

115TH CONGRESS
1ST SESSION

S. _____

To amend title 38, United States Code, to improve health care for veterans,
and for other purposes.

IN THE SENATE OF THE UNITED STATES

Mr. ISAKSON (for himself and Mr. TESTER) introduced the following bill;
which was read twice and referred to the Committee on

A BILL

To amend title 38, United States Code, to improve health
care for veterans, and for other purposes.

1 *Be it enacted by the Senate and House of Representa-*
2 *tives of the United States of America in Congress assembled,*

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

4 (a) **SHORT TITLE.**—This Act may be cited as the
5 “Caring for our Veterans Act of 2017”.

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

Sec. 1. Short title; table of contents.

Sec. 2. References to title 38, United States Code.

TITLE I—DEVELOPING AN INTEGRATED HIGH-PERFORMING
NETWORK

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Subtitle A—Establishing Community Care Programs

- Sec. 101. Establishment of Veterans Community Care Program.
- Sec. 102. Authorization of agreements between Department of Veterans Affairs and non-Department providers.
- Sec. 103. Conforming amendments for State veterans homes.
- Sec. 104. Access guidelines and standards for quality.
- Sec. 105. Access to walk-in care.
- Sec. 106. Strategy regarding the Department of Veterans Affairs High-Performing Integrated Health Care Network.
- Sec. 107. Applicability of Directive of Office of Federal Contract Compliance Programs.

Subtitle B—Paying Providers and Improving Collections

- Sec. 111. Prompt payment to providers.
- Sec. 112. Authority to pay for authorized care not subject to an agreement.
- Sec. 113. Improvement of authority to recover the cost of services furnished for non-service-connected disabilities.

Subtitle C—Education and Training Programs

- Sec. 121. Education program on health care options.
- Sec. 122. Training program for administration of non-Department of Veterans Affairs health care.
- Sec. 123. Continuing medical education for non-Department medical professionals.

Subtitle D—Other Matters Relating to Non-Department of Veterans Affairs Providers

- Sec. 131. Improved management of opioid prescriptions by non-Department of Veterans Affairs health care providers.
- Sec. 132. Benefits for persons disabled by treatment under Veterans Community Care Program.

Subtitle E—Other Health Care Matters

- Sec. 141. Plans for Use of Supplemental Appropriations Required.
- Sec. 142. Veterans Choice Fund flexibility.
- Sec. 143. Sunset of Veterans Choice Program.
- Sec. 144. Conforming amendments.

TITLE II—IMPROVING DEPARTMENT OF VETERANS AFFAIRS
HEALTH CARE DELIVERY

Subtitle A—Personnel Practices

- Sec. 201. Licensure of health care professionals of the Department of Veterans Affairs providing treatment via telemedicine.
- Sec. 202. Graduate medical education and residency.
- Sec. 203. Pilot program to establish or affiliate with graduate medical residency programs at facilities operated by Indian tribes, tribal organizations, and the Indian Health Service in rural areas.
- Sec. 204. Exception on limitation on awards and bonuses for recruitment, relocation, and retention.
- Sec. 205. Annual report on performance awards and bonuses awarded to certain high-level employees of the Department.

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- Sec. 206. Modification of treatment of certified clinical perfusionists of the Department.
- Sec. 207. Authority to regulate additional pay for certain health care employees of the Department.
- Sec. 208. Modification of pay cap for nurses.
- Sec. 209. Reimbursement of continuing professional education requirements for board certified advanced practice registered nurses.
- Sec. 210. Program on establishment of peer specialists in patient aligned care team settings within medical centers of Department of Veterans Affairs.
- Sec. 211. Amending statutory requirements for the position of the Chief Officer of the Readjustment Counseling Service.
- Sec. 212. Technical amendment to appointment and compensation system for directors of medical centers and directors of Veterans Integrated Service Networks.

Subtitle B—Improvement of Underserved Facilities of the Department

- Sec. 221. Development of criteria for designation of certain medical facilities of the Department of Veterans Affairs as underserved facilities and plan to address problem of underserved facilities.
- Sec. 222. Pilot program on tuition reimbursement and loan repayment for health care providers of the Department of Veterans Affairs at underserved facilities.
- Sec. 223. Program to furnish mobile deployment teams to underserved facilities.
- Sec. 224. Inclusion of Vet Center employees in education debt reduction program of Department of Veterans Affairs.

Subtitle C—Construction and Leases

- Sec. 231. Definition of major medical facility project and major medical facility lease.
- Sec. 232. Review of enhanced use leases.
- Sec. 233. Authorization of certain major medical facility projects of the Department of Veterans Affairs.

TITLE III—FAMILY CAREGIVERS

- Sec. 301. Expansion of family caregiver program of Department of Veterans Affairs.
- Sec. 302. Implementation of information technology system of Department of Veterans Affairs to assess and improve the family caregiver program.
- Sec. 303. Modifications to annual evaluation report on caregiver program of Department of Veterans Affairs.

TITLE IV—APPROPRIATION OF AMOUNTS

- Sec. 401. Appropriation of amounts for health care from Department of Veterans Affairs.
- Sec. 402. Appropriation of amounts for Veterans Choice Program.

1 **SEC. 2. REFERENCES TO TITLE 38, UNITED STATES CODE.**

2 Except as otherwise expressly provided, whenever in
3 this Act an amendment or repeal is expressed in terms
4 of an amendment to, or repeal of, a section or other provi-
5 sion, the reference shall be considered to be made to a
6 section or other provision of title 38, United States Code.

7 **TITLE I—DEVELOPING AN INTE-**
8 **GRATED HIGH-PERFORMING**
9 **NETWORK**

10 **Subtitle A—Establishing**
11 **Community Care Programs**

12 **SEC. 101. ESTABLISHMENT OF VETERANS COMMUNITY**
13 **CARE PROGRAM.**

14 (a) ESTABLISHMENT OF PROGRAM.—

15 (1) IN GENERAL.—Section 1703 is amended to
16 read as follows:

17 **“§ 1703. Veterans Community Care Program**

18 “(a) IN GENERAL.—(1) There is established a pro-
19 gram to furnish hospital care, medical services, and ex-
20 tended care services to covered veterans through health
21 care providers specified in subsection (c).

22 “(2) The Secretary shall coordinate the furnishing of
23 hospital care, medical services, and extended care services
24 under this section to covered veterans, including coordina-
25 tion of, at a minimum, the following:

1 “(A) Ensuring the scheduling of medical ap-
2 pointments in a timely manner and the establish-
3 ment of a mechanism to receive medical records
4 from non-Department providers.

5 “(B) Ensuring continuity of care and services.

6 “(C) Ensuring coordination among regional
7 networks if the covered veteran accesses care and
8 services in a different network than the regional net-
9 work in which the covered veteran resides.

10 “(D) Ensuring that covered veterans do not ex-
11 perience a lapse resulting from errors or delays by
12 the Department or its contractors or an unusual or
13 excessive burden in accessing hospital care, medical
14 services, or extended care services.

15 “(b) COVERED VETERANS.—For purposes of this
16 section, a covered veteran is any veteran who—

17 “(1) is enrolled in the system of annual patient
18 enrollment established and operated under section
19 1705 of this title; or

20 “(2) is not enrolled in such system but is other-
21 wise entitled to hospital care, medical services, or ex-
22 tended care services under subsection (c)(2) of such
23 section.

1 “(c) HEALTH CARE PROVIDERS SPECIFIED.—Health
2 care providers specified in this subsection are the fol-
3 lowing:

4 “(1) Any health care provider that is partici-
5 pating in the Medicare program under title XVIII of
6 the Social Security Act (42 U.S.C. 1395 et seq.), in-
7 cluding any physician furnishing services under such
8 a program.

9 “(2) The Department of Defense.

10 “(3) The Indian Health Service.

11 “(4) Any federally qualified health center (as
12 defined in section 1905(l)(2)(B) of the Social Secu-
13 rity Act (42 U.S.C. 1396d(l)(2)(B))).

14 “(5) Any health care provider not otherwise
15 covered under any of paragraphs (1) through (4)
16 that meets criteria established by the Secretary for
17 purposes of this section.

18 “(d) CONDITIONS UNDER WHICH CARE IS RE-
19 QUIRED TO BE FURNISHED THROUGH NON-DEPART-
20 MENT PROVIDERS.—(1) The Secretary shall, subject to
21 the availability of appropriations, furnish hospital care,
22 medical services, and extended care services to a covered
23 veteran through health care providers specified in sub-
24 section (c) when—

1 “(A) the Department does not offer the care or
2 services the veteran requires; or

3 “(B) the covered veteran and the covered vet-
4 eran’s primary care provider agree that furnishing
5 care and services through a non-Department entity
6 or provider would be in the best medical interest of
7 the covered veteran based upon criteria developed by
8 the Secretary.

9 “(2) The Secretary shall ensure that the criteria de-
10 veloped under paragraph (1)(B) include consideration of
11 the following:

12 “(A) The distance between the covered veteran
13 and the facility that provides the hospital care, med-
14 ical services, or extended care services the veteran
15 needs.

16 “(B) The nature of the hospital care, medical
17 services, or extended care services required.

18 “(C) The frequency that the hospital care, med-
19 ical services, or extended care services needs to be
20 furnished.

21 “(D) Whether an appointment for the hospital
22 care, medical services, or extended care services the
23 covered veteran requires is available from a health
24 care provider of the Department within the lesser
25 of—

1 “(i) the access guidelines for such hospital
2 care, medical services, or extended care services
3 as established by the Secretary; and

4 “(ii) a period determined by a health care
5 provider of the Department to be clinically nec-
6 essary for the receipt of such hospital care,
7 medical services, or extended care services.

8 “(E) Whether the covered veteran faces an un-
9 usual or excessive burden to access hospital care,
10 medical services, or extended care services from the
11 Department medical facility where a covered veteran
12 seeks hospital care, medical services, or extended
13 care services, which shall include consideration of
14 the following:

15 “(i) Whether the covered veteran faces an
16 excessive driving distance, geographical chal-
17 lenge, or environmental factor that impedes the
18 access of the covered veteran.

19 “(ii) Whether the hospital care, medical
20 services, or extended care services sought by the
21 veteran is provided by a medical facility of the
22 Department that is reasonably accessible to a
23 covered veteran.

1 “(iii) Whether a medical condition of the
2 covered veteran affects the ability of the covered
3 veteran to travel.

4 “(iv) Whether there is compelling reason,
5 as determined by the Secretary, that the vet-
6 eran needs to receive hospital care, medical
7 services, or extended care services from a med-
8 ical facility other than a medical facility of the
9 Department.

10 “(v) Such other considerations as the Sec-
11 retary considers appropriate.

12 “(3) If the Secretary has determined that the Depart-
13 ment does not offer the care or services the veteran re-
14 quires under paragraph (1)(A), the decision to receive hos-
15 pital care, medical services, or extended care services
16 under such paragraph from a health care provider speci-
17 fied in subsection (c) shall be at the election of the vet-
18 eran.

19 “(e) CONDITIONS UNDER WHICH CARE IS AUTHOR-
20 IZED TO BE FURNISHED THROUGH NON-DEPARTMENT
21 PROVIDERS.—(1)(A) The Secretary may furnish hospital
22 care, medical services, or extended care services through
23 a health care provider specified in subsection (c) to a cov-
24 ered veteran served by a medical service line of the De-
25 partment that the Secretary has determined is not pro-

1 viding care that meets such quality and access standards
2 as the Secretary shall develop.

3 “(B) In carrying out subparagraph (A), the Secretary
4 shall—

5 “(i) measure access of the medical service line
6 at a facility of the Department when compared with
7 the same medical service line at different Depart-
8 ment facilities; and

9 “(ii) measure quality at a medical service line
10 of a facility of the Department by comparing it with
11 two or more distinct and appropriate quality meas-
12 ures at non-Department medical service lines.

13 “(C)(i) The Secretary may not concurrently furnish
14 hospital care, medical services, or extended care services
15 under subparagraph (A) with respect to more than three
16 medical service lines described in such subparagraph at
17 any one health care facility of the Department.

18 “(ii) The Secretary may not concurrently furnish hos-
19 pital care, medical services, or extended care services
20 under subparagraph (A) with respect to more than 36
21 medical service lines nationally described in such subpara-
22 graph.

23 “(2) The Secretary may limit the types of hospital
24 care, medical services, or extended care services covered
25 veterans may receive under paragraph (1) because of an

1 access or quality deficiency of a medical service line in
2 terms of the length of time such care and services will
3 be available, the location at which such care and services
4 will be available, and the clinical care and services that
5 will be available.

6 “(3) The hospital care, medical services, and ex-
7 tended care services authorized under paragraph (1) with
8 respect to a medical service line shall cease when the reme-
9 diation described in subsection (g) with respect to such
10 medical service line is complete.

11 “(4) The Secretary shall publish in the Federal Reg-
12 ister, and shall take all reasonable steps to provide direct
13 notice to covered veterans affected under this subsection,
14 at least once each year stating the time period during
15 which such care and services will be available, the location
16 or locations where such care and services will be available,
17 and the clinical services available at each location under
18 this subsection in accordance with regulations the Sec-
19 retary shall prescribe.

20 “(5) When the Secretary exercises the authority
21 under paragraph (1), the decision to receive care or serv-
22 ices under such paragraph from a health care provider
23 specified in subsection (c) shall be at the election of the
24 covered veteran.

1 “(f) REVIEW OF DECISIONS.—The review of any de-
2 cision under subsection (d) or (e) shall be subject to the
3 Department’s local clinical appeals process, and such deci-
4 sions may not be appealed to the Board of Veterans’ Ap-
5 peals.

6 “(g) REMEDIATION OF MEDICAL SERVICE LINES.—
7 (1) Not later than 30 days after determining under sub-
8 section (e)(1) that a medical service line of the Depart-
9 ment is providing hospital care, medical services, or ex-
10 tended care services that does not comply with the access
11 guidelines and meet the standards of quality established
12 by the Secretary, the Secretary shall submit to Congress
13 an assessment of the factors that led the Secretary to
14 make such determination and a plan with specific actions,
15 and the time to complete them, to be taken to comply with
16 such access guidelines and meet such standards of quality,
17 including the following:

18 “(A) Increasing personnel or temporary per-
19 sonnel assistance, including mobile deployment
20 teams.

21 “(B) Special hiring incentives, including the
22 Education Debt Reduction Program under sub-
23 chapter VII of chapter 76 of this title and recruit-
24 ment, relocation, and retention incentives.

25 “(C) Utilizing direct hiring authority.

1 “(D) Providing improved training opportunities
2 for staff.

3 “(E) Acquiring improved equipment.

4 “(F) Making structural modifications to the fa-
5 cility used by the medical service line.

6 “(G) Such other actions as the Secretary con-
7 siders appropriate.

8 “(2) In each assessment submitted under paragraph
9 (1) with respect to a medical service line, the Secretary
10 shall identify the individuals at the Central Office of the
11 Veterans Health Administration, the facility used by the
12 medical service line, and the central office of the relevant
13 Veterans Integrated Service Network who are responsible
14 for overseeing the progress of that medical service line in
15 complying with the access guidelines and meeting the
16 standards of quality established by the Secretary.

17 “(3) Not later than 180 days after submitting an as-
18 sessment under paragraph (1) with respect to a medical
19 service line, the Secretary shall submit to Congress a re-
20 port on the progress of that medical service line in com-
21 plying with the access guidelines and meeting the stand-
22 ards of quality established by the Secretary and any other
23 measures the Secretary will take to assist the medical
24 service line in complying with such access guidelines and
25 meeting such standards of quality.

1 “(4) Not less frequently than once each year, the Sec-
2 retary shall—

3 “(A) submit to Congress an analysis of the re-
4 mediation actions, programs, and costs of such ac-
5 tions and programs taken with respect to each med-
6 ical service line with respect to which the Secretary
7 submitted an assessment and plan under paragraph
8 (1) in the preceding year, including an update on
9 the progress of each such medical service line in
10 meeting the quality and access standards established
11 by the Secretary and any other actions the Secretary
12 is undertaking to assist the medical service line in
13 complying with access guidelines and meeting stand-
14 ards of quality as established by the Secretary; and

15 “(B) publish such analysis on the Internet
16 website of the Department.

17 “(h) ACCESS GUIDELINES AND STANDARDS FOR
18 QUALITY.—(1) The Secretary shall establish access guide-
19 lines under section 1703B of this title and standards for
20 quality under section 1703C of this title for furnishing
21 hospital care, medical services, or extended care services
22 to a covered veteran for the purposes of subsections (d)
23 and (e).

24 “(2) The Secretary shall ensure that the access
25 guidelines and standards for quality required by sections

1 1703B and 1703C of this title provide covered veterans,
2 employees of the Department, and health care providers
3 in the network established under subsection (j) with rel-
4 evant comparative information that is clear, useful, and
5 timely, so that covered veterans can make informed deci-
6 sions regarding their health care.

7 “(3) The Secretary shall consult with all pertinent
8 Federal entities (such as the Department of Defense, the
9 Department of Health and Human Services, and the Cen-
10 ters for Medicare and Medicaid Services), entities in the
11 private sector, and other nongovernmental entities in es-
12 tablishing access guidelines and standards for quality as
13 required by sections 1703B and 1703C of this title.

14 “(4) Not later than 270 days after the date of the
15 enactment of the Caring for our Veterans Act of 2017,
16 the Secretary shall submit to the appropriate committees
17 of Congress a report detailing the access guidelines and
18 standards for quality established under sections 1703B
19 and 1703C of this title.

20 “(5) Not later than three years after the date on
21 which the Secretary establishes access guidelines and
22 standards for quality under paragraph (1) and not less
23 frequently than once every three years thereafter, the Sec-
24 retary shall—

1 “(A) conduct a review of such guidelines and
2 standards; and

3 “(B) submit to the appropriate committees of
4 Congress a report on the findings and any modifica-
5 tion to the access guidelines and standards for qual-
6 ity with respect to the review conducted under sub-
7 paragraph (A).

