

113TH CONGRESS
2D SESSION

H. R. 4841

To improve the access of veterans to medical services from the Department of Veterans Affairs, and for other purposes.

IN THE HOUSE OF REPRESENTATIVES

JUNE 11, 2014

Mrs. KIRKPATRICK (for herself, Mr. MICHAUD, Mr. BARBER, Mr. GRIJALVA, and Mr. PASTOR of Arizona) introduced the following bill; which was referred to the Committee on Veterans' Affairs, and in addition to the Committees on Oversight and Government Reform and the Budget, for a period to be subsequently determined by the Speaker, in each case for consideration of such provisions as fall within the jurisdiction of the committee concerned

A BILL

To improve the access of veterans to medical services from the Department of Veterans Affairs, 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 “Veterans’ Access to Care through Choice, Accountability,
6 and Transparency Act of 2014”.

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

Sec. 1. Short title; table of contents.

TITLE I—IMPROVEMENT OF SCHEDULING SYSTEM FOR HEALTH CARE APPOINTMENTS

Sec. 101. Independent assessment of the scheduling of appointments and other health care management processes of the Department of Veterans Affairs.

Sec. 102. Technology task force on review of scheduling system and software of the Department of Veterans Affairs.

TITLE II—TRAINING AND HIRING OF HEALTH CARE STAFF

Sec. 201. Treatment of staffing shortage and biannual report on staffing of medical facilities of the Department of Veterans Affairs.

Sec. 202. Clinic management training for managers and health care providers of the Department of Veterans Affairs.

Sec. 203. Use of unobligated amounts to hire additional health care providers for the Veterans Health Administration.

TITLE III—IMPROVEMENT OF ACCESS TO CARE FROM NON-DEPARTMENT OF VETERANS AFFAIRS PROVIDERS

Sec. 301. Expanded availability of hospital care and medical services for veterans through the use of contracts.

Sec. 302. Transfer of authority for payments for hospital care, medical services, and other health care from non-Department providers to the Chief Business Office of the Veterans Health Administration of the Department.

Sec. 303. Enhancement of collaboration between Department of Veterans Affairs and Indian Health Service.

Sec. 304. Enhancement of collaboration between Department of Veterans Affairs and Native Hawaiian health care systems.

Sec. 305. Sense of Congress on prompt payment by Department of Veterans Affairs.

TITLE IV—HEALTH CARE ADMINISTRATIVE MATTERS

Sec. 401. Improvement of access of veterans to mobile vet centers of the Department of Veterans Affairs.

Sec. 402. Commission on construction projects of the Department of Veterans Affairs.

Sec. 403. Commission on Access to Care.

Sec. 404. Improved performance metrics for health care provided by Department of Veterans Affairs.

Sec. 405. Improved transparency concerning health care provided by Department of Veterans Affairs.

Sec. 406. Information for veterans on the credentials of Department of Veterans Affairs physicians.

Sec. 407. Information in annual budget of the President on hospital care and medical services furnished through expanded use of contracts for such care.

Sec. 408. Prohibition on falsification of data concerning wait times and quality measures at Department of Veterans Affairs.

Sec. 409. Removal of Senior Executive Service employees of the Department of Veterans Affairs for performance.

TITLE V—HEALTH CARE RELATED TO SEXUAL TRAUMA

- Sec. 501. Expansion of eligibility for sexual trauma counseling and treatment to veterans on inactive duty training.
- Sec. 502. Provision of counseling and treatment for sexual trauma by the Department of Veterans Affairs to members of the Armed Forces.
- Sec. 503. Reports on military sexual trauma.

TITLE VI—MAJOR MEDICAL FACILITY LEASES

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

TITLE VII—VETERANS BENEFITS MATTERS

- Sec. 701. Expansion of Marine Gunnery Sergeant John David Fry Scholarship.
- Sec. 702. Approval of courses of education provided by public institutions of higher learning for purposes of All-Volunteer Force Educational Assistance Program and Post-9/11 Educational Assistance conditional on in-State tuition rate for veterans.

TITLE VIII—APPROPRIATION AND EMERGENCY DESIGNATIONS

- Sec. 801. Appropriation of emergency amounts.
- Sec. 802. Emergency designations.

1 **TITLE I—IMPROVEMENT OF**
 2 **SCHEDULING SYSTEM FOR**
 3 **HEALTH CARE APPOINT-**
 4 **MENTS**

5 **SEC. 101. INDEPENDENT ASSESSMENT OF THE SCHED-**
 6 **ULING OF APPOINTMENTS AND OTHER**
 7 **HEALTH CARE MANAGEMENT PROCESSES OF**
 8 **THE DEPARTMENT OF VETERANS AFFAIRS.**

9 (a) INDEPENDENT ASSESSMENT.—

10 (1) ASSESSMENT.—Not later than 30 days
 11 after the date of the enactment of this Act, the Sec-
 12 retary of Veterans Affairs shall enter into a contract
 13 with an independent third party to assess the fol-
 14 lowing:

1 (A) The process at each medical facility of
2 the Department of Veterans Affairs for sched-
3 uling appointments for veterans to receive hos-
4 pital care, medical services, or other health care
5 from the Department.

