118TH CONGRESS
1ST Session

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To improve community care provided by the Department of Veterans Affairs, and for other purposes.

IN THE SENATE OF THE UNITED STATES

Mr. Tester introduced the following bill; which was read twice and referred to the Committee on __________________

A BILL

To improve community care provided by the Department of Veterans Affairs, and for other purposes.

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

SECTION 1. SHORT TITLE; TABLE OF CONTENTS.

(a) Short Title.—This Act may be cited as the “Making Community Care Work for Veterans Act of 2023”.

(b) Table of Contents.—The table of contents for this Act is as follows:

Sec. 1. Short title; table of contents.

TITLE I—IMPROVEMENTS TO COMMUNITY CARE
Sec. 101. Requirement that appointments for care or services under Community Care Program of Department of Veterans Affairs are timely scheduled.

Sec. 102. Modifications to access standards for care furnished through Community Care Program of Department of Veterans Affairs.

Sec. 103. Consideration of telehealth in determining whether an appointment can be scheduled within the access standards of the Department of Veterans Affairs.

Sec. 104. Finality of decision by veteran and veteran’s referring clinician.

Sec. 105. Benefits for persons disabled by treatment under Community Care Program of Department of Veterans Affairs.

Sec. 106. Extension of period for submittal of claims by health care entities and providers.

Sec. 107. Program on self-referral of veterans for certain services under Veterans Community Care Program.

Sec. 108. Report on referrals for non-Department of Veterans Affairs health care.

Sec. 109. Requirement that health care providers under Community Care Program of Department of Veterans Affairs provide certain data.

Sec. 110. High-compliance rating program for providers under Veterans Community Care Program of Department of Veterans Affairs.

Sec. 111. Adoption of national interoperability standards between Department of Veterans Affairs and community care providers.

Sec. 112. Analysis of feasibility and advisability of establishing a community care network for the provision of care to veterans in the Republic of the Philippines.

Sec. 113. Pilot program on consolidating the community care dental treatment plan approval process of Department of Veterans Affairs.

Sec. 114. Reviews of payment rate waivers under Veterans Community Care Program.

Sec. 115. Comptroller General report on dentistry under Veterans Community Care Program.

TITLE II—HEALTH CARE EMPLOYEES

Sec. 201. Establishment of Start and Stay at VA program.

Sec. 202. Expansion of period of payment under Employee Incentive Scholarship Program.

Sec. 203. Mentorship program for executive leadership teams at medical centers of the Department of Veterans Affairs.

TITLE III—OTHER HEALTH CARE MATTERS

Sec. 301. Timing for scheduling of appointments at facilities of Department of Veterans Affairs.

Sec. 302. Modification of requirements for standards for quality of care from Department of Veterans Affairs.

Sec. 303. Mental Health Residential Rehabilitation Treatment Program of the Department of Veterans Affairs.

Sec. 304. Electronic document submission option for the CHAMPVA program.

Sec. 305. Review of workflows associated with processing referrals between facilities of the Veterans Health Administration.
TITLE I—IMPROVEMENTS TO COMMUNITY CARE

SEC. 101. REQUIREMENT THAT APPOINTMENTS FOR CARE OR SERVICES UNDER COMMUNITY CARE PROGRAM OF DEPARTMENT OF VETERANS AFFAIRS ARE TIMELY SCHEDULED.

(a) IN GENERAL.—Section 1703 of title 38, United States Code, is amended—

(1) by redesignating subsections (m), (n), and (o) as subsections (n), (o), and (p), respectively; and

(2) by inserting after subsection (l) the following new subsection (m):

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(m) SCHEDULING OF APPOINTMENTS.—(1) The Secretary shall ensure that an appointment for a covered veteran for care or services under this section—

(A) in the case of a non-urgent appointment, is scheduled (but may occur at a later date) not later than seven days after the earlier of the date on which—

(i) a clinician of the Department determines that the veteran requires care; or

(ii) the veteran presents to the Department requesting care; and
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“(B) in the case of an appointment for urgent care, is completed not later than 48 hours after the earlier of the date on which—

“(i) a clinician of the Department determines that the veteran requires care; or

“(ii) the veteran presents to the Department requesting care.

“(2) Not less frequently than quarterly, the Secretary shall submit to the Committee on Veterans’ Affairs of the Senate and the Committee on Veterans’ Affairs of the House of Representatives a report on the average time it takes each medical facility of the Department to schedule appointments for care or services under this section, broken out by primary care, mental health care, and each type of specialty care.

“(3)(A) Each medical facility of the Department for which any average time reported under paragraph (2) is more than seven days shall submit to the Under Secretary for Health, not later than 30 days after the date of the report—

“(i) an explanation for why such average time is more than seven days, which may include staffing shortages, insufficient network, surge of appointments, and any other factor increasing such average time;
“(ii) a remediation plan to bring such average time to not more than seven days; and

“(iii) an explanation for how each issue specified in clause (i) is being mitigated.

“(B) With respect to any explanation under subparagraph (A)(i) that specifies insufficient network, the Under Secretary for Health shall—

“(i) consult with any third party administrator responsible for administering such network on how network insufficiency can be overcome; and

“(ii) examine whether the third party administrator is meeting contractual obligations.”.

(b) Effective Date.—The Secretary of Veterans Affairs shall comply with the requirements under section 1703(m)(1) of title 38, United States Code, as added by subsection (a)(2), by not later than 180 days after the date of the enactment of this Act.

SEC. 102. MODIFICATIONS TO ACCESS STANDARDS FOR CARE FURNISHED THROUGH COMMUNITY CARE PROGRAM OF DEPARTMENT OF VETERANS AFFAIRS.

(a) In General.—Section 1703B of title 38, United States Code, is amended—

(1) by striking subsections (a) through (d) and inserting the following:
“(a) Threshold Eligibility Standards for Access to Community Care.—A covered veteran shall be eligible to elect to receive, pursuant to subsection (d)(3) of section 1703 of this title, non-Department hospital care, medical services, or extended care services under such section pursuant to subsection (d)(1)(D) of such section using the following eligibility standards for access to community care:

“(1) With respect to primary care, mental health care, or non-institutional extended care services, if the Secretary cannot schedule an appointment for the covered veteran with a health care provider of the Department—

“(A) not more than 30 minutes average driving time from the residence of the veteran; and

“(B) not later than 20 days from the date of request for such an appointment, unless a later date has been agreed to by the veteran in consultation with the health care provider, to the first next available appointment date relevant to the requested medical service.

“(2) With respect to specialty care or specialty services, if the Secretary cannot schedule an ap-
pointment for the covered veteran with a health care provider of the Department—

“(A) not more than 60 minutes average driving time from the residence of the veteran; and

“(B) not later than 28 days from the date of request for such an appointment, unless a later date has been agreed to by the veteran in consultation with the health care provider, to the first next available appointment date relevant to the requested medical service.”;

(2) by redesignating subsections (e), (f), (g), (h), and (i) as subsections (b), (c), (d), (e), and (f), respectively;

(3) in subsection (b), as redesignated by paragraph (2)—

(A) in the matter preceding paragraph (1), by striking “Not later than 3 years after the date on which the Secretary establishes access standards under subsection (a) and not less frequently than once every 3 years thereafter” and inserting “REVIEW AND REPORT.—Not less frequently than once every three years”; and

(B) in paragraph (1), by striking “such standards” and inserting “the eligibility stand-
ards for access to community care under subsection (a)”; and

(C) in paragraph (2), by striking “and any modification to the access standards with respect to the review conducted under paragraph (1)” and inserting “of such review and such recommendations as the Secretary may have with respect to such eligibility standards”;

(4) in subsection (c), as so redesignated—

(A) in paragraph (1)—

(i) by striking “(1) Subject to paragraph (3)” and inserting “REQUIREMENT TO MEET STANDARDS.—(1) Subject to paragraphs (3) and (4)”;

(ii) by inserting “and health care providers specified under section 1703(c) of this title” before the period at the end;

(B) in paragraph (2), by striking “The Secretary” and inserting “Subject to paragraphs (3) and (4), the Secretary”;

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

“(4)(A) A health care provider specified under section 1703(c) of this title that is furnishing care pursuant to a contract, agreement, or other arrangement between such
provider and the Secretary may request a waiver to the
requirement under this subsection to meet the access
standards established under subsection (a).

“(B) Any waiver requested by a health care provider
under subparagraph (A) must be requested in writing and
submitted to the Secretary for approval.