8 “(6) The Secretary shall ensure health care providers
9 specified under subsection (c) are able to meet the applica-
10 ble access guidelines and standards of quality established
11 by the Secretary.

12 “(i) TIERED NETWORK.—(1) To promote the provi-
13 sion of high-quality and high-value hospital care, medical
14 services, and extended care services under this section, the
15 Secretary may develop a tiered provider network of eligible
16 providers based on criteria established by the Secretary
17 for purposes of this section.

18 “(2) In developing a tiered provider network of eligi-
19 ble providers under paragraph (1), the Secretary shall not
20 prioritize providers in a tier over providers in any other
21 tier in a manner that limits the choice of a covered veteran
22 in selecting a health care provider specified in subsection
23 (c) for receipt of hospital care, medical services, or ex-
24 tended care services under this section.

1 “(j) CONTRACTS TO ESTABLISH NETWORKS OF
2 HEALTH CARE PROVIDERS.—(1) The Secretary shall
3 enter into consolidated, competitively bid contracts to es-
4 tablish networks of health care providers specified in para-
5 graphs (1) and (5) of subsection (c) for purposes of pro-
6 viding sufficient access to hospital care, medical services,
7 or extended care services under this section.

8 “(2)(A) The Secretary shall, to the extent practicable,
9 ensure that covered veterans are able to make their own
10 appointments using advanced technology.

11 “(B) To the extent practicable, the Secretary shall
12 be responsible for the scheduling of appointments for hos-
13 pital care, medical services, and extended care services
14 under this section.

15 “(3)(A) The Secretary may terminate a contract with
16 an entity entered into under paragraph (1) at such time
17 and upon such notice to the entity as the Secretary may
18 specify for purposes of this section, if the Secretary noti-
19 fies the appropriate committees of Congress that, at a
20 minimum—

21 “(i) the entity—

22 “(I) failed to comply substantially with the
23 provisions of the contract or with the provisions
24 of this section and the regulations prescribed
25 under this section;

1 “(II) failed to comply with the access
2 guidelines or meet the standards of quality es-
3 tablished by the Secretary;

4 “(III) is excluded from participation in a
5 Federal health care program (as defined in sec-
6 tion 1128B(f) of the Social Security Act (42
7 U.S.C. 1320a-7b(f))) under section 1128 or
8 1128A of the Social Security Act (42 U.S.C.
9 1320a-7 and 1320a-7a);

10 “(IV) is identified as an excluded source
11 on the list maintained in the System for Award
12 Management, or any successor system; or

13 “(V) has been convicted of a felony or
14 other serious offense under Federal or State
15 law and the continued participation of the enti-
16 ty would be detrimental to the best interests of
17 veterans or the Department;

18 “(ii) it is reasonable to terminate the contract
19 based on the health care needs of veterans; or

20 “(iii) it is reasonable to terminate the contract
21 based on coverage provided by contracts or sharing
22 agreements entered into under authorities other
23 than this section.

24 “(B) Nothing in subparagraph (A) may be construed
25 to restrict the authority of the Secretary to terminate a

1 contract entered into under paragraph (1) under any other
2 provision of law.

3 “(4) Whenever the Secretary provides notice to an
4 entity that the entity is failing to meet contractual obliga-
5 tions entered into under paragraph (1), the Secretary shall
6 submit to the Committee on Veterans’ Affairs of the Sen-
7 ate and the Committee on Veterans’ Affairs of the House
8 of Representatives a report on such failure. Such report
9 shall include the following:

10 “(A) An explanation of the reasons for pro-
11 viding such notice.

12 “(B) A description of the effect of such failure,
13 including with respect to cost, schedule, and require-
14 ments.

15 “(C) A description of the actions taken by the
16 Secretary to mitigate such failure.

17 “(D) A description of the actions taken by the
18 contractor to address such failure.

19 “(E) A description of any effect on the commu-
20 nity provider market for veterans in the affected
21 area.

22 “(5)(A) The Secretary shall instruct each entity
23 awarded a contract under paragraph (1) to recognize and
24 accept, on an interim basis, the credentials and qualifica-
25 tions of health care providers who are authorized to fur-

1 nished hospital care and medical services to veterans
2 under a community care program of the Department in
3 effect as of the day before the date of the enactment of
4 the Caring for our Veterans Act of 2017, including under
5 the Patient-Centered Community Care Program and the
6 Veterans Choice Program under section 101 of the Vet-
7 erans Access, Choice, and Accountability Act of 2014
8 (Public Law 113–146; 38 U.S.C. 1701 note), as qualified
9 providers under the program established under this sec-
10 tion.

11 “(B) The interim acceptance period under subpara-
12 graph (A) shall be determined by the Secretary based on
13 the following criteria:

14 “(i) With respect to a health care provider,
15 when the current certification agreement for the
16 health care provider expires.

17 “(ii) Whether the Department has enacted cer-
18 tification and eligibility criteria and regulatory pro-
19 cedures by which non-Department providers will be
20 authorized under this section.

21 “(6) The Secretary shall establish through regulation
22 a system or systems for monitoring the quality of care pro-
23 vided to covered veterans through a network under this
24 subsection and for assessing the quality of hospital care,
25 medical services, and extended care services furnished

1 through such network before the renewal of the contract
2 for such network.

3 “(k) PAYMENT RATES FOR CARE AND SERVICES.—

4 (1) Except as provided in paragraph (2), and to the extent
5 practicable, the rate paid for hospital care, medical serv-
6 ices, or extended care services under any provision in this
7 title may not exceed the rate paid by the United States
8 to a provider of services (as defined in section 1861(u)
9 of the Social Security Act (42 U.S.C. 1395x(u))) or a sup-
10 plier (as defined in section 1861(d) of such Act (42 U.S.C.
11 1395x(d))) under the Medicare program under title XI or
12 title XVIII of the Social Security Act (42 U.S.C. 1301
13 et seq.) for the same care or services.

14 “(2)(A) A higher rate than the rate paid by the
15 United States as described in paragraph (1) may be nego-
16 tiated with respect to the furnishing of care or services
17 to an eligible veteran who resides in a highly rural area.

18 “(B) In this paragraph, the term ‘highly rural area’
19 means an area located in a county that has fewer than
20 seven individuals residing in that county per square mile.

21 “(3) With respect to furnishing care or services under
22 this section in Alaska, the Alaska Fee Schedule of the De-
23 partment of Veterans Affairs shall be followed, except for
24 when another payment agreement, including a contract or
25 provider agreement, is in effect.

1 “(4) With respect to furnishing hospital care, medical
2 services, or extended care services under this section in
3 a State with an All-Payer Model Agreement under section
4 1814(b)(3) of the Social Security Act (42 U.S.C.
5 1395f(b)(3)) that became effective on or after January 1,
6 2014, the Medicare payment rates under paragraph
7 (2)(A) shall be calculated based on the payment rates
8 under such agreement.

9 “(5) Notwithstanding paragraph (1), the Secretary
10 may incorporate, to the greatest extent practicable, the
11 use of value-based reimbursement models to promote the
12 provision of high-quality care.

13 “(6) With respect to hospital care, medical services,
14 or extended care services for which there is not a rate paid
15 under the Medicare program as described in paragraph
16 (1), the rate paid for such care or services shall be deter-
17 mined by the Secretary.

18 “(1) TREATMENT OF OTHER HEALTH CARE
19 PLANS.—(1) In any case in which a covered veteran is
20 furnished hospital care, medical services, or extended care
21 services under this section for a non-service-connected dis-
22 ability described in subsection (a)(2) of section 1729 of
23 this title, the Secretary shall recover or collect reasonable
24 charges for such care or services from a health care plan

1 described in paragraph (2) in accordance with such sec-
2 tion.

3 “(2) A health care plan described in this paragraph—

4 “(A) is an insurance policy or contract, medical
5 or hospital service agreement, membership or sub-
6 scription contract, or similar arrangement not ad-
7 ministered by the Secretary, under which hospital
8 care, medical services, or extended care services for
9 individuals are provided or the expenses of such care
10 or services are paid; and

11 “(B) does not include any such policy, contract,
12 agreement, or similar arrangement pursuant to title
13 XVIII or XIX of the Social Security Act (42 U.S.C.
14 1395 et seq.) or chapter 55 of title 10.

15 “(m) PAYMENT BY VETERAN.—A covered veteran
16 shall not pay a greater amount for receiving care or serv-
17 ices under this section than the amount the veteran would
18 pay for receiving the same or comparable care or services
19 at a medical facility of the Department or from a health
20 care provider of the Department.

21 “(n) MONITORING OF CARE PROVIDED.—(1)(A) Not
22 later than 540 days after the date of the enactment of
23 the Caring for our Veterans Act of 2017, and not less
24 frequently than annually thereafter, the Secretary shall
25 submit to appropriate committees of Congress a review of

1 the types and frequency of care sought under subsection
2 (d).

3 “(B) The review submitted under subparagraph (A)
4 shall include an assessment of the following:

5 “(i) The top 25 percent of types of care and
6 services most frequently provided under subsection
7 (d) due to the Department not offering such care
8 and services.

9 “(ii) The frequency such care and services were
10 sought by covered veterans under this section.

11 “(iii) An analysis of the reasons the Depart-
12 ment was unable to provide such care and services.

13 “(iv) Any steps the Department took to provide
14 such care and services at a medical facility of the
15 Department.

16 “(v) The cost of such care and services.

17 “(2) In monitoring the hospital care, medical serv-
18 ices, and extended care services furnished under this sec-
19 tion, the Secretary shall do the following:

20 “(A) With respect to hospital care, medical
21 services, and extended care services furnished
22 through provider networks established under sub-
23 section (j)—

24 “(i) compile data on the types of hospital
25 care, medical services, and extended care serv-

1 ices furnished through such networks and how
2 many patients used each type of care and serv-
3 ice;

4 “(ii) identify gaps in hospital care, medical
5 services, or extended care services furnished
6 through such networks;

7 “(iii) identify how such gaps may be fixed
8 through new contracts within such networks or
9 changes in the manner in which hospital care,
10 medical services, or extended care services are
11 furnished through such networks;

12 “(iv) assess the total amounts spent by the
13 Department on hospital care, medical services,
14 and extended care services furnished through
15 such networks;

16 “(v) assess the timeliness of the Depart-
17 ment in referring hospital care, medical serv-
18 ices, and extended care services to such net-
19 works; and

20 “(vi) assess the timeliness of such net-
21 works in—

22 “(I) accepting referrals; and

23 “(II) scheduling and completing ap-
24 pointments.

1 “(B) Report the number of medical service lines
2 the Secretary has determined under subsection
3 (e)(1) not to be providing hospital care, medical
4 services, or extended care services that comply with
5 the access guidelines or meet the standards of qual-
6 ity established by the Secretary.

7 “(C) Assess the use of academic affiliates and
8 centers of excellence of the Department to furnish
9 hospital care, medical services, and extended care
10 services to covered veterans under this section.

11 “(D) Assess the hospital care, medical services,
12 and extended care services furnished to covered vet-
13 erans under this section by medical facilities oper-
14 ated by Federal agencies other than the Depart-
15 ment.

16 “(3) Not less frequently than once each year, the Sec-
17 retary shall submit to the Committee on Veterans’ Affairs
18 of the Senate and the Committee on Veterans’ Affairs of
19 the House of Representatives a report on the information
20 gathered under paragraph (2).

21 “(o) PROHIBITION ON CERTAIN LIMITATION.—The
22 Secretary shall not limit the types of hospital care, medical
23 services, or extended care services covered veterans may
24 receive under this section if it is in the best interest of
25 the veteran to receive such hospital care, medical services,

1 or extended care services, as determined by the veteran
2 and the veteran's health care provider.

3 “(p) DEFINITIONS.—In this section:

4 “(1) The term ‘appropriate committees of Con-
5 gress’ means—

6 “(A) the Committee on Veterans’ Affairs
7 and the Committee on Appropriations of the
8 Senate; and

9 “(B) the Committee on Veterans’ Affairs
10 and the Committee on Appropriations of the
11 House of Representatives.

12 “(2) The term ‘medical service line’ means a
13 clinic within a Department medical center.”.

14 (2) CLERICAL AMENDMENT.—The table of sec-
15 tions at the beginning of chapter 17 of such title is
16 amended by striking the item relating to section
17 1703 and inserting the following new item:

“1703. Veterans Community Care Program.”.

18 (b) EFFECTIVE DATE.—Section 1703 of title 38,
19 United States Code, as amended by subsection (a), shall
20 take effect on the date that the Secretary promulgates reg-
21 ulations under subsection (c).

22 (c) REGULATIONS.—Not later than one year after the
23 date of the enactment of this Act, the Secretary of Vet-
24 erans Affairs shall promulgate regulations to carry out

1 section 1703 of title 38, United States Code, as amended
2 by subsection (a) of this section.

3 (d) CONTINUITY OF EXISTING AGREEMENTS.—

4 (1) IN GENERAL.—Notwithstanding section
5 1703 of title 38, United States Code, as amended by
6 subsection (a), the Secretary of Veterans Affairs
7 shall continue all contracts, memorandums of under-
8 standing, memorandums of agreements, and other
9 arrangements that were in effect on the day before
10 the date of the enactment of this Act between the
11 Department of Veterans Affairs and the American
12 Indian and Alaska Native health care systems as es-
13 tablished under the terms of the Department of Vet-
14 erans Affairs and Indian Health Service Memo-
15 randum of Understanding, signed October 1, 2010,
16 the National Reimbursement Agreement, signed De-
17 cember 5, 2012, and agreements entered into under
18 sections 102 and 103 of the Veterans Access,
19 Choice, and Accountability Act of 2014 (Public Law
20 113–146).

21 (2) MODIFICATIONS.—Paragraph (1) shall not
22 be construed to prohibit the Secretary and the par-
23 ties to the contracts, memorandums of under-
24 standing, memorandums of agreements, and other
25 arrangements described in such paragraph from

1 making such changes to such contracts, memoran-
2 dums of understanding, memorandums of agree-
3 ments, and other arrangements as may be otherwise
4 authorized pursuant to other provisions of law or the
5 terms of the contracts, memorandums of under-
6 standing, memorandums of agreements, and other
7 arrangements.

8 **SEC. 102. AUTHORIZATION OF AGREEMENTS BETWEEN DE-**
9 **PARTMENT OF VETERANS AFFAIRS AND NON-**
10 **DEPARTMENT PROVIDERS.**

11 (a) IN GENERAL.—Subchapter I of chapter 17 is
12 amended by inserting after section 1703 the following new
13 section:

14 **“§ 1703A. Agreements with eligible entities or pro-**
15 **viders; certification processes**

16 “(a) AGREEMENTS AUTHORIZED.—(1)(A) When hos-
17 pital care, a medical service, or an extended care service
18 required by a veteran who is entitled to such care or serv-
19 ice under this chapter is not feasibly available to the vet-
20 eran from a facility of the Department or through a con-
21 tract or sharing agreement entered into pursuant to an-
22 other provision of law, the Secretary may furnish such
23 care or service to such veteran by entering into an agree-
24 ment under this section with an eligible entity or provider

1 to provide such hospital care, medical service, or extended
2 care service.

3 “(B) An agreement entered into under this section
4 to provide hospital care, a medical service, or an extended
5 care service shall be known as a ‘Veterans Care Agree-
6 ment’.

7 “(C) For purposes of subparagraph (A), hospital
8 care, a medical service, or an extended care service may
9 be considered not feasibly available to a veteran from a
10 facility of the Department or through a contract or shar-
11 ing agreement described in such subparagraph when the
12 Secretary determines the veteran’s medical condition, the
13 travel involved, the nature of the care or services required,
14 or a combination of these factors make the use of a facility
15 of the Department or a contract or sharing agreement de-
16 scribed in such subparagraph impracticable or inadvisable.

17 “(D) A Veterans Care Agreement may be entered
18 into by the Secretary or any Department official author-
19 ized by the Secretary.

20 “(2)(A) Subject to subparagraph (B), the Secretary
21 shall review each Veterans Care Agreement of material
22 size, as determined by the Secretary or set forth in para-
23 graph (3), for hospital care, a medical service, or an ex-
24 tended care service to determine whether it is feasible and
25 advisable to provide such care or service within a facility

1 of the Department or by contract or sharing agreement
2 entered into pursuant to another provision of law and, if
3 so, take action to do so.

4 “(B)(i) The Secretary shall review each Veterans
5 Care Agreement of material size that has been in effect
6 for at least six months within the first two years of its
7 taking effect, and no less frequently than once every four
8 years thereafter.

9 “(ii) If a Veterans Care Agreement has not been in
10 effect for at least six months by the date of the review
11 required by subparagraph (A), the agreement will be re-
12 viewed during the next cycle required by subparagraph
13 (A), and such review will serve as its review within the
14 first two years of its taking effect for purposes of clause
15 (i).

16 “(3)(A) In fiscal year 2018 and in each fiscal year
17 thereafter, in addition to such other Veterans Care Agree-
18 ments as the Secretary may determine are of material size,
19 a Veterans Care Agreement for the purchase of extended
20 care services that exceeds the \$5,000,000 annually shall
21 be considered of material size.

22 “(B) From time to time, the Secretary may publish
23 a notice in the Federal Register to adjust the dollar
24 amount specified in subparagraph (A) to account for

1 changes in the cost of health care based upon recognized
2 health care market surveys and other available data.

3 “(b) ELIGIBLE ENTITIES AND PROVIDERS.—For
4 purposes of this section, an eligible entity or provider is—

5 “(1) any provider of services that has enrolled
6 and entered into a provider agreement under section
7 1866(a) of the Social Security Act (42 U.S.C.
8 1395cc(a)) and any physician or other supplier who
9 has enrolled and entered into a participation agree-
10 ment under section 1842(h) of such Act (42 U.S.C.
11 1395u(h));

12 “(2) any provider participating under a State
13 plan under title XIX of such Act (42 U.S.C. 1396
14 et seq.); or

15 “(3) any entity or provider not described in
16 paragraph (1) or (2) of this subsection that the Sec-
17 retary determines to be eligible pursuant to the cer-
18 tification process described in subsection (c).