6 (B) The staffing level and productivity of
7 each medical facility of the Department, includ-
8 ing the following:

9 (i) The case load of each health care
10 provider of the Department.

11 (ii) The time spent by each health
12 care provider of the Department on mat-
13 ters other than the case load of such
14 health care provider, including time spent
15 by such health care provider as follows:

16 (I) At a medical facility that is
17 affiliated with the Department.

18 (II) Conducting research.

19 (III) Training or overseeing other
20 health care professionals of the De-
21 partment.

22 (C) The organization, processes, and tools
23 used by the Department to support clinical doc-
24 umentation and the subsequent coding of inpa-
25 tient services.

1 (D) The purchasing, distribution, and use
2 of pharmaceuticals, medical and surgical sup-
3 plies, and medical devices by the Department,
4 including the following:

5 (i) The prices paid for, standardiza-
6 tion of, and use by the Department of the
7 following:

8 (I) High-cost pharmaceuticals.

9 (II) Medical and surgical sup-
10 plies.

11 (III) Medical devices.

12 (ii) The use by the Department of
13 group purchasing arrangements to pur-
14 chase pharmaceuticals, medical and sur-
15 gical supplies, medical devices, and health
16 care related services.

17 (iii) The strategy used by the Depart-
18 ment to distribute pharmaceuticals, med-
19 ical and surgical supplies, and medical de-
20 vices to Veterans Integrated Service Net-
21 works and medical facilities of the Depart-
22 ment.

23 (E) The performance of the Department in
24 paying amounts owed to third parties and col-
25 lecting amounts owed to the Department with

1 respect to hospital care, medical services, and
2 other health care, including any recommenda-
3 tions of the independent third party as follows:

4 (i) To avoid the payment of penalties
5 to vendors.

6 (ii) To increase the collection of
7 amounts owed to the Department for hos-
8 pital care, medical services, or other health
9 care provided by the Department for which
10 reimbursement from a third party is au-
11 thorized.

12 (iii) To increase the collection of any
13 other amounts owed to the Department.

14 (2) ELEMENTS OF SCHEDULING ASSESS-
15 MENT.—In carrying out the assessment required by
16 paragraph (1)(A), the independent third party shall
17 do the following:

18 (A) Review all training materials per-
19 taining to scheduling of appointments at each
20 medical facility of the Department.

21 (B) Assess whether all employees of the
22 Department conducting tasks related to sched-
23 uling are properly trained for conducting such
24 tasks.

1 (C) Assess whether changes in the tech-
2 nology or system used in scheduling appoint-
3 ments are necessary to limit access to the sys-
4 tem to only those employees that have been
5 properly trained in conducting such tasks.

6 (D) Assess whether health care providers
7 of the Department are making changes to their
8 schedules that hinder the ability of employees
9 conducting such tasks to perform such tasks.

10 (E) Assess whether the establishment of a
11 centralized call center throughout the Depart-
12 ment for scheduling appointments at medical
13 facilities of the Department would improve the
14 process of scheduling such appointments.

15 (F) Assess whether booking templates for
16 each medical facility or clinic of the Depart-
17 ment would improve the process of scheduling
18 such appointments.

19 (G) Recommend any actions to be taken by
20 the Department to improve the process for
21 scheduling such appointments, including the fol-
22 lowing:

23 (i) Changes in training materials pro-
24 vided to employees of the Department with

1 respect to conducting tasks related to
2 scheduling such appointments.

3 (ii) Changes in monitoring and assess-
4 ment conducted by the Department of wait
5 times of veterans for such appointments.

6 (iii) Changes in the system used to
7 schedule such appointments, including
8 changes to improve how the Department—

9 (I) measures wait times of vet-
10 erans for such appointments;

11 (II) monitors the availability of
12 health care providers of the Depart-
13 ment; and

14 (III) provides veterans the ability
15 to schedule such appointments.

16 (iv) Such other actions as the inde-
17 pendent third party considers appropriate.

18 (3) TIMING.—The independent third party car-
19 rying out the assessment required by paragraph (1)
20 shall complete such assessment not later than 180
21 days after entering into the contract described in
22 such paragraph.

23 (b) REPORT.—

24 (1) IN GENERAL.—Not later than 90 days after
25 the date on which the independent third party com-

1 completes the assessment under this section, the Sec-
2 retary shall submit to the Committee on Veterans'
3 Affairs of the Senate and the Committee on Vet-
4 erans' Affairs of the House of Representatives a re-
5 port on the results of such assessment.

6 (2) PUBLICATION.—Not later than 30 days
7 after submitting the report under paragraph (1), the
8 Secretary shall publish such report in the Federal
9 Register and on an Internet website of the Depart-
10 ment accessible to the public.