“(C) In evaluating a waiver request by a health care
provider under subparagraph (A), the Secretary shall con-
sider the factors specified under paragraph (3)(D) that
are relevant to the health care provider.”;

(5) in subsection (d)(1), as so redesignated, by
striking “(1) The Secretary” and inserting “PUBLI-
CATION.—(1) The Secretary”;

(6) in subsection (e)(1), as so redesignated, by
striking “(1) Consistent with” and inserting “DE-
TERMINATION REGARDING ELIGIBILITY.—(1) Con-
sistent with”; and

(7) in subsection (f), as so redesignated, by
striking “In this section” and inserting “DEFINI-
tions.—In this section”.

(b) CONFORMING AMENDMENTS.—Section 1703(d)
of such title is amended—

(1) in paragraph (1)(D), by striking “developed
by the Secretary”; and
(2) in paragraph (3), by striking “developed by the Secretary”.

SEC. 103. CONSIDERATION OF TELEHEALTH IN DETERMINING WHETHER AN APPOINTMENT CAN BE SCHEDULED WITHIN THE ACCESS STANDARDS OF THE DEPARTMENT OF VETERANS AFFAIRS.

Section 1703(d) of title 38, United States Code, is amended by adding at the end the following new paragraph:

“(4) In determining under paragraph (1)(D) whether the Department is able to furnish care or services in a manner that complies with the access standards established under section 1703B(a) of this title, for purposes of determining the availability of an appointment, a telehealth appointment will only be considered as an available appointment if the veteran accepts the use of telehealth by the Department.”.

SEC. 104. FINALITY OF DECISION BY VETERAN AND VETERAN’S REFERRING CLINICIAN.

Section 1703(d) of title 38, United States Code, as amended by section 103, is further amended by adding at the end the following new paragraph:

“(5)(A) Subject to subparagraph (B), an agreement by a covered veteran and the covered veteran’s referring
clinician under paragraph (1)(E) regarding the best med-
ical interest of the covered veteran is final and is not sub-
ject to review or approval by the Department.

“(B) A covered veteran and the covered veteran’s re-
ferring clinician may correct any errors made with respect
to an agreement described in subparagraph (A).”.

SEC. 105. BENEFITS FOR PERSONS DISABLED BY TREAT-
MENT UNDER COMMUNITY CARE PROGRAM
OF DEPARTMENT OF VETERANS AFFAIRS.

(a) In General.—Subsection (a) of section 1151 of
title 38, United States Code, is amended—

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

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

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

“(2) the disability or death was caused by hos-
pital care, a medical service, or an extended care
service furnished the veteran by a non-Department
provider under section 1703 of this title and the
proximate cause of the disability or death was—

“(A) carelessness, negligence, lack of prop-
er skill, error in judgment, or similar instance
of fault on the part of the provider in fur-
nishing the hospital care, medical service, or ex-
tended care service; or

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

(b) OFFSET OF AWARDS.—Such section is amended
by adding at the end the following new subsection:

“(d) The amount of any judgment awarded to an in-
dividual in a civil action brought by the individual against
a non-Department provider in a court of competent juris-
diction for a disability or death caused by hospital care,
a medical service, or an extended care service furnished
by a non-Department provider as described in subsection
(a)(2) shall be offset by the amount of any compensation
awarded to the individual under such subsection for such
disability or death.”.

SEC. 106. EXTENSION OF PERIOD FOR SUBMITTAL OF
CLAIMS BY HEALTH CARE ENTITIES AND
PROVIDERS.

Section 1703D(b) of title 38, United States Code, is
amended by striking “180 days” and inserting “one year”.

SEC. 107. PROGRAM ON SELF-REFERRAL OF VETERANS
FOR CERTAIN SERVICES UNDER VETERANS
COMMUNITY CARE PROGRAM.

(a) IN GENERAL.—The Secretary of Veterans Affairs
shall carry out a program (in this section referred to as
the “Program”) under which the Secretary may furnish outpatient services specified in subsection (b) through a health care provider specified in section 1703(c) of title 38, United States Code, to a covered veteran who—

(1) is eligible for such services under criteria to be established by the Secretary; and

(2) chooses to self-refer for such services.

(b) OUTPATIENT SERVICES SPECIFIED.—The outpatient services specified in this subsection are the following:

(1) Vaccinations.

(2) Vision and hearing services.

(c) CONDITIONS UNDER WHICH SERVICES ARE PROVIDED.—The Secretary shall provide services under the Program under the same conditions as such services would be required to be provided under section 1703(d) of title 38, United States Code.

(d) REPORT ON PROGRAM.—

(1) IN GENERAL.—Not later than two years after the date of the enactment of this Act, and annually thereafter, the Secretary shall submit to Congress a report on the Program.

(2) ELEMENTS.—Each report required under paragraph (1) shall include, for the one-year period preceding the date of the report—
(A) the number of self-referrals made under the Program, disaggregated by type of services sought;

(B) an assessment of the timeliness of appointments made under the Program as compared with the timeliness of other appointments made for the same service;

(C) an assessment of satisfaction of veterans with the Program;

(D) an assessment of the impact of the Program on the health of patients receiving services under the Program; and

(E) such recommendations as the Secretary may have for services to be added or removed from the Program.

(e) EFFECTIVE DATE.—This section shall take effect on the date that is one year after the date of the enactment of this Act.

(f) COVERED VETERAN DEFINED.—In this section, the term “covered veteran” means a veteran described in section 1703(b) of title 38, United States Code.

SEC. 108. REPORT ON REFERRALS FOR NON-DEPARTMENT OF VETERANS AFFAIRS HEALTH CARE.

Not later than 180 days after the date of the enactment of this Act, and not less frequently than monthly
thereafter, the Secretary of Veterans Affairs shall submit to the Committee on Veterans’ Affairs of the Senate and the Committee on Veterans’ Affairs of the House of Representatives a report containing, with respect to referrals for non-Department of Veterans Affairs health care originating from medical facilities of the Department during the one-month period preceding the date of the report, a measurement of, for each such facility of the Department—

(1) the period of time between—

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

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

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

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

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

SEC. 109. REQUIREMENT THAT HEALTH CARE PROVIDERS UNDER COMMUNITY CARE PROGRAM OF DEPARTMENT OF VETERANS AFFAIRS PROVIDE CERTAIN DATA.

(a) IN GENERAL.—Beginning not later than one year after the date of the enactment of this Act, the Secretary of Veterans Affairs shall require that covered providers submit to the Secretary, at such time and in such manner as the Secretary may require, data required to be collected and considered by the Secretary under section 1703C(a)(3) of title 38, United States Code.

(b) EXCLUSION OF COVERED PROVIDERS.—The Secretary may not permit a covered provider to participate in the Veterans Community Care Program under section 1703 of title 38, United States Code, if the provider has
not provided to the Secretary data required under subsection (a).

(c) OTHER PROVIDERS.—The Secretary shall encourage health care providers specified in section 1703(c) of title 38, United States Code, that are not covered providers to submit to the Secretary, on a voluntary basis, data described in subsection (a).

(d) TYPE OF DATA REQUIRED AND WAIVER.—

(1) TYPE OF DATA.—The Secretary shall determine the data required to be submitted by each type of covered provider under subsection (a).

(2) WAIVER.—The Secretary may waive the requirement to submit data under subsection (a) for a particular type of covered provider if the Secretary determines that the submittal by that type of provider of such data would—

(A) not be appropriate or relevant; or

(B) constitute too heavy of a burden on the provider.

(e) LIST OF HIGH-PERFORMING PROVIDERS.—The Secretary shall publish and maintain on a website of the Department of Veterans Affairs that is available to the public an up-to-date list of all health care providers that—

(1) have provided data described in subsection (a); and
(2) are high-performing providers, as determined by the Secretary.

(f) COVERED PROVIDER DEFINED.—In this section, the term “covered provider” means a health care provider specified in section 1703(c) of title 38, United States Code, that the Secretary determines has sufficient resources to submit the data required under subsection (a) at the time and in the manner required by the Secretary under such subsection.

SEC. 110. HIGH-COMPLIANCE RATING PROGRAM FOR PROVIDERS UNDER VETERANS COMMUNITY CARE PROGRAM OF DEPARTMENT OF VETERANS AFFAIRS.

(a) Program.—The Secretary of Veterans Affairs shall establish a program under which the Secretary provides a rating of “High Compliance” for community care providers that comply with the qualifications under subsection (b).

(b) PROVIDER QUALIFICATIONS.—The Secretary shall provide a community care provider with a rating of “High Compliance” pursuant to the program established under subsection (a) if the provider—

(1) completes certain continuing medical education courses provided by the VHA TRAIN pro-
gram or related to the Opioid Safety Initiative, as determined by the Secretary;

(2) sends to the specific authorizing office or designated Community Care Program office of the Veterans Health Administration the complete medical records and all required treatment documentation, as identified by the Secretary, of not less than 95 percent of the veterans treated by the provider under the Veterans Community Care Program under section 1703 of title 38, United States Code, not later than 15 days after the completion of treatment of such veterans; and

(3) complies with such other criteria as the Secretary may determine appropriate.