19 “(c) ELIGIBLE ENTITY OR PROVIDER CERTIFI-
20 CATION PROCESS.—The Secretary shall establish by regu-
21 lation a process for the certification of eligible entities or
22 providers or recertification of eligible entities or providers
23 under this section. Such a process shall, at a minimum—

24 “(1) establish deadlines for actions on applica-
25 tions for certification;

1 “(2) set forth standards for an approval or de-
2 nial of certification, duration of certification, revoca-
3 tion of an eligible entity or provider’s certification,
4 and recertification of eligible entities or providers;

5 “(3) require the denial of certification if the
6 Secretary determines the eligible entity or provider
7 is excluded from participation in a Federal health
8 care program under section 1128 or section 1128A
9 of the Social Security Act (42 U.S.C. 1320a–7 or
10 1320a–7a) or is currently identified as an excluded
11 source on the System for Award Management Exclu-
12 sions list described in part 9 of title 48, Code of
13 Federal Regulations, and part 180 of title 2 of such
14 Code, or successor regulations;

15 “(4) establish procedures for screening eligible
16 entities or providers according to the risk of fraud,
17 waste, and abuse that are similar to the standards
18 under section 1866(j)(2)(B) of the Social Security
19 Act (42 U.S.C. 1395cc(j)(2)(B)) and section 9.104
20 of title 48, Code of Federal Regulations, or suc-
21 cessor regulations; and

22 “(5) incorporate and apply the restrictions and
23 penalties set forth in chapter 21 of title 41 and treat
24 this section as a procurement program only for pur-
25 poses of applying such provisions.

1 “(d) RATES.—To the extent practicable, the rates
2 paid by the Secretary for hospital care, medical services,
3 and extended care services provided under a Veterans
4 Care Agreement shall be in accordance with the rates paid
5 by the United States under the Medicare program.

6 “(e) TERMS OF VETERANS CARE AGREEMENTS.—(1)
7 Pursuant to regulations promulgated under subsection
8 (k), the Secretary may define the requirements for pro-
9 viders and entities entering into agreements under this
10 section based upon such factors as the number of patients
11 receiving care or services, the number of employees em-
12 ployed by the entity or provider furnishing such care or
13 services, the amount paid by the Secretary to the provider
14 or entity, or other factors as determined by the Secretary.

15 “(2) To furnish hospital care, medical services, or ex-
16 tended care services under this section, an eligible entity
17 or provider shall agree—

18 “(A) to accept payment at the rates established
19 in regulations prescribed under this section;

20 “(B) that payment by the Secretary under this
21 section on behalf of a veteran to a provider of serv-
22 ices or care shall, unless rejected and refunded by
23 the provider within 30 days of receipt, constitute
24 payment in full and extinguish any liability on the
25 part of the veteran for the treatment or care pro-

1 vided, and no provision of a contract, agreement, or
2 assignment to the contrary shall operate to modify,
3 limit, or negate this requirement;

4 “(C) to provide only the care and services au-
5 thorized by the Department under this section and
6 to obtain the prior written consent of the Depart-
7 ment to furnish care or services outside the scope of
8 such authorization;

9 “(D) to bill the Department in accordance with
10 the methodology outlined in regulations prescribed
11 under this section;

12 “(E) to not seek to recover or collect from a
13 health plan contract or third party, as those terms
14 are defined in section 1729 of this title, for any care
15 or service that is furnished or paid for by the De-
16 partment;

17 “(F) to provide medical records to the Depart-
18 ment in the time frame and format specified by the
19 Department; and

20 “(G) to meet such other terms and conditions,
21 including quality of care assurance standards, as the
22 Secretary may specify in regulation.

23 “(f) DISCONTINUATION OR NONRENEWAL OF A VET-
24 ERANS CARE AGREEMENT.—(1) An eligible entity or pro-
25 vider may discontinue a Veterans Care Agreement at such

1 time and upon such notice to the Secretary as may be
2 provided in regulations prescribed under this section.

3 “(2) The Secretary may discontinue a Veterans Care
4 Agreement with an eligible entity or provider at such time
5 and upon such reasonable notice to the eligible entity or
6 provider as may be specified in regulations prescribed
7 under this section, if an official designated by the Sec-
8 retary—

9 “(A) has determined that the eligible entity or
10 provider failed to comply substantially with the pro-
11 visions of the Veterans Care Agreement, or with the
12 provisions of this section or regulations prescribed
13 under this section;

14 “(B) has determined the eligible entity or pro-
15 vider is excluded from participation in a Federal
16 health care program under section 1128 or section
17 1128A of the Social Security Act (42 U.S.C. 1320a-
18 7 or 1320a-7a) or is identified on the System for
19 Award Management Exclusions list as provided in
20 part 9 of title 48, Code of Federal Regulations, and
21 part 180 of title 2 of such Code, or successor regula-
22 tions;

23 “(C) has ascertained that the eligible entity or
24 provider has been convicted of a felony or other seri-
25 ous offense under Federal or State law and deter-

1 mines the eligible entity or provider's continued par-
2 ticipation would be detrimental to the best interests
3 of veterans or the Department; or

4 “(D) has determined that it is reasonable to
5 terminate the agreement based on the health care
6 needs of a veteran.

7 “(g) QUALITY OF CARE.—The Secretary shall estab-
8 lish through regulation a system or systems for monitoring
9 the quality of care provided to veterans through Veterans
10 Care Agreements and for assessing the quality of hospital
11 care, medical services, and extended care services fur-
12 nished by eligible entities and providers before the renewal
13 of Veterans Care Agreements.

14 “(h) DISPUTES.—(1) The Secretary shall promulgate
15 administrative procedures for eligible entities and pro-
16 viders to present all disputes arising under or related to
17 Veterans Care Agreements.

18 “(2) Such procedures constitute the eligible entities’
19 and providers’ exhaustive and exclusive administrative
20 remedies.

21 “(3) Eligible entities or providers must first exhaust
22 such administrative procedures before seeking any judicial
23 review under section 1346 of title 28 (known as the ‘Tuck-
24 er Act’).

1 “(4) Disputes under this section must pertain to ei-
2 ther the scope of authorization under the Veterans Care
3 Agreement or claims for payment subject to the Veterans
4 Care Agreement and are not claims for the purposes of
5 such laws that would otherwise require application of sec-
6 tions 7101 through 7109 of title 41, United States Code.

7 “(i) APPLICABILITY OF OTHER PROVISIONS OF
8 LAW.—(1) A Veterans Care Agreement may be authorized
9 by the Secretary or any Department official authorized by
10 the Secretary, and such action shall not be treated as—

11 “(A) an award for the purposes of such laws
12 that would otherwise require the use of competitive
13 procedures for furnishing of care and services; or

14 “(B) a Federal contract for the acquisition of
15 goods or services for purposes of any provision of
16 Federal law governing Federal contracts for the ac-
17 quisition of goods or services.

18 “(2)(A) Except as provided in subparagraph (B), and
19 unless otherwise provided in this section or regulations
20 prescribed pursuant to this section, an eligible entity or
21 provider that enters into an agreement under this section
22 is not subject to, in the carrying out of the agreement,
23 any law to which providers of services and suppliers under
24 the Medicare program under title XVIII of the Social Se-
25 curity Act (42 U.S.C. 1395 et seq.) are not subject.

1 “(B) An eligible entity or provider that enters into
2 an agreement under this section is subject to—

3 “(i) all laws regarding integrity, ethics, or
4 fraud, or that subject a person to civil or criminal
5 penalties; and

6 “(ii) all laws that protect against employment
7 discrimination or that otherwise ensure equal em-
8 ployment opportunities.

9 “(3) Notwithstanding paragraph (2)(B)(i), an eligible
10 entity or provider that enters into an agreement under this
11 section shall not be treated as a Federal contractor or sub-
12 contractor for purposes of chapter 67 of title 41 (com-
13 monly known as the ‘McNamara-O’Hara Service Contract
14 Act of 1965’).

15 “(j) PARITY OF TREATMENT.—Eligibility for hospital
16 care, medical services, and extended care services fur-
17 nished to any veteran pursuant to a Veterans Care Agree-
18 ment shall be subject to the same terms as though pro-
19 vided in a facility of the Department, and provisions of
20 this chapter applicable to veterans receiving such care and
21 services in a facility of the Department shall apply to vet-
22 erans treated under this section.

23 “(k) RULEMAKING.—The Secretary shall promulgate
24 regulations to carry out this section.”.

1 (b) CLERICAL AMENDMENT.—The table of sections
2 at the beginning of such chapter is amended by inserting
3 after the item related to section 1703 the following new
4 item:

“1703A. Agreements with eligible entities or providers; certification processes.”.

5 **SEC. 103. CONFORMING AMENDMENTS FOR STATE VET-**
6 **ERANS HOMES.**

7 (a) IN GENERAL.—Section 1745(a) is amended—

8 (1) in paragraph (1), by striking “(or agree-
9 ment under section 1720(c)(1) of this title)” and in-
10 serting “(or an agreement)”; and

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

13 “(4)(A) An agreement under this section may be au-
14 thorized by the Secretary or any Department official au-
15 thorized by the Secretary, and any such action is not an
16 award for purposes of such laws that would otherwise re-
17 quire the use of competitive procedures for the furnishing
18 of hospital care, medical services, and extended care serv-
19 ices.

20 “(B)(i) Except as provided in clause (ii), and unless
21 otherwise provided in this section or regulations prescribed
22 pursuant to this section, a State home that enters into
23 an agreement under this section is not subject to, in the
24 carrying out of the agreement, any provision of law to
25 which providers of services and suppliers under the Medi-

1 care program under title XVIII of the Social Security Act
2 (42 U.S.C. 1395 et seq.) are not subject.

3 “(ii) A State home that enters into an agreement
4 under this section is subject to—

5 “(I) all provisions of law regarding integrity,
6 ethics, or fraud, or that subject a person to civil or
7 criminal penalties; and

8 “(II) all provisions of law that protect against
9 employment discrimination or that otherwise ensure
10 equal employment opportunities.

11 “(iii) Notwithstanding subparagraph (B)(ii)(I), a
12 State home that enters into an agreement under this sec-
13 tion may not be treated as a Federal contractor or subcon-
14 tractor for purposes of chapter 67 of title 41 (known as
15 the ‘McNamara-O’Hara Service Contract Act of 1965’).”.

16 (b) EFFECTIVE DATE.—The amendment made by
17 subsection (a) shall apply to care provided on or after the
18 effective date of regulations issued by the Secretary of
19 Veterans Affairs to carry out this section.

20 **SEC. 104. ACCESS GUIDELINES AND STANDARDS FOR QUAL-**
21 **ITY.**

22 (a) IN GENERAL.—Subchapter I of chapter 17, as
23 amended by section 102, is further amended by inserting
24 after section 1703A the following new sections:

1 **“§ 1703B. Access guidelines**

2 “The Secretary shall consult with all pertinent Fed-
3 eral entities to examine health care access measurements
4 and establish localized benchmarking guidelines that can
5 inform provider and veteran clinical decisionmaking. The
6 Secretary shall establish such guidelines for all hospital
7 care, medical services, and extended care services fur-
8 nished or otherwise made available under laws adminis-
9 tered by the Secretary, including through non-Department
10 health care providers.

11 **“§ 1703C. Standards for quality**

12 “(a) IN GENERAL.—(1) The Secretary shall establish
13 standards for quality, in coordination or consultation with
14 entities pursuant to section 1703(h)(3) of this title, re-
15 garding hospital care, medical services, and extended care
16 services furnished by the Department pursuant to this
17 title, including through non-Department health care pro-
18 viders pursuant to section 1703 of this title.

19 “(2) In establishing standards for quality under para-
20 graph (1), the Secretary shall consider existing health
21 quality measures that are applied to public and privately
22 sponsored health care systems with the purpose of pro-
23 viding covered veterans relevant comparative information
24 to make informed decisions regarding their health care.

1 “(3) The Secretary shall collect and consider data for
2 purposes of establishing the standards under paragraph
3 (1). Such data collection shall include—

4 “(A) after consultation with veterans service or-
5 ganizations and other key stakeholders on survey de-
6 velopment or modification of an existing survey, a
7 survey of veterans who have used hospital care, med-
8 ical services, or extended care services furnished by
9 the Veterans Health Administration during the most
10 recent two-year period to assess the satisfaction of
11 the veterans with service and quality of care; and

12 “(B) datasets that include, at a minimum, ele-
13 ments relating to the following:

14 “(i) Timely care.

15 “(ii) Effective care.

16 “(iii) Safety, including, at a minimum,
17 complications, readmissions, and deaths.

18 “(iv) Efficiency.

19 “(b) PUBLICATION AND CONSIDERATION OF PUBLIC
20 COMMENTS.—(1) Not later than one year after the date
21 on which the Secretary establishes standards for quality
22 under subsection (a), the Secretary shall publish the qual-
23 ity rating of medical facilities of the Department in the
24 publicly available Hospital Compare website through the
25 Centers for Medicare & Medicaid Services for the purpose

1 of providing veterans with information that allows them
2 to compare performance measure information among De-
3 partment and non-Department health care providers.

4 “(2) Not later than two years after the date on which
5 the Secretary establishes standards for quality under sub-
6 section (a), the Secretary shall consider and solicit public
7 comment on potential changes to the measures used in
8 such standards to ensure that they include the most up-
9 to-date and applicable industry measures for veterans.”.

10 (b) CLERICAL AMENDMENT.—The table of sections
11 at the beginning of chapter 17, as amended by section
12 102, is further amended by inserting after the item relat-
13 ing to section 1703A the following new items:

“1703B. Access guidelines.
“1703C. Standards for quality.”.

14 **SEC. 105. ACCESS TO WALK-IN CARE.**

15 (a) IN GENERAL.—Chapter 17 is amended by insert-
16 ing after section 1725 the following new section:

17 **“§ 1725A. Access to walk-in care**

18 “(a) PROCEDURES TO ENSURE ACCESS TO WALK-IN
19 CARE.—The Secretary shall develop procedures to ensure
20 that eligible veterans are able to access walk-in care from
21 qualifying non-Department entities or providers.

22 “(b) ELIGIBLE VETERANS.—For purposes of this
23 section, an eligible veteran is any individual who—

1 “(1) is enrolled in the health care system estab-
2 lished under section 1705(a) of this title; and

3 “(2) has received care under this chapter within
4 the 24-month period preceding the furnishing of
5 walk-in care under this section.

6 “(c) QUALIFYING NON-DEPARTMENT ENTITIES OR
7 PROVIDERS.—For purposes of this section, a qualifying
8 non-Department entity or provider is a non-Department
9 entity or provider that has entered into a contract or other
10 agreement with the Secretary to furnish services under
11 this section.

12 “(d) FEDERALLY QUALIFIED HEALTH CENTERS.—
13 Whenever practicable, the Secretary may use a Federally
14 Qualified Health Center to carry out this section.

15 “(e) CONTINUITY OF CARE.—The Secretary shall en-
16 sure continuity of care for those veterans who receive
17 walk-in care services under this section, including through
18 the establishment of a mechanism to receive medical
19 records from walk-in care providers and provide pertinent
20 patient medical records to providers of walk-in care.

21 “(f) COPAYMENTS.—(1)(A) The Secretary shall re-
22 quire all eligible veterans to pay the United States a co-
23 payment for each episode of hospital care and medical
24 service provided under this section if otherwise required
25 to pay a copayment under this title.

1 “(B) Those not required to pay a copayment under
2 this title may access walk-in care without a copayment for
3 the first two visits in a calendar year. For any additional
4 visits, a copayment at an amount determined by the Sec-
5 retary shall be paid.

6 “(C) For those veterans required to pay a copayment
7 under title 38, they are required to pay their regular co-
8 payment for their first two walk-in care visits in a cal-
9 endar year. For any additional visits, a higher copayment
10 at an amount determined by the Secretary shall be paid.

11 “(2) After the first two episodes of care furnished
12 to a veteran under this section, the Secretary may adjust
13 the copayment required of the veteran under this sub-
14 section based upon the priority group of enrollment of the
15 veteran, the number of episodes of care furnished to the
16 veteran during a year, and other factors the Secretary con-
17 siders appropriate under this section.

18 “(3) The amount or amounts of the copayments re-
19 quired under this subsection shall be prescribed by the
20 Secretary by rule.

21 “(4) Section 8153(c) of this title shall not apply to
22 this subsection.

23 “(g) REGULATIONS.—Not later than one year after
24 the date of the enactment of the Caring for our Veterans

1 Act of 2017, the Secretary shall promulgate regulations
2 to carry out this section.

3 “(h) WALK-IN CARE DEFINED.—In this section, the
4 term ‘walk-in care’ means non-emergent care provided by
5 a qualifying non-Department entity or provider that fur-
6 nishes episodic care and not longitudinal management of
7 conditions and is otherwise defined through regulations
8 the Secretary shall promulgate.”.

9 (b) EFFECTIVE DATE.—Section 1725A of title 38,
10 United States Code, as added by subsection (a) shall take
11 effect on the date upon which final regulations imple-
12 menting such section take effect.

13 (c) CLERICAL AMENDMENT.—The table of sections
14 at the beginning of such chapter is amended by inserting
15 after the item related to section 1725 the following new
16 item:

“§1725A. Access to walk-in care.”.

17 **SEC. 106. STRATEGY REGARDING THE DEPARTMENT OF**
18 **VETERANS AFFAIRS HIGH-PERFORMING IN-**
19 **TEGRATED HEALTH CARE NETWORK.**

20 (a) MARKET AREA ASSESSMENTS.—

21 (1) IN GENERAL.—Not less frequently than
22 every four years, the Secretary of Veterans Affairs
23 shall perform market area assessments regarding the
24 health care services furnished under the laws admin-
25 istered by the Secretary.

1 (2) ELEMENTS.—Each market area assessment
2 established under paragraph (1) shall include the
3 following:

4 (A) An assessment of the demand for
5 health care from the Department, disaggregated
6 by geographic market areas as determined by
7 the Secretary, including the number of requests
8 for health care services under the laws adminis-
9 tered by the Secretary.

