UNAVAILABLE INFORMATION.—For any ap-  
8 plicable metric collected by the Department of Vet-  
9 erans Affairs or required to be provided under para-  
10 graph (2) and withheld from or unavailable in the  
11 Hospital Compare Internet website or any successor  
12 Internet website, the Secretary of Veterans Affairs  
13 shall publish a notice on such Internet website stat-  
14 ing the reason why such metric was withheld from  
15 public disclosure and a timeline for making such  
16 metric available, if applicable.

17 (d) COMPTROLLER GENERAL REVIEW OF PUBLICLY  
18 AVAILABLE SAFETY AND QUALITY METRICS.—Not later  
19 than three years after the date of the enactment of this  
20 Act, the Comptroller General of the United States shall  
21 conduct a review of the safety and quality metrics made  
22 publicly available by the Secretary of Veterans Affairs  
23 under this section to assess the degree to which the Sec-  
24 retary is complying with the provisions of this section.

1 **SEC. 207. INFORMATION FOR VETERANS ON THE CREDEN-**  
2 **TIALS OF DEPARTMENT OF VETERANS AF-**  
3 **FAIRS PHYSICIANS.**

4 (a) IMPROVEMENT OF “OUR DOCTORS” INTERNET  
5 WEBSITE LINKS.—

6 (1) AVAILABILITY THROUGH DEPARTMENT OF  
7 VETERANS AFFAIRS HOMEPAGE.—A link to the “Our  
8 Doctors” health care providers database of the De-  
9 partment of Veterans Affairs, or any successor data-  
10 base, shall be available on and through the home-  
11 page of the Internet website of the Department that  
12 is accessible to the public.

13 (2) INFORMATION ON LOCATION OF RESIDENCY  
14 TRAINING.—The Internet website of the Department  
15 that is accessible to the public shall include under  
16 the link to the “Our Doctors” health care providers  
17 database of the Department, or any successor data-  
18 base, the name of the facility at which each licensed  
19 physician of the Department underwent residency  
20 training.

21 (3) INFORMATION ON PHYSICIANS AT PAR-  
22 TICULAR FACILITIES.—The “Our Doctors” health  
23 care providers database of the Department, or any  
24 successor database, shall identify whether each li-  
25 censed physician of the Department is a physician in  
26 residency.

1 (b) INFORMATION ON CREDENTIALS OF PHYSICIANS  
2 FOR VETERANS UNDERGOING SURGICAL PROCEDURES.—

3 (1) IN GENERAL.—Each veteran who is under-  
4 going a surgical procedure by or through the De-  
5 partment shall be provided information described in  
6 paragraph (2) with respect to the surgeon to be per-  
7 forming such procedure at such time in advance of  
8 the procedure as is appropriate to permit such vet-  
9 eran to evaluate such information.

10 (2) INFORMATION DESCRIBED.—The informa-  
11 tion described in this paragraph with respect to a  
12 surgeon described in paragraph (1) is as follows:

13 (A) The education and training of the sur-  
14 geon.

15 (B) The licensure, registration, and certifi-  
16 cation of the surgeon by the State or national  
17 entity responsible for such licensure, registra-  
18 tion, or certification.

19 (3) OTHER INDIVIDUALS.—If a veteran is un-  
20 able to evaluate the information provided under  
21 paragraph (1) due to the health or mental com-  
22 petence of the veteran, such information shall be  
23 provided to an individual acting on behalf of the vet-  
24 eran.

25 (c) COMPTROLLER GENERAL REPORT AND PLAN.—

1           (1) REPORT.—Not later than two years after  
2           the date of the enactment of this Act, the Comp-  
3           troller General of the United States shall submit to  
4           the Committee on Veterans' Affairs of the Senate  
5           and the Committee on Veterans' Affairs of the  
6           House of Representatives a report setting forth an  
7           assessment by the Comptroller General of the fol-  
8           lowing:

9                   (A) The manner in which contractors  
10                  under the Patient-Centered Community Care  
11                  initiative of the Department perform oversight  
12                  of the credentials of physicians within the net-  
13                  works of such contractors under the initiative.

14                   (B) The oversight by the Department of  
15                  the contracts under the Patient-Centered Com-  
16                  munity Care initiative.

17                   (C) The verification by the Department of  
18                  the credentials and licenses of health care pro-  
19                  viders furnishing hospital care and medical  
20                  services under section 101.

21           (2) PLAN.—

22                   (A) IN GENERAL.—Not later than 30 days  
23                  after the submittal of the report under para-  
24                  graph (1), the Secretary shall submit to the  
25                  Comptroller General, the Committee on Vet-

1           erans' Affairs of the Senate, and the Committee  
2           on Veterans' Affairs of the House of Represent-  
3           atives a plan to address any findings and rec-  
4           ommendations of the Comptroller General in-  
5           cluded in such report.

6                   (B) IMPLEMENTATION.—Not later than 90  
7           days after the submittal of the report under  
8           paragraph (1), the Secretary shall carry out  
9           such plan.

10 **SEC. 208. INFORMATION IN ANNUAL BUDGET OF THE**  
11                   **PRESIDENT ON HOSPITAL CARE AND MED-**  
12                   **ICAL SERVICES FURNISHED THROUGH EX-**  
13                   **PANDED USE OF CONTRACTS FOR SUCH**  
14                   **CARE.**

15           The materials on the Department of Veterans Affairs  
16 in the budget of the President for a fiscal year, as sub-  
17 mitted to Congress pursuant to section 1105(a) of title  
18 31, United States Code, shall set forth the following:

19                   (1) The number of veterans who received hos-  
20           pital care and medical services under section 101  
21           during the fiscal year preceding the fiscal year in  
22           which such budget is submitted.

23                   (2) The amount expended by the Department  
24           on furnishing care and services under such section

1 during the fiscal year preceding the fiscal year in  
2 which such budget is submitted.

3 (3) The amount requested in such budget for  
4 the costs of furnishing care and services under such  
5 section during the fiscal year covered by such budg-  
6 et, set forth in aggregate and by amounts for each  
7 account for which amounts are so requested.

8 (4) The number of veterans that the Depart-  
9 ment estimates will receive hospital care and medical  
10 services under such section during the fiscal years  
11 covered by the budget submission.

12 (5) The number of employees of the Depart-  
13 ment on paid administrative leave at any point dur-  
14 ing the fiscal year preceding the fiscal year in which  
15 such budget is submitted.

16 **SEC. 209. PROHIBITION ON FALSIFICATION OF DATA CON-**  
17 **CERNING WAIT TIMES AND QUALITY MEAS-**  
18 **URES AT DEPARTMENT OF VETERANS AF-**  
19 **FAIRS.**

20 Not later than 60 days after the date of the enact-  
21 ment of this Act, and in accordance with title 5, United  
22 States Code, the Secretary of Veterans Affairs shall estab-  
23 lish policies whereby any employee of the Department of  
24 Veterans Affairs who knowingly submits false data con-  
25 cerning wait times for health care or quality measures



1 with respect to health care to another employee of the De-  
2 partment or knowingly requires another employee of the  
3 Department to submit false data concerning such wait  
4 times or quality measures to another employee of the De-  
5 partment is subject to a penalty the Secretary considers  
6 appropriate after notice and an opportunity for a hearing,  
7 including civil penalties, unpaid suspensions, or termi-  
8 nation.

9 **TITLE III—HEALTH CARE STAFF-**  
10 **ING, RECRUITMENT, AND**  
11 **TRAINING MATTERS**

12 **SEC. 301. TREATMENT OF STAFFING SHORTAGE AND BIEN-**  
13 **NIAL REPORT ON STAFFING OF MEDICAL FA-**  
14 **CILITIES OF THE DEPARTMENT OF VET-**  
15 **ERANS AFFAIRS.**

16 (a) STAFFING SHORTAGES.—

17 (1) IN GENERAL.—Subchapter I of chapter 74  
18 of title 38, United States Code, is amended by add-  
19 ing at the end the following new section:

20 **“§ 7412. Annual determination of staffing shortages;**  
21 **recruitment and appointment for needed**  
22 **occupations**

23 “(a) IN GENERAL.—Not later than September 30 of  
24 each year, the Inspector General of the Department shall  
25 determine, and the Secretary shall publish in the Federal

1 Register, the five occupations of personnel of this title of  
2 the Department covered under section 7401 of this title  
3 for which there are the largest staffing shortages through-  
4 out the Department as calculated over the five-year period  
5 preceding the determination.

6 “(b) RECRUITMENT AND APPOINTMENT.—Notwith-  
7 standing sections 3304 and 3309 through 3318 of title  
8 5, the Secretary may, upon a determination by the Inspec-  
9 tor General under paragraph (1) that there is a staffing  
10 shortage throughout the Department with respect to a  
11 particular occupation, recruit and directly appoint, during  
12 the fiscal year after the fiscal year during which such de-  
13 termination is made, qualified personnel to serve in that  
14 particular occupation for the Department.”