(c) FINANCIAL INCENTIVE.—The Secretary may provide a financial incentive for community care providers with a “High Compliance” rating.

(d) PROGRAM PROMOTION.—The Secretary shall establish a plan to promote the program established under subsection (a) and encourage the participation of community care providers in such program.

(e) PUBLICATION OF LIST.—

(1) INITIAL PUBLICATION.—The Secretary shall publish on a publicly available website of the Veterans Health Administration a list of community
care providers that earn a “High Compliance” rating pursuant to the program established under subsection (a).

(2) UPDATE.—The Secretary shall update the list required under paragraph (1) not less frequently than weekly.

(f) REPORT.—Not later than one year after the establishment of the program under subsection (a), and annually thereafter, the Secretary shall submit to the Committee on Veterans’ Affairs of the Senate and the Committee on Veterans’ Affairs of the House of Representatives a report on the program, including—

(1) the courses under the VHA TRAIN program or the Opioid Safety Initiative determined by the Secretary for purposes of subsection (b)(1); and

(2) the status of the plans of the Secretary for promotion under subsection (c) of the program established under subsection (a).

(g) DEFINITIONS.—In this section:

(1) COMMUNITY CARE PROVIDER.—The term “community care provider” means a health care provider specified in subsection (c) of section 1703 of title 38, United States Code, that is participating in the Veterans Community Care Program under such section.
(2) OPIOID SAFETY INITIATIVE.—The term “Opioid Safety Initiative” means programs, processes, and guidelines of the Veterans Health Administration related to the management of opioid therapy and chronic pain.

(3) VHA TRAIN PROGRAM.—The term “VHA TRAIN program” means the free program of the Veterans Health Administration that offers veteran-specific continuing medical education courses, or successor similar program.

SEC. 111. ADOPTION OF NATIONAL INTEROPERABILITY STANDARDS BETWEEN DEPARTMENT OF VETERANS AFFAIRS AND COMMUNITY CARE PROVIDERS.

(a) IN GENERAL.—The Secretary of Veterans Affairs, in consultation with the Secretary of Health and Human Services, the Administrator of the Centers for Medicare & Medicaid Services, and the National Coordinator for Health Information Technology, shall create and implement a plan for the Department of Veterans Affairs to adopt national interoperability standards for the electronic coordination of care and transfer of health information (including information relating to dental health) between the Department and community care providers for
the purposes of health care scheduling, provisioning, co-
ordination, and quality assessment.

(b) Exceptions and Accommodations for Providers With Fewer Patients.—The plan required to
be created and implemented under subsection (a) shall in-
clude appropriate exceptions and accommodations for
community care providers, especially providers in rural
areas and smaller providers, who see fewer patients under
the laws administered by the Secretary of Veterans Affairs
and who have not adopted electronic health records to en-
sure those providers have the option to share health infor-
mation with the Department of Veterans Affairs via non-

(e) Reports.—

(1) Report on plan.—Not later than one year
after the date of the enactment of this Act, the Sec-
retary of Veterans Affairs shall submit to Congress
a report on the plan required under subsection (a),
which shall include—

(A) a gap analysis between current inter-
operability standards in use between the De-
partment of Veterans Affairs and community
care providers and opportunities and advance-
ments in care delivery and coordination and re-
lated matters using available current standards
and standards under development within the Federal and non-Federal health care sector, including an analysis of participation by the Department and community care providers in the Trusted Exchange Framework and Common Agreement;

(B) recommendations for further development of interoperability standards;

(C) a proposed timeline for adopting interoperability standards under such plan by both the Department and community care providers;

and

(D) an indication of any resources or legislative authorities the Secretary may request from Congress to develop and implement adoption of interoperability standards under such plan.

(2) REPORT ON IMPLEMENTATION.—Not later than 18 months after the date of the enactment of this Act, and every 180 days thereafter until the date that is four years after the date of the enactment of this Act, the Secretary shall submit to Congress a report on the implementation and revision of the plan required under subsection (a), which shall include—
(A) updates on current gaps in interoperability standards in use between the Department and community care providers and recommendations for further development of such standards; and

(B) updates on implementation of the plan and adoption of the plan by community care providers and the Department.

(d) COMMUNITY CARE PROVIDER DEFINED.—In this section, the term “community care provider” means a non-Department health care provider providing care (including dental care)—

(1) under section 1703 of title 38, United States Code;

(2) pursuant to a Veterans Care Agreement under section 1703A of such title; or

(3) under any other law administered by the Secretary.

SEC. 112. ANALYSIS OF FEASIBILITY AND ADVISABILITY OF ESTABLISHING A COMMUNITY CARE NETWORK FOR THE PROVISION OF CARE TO VETERANS IN THE REPUBLIC OF THE PHILIPPINES.

(a) IN GENERAL.—Not later than one year after the date of the enactment of this Act, the Secretary of Vet-
erans Affairs shall complete an analysis of the feasibility and advisability of establishing a community care network for the provision of care to veterans in the Republic of the Philippines.

(b) REPORT.—Not later than 180 days after the completion of the analysis conducted under subsection (a), the Secretary shall submit to the Committee on Veterans' Affairs of the Senate and the Committee on Veterans' Affairs of the House of Representatives a report that includes the following:

(1) The results of such analysis.

(2) An assessment of the number of veterans residing in the Republic of the Philippines who are eligible for the Foreign Medical Program.

(3) An assessment of the staffing needs and associated costs of establishing a community care network in the Republic of the Philippines.

(4) An assessment of the infrastructure needs and associated costs of establishing a community care network in the Republic of the Philippines.

(5) An assessment of the challenges of establishing a community care network in the Republic of the Philippines.

(6) An assessment of how the Secretary would determine payment rates for providers participating
in a community care network in the Republic of the Philippines to account for variances in medical costs in the Republic of the Philippines.

(7) An assessment of the impact of a community care network in the Republic of the Philippines on the timeliness of reimbursement of providers under the Foreign Medical Program.

(8) Such other elements as the Secretary considers appropriate.

(c) FOREIGN MEDICAL PROGRAM DEFINED.—In this section, the term “Foreign Medical Program” means the program under with the Secretary of Veterans Affairs provides hospital care and medical services under section 1724 of title 38, United States Code.

SEC. 113. PILOT PROGRAM ON CONSOLIDATING THE COMMUNITY CARE DENTAL TREATMENT PLAN APPROVAL PROCESS OF DEPARTMENT OF VETERANS AFFAIRS.

(a) IN GENERAL.—Commencing not later than 180 days after the date of the enactment of this Act, the Secretary of Veterans Affairs shall carry out a two-year pilot program (in this section referred to as the pilot program) to test the efficacy of—

(1) hiring general dentists at the facility level to manage approval by the Department of Veterans Af-
fairs of treatment plans requested by dental providers in providing community care; and

(2) hiring dental specialists at the Veterans Integrated Service Network level to aid in approving treatment plans for specialty dental care requested by dental providers in providing community care.

(b) LOCATIONS.—The Secretary shall select not fewer than two Veterans Integrated Service Networks of the Department at which to carry out the pilot program.

(c) REPORTS.—

(1) INITIAL REPORT.—Not later than one year after the commencement of the pilot program, the Secretary shall submit to the Committee on Veterans’ Affairs of the Senate and the Committee on Veterans’ Affairs of the House of Representatives a report on the pilot program, including—

(A) an identification of the Veterans Integrated Service Networks participating in the pilot program;

(B) a description of the implementation of the pilot program;

(C) an identification of any barriers or challenges to implementing the pilot program;

(D) aggregated feedback with respect to the pilot program from dentists of the Depart-
ment in Veterans Integrated Service Networks participating in the pilot program; and

(E) aggregated feedback from dental providers providing community care within Veterans Integrated Service Networks participating in the pilot program regarding any changes in the timeliness of treatment plan approvals by the Department.

(2) Final report.—Not later than 90 days before the completion of the pilot program, the Secretary shall submit to the Committee on Veterans’ Affairs of the Senate and the Committee on Veterans’ Affairs of the House of Representatives a report on the pilot program that—

(A) includes the matters required under paragraph (1);

(B) includes recommendations on whether the pilot program should be continued or adopted throughout the Department; and

(C) indicates whether the Secretary requests action by Congress to make the pilot program permanent.

(d) Community care defined.—In this section, the term “community care” means dental care provided—
(1) under section 1703 of title 38, United States Code; or

(2) pursuant to a Veterans Care Agreement under section 1703A of such title.

SEC. 114. REVIEWS OF PAYMENT RATE WAIVERS UNDER VETERANS COMMUNITY CARE PROGRAM.