11 **SEC. 102. TECHNOLOGY TASK FORCE ON REVIEW OF**
12 **SCHEDULING SYSTEM AND SOFTWARE OF**
13 **THE DEPARTMENT OF VETERANS AFFAIRS.**

14 (a) TASK FORCE REVIEW.—

15 (1) IN GENERAL.—The Secretary of Veterans
16 Affairs shall, through the use of a technology task
17 force, conduct a review of the needs of the Depart-
18 ment of Veterans Affairs with respect to the sched-
19 uling system and scheduling software of the Depart-
20 ment of Veterans Affairs that is used by the Depart-
21 ment to schedule appointments for veterans for hos-
22 pital care, medical services, and other health care
23 from the Department.

24 (2) AGREEMENT.—

1 (A) IN GENERAL.—The Secretary shall
2 seek to enter into an agreement with a tech-
3 nology organization or technology organizations
4 to carry out the review required by paragraph
5 (1).

6 (B) PROHIBITION ON USE OF FUNDS.—No
7 Federal funds may be used to assist the tech-
8 nology organization or technology organizations
9 under subparagraph (A) in carrying out the re-
10 view required by paragraph (1).

11 (b) REPORT.—

12 (1) IN GENERAL.—Not later than 45 days after
13 the date of the enactment of this Act, the technology
14 task force required under subsection (a)(1) shall
15 submit to the Secretary, the Committee on Veterans'
16 Affairs of the Senate, and the Committee on Vet-
17 erans' Affairs of the House of Representatives a re-
18 port setting forth the findings and recommendations
19 of the technology task force regarding the needs of
20 the Department with respect to the scheduling sys-
21 tem and scheduling software of the Department de-
22 scribed in such subsection.

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

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

5 (B) A determination as to whether an ex-
6 isting off-the-shelf system would—

7 (i) meet the needs of the Department
8 to schedule appointments for veterans for
9 hospital care, medical services, and other
10 health care from the Department; and

11 (ii) improve the access of veterans to
12 such care and services.

13 (3) PUBLICATION.—Not later than 30 days
14 after the receipt of the report required by paragraph
15 (1), the Secretary shall publish such report in the
16 Federal Register and on an Internet website of the
17 Department accessible to the public.

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

1 **TITLE II—TRAINING AND HIRING**
2 **OF HEALTH CARE STAFF**

3 **SEC. 201. TREATMENT OF STAFFING SHORTAGE AND BIAN-**
4 **NUAL REPORT ON STAFFING OF MEDICAL FA-**
5 **CILITIES OF THE DEPARTMENT OF VET-**
6 **ERANS AFFAIRS.**

7 (a) STAFFING SHORTAGE.—

8 (1) IN GENERAL.—Not later than 180 days
9 after the date of the enactment of this Act, and not
10 later than September 30 each year thereafter, the
11 Inspector General of the Department of Veterans
12 Affairs shall determine, and the Secretary of Vet-
13 erans Affairs shall publish in the Federal Register,
14 the five occupations of health care providers of the
15 Department of Veterans Affairs for which there is
16 the largest staffing shortage throughout the Depart-
17 ment.

18 (2) RECRUITMENT AND APPOINTMENT.—Not-
19 withstanding sections 3304 and 3309 through 3318
20 of title 5, United States Code, the Secretary may,
21 upon a determination by the Inspector General
22 under paragraph (1) that there is a staffing short-
23 age throughout the Department with respect to a
24 particular occupation of health care provider, recruit
25 and directly appoint highly qualified health care pro-

1 viders to serve as health care providers in that par-
2 ticular occupation for the Department.

3 (3) PRIORITY IN HEALTH PROFESSIONALS EDU-
4 CATIONAL ASSISTANCE PROGRAM TO CERTAIN PRO-
5 VIDERS.—Section 7612(b)(5) of title 38, United
6 States Code, is amended—

7 (A) in subparagraph (A), by striking
8 “and” at the end;

9 (B) by redesignating subparagraph (B) as
10 subparagraph (C); and

11 (C) by inserting after subparagraph (A)
12 the following new subparagraph (B):

13 “(B) shall give priority to applicants pursuing
14 a course of education or training towards a career
15 in an occupation for which the Secretary has, in the
16 most current determination published in the Federal
17 Register pursuant to section 201(a)(1) of the Vet-
18 erans’ Access to Care through Choice, Account-
19 ability, and Transparency Act of 2014, determined
20 that there is one of the largest staffing shortages
21 throughout the Department with respect to such oc-
22 cupation; and”.

23 (b) REPORTS.—

24 (1) IN GENERAL.—Not later than 180 days
25 after the date of the enactment of this Act, and not

1 later than December 31 of each even numbered year
2 thereafter until 2024, the Secretary of Veterans Af-
3 fairs shall submit to the Committee on Veterans' Af-
4 fairs of the Senate and the Committee on Veterans'
5 Affairs of the House of Representatives a report as-
6 ssuming the staffing of each medical facility of the
7 Department of Veterans Affairs.