15 (2) CLERICAL AMENDMENT.—The table of sec-  
16 tions at the beginning of such chapter is amended  
17 by inserting after the item relating to section 7411  
18 the following new item:

“7412. Annual determination of staffing shortages; recruitment and appoint-  
ment for needed occupations.”

19 (3) DEADLINE FOR FIRST DETERMINATION.—  
20 Notwithstanding the deadline under section 7412 of  
21 title 38, United States Code, as added by paragraph  
22 (1), for the annual determination of staffing short-  
23 ages in the Veterans Health Administration, the In-  
24 spector General of the Department of Veterans Af-

1       fairs shall make the first determination required  
2       under such section, and the Secretary of Veterans  
3       Affairs shall publish in the Federal Register such  
4       determination, by not later than the date that is 180  
5       days after the date of the enactment of this Act.

6       (b) INCREASE OF GRADUATE MEDICAL EDUCATION  
7       RESIDENCY POSITIONS.—

8               (1) IN GENERAL.—Section 7302 of title 38,  
9       United States Code, is amended by adding at the  
10       end the following new subsection:

11       “(e)(1) In carrying out this section, the Secretary  
12       shall establish medical residency programs, or ensure that  
13       already established medical residency programs have a  
14       sufficient number of residency positions, at any medical  
15       facility of the Department that the Secretary deter-  
16       mines—

17               “(A) is experiencing a shortage of physicians;  
18       and

19               “(B) is located in a community that is des-  
20       ignated as a health professional shortage area (as  
21       defined in section 332 of the Public Health Service  
22       Act (42 U.S.C. 254e)).

23       “(2) In carrying out paragraph (1), the Secretary  
24       shall—

1           “(A) allocate the residency positions under such  
2 paragraph among occupations included in the most  
3 current determination published in the Federal Reg-  
4 ister pursuant to section 7412(a) of this title; and

5           “(B) give priority to residency positions and  
6 programs in primary care, mental health, and any  
7 other specialty the Secretary determines appro-  
8 priate.”.

9           (2) FIVE-YEAR INCREASE.—

10           (A) IN GENERAL.—In carrying out section  
11 7302(e) of title 38, United States Code, as  
12 added by paragraph (1), during the five-year  
13 period beginning on the day that is one year  
14 after the date of the enactment of this Act, the  
15 Secretary of Veterans Affairs shall increase the  
16 number of graduate medical education resi-  
17 dency positions at medical facilities of the De-  
18 partment by up to 1,500 positions.

19           (B) PRIORITY.—In increasing the number  
20 of graduate medical education residency posi-  
21 tions at medical facilities of the Department  
22 under subparagraph (A), the Secretary shall  
23 give priority to medical facilities that—

1 (i) as of the date of the enactment of  
2 this Act, do not have a medical residency  
3 program; and

4 (ii) are located in a community that  
5 has a high concentration of veterans.

6 (3) REPORT.—

7 (A) IN GENERAL.—Not later than 60 days  
8 after the date of the enactment of this Act, and  
9 not later than October 1 each year thereafter  
10 until 2019, the Secretary shall submit to the  
11 Committee on Veterans' Affairs of the Senate  
12 and the Committee on Veterans' Affairs of the  
13 House of Representatives a report on graduate  
14 medical education residency positions at medical  
15 facilities of the Department.

16 (B) ELEMENTS.—Each report required by  
17 subparagraph (A) shall include the following:

18 (i) For the year preceding the sub-  
19 mittal of the report, the number of grad-  
20 uate medical education residency positions  
21 at medical facilities of the Department as  
22 follows:

23 (I) That were filled.

24 (II) That were not filled.

1 (III) That the Department an-  
2 ticipated filling.

3 (ii) With respect to each graduate  
4 medical education residency position speci-  
5 fied in clause (i)—

6 (I) the geographic location of  
7 each such position; and

8 (II) if such position was filled,  
9 the academic affiliation of the medical  
10 resident that filled such position.

11 (iii) The policy at each medical facility  
12 of the Department with respect to the ratio  
13 of medical residents to staff supervising  
14 medical residents.

15 (iv) During the one-year period pre-  
16 ceding the submittal of the report, the  
17 number of individuals who declined an  
18 offer from the Department to serve as a  
19 medical resident at a medical facility of the  
20 Department and the reason why each such  
21 individual declined such offer.

22 (v) During the one-year period pre-  
23 ceding the submittal of the report, a de-  
24 scription of—

1 (I) challenges, if any, faced by  
2 the Department in filling graduate  
3 medical education residency positions  
4 at medical facilities of the Depart-  
5 ment; and

6 (II) actions, if any, taken by the  
7 Department to address such chal-  
8 lenges.

9 (vi) A description of efforts of the De-  
10 partment, as of the date of the submittal  
11 of the report, to recruit and retain medical  
12 residents to work for the Veterans Health  
13 Administration as full-time employees.

14 (c) PRIORITY IN SCHOLARSHIP PROGRAM OF  
15 HEALTH PROFESSIONALS EDUCATIONAL ASSISTANCE  
16 PROGRAM TO CERTAIN PROVIDERS.—Section 7612(b)(5)  
17 of title 38, United States Code, is amended—

18 (1) in subparagraph (A), by striking “and” at  
19 the end;

20 (2) by redesignating subparagraph (B) as sub-  
21 paragraph (C); and

22 (3) by inserting after subparagraph (A) the fol-  
23 lowing new subparagraph (B):

24 “(B) shall give priority to applicants pursuing  
25 a course of education or training toward a career in

1 an occupation for which the Inspector General of the  
2 Department has, in the most current determination  
3 published in the Federal Register pursuant to sec-  
4 tion 7412(a) of this title, determined that there is  
5 one of the largest staffing shortages throughout the  
6 Department with respect to such occupation; and”.

7 (d) REPORTS.—

8 (1) IN GENERAL.—Not later than 180 days  
9 after the date of the enactment of this Act, and not  
10 later than December 31 of each even-numbered year  
11 thereafter until 2024, the Secretary of Veterans Af-  
12 fairs shall submit to the Committees on Veterans’  
13 Affairs of the Senate and House of Representatives  
14 a report assessing the staffing of each medical facil-  
15 ity of the Department.

16 (2) ELEMENTS.—Each report submitted under  
17 paragraph (1) shall include the following:

18 (A) The results of a system-wide assess-  
19 ment of all medical facilities of the Department  
20 to ensure the following:

21 (i) Appropriate staffing levels for  
22 health care professionals to meet the goals  
23 of the Secretary for timely access to care  
24 for veterans.



1 (ii) Appropriate staffing levels for  
2 support personnel, including clerks.

3 (iii) Appropriate sizes for clinical pan-  
4 els.

5 (iv) Appropriate numbers of full-time  
6 staff, or full-time equivalents, dedicated to  
7 direct care of patients.

8 (v) Appropriate physical plant space  
9 to meet the capacity needs of the Depart-  
10 ment in that area.

11 (vi) Such other factors as the Sec-  
12 retary considers necessary.

13 (B) A plan for addressing any issues iden-  
14 tified in the assessment described in subpara-  
15 graph (A), including a timeline for addressing  
16 such issues.

17 (C) A list of the current wait times and  
18 workload levels for the following clinics in each  
19 medical facility:

20 (i) Mental health.

21 (ii) Primary care.

22 (iii) Gastroenterology.

23 (iv) Women's health.

24 (v) Such other clinics as the Secretary  
25 considers appropriate.

1 (D) A description of the results of the  
2 most current determination of the Inspector  
3 General under subsection (a) of section 7412 of  
4 title 38, United States Code, as added by sub-  
5 section (a)(1) of this section, and a plan to use  
6 direct appointment authority under subsection  
7 (b) of such section 7412 to fill staffing short-  
8 ages, including recommendations for improving  
9 the speed at which the credentialing and privi-  
10 leging process can be conducted.

11 (E) The current staffing models of the De-  
12 partment for the following clinics, including rec-  
13 ommendations for changes to such models:

- 14 (i) Mental health.
- 15 (ii) Primary care.
- 16 (iii) Gastroenterology.
- 17 (iv) Women's health.
- 18 (v) Such other clinics as the Secretary  
19 considers appropriate.

20 (F) A detailed analysis of succession plan-  
21 ning at medical facilities of the Department, in-  
22 cluding the following:

- 23 (i) The number of positions in medical  
24 facilities throughout the Department that  
25 are not filled by a permanent employee.

1 (ii) The length of time each position  
2 described in clause (i) remained vacant or  
3 filled by a temporary or acting employee.