10 (B) An inventory of the health care capaci-
11 ty of the Department of Veterans Affairs
12 across the Department's system of facilities.

13 (C) An assessment of the health care ca-
14 pacity to be provided through contracted com-
15 munity care providers and providers who en-
16 tered into a provider agreement with the De-
17 partment under section 1703A of title 38,
18 United States Code, as added by section
19 102(a), including the number of providers, the
20 geographic location of the providers, and cat-
21 egories or types of health care services provided
22 by the providers.

23 (D) An assessment obtained from other
24 Federal direct delivery systems of their capacity
25 to provide health care to veterans.

1 (E) An assessment of the health care ca-
2 pacity of non-contracted providers where there
3 is insufficient network supply.

4 (F) An assessment of the health care ca-
5 pacity of academic affiliates and other collabo-
6 rations of the Department as it relates to pro-
7 viding health care to veterans.

8 (G) An assessment of the effects on health
9 care capacity by the access guidelines and
10 standards for quality established under section
11 1703(h) of title 38, United States Code, as
12 amended by section 101(a)(1).

13 (H) The number of appointments for
14 health care services under the laws adminis-
15 tered by the Secretary, disaggregated by—

16 (i) appointments at facilities of the
17 Department of Veterans Affairs; and

18 (ii) appointments with non-Depart-
19 ment health care providers.

20 (3) SUBMITTAL TO CONGRESS.—The Secretary
21 shall submit to the appropriate committees of Con-
22 gress the market area assessments established in
23 paragraph (1).

24 (4) USE OF MARKET AREA ASSESSMENTS FOR
25 INTEGRATED HEALTH CARE DELIVERY.—

1 (A) IN GENERAL.—The Secretary shall use
2 the market area assessments established under
3 paragraph (1) in determining the capacity of
4 the health care provider networks established
5 under section 1703(k) of title 38, United States
6 Code, as amended by section 101(a)(1).

7 (B) BUDGET.—The Secretary shall ensure
8 that the Department budget for any fiscal year
9 (as submitted with the budget of the President
10 under section 1105(a) of title 31, United States
11 Code) reflects the findings of the Secretary with
12 respect to the most recent market area assess-
13 ments under paragraph (1).

14 (5) EFFECTIVE DATE.—The amendments made
15 by subsection (a) shall take effect on September 30,
16 2018.

17 (b) STRATEGIC PLAN TO MEET HEALTH CARE DE-
18 MAND.—

19 (1) IN GENERAL.—Not later than one year
20 after the date of the enactment of this Act and not
21 less frequently than once every four years thereafter,
22 the Secretary shall submit to the appropriate com-
23 mittees of Congress a strategic plan that specifies a
24 four-year forecast of—

1 (A) the demand for health care from the
2 Department, disaggregated by geographic area
3 as determined by the Secretary;

4 (B) the health care capacity to be provided
5 at each medical center of the Department; and

6 (C) the health care capacity to be provided
7 through community care providers.

8 (2) ELEMENTS.—In preparing the strategic
9 plan under paragraph (1), the Secretary shall—

10 (A) consider the access guidelines and
11 standards for quality established under section
12 1703(h) of title 38, United States Code, as
13 amended by section 101(a)(1);

14 (B) consider the market area assessments
15 established under subsection (a);

16 (C) consider the needs of the Department
17 based on identified services that provide man-
18 agement of conditions or disorders related to
19 military service for which there is limited expe-
20 rience or access in the national market, the
21 overall health of veterans throughout their life-
22 span, or other services as the Secretary deter-
23 mines appropriate;

24 (D) consult with key stakeholders within
25 the Department, the heads of other Federal

1 agencies, and other relevant governmental and
2 nongovernmental entities, including State, local,
3 and tribal government officials, members of
4 Congress, veterans service organizations, pri-
5 vate sector representatives, academics, and
6 other policy experts;

7 (E) identify emerging issues, trends, prob-
8 lems, and opportunities that could affect health
9 care services furnished under the laws adminis-
10 tered by the Secretary;

11 (F) develop recommendations regarding
12 both short- and long-term priorities for health
13 care services furnished under the laws adminis-
14 tered by the Secretary;

15 (G) after consultation with veterans service
16 organizations and other key stakeholders on
17 survey development or modification of an exist-
18 ing survey, consider a survey of veterans who
19 have used hospital care, medical services, or ex-
20 tended care services furnished by the Veterans
21 Health Administration during the most recent
22 two-year period to assess the satisfaction of the
23 veterans with service and quality of care; and

24 (H) consider such other matters as the
25 Secretary considers appropriate.

1 (c) APPROPRIATE COMMITTEES OF CONGRESS DE-
2 FINED.—In this section, the term “appropriate commit-
3 tees of Congress” means—

4 (1) the Committee on Veterans’ Affairs and the
5 Committee on Appropriations of the Senate; and

6 (2) the Committee on Veterans’ Affairs and the
7 Committee on Appropriations of the House of Rep-
8 resentatives.

9 **SEC. 107. APPLICABILITY OF DIRECTIVE OF OFFICE OF**
10 **FEDERAL CONTRACT COMPLIANCE PRO-**
11 **GRAMS.**

12 (a) IN GENERAL.—Notwithstanding the treatment of
13 certain laws under subsection (h) of section 1703A of title
14 38, United States Code, as added by section 102 of this
15 Act, Directive 2014–01 of the Office of Federal Contract
16 Compliance Programs of the Department of Labor (effec-
17 tive as of May 7, 2014) shall apply to any entity entering
18 into an agreement under such section 1703A or section
19 1745 of such title, as amended by section 103, in the same
20 manner as such directive applies to subcontractors under
21 the TRICARE program for the duration of the morato-
22 rium provided under such directive.

23 (b) APPLICABILITY PERIOD.—The directive described
24 in subsection (a), and the moratorium provided under such

1 directive, shall not be altered or rescinded before May 7,
2 2019.

3 (c) TRICARE PROGRAM DEFINED.—In this section,
4 the term “TRICARE program” has the meaning given
5 that term in section 1072 of title 10, United States Code.

6 **Subtitle B—Paying Providers and** 7 **Improving Collections**

8 **SEC. 111. PROMPT PAYMENT TO PROVIDERS.**

9 (a) IN GENERAL.—Subchapter I of chapter 17 is
10 amended by inserting after section 1703C, as added by
11 section 104 of this Act, the following new section:

12 **“§ 1703D. Prompt payment standard**

13 “(a) IN GENERAL.—(1) Notwithstanding any other
14 provision of this title or of any other provision of law, the
15 Secretary shall pay for hospital care, medical services, or
16 extended care services furnished by health care entities or
17 providers under this chapter within 45 calendar days upon
18 receipt of a clean paper claim or 30 calendar days upon
19 receipt of a clean electronic claim.

20 “(2) If a claim is denied, the Secretary shall, within
21 45 calendar days of denial for a paper claim and 30 cal-
22 endar days of denial for an electronic claim, notify the
23 health care entity or provider of the reason for denying
24 the claim and what, if any, additional information is re-
25 quired to process the claim.

1 “(3) Upon the receipt of the additional information,
2 the Secretary shall ensure that the claim is paid, denied,
3 or otherwise adjudicated within 30 calendar days from the
4 receipt of the requested information.

5 “(4) This section shall only apply to payments made
6 on an invoice basis and shall not apply to capitation or
7 other forms of periodic payment to entities or providers.

8 “(b) SUBMITTAL OF CLAIMS BY HEALTH CARE EN-
9 TITIES AND PROVIDERS.—A health care entity, provider,
10 or network contractor that furnishes hospital care, a med-
11 ical service, or an extended care service under this chapter
12 shall submit to the Secretary a claim for payment for fur-
13 nishing the hospital care, medical service, or extended care
14 service not later than 180 days after the date on which
15 the entity or provider furnished the hospital care, medical
16 service, or extended care service.

17 “(c) FRAUDULENT CLAIMS.—(1) Sections 3729
18 through 3733 of title 31 shall apply to fraudulent claims
19 for payment submitted to the Secretary by a health care
20 entity or provider under this chapter.

21 “(2) Pursuant to regulations prescribed by the Sec-
22 retary, the Secretary shall bar a health care entity or pro-
23 vider from furnishing hospital care, medical services, and
24 extended care services under this chapter when the Sec-
25 retary determines the entity or provider has submitted to

1 the Secretary fraudulent health care claims for payment
2 by the Secretary.

3 “(d) OVERDUE CLAIMS.—(1) Any claim that has not
4 been denied with notice, made pending with notice, or paid
5 to the health care entity or provider by the Secretary shall
6 be overdue if the notice or payment is not received by the
7 entity provider within the time periods specified in sub-
8 section (a).

9 “(2) If the Secretary does not deny or pay a clean
10 written claim or a clean electronic claim in accordance
11 with the requirements of subsection (a), the following shall
12 occur:

13 “(A) The amount of the overdue claim shall in-
14 clude an interest payment prorated daily which shall
15 accrue from the date the payment was overdue and
16 shall be payable at the time the claim is paid.

17 “(B) The interest payment shall be computed
18 at the rate of interest established by the Secretary
19 of the Treasury under section 3902 of title 31 and
20 published in the Federal Register.

21 “(e) OVERPAYMENT.—(1) The Secretary shall deduct
22 the amount of any overpayment from payments due a
23 health care entity or provider under this chapter.

24 “(2) Deductions may not be made under this sub-
25 section unless the Secretary has made reasonable efforts

1 to notify a health care entity or provider of the right to
2 dispute the existence or amount of such indebtedness and
3 the right to request a compromise of such indebtedness.

4 “(3) The Secretary shall make a determination with
5 respect to any such dispute or request prior to deducting
6 any overpayment unless the time required to make such
7 a determination before making any deductions would jeop-
8 ardize the Secretary’s ability to recover the full amount
9 of such indebtedness.

10 “(f) INFORMATION AND DOCUMENTATION RE-
11 QUIRED.—(1) The Secretary shall provide to all health
12 care entities and providers participating in a program to
13 furnish hospital care, medical services, or extended care
14 services under this chapter a list of information and docu-
15 mentation that is required to establish a clean claim under
16 this section.

17 “(2) The Secretary shall consult with entities in the
18 health care industry, in the public and private sector, to
19 determine the information and documentation to include
20 in the list under paragraph (1).

21 “(3) If the Secretary modifies the information and
22 documentation included in the list under paragraph (1),
23 the Secretary shall notify all health care entities and pro-
24 viders described in paragraph (1) not later than 30 days
25 before such modifications take effect.

1 “(g) DEFINITIONS.—In this section:

2 “(1) The term ‘clean electronic claim’ means
3 the transmission of data for purposes of payment of
4 covered health care expenses that is submitted to the
5 Secretary which contains substantially all of the re-
6 quired data elements necessary for accurate adju-
7 dication, without obtaining additional information
8 from the entity or provider that furnished the care
9 or service, submitted in such format as prescribed by
10 the Secretary in regulations for the purpose of pay-
11 ing claims for care or services.

12 “(2) The term ‘clean paper claim’ means a
13 paper claim for payment of covered health care ex-
14 penses that is submitted to the Secretary which con-
15 tains substantially all of the required data elements
16 necessary for accurate adjudication, without obtain-
17 ing additional information from the entity or pro-
18 vider that furnished the care or service, submitted in
19 such format as prescribed by the Secretary in regu-
20 lations for the purpose of paying claims for care or
21 services.

22 “(3) The term ‘fraudulent claims’ means the in-
23 tentional and deliberate misrepresentation of a mate-
24 rial fact or facts by a health care entity or provider
25 made to induce the Secretary to pay a claim that

1 was not legally payable to that provider. This term,
2 as used in this section, shall not include a good faith
3 interpretation by a health care entity or provider of
4 utilization, medical necessity, coding, and billing re-
5 quirements of the Secretary.

6 “(4) The term ‘health care entity or provider’
7 includes any non-Department health care entity or
8 provider, but does not include any Federal health
9 care entity or provider.”.

10 (b) CLERICAL AMENDMENT.—The table of sections
11 at the beginning of such chapter is amended by inserting
12 after the item related to section 1703C, as added by sec-
13 tion 104 of this Act, the following new item:

“1703D. Prompt payment standard.”.

14 **SEC. 112. AUTHORITY TO PAY FOR AUTHORIZED CARE NOT**
15 **SUBJECT TO AN AGREEMENT.**

16 (a) IN GENERAL.—Subchapter IV of chapter 81 is
17 amended by adding at the end the following new section:

18 **“§ 8159. Authority to pay for services authorized but**
19 **not subject to an agreement**

20 “(a) IN GENERAL.—If, in the course of furnishing
21 hospital care, a medical service, or an extended care serv-
22 ice authorized by the Secretary and pursuant to a con-
23 tract, agreement, or other arrangement with the Sec-
24 retary, a provider who is not a party to the contract,
25 agreement, or other arrangement furnishes hospital care,

1 a medical service, or an extended care service that the Sec-
2 retary considers necessary, the Secretary may compensate
3 the provider for the cost of such care or service.

4 “(b) NEW CONTRACTS AND AGREEMENTS.—The
5 Secretary shall take reasonable efforts to enter into a con-
6 tract, agreement, or other arrangement with a provider
7 described in subsection (a) to ensure that future care and
8 services authorized by the Secretary and furnished by the
9 provider are subject to such a contract, agreement, or
10 other arrangement.”.

11 (b) CLERICAL AMENDMENT.—The table of sections
12 at the beginning of such chapter is amended by inserting
13 after the item relating to section 8158 the following new
14 item:

“8159. Authority to pay for services authorized but not subject to an agree-
ment.”.

15 **SEC. 113. IMPROVEMENT OF AUTHORITY TO RECOVER THE**
16 **COST OF SERVICES FURNISHED FOR NON-**
17 **SERVICE-CONNECTED DISABILITIES.**

18 (a) BROADENING SCOPE OF APPLICABILITY.—Sec-
19 tion 1729 is amended—

20 (1) in subsection (a)—

21 (A) in paragraph (2)(A)—

22 (i) by striking “the veteran’s” and in-
23 serting “the individual’s”; and

1 (ii) by striking “the veteran” and in-
2 serting “the individual”; and

3 (B) in paragraph (3)—

4 (i) in the matter preceding subpara-
5 graph (A), by striking “the veteran” and
6 inserting “the individual”; and

7 (ii) in subparagraph (A), by striking
8 “the veteran’s” and inserting “the individ-
9 ual’s”;

10 (2) in subsection (b)—

11 (A) in paragraph (1)—

12 (i) by striking “the veteran” and in-
13 serting “the individual”; and

14 (ii) by striking “the veteran’s” and in-
15 serting “the individual’s”; and

16 (B) in paragraph (2)—

17 (i) in subparagraph (A)—

18 (I) by striking “the veteran” and
19 inserting “the individual”; and

20 (II) by striking “the veteran’s”
21 and inserting “the individual’s”; and

22 (ii) in subparagraph (B)—

23 (I) in clause (i), by striking “the
24 veteran” and inserting “the indi-
25 vidual”; and

1 (II) in clause (ii)—

2 (aa) by striking “the vet-
3 eran” and inserting “the indi-
4 vidual”; and

5 (bb) by striking “the vet-
6 eran’s” each place it appears and
7 inserting “the individual’s”;

8 (3) in subsection (e), by striking “A veteran”
9 and inserting “An individual”; and

10 (4) in subsection (h)—

11 (A) in paragraph (1)—

12 (i) in the matter preceding subpara-
13 graph (A), by striking “a veteran” and in-
14 serting “an individual”;

15 (ii) in subparagraph (A), by striking
16 “the veteran” and inserting “the indi-
17 vidual”; and

18 (iii) in subparagraph (B), by striking
19 “the veteran” and inserting “the indi-
20 vidual”; and

21 (B) in paragraph (2)—

22 (i) by striking “A veteran” and insert-
23 ing “An individual”;

24 (ii) by striking “a veteran” and in-
25 serting “an individual”; and

1 (iii) by striking “the veteran” and in-
2 serting “the individual”.

3 (b) MODIFICATION OF AUTHORITY.—Subsection
4 (a)(1) of such section is amended by striking “(1) Sub-
5 ject” and all that follows through the period and inserting
6 the following: “(1) Subject to the provisions of this sec-
7 tion, in any case in which the United States is required
8 by law to furnish or pay for care or services under this
9 chapter for a non-service-connected disability described in
10 paragraph (2) of this subsection, the United States has
11 the right to recover or collect from a third party the rea-
12 sonable charges of care or services so furnished or paid
13 for to the extent that the recipient or provider of the care
14 or services would be eligible to receive payment for such
15 care or services from such third party if the care or serv-
16 ices had not been furnished or paid for by a department
17 or agency of the United States.”; and

18 (c) MODIFICATION OF ELIGIBLE INDIVIDUALS.—
19 Subparagraph (D) of subsection (a)(2) of such section is
20 amended to read as follows:

21 “(D) that is incurred by an individual who is
22 entitled to care (or payment of the expenses of care)
23 under a health-plan contract.”.

1 **Subtitle C—Education and**
2 **Training Programs**

3 **SEC. 121. EDUCATION PROGRAM ON HEALTH CARE OP-**
4 **TIONS.**

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

9 (b) **ELEMENTS.**—The program under subsection (a)
10 shall—

11 (1) teach veterans about—

12 (A) eligibility criteria for care from the De-
13 partment set forth under sections 1703, as
14 amended by section 101 of this Act, and 1710
15 of title 38, United States Code;

16 (B) priority groups for enrollment in the
17 system of annual patient enrollment under sec-
18 tion 1705(a) of such title;

19 (C) the copayments and other financial ob-
20 ligations, if any, required of certain individuals
21 for certain services; and

22 (D) how to utilize the access guidelines
23 and standards for quality established under sec-
24 tions 1703B and 1703C of such title.

1 (2) teach veterans about the interaction be-
2 tween health insurance (including private insurance,
3 Medicare, Medicaid, the TRICARE program, the In-
4 dian Health Service, tribal health programs, and
5 other forms of insurance) and health care from the
6 Department; and

7 (3) provide veterans with information on what
8 to do when they have a complaint about health care
9 received from the Department (whether about the
10 provider, the Department, or any other type of com-
11 plaint).