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

10 (A) The results of a system-wide assess-
11 ment of all medical facilities of the Department
12 to ensure the following:

13 (i) Appropriate staffing levels for
14 health care providers to meet the goals of
15 the Secretary for timely access to care for
16 veterans.

17 (ii) Appropriate staffing levels for
18 support personnel, including clerks.

19 (iii) Appropriate sizes for clinical pan-
20 els.

21 (iv) Appropriate numbers of full-time
22 staff, or full-time equivalents, dedicated to
23 direct care of patients.

1 (v) Appropriate physical plant space
2 to meet the capacity needs of the Depart-
3 ment in that area.

4 (vi) Such other factors as the Sec-
5 retary considers necessary.

6 (B) A plan for addressing any issues iden-
7 tified in the assessment described in subpara-
8 graph (A), including a timeline for addressing
9 such issues.

10 (C) A list of the current wait times and
11 workload levels for the following clinics in each
12 medical facility:

13 (i) Mental health.

14 (ii) Primary care.

15 (iii) Gastroenterology.

16 (iv) Women's health.

17 (v) Such other clinics as the Secretary
18 considers appropriate.

19 (D) A description of the results of the
20 most current determination of the Inspector
21 General under paragraph (1) of subsection (a)
22 and a plan to use direct appointment authority
23 under paragraph (2) of such subsection to fill
24 staffing shortages, including recommendations
25 for improving the speed at which the

1 credentialing and privileging process can be
2 conducted.

3 (E) The current staffing models of the De-
4 partment for the following clinics, including rec-
5 ommendations for changes to such models:

6 (i) Mental health.

7 (ii) Primary care.

8 (iii) Gastroenterology.

9 (iv) Women's health.

10 (v) Such other clinics as the Secretary
11 considers appropriate.

12 (F) A detailed analysis of succession plan-
13 ning at medical facilities of the Department, in-
14 cluding the following:

15 (i) The number of positions in medical
16 facilities throughout the Department that
17 are not filled by a permanent employee.

18 (ii) The length of time each position
19 described in clause (i) remained vacant or
20 filled by a temporary or acting employee.

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

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

1 (v) A plan for handling emergency cir-
2 cumstances, such as administrative leave
3 or sudden medical leave for senior officials.

4 (G) The number of health care providers of
5 the Department who have been removed from
6 their positions, have retired, or have left their
7 positions for another reason, disaggregated by
8 provider type, during the two-year period pre-
9 ceeding the submittal of the report.

10 (H) Of the health care providers specified
11 in subparagraph (G) who have been removed
12 from their positions, the following:

13 (i) The number of such health care
14 providers who were reassigned to other po-
15 sitions in the Department.

16 (ii) The number of such health care
17 providers who left the Department.

18 (iii) The number of such health care
19 providers who left the Department and
20 were subsequently rehired by the Depart-
21 ment.

22 **SEC. 202. CLINIC MANAGEMENT TRAINING FOR MANAGERS**
23 **AND HEALTH CARE PROVIDERS OF THE DE-**
24 **PARTMENT OF VETERANS AFFAIRS.**

25 (a) CLINIC MANAGEMENT TRAINING PROGRAM.—

1 (1) IN GENERAL.—Not later than 180 days
2 after the date of the enactment of this Act, the Sec-
3 retary of Veterans Affairs shall commence a clinic
4 management training program to provide in-person,
5 standardized education on health care management
6 to all managers of, and health care providers at,
7 medical facilities of the Department of Veterans Af-
8 fairs.

9 (2) ELEMENTS.—The clinic management train-
10 ing program required by paragraph (1) shall include
11 the following:

12 (A) Training on how to manage the sched-
13 ules of health care providers of the Department,
14 including the following:

15 (i) Maintaining such schedules in a
16 manner that allows appointments to be
17 booked at least eight weeks in advance.

18 (ii) Proper planning procedures for
19 vacation, leave, and graduate medical edu-
20 cation training schedules.

21 (B) Training on the appropriate number of
22 appointments that a health care provider should
23 conduct on a daily basis, based on specialty.

24 (C) Training on how to determine whether
25 there are enough available appointment slots to

1 manage demand for different appointment types
2 and mechanisms for alerting management of in-
3 sufficient slots.

4 (D) Training on how to properly use the
5 appointment scheduling system of the Depart-
6 ment, including any new scheduling system im-
7 plemented by the Department.

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

10 (i) Telemedicine.

11 (ii) Electronic mail.

12 (iii) Text messaging.

13 (iv) Such other technologies as speci-
14 fied by the Secretary.

15 (F) Training on how to properly use phys-
16 ical plant space at medical facilities of the De-
17 partment to ensure efficient flow and privacy
18 for patients and staff.

19 (3) SUNSET.—The clinic management training
20 program required by paragraph (1) shall terminate
21 on the date that is two years after the date on which
22 the Secretary commences such program.