4 (iii) A description of any barriers to  
5 filling the positions described in clause (i).

6 (iv) A plan for filling any positions  
7 that are vacant or filled by a temporary or  
8 acting employee for more than 180 days.

9 (v) A plan for handling emergency cir-  
10 cumstances, such as administrative leave  
11 or sudden medical leave for senior officials.

12 (G) The number of health care providers of  
13 the Department who have been removed from  
14 their positions, have retired, or have left their  
15 positions for another reason, disaggregated by  
16 provider type, during the two-year period pre-  
17 ceding the submittal of the report.

18 (H) Of the health care providers specified  
19 in subparagraph (G) who have been removed  
20 from their positions, the following:

21 (i) The number of such health care  
22 providers who were reassigned to other po-  
23 sitions in the Department.

24 (ii) The number of such health care  
25 providers who left the Department.

1 (iii) The number of such health care  
2 providers who left the Department and  
3 were subsequently rehired by the Depart-  
4 ment.

5 **SEC. 302. EXTENSION AND MODIFICATION OF CERTAIN**  
6 **PROGRAMS WITHIN THE DEPARTMENT OF**  
7 **VETERANS AFFAIRS HEALTH PROFES-**  
8 **SIONALS EDUCATIONAL ASSISTANCE PRO-**  
9 **GRAM.**

10 (a) EXTENSION OF SCHOLARSHIP PROGRAM.—Sec-  
11 tion 7619 of title 38, United States Code, is amended by  
12 striking “December 31, 2014” and inserting “December  
13 31, 2019”.

14 (b) MODIFICATION OF EDUCATION DEBT REDUC-  
15 TION PROGRAM.—

16 (1) MODIFICATION OF AMOUNT AND DURATION  
17 OF ELIGIBILITY.—Paragraph (1) of section 7683(d)  
18 of such title is amended—

19 (A) by striking “\$60,000” and inserting  
20 “\$120,000”; and

21 (B) by striking “\$12,000 of such pay-  
22 ments” and all that follows through the period  
23 at the end and inserting “\$24,000 of such pay-  
24 ments may be made in each year of participa-  
25 tion in the Program”.

1 (2) ELIMINATION OF LIMITATION.—

2 (A) IN GENERAL.—Such section is further  
3 amended—

4 (i) by striking paragraph (2);

5 (ii) by redesignating paragraph (3) as  
6 paragraph (2); and

7 (iii) in paragraph (2), as redesignated  
8 by clause (ii), by striking “paragraphs (1)  
9 and (2)” and inserting “paragraph (1)”.

10 (B) CONFORMING AMENDMENT.—Para-  
11 graph (1) of such section, as amended by para-  
12 graph (1), is further amended by striking “Sub-  
13 ject to paragraph (2), the amount” and insert-  
14 ing “The amount”.

15 **SEC. 303. CLINIC MANAGEMENT TRAINING FOR EMPLOY-**  
16 **EES AT MEDICAL FACILITIES OF THE DE-**  
17 **PARTMENT OF VETERANS AFFAIRS.**

18 (a) CLINIC MANAGEMENT TRAINING PROGRAM.—

19 (1) IN GENERAL.—Not later than 180 days  
20 after the date of the enactment of this Act, the Sec-  
21 retary of Veterans Affairs shall commence a role-  
22 specific clinic management training program to pro-  
23 vide in-person, standardized education on systems  
24 and processes for health care practice management  
25 and scheduling to all appropriate employees, as de-

1       terminated by the Secretary, at medical facilities of  
2       the Department.

3               (2) ELEMENTS.—

4                       (A) IN GENERAL.—The clinic management  
5       training program required by paragraph (1)  
6       shall include the following:

7                               (i) Training on how to manage the  
8       schedules of health care providers of the  
9       Department, including the following:

10                                       (I) Maintaining such schedules in  
11       a manner that allows appointments to  
12       be booked at least eight weeks in ad-  
13       vance.

14                                       (II) Proper planning procedures  
15       for vacation, leave, and graduate med-  
16       ical education training schedules.

17                               (ii) Training on the appropriate num-  
18       ber of appointments that a health care pro-  
19       vider should conduct on a daily basis,  
20       based on specialty.

21                               (iii) Training on how to determine  
22       whether there are enough available ap-  
23       pointment slots to manage demand for dif-  
24       ferent appointment types and mechanisms

1 for alerting management of insufficient  
2 slots.

3 (iv) Training on how to properly use  
4 the appointment scheduling system of the  
5 Department, including any new scheduling  
6 system implemented by the Department.

7 (v) Training on how to optimize the  
8 use of technology, including the following:

9 (I) Telemedicine.

10 (II) Electronic mail.

11 (III) Text messaging.

12 (IV) Such other technologies as  
13 specified by the Secretary.

14 (vi) Training on how to properly use  
15 physical plant space at medical facilities of  
16 the Department to ensure efficient flow  
17 and privacy for patients and staff.

18 (B) ROLE-SPECIFIC.—The Secretary shall  
19 ensure that each employee of the Department  
20 included in the clinic management training pro-  
21 gram required by paragraph (1) receives edu-  
22 cation under such program that is relevant to  
23 the responsibilities of such employee.

24 (3) SUNSET.—The clinic management training  
25 program required by paragraph (1) shall terminate

1 on the date that is two years after the date on which  
2 the Secretary commences such program.

3 (b) TRAINING MATERIALS.—

4 (1) IN GENERAL.—After the termination of the  
5 clinic management training program required by  
6 subsection (a), the Secretary shall provide training  
7 materials on health care management to each of the  
8 following employees of the Department that are rel-  
9 evant to the position and responsibilities of such em-  
10 ployee upon the commencement of employment of  
11 such employee:

12 (A) Any manager of a medical facility of  
13 the Department.

14 (B) Any health care provider at a medical  
15 facility of the Department.

16 (C) Such other employees of the Depart-  
17 ment as the Secretary considers appropriate.

18 (2) UPDATE.—The Secretary shall regularly up-  
19 date the training materials required under para-  
20 graph (1).



1                   **TITLE IV—HEALTH CARE**  
2                   **RELATED TO SEXUAL TRAUMA**

3   **SEC. 401. EXPANSION OF ELIGIBILITY FOR SEXUAL TRAU-**  
4                   **MA COUNSELING AND TREATMENT TO VET-**  
5                   **ERANS ON INACTIVE DUTY TRAINING.**

6           Section 1720D(a)(1) of title 38, United States Code,  
7 is amended by striking “or active duty for training” and  
8 inserting “, active duty for training, or inactive duty train-  
9 ing”.

10   **SEC. 402. PROVISION OF COUNSELING AND TREATMENT**  
11                   **FOR SEXUAL TRAUMA BY THE DEPARTMENT**  
12                   **OF VETERANS AFFAIRS TO MEMBERS OF THE**  
13                   **ARMED FORCES.**

14           (a) EXPANSION OF COVERAGE TO MEMBERS OF THE  
15 ARMED FORCES.—Subsection (a) of section 1720D of title  
16 38, United States Code, is amended—

17                   (1) by redesignating paragraph (2) as para-  
18                   graph (3);

19                   (2) by inserting after paragraph (1) the fol-  
20                   lowing new paragraph (2):

21                   “(2)(A) In operating the program required by para-  
22                   graph (1), the Secretary may, in consultation with the  
23                   Secretary of Defense, provide counseling and care and  
24                   services to members of the Armed Forces (including mem-  
25                   bers of the National Guard and Reserves) on active duty

1 to overcome psychological trauma described in that para-  
2 graph.

3 “(B) A member described in subparagraph (A) shall  
4 not be required to obtain a referral before receiving coun-  
5 seling and care and services under this paragraph.”; and

6 (3) in paragraph (3), as redesignated by para-  
7 graph (1)—

8 (A) by striking “a veteran” and inserting  
9 “an individual”; and

10 (B) by striking “that veteran” each place  
11 it appears and inserting “that individual”.

12 (b) INFORMATION TO MEMBERS ON AVAILABILITY OF  
13 COUNSELING AND SERVICES.—Subsection (c) of such sec-  
14 tion is amended—

15 (1) by striking “to veterans” each place it ap-  
16 pears; and

17 (2) in paragraph (3), by inserting “members of  
18 the Armed Forces and” before “individuals”.