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

15 (1) to veterans who may not have access to the
16 Internet; and

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

20 (d) ANNUAL EVALUATION AND REPORT.—

21 (1) EVALUATION.—The Secretary shall develop
22 a method to evaluate the effectiveness of the edu-
23 cation program under this section and evaluate the
24 program using the method not less frequently than
25 once each year.

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

6 (e) DEFINITIONS.—In this section:

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

10 (2) MEDICARE.—The term “Medicare” means
11 the Medicare program under title XVIII of such Act
12 (42 U.S.C. 1395 et seq.).

13 (3) TRICARE PROGRAM.—The term “TRICARE
14 program” has the meaning given that term in sec-
15 tion 1072 of title 10, United States Code.

16 **SEC. 122. TRAINING PROGRAM FOR ADMINISTRATION OF**
17 **NON-DEPARTMENT OF VETERANS AFFAIRS**
18 **HEALTH CARE.**

19 (a) ESTABLISHMENT OF PROGRAM.—The Secretary
20 of Veterans Affairs shall develop and implement a training
21 program to train employees and contractors of the Depart-
22 ment of Veterans Affairs on how to administer non-De-
23 partment health care programs, including the following:

24 (1) Reimbursement for non-Department emer-
25 gency room care.

1 (2) The Veterans Community Care Program
2 under section 1703 of such title, as amended by sec-
3 tion 101.

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

6 (b) ANNUAL EVALUATION AND REPORT.—The Sec-
7 retary shall—

8 (1) develop a method to evaluate the effective-
9 ness of the training program developed and imple-
10 mented under subsection (a);

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

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

17 **SEC. 123. CONTINUING MEDICAL EDUCATION FOR NON-DE-**
18 **PARTMENT MEDICAL PROFESSIONALS.**

19 (a) ESTABLISHMENT OF PROGRAM.—

20 (1) IN GENERAL.—The Secretary of Veterans
21 Affairs shall establish a program to provide con-
22 tinuing medical education material to non-Depart-
23 ment medical professionals.

1 (2) EDUCATION PROVIDED.—The program es-
2 tablished under paragraph (1) shall include edu-
3 cation on the following:

4 (A) Identifying and treating common men-
5 tal and physical conditions of veterans and fam-
6 ily members of veterans.

7 (B) The health care system of the Depart-
8 ment of Veterans Affairs.

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

11 (b) MATERIAL PROVIDED.—The continuing medical
12 education material provided to non-Department medical
13 professionals under the program established under sub-
14 section (a) shall be the same material provided to medical
15 professionals of the Department to ensure that all medical
16 professionals treating veterans have access to the same
17 materials, which supports core competencies throughout
18 the community.

19 (c) ADMINISTRATION OF PROGRAM.—

20 (1) IN GENERAL.—The Secretary shall admin-
21 ister the program established under subsection (a) to
22 participating non-Department medical professionals
23 through an Internet website of the Department of
24 Veterans Affairs.

1 (2) CURRICULUM AND CREDIT PROVIDED.—The
2 Secretary shall determine the curriculum of the pro-
3 gram and the number of hours of credit to provide
4 to participating non-Department medical profes-
5 sionals for continuing medical education.

6 (3) ACCREDITATION.—The Secretary shall en-
7 sure that the program is accredited in as many
8 States as practicable.

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

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

14 (B) Such medical credentialing organiza-
15 tions as the Secretary considers appropriate.

16 (5) USER COST.—The Secretary shall carry out
17 the program at no cost to participating non-Depart-
18 ment medical professionals.

19 (6) MONITORING, EVALUATION, AND REPORT.—
20 The Secretary shall monitor the utilization of the
21 program established under subsection (a), evaluate
22 its effectiveness, and report to Congress on utiliza-
23 tion and effectiveness not less frequently than once
24 each year.

1 (d) NON-DEPARTMENT MEDICAL PROFESSIONAL
2 DEFINED.—In this section, the term “non-Department
3 medical professional” means any individual who is licensed
4 by an appropriate medical authority in the United States
5 and is in good standing, is not an employee of the Depart-
6 ment of Veterans Affairs, and provides care to veterans
7 or family members of veterans under the laws adminis-
8 tered by the Secretary of Veterans Affairs.

9 **Subtitle D—Other Matters Relating**
10 **to Non-Department of Veterans**
11 **Affairs Providers**

12 **SEC. 131. IMPROVED MANAGEMENT OF OPIOID PRESCRIP-**
13 **TIONS BY NON-DEPARTMENT OF VETERANS**
14 **AFFAIRS HEALTH CARE PROVIDERS.**

15 (a) DISSEMINATION AND REVIEW OF GUIDELINES
16 CONCERNING OPIOIDS.—

17 (1) DISSEMINATION.—

18 (A) IN GENERAL.—The Secretary of Vet-
19 erans Affairs shall provide each non-Depart-
20 ment of Veterans Affairs health care provider
21 participating in the program established under
22 section 1703 of title 38, United States Code, as
23 amended by section 101(a), a copy of the evi-
24 dence-based guidelines outlined in the Opioid
25 Safety Initiative of the Department.

1 (B) INTERNET WEBSITES.—The Secretary
2 may carry out subparagraph (A) by using the
3 Department’s Academic Detailing Website and
4 the Pain Management Opioid Safety Internet
5 website, or any successor Internet websites.

6 (2) REVIEW AND CERTIFICATION.—Each pro-
7 vider described in paragraph (1)(A), as a condition
8 of participation in the program described in such
9 paragraph, shall—

10 (A) review the guidelines provided under
11 such paragraph; and

12 (B) submit to the Secretary a certification
13 that the provider has reviewed the guidelines—

14 (i) in the case of a provider who was
15 providing a health care service to a veteran
16 under such program as of the day before
17 the date of the enactment of this Act, not
18 later than 180 days after the date of the
19 enactment of this Act; or

20 (ii) in the case of a provider not de-
21 scribed in clause (i), before the provider
22 can be paid by the Secretary for providing
23 any health care service to a veteran under
24 the program.

1 (b) SUBMITTAL OF PRESCRIPTIONS BY NON-DEPART-
2 MENT HEALTH CARE PROVIDERS.—

3 (1) IN GENERAL.—The Secretary shall require,
4 to the maximum extent practicable, each non-De-
5 partment health care provider to submit prescrip-
6 tions for opioids—

7 (A) to the Department for prior authoriza-
8 tion for the prescribing of a limited amount of
9 opioids under contracts the Department has
10 with retail pharmacies; or

11 (B) directly to a pharmacy of the Depart-
12 ment for dispensing of the prescriptions.

13 (2) RULE OF CONSTRUCTION.—Nothing in
14 paragraph (1) shall be construed to limit the author-
15 ity of the Secretary to enter into separate contracts
16 for the provision of prescription medication.

17 (c) CRITERIA FOR PRESCRIBING AND DISPENSING
18 OPIOIDS BY NON-DEPARTMENT HEALTH CARE PRO-
19 VIDERS.—The Secretary shall provide guidelines for the
20 circumstances when a provider described in subsection
21 (a)(1)(A) may prescribe and dispense an opioid under the
22 program described in such subsection.

23 (d) PROCESS FOR RECORDING PRESCRIPTIONS
24 FILLED AT NON-DEPARTMENT PHARMACIES.—

1 (1) IN GENERAL.—Not later than 180 days
2 after the date of the enactment of this Act, the Sec-
3 retary shall establish a process for recording pre-
4 scriptions of opioids, and such other classes of drugs
5 as the Secretary considers appropriate, prescribed by
6 non-Department health care providers in the pa-
7 tient’s Department health record, including in cases
8 in which a prescription for an opioid is filled at a
9 non-Department pharmacy.

10 (2) TIMING.—The Secretary shall require non-
11 Department health care providers to submit pre-
12 scriptions described in paragraph (1) to the Depart-
13 ment for inclusion in the patient’s Department
14 health record not later than 7 days after prescribing
15 the drug.

16 (3) REMOVAL OR TERMINATION OF NON-COM-
17 PLIANT PROVIDERS.—With respect to a non-Depart-
18 ment health care provider, notwithstanding any
19 other provision of law or any contract between the
20 Department and the health care provider, the Sec-
21 retary may remove the health care provider from a
22 health care program or terminate an agreement be-
23 tween the Department and the health care provider
24 relating to the provision of health care to veterans
25 if the Secretary determines that the health care pro-

1 vider is not complying with the requirements of this
2 subsection.

3 (e) COMPTROLLER GENERAL REPORT.—Not later
4 than two years after the date of the enactment of this Act,
5 and not less frequently than once every two years there-
6 after for the following four years, the Comptroller General
7 of the United States shall submit to Congress a report
8 on the implementation by the Secretary of this section.

9 **SEC. 132. BENEFITS FOR PERSONS DISABLED BY TREAT-**
10 **MENT UNDER VETERANS COMMUNITY CARE**
11 **PROGRAM.**

12 (a) IN GENERAL.—Subsection (a) of section 1151 of
13 title 38, United States Code, is amended—

14 (1) by redesignating paragraph (2) as para-
15 graph (3);

16 (2) in paragraph (1)(B), by striking “or” at the
17 end; and

18 (3) by inserting after paragraph (1) the fol-
19 lowing new paragraph:

20 “(2) the disability or death was caused by hos-
21 pital care, medical or surgical treatment, or exam-
22 ination furnished the veteran under section 1703A
23 of this title by an eligible provider described in sub-
24 section (c) of such section and the proximate cause
25 of the disability or death was—

1 “(A) carelessness, negligence, lack of prop-
2 er skill, error in judgment, or similar instance
3 of fault on the part of the provider in fur-
4 nishing the hospital care, medical or surgical
5 treatment, or examination; or

6 “(B) an event not reasonably foreseeable;
7 or”.

8 (b) OFFSET.—Subsection (b) of such section is
9 amended—

10 (1) by redesignating paragraph (2) as para-
11 graph (3);

12 (2) in paragraph (1), by striking “in paragraph
13 (2)” and inserting “in paragraph (3)”;

14 (3) by inserting after paragraph (1) the fol-
15 lowing new paragraph (2):

16 “(2) Where an individual is awarded a judgment
17 against a non-Department provider of hospital care, a
18 medical service, or an extended care service under section
19 1703 of this title or enters into a settlement or com-
20 promise relating to a claim concerning a disability or
21 death described in subsection (a)(2) of this section, then
22 (except as otherwise provided in paragraph (3)) no bene-
23 fits shall be paid to such individual for any month begin-
24 ning after the date of such judgment, settlement, or com-
25 promise on account of such disability or death becomes

1 final until the aggregate amount of benefits which would
2 be paid but for this subsection equals the total amount
3 included in such judgment, settlement, or compromise.”;
4 and

5 (4) in paragraph (3), as redesignated by para-
6 graph (1), in the matter before subparagraph (A),
7 by inserting “or (2)” after “by paragraph (1)”.

8 **Subtitle E—Other Health Care**
9 **Matters**

10 **SEC. 141. PLANS FOR USE OF SUPPLEMENTAL APPROPRIA-**
11 **TIONS REQUIRED.**

12 Whenever the Secretary submits to Congress a re-
13 quest for supplemental appropriations or any other appro-
14 priation outside the standard budget process to address
15 a budgetary issue affecting the Department of Veterans
16 Affairs, the Secretary shall, not later than 45 days before
17 the date on which such budgetary issue would start affect-
18 ing a program or service, submit to Congress a justifica-
19 tion for the request, including a plan that details how the
20 Secretary intends to use the requested appropriation and
21 how long the requested appropriation is expected to meet
22 the needs of the Department and certification that the re-
23 quest was made using an updated and sound actuarial
24 analysis.

1 **SEC. 142. VETERANS CHOICE FUND FLEXIBILITY.**

2 Section 802 of the Veterans Access, Choice, and Ac-
3 countability Act of 2014 (Public Law 113–146; 38 U.S.C.
4 1701 note) is amended—

5 (1) in subsection (c)—

6 (A) in paragraph (1), by striking “by para-
7 graph (3)” and inserting “in paragraphs (3)
8 and (4)”; and

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

11 “(4) PERMANENT AUTHORITY FOR OTHER
12 USES.—Beginning in fiscal year 2019, amounts re-
13 maining in the Veterans Choice Fund may be used
14 to furnish hospital care, medical services, and ex-
15 tended care services to individuals pursuant to chap-
16 ter 17 of title 38, United States Code, at non-De-
17 partment facilities, including pursuant to non-De-
18 partment provider programs other than the program
19 established by section 101. Such amounts shall be
20 available in addition to amounts available in other
21 appropriations accounts for such purposes.”; and

22 (2) in subsection (d)(1), by striking “to sub-
23 section (c)(3)” and inserting “to paragraphs (3) and
24 (4) of subsection (c)”.

1 **SEC. 143. SUNSET OF VETERANS CHOICE PROGRAM.**

2 Subsection (p) of section 101 of the Veterans Access,
3 Choice, and Accountability Act of 2014 (Public Law 113–
4 146; 38 U.S.C. 1701 note) is amended to read as follows:

5 “(p) **AUTHORITY TO FURNISH CARE AND SERV-**
6 **ICES.**—The Secretary may not use the authority under
7 this section to furnish care and services after December
8 31, 2018.”.

9 **SEC. 144. CONFORMING AMENDMENTS.**

10 (a) **IN GENERAL.**—

11 (1) **TITLE 38.**—Title 38, United States Code, is
12 amended—

13 (A) in section 1712(a)—

14 (i) in paragraph (3), by striking
15 “under clause (1), (2), or (5) of section
16 1703(a) of this title” and inserting “or en-
17 tered an agreement”; and

18 (ii) in paragraph (4)(A), by striking
19 “under the provisions of this subsection
20 and section 1703 of this title”;

21 (B) in section 1712A(e)(1)—

22 (i) by inserting “or agreements” after
23 “contracts”; and

24 (ii) by striking “(under sections
25 1703(a)(2) and 1710(a)(1)(B) of this
26 title)”; and

1 (C) in section 2303(a)(2)(B)(i), by striking
2 “with section 1703” and inserting “with sec-
3 tions 1703A, 8111, and 8153”.

4 (2) SOCIAL SECURITY ACT.—Section
5 1866(a)(1)(L) of the Social Security Act (42 U.S.C.
6 1395cc(a)(1)(L)) is amended by striking “under sec-
7 tion 1703” and inserting “under chapter 17”.

8 (3) VETERANS’ BENEFITS IMPROVEMENTS ACT
9 OF 1994.—Section 104(a)(4)(A) of the Veterans’
10 Benefits Improvements Act of 1994 (Public Law
11 103–446; 38 U.S.C. 1117 note) is amended by strik-
12 ing “in section 1703” and inserting “in sections
13 1703A, 8111, and 8153”.

14 (b) EFFECTIVE DATE.—The amendments made by
15 subsection (a) shall take effect on the date described in
16 section 101(b)(2).

1 **TITLE II—IMPROVING DEPART-**
2 **MENT OF VETERANS AFFAIRS**
3 **HEALTH CARE DELIVERY**

4 **Subtitle A—Personnel Practices**

5 **SEC. 201. LICENSURE OF HEALTH CARE PROFESSIONALS**
6 **OF THE DEPARTMENT OF VETERANS AF-**
7 **FAIRS PROVIDING TREATMENT VIA TELE-**
8 **MEDICINE.**

9 (a) IN GENERAL.—Chapter 17 is amended by insert-
10 ing after section 1730A the following new section:

11 **“§ 1730B. Licensure of health care professionals pro-**
12 **viding treatment via telemedicine**

13 “(a) IN GENERAL.—Notwithstanding any provision
14 of law regarding the licensure of health care professionals,
15 a covered health care professional may practice the health
16 care profession of the health care professional at any loca-
17 tion in any State, regardless of where the covered health
18 care professional or the patient is located, if the covered
19 health care professional is using telemedicine to provide
20 treatment to an individual under this chapter.

21 “(b) COVERED HEALTH CARE PROFESSIONALS.—
22 For purposes of this section, a covered health care profes-
23 sional is any health care professional who—

1 “(1) is an employee of the Department ap-
2 pointed under the authority under section 7306,
3 7401, 7405, 7406, or 7408 of this title or title 5;

4 “(2) is authorized by the Secretary to provide
5 health care under this chapter;

6 “(3) is required to adhere to all standards of
7 quality relating to the provision of medicine in ac-
8 cordance with applicable policies of the Department;
9 and

10 “(4) has an active, current, full, and unre-
11 stricted license, registration, or certification in a
12 State to practice the health care profession of the
13 health care professional.

14 “(c) PROPERTY OF FEDERAL GOVERNMENT.—Sub-
15 section (a) shall apply to a covered health care professional
16 providing treatment to a patient regardless of whether the
17 covered health care professional or patient is located in
18 a facility owned by the Federal Government during such
19 treatment.

20 “(d) RELATION TO STATE LAW.—(1) The provisions
21 of this section shall supersede any provisions of the law
22 of any State to the extent that such provision of State
23 law are inconsistent with this section.

24 “(2) No State shall deny or revoke the license, reg-
25 istration, or certification of a covered health care profes-

1 sional who otherwise meets the qualifications of the State
2 for holding the license, registration, or certification on the
3 basis that the covered health care professional has en-
4 gaged or intends to engage in activity covered by sub-
5 section (a).

6 “(e) **RULE OF CONSTRUCTION.**—Nothing in this sec-
7 tion may be construed to remove, limit, or otherwise affect
8 any obligation of a covered health care professional under
9 the Controlled Substances Act (21 U.S.C. 801 et seq.).”.

10 (b) **CLERICAL AMENDMENT.**—The table of sections
11 at the beginning of chapter 17 of such title is amended
12 by inserting after the item relating to section 1730A the
13 following new item:

“1730B. Licensure of health care professionals providing treatment via telemedi-
cine.”.