23 (b) TRAINING MATERIALS.—

24 (1) IN GENERAL.—After the termination of the
25 clinic management training program required by

1 subsection (a), the Secretary shall provide training
2 materials on health care management to each of the
3 following employees of the Department upon the
4 commencement of employment of such employee:

5 (A) Any manager of a medical facility of
6 the Department.

7 (B) Any health care provider at a medical
8 facility of the Department.

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

11 (2) UPDATE.—The Secretary shall regularly up-
12 date the training materials required under para-
13 graph (1).

14 **SEC. 203. USE OF UNOBLIGATED AMOUNTS TO HIRE ADDI-**
15 **TIONAL HEALTH CARE PROVIDERS FOR THE**
16 **VETERANS HEALTH ADMINISTRATION.**

17 (a) IN GENERAL.—At the end of each of fiscal years
18 2014 and 2015, all covered amounts shall be made avail-
19 able to the Secretary of Veterans Affairs to hire additional
20 health care providers for the Veterans Health Administra-
21 tion of the Department of Veterans Affairs, or to carry
22 out any provision of this Act or the amendments made
23 by this Act, and shall remain available until expended.

24 (b) PRIORITY IN HIRING.—The Secretary shall
25 prioritize hiring additional health care providers under

1 subsection (a) at medical facilities of the Department and
 2 in geographic areas in which the Secretary identifies the
 3 greatest shortage of health care providers.

4 (c) COVERED AMOUNTS DEFINED.—In this section,
 5 the term “covered amounts” means amounts—

6 (1) that are made available to the Veterans
 7 Health Administration of the Department for an ap-
 8 propriations account—

9 (A) under the heading “MEDICAL SERV-
 10 ICES”;

11 (B) under the heading “MEDICAL SUPPORT
 12 AND COMPLIANCE”; or

13 (C) under the heading “MEDICAL FACILI-
 14 TIES”; and

15 (2) that are unobligated at the end of the appli-
 16 cable fiscal year.

17 **TITLE III—IMPROVEMENT OF**
 18 **ACCESS TO CARE FROM NON-**
 19 **DEPARTMENT OF VETERANS**
 20 **AFFAIRS PROVIDERS**

21 **SEC. 301. EXPANDED AVAILABILITY OF HOSPITAL CARE**
 22 **AND MEDICAL SERVICES FOR VETERANS**
 23 **THROUGH THE USE OF CONTRACTS.**

24 (a) EXPANSION OF AVAILABLE CARE AND SERV-
 25 ICES.—

1 (1) FURNISHING OF CARE.—

2 (A) IN GENERAL.—Hospital care and med-
3 ical services under chapter 17 of title 38,
4 United States Code, shall be furnished to an el-
5 ible veteran described in subsection (b), at the
6 election of such veteran, through contracts au-
7 thorized under subsection (d), or any other law
8 administered by the Secretary of Veterans Af-
9 fairs, with entities specified in subparagraph
10 (B) for the furnishing of such care and services
11 to veterans.

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

14 (i) Any health care provider that is
15 participating in the Medicare program
16 under title XVIII of the Social Security
17 Act (42 U.S.C. 1395 et seq.).

18 (ii) Any Federally-qualified health
19 center (as defined in section 1905(l)(2)(B)
20 of the Social Security Act (42 U.S.C.
21 1396d(l)(2)(B))).

22 (iii) The Department of Defense.

23 (iv) The Indian Health Service.

24 (2) CHOICE OF PROVIDER.—An eligible veteran
25 who elects to receive care and services under this

1 section may select the provider of such care and
2 services from among any source of provider of such
3 care and services through an entity specified in
4 paragraph (1)(B) that is accessible to the veteran.

5 (3) COORDINATION OF CARE AND SERVICES.—

6 The Secretary shall coordinate, through the Non-VA
7 Care Coordination Program of the Department of
8 Veterans Affairs, the furnishing of care and services
9 under this section to eligible veterans, including by
10 ensuring that an eligible veteran receives an appoint-
11 ment for such care and services within the current
12 wait-time goals of the Veterans Health Administra-
13 tion for the furnishing of hospital care and medical
14 services.

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

17 (1)(A) the veteran is enrolled in the patient en-
18 rollment system of the Department of Veterans Af-
19 fairs established and operated under section 1705 of
20 title 38, United States Code; or

21 (B) the veteran is enrolled in such system, has
22 not received hospital care or medical services from
23 the Department, and has contacted the Department
24 seeking an initial appointment from the Department
25 for the receipt of such care or services; and

1 (2) the veteran—

2 (A)(i) attempts, or has attempted under
3 paragraph (1)(B), to schedule an appointment
4 for the receipt of hospital care or medical serv-
5 ices under chapter 17 of title 38, United States
6 Code, but is unable to schedule an appointment
7 within the current wait-time goals of the Vet-
8 erans Health Administration for the furnishing
9 of such care or services; and

10 (ii) elects, and is authorized, to be fur-
11 nished such care or services pursuant to sub-
12 section (c)(2);

13 (B) resides more than 40 miles from the
14 nearest medical facility of the Department, in-
15 cluding a community-based outpatient clinic,
16 that is closest to the residence of the veteran;
17 or

18 (C) resides—

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

21 (I) hospital care;

22 (II) emergency medical services;

23 and

1 (III) surgical care rated by the
2 Secretary as having a surgical com-
3 plexity of standard; and

4 (ii) more than 20 miles from a med-
5 ical facility of the Department described in
6 clause (i).