19 (c) INCLUSION OF MEMBERS IN REPORTS ON COUN-  
20 SELING AND SERVICES.—Subsection (e) of such section  
21 is amended—

22 (1) in the matter preceding paragraph (1), by  
23 striking “to veterans”;

24 (2) in paragraph (2)—

1 (A) by striking “women veterans” and in-  
2 serting “individuals”; and

3 (B) by striking “training under subsection  
4 (d).” and inserting “training under subsection  
5 (d), disaggregated by—

6 “(A) veterans;

7 “(B) members of the Armed Forces (in-  
8 cluding members of the National Guard and  
9 Reserves) on active duty; and

10 “(C) for each of subparagraphs (A) and  
11 (B)—

12 “(i) men; and

13 “(ii) women.”;

14 (3) in paragraph (4), by striking “veterans”  
15 and inserting “individuals”; and

16 (4) in paragraph (5)—

17 (A) by striking “women veterans” and in-  
18 serting “individuals”; and

19 (B) by inserting “, including specific rec-  
20 ommendations for individuals specified in sub-  
21 paragraphs (A), (B), and (C) of paragraph (2)”  
22 before the period at the end.

23 (d) **EFFECTIVE DATE.**—The amendments made by  
24 this section shall take effect on the date that is one year  
25 after the date of the enactment of this Act.

1 **SEC. 403. REPORTS ON MILITARY SEXUAL TRAUMA.**

2 (a) REPORT ON SERVICES AVAILABLE FOR MILITARY  
3 SEXUAL TRAUMA IN THE DEPARTMENT OF VETERANS  
4 AFFAIRS.—Not later than 630 days after the date of the  
5 enactment of this Act, the Secretary of Veterans Affairs  
6 shall submit to the Committee on Veterans' Affairs of the  
7 Senate and the Committee on Veterans' Affairs of the  
8 House of Representatives a report on the treatment and  
9 services available from the Department of Veterans Af-  
10 fairs for male veterans who experience military sexual  
11 trauma compared to such treatment and services available  
12 to female veterans who experience military sexual trauma.

13 (b) REPORTS ON TRANSITION OF MILITARY SEXUAL  
14 TRAUMA TREATMENT FROM DEPARTMENT OF DEFENSE  
15 TO DEPARTMENT OF VETERANS AFFAIRS.—Not later  
16 than 630 days after the date of the enactment of this Act,  
17 and annually thereafter for five years, the Department of  
18 Veterans Affairs-Department of Defense Joint Executive  
19 Committee established by section 320(a) of title 38,  
20 United States Code, shall submit to the appropriate com-  
21 mittees of Congress a report on military sexual trauma  
22 that includes the following:

23 (1) The processes and procedures utilized by  
24 the Department of Veterans Affairs and the Depart-  
25 ment of Defense to facilitate transition of treatment  
26 of individuals who have experienced military sexual

1 trauma from treatment provided by the Department  
2 of Defense to treatment provided by the Department  
3 of Veterans Affairs.

4 (2) A description and assessment of the collabo-  
5 ration between the Department of Veterans Affairs  
6 and the Department of Defense in assisting veterans  
7 in filing claims for disabilities related to military  
8 sexual trauma, including permitting veterans access  
9 to information and evidence necessary to develop or  
10 support such claims.

11 (c) DEFINITIONS.—In this section:

12 (1) APPROPRIATE COMMITTEES OF CON-  
13 GRESS.—The term “appropriate committees of Con-  
14 gress” means—

15 (A) the Committee on Veterans’ Affairs  
16 and the Committee on Armed Services of the  
17 Senate; and

18 (B) the Committee on Veterans’ Affairs  
19 and the Committee on Armed Services of the  
20 House of Representatives.

21 (2) MILITARY SEXUAL TRAUMA.—The term  
22 “military sexual trauma” means psychological trau-  
23 ma, which in the judgment of a mental health pro-  
24 fessional employed by the Department, resulted from  
25 a physical assault of a sexual nature, battery of a

1 sexual nature, or sexual harassment which occurred  
2 while the veteran was serving on active duty, active  
3 duty for training, or inactive duty training.

4 (3) **SEXUAL HARASSMENT.**—The term “sexual  
5 harassment” means repeated, unsolicited verbal or  
6 physical contact of a sexual nature which is threat-  
7 ening in character.

8 (4) **SEXUAL TRAUMA.**—The term “sexual trau-  
9 ma” shall have the meaning given that term by the  
10 Secretary of Veterans Affairs for purposes of this  
11 section.

12 (d) **EFFECTIVE DATE.**—This section shall take effect  
13 on the date that is 270 days after the date of the enact-  
14 ment of this Act.

## 15 **TITLE V—OTHER HEALTH CARE** 16 **MATTERS**

### 17 **SEC. 501. EXTENSION OF PILOT PROGRAM ON ASSISTED** 18 **LIVING SERVICES FOR VETERANS WITH** 19 **TRAUMATIC BRAIN INJURY.**

20 (a) **IN GENERAL.**—Section 1705 of the National De-  
21 fense Authorization Act for Fiscal Year 2008 (Public Law  
22 110–181; 38 U.S.C. 1710C note) is amended by adding  
23 at the end the following:

24 “(g) **TERMINATION.**—The pilot program shall termi-  
25 nate on October 6, 2017.”.

1 (b) CONFORMING AMENDMENT.—Subsection (a) of  
2 such section is amended by striking “five-year”.

3 **TITLE VI—MAJOR MEDICAL**  
4 **FACILITY LEASES**

5 **SEC. 601. AUTHORIZATION OF MAJOR MEDICAL FACILITY**  
6 **LEASES.**

7 (a) IN GENERAL.—The Secretary of Veterans Affairs  
8 may carry out the following major medical facility leases  
9 at the locations specified, and in an amount for each lease  
10 not to exceed the amount shown for such location (not  
11 including any estimated cancellation costs):

12 (1) For a clinical research and pharmacy co-  
13 ordinating center, Albuquerque, New Mexico, an  
14 amount not to exceed \$9,560,000.

15 (2) For a community-based outpatient clinic,  
16 Brick, New Jersey, an amount not to exceed  
17 \$7,280,000.

18 (3) For a new primary care and dental clinic  
19 annex, Charleston, South Carolina, an amount not  
20 to exceed \$7,070,250.

21 (4) For a community-based outpatient clinic,  
22 Cobb County, Georgia, an amount not to exceed  
23 \$6,409,000.

24 (5) For the Leeward Outpatient Healthcare Ac-  
25 cess Center, Honolulu, Hawaii, including a co-lo-

1 cated clinic with the Department of Defense and the  
2 co-location of the Honolulu Regional Office of the  
3 Veterans Benefits Administration and the Kapolei  
4 Vet Center of the Department of Veterans Affairs,  
5 an amount not to exceed \$15,887,370.

6 (6) For a community-based outpatient clinic,  
7 Johnson County, Kansas, an amount not to exceed  
8 \$2,263,000.

9 (7) For a replacement community-based out-  
10 patient clinic, Lafayette, Louisiana, an amount not  
11 to exceed \$2,996,000.

12 (8) For a community-based outpatient clinic,  
13 Lake Charles, Louisiana, an amount not to exceed  
14 \$2,626,000.

15 (9) For outpatient clinic consolidation, New  
16 Port Richey, Florida, an amount not to exceed  
17 \$11,927,000.

18 (10) For an outpatient clinic, Ponce, Puerto  
19 Rico, an amount not to exceed \$11,535,000.

20 (11) For lease consolidation, San Antonio,  
21 Texas, an amount not to exceed \$19,426,000.

22 (12) For a community-based outpatient clinic,  
23 San Diego, California, an amount not to exceed  
24 \$11,946,100.



1           (13) For an outpatient clinic, Tyler, Texas, an  
2 amount not to exceed \$4,327,000.

3           (14) For the Errera Community Care Center,  
4 West Haven, Connecticut, an amount not to exceed  
5 \$4,883,000.

6           (15) For the Worcester Community-Based Out-  
7 patient Clinic, Worcester, Massachusetts, an amount  
8 not to exceed \$4,855,000.

9           (16) For the expansion of a community-based  
10 outpatient clinic, Cape Girardeau, Missouri, an  
11 amount not to exceed \$4,232,060.

12           (17) For a multispecialty clinic, Chattanooga,  
13 Tennessee, an amount not to exceed \$7,069,000.

14           (18) For the expansion of a community-based  
15 outpatient clinic, Chico, California, an amount not to  
16 exceed \$4,534,000.

17           (19) For a community-based outpatient clinic,  
18 Chula Vista, California, an amount not to exceed  
19 \$3,714,000.

20           (20) For a new research lease, Hines, Illinois,  
21 an amount not to exceed \$22,032,000.

22           (21) For a replacement research lease, Hous-  
23 ton, Texas, an amount not to exceed \$6,142,000.

1           (22) For a community-based outpatient clinic,  
2           Lincoln, Nebraska, an amount not to exceed  
3           \$7,178,400.

4           (23) For a community-based outpatient clinic,  
5           Lubbock, Texas, an amount not to exceed  
6           \$8,554,000.