(a) In general.—Not later than 180 days after the date of the enactment of this Act, and annually thereafter, the Secretary of Veterans Affairs shall—

(1) conduct a review of payment rate waivers for third party administrators under the Veterans Community Care Program under section 1703 of title 38, United States Code, to identify whether those waivers are helping to alleviate community-specific challenges, including scarcity of medical services associated with access to care; and

(2) submit to Congress a report on the results of the review.

(b) Inclusion in rate review.—Each review required under subsection (a) shall include—

(1) a review of the total number of payment rate waivers requested for each region, including the number granted, denied, or withdrawn;

(2) the process for review of payment rate waivers;
(3) the average time to process payment rate waivers in each region;

(4) the impact of payment rate waivers granted in a region on access to care in that region; and

(5) trends identified by the Secretary with respect to payment rate waivers.

SEC. 115. COMPTROLLER GENERAL REPORT ON DENTISTRY UNDER VETERANS COMMUNITY CARE PROGRAM.

Not later than one year after the date of the enactment of this Act, the Comptroller General of the United States shall submit to the Committee on Veterans’ Affairs of the Senate and the Committee on Veterans’ Affairs of the House of Representatives a report on dental care furnished by the Secretary of Veterans Affairs under the Veterans Community Care Program under section 1703 of title 38, United States Code, to include a review of—

(1) the impact current reimbursement rates provided by the Department of Veterans Affairs to dental providers under such program have on—

(A) the availability of dental care for veterans; and

(B) the ability of third party administrators of provider networks under such program
to meet their contractual obligations for network adequacy;

(2) the satisfaction of dental providers providing dental care under such program with the processes of the Department for approving dental care under such program; and

(3) the current processes of the Department for approving emergent dental care under such program.

TITLE II—HEALTH CARE EMPLOYEES

SEC. 201. ESTABLISHMENT OF START AND STAY AT VA PROGRAM.

(a) IN GENERAL.—Chapter 76 of title 38, United States Code, is amended by adding at the end the following new subchapter:

“Subchapter X—Start and Stay at VA Program

“§ 7699C. Start and Stay at VA Program

“(a) IN GENERAL.—As part of the Educational Assistance Program, the Secretary shall carry out a program under this subchapter to provide—

“(1) scholarships under section 7699C–1 of this title; and

“(2) lump sum education debt reduction under section 7699C–2 of this title.
"(b) NAME OF PROGRAM.—The program under this subchapter shall be known as the Start and Stay at VA Program (in this subchapter referred to as the ‘Program’).

§ 7699C–1. Scholarships

“(a) COVERED COSTS.—A scholarship provided to an individual under the Program shall consist of payment of reasonable education expenses of the individual for a course of education or training described in subsection (b)(3), including tuition, fees, books, and laboratory expenses.

“(b) ELIGIBILITY.—An individual is eligible to receive a scholarship under the Program if the individual—

“(1) is an employee of the Department serving as a medical support assistant, advanced medical support assistant, lead medical support assistant, or supervisory medical support assistant;

“(2) as of the date on which the individual submits an application for participation in the Program, has been continuously employed by the Department in one or more of the positions specified in paragraph (1) for a period of not less than two years;

“(3) has been accepted for enrollment or is enrolled as a student in a course of education or training—
“(A) listed as a requirement for any shortage occupation position, as determined by the Secretary;

“(B) related to business, health care administration, or human resources; or

“(C) completion of which results in any other degree or certification that the Secretary considers appropriate for purposes of the Program; and

“(4) has a record of employment with the Department that, in the judgment of the Secretary, demonstrates a high likelihood that the individual will be successful in completing such course of education or training and in gaining employment in a field related to such course of education or training.

“(c) PERIOD OF OBLIGATED SERVICE.—

“(1) AGREEMENT.—

“(A) IN GENERAL.—An agreement between the Secretary and a participant under the Program who seeks a scholarship under this section, in addition to the requirements set forth in section 7604 of this title, shall include the following:

“(i) The agreement of the Secretary to provide the participant with a scholar-
ship under the Program for a specified number of school years, which may not exceed the credit equivalent of four full school years, during which the participant pursues a course of education or training described in subsection (b)(3) that meets the requirements set forth in section 7602(a) of this title.

“(ii) Subject to subparagraph (B), the agreement of the participant to serve as a full-time employee in the Department in a position described in subsection (b)(3)(A) for a period of time, not less than one year, that is equal to the period of the course of education or training for which a scholarship is provided under this section (in this section referred to as the ‘period of obligated service’ of the participant).

“(B) PART-TIME STUDENTS.—In the case of a participant who is a part-time student during a school year with respect to which a scholarship is provided to the participant under this section, the period of obligated service of the participant incurred during that school year shall be reduced in accordance with the propor-
tion that the number of credit hours carried by
the participant in that school year bears to the
number of credit hours required to be carried
by a full-time student in the course of education
or training pursued by the participant during
that school year, but in no event may the total
period of obligated service of the participant be
reduced to less than one year.

“(2) Service commencement date.—

“(A) In general.—Except as provided in
subparagraph (F) of (G), not later than 60
days before the service commencement date of
a participant under this section, the Secretary
shall notify the participant of that service com-
mencement date. That date is the beginning of
the period of obligated service of the partici-

“(B) Doctors and similar health
care professionals.—In the case of a partic-
ipant receiving a degree from a school of medi-
cine, osteopathy, dentistry, optometry, or podia-
try, the service commencement date of the par-
ticipant is the date the participant becomes li-
censed to practice medicine, osteopathy, den-
tistry, optometry, or podiatry, as the case may be, in a State.

“(C) Nurses.—In the case of a participant receiving a degree from a school of nursing, the service commencement date of the participant is the later of—

“(i) the course completion date of the participant; or

“(ii) the date the participant becomes licensed as a registered nurse in a State.

“(D) Other Health Care Professionals.—In the case of a participant not covered by subparagraph (B) or (C), the service commencement date of the participant is the later of—

“(i) the course completion date of the participant; or

“(ii) the date the participant meets any applicable licensure or certification requirements.

“(E) Treatment of Part-time Students.—The Secretary shall specify the service commencement date for participants who were part-time students, which shall include terms as
similar as practicable to the terms set forth in
subparagraphs (B) through (D).

“(F) SERVICE DURING COURSE OF EDU-
CATION OR TRAINING.—A participant may serve
the period of obligated service of the partici-
pant, or any portion of such period of obligated
service, during the period in which the partici-
pant is enrolled as a student in a course of edu-

cation or training under subsection (b)(3) if the
participant is employed in a position described
in subparagraph (A) of such subsection.

“(G) SERVICE FOLLOWING LICENSURE OR
ONGOING TRAINING.—With respect to a partici-
pant who is licensed but may enter a residency
or similar training program, the Secretary may
adjust the beginning of the period of obligated
service of the participant to begin following
completion of the residency or similar training
program.

“(H) COURSE COMPLETION DATE DE-
FINED.—In this section, the term ‘course com-
pletion date’ means the date on which a partici-
pant under this section completes the course of
education or training of the participant under
this section.
“(d) Liability for Breach of Agreement.—

“(1) Liability during course of education or training.—

“(A) In general.—Except as provided in paragraph (3), a participant under this section shall be liable to the United States for the amount that has been paid to or on behalf of the participant under the agreement under subsection (c)(1) if any of the following occurs:

“(i) The participant fails to maintain an acceptable level of academic standing in the educational institution in which the participant is enrolled (as determined by the educational institution pursuant to direction by the Secretary).

“(ii) The participant is dismissed from such educational institution for disciplinary reasons.

“(iii) The participant voluntarily terminates the course of education or training in such educational institution before the completion of such course of education or training.
“(iv) The participant, as applicable, during a period of time determined by the Secretary—

“(I) fails to become licensed to practice medicine, osteopathy, dentistry, podiatry, or optometry in a State;

“(II) fails to become licensed as a registered nurse in a State; or

“(III) in the case of any other health-care personnel who is not covered under subclause (I) or (II), fails to meet any applicable licensure or certification requirement.

“(B) IN LIEU OF SERVICE OBLIGATION.—

Liability under this paragraph is in lieu of any period of obligated service arising under the agreement of the participant under subsection (c)(1).

“(2) LIABILITY DURING PERIOD OF OBLIGATED SERVICE.—Except as provided in paragraph (3), if a participant under this section breaches the agreement under subsection (c)(1) by failing for any reason to complete the period of obligated service of the
participant, the United States shall be entitled to recover from the participant an amount equal to—

“(A) the total amount paid under this section to the participant; multiplied by

“(B) a fraction—

“(i) the numerator of which is—

“(I) the total number of months in the period of obligated service of the participant; minus

“(II) the number of months served by the participant; and

“(ii) the denominator of which is the total number of months in the period of obligated service of the participant.