7 (c) ELECTION AND AUTHORIZATION.—

8 (1) IN GENERAL.—If the Secretary confirms
9 that an appointment for an eligible veteran described
10 in subsection (b)(2)(A) for the receipt of hospital
11 care or medical services under chapter 17 of title 38,
12 United States Code, is unavailable within the cur-
13 rent wait-time goals of the Department for the fur-
14 nishing of such care or services, the Secretary shall,
15 at the election of the eligible veteran—

16 (A) place such eligible veteran on an elec-
17 tronic waiting list described in paragraph (2)
18 for such an appointment; or

19 (B)(i) authorize that such care and serv-
20 ices be furnished to the eligible veteran under
21 this section for a period of time specified by the
22 Secretary; and

23 (ii) send a letter to the eligible veteran de-
24 scribing the care and services the eligible vet-
25 eran is eligible to receive under this section.

1 (2) ELECTRONIC WAITING LIST.—The elec-
2 tronic waiting list described in this paragraph shall
3 be maintained by the Department and allow access
4 by each eligible veteran via www.myhealth.va.gov or
5 any successor website for the following purposes:

6 (A) To determine the place of such eligible
7 veteran on the waiting list.

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

15 (d) CARE AND SERVICES THROUGH CONTRACTS.—

16 (1) IN GENERAL.—The Secretary shall enter
17 into contracts with health care providers that are
18 participating in the Medicare program under title
19 XVIII of the Social Security Act (42 U.S.C. 1395 et
20 seq.) to furnish care and services to eligible veterans
21 under this section.

22 (2) RATES AND REIMBURSEMENT.—

23 (A) IN GENERAL.—In entering into a con-
24 tract under this subsection, the Secretary
25 shall—

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

3 (ii) reimburse the health care provider
4 for such care and services at the rates ne-
5 gotiated pursuant to clause (i) as provided
6 in such contract.

7 (B) LIMIT ON RATES.—

8 (i) IN GENERAL.—Except as provided
9 in clause (ii), rates negotiated under sub-
10 paragraph (A)(i) shall not be more than
11 the rates paid by the United States to a
12 provider of services (as defined in section
13 1861(u) of the Social Security Act (42
14 U.S.C. 1395x(u))) or a supplier (as defined
15 in section 1861(d) of such Act (42 U.S.C.
16 1395x(d))) under the Medicare program
17 under title XVIII of the Social Security
18 Act (42 U.S.C. 1395 et seq.) for the same
19 care and services.

20 (ii) EXCEPTION.—The Secretary may
21 negotiate a rate that is more than the rate
22 paid by the United States as described in
23 clause (i) with respect to the furnishing of
24 care or services under this section to an el-
25 ible veteran if the Secretary determines

1 that there is no health care provider that
2 will provide such care or services to such
3 eligible veteran at the rate required under
4 such clause—

5 (I) within the current wait-time
6 goals of the Veterans Health Adminis-
7 tration for the furnishing of such care
8 or services; and

9 (II) at a location not more than
10 40 miles from the residence of such
11 eligible veteran.

12 (C) LIMIT ON COLLECTION.—For the fur-
13 nishing of care and services pursuant to a con-
14 tract under this section, a health care provider
15 may not collect any amount that is greater than
16 the rate negotiated pursuant to subparagraph
17 (A)(i).

18 (3) INFORMATION ON POLICIES AND PROCE-
19 DURES.—The Secretary shall provide to any health
20 care provider with which the Secretary has entered
21 into a contract under paragraph (1) the following:

22 (A) Information on applicable policies and
23 procedures for submitting bills or claims for au-
24 thorized care and services furnished to eligible
25 veterans under this section.

1 (B) Access to a telephone hotline main-
2 tained by the Department that such health care
3 provider may call for information on the fol-
4 lowing:

5 (i) Procedures for furnishing care and
6 services under this section.

7 (ii) Procedures for submitting bills or
8 claims for authorized care and services fur-
9 nished to eligible veterans under this sec-
10 tion and being reimbursed for furnishing
11 such care and services.

12 (iii) Whether particular care or serv-
13 ices under this section are authorized, and
14 the procedures for authorization of such
15 care or services.

16 (e) CHOICE CARD.—

17 (1) IN GENERAL.—For purposes of receiving
18 care and services under this section, the Secretary
19 shall issue to each eligible veteran a card that the
20 eligible veteran shall present to a health care pro-
21 vider that is eligible to furnish care and services
22 under this section before receiving such care and
23 services.

24 (2) NAME OF CARD.—Each card issued under
25 paragraph (1) shall be known as a “Choice Card”.

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

4 (A) The name of the eligible veteran.