7           (24) For a community-based outpatient clinic  
8           consolidation, Myrtle Beach, South Carolina, an  
9           amount not to exceed \$8,022,000.

10          (25) For a community-based outpatient clinic,  
11          Phoenix, Arizona, an amount not to exceed  
12          \$20,757,000.

13          (26) For the expansion of a community-based  
14          outpatient clinic, Redding, California, an amount not  
15          to exceed \$8,154,000.

16          (27) For the expansion of a community-based  
17          outpatient clinic, Tulsa, Oklahoma, an amount not  
18          to exceed \$13,269,200.

19          (b) REQUIREMENTS FOR CLINIC IN TULSA.—

20           (1) IN GENERAL.—In carrying out the expan-  
21           sion of the community-based outpatient clinic in  
22           Tulsa, Oklahoma, authorized by subsection (a)(27),  
23           the Secretary of Veterans Affairs shall ensure that  
24           such clinic satisfies the following requirements:

1 (A) Consist of not more than 140,000  
2 gross square feet.

3 (B) Have an annual cost per square foot  
4 of not more than the average market rate in  
5 Tulsa, Oklahoma, for an equivalent medical fa-  
6 cility plus 20 percent.

7 (C) Satisfy the mandate of the Depart-  
8 ment of Veterans Affairs to provide veterans in  
9 Oklahoma with access to quality and efficient  
10 care.

11 (D) Expand clinical capacity in the region  
12 in which the clinic is located in a cost efficient  
13 manner based upon regional cost comparisons,  
14 taking into account the needs of current vet-  
15 erans and the potential demand by veterans for  
16 care in the future.

17 (E) Be the most cost effective option for  
18 the Department as predicted over a 30-year life  
19 cycle for such clinic.

20 (2) COST EFFECTIVE DETERMINATION.—

21 (A) IN GENERAL.—If the Secretary deter-  
22 mines that the most cost effective option over a  
23 30-year life cycle would be to purchase or con-  
24 struct a facility in Tulsa, Oklahoma, instead of  
25 entering into a major medical facility lease in

1 such location as authorized by subsection  
2 (a)(27), the Secretary shall not enter into such  
3 lease.

4 (B) MAJOR MEDICAL FACILITY  
5 PROJECT.—If the Secretary makes the deter-  
6 mination described in subparagraph (A), the  
7 Secretary may request authority for a major  
8 medical facility project in Tulsa, Oklahoma,  
9 from Congress pursuant to section 8104(b) of  
10 title 38, United States Code.

11 (C) COST-BENEFIT ANALYSIS.—If the Sec-  
12 retary requests authority for the major medical  
13 facility project described in subparagraph (B),  
14 not later than 90 days after making the deter-  
15 mination described in subparagraph (A), the  
16 Secretary shall submit to Congress a detailed  
17 cost-benefit analysis of such major medical fa-  
18 cility project.

19 **SEC. 602. BUDGETARY TREATMENT OF DEPARTMENT OF**  
20 **VETERANS AFFAIRS MAJOR MEDICAL FACILI-**  
21 **TIES LEASES.**

22 (a) FINDINGS.—Congress finds the following:

23 (1) Title 31, United States Code, requires the  
24 Department of Veterans Affairs to record the full

1 cost of its contractual obligation against funds avail-  
2 able at the time a contract is executed.

3 (2) Office of Management and Budget Circular  
4 A-11 provides guidance to agencies in meeting the  
5 statutory requirements under title 31, United States  
6 Code, with respect to leases.

7 (3) For operating leases, Office of Management  
8 and Budget Circular A-11 requires the Department  
9 of Veterans Affairs to record up-front budget au-  
10 thority in an “amount equal to total payments under  
11 the full term of the lease or [an] amount sufficient  
12 to cover first year lease payments plus cancellation  
13 costs”.

14 (b) REQUIREMENT FOR OBLIGATION OF FULL  
15 COST.—

16 (1) IN GENERAL.—Subject to the availability of  
17 appropriations provided in advance, in exercising the  
18 authority of the Secretary of Veterans Affairs to  
19 enter into leases provided in this Act, the Secretary  
20 shall record, pursuant to section 1501 of title 31,  
21 United States Code, as the full cost of the contrac-  
22 tual obligation at the time a contract is executed ei-  
23 ther—

24 (A) an amount equal to total payments  
25 under the full term of the lease; or

1 (B) if the lease specifies payments to be  
2 made in the event the lease is terminated before  
3 its full term, an amount sufficient to cover the  
4 first year lease payments plus the specified can-  
5 cellation costs.

6 (2) SELF-INSURING AUTHORITY.—The require-  
7 ments of paragraph (1) may be satisfied through the  
8 use of the self-insuring authority identified in title  
9 40, United States Code, consistent with Office of  
10 Management and Budget Circular A–11.

11 (c) TRANSPARENCY.—

12 (1) COMPLIANCE.—Subsection (b) of section  
13 8104 of title 38, United States Code, is amended by  
14 adding at the end the following new paragraph:

15 “(7) In the case of a prospectus proposing  
16 funding for a major medical facility lease, a detailed  
17 analysis of how the lease is expected to comply with  
18 Office of Management and Budget Circular A–11  
19 and section 1341 of title 31 (commonly referred to  
20 as the ‘Anti-Deficiency Act’). Any such analysis shall  
21 include—

22 “(A) an analysis of the classification of the  
23 lease as a ‘lease-purchase’, ‘capital lease’, or  
24 ‘operating lease’ as those terms are defined in

1 Office of Management and Budget Circular A-  
2 11;

3 “(B) an analysis of the obligation of budg-  
4 etary resources associated with the lease; and

5 “(C) an analysis of the methodology used  
6 in determining the asset cost, fair market value,  
7 and cancellation costs of the lease.”.

8 (2) SUBMITTAL TO CONGRESS.—Such section  
9 8104 is further amended by adding at the end the  
10 following new subsection:

11 “(h)(1) Not less than 30 days before entering into  
12 a major medical facility lease, the Secretary shall submit  
13 to the Committees on Veterans’ Affairs of the Senate and  
14 the House of Representatives—

15 “(A) notice of the Secretary’s intention to enter  
16 into the lease;

17 “(B) a detailed summary of the proposed lease;

18 “(C) a description and analysis of any dif-  
19 ferences between the prospectus submitted pursuant  
20 to subsection (b) and the proposed lease; and

21 “(D) a scoring analysis demonstrating that the  
22 proposed lease fully complies with Office of Manage-  
23 ment and Budget Circular A-11.

24 “(2) Each committee described in paragraph (1) shall  
25 ensure that any information submitted to the committee

1 under such paragraph is treated by the committee with  
2 the same level of confidentiality as is required by law of  
3 the Secretary and subject to the same statutory penalties  
4 for unauthorized disclosure or use as the Secretary.

5 “(3) Not more than 30 days after entering into a  
6 major medical facility lease, the Secretary shall submit to  
7 each committee described in paragraph (1) a report on  
8 any material differences between the lease that was en-  
9 tered into and the proposed lease described under such  
10 paragraph, including how the lease that was entered into  
11 changes the previously submitted scoring analysis de-  
12 scribed in subparagraph (D) of such paragraph.”.

13 (d) **RULE OF CONSTRUCTION.**—Nothing in this sec-  
14 tion, or the amendments made by this section, shall be  
15 construed to in any way relieve the Department of Vet-  
16 erans Affairs from any statutory or regulatory obligations  
17 or requirements existing prior to the enactment of this  
18 section and such amendments.

## 19 **TITLE VII—OTHER VETERANS** 20 **MATTERS**

### 21 **SEC. 701. EXPANSION OF MARINE GUNNERY SERGEANT** 22 **JOHN DAVID FRY SCHOLARSHIP.**

23 (a) **EXPANSION OF ENTITLEMENT.**—Subsection  
24 (b)(9) of section 3311 of title 38, United States Code, is  
25 amended by inserting “or spouse” after “child”.



1 (b) LIMITATION AND ELECTION ON CERTAIN BENE-  
2 FITS.—Subsection (f) of such section is amended—

3 (1) by redesignating paragraph (2) as para-  
4 graph (4); and

5 (2) by inserting after paragraph (1) the fol-  
6 lowing new paragraphs:

7 “(2) LIMITATION.—The entitlement of an indi-  
8 vidual to assistance under subsection (a) pursuant to  
9 paragraph (9) of subsection (b) because the indi-  
10 vidual was a spouse of a person described in such  
11 paragraph shall expire on the earlier of—

12 “(A) the date that is 15 years after the  
13 date on which the person died; or

14 “(B) the date on which the individual re-  
15 marries.