14 (c) **REPORT ON TELEMEDICINE.**—

15 (1) **IN GENERAL.**—Not later than one year
16 after the earlier of the date on which services pro-
17 vided under section 1730B of title 38, United States
18 Code, as added by subsection (a), first occur or reg-
19 ulations are promulgated to carry out such section,
20 the Secretary of Veterans Affairs shall submit to the
21 Committee on Veterans’ Affairs of the Senate and
22 the Committee on Veterans’ Affairs of the House of
23 Representatives a report on the effectiveness of the

1 use of telemedicine by the Department of Veterans
2 Affairs.

3 (2) ELEMENTS.—The report required by para-
4 graph (1) shall include an assessment of the fol-
5 lowing:

6 (A) The satisfaction of veterans with tele-
7 medicine furnished by the Department.

8 (B) The satisfaction of health care pro-
9 viders in providing telemedicine furnished by
10 the Department.

11 (C) The effect of telemedicine furnished by
12 the Department on the following:

13 (i) The ability of veterans to access
14 health care, whether from the Department
15 or from non-Department health care pro-
16 viders.

17 (ii) The frequency of use by veterans
18 of telemedicine.

19 (iii) The productivity of health care
20 providers.

21 (iv) Wait times for an appointment
22 for the receipt of health care from the De-
23 partment.

1 (v) The use by veterans of in-person
2 services at Department facilities and non-
3 Department facilities.

4 (D) The types of appointments for the re-
5 ceipt of telemedicine furnished by the Depart-
6 ment that were provided during the one-year
7 period preceding the submittal of the report.

8 (E) The number of appointments for the
9 receipt of telemedicine furnished by the Depart-
10 ment that were requested during such period,
11 disaggregated by medical facility.

12 (F) Savings by the Department, if any, in-
13 cluding travel costs, from furnishing health care
14 through the use of telemedicine during such pe-
15 riod.

16 **SEC. 202. GRADUATE MEDICAL EDUCATION AND RESI-**
17 **DENCY.**

18 (a) INCREASE IN NUMBER OF GRADUATE MEDICAL
19 EDUCATION RESIDENCY POSITIONS.—

20 (1) IN GENERAL.—The Secretary of Veterans
21 Affairs shall increase the number of graduate med-
22 ical education residency positions at covered facilities
23 by up to 1,500 positions in the 10-year period begin-
24 ning on the date of the enactment of this Act.

1 (2) COVERED FACILITIES.—For purposes of
2 this section, a covered facility is any of the following:

3 (A) A facility of the Department of Vet-
4 erans Affairs.

5 (B) A facility operated by an Indian tribe
6 or a tribal organization, as those terms are de-
7 fined in section 4 of the Indian Self-Determina-
8 tion and Education Assistance Act (25 U.S.C.
9 5304).

10 (C) A facility operated by the Indian
11 Health Service.

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

15 (E) A community health center.

16 (F) A facility operated by the Department
17 of Defense.

18 (G) Such other health care facility as the
19 Secretary considers appropriate for purposes of
20 this section.

21 (3) STIPENDS AND BENEFITS.—The Secretary
22 may pay stipends and provide benefits for residents
23 in positions under paragraph (1), regardless of
24 whether they have been assigned in a Department
25 facility.

1 (4) PARAMETERS FOR LOCATION, AFFILIATE
2 SPONSOR, AND DURATION.—When determining char-
3 acteristics of residency positions under paragraph
4 (1), the Secretary shall consider the extent to which
5 there is a clinical need for providers, as determined
6 by the following:

7 (A) The ratio of veterans to health care
8 providers of the Department for a standardized
9 geographic area surrounding a facility, includ-
10 ing a separate ratio for general practitioners
11 and specialists.

12 (B) Whether the local community is medi-
13 cally underserved.

14 (C) Whether the facility is located in a
15 rural or remote area.

16 (D) Such other criteria as the Secretary
17 considers important in determining which facili-
18 ties are not adequately serving area veterans.

19 (5) PARAMETERS FOR TYPES OF SPECIAL-
20 TIES.—When determining the types of specialties to
21 be included in residency positions under paragraph
22 (1), the Secretary shall consider the following:

23 (A) The types of specialties that improve
24 the quality and coverage of medical services
25 provided to veterans.

1 (B) The range of clinical specialties cov-
2 ered by providers in standardized geographic
3 areas surrounding facilities.

4 (C) Whether the specialty is included in
5 the most recent staffing shortage determination
6 of the Department under section 7412 of title
7 38, United States Code.

8 (b) APPLICATION TO PARTICIPATE.—To participate
9 as a resident in one of the positions increased under sub-
10 section (a)(1), an individual shall submit to the Secretary
11 an application therefor together with an agreement de-
12 scribed in subsection (d) under which the participant
13 agrees to serve a period of obligated service in the Vet-
14 erans Health Administration as provided in the agreement
15 in return for payment of stipend and benefit support as
16 provided in the agreement.

17 (c) SELECTION.—

18 (1) IN GENERAL.—An individual becomes a
19 participant in a residency program under this sec-
20 tion upon the Secretary's approval of the individual's
21 application under subsection (b) and the Secretary's
22 acceptance of the agreement under subsection (d) (if
23 required).

24 (2) NOTICE.—Upon the Secretary's approval of
25 an individual's participation in the program under

1 paragraph (1), the Secretary shall promptly notify
2 the individual of that approval. Such notice shall be
3 in writing.

4 (d) AGREEMENT.—

5 (1) IN GENERAL.—An agreement between the
6 Secretary and a resident in a position under sub-
7 section (a)(1) shall be in writing and shall be signed
8 by the resident containing such terms as the Sec-
9 retary may specify.

10 (2) REQUIREMENTS.—The agreement must
11 specify the terms of the service obligation resulting
12 from participating as a resident under this section,
13 including by requiring a service obligation equal to
14 the number of years of stipend and benefit support.

15 (e) CONDITIONS OF EMPLOYMENT.—The Secretary
16 may prescribe the conditions of employment of persons ap-
17 pointed to positions under subsection (a)(1), including
18 necessary training, and the customary amount and terms
19 of pay for such positions during the period of such employ-
20 ment and training.

21 (f) OBLIGATED SERVICE.—

22 (1) IN GENERAL.—Each person appointed to a
23 position under subsection (a)(1) shall provide service
24 as a full-time employee of the Department for the
25 period of obligated service provided in the agreement

1 of the participant entered into under subsection (d).
2 Such service shall be provided in the full-time clin-
3 ical practice of such participant's profession or in
4 another health-care position in an assignment or lo-
5 cation determined by the Secretary.

6 (2) COMMENCEMENT DATE.—Not later than 60
7 days before the date on which a person commences
8 serving in a position under subsection (a)(1), the
9 Secretary shall notify the person of such date. Such
10 date shall be the first day of the person's period of
11 obligated service.

12 (g) BREACH OF AGREEMENT: LIABILITY.—

13 (1) PENALTY.—A person appointed under this
14 section to a position under subsection (a)(1) (other
15 than a person who is liable under paragraph (2))
16 who fails to accept payment, or instructs the edu-
17 cational institution in which the person is enrolled
18 not to accept payment, in whole or in part, for a
19 residency under the agreement entered into under
20 subsection (d) of this title shall be liable to the
21 United States for liquidated damages in the amount
22 of \$1,500. Such liability is in addition to any period
23 of obligated service or other obligation or liability
24 under the agreement.

25 (2) LIABILITY.—

1 (A) IN GENERAL.—A person appointed to
2 a position under subsection (a)(1) shall be liable
3 to the United States for the amount which has
4 been paid to or on behalf of the person under
5 the agreement if any of the following occurs:

6 (i) The person is dismissed from the
7 position for disciplinary reasons.

8 (ii) The person voluntarily terminates
9 the residency before the completion of such
10 course of training.

11 (iii) The person loses the person's li-
12 cense, registration, or certification to prac-
13 tice the person's health care profession in
14 a State.

15 (B) LIABILITY SUPPLANTS SERVICE OBLI-
16 GATION.—Liability under this paragraph is in
17 lieu of any service obligation arising under the
18 person's agreement under subsection (d).

19 (h) RECOVERY.—

20 (1) IN GENERAL.—If a person breaches the
21 persons's agreement under subsection (d) by failing
22 (for any reason) to complete such person's period of
23 obligated service, the United States shall be entitled
24 to recover from the person an amount equal to the
25 product of—

1 (A) three;

2 (B) the sum of—

3 (i) the amounts paid under this sec-
4 tion to or on behalf of the person; and

5 (ii) the interest on such amounts that
6 would be payable if at the time the
7 amounts were paid they were loans bearing
8 interest at the maximum legal prevailing
9 rate, as determined by the Treasurer of
10 the United States; and

11 (C) the quotient of—

12 (i) the difference between—

13 (I) the total number of months in
14 the person's period of obligated serv-
15 ice; and

16 (II) the number of months of
17 such period served by the person; and

18 (ii) the total number of months in the
19 person's period of obligated service.

20 (2) PERIOD OF RECOVERY.—Any amount which
21 the United States is entitled to recover under this
22 subsection shall be paid to the United States not
23 later than the date that is one year after the date
24 of the breach of the agreement.

25 (i) ANNUAL REPORT.—

1 (1) IN GENERAL.—Not later than one year
2 after the date of the enactment of this Act and not
3 less frequently than once each year thereafter, the
4 Secretary shall submit to the appropriate committees
5 of Congress a report on the implementation of this
6 section during the previous year.

7 (2) CONTENTS.—Each report submitted under
8 paragraph (1) shall include, for the period covered
9 by the report, the following:

10 (A) The number of positions described in
11 subsection (a) that were filled.

12 (B) The location of each such position.

13 (C) The academic affiliate associated with
14 each such position.

15 (D) A description of the challenges faced
16 in filling the positions described in subsection
17 (a) and the actions the Secretary has taken to
18 address such challenges.

19 (3) APPROPRIATE COMMITTEES OF CONGRESS
20 DEFINED.—In this subsection, the term “appro-
21 priate committees of Congress” means—

22 (A) the Committee on Veterans’ Affairs
23 and the Committee on Appropriations of the
24 Senate; and

1 (B) the Committee on Veterans' Affairs
2 and the Committee on Appropriations of the
3 House of Representatives.

4 **SEC. 203. PILOT PROGRAM TO ESTABLISH OR AFFILIATE**
5 **WITH GRADUATE MEDICAL RESIDENCY PRO-**
6 **GRAMS AT FACILITIES OPERATED BY INDIAN**
7 **TRIBES, TRIBAL ORGANIZATIONS, AND THE**
8 **INDIAN HEALTH SERVICE IN RURAL AREAS.**

9 (a) PILOT PROGRAM REQUIRED.—The Secretary of
10 Veterans Affairs, in consultation with the Director of the
11 Indian Health Service and such other persons as the Sec-
12 retary considers appropriate, shall carry out a pilot pro-
13 gram—

14 (1) to establish graduate medical education
15 residency training programs at covered facilities; or

16 (2) to affiliate with established programs de-
17 scribed in paragraph (1).

18 (b) COVERED FACILITIES.—For purposes of the pilot
19 program, a covered facility is any facility—

20 (1)(A) described in subparagraph (B) or (C) of
21 section 202(a)(2); or

22 (B) with an agreement with the Department de-
23 scribed in section 101(d)(1); and

24 (2) located in a rural or remote area.

25 (c) LOCATIONS.—

1 (1) IN GENERAL.—The Secretary shall carry
2 out the pilot program at not more than five covered
3 facilities that have been selected by the Secretary for
4 purposes of the pilot program.

5 (2) CRITERIA.—The Secretary shall establish
6 criteria for selecting covered facilities under para-
7 graph (1).

8 (d) DURATION.—The Secretary shall carry out the
9 pilot program during the eight-year period beginning on
10 the date that is 180 days after the date of the enactment
11 of this Act.

12 (e) REIMBURSEMENT OF COSTS.—The Secretary
13 shall reimburse each covered facility participating in the
14 pilot program for the following costs associated with the
15 pilot program:

16 (1) Curriculum development.

17 (2) Recruitment, training, supervision, and re-
18 tention of residents and faculty.

19 (3) Accreditation of programs of education
20 under the pilot program by the Accreditation Coun-
21 cil for Graduate Medical Education (ACGME) or the
22 American Osteopathic Association (AOA).

23 (4) The portion of faculty salaries attributable
24 to activities relating to carrying out the pilot pro-
25 gram.

1 (5) Payment for expenses relating to providing
2 medical education under the pilot program.

3 (6) Stipends and benefits.

4 (f) PERIOD OF OBLIGATED SERVICE.—

5 (1) IN GENERAL.—The Secretary shall enter
6 into an agreement with each individual who partici-
7 pates in the pilot program under which such indi-
8 vidual agrees to serve under the same terms as es-
9 tablished under section 202.

10 (2) LOAN REPAYMENT.—During the period of
11 obligated service of an individual under paragraph
12 (1), the individual—

13 (A) shall be deemed to be an eligible indi-
14 vidual under subsection (b) of section 108 of
15 the Indian Health Care Improvement Act (25
16 U.S.C. 1616a) for purposes of participation in
17 the Indian Health Service Loan Repayment
18 Program under such section during the portion
19 of such period that the individual serves at a
20 covered facility; and

21 (B) shall be deemed to be an eligible indi-
22 vidual under section 7682(a) of title 38, United
23 States Code, for purposes of participation in
24 the Department of Veterans Affairs Education
25 Debt Reduction Program under subchapter VII

1 of chapter 76 of such title during the portion
2 of such period that the individual serves at a fa-
3 cility of the Department.

4 (3) CONCURRENT SERVICE.—Any period of ob-
5 ligated service required of an individual under para-
6 graph (1) shall be served—

7 (A) with respect to service at a covered fa-
8 cility, concurrently with any period of obligated
9 service required of the individual by the Indian
10 Health Service; and

11 (B) with respect to service at a facility of
12 the Department of Veterans Affairs, concu-
13 rrently with any period of obligated service re-
14 quired of the individual by the Department.

15 (g) TREATMENT OF PARTICIPANTS.—A residency po-
16 sition into which a participant in the pilot program is
17 placed as part of the pilot program shall be considered
18 a position referred to in section 202(a)(1) for purposes
19 of the limitation on number of new positions authorized
20 under such section.

21 (h) REPORT.—Not later than three years before the
22 date on which the pilot program terminates, the Secretary
23 of Veterans Affairs shall submit to the Committee on Vet-
24 erans' Affairs of the Senate and the Committee on Vet-

1 erans' Affairs of the House of Representatives a report
2 on the feasibility and advisability of—

3 (1) expanding the pilot program to additional
4 locations; and

5 (2) making the pilot program or any aspect of
6 the pilot program permanent.

7 **SEC. 204. EXCEPTION ON LIMITATION ON AWARDS AND BO-**
8 **NUSES FOR RECRUITMENT, RELOCATION,**
9 **AND RETENTION.**

10 Section 705(a) of the Veterans Access, Choice, and
11 Accountability Act of 2014 (Public Law 113–146; 38
12 U.S.C. 703 note) is amended, in the matter preceding
13 paragraph (1), by inserting “other than recruitment, relo-
14 cation, or retention incentives,” after “title 38, United
15 States Code,”.

16 **SEC. 205. ANNUAL REPORT ON PERFORMANCE AWARDS**
17 **AND BONUSES AWARDED TO CERTAIN HIGH-**
18 **LEVEL EMPLOYEES OF THE DEPARTMENT.**

19 (a) IN GENERAL.—Chapter 7 is amended by adding
20 at the end the following new section:

21 **“§ 726. Annual report on performance awards and bo-**
22 **nuses awarded to certain high-level em-**
23 **ployees**

24 “(a) IN GENERAL.—Not later than 30 days after the
25 end of each fiscal year, the Secretary shall submit to the

1 appropriate committees of Congress a report that con-
2 tains, for the most recent fiscal year ending before the
3 submittal of the report, a description of the performance
4 awards and bonuses awarded to Regional Office Directors
5 of the Department, Directors of Medical Centers of the
6 Department, and Directors of Veterans Integrated Service
7 Networks.

8 “(b) ELEMENTS.—Each report submitted under sub-
9 section (a) shall include the following with respect to each
10 performance award or bonus awarded to an individual de-
11 scribed in such subsection:

12 “(1) The amount of each award or bonus.

13 “(2) The job title of the individual awarded the
14 award or bonus.

15 “(3) The location where the individual awarded
16 the award or bonus works.

17 “(c) APPROPRIATE COMMITTEES OF CONGRESS.—In
18 this section, the term ‘appropriate committees of Con-
19 gress’ means—

20 “(1) the Committee on Veterans’ Affairs and
21 the Committee on Appropriations of the Senate; and

22 “(2) the Committee on Veterans’ Affairs and
23 the Committee on Appropriations of the House of
24 Representatives.”.

1 (b) CLERICAL AMENDMENT.—The table of sections
2 at the beginning of chapter 7 is amended by inserting
3 after the item relating to section 725 the following new
4 item:

“726. Annual report on performance awards and bonuses awarded to certain
high-level employees.”.

5 **SEC. 206. MODIFICATION OF TREATMENT OF CERTIFIED**
6 **CLINICAL PERFUSIONISTS OF THE DEPART-**
7 **MENT.**

8 (a) APPOINTMENT.—Section 7401(1) is amended by
9 inserting “certified clinical perfusionists,” after “physician
10 assistants,”.

11 (b) INCREASES IN RATES OF BASIC PAY.—Section
12 7455(c)(1) is amended by inserting “certified clinical
13 perfusionists,” after “pharmacists,”.

14 **SEC. 207. AUTHORITY TO REGULATE ADDITIONAL PAY FOR**
15 **CERTAIN HEALTH CARE EMPLOYEES OF THE**
16 **DEPARTMENT.**

17 Section 7454 is amended by adding at the end the
18 following new subsection:

19 “(d) In this section, the term ‘compensation’ includes
20 all compensation earned by employees when performing
21 duties authorized by the Secretary or when the employee
22 is approved to use annual, sick, family medical, military,
23 or court leave or during any other paid absence for which
24 pay is not already regulated.”.