“(3) LIMITATION ON LIABILITY FOR REDUCTION IN FORCE.—Liability shall not arise under paragraph (1) or (2) in the case of an individual covered by either such paragraph if the individual does not obtain, or fails to maintain, employment as an employee of the Department due to staffing changes approved by the Secretary.

“(e) PAYMENT OF AMOUNTS AND LIMITATIONS.—

“(1) TOTAL AMOUNT FOR A SCHOOL YEAR.—

The total amount of a scholarship payable to a participant under this section—
“(A) may not exceed $20,000 for the equivalent of one year of full-time coursework in a course of education or training; or

“(B) in the case of a participant who is a part-time student, may not exceed an amount that bears the same ratio to the amount that would be paid under subparagraph (A) if the student were a full-time student in the course of education or training being pursued by the participant as the coursework carried by the participant compares to full-time coursework in that course of education or training.

“(2) MAXIMUM NUMBER OF SCHOOL YEARS.—

“(A) TOTAL YEARS.—The number of school years for which a scholarship may be paid to a participant under this section may not exceed eight school years.

“(B) FULL-TIME EQUIVALENT.—A participant may not receive a scholarship under this section for more than the equivalent of four years of full-time coursework.

“(3) MAXIMUM TOTAL AMOUNT.—The total amount paid to or on behalf of a participant through a scholarship under this section may not exceed $80,000.
“(4) Payment of educational expenses by educational institutions.—The Secretary may arrange with an educational institution in which a participant under this section is enrolled for the payment of education expenses under subsection (a). Such payments may be made without regard to subsections (a) and (b) of section 3324 of title 31.

§ 7699C–2. Lump sum education debt reduction

“(a) Covered costs.—Lump sum education debt reduction provided by the Secretary under this section to an individual shall consist of payment of principal and interest under a loan, the proceeds of which were used by or on behalf of that individual to pay costs relating to a course of education or training, including tuition expenses and other reasonable educational expenses, including fees, books, laboratory expenses, and reasonable living expenses.

“(b) Eligibility.—An individual is eligible to receive lump sum education debt repayment under this section if the individual—

“(1) owes any amount of principal and interest under a loan, the proceeds of which were used by or on behalf of that individual to pay costs relating to a course of education or training;
“(2) commits to a period of obligated service
under subsection (d); and

“(3) has been offered employment in the De-
partment in the position of a medical support assist-
ant, advanced medical support assistant, lead med-
ical support assistant, or supervisory medical sup-
port assistant.

“(c) PAYMENTS.—

“(1) IN GENERAL.—A lump sum education debt
reduction payment under this section shall consist of
a payment to a participant under this section of an
amount not to exceed the lesser of—

“(A) the principal and interest on loans
described in subsection (a) that is outstanding
for such participant at the time of the payment;
or

“(B) $40,000.

“(2) PROOF OF USE OF AMOUNTS.—Participants
under this section in receipt of a lump sum
education debt reduction payment under this section
must provide proof of payment verifying the full
lump sum payment received was paid to the lender
for the loan held by such participant not later than
45 days after receiving the lump sum payment.

“(d) PERIOD OF OBLIGATED SERVICE.—
“(1) IN GENERAL.—In exchange for a one-time lump sum education debt payment under this section, a participant under this section shall agree to be employed for not less than three years at the Department (in this section referred to as the ‘period of obligated service’).

“(2) POSITIONS OF EMPLOYMENT.—

“(A) MEDICAL SUPPORT.—Not fewer than two of the years of the period of obligated service of a participant under this section shall be served in the position of medical support assistant, advanced medical support assistant, lead medical support assistant, or supervisory medical support assistant of the Department.

“(B) HARD-TO-HIRE OR HARD-TO-RECRUIT.—The remainder of any period of obligated service not covered under subparagraph (A) shall be served in a hard-to-hire or hard-to-recruit position as determined by the Secretary.

“(e) LIABILITY DURING PERIOD OF OBLIGATED SERVICE.—

“(1) IN GENERAL.—Except as provided in paragraph (2), if a participant under this section fails to complete the period of obligated service of the participant for any reason, the United States shall be
entitled to recover from the participant an amount equal to—

“(A) the total amount paid under this section to the participant; multiplied by

“(B) a fraction—

“(i) the numerator of which is—

“(I) the total number of months in the period of obligated service of the participant; minus

“(II) the number of months served by the participant; and

“(ii) the denominator of which is the total number of months in the period of obligated service of the participant.

“(2) Exception.—Liability shall not arise under paragraph (1) in the case of an individual covered by that paragraph if the individual does not obtain, or fails to maintain, employment as an employee of the Department due to staffing changes approved by the Secretary.

§ 7699C–3. Administration

“(a) Outreach.—

“(1) In general.—The Secretary shall develop an outreach program to Tribal Colleges and Universities, historically Black colleges and universities,
high schools in rural areas, community colleges, transition assistance programs for members of the Armed Forces transitioning to civilian life, and spouses of such members to provide information about the Program.

“(2) Tribal college or university defined.—In this subsection, the term ‘Tribal College or University’ has the meaning given that term under section 316 of the Higher Education Act of 1965 (20 U.S.C. 1059c).

“(b) Mentors.—The Secretary shall ensure that a mentor or mentors are available for each individual participating in the Program at the facility at which the individual is employed.

§ 7699C–4. Limitation

“No individual may receive both a scholarship under section 7699C–1 of this title and a lump sum education debt reduction under section 7699C–2 of this title.

§ 7699C–5. Termination

“The authority to carry out the Program shall terminate on the date that is 10 years after the date of the enactment of the Making Community Care Work for Veterans Act of 2023.”
(b) CLERICAL AMENDMENT.—The table of sections at the beginning of such chapter is amended by adding at the end the following:

"SUBCHAPTER X—START AND STAY AT VA PROGRAM

"Sec.
"7699C. Start and Stay at VA Program.
"7699C–1. Scholarships.
"7699C–2. Lump sum education debt reduction.
"7699C–3. Administration.
"7699C–4. Limitation.
"7699C–5. Termination."

(c) CONFORMING AMENDMENTS.—

(1) ESTABLISHMENT OF PROGRAM.—Section 7601(a) of such title is amended—

(A) in paragraph (6), by striking "and";

(B) in paragraph (7), by striking the period and inserting "; and"; and

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

"(8) the program to provide scholarships and lump sum education debt reduction provided for in subchapter X of this chapter."

(2) ELIGIBILITY.—Section 7602 of such title is amended—

(A) in subsection (a)(1)—

(i) by striking "or IX" and inserting

"IX, or X";
(ii) by striking “or for which a scholarship” and inserting “for which a scholarship”; and

(iii) by inserting “or for which a scholarship or lump sum education debt reduction may be provided under subchapter X of this chapter,” before “as the case may be”; and

(B) in subsection (b), by striking “or IX” and inserting “IX, or X”.

(3) APPLICATION.—Section 7603(a)(1) of such title is amended by striking “or IX” and inserting “IX, or X”.

(4) TERMS OF AGREEMENT.—Section 7604 of such title is amended by striking “or IX” each place it appears and inserting “IX, or X”.

(5) ANNUAL REPORT.—Section 7632 of such title is amended—

(A) in paragraph (1), by striking “and the Readjustment Counseling Service Scholarship Program” and inserting “the Readjustment Counseling Service Scholarship Program, and the Start and Stay at VA Program”; and

(B) in paragraph (4), by striking “and per participant in the Readjustment Counseling
Service Scholarship Program” and inserting “per participant in the Readjustment Counseling Service Scholarship Program, and per participant in the Start and Stay at VA Program”.

SEC. 202. EXPANSION OF PERIOD OF PAYMENT UNDER EMPLOYEE INCENTIVE SCHOLARSHIP PROGRAM.

Section 7673(c) of title 38, United States Code, is amended—

(1) in paragraph (1) by striking “six” and inserting “eight”; and

(2) in paragraph (2) by striking “three” and inserting “four”.

SEC. 203. MENTORSHIP PROGRAM FOR EXECUTIVE LEADERSHIP TEAMS AT MEDICAL CENTERS OF THE DEPARTMENT OF VETERANS AFFAIRS.

(a) In General.—The Secretary of Veterans Affairs may establish a program to connect covered individuals (in this section referred to as “mentees”) with peer mentors to facilitate sharing of best practices and leadership experiences and to foster opportunities to develop knowledge and skills required to lead successfully at medical facilities of the Department (in this section referred to as the “mentorship program”).
(b) COVERED INDIVIDUAL DEFINED.—In this section, the term “covered individual” means—

(1) an individual in the position of Facility Director, Chief of Staff, Associate Director of Patient Care Services, Associate Director, Assistant Director, or Deputy Director at a medical center of the Department; or

(2) any other employee of the Department who is determined by the Secretary to be an executive leader at a medical center of the Department.