16 “(3) ELECTION ON RECEIPT OF CERTAIN BENE-  
17 FITS.—A surviving spouse entitled to assistance  
18 under subsection (a) pursuant to paragraph (9) of  
19 subsection (b) who is also entitled to educational as-  
20 sistance under chapter 35 of this title may not re-  
21 ceive assistance under both this section and such  
22 chapter, but shall make an irrevocable election (in  
23 such form and manner as the Secretary may pre-  
24 scribe) under which section or chapter to receive  
25 educational assistance.”.

1 (c) CONFORMING AMENDMENT.—Section 3321(b)(4)  
2 of such title is amended—

3 (1) by striking “an individual” and inserting “a  
4 child”; and

5 (2) by striking “such individual’s” each time it  
6 appears and inserting “such child’s”.

7 (d) EFFECTIVE DATE.—The amendments made by  
8 this section shall apply with respect to a quarter, semester,  
9 or term, as applicable, commencing on or after January  
10 1, 2015.

11 **SEC. 702. APPROVAL OF COURSES OF EDUCATION PRO-**  
12 **VIDED BY PUBLIC INSTITUTIONS OF HIGHER**  
13 **LEARNING FOR PURPOSES OF ALL-VOLUN-**  
14 **TEER FORCE EDUCATIONAL ASSISTANCE**  
15 **PROGRAM AND POST-9/11 EDUCATIONAL AS-**  
16 **SISTANCE CONDITIONAL ON IN-STATE TUI-**  
17 **TION RATE FOR VETERANS.**

18 (a) IN GENERAL.—Section 3679 of title 38, United  
19 States Code, is amended by adding at the end the fol-  
20 lowing new subsection:

21 “(c)(1) Notwithstanding any other provision of this  
22 chapter and subject to paragraphs (3) through (6), the  
23 Secretary shall disapprove a course of education provided  
24 by a public institution of higher learning to a covered indi-  
25 vidual pursuing a course of education with educational as-

1 sistance under chapter 30 or 33 of this title while living  
2 in the State in which the public institution of higher learn-  
3 ing is located if the institution charges tuition and fees  
4 for that course for the covered individual at a rate that  
5 is higher than the rate the institution charges for tuition  
6 and fees for that course for residents of the State in which  
7 the institution is located, regardless of the covered individ-  
8 ual's State of residence.

9       “(2) For purposes of this subsection, a covered indi-  
10 vidual is any individual as follows:

11           “(A) A veteran who was discharged or released  
12 from a period of not fewer than 90 days of service  
13 in the active military, naval, or air service less than  
14 three years before the date of enrollment in the  
15 course concerned.

16           “(B) An individual who is entitled to assistance  
17 under section 3311(b)(9) or 3319 of this title by vir-  
18 tue of such individual's relationship to a veteran de-  
19 scribed in subparagraph (A).

20       “(3) If after enrollment in a course of education that  
21 is subject to disapproval under paragraph (1) by reason  
22 of paragraph (2)(A) or (2)(B) a covered individual pur-  
23 sues one or more courses of education at the same public  
24 institution of higher learning while remaining continuously  
25 enrolled (other than during regularly scheduled breaks be-

1 tween courses, semesters or terms) at that institution of  
2 higher learning, any course so pursued by the covered indi-  
3 vidual at that institution of higher learning while so con-  
4 tinuously enrolled shall also be subject to disapproval  
5 under paragraph (1).

6 “(4) It shall not be grounds to disapprove a course  
7 of education under paragraph (1) if a public institution  
8 of higher learning requires a covered individual pursuing  
9 a course of education at the institution to demonstrate an  
10 intent, by means other than satisfying a physical presence  
11 requirement, to establish residency in the State in which  
12 the institution is located, or to satisfy other requirements  
13 not relating to the establishment of residency, in order to  
14 be charged tuition and fees for that course at a rate that  
15 is equal to or less than the rate the institution charges  
16 for tuition and fees for that course for residents of the  
17 State.

18 “(5) The Secretary may waive such requirements of  
19 paragraph (1) as the Secretary considers appropriate.

20 “(6) Disapproval under paragraph (1) shall apply  
21 only with respect to educational assistance under chapters  
22 30 and 33 of this title.”.

23 (b) **EFFECTIVE DATE.**—Subsection (c) of section  
24 3679 of title 38, United States Code (as added by sub-  
25 section (a) of this section), shall apply with respect to edu-

1 cational assistance provided for pursuit of a program of  
2 education during a quarter, semester, or term, as applica-  
3 ble, that begins after July 1, 2015.

4 **SEC. 703. EXTENSION OF REDUCTION IN AMOUNT OF PEN-**  
5 **SION FURNISHED BY DEPARTMENT OF VET-**  
6 **ERANS AFFAIRS FOR CERTAIN VETERANS**  
7 **COVERED BY MEDICAID PLANS FOR SERV-**  
8 **ICES FURNISHED BY NURSING FACILITIES.**

9 Section 5503(d)(7) of title 38, United States Code,  
10 is amended by striking “November 30, 2016” and insert-  
11 ing “September 30, 2024”.

12 **SEC. 704. EXTENSION OF REQUIREMENT FOR COLLECTION**  
13 **OF FEES FOR HOUSING LOANS GUARANTEED**  
14 **BY SECRETARY OF VETERANS AFFAIRS.**

15 Section 3729(b)(2) of title 38, United States Code,  
16 is amended—

17 (1) in subparagraph (A)—

18 (A) in clause (iii), by striking “October 1,  
19 2017” and inserting “September 30, 2024”;  
20 and

21 (B) in clause (iv), by striking “October 1,  
22 2017” and inserting “September 30, 2024”;

23 (2) in subparagraph (B)—

1 (A) in clause (i), by striking “October 1,  
2 2017” and inserting “September 30, 2024”;  
3 and

4 (B) in clause (ii), by striking “October 1,  
5 2017” and inserting “September 30, 2024”;

6 (3) in subparagraph (C)—

7 (A) in clause (i), by striking “October 1,  
8 2017” and inserting “September 30, 2024”;  
9 and

10 (B) in clause (ii), by striking “October 1,  
11 2017” and inserting “September 30, 2024”;  
12 and

13 (4) in subparagraph (D)—

14 (A) in clause (i), by striking “October 1,  
15 2017” and inserting “September 30, 2024”;  
16 and

17 (B) in clause (ii), by striking “October 1,  
18 2017” and inserting “September 30, 2024”.

19 **SEC. 705. LIMITATION ON AWARDS AND BONUSES PAID TO**  
20 **EMPLOYEES OF DEPARTMENT OF VETERANS**  
21 **AFFAIRS.**

22 In each of fiscal years 2015 through 2024, the Sec-  
23 retary of Veterans Affairs shall ensure that the aggregate  
24 amount of awards and bonuses paid by the Secretary in  
25 a fiscal year under chapter 45 or 53 of title 5, United

1 States Code, or any other awards or bonuses authorized  
2 under such title does not exceed \$360,000,000.

3 **SEC. 706. EXTENSION OF AUTHORITY TO USE INCOME IN-**  
4 **FORMATION.**

5 Section 5317(g) of title 38, United States Code, is  
6 amended by striking “September 30, 2016” and inserting  
7 “September 30, 2024”.

8 **SEC. 707. REMOVAL OF SENIOR EXECUTIVES OF THE DE-**  
9 **PARTMENT OF VETERANS AFFAIRS FOR PER-**  
10 **FORMANCE OR MISCONDUCT.**

11 (a) REMOVAL OR TRANSFER.—

12 (1) IN GENERAL.—Chapter 7 of title 38, United  
13 States Code, is amended by adding at the end the  
14 following new section:

15 **“§ 713. Senior executives: removal based on perform-**  
16 **ance or misconduct**

17 “(a) IN GENERAL.—(1) The Secretary may remove  
18 an individual employed in a senior executive position at  
19 the Department of Veterans Affairs from the senior execu-  
20 tive position if the Secretary determines the performance  
21 or misconduct of the individual warrants such removal. If  
22 the Secretary so removes such an individual, the Secretary  
23 may—

24 “(A) remove the individual from the civil service  
25 (as defined in section 2101 of title 5); or

1           “(B) in the case of an individual described in  
2 paragraph (2), transfer the individual from the sen-  
3 ior executive position to a General Schedule position  
4 at any grade of the General Schedule for which the  
5 individual is qualified and that the Secretary deter-  
6 mines is appropriate.

7           “(2) An individual described in this paragraph is an  
8 individual who—

9           “(A) previously occupied a permanent position  
10 within the competitive service (as that term is de-  
11 fined in section 2102 of title 5);

12           “(B) previously occupied a permanent position  
13 within the excepted service (as that term is defined  
14 in section 2103 of title 5); or

15           “(C) prior to employment in a senior executive  
16 position at the Department of Veterans Affairs, did  
17 not occupy any position within the Federal Govern-  
18 ment.