1 **SEC. 208. MODIFICATION OF PAY CAP FOR NURSES.**

2 Paragraph (2) of section 7451(c) is amended to read
3 as follows:

4 “(2)(A) The maximum rate of basic pay for any
5 grade for health-care personnel positions referred to in
6 paragraphs (1) and (3) of section 7401 of this title (other
7 than the positions of physician, dentist, and registered
8 nurse) may not exceed the rate of basic pay established
9 for positions in level IV of the Executive Schedule under
10 section 5315 of title 5.

11 “(B) Pursuant to an adjustment under subsection
12 (d), the maximum rate of basic pay for a registered nurse
13 serving as a nurse executive or a grade for the position
14 of certified registered nurse anesthetist may exceed the
15 rate of basic pay established for positions in level IV of
16 the Executive Schedule under section 5315 of title 5 but
17 may not exceed the rate of basic pay established for posi-
18 tions in level I of the Executive Schedule under section
19 5312 of title 5.

20 “(C) Pursuant to an adjustment under subsection
21 (d), the maximum rate of basic pay for all registered
22 nurses not described in subparagraph (B) may exceed the
23 rate of basic pay established for positions in level IV of
24 the Executive Schedule under section 5315 of title 5 but
25 may not exceed the rate of basic pay established for posi-

1 tions in level III of the Executive Schedule under section
2 5314 of title 5.”.

3 **SEC. 209. REIMBURSEMENT OF CONTINUING PROFES-**
4 **SIONAL EDUCATION REQUIREMENTS FOR**
5 **BOARD CERTIFIED ADVANCED PRACTICE**
6 **REGISTERED NURSES.**

7 (a) IN GENERAL.—Section 7411 is amended to read
8 as follows:

9 **“§ 7411. Reimbursement of continuing professional**
10 **education expenses**

11 “The Secretary shall reimburse any full-time board-
12 certified advanced practice registered nurse, physician, or
13 dentist appointed under section 7401(1) of this title for
14 expenses incurred, up to \$1,000 per year, for continuing
15 professional education.”.

16 (b) CLERICAL AMENDMENT.—The table of sections
17 at the beginning of chapter 74 is amended by striking the
18 item relating to section 7411 and inserting the following
19 new item:

“7411. Reimbursement of continuing professional education expenses.”.

20 **SEC. 210. PROGRAM ON ESTABLISHMENT OF PEER SPE-**
21 **CIALISTS IN PATIENT ALIGNED CARE TEAM**
22 **SETTINGS WITHIN MEDICAL CENTERS OF DE-**
23 **PARTMENT OF VETERANS AFFAIRS.**

24 (a) PROGRAM REQUIRED.—The Secretary of Vet-
25 erans Affairs shall carry out a program to establish not

1 fewer than two peer specialists in patient aligned care
2 teams at medical centers of the Department of Veterans
3 Affairs to promote the use and integration of services for
4 mental health, substance use disorder, and behavior health
5 in a primary care setting.

6 (b) TIMEFRAME FOR ESTABLISHMENT OF PRO-
7 GRAM.—The Secretary shall carry out the program at
8 medical centers of the Department as follows:

9 (1) Not later than December 31, 2017, at not
10 fewer than 25 medical centers of the Department.

11 (2) Not later than December 31, 2018, at not
12 fewer than 50 medical centers of the Department.

13 (c) SELECTION OF LOCATIONS.—

14 (1) IN GENERAL.—The Secretary shall select
15 medical centers for the program as follows:

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

19 (B) Not fewer than ten shall be medical
20 centers of the Department that are not des-
21 ignated by the Secretary as polytrauma centers.

22 (2) CONSIDERATIONS.—In selecting medical
23 centers for the program under paragraph (1), the
24 Secretary shall consider the feasibility and advis-

1 ability of selecting medical centers in the following
2 areas:

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

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

7 (C) Areas representing different geo-
8 graphic locations, such as census tracts estab-
9 lished by the Bureau of the Census.

10 (d) GENDER-SPECIFIC SERVICES.—In carrying out
11 the program at each location selected under subsection (c),
12 the Secretary shall ensure that—

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

15 (2) female peer specialists are made available to
16 female veterans who are treated at each location.

17 (e) ENGAGEMENT WITH COMMUNITY PROVIDERS.—
18 At each location selected under subsection (c), the Sec-
19 retary shall consider ways in which peer specialists can
20 conduct outreach to health care providers in the commu-
21 nity who are known to be serving veterans to engage with
22 those providers and veterans served by those providers.

23 (f) REPORTS.—

24 (1) PERIODIC REPORTS.—

1 (A) IN GENERAL.—Not later than 180
2 days after the date of the enactment of this
3 Act, and not less frequently than once every
4 180 days thereafter until the Secretary deter-
5 mines that the program is being carried out at
6 the last location to be selected under subsection
7 (c), the Secretary shall submit to Congress a
8 report on the program.

9 (B) ELEMENTS.—Each report required by
10 subparagraph (A) shall, with respect to the
11 180-day period preceding the submittal of the
12 report, include the following:

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

15 (ii) An assessment of the benefits of
16 the program to veterans and family mem-
17 bers of veterans.

18 (iii) An assessment of the effective-
19 ness of peer specialists in engaging under
20 subsection (e) with health care providers in
21 the community and veterans served by
22 those providers.

23 (2) FINAL REPORT.—Not later than 180 days
24 after the Secretary determines that the program is
25 being carried out at the last location to be selected

1 under subsection (c), the Secretary shall submit to
2 Congress a report detailing the recommendations of
3 the Secretary as to the feasibility and advisability of
4 expanding the program to additional locations.

5 **SEC. 211. AMENDING STATUTORY REQUIREMENTS FOR THE**
6 **POSITION OF THE CHIEF OFFICER OF THE**
7 **READJUSTMENT COUNSELING SERVICE.**

8 Section 7309(b)(2) is amended—

9 (1) in subparagraph (B), by striking “in the
10 Readjustment Counseling Service”; and

11 (2) in subparagraph (C), by striking “in the
12 Readjustment Counseling Service”.

13 **SEC. 212. TECHNICAL AMENDMENT TO APPOINTMENT AND**
14 **COMPENSATION SYSTEM FOR DIRECTORS OF**
15 **MEDICAL CENTERS AND DIRECTORS OF VET-**
16 **ERANS INTEGRATED SERVICE NETWORKS.**

17 Section 7404(d) is amended by striking “Except”
18 and inserting “Except for positions described in section
19 7401(4) of this title and except”.

1 **Subtitle B—Improvement of Under-**
2 **served Facilities of the Depart-**
3 **ment**

4 **SEC. 221. DEVELOPMENT OF CRITERIA FOR DESIGNATION**
5 **OF CERTAIN MEDICAL FACILITIES OF THE**
6 **DEPARTMENT OF VETERANS AFFAIRS AS UN-**
7 **DERSERVED FACILITIES AND PLAN TO AD-**
8 **DRESS PROBLEM OF UNDERSERVED FACILI-**
9 **TIES.**

10 (a) IN GENERAL.—Not later than 180 days after the
11 date of the enactment of this Act, the Secretary of Vet-
12 erans Affairs shall develop criteria to designate medical
13 centers, ambulatory care facilities, and community based
14 outpatient clinics of the Department of Veterans Affairs
15 as underserved facilities.

16 (b) CONSIDERATION.—Criteria developed under sub-
17 section (a) shall include consideration of the following with
18 respect to a facility:

19 (1) The ratio of veterans to health care pro-
20 viders of the Department of Veterans Affairs for a
21 standardized geographic area surrounding the facil-
22 ity, including a separate ratio for general practi-
23 tioners and specialists.

24 (2) The range of clinical specialties covered by
25 such providers in such area.

1 (3) Whether the local community is medically
2 underserved.

3 (4) The type, number, and age of open consults.

4 (5) Whether the facility is meeting the wait-
5 time goals of the Department.

6 (6) Such other criteria as the Secretary con-
7 siders important in determining which facilities are
8 not adequately serving area veterans.

9 (c) ANALYSIS OF FACILITIES.—Not less frequently
10 than annually, directors of Veterans Integrated Service
11 Networks of the Department shall perform an analysis to
12 determine which facilities within that Veterans Integrated
13 Service Network qualify as underserved facilities pursuant
14 to criteria developed under subsection (a).

15 (d) ANNUAL PLAN TO ADDRESS UNDERSERVED FA-
16 CILITIES.—

17 (1) PLAN REQUIRED.—Not later than one year
18 after the date of the enactment of this Act and not
19 less frequently than once each year, the Secretary
20 shall submit to Congress a plan to address the prob-
21 lem of underserved facilities of the Department, as
22 designated pursuant to criteria developed under sub-
23 section (a).

24 (2) CONTENTS.—Each plan submitted under
25 paragraph (1) shall address the following:

1 (A) Increasing personnel or temporary per-
2 sonnel assistance, including mobile deployment
3 teams furnished under section 223.

4 (B) Providing special hiring incentives, in-
5 cluding under the Education Debt Reduction
6 Program under subchapter VII of chapter 76 of
7 title 38, United States Code, and recruitment,
8 relocation, and retention incentives.

9 (C) Using direct hiring authority.

10 (D) Improving training opportunities for
11 staff.

12 (E) Such other actions as the Secretary
13 considers appropriate.

14 **SEC. 222. PILOT PROGRAM ON TUITION REIMBURSEMENT**
15 **AND LOAN REPAYMENT FOR HEALTH CARE**
16 **PROVIDERS OF THE DEPARTMENT OF VET-**
17 **ERANS AFFAIRS AT UNDERSERVED FACILI-**
18 **TIES.**

19 (a) IN GENERAL.—Not later than 90 days after the
20 date of the enactment of this Act, the Secretary of Vet-
21 erans Affairs shall commence a pilot program to assess
22 the feasibility and advisability of providing incentives to
23 individuals to work at underserved facilities of the Vet-
24 erans Health Administration by providing tuition reim-
25 bursement and loan repayment to medical students and

1 health care providers who commit to serving in under-
2 served facilities selected under subsection (c).

3 (b) DURATION.—The Secretary shall carry out the
4 pilot program during the six-year period beginning on the
5 date of the commencement of the pilot program.

6 (c) SELECTION OF LOCATIONS.—

7 (1) IN GENERAL.—The Secretary shall select
8 not fewer than three medical centers and seven am-
9 bulatory care facilities or community based out-
10 patient clinics of the Department to participate in
11 the pilot program.

12 (2) RURAL AND HIGHLY RURAL AREAS.—Not
13 fewer than two of the medical centers and five of the
14 ambulatory care facilities or community based out-
15 patient clinics selected under paragraph (1) shall be
16 in States or United States territories that are among
17 the ten States or United States territories with—

18 (A) the highest percentage of land des-
19 ignated as highly rural pursuant to the rural-
20 urban commuting area codes set forth by the
21 Department of Agriculture; or

22 (B) the highest percentage of enrolled vet-
23 erans living in rural, highly rural, or insular is-
24 land areas.

1 (3) STATES.—Facilities selected under para-
2 graph (1) shall be located in not fewer than eight
3 different States.

4 (d) USE OF AMOUNTS.—Of the amounts used to pro-
5 vide tuition reimbursement or loan repayment under the
6 pilot program—

7 (1) one-half shall be used to provide tuition re-
8 imbursement or loan repayment for individuals prac-
9 ticing in a general practice position; and

10 (2) one-half shall be used to provide tuition re-
11 imbursement or loan repayment for individuals prac-
12 ticing—

13 (A) in a specialist position; or

14 (B) in an occupation, other than a position
15 described in paragraph (1), included in the
16 most recent staffing shortage determination of
17 the Department under section 7412 of title 38,
18 United States Code.

19 (e) TUITION REIMBURSEMENT.—Under the pilot pro-
20 gram, the Secretary may provide to an individual attend-
21 ing medical school and seeking a degree as a Doctor of
22 Medicine or a Doctor of Osteopathic Medicine full tuition
23 reimbursement in exchange for a five-year commitment to
24 serve at an underserved facility selected under subsection
25 (c).

1 (f) STUDENT LOAN REPAYMENT.—Under the pilot
2 program, in exchange for a three-year commitment to
3 serve at an underserved facility selected under subsection
4 (c), the Secretary may provide—

5 (1) to an individual currently serving as a
6 health care provider at an underserved facility, an
7 amount not to exceed \$30,000 to apply to any re-
8 maining student loan debt of the individual; and

9 (2) to an individual other than an individual de-
10 scribed in paragraph (1), an amount not to exceed
11 \$50,000 to apply to any remaining student loan debt
12 of the individual.

13 (g) BREACH.—An individual who participates in the
14 pilot program and fails to satisfy a period of obligated
15 service under subsection (d) or (e) shall be liable to the
16 United States, in lieu of such obligated service, for the
17 amount that has been paid or is payable to or on behalf
18 of the individual under the pilot program, reduced by the
19 proportion that the number of days served for completion
20 of the period of obligated service bears to the total number
21 of days in the period of obligated service of such indi-
22 vidual.

23 (h) EXPEDITED HIRING.—The Secretary shall ensure
24 that the hiring of individuals to serve in the Department

1 under the pilot program is conducted in an expedited man-
2 ner.

3 (i) CONTINUATION IN PILOT PROGRAM.—An indi-
4 vidual participating in the pilot program in an occupation
5 included in a staffing shortage determination of the De-
6 partment under section 7412 of title 38, United States
7 Code, may continue participating in the pilot program not-
8 withstanding that the occupation is no longer included in
9 such determination under such section.

10 (j) ANNUAL REPORT.—

11 (1) IN GENERAL.—Not later than one year
12 after the date of the enactment of this Act and not
13 less frequently than once each year thereafter, the
14 Secretary shall submit to Congress a report on the
15 pilot program.

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

18 (A) The number of participants, including
19 number receiving tuition reimbursement and
20 student loan repayment.

21 (B) The number of facilities where partici-
22 pants are located.

23 (C) The number of individuals who have
24 applied to participate in the pilot program.

1 (D) A list of the five most common occupa-
2 tions of the participants in the pilot program,
3 other than general practice.

4 (k) DEFINITIONS.—In this section:

5 (1) ENROLLED VETERAN.—The term “enrolled
6 veteran” means a veteran who is enrolled in the sys-
7 tem of annual patient enrollment established and op-
8 erated under section 1705(a) of title 38, United
9 States Code.

10 (2) UNDERSERVED FACILITY.—The term “un-
11 derserved facility” means a medical center, ambula-
12 tory care facility, or community based outpatient
13 clinic of the Department of Veterans Affairs des-
14 ignated by the Secretary of Veterans Affairs pursu-
15 ant to criteria developed under section 221.

16 **SEC. 223. PROGRAM TO FURNISH MOBILE DEPLOYMENT**
17 **TEAMS TO UNDERSERVED FACILITIES.**

18 (a) IN GENERAL.—The Secretary of Veterans Affairs
19 shall establish a program to furnish mobile deployment
20 teams of medical personnel to underserved facilities.

21 (b) ELEMENTS.—In furnishing mobile deployment
22 teams under subsection (a), the Secretary shall consider
23 the following elements:

24 (1) The medical positions of greatest need at
25 underserved facilities.

1 (b) REPORT.—Not later than one year after the date
2 of the enactment of this Act, the Secretary shall submit
3 to the Committee on Veterans' Affairs of the Senate and
4 the Committee on Veterans' Affairs of the House of Rep-
5 resentatives a report on the number of participants in the
6 education debt reduction program of the Department
7 under such subchapter who work at Vet Centers.

8 (c) VET CENTER DEFINED.—In this section, the
9 term “Vet Center” has the meaning given that term in
10 section 1712A(h) of title 38, United States Code.

11 **Subtitle C—Construction and** 12 **Leases**

13 **SEC. 231. DEFINITION OF MAJOR MEDICAL FACILITY** 14 **PROJECT AND MAJOR MEDICAL FACILITY** 15 **LEASE.**

16 (a) MODIFICATION OF DEFINITION OF MEDICAL FA-
17 CILITY.—Section 8101(3) is amended by striking “Sec-
18 retary” and all that follows through “nursing home,” and
19 inserting “Secretary, or as otherwise authorized by law,
20 for the provision of health-care services (including hos-
21 pital, outpatient clinic, nursing home,”.

22 (b) MODIFICATION OF DEFINITIONS OF MAJOR MED-
23 ICAL FACILITY PROJECT AND MAJOR MEDICAL FACILITY
24 LEASE.—Paragraph (3) of section 8104(a) is amended to
25 read as follows:

1 “(3) For purposes of this subsection:

2 “(A) The term ‘major medical facility project’
3 means a project for the construction, alteration, or
4 acquisition of a medical facility involving a total ex-
5 penditure of more than \$20,000,000, but such term
6 does not include an acquisition by exchange, non-re-
7 curring maintenance projects of the Department, or
8 the construction, alteration, or acquisition of a
9 shared Federal medical facility for which the De-
10 partment’s estimated share of the project costs does
11 not exceed \$20,000,000.

12 “(B) The term ‘major medical facility lease’
13 means a lease for space for use as a new medical fa-
14 cility at an average annual rental equal to or greater
15 than the dollar threshold for leases procured through
16 the General Services Administration under section
17 3307(a)(2) of title 40, which shall be subject to an-
18 nual adjustment in accordance with section 3307(h)
19 of such title.”.

20 **SEC. 232. REVIEW OF ENHANCED USE LEASES.**

21 Section 8162(b)(6) is amended to read as follows:

22 “(6) The Office of Management and Budget shall re-
23 view each enhanced-use lease before the lease goes into
24 effect to determine whether the lease is in compliance with
25 paragraph (5).”.

1 **SEC. 233. AUTHORIZATION OF CERTAIN MAJOR MEDICAL**
2 **FACILITY PROJECTS OF THE DEPARTMENT**
3 **OF VETERANS AFFAIRS.**

4 (a) AUTHORIZATION.—The Secretary of Veterans Af-
5 fairs may carry out the following major medical facility
6 project, to be carried out in an amount not to exceed the
7 amount specified for that project: Construction of the new
8 East Bay Community Based Outpatient Clinic and all as-
9 sociated site work, utilities, parking, and landscaping, con-
10 struction of the Central Valley Engineering and Logistics
11 support facility, and enhanced flood plain mitigation at the
12 Central Valley and East Bay Community Based Out-
13 patient Clinics as part of the realignment of medical facili-
14 ties in Livermore, California, in an amount not to exceed
15 \$117,300,000.