(c) ELIGIBILITY.—The following employees of the Department are eligible for participation as mentees in the mentorship program:

(1) An employee appointed to a position as a covered individual on or after the date of the enactment of this Act.

(2) A covered individual employed at a medical center of the Department (regardless of appointment commencement date) that meets one or more of the following criteria:

(A) Reports poor performance, as defined by the Secretary, on the Strategic Analytics for Improvement and Learning Value Model of the Department, or successor similar model.
(B) Reports data under section 1703C(a)(3) of title 38, United States Code, as published on the Access to Care website of the Department, or successor similar website, that—

(i) does not consistently meet the level reported in the community surrounding such medical center, as determined by the Secretary; or

(ii) does not meet a threshold level determined by the Secretary;

(C) Has one or more recommendations from a report by the Office of Inspector General of the Department of Veterans Affairs that is still open more than one year after the report was published.

(3) A covered individual employed at a medical center of the Department (regardless of appointment commencement date) who is recommended by the director of the Veterans Integrated Service Network overseeing such medical center.

(d) CRITERIA FOR PEER MENTORS.—Each peer mentor to be paired with a mentee under subsection (a) shall meet each of the following criteria:
(1) Previous or current employment in the same position title as the mentee.

(2) Employment in that position for not less than two years.

(3) Employment at a medical center of the Department that reports—

   (A) above average performance, as defined by the Secretary, on the Strategic Analytics for Improvement and Learning Value Model of the Department, or successor similar model; and

   (B) data under section 1703C(a)(3) of title 38, United States Code, as published on the Access to Care website of the Department, or successor similar website, that exceeds the level reported in the community surrounding such medical center, as determined by the Secretary.

(e) REPORT.—Not later than one year after the date of the enactment of this Act, and annually thereafter for an additional three years, the Secretary shall submit to the Committee on Veterans’ Affairs of the Senate and the Committee on Veterans’ Affairs of the House of Representatives a report on the mentorship program, including—
(1) the number of mentees and peer mentors participating in the mentorship program, disaggregated by medical center of the Department;

(2) the number of mentor-mentee pairings initiated under each of the eligibility criteria outlined in paragraphs (1), (2), and (3) of subsection (c), including information on any circumstances in which multiple criteria under such paragraphs were met;

(3) a description of the actions taken by the Department to encourage communication between mentees and peer mentors;

(4) aggregated feedback from participants in the mentorship program; and

(5) the turnover rate for covered individuals.

TITLE III—OTHER HEALTH CARE MATTERS

SEC. 301. TIMING FOR SCHEDULING OF APPOINTMENTS AT FACILITIES OF DEPARTMENT OF VETERANS AFFAIRS.

(a) In General.—Subchapter I of chapter 17 of title 38, United States Code, is amended by inserting after section 1706A the following new section:
$1706B. Requirements for timing of scheduling of appointments at Department facilities

The Secretary shall ensure that an appointment for a veteran for care or services under this chapter from a facility of the Department—

“(1) in the case of a non-urgent appointment, is scheduled (but may occur at a later date) not later than seven days after the earlier of the date on which—

“(A) a clinician of the Department determines that the veteran requires care; or

“(B) the veteran presents to the Department requesting care; and

“(2) in the case of an appointment for urgent care, is completed not later than 48 hours after the earlier of the date on which—

“(A) a clinician of the Department determines that the veteran requires care; or

“(B) the veteran presents to the Department requesting care.”.

(b) CLERICAL AMENDMENT.—The table of sections at the beginning of such subchapter is amended by inserting after the item relating to section 1706A the following new item:

“1706B. Requirements for timing of scheduling of appointments at Department facilities.”.
(c) EFFECTIVE DATE.—The Secretary of Veterans Affairs shall comply with the requirements under section 1706B of title 38, United States Code, as added by subsection (a), by not later than 180 days after the date of the enactment of this Act.

SEC. 302. MODIFICATION OF REQUIREMENTS FOR STANDARDS FOR QUALITY OF CARE FROM DEPARTMENT OF VETERANS AFFAIRS.

(a) IN GENERAL.—Subsection (a) of section 1703C of title 38, United States Code, is amended—

(1) in paragraph (2)—

(A) by striking “In establishing” and inserting “(A) In establishing”; and

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

“(B) The Secretary shall ensure that the standards for quality established under paragraph (1) are comparable to industry standards to ensure there is adequate data transference between care furnished by the Department and care furnished by a non-Department provider.”;

(2) in paragraph (3)—

(A) in subparagraph (A), by striking “; and” and inserting a semicolon;

(B) in subparagraph (B)—
(i) in the matter preceding clause (i), by striking “to the following:” and inserting “to—”;
(ii) in clause (i)—
   (I) by striking “Timely” and inserting “timely”; and
   (II) by striking the period at the end and inserting a semicolon;
(iii) in clause (ii)—
   (I) by striking “Effective” and inserting “effective”; and
   (II) by striking the period at the end and inserting a semicolon;
(iv) in clause (iii)—
   (I) by striking “Safety” and inserting “safety”; and
   (II) by striking the period at the end and inserting a semicolon;
(v) in clause (iv)—
   (I) by striking “Efficiency” and inserting “efficiency”; and
   (II) by striking the period at the end and inserting “; and”; and
(vi) by adding at the end the following new clause:
“(v) equitable care; and”; and

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

“(C) measurements of standards for quality that include measurements of—

“(i) the degree to which care is furnished uniquely to patient needs;

“(ii) workforce safety;

“(iii) employee engagement;

“(iv) safety culture;

“(v) outcomes on patient quality of life;

and

“(vi) such other matters as the Secretary considers appropriate.”;

(3) in paragraph (4), by striking “and the Centers for Medicare & Medicaid Services” and inserting “the Centers for Medicare & Medicaid Services, and the Indian Health Service”; and

(4) by striking paragraph (5) and inserting the following new paragraphs:

“(5) When collecting, considering, and applying data related to patient care for purposes of establishing standards for quality under paragraph (1), the Secretary shall ensure no metric is being over or under analyzed.
“(6) In establishing standards for quality under paragraph (1), the Secretary shall—

“(A) utilize the most current practices in extracting and analyzing relevant data;

“(B) utilize all relevant data available to the Secretary;

“(C) ensure the most efficient use of time and resources related to the use of data scientists employed by the Department; and

“(D) collaborate, as appropriate, with entities specified in paragraph (4).

“(7)(A) Not later than five years after the submittal of the report required by section 302(d)(2)(B) of the Making Community Care Work for Veterans Act of 2023, and not less frequently than once every five years thereafter, the Secretary shall update the standards for quality established under paragraph (1) pursuant to the requirements for the establishment of such standards under this subsection.

“(B) Not later than 30 days after any update under subparagraph (A) of standards for quality established under paragraph (1), the Secretary shall submit to the appropriate committees of Congress a report on such updated standards for quality.”
(b) PUBLICATION AND CONSIDERATION OF PUBLIC COMMENTS.—Subsection (b) of such section is amended—

(1) in paragraph (1)—

(A) by striking “Not later than 1 year after the date on which the Secretary establishes standards for quality under subsection (a)” and inserting “Not less frequently than once every three years”; and

(B) by inserting “pursuant to standards for quality under subsection (a)” after “medical facilities of the Department”; and

(2) in paragraph (2), by inserting “or updates” after “establishes”.

(c) REPORT.—Not later than one year after the date of the enactment of this Act, the Secretary of Veterans Affairs shall submit to the appropriate committees of Congress a report on—

(1) how the Secretary has consulted with entities specified in paragraph (4) of section 1703C(a) of title 38, United States Code, before the date of the enactment of this Act in establishing standards for quality under such section;

(2) how the Secretary has continued to consult with those entities on and after such date of enactment; and
(3) how the Secretary intends to leverage data sciences to improve standards for quality care furnished by the Department of Veterans Affairs.

(d) Initial Update to Quality Care Metrics.—

(1) Report.—Not later than one year after the date of the enactment of this Act, the Secretary of Veterans Affairs shall submit to the appropriate committees of Congress a report on how the Secretary plans to implement the amendments made by subsections (a) and (b).

(2) Implementation.—Not later than two years after the date of the enactment of this Act, the Secretary shall—

(A) implement the amendments made by subsections (a) and (b), including by updating the standards for quality established under section 1703C(a)(1) of title 38, United States Code; and

(B) submit to the appropriate committees of Congress a report detailing the standards for quality updated pursuant to such amendments.

(e) Appropriate Committees of Congress Defined.—In this section, the term “appropriate committees of Congress” means—
(1) the Committee on Veterans’ Affairs and the
Committee on Appropriations of the Senate; and
(2) the Committee on Veterans’ Affairs and the
Committee on Appropriations of the House of Rep-
resentatives.