5 (B) An identification number for the eligi-
6 ble veteran that is not the social security num-
7 ber of the eligible veteran.

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

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

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

23 (4) INFORMATION ON USE OF CARD.—Upon
24 issuing a Choice Card to an eligible veteran, the Sec-
25 retary shall provide the eligible veteran with infor-

1 mation clearly stating the circumstances under
2 which the veteran may be eligible for care and serv-
3 ices under this section.

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

8 (1) When the veteran enrolls in the patient en-
9 rollment system of the Department under section
10 1705 of title 38, United States Code.

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

17 (g) PROVIDERS.—To be eligible to furnish care and
18 services under this section, a health care provider must—

19 (1) maintain at least the same or similar cre-
20 dentials and licenses as those credentials and li-
21 censes that are required of health care providers of
22 the Department, as determined by the Secretary for
23 purposes of this section; and

1 (2) submit, not less frequently than once each
2 year, verification of such licenses and credentials
3 maintained by such health care provider.

4 (h) COST-SHARING.—

5 (1) IN GENERAL.—The Secretary shall require
6 an eligible veteran to pay a copayment to the De-
7 partment for the receipt of care and services under
8 this section only if such eligible veteran would be re-
9 quired to pay such copayment for the receipt of such
10 care and services at a medical facility of the Depart-
11 ment.

12 (2) LIMITATION.—The copayment required
13 under paragraph (1) shall not be greater than the
14 copayment required of such eligible veteran by the
15 Department for the receipt of such care and services
16 at a medical facility of the Department.

17 (i) CLAIMS PROCESSING SYSTEM.—

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

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

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

4 (4) ACCURACY OF PAYMENT.—

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

9 (B) ANNUAL REPORT.—

10 (i) IN GENERAL.—Not later than one
11 year after the date of the enactment of this
12 Act, and annually thereafter until the ter-
13 mination date specified in subsection (n),
14 the Secretary shall submit to the Com-
15 mittee on Veterans' Affairs of the Senate
16 and the Committee on Veterans' Affairs of
17 the House of Representatives a report on
18 the goals for accuracy of such system.

19 (ii) ELEMENTS.—Each report re-
20 quired by clause (i) shall include the fol-
21 lowing:

22 (I) A description of the goals for
23 accuracy for such system specified by
24 the Secretary under subparagraph
25 (A).

1 (II) An assessment of the success
2 of the Department in meeting such
3 goals during the year preceding the
4 submittal of the report.

5 (j) MEDICAL RECORDS.—The Secretary shall ensure
6 that any health care provider that furnishes care and serv-
7 ices under this section to an eligible veteran submits to
8 the Department any medical record related to the care and
9 services provided to such eligible veteran by such health
10 care provider for inclusion in the electronic medical record
11 of such eligible veteran maintained by the Department
12 upon the completion of the provision of such care and serv-
13 ices to such eligible veteran.

14 (k) TRACKING OF MISSED APPOINTMENTS.—The
15 Secretary shall implement a mechanism to track any
16 missed appointments for care and services under this sec-
17 tion by eligible veterans to ensure that the Department
18 does not pay for such care and services that were not fur-
19 nished to an eligible veteran.

20 (l) IMPLEMENTATION.—Not later than 90 days after
21 the date of the enactment of this Act, the Secretary shall
22 prescribe interim final regulations on the implementation
23 of this section and publish such regulations in the Federal
24 Register.

1 (m) INSPECTOR GENERAL REPORT.—Not later than
2 540 days after the publication of the interim final regula-
3 tions under subsection (l), the Inspector General of the
4 Department shall submit to the Secretary a report on the
5 results of an audit of the care and services furnished
6 under this section to ensure the accuracy and timeliness
7 of payments by the Department for the cost of such care
8 and services, including any findings and recommendations
9 of the Inspector General.

10 (n) TERMINATION.—The requirement of the Sec-
11 retary to furnish care and services under this section ter-
12 minates on the date that is two years after the date on
13 which the Secretary publishes the interim final regulations
14 under subsection (l).

15 (o) REPORTS.—

16 (1) INITIAL REPORT.—Not later than 90 days
17 after the publication of the interim final regulations
18 under subsection (l), the Secretary shall submit to
19 the Committee on Veterans' Affairs of the Senate
20 and the Committee on Veterans' Affairs of the
21 House of Representatives a report on the furnishing
22 of care and services under this section that includes
23 the following:

1 (A) The number of eligible veterans who
2 have received care and services under this sec-
3 tion.

4 (B) A description of the type of care and
5 services furnished to eligible veterans under this
6 section.

7 (2) FINAL REPORT.—Not later than 540 days
8 after the publication of the interim final regulations
9 under subsection (1), the Secretary shall submit to
10 the Committee on Veterans' Affairs of the Senate
11 and the Committee on Veterans' Affairs of the
12 House of Representatives a report on the furnishing
13 of care and services under this section that includes
14 the following:

15 (A) The total number of eligible veterans
16 who have received care and services under this
17 section, disaggregated by—

18 (i) eligible veterans described in sub-
19 section (b)(2)(A); and

20 (ii) eligible veterans described in sub-
21 section (b)(2)(B).