16 (b) AUTHORIZATION OF APPROPRIATIONS FOR CON-
17 STRUCTION.—There is authorized to be appropriated to
18 the Secretary of Veterans Affairs for fiscal year 2018 or
19 the year in which funds are appropriated for the Construc-
20 tion, Major Projects account, \$117,300,000 for the project
21 authorized in subsection (a).

22 (c) SUBMITTAL OF INFORMATION.—Not later than
23 90 days after the date of the enactment of this Act, for
24 the project authorized in section (a), the Secretary of Vet-
25 erans Affairs shall submit to the Committee on Veterans'
26 Affairs of the Senate and the Committee on Veterans' Af-

1 fairs of the House of Representatives the following infor-
2 mation:

3 (1) A line item accounting of expenditures re-
4 lating to construction management carried out by
5 the Department of Veterans Affairs for such project.

6 (2) The future amounts that are budgeted to be
7 obligated for construction management carried out
8 by the Department for such project.

9 (3) A justification for the expenditures de-
10 scribed in paragraph (1) and the future amounts de-
11 scribed in paragraph (2).

12 (4) Any agreement entered into by the Sec-
13 retary regarding a non-Department of Veterans Af-
14 fairs Federal entity providing management services
15 relating to such project, including reimbursement
16 agreements and the costs to the Department for
17 such services.

18 **TITLE III—FAMILY CAREGIVERS**

19 **SEC. 301. EXPANSION OF FAMILY CAREGIVER PROGRAM OF** 20 **DEPARTMENT OF VETERANS AFFAIRS.**

21 (a) FAMILY CAREGIVER PROGRAM.—

22 (1) EXPANSION OF ELIGIBILITY.—

23 (A) IN GENERAL.—Subparagraph (B) of
24 subsection (a)(2) of section 1720G is amended
25 to read as follows:

1 “(B) for assistance provided under this sub-
2 section—

3 “(i) before the date on which the Secretary
4 submits to Congress a certification that the De-
5 partment has fully implemented the information
6 technology system required by section 302(a) of
7 the Caring for our Veterans Act of 2017, has
8 a serious injury (including traumatic brain in-
9 jury, psychological trauma, or other mental dis-
10 order) incurred or aggravated in the line of
11 duty in the active military, naval, or air service
12 on or after September 11, 2001;

13 “(ii) during the two-year period beginning
14 on the date on which the Secretary submitted
15 to Congress the certification described in clause
16 (i), has a serious injury (including traumatic
17 brain injury, psychological trauma, or other
18 mental disorder) incurred or aggravated in the
19 line of duty in the active military, naval, or air
20 service—

21 “(I) on or before May 7, 1975; or

22 “(II) on or after September 11, 2001;

23 or

24 “(iii) after the date that is two years after
25 the date on which the Secretary submits to

1 Congress the certification described in clause
2 (i), has a serious injury (including traumatic
3 brain injury, psychological trauma, or other
4 mental disorder) incurred or aggravated in the
5 line of duty in the active military, naval, or air
6 service; and”.

7 (B) PUBLICATION IN FEDERAL REG-
8 ISTER.—Not later than 30 days after the date
9 on which the Secretary of Veterans Affairs sub-
10 mits to Congress the certification described in
11 subsection (a)(2)(B)(i) of section 1720G of
12 such title, as amended by subparagraph (A) of
13 this paragraph, the Secretary shall publish the
14 date specified in such subsection in the Federal
15 Register.

16 (2) EXPANSION OF NEEDED SERVICES IN ELI-
17 GIBILITY CRITERIA.—Subsection (a)(2)(C) of such
18 section is amended—

19 (A) in clause (ii), by striking “; or” and in-
20 serting a semicolon;

21 (B) by redesignating clause (iii) as clause
22 (iv); and

23 (C) by inserting after clause (ii) the fol-
24 lowing new clause (iii):

1 “(iii) a need for regular or extensive in-
2 struction or supervision without which the abil-
3 ity of the veteran to function in daily life would
4 be seriously impaired; or”.

5 (3) EXPANSION OF SERVICES PROVIDED.—Sub-
6 section (a)(3)(A)(ii) of such section is amended—

7 (A) in subclause (IV), by striking “; and”
8 and inserting a semicolon;

9 (B) in subclause (V), by striking the period
10 at the end and inserting “; and”; and

11 (C) by adding at the end the following new
12 subclause:

13 “(VI) through the use of contracts with, or
14 the provision of grants to, public or private en-
15 tities—

16 “(aa) financial planning services relat-
17 ing to the needs of injured veterans and
18 their caregivers; and

19 “(bb) legal services, including legal
20 advice and consultation, relating to the
21 needs of injured veterans and their care-
22 givers.”.

23 (4) MODIFICATION OF STIPEND CALCULA-
24 TION.—Subsection (a)(3)(C) of such section is
25 amended—

1 (A) by redesignating clause (iii) as clause
2 (iv); and

3 (B) by inserting after clause (ii) the fol-
4 lowing new clause (iii):

5 “(iii) In determining the amount and degree of per-
6 sonal care services provided under clause (i) with respect
7 to an eligible veteran whose need for personal care services
8 is based in whole or in part on a need for supervision or
9 protection under paragraph (2)(C)(ii) or regular instruc-
10 tion or supervision under paragraph (2)(C)(iii), the Sec-
11 retary shall take into account the following:

12 “(I) The assessment by the family caregiver of
13 the needs and limitations of the veteran.

14 “(II) The extent to which the veteran can func-
15 tion safely and independently in the absence of such
16 supervision, protection, or instruction.

17 “(III) The amount of time required for the
18 family caregiver to provide such supervision, protec-
19 tion, or instruction to the veteran.”.

20 (5) PERIODIC EVALUATION OF NEED FOR CER-
21 TAIN SERVICES.—Subsection (a)(3) of such section
22 is amended by adding at the end the following new
23 subparagraph:

24 “(D) In providing instruction, preparation, and train-
25 ing under subparagraph (A)(i)(I) and technical support

1 under subparagraph (A)(i)(II) to each family caregiver
2 who is approved as a provider of personal care services
3 for an eligible veteran under paragraph (6), the Secretary
4 shall periodically evaluate the needs of the eligible veteran
5 and the skills of the family caregiver of such veteran to
6 determine if additional instruction, preparation, training,
7 or technical support under those subparagraphs is nec-
8 essary.”.

9 (6) USE OF PRIMARY CARE TEAMS.—Subsection
10 (a)(5) of such section is amended, in the matter pre-
11 ceding subparagraph (A), by inserting “(in collabo-
12 ration with the primary care team for the eligible
13 veteran to the maximum extent practicable)” after
14 “evaluate”.

15 (7) ASSISTANCE FOR FAMILY CAREGIVERS.—
16 Subsection (a) of such section is amended by adding
17 at the end the following new paragraph:

18 “(11)(A) In providing assistance under this sub-
19 section to family caregivers of eligible veterans, the Sec-
20 retary may enter into contracts, provider agreements, and
21 memoranda of understanding with Federal agencies,
22 States, and private, nonprofit, and other entities to pro-
23 vide such assistance to such family caregivers.

24 “(B) The Secretary may provide assistance under
25 this paragraph only if such assistance is reasonably acces-

1 sible to the family caregiver and is substantially equivalent
2 or better in quality to similar services provided by the De-
3 partment.

4 “(C) The Secretary may provide fair compensation
5 to Federal agencies, States, and other entities that provide
6 assistance under this paragraph.”.

7 (b) MODIFICATION OF DEFINITION OF PERSONAL
8 CARE SERVICES.—Subsection (d)(4) of such section is
9 amended—

10 (1) in subparagraph (A), by striking “inde-
11 pendent”;

12 (2) by redesignating subparagraph (B) as sub-
13 paragraph (D); and

14 (3) by inserting after subparagraph (A) the fol-
15 lowing new subparagraphs:

16 “(B) Supervision or protection based on
17 symptoms or residuals of neurological or other
18 impairment or injury.

19 “(C) Regular or extensive instruction or
20 supervision without which the ability of the vet-
21 eran to function in daily life would be seriously
22 impaired.”.

1 **SEC. 302. IMPLEMENTATION OF INFORMATION TECH-**
2 **NOLOGY SYSTEM OF DEPARTMENT OF VET-**
3 **ERANS AFFAIRS TO ASSESS AND IMPROVE**
4 **THE FAMILY CAREGIVER PROGRAM.**

5 (a) IMPLEMENTATION OF NEW SYSTEM.—

6 (1) IN GENERAL.—Not later than June 1,
7 2018, the Secretary of Veterans Affairs shall imple-
8 ment an information technology system that fully
9 supports the Program and allows for data assess-
10 ment and comprehensive monitoring of the Program.

11 (2) ELEMENTS OF SYSTEM.—The information
12 technology system required to be implemented under
13 paragraph (1) shall include the following:

14 (A) The ability to easily retrieve data that
15 will allow all aspects of the Program (at the
16 medical center and aggregate levels) and the
17 workload trends for the Program to be assessed
18 and comprehensively monitored.

19 (B) The ability to manage data with re-
20 spect to a number of caregivers that is more
21 than the number of caregivers that the Sec-
22 retary expects to apply for the Program.

23 (C) The ability to integrate the system
24 with other relevant information technology sys-
25 tems of the Veterans Health Administration.

1 (b) ASSESSMENT OF PROGRAM.—Not later than 180
2 days after implementing the system described in sub-
3 section (a), the Secretary shall, through the Under Sec-
4 retary for Health, use data from the system and other rel-
5 evant data to conduct an assessment of how key aspects
6 of the Program are structured and carried out.

7 (c) ONGOING MONITORING OF AND MODIFICATIONS
8 TO PROGRAM.—

9 (1) MONITORING.—The Secretary shall use the
10 system implemented under subsection (a) to monitor
11 and assess the workload of the Program, including
12 monitoring and assessment of data on—

13 (A) the status of applications, appeals, and
14 home visits in connection with the Program;
15 and

16 (B) the use by caregivers participating in
17 the Program of other support services under
18 the Program such as respite care.

19 (2) MODIFICATIONS.—Based on the monitoring
20 and assessment conducted under paragraph (1), the
21 Secretary shall identify and implement such modi-
22 fications to the Program as the Secretary considers
23 necessary to ensure the Program is functioning as
24 intended and providing veterans and caregivers par-

1 ticipating in the Program with services in a timely
2 manner.

3 (d) REPORTS.—

4 (1) INITIAL REPORT.—

5 (A) IN GENERAL.—Not later than 90 days
6 after the date of the enactment of this Act, the
7 Secretary shall submit to the Committee on
8 Veterans' Affairs of the Senate, the Committee
9 on Veterans' Affairs of the House of Represent-
10 atives, and the Comptroller General of the
11 United States a report that includes—

12 (i) the status of the planning, develop-
13 ment, and deployment of the system re-
14 quired to be implemented under subsection
15 (a), including any changes in the timeline
16 for the implementation of the system; and

17 (ii) an assessment of the needs of
18 family caregivers of veterans described in
19 subparagraph (B), the resources needed
20 for the inclusion of such family caregivers
21 in the Program, and such changes to the
22 Program as the Secretary considers nec-
23 essary to ensure the successful expansion
24 of the Program to include such family
25 caregivers.

1 (B) VETERANS DESCRIBED.—Veterans de-
2 scribed in this subparagraph are veterans who
3 are eligible for the Program under clause (ii) or
4 (iii) of section 1720G(a)(2)(B) of title 38,
5 United States Code, as amended by section
6 301(a)(1) of this Act, solely due to a serious in-
7 jury (including traumatic brain injury, psycho-
8 logical trauma, or other mental disorder) in-
9 curred or aggravated in the line of duty in the
10 active military, naval, or air service before Sep-
11 tember 11, 2001.

12 (2) NOTIFICATION BY COMPTROLLER GEN-
13 ERAL.—The Comptroller General shall review the re-
14 port submitted under paragraph (1) and notify the
15 Committee on Veterans' Affairs of the Senate and
16 the Committee on Veterans' Affairs of the House of
17 Representatives with respect to the progress of the
18 Secretary in—

19 (A) fully implementing the system required
20 under subsection (a); and

21 (B) implementing a process for using such
22 system to monitor and assess the Program
23 under subsection (c)(1) and modify the Pro-
24 gram as considered necessary under subsection
25 (c)(2).

1 (3) FINAL REPORT.—

2 (A) IN GENERAL.—Not later than June 1,
3 2019, the Secretary shall submit to the Com-
4 mittee on Veterans' Affairs of the Senate, the
5 Committee on Veterans' Affairs of the House of
6 Representatives, and the Comptroller General a
7 report on the implementation of subsections (a)
8 through (c).

9 (B) ELEMENTS.—The report required by
10 subparagraph (A) shall include the following:

11 (i) A certification by the Secretary
12 with respect to whether the information
13 technology system described in subsection
14 (a) has been implemented.

15 (ii) A description of how the Secretary
16 has implemented such system.

17 (iii) A description of the modifications
18 to the Program, if any, that were identified
19 and implemented under subsection (c)(2).

20 (iv) A description of how the Sec-
21 retary is using such system to monitor the
22 workload of the Program.

23 (e) DEFINITIONS.—In this section:

24 (1) ACTIVE MILITARY, NAVAL, OR AIR SERV-
25 ICE.—The term “active military, naval, or air serv-

1 ice” has the meaning given that term in section 101
2 of title 38, United States Code.

3 (2) PROGRAM.—The term “Program” means
4 the program of comprehensive assistance for family
5 caregivers under section 1720G(a) of title 38,
6 United States Code, as amended by section 301 of
7 this Act.

8 **SEC. 303. MODIFICATIONS TO ANNUAL EVALUATION RE-**
9 **PORT ON CAREGIVER PROGRAM OF DEPART-**
10 **MENT OF VETERANS AFFAIRS.**

11 (a) BARRIERS TO CARE AND SERVICES.—Subpara-
12 graph (A)(iv) of section 101(c)(2) of the Caregivers and
13 Veterans Omnibus Health Services Act of 2010 (Public
14 Law 111–163; 38 U.S.C. 1720G note) is amended by in-
15 serting “, including a description of any barriers to access-
16 ing and receiving care and services under such programs”
17 before the semicolon.

18 (b) SUFFICIENCY OF TRAINING FOR FAMILY CARE-
19 GIVER PROGRAM.—Subparagraph (B) of such section is
20 amended—

21 (1) in clause (i), by striking “; and” and insert-
22 ing a semicolon;

23 (2) in clause (ii), by striking the period at the
24 end and inserting “; and”; and

1 (3) by adding at the end the following new
2 clause:

3 “(iii) an evaluation of the sufficiency
4 and consistency of the training provided to
5 family caregivers under such program in
6 preparing family caregivers to provide care
7 to veterans under such program.”.

8 **TITLE IV—APPROPRIATION OF**
9 **AMOUNTS**

10 **SEC. 401. APPROPRIATION OF AMOUNTS FOR HEALTH**
11 **CARE FROM DEPARTMENT OF VETERANS AF-**
12 **FAIRS.**

13 (a) **IN GENERAL.**—There is authorized to be appro-
14 priated, and is appropriated, to the Secretary of Veterans
15 Affairs, out of any funds in the Treasury not otherwise
16 appropriated, \$1,000,000,000 to carry out subsection (c).

17 (b) **AVAILABILITY OF AMOUNTS.**—The amount ap-
18 propriated under subsection (a) shall be available for obli-
19 gation or expenditure without fiscal year limitation.

20 (c) **USE OF AMOUNTS.**—The amount appropriated
21 under subsection (a) shall be used by the Secretary to
22 carry out the following:

23 (1) Subchapters II and VII of chapter 76 of
24 title 38, United States Code;

1 (2) The program to increase the number of
2 graduate medical education residency positions of
3 the Department under sections 202 and 203; and

4 (3) Section 204.

5 (d) FUNDING PLAN.—Not later than 60 days after
6 the date of the enactment of this Act, the Secretary shall
7 submit to the appropriate committees of Congress a fund-
8 ing plan describing how the Secretary intends to use the
9 amount appropriated under subsection (a).

10 (e) SUPPLEMENT NOT SUPPLANT.—Amounts appro-
11 priated under subsection (a) for purposes of carrying out
12 subchapters II and VII of chapter 76 of title 38, United
13 States Code, shall supplement, not supplant, amounts oth-
14 erwise made available to the Secretary to carry out such
15 subchapters.

16 (f) REPORT.—Not later than one year after the date
17 of the enactment of this Act, the Secretary shall submit
18 to the appropriate committees of Congress a report on how
19 the Secretary has obligated the amount appropriated
20 under subsection (a) as of the date of the submittal of
21 the report.

22 (g) APPROPRIATE COMMITTEES OF CONGRESS DE-
23 FINED.—In this section, the term “appropriate commit-
24 tees of Congress” means—

1 (1) the Committee on Veterans' Affairs and the
2 Committee on Appropriations of the Senate; and

3 (2) the Committee on Veterans' Affairs and the
4 Committee on Appropriations of the House of Rep-
5 resentatives.

6 **SEC. 402. APPROPRIATION OF AMOUNTS FOR VETERANS**

7 **CHOICE PROGRAM.**

8 (a) **IN GENERAL.**—There is authorized to be appro-
9 priated, and is appropriated, to the Secretary of Veterans
10 Affairs, out of any funds in the Treasury not otherwise
11 appropriated, \$3,000,000,000 to be deposited in the Vet-
12 erans Choice Fund under section 802 of the Veterans Ac-
13 cess, Choice, and Accountability Act of 2014 (Public Law
14 113–146; 38 U.S.C. 1701 note).

15 (b) **AVAILABILITY.**—The amount appropriated under
16 subsection (a) shall remain available until expended.