19           “(b) PAY OF TRANSFERRED INDIVIDUAL.—(1) Not-  
20 withstanding any other provision of law, including the re-  
21 quirements of section 3594 of title 5, any individual trans-  
22 ferred to a General Schedule position under subsection  
23 (a)(2) shall, beginning on the date of such transfer, receive  
24 the annual rate of pay applicable to such position.



1       “(2) An individual so transferred may not be placed  
2 on administrative leave or any other category of paid leave  
3 during the period during which an appeal (if any) under  
4 this section is ongoing, and may only receive pay if the  
5 individual reports for duty. If an individual so transferred  
6 does not report for duty, such individual shall not receive  
7 pay or other benefits pursuant to subsection (e)(5).

8       “(e) NOTICE TO CONGRESS.—Not later than 30 days  
9 after removing or transferring an individual from a senior  
10 executive position under subsection (a), the Secretary shall  
11 submit to the Committees on Veterans’ Affairs of the Sen-  
12 ate and House of Representatives notice in writing of such  
13 removal or transfer and the reason for such removal or  
14 transfer.

15       “(d) PROCEDURE.—(1) The procedures under section  
16 7543(b) of title 5 shall not apply to a removal or transfer  
17 under this section.

18       “(2)(A) Subject to subparagraph (B) and subsection  
19 (e), any removal or transfer under subsection (a) may be  
20 appealed to the Merit Systems Protection Board under  
21 section 7701 of title 5.

22       “(B) An appeal under subparagraph (A) of a removal  
23 or transfer may only be made if such appeal is made not  
24 later than seven days after the date of such removal or  
25 transfer.

1           “(e) EXPEDITED REVIEW BY ADMINISTRATIVE  
2 JUDGE.—(1) Upon receipt of an appeal under subsection  
3 (d)(2)(A), the Merit Systems Protection Board shall refer  
4 such appeal to an administrative judge pursuant to section  
5 7701(b)(1) of title 5. The administrative judge shall expedite  
6 any such appeal under such section and, in any such  
7 case, shall issue a decision not later than 21 days after  
8 the date of the appeal.

9           “(2) Notwithstanding any other provision of law, including  
10 section 7703 of title 5, the decision of an administrative  
11 judge under paragraph (1) shall be final and shall  
12 not be subject to any further appeal.

13           “(3) In any case in which the administrative judge  
14 cannot issue a decision in accordance with the 21-day requirement  
15 under paragraph (1), the removal or transfer  
16 is final. In such a case, the Merit Systems Protection  
17 Board shall, within 14 days after the date that such removal  
18 or transfer is final, submit to Congress and the  
19 Committees on Veterans’ Affairs of the Senate and House  
20 of Representatives a report that explains the reasons why  
21 a decision was not issued in accordance with such requirement.  
22 ment.

23           “(4) The Merit Systems Protection Board or administrative  
24 judge may not stay any removal or transfer under  
25 this section.

1       “(5) During the period beginning on the date on  
2 which an individual appeals a removal from the civil serv-  
3 ice under subsection (d) and ending on the date that the  
4 administrative judge issues a final decision on such appeal,  
5 such individual may not receive any pay, awards, bonuses,  
6 incentives, allowances, differentials, student loan repay-  
7 ments, special payments, or benefits.

8       “(6) To the maximum extent practicable, the Sec-  
9 retary shall provide to the Merit Systems Protection  
10 Board, and to any administrative judge to whom an appeal  
11 under this section is referred, such information and assist-  
12 ance as may be necessary to ensure an appeal under this  
13 subsection is expedited.

14       “(f) RELATION TO TITLE 5.—(1) The authority pro-  
15 vided by this section is in addition to the authority pro-  
16 vided by section 3592 or subchapter V of chapter 75 of  
17 title 5.

18       “(2) Section 3592(b)(1) of title 5 does not apply to  
19 an action to remove or transfer an individual under this  
20 section.

21       “(g) DEFINITIONS.—In this section:

22               “(1) The term ‘individual’ means—

23                       “(A) a career appointee (as that term is  
24                       defined in section 3132(a)(4) of title 5); or

1           “(B) any individual who occupies an ad-  
2           ministrative or executive position and who was  
3           appointed under section 7306(a) or section  
4           7401(1) of this title.

5           “(2) The term ‘misconduct’ includes neglect of  
6           duty, malfeasance, or failure to accept a directed re-  
7           assignment or to accompany a position in a transfer  
8           of function.

9           “(3) The term ‘senior executive position’  
10          means—

11           “(A) with respect to a career appointee (as  
12           that term is defined in section 3132(a)(4) of  
13           title 5), a Senior Executive Service position (as  
14           such term is defined in section 3132(a)(2) of  
15           title 5); and

16           “(B) with respect to an individual ap-  
17           pointed under section 7306(a) or section  
18           7401(1) of this title, an administrative or exec-  
19           utive position.”.

20           (2) CLERICAL AMENDMENT.—The table of sec-  
21           tions at the beginning of such chapter is amended  
22           by adding at the end the following new item:

“713. Senior executives: removal based on performance or misconduct.”.

23           (b) ESTABLISHMENT OF EXPEDITED REVIEW PROC-  
24           ESS.—

1           (1) IN GENERAL.—Not later than 14 days after  
2 the date of the enactment of this Act, the Merit Sys-  
3 tems Protection Board shall establish and put into  
4 effect a process to conduct expedited reviews in ac-  
5 cordance with section 713(d) of title 38, United  
6 States Code.

7           (2) INAPPLICABILITY OF CERTAIN REGULA-  
8 TIONS.—Section 1201.22 of title 5, Code of Federal  
9 Regulations, as in effect on the day before the date  
10 of the enactment of this Act, shall not apply to expe-  
11 dited reviews carried out under section 713(d) of  
12 title 38, United States Code.

13           (3) WAIVER.—The Merit Systems Protection  
14 Board may waive any other regulation in order to  
15 provide for the expedited review required under sec-  
16 tion 713(d) of title 38, United States Code.

17           (4) REPORT BY MERIT SYSTEMS PROTECTION  
18 BOARD.—Not later than 14 days after the date of  
19 the enactment of this Act, the Merit Systems Pro-  
20 tection Board shall submit to the Committees on  
21 Veterans' Affairs of the Senate and House of Rep-  
22 resentatives a report on the actions the Board plans  
23 to take to conduct expedited reviews under section  
24 713(d) of title 38, United States Code, as added by  
25 subsection (a). Such report shall include a descrip-

1 tion of the resources the Board determines will be  
2 necessary to conduct such reviews and a description  
3 of whether any resources will be necessary to con-  
4 duct such reviews that were not available to the  
5 Board on the day before the date of the enactment  
6 of this Act.

7 (c) TEMPORARY EXEMPTION FROM CERTAIN LIM-  
8 TATION ON INITIATION OF REMOVAL FROM SENIOR EX-  
9 ECUTIVE SERVICE.—During the 120-day period beginning  
10 on the date of the enactment of this Act, an action to re-  
11 move an individual from the Senior Executive Service at  
12 the Department of Veterans Affairs pursuant to section  
13 7543 of title 5, United States Code, may be initiated, not-  
14 withstanding section 3592(b) of such title, or any other  
15 provision of law.

16 (d) CONSTRUCTION.—

17 (1) IN GENERAL.—Nothing in this section or  
18 section 713 of title 38, United States Code, as added  
19 by subsection (a), shall be construed to apply to an  
20 appeal of a removal, transfer, or other personnel ac-  
21 tion that was pending before the date of the enact-  
22 ment of this Act.

23 (2) RELATION TO TITLE 5.—With respect to  
24 the removal or transfer of an individual (as that  
25 term is defined in such section 713) employed at the

1 Department of Veterans Affairs, the authority pro-  
2 vided by such section 713 is in addition to the au-  
3 thority provided by section 3592 or subchapter V of  
4 chapter 75 of title 5, United States Code.

## 5 **TITLE VIII—OTHER MATTERS**

### 6 **SEC. 801. APPROPRIATION OF AMOUNTS.**

7 (a) IN GENERAL.—There is authorized to be appro-  
8 priated, and is appropriated, to the Secretary of Veterans  
9 Affairs, out of any funds in the Treasury not otherwise  
10 appropriated \$5,000,000,000 to carry out subsection (b).  
11 Such funds shall be available for obligation or expenditure  
12 without fiscal year limitation.

13 (b) USE OF AMOUNTS.—The amount appropriated  
14 under subsection (a) shall be used by the Secretary as fol-  
15 lows:

16 (1) To increase the access of veterans to care  
17 as follows:

18 (A) To hire primary care and specialty  
19 care physicians for employment in the Depart-  
20 ment of Veterans Affairs.