SEC. 303. MENTAL HEALTH RESIDENTIAL REHABILITATION
TREATMENT PROGRAM OF THE DEPART-
MENT OF VETERANS AFFAIRS.

(a) General Requirements.—

(1) Deadline.—The Secretary of Veterans Af-
fairs shall fulfill each requirement under this section
by not later than one year after the date of the en-
actment of this Act, unless otherwise specified.

(2) Guidance.—The Secretary shall update the
guidance of the Department of Veterans Affairs on
the operation of the Mental Health Residential Re-
habilitation Treatment Program (in this section re-
ferred to as the “Program”) to reflect each of the
requirements under subsections (b) through (h).

(b) Referral and Admission.—

(1) Referral.—

(A) Standardized process.—The Sec-
retary shall establish a standardized consulta-
tion requirement or other process for referrals
to the Program.
(B) **TIMELINESS STANDARDS.**—The Secretary shall specify timeliness standards for responding to referrals and completing screenings for the Program, including for when priority admission is requested, from—

(i) providers of the Department;

(ii) non-Department providers; and

(iii) veteran patients (self-referrals).

(2) **SCREENING OF PRIORITY VETERANS.**—

(A) **IN GENERAL.**—For any veteran who meets priority admission standards under the Program during a screening for the Program, the Secretary shall admit the veteran not later than 72 hours after the time at which the veteran was screened.

(B) **OTHER ADMISSION OPTIONS.**—With respect to a veteran specified in subparagraph (A), if there are no available bed spaces for admission under the Program at the facility of the Department or within the Veterans Integrated Service Network nearest to the residence of the veteran within the 72-hour period specified in such subparagraph, the Secretary shall offer the veteran a choice of care—
(i) at another facility of the Department anywhere in the United States that can admit the veteran within such period; or

(ii) at a non-Department residential care facility in the community that can admit the veteran within such period and—

(I) has a contract or agreement with the Department in place; or

(II) will enter into such a contract or agreement prior to furnishing such care.

(3) ADMISSION.—The Secretary shall specify timeliness standards for the admission of a veteran into the Program, or the referral of a veteran to a non-Department residential care facility in the community, upon making an admission decision with respect to the veteran.

(4) PERFORMANCE METRICS.—

(A) IN GENERAL.—The Secretary shall develop metrics to track, and shall subsequently track, the performance of the Department, and contractors of the Department that provide residential care to veterans, in meeting—
(i) the requirements for referral to the Program under paragraph (1) and any other provision of law;

(ii) the requirements for screening for the Program and other admission options under paragraph (2); and

(iii) the requirements for timely admission to the Program under paragraph (3).

(B) ELEMENTS.—The metrics developed under subparagraph (A) shall include metrics for tracking performance with respect to routine and priority access under the Program.

(c) PLACEMENT; TRANSPORTATION.—

(1) LOCATIONS; START DATES.—If the Secretary determines that a veteran is in need of residential care under the Program, the Secretary shall provide the veteran with a list of locations that meet—

(A) the care needs of the veteran, including applicable treatment tracks; and

(B) the clinically indicated best start date for the veteran to receive care, taking into account the preferences of the veteran.
(2) WAIT TIMES.—The Secretary shall make every effort to limit the time a veteran waits for placement into the Program, including by offering the veteran placement at one or more locations outside of the area of the home facility of the veteran or the home Veterans Integrated Service Network of the veteran, or at a non-Department residential care facility, if there are no other options that meet the care needs of the veteran and are consistent with the policy of the Department on wait times for access to care under the Program.

(3) TRANSPORTATION COVERAGE.—The Secretary shall provide transportation or pay for or reimburse the costs of transportation for any veteran who is admitted into the Program and needs transportation assistance—

(A) from the residence of the veteran or a facility of the Department or authorized non-Department facility that does not provide such care to another such facility that provides residential care covered under the Program; and

(B) back to the residence of the veteran after the conclusion of the Program, if applicable.
(d) CONSIDERATIONS.—In making screening, admission, and placement decisions under the Program, the Secretary shall consider the input and preferences of the veteran and the treating clinicians of the veteran, including with respect to wait times, the program specialty, subtype, or treatment track offered to the veteran, and the geographic placement of the veteran, including family- or occupation-related preferences or circumstances.

(e) APPEALS.—

(1) IN GENERAL.—The Secretary shall develop a national policy and associated procedures under which a veteran, a representative of a veteran, or a provider who refers a veteran to the Program, including a provider of the Department or a non-Department provider, may file an appeal if the veteran is denied admission into the Program or is accepted into the Program but is not offered bed placement in a timely manner.

(2) TIMELINESS STANDARDS FOR REVIEW.—

(A) IN GENERAL.—The national policy and procedures developed under paragraph (1) for appeals described in such paragraph shall include timeliness standards for the Department to review and make a decision on such an appeal.
(B) PRIORITY ADMISSION.—The Secretary shall review and respond to all appeals related to priority admission to the Program not later than 72 hours after receiving the appeal.

(C) ROUTINE ADMISSION.—The Secretary shall review and respond to all appeals related to routine admission to the Program not later than five business days after receiving the appeal.

(3) PUBLIC GUIDANCE.—The Secretary shall develop, and make available to the public, guidance on how a veteran, a representative of the veteran, or a referring provider of the veteran can file an appeal—

(A) if the veteran is denied admission into the Program;

(B) if the veteran is admitted into the Program and the first date on which the veteran may enter the Program does not comply with the wait time standards established by the Department and under this section for purposes of priority or routine admission into the Program; or

(C) with respect to such other factors as the Secretary may specify.
(f) Tracking of Availability and Wait Times.—

(1) In general.—The Secretary shall create a method for tracking availability and wait times under the Program across all facilities and Veterans Integrated Service Networks of the Department throughout the United States.

(2) Availability of information.—The Secretary shall make the information tracked under paragraph (1) available in real time to—

(A) the mental health treatment coordinators at each facility of the Department;

(B) the leadership of each medical center of the Department;

(C) the leadership of each Veterans Integrated Service Network; and

(D) the Office of the Under Secretary for Health of the Department.

(g) Training and Oversight.—

(1) Training.—

(A) In general.—The Secretary shall update and implement training for all staff of the Department involved in the Program regarding referrals, screening, admission, placement decisions, and appeals for the Program, including
all changes to processes and guidance under the Program required by this section.

(B) VETERANS AWAITING ADMISSION.—

The training under subparagraph (A) shall include procedures for the care of veterans awaiting admission into the Program and communication with such veterans and their referring providers.

(C) TIMING OF TRAINING.—

(i) IN GENERAL.—The Secretary shall require the training under subparagraph (A) to be completed by staff required to complete such training—

(I) upon being first employed in a position that includes work involving the Program; and

(II) not less frequently than annually.

(ii) TRACKING.—The Secretary shall track completion of training required under clause (i) by staff required to complete such training and ensure its completion as required under such clause.

(2) OVERSIGHT STANDARDS.—The Secretary shall review and revise oversight standards for the
leadership of the Veterans Integrated Service Networks to ensure that facilities and staff of the Department are adhering to the policy of the Program on access to care.

(h) Care Coordination and Follow-up Care.—

(1) Continuity of Care.—The Secretary shall ensure each veteran who is screened for admission to the Program is offered, and provided if agreed upon, care options during the period between screening of the veteran and admission of the veteran to the Program to ensure the veteran does not experience any lapse in care.

(2) Care Coordination for Substance Use Disorder.—For a veteran being treated for substance use disorder, the Secretary shall—

(A) ensure there is a care plan in place during the period between any detoxification services or inpatient care received by the veteran and admission of the veteran to the Program; and

(B) communicate that care plan to the veteran, the primary care provider of the veteran, and the facility of the Program where the veteran is or will be residing.

(3) Care Planning Prior to Discharge.—
(A) **IN GENERAL**.—The Secretary, in consultation with the veteran and the treating providers of the veteran in the Program, shall ensure the completion of a care plan prior to the veteran being discharged from the Program.

(B) **MATTERS TO BE INCLUDED**.—The care plan required under subparagraph (A) for a veteran shall include details on the course of treatment for the veteran following completion of treatment under the Program, including any needed follow-up care.

(C) **SHARING OF CARE PLAN**.—The care plan required under subparagraph (A) shall be shared with the veteran, the primary care provider of the veteran, and any other providers with which the veteran consents to sharing the plan.

(D) **DISCHARGE FROM NON-DEPARTMENT FACILITY**.—Upon discharge of a veteran under the Program from a non-Department facility, the facility shall share with the Department all care records maintained by the facility with respect to the veteran and shall work in consultation with the Department on the care plan of the veteran required under subparagraph (A).
(i) Reports to Congress.—

(1) Report on changes made to program.—

(A) In general.—Not later than two years after the date of the enactment of this Act, the Secretary shall submit to the Committee on Veterans' Affairs of the Senate and the Committee on Veterans' Affairs of the House of Representatives a report on changes made to the guidance, operation, and oversight of the Program to fulfill the requirements of this section.