21 (B) To hire other medical staff, including  
22 the following:

23 (i) Physicians.

24 (ii) Nurses.

25 (iii) Social workers.

1 (iv) Mental health professionals.

2 (v) Other health care professionals as  
3 the Secretary considers appropriate.

4 (C) To carry out sections 301 and 302, in-  
5 cluding the amendments made by such sections.

6 (D) To pay for expenses, equipment, and  
7 other costs associated with the hiring of pri-  
8 mary care, specialty care physicians, and other  
9 medical staff under subparagraphs (A), (B),  
10 and (C).

11 (2) To improve the physical infrastructure of  
12 the Department as follows:

13 (A) To maintain and operate hospitals,  
14 nursing homes, domiciliary facilities, and other  
15 facilities of the Veterans Health Administra-  
16 tion.

17 (B) To enter into contracts or hire tem-  
18 porary employees to repair, alter, or improve fa-  
19 cilities under the jurisdiction of the Department  
20 that are not otherwise provided for under this  
21 paragraph.

22 (C) To carry out leases for facilities of the  
23 Department.

24 (D) To carry out minor construction  
25 projects of the Department.



1 (c) AVAILABILITY.—The amount appropriated under  
2 subsection (a) shall remain available until expended.

3 (d) REPORT.—

4 (1) IN GENERAL.—Not later than one year  
5 after the date of the enactment of this Act, the Sec-  
6 retary of Veterans Affairs shall submit to the appro-  
7 priate committees of Congress a report on how the  
8 Secretary has obligated the amounts appropriated  
9 under subsection (a) as of the date of the submittal  
10 of the report.

11 (2) APPROPRIATE COMMITTEES OF CONGRESS  
12 DEFINED.—In this subsection, the term “appro-  
13 priate committees of Congress” means—

14 (A) the Committee on Veterans’ Affairs  
15 and the Committee on Appropriations of the  
16 Senate; and

17 (B) the Committee on Veterans’ Affairs  
18 and the Committee on Appropriations of the  
19 House of Representatives.

20 (e) FUNDING PLAN.—The Secretary shall submit to  
21 Congress a funding plan describing how the Secretary in-  
22 tends to use the amounts provided under subsection (a).

1 **SEC. 802. VETERANS CHOICE FUND.**

2 (a) IN GENERAL.—There is established in the Treas-  
3 ury of the United States a fund to be known as the Vet-  
4 erans Choice Fund.

5 (b) ADMINISTRATION OF FUND.—The Secretary of  
6 Veterans Affairs shall administer the Veterans Choice  
7 Fund established by subsection (a).

8 (c) USE OF AMOUNTS.—

9 (1) IN GENERAL.—Any amounts deposited in  
10 the Veteran Choice Fund shall be used by the Sec-  
11 retary of Veterans Affairs to carry out section 101,  
12 including, subject to paragraph (2), any administra-  
13 tive requirements of such section.

14 (2) AMOUNT FOR ADMINISTRATIVE REQUIRE-  
15 MENTS.—

16 (A) LIMITATION.—Except as provided by  
17 subparagraph (B), of the amounts deposited in  
18 the Veterans Choice Fund, not more than  
19 \$300,000,000 may be used for administrative  
20 requirements to carry out section 101.

21 (B) INCREASE.—The Secretary may in-  
22 crease the amount set forth in subparagraph  
23 (A) with respect to the amounts used for ad-  
24 ministrative requirements if—

1 (i) the Secretary determines that the  
2 amount of such increase is necessary to  
3 carry out section 101;

4 (ii) the Secretary submits to the Com-  
5 mittees on Veterans' Affairs and Appro-  
6 priations of the House of Representatives  
7 and the Committees on Veterans' Affairs  
8 and Appropriations of the Senate a report  
9 described in subparagraph (C); and

10 (iii) a period of 60 days has elapsed  
11 following the date on which the Secretary  
12 submits the report under clause (ii).

13 (C) REPORT.—A report described in this  
14 subparagraph is a report that contains the fol-  
15 lowing:

16 (i) A notification of the amount of the  
17 increase that the Secretary determines nec-  
18 essary under subparagraph (B)(i).

19 (ii) The justifications for such in-  
20 creased amount.

21 (iii) The administrative requirements  
22 that the Secretary will carry out using  
23 such increased amount.

24 (d) APPROPRIATION AND DEPOSIT OF AMOUNTS.—

1           (1) IN GENERAL.—There is authorized to be  
2 appropriated, and is appropriated, to the Secretary  
3 of Veterans Affairs, out of any funds in the Treas-  
4 ury not otherwise appropriated \$10,000,000,000 to  
5 be deposited in the Veterans Choice Fund estab-  
6 lished by subsection (a). Such funds shall be avail-  
7 able for obligation or expenditure without fiscal year  
8 limitation, and only for the program created under  
9 section 101.

10           (2) AVAILABILITY.—The amount appropriated  
11 under paragraph (1) shall remain available until ex-  
12 pended.

13           (e) SENSE OF CONGRESS.—It is the sense of Con-  
14 gress that the Veterans Choice Fund is a supplement to  
15 but distinct from the Department of Veterans Affairs' cur-  
16 rent and expected level of non-Department care currently  
17 part of Department's medical care budget. Congress ex-  
18 pects that the Department will maintain at least its exist-  
19 ing obligations of non-Department care programs in addi-  
20 tion to but distinct from the Veterans Choice Fund for  
21 each of fiscal years 2015 through 2017.

22 **SEC. 803. EMERGENCY DESIGNATIONS.**

23           (a) IN GENERAL.—This Act is designated as an  
24 emergency requirement pursuant to section 4(g) of the  
25 Statutory Pay-As-You-Go Act of 2010 (2 U.S.C. 933(g)).

1 (b) DESIGNATION IN SENATE.—In the Senate, this  
2 Act is designated as an emergency requirement pursuant  
3 to section 403(a) of S. Con. Res. 13 (111th Congress),  
4 the concurrent resolution on the budget for fiscal year  
5 2010.

And the House agree to the same.

# H.R. 3230

*Managers on the part of the  
HOUSE*

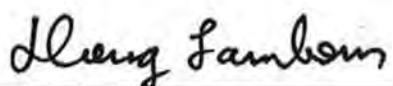
*Managers on the part of the  
SENATE*

For consideration of the House amendment and the Senate amendment, and modifications committed to conference:

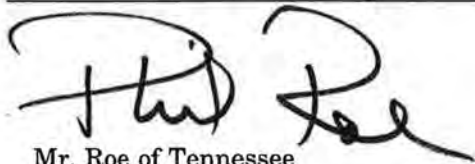
Mr. Miller of Florida



Mr. Lamborn



Mr. Roe of Tennessee



Mr. Flores



Mr. Benishek



Mr. Coffman





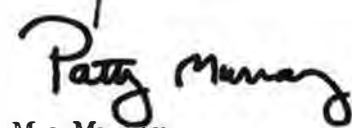



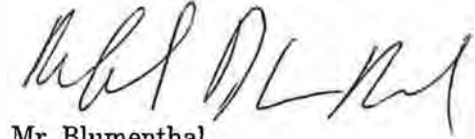
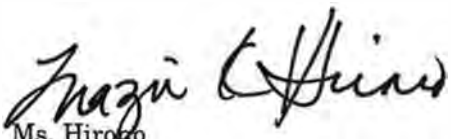
Mr. Wenstrup



### H.R. 3230—Continued



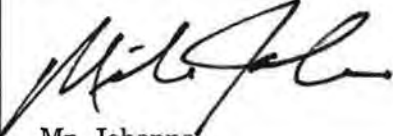
<i>Managers on the part of the HOUSE</i>	<i>Managers on the part of the SENATE</i>
Mrs. Walorski	<i>Jarvis Walorski</i>
Mr. Michaud	<i>Mike Michaud</i> <i>Mr</i>
Ms. Brown of Florida	<i>Carrie Brown</i>
Mr. Takano	<i>Mark Takano</i>
Ms. Brownley of California	<i>Chris Brownley</i>
Mrs. Kirkpatrick	<i>Y. Kirkpatrick</i>
Mr. Walz	<i>W. Walz</i>

### H.R. 3230—Continued

<i>Managers on the part of the HOUSE</i>	<i>Managers on the part of the SENATE</i>
	 Mr. Sanders
	 Mr. Rockefeller
	 Mrs. Murray
	 Mr. Brown
	 Mr. Tester
	 Mr. Begich
	 Mr. Blumenthal
	 Ms. Hirota



### H.R. 3230—Continued

<i>Managers on the part of the HOUSE</i>	<i>Managers on the part of the SENATE</i>
	 Mr. Burr
	 Mr. Isakson
	 Mr. Johanns
	