(B) Funding.—The report required by subparagraph (A) shall—

(i) examine how care provided to veterans under the Program is funded, including care provided through—

(I) facilities of the Department;

and

(II) non-Department facilities.

(ii) assess whether costs of the Program, including for residential care provided through facilities of the Department and non-Department facilities, serve as a disincentive to placement in the Program;
(iii) identify the average cost of a stay under the Program, including total stay average and daily average, at—

(I) a facility of the Department; and

(II) a non-Department facility; and

(iv) include such recommendations as the Secretary may have for legislative or administrative action to address any funding constraints or disincentives for use of the Program.

(C) ACTIONS TAKEN TO ADDRESS RECOMMENDATIONS.—

(i) IN GENERAL.—The Secretary shall include with the report required by subparagraph (A) a description of actions taken by the Department to address the findings and recommendations by the Secretary contained in the report under section 503(c) of the STRONG Veterans Act of 2022 (division V of Public Law 117–328).
(ii) Actions to be included.—Actions to be included under clause (i) shall include—

(I) any new locations of the Program added;

(II) any beds added at existing facilities of the Program; and

(III) any additional treatment tracks or gender-specific programs created or added at facilities of the Department.

(2) Annual report on operation of Program.—

(A) In general.—Not later than one year after submitting the report required by paragraph (1)(A), and not less frequently than annually thereafter, the Secretary shall submit to the Committee on Veterans’ Affairs of the Senate and the Committee on Veterans’ Affairs of the House of Representatives a report on the operation of the Program.

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

(i) The number of veterans served by the Program, disaggregated by—
(I) Veterans Integrated Service Network in which the veteran receives care;

(II) facility, including facilities of the Department and non-Department facilities, at which the veteran receives care;

(III) type of residential rehabilitation treatment care received by the veteran under the Program;

(IV) gender of the veteran; and

(V) race or ethnicity of the veteran.

(ii) Wait times under the Program for the most recent year data is available, disaggregated by—

(I) treatment track or specificity of residential rehabilitation treatment care sought by the veteran;

(II) gender of the veteran;

(III) State or territory in which the veteran is located;

(IV) Veterans Integrated Service Network in which the veteran is located; and
(V) facility of the Department at which the veteran seeks care.

(iii) A list of all locations of the Program and number of bed spaces at each such location, disaggregated by residential rehabilitation treatment care or treatment track provided under the Program at such location.

(iv) A list of any new Program locations added or removed and any bed spaces added or removed during the one-year period preceding the date of the report.

(v) Average cost of a stay under the Program, including total stay average and daily average, at—

(I) a facility of the Department; and

(II) a non-Department facility.

(vi) A review of staffing needs and gaps with respect to the Program.

(vii) Any recommendations for changes to the operation of the Program, including any policy changes, guidance changes, training changes, or other changes.
(j) **Government Accountability Office Review on Access to Care Under the Program.**—

(1) **In General.**—Not later than two years after the date of the enactment of this Act, the Comptroller General of the United States shall review access to care under the Program for veterans in need of residential mental health care and substance use disorder care.

(2) **Elements.**—The review required by paragraph (1) shall include the following:

(A) A review of wait times under the Program, disaggregated by—

(i) treatment track or specificity of residential rehabilitation treatment care needed;

(ii) gender of the veteran;

(iii) home State of the veteran;

(iv) home Veterans Integrated Service Network of the veteran; and

(v) wait times for—

(I) facilities of the Department;

and

(II) non-Department facilities.
(B) A review of policy and training of the Department on screening, admission, and placement under the Program.

(C) A review of the rights of veterans and referring providers to appeal admission decisions under the Program and how the Department adjudicates appeals.

(D) A review of how the preferences of a veteran admitted to the Program are taken into consideration when determining the facility at which the veteran will be placed in the Program.

(E) A review of staffing and staffing needs and gaps of the Program, including with respect to—

(i) mental health providers and coordinators at the facility level;

(ii) staff of Program facilities; and

(iii) overall administration of the Program at the national level.

(F) Recommendations for improvement of access by veterans to care under the Program, including with respect to—

(i) any new sites or types of programs needed or in development;
(ii) changes in training or policy;

(iii) changes in communications with veterans; and

(iv) oversight of the Program by the Department.

(k) Definitions.—In this section:

(1) Mental Health Residential Rehabilitation Treatment Program.—The term “Mental Health Residential Rehabilitation Treatment Program”—

(A) means the array of programs and services of the Department that comprise residential care for mental health and substance use disorders; and

(B) includes the programs designated as of the date of the enactment of this Act as domiciliary residential rehabilitation treatment programs.

(2) Treatment Track.—The term “treatment track” means a specialized treatment program that is provided to a subset of veterans in the Program who receive the same or similar intensive treatment and rehabilitative services.

(3) United States.—The term “United States” means the 50 States, the District of Colum-
bia, the Commonwealth of Puerto Rico, Guam, the
Virgin Islands, American Samoa, and any other
commonwealth, territory, or possession of the United
States.

SEC. 304. ELECTRONIC DOCUMENT SUBMISSION OPTION
FOR THE CHAMPVA PROGRAM.

(a) ONLINE PORTAL.—Not later than 18 months
after the date of the enactment of this Act, the Secretary
of Veterans Affairs shall publish an online portal allow-
ing—

(1) individuals applying for medical care under
section 1781 of title 38, United States Code, the
ability to—

(A) submit application materials electroni-
cally;

(B) view the status of their application on-
line; and

(C) select their preferred method of com-
munication regarding their application, which
the Department of Veterans Affairs shall use
upon their first attempt to contact the indi-
vidual if there are any issues with their applica-
tion;
(2) individuals applying for or receiving medical care under such section the ability to submit electronically—

(A) documentation regarding other health insurance certification;

(B) documentation regarding school enrollment certification; and

(C) any other documentation required to apply for or continue coverage under such section; and

(3) individuals receiving medical care under such section and providers of medical care under such section the ability to—

(A) submit medical claims documentation electronically;

(B) request reprocessing of a denied claim electronically; and

(C) file a reconsideration or appeal of a claim electronically.

(b) CONTRACT.—The Secretary may enter into a contract with a non-Department entity to carry out subsection (a).

(e) OUTREACH.—Upon the implementation of the online portal required under subsection (a), the Secretary shall conduct outreach to ensure individuals eligible for
care under section 1781 of title 38, United States Code, and providers of such care are aware of the portal.

(d) Rule of Construction.—Nothing in this section shall be construed to limit the ability of the Secretary to collect application materials relating to medical care under section 1781 of title 38, United States Code, by mail or by fax.

(e) Reports.—

(1) In general.—Not later than 270 days after the date of the enactment of this Act, and every 180 days thereafter for three years, the Secretary shall submit to the Committee on Veterans’ Affairs of the Senate and the Committee on Veterans’ Affairs of the House of Representatives a report on the progress of implementation of the online portal required under subsection (a).

(2) Elements.—Each report required under paragraph (1) shall include—

(A) whether a contract with a non-Department entity was procured to carry out subsection (a) and, if so, information on which entity or entities to which the contract was awarded;

(B) the number of applications for medical care under section 1781 of title 38, United
States Code, that are currently pending,
disaggregated by whether they were received—
 (i) by mail;
 (ii) by fax; or
 (iii) electronically;
 (C) a description of efforts taken by the
 Department to conduct outreach under sub-
 section (c); and
 (D) an assessment of user satisfaction with
 the new online portal required under subsection
 (a).

SEC. 305. REVIEW OF WORKFLOWS ASSOCIATED WITH
PROCESSING REFERRALS BETWEEN FACILI-
TIES OF THE VETERANS HEALTH ADMINIS-
TRATION.

(a) IN GENERAL.—The Secretary of Veterans Affairs
shall conduct a review of the workflows directly associated
with processing referrals of patients between facilities of
the Veterans Health Administration to identify specific
delays or bottlenecks in such referrals.

(b) INCLUSION OF CONSULT MANAGEMENT RE-
VIEW.—The review required under subsection (a) shall in-
clude—

(1) a review of the interfacility consult manage-
ment guidance of the Veterans Health Administra-
tion that assists facilities in setting up a workflow
for consults between facilities; and

(2) a review of the roles and responsibilities of
the individuals involved in the consult management
process in managing those consults, including the
role of the referral coordination team.

(c) REPORT.—Not later than 180 days after the date
of the enactment of this Act, the Secretary shall submit
to Congress a report on the results of the review conducted
under subsection (a).