22 (B) A description of the type of care and
23 services furnished to eligible veterans under this
24 section.

1 (C) An accounting of the total cost of fur-
2 nishing care and services to eligible veterans
3 under this section.

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

9 (E) An assessment of the effect of fur-
10 nishing care and services under this section on
11 wait times for an appointment for the receipt of
12 hospital care and medical services from the De-
13 partment.

14 (F) An assessment of the feasibility and
15 advisability of continuing furnishing care and
16 services under this section after the termination
17 date specified in subsection (n).

18 (p) RULES OF CONSTRUCTION.—

19 (1) NO MODIFICATION OF CONTRACTS.—Noth-
20 ing in this section shall be construed to require the
21 Secretary to renegotiate contracts for the furnishing
22 of hospital care or medical services to veterans en-
23 tered into by the Department before the date of the
24 enactment of this Act.

1 (2) FILLING AND PAYING FOR PRESCRIPTION
2 MEDICATIONS.—Nothing in this section shall be con-
3 strued to alter the process of the Department for
4 filling and paying for prescription medications.

5 **SEC. 302. TRANSFER OF AUTHORITY FOR PAYMENTS FOR**
6 **HOSPITAL CARE, MEDICAL SERVICES, AND**
7 **OTHER HEALTH CARE FROM NON-DEPART-**
8 **MENT PROVIDERS TO THE CHIEF BUSINESS**
9 **OFFICE OF THE VETERANS HEALTH ADMINIS-**
10 **TRATION OF THE DEPARTMENT.**

11 (a) TRANSFER OF AUTHORITY.—

12 (1) IN GENERAL.—Effective on October 1,
13 2014, the Secretary of Veterans Affairs shall trans-
14 fer the authority to pay for hospital care, medical
15 services, and other health care through non-Depart-
16 ment providers to the Chief Business Office of the
17 Veterans Health Administration of the Department
18 of Veterans Affairs from the Veterans Integrated
19 Service Networks and medical centers of the Depart-
20 ment of Veterans Affairs.

21 (2) MANNER OF CARE.—The Chief Business
22 Office shall work in consultation with the Office of
23 Clinical Operations and Management of the Depart-
24 ment of Veterans Affairs to ensure that care and

1 services described in paragraph (1) are provided in
2 a manner that is clinically appropriate and effective.

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

10 (b) BUDGETARY EFFECT.—The Secretary shall, for
11 each fiscal year that begins after the date of the enact-
12 ment of this Act—

13 (1) include in the budget for the Chief Business
14 Office of the Veterans Health Administration
15 amounts to pay for hospital care, medical services,
16 and other health care provided through non-Depart-
17 ment providers, including any amounts necessary to
18 carry out the transfer of authority to pay for such
19 care and services under subsection (a), including any
20 increase in staff; and

21 (2) not include in the budget of each Veterans
22 Integrated Service Network and medical center of
23 the Department amounts to pay for such care and
24 services.

1 **SEC. 303. ENHANCEMENT OF COLLABORATION BETWEEN**
2 **DEPARTMENT OF VETERANS AFFAIRS AND**
3 **INDIAN HEALTH SERVICE.**

4 (a) **OUTREACH TO TRIBAL-RUN MEDICAL FACILI-**
5 **TIES.**—The Secretary of Veterans Affairs shall, in con-
6 sultation with the Director of the Indian Health Service,
7 conduct outreach to each medical facility operated by an
8 Indian tribe or tribal organization through a contract or
9 compact with the Indian Health Service under the Indian
10 Self-Determination and Education Assistance Act (25
11 U.S.C. 450 et seq.) to raise awareness of the ability of
12 such facilities, Indian tribes, and tribal organizations to
13 enter into agreements with the Department of Veterans
14 Affairs under which the Secretary reimburses such facili-
15 ties, Indian tribes, or tribal organizations, as the case may
16 be, for health care provided to veterans eligible for health
17 care at such facilities.

18 (b) **METRICS FOR MEMORANDUM OF UNDER-**
19 **STANDING PERFORMANCE.**—The Secretary of Veterans
20 Affairs shall implement performance metrics for assessing
21 the performance by the Department of Veterans Affairs
22 and the Indian Health Service under the memorandum of
23 understanding entitled “Memorandum of Understanding
24 between the Department of Veterans Affairs (VA) and the
25 Indian Health Service (IHS)” in increasing access to
26 health care, improving quality and coordination of health

1 care, promoting effective patient-centered collaboration
2 and partnerships between the Department and the Serv-
3 ice, and ensuring health-promotion and disease-prevention
4 services are appropriately funded and available for bene-
5 ficiaries under both health care systems.

6 (c) REPORT.—Not later than 180 days after the date
7 of the enactment of this Act, the Secretary of Veterans
8 Affairs and the Director of the Indian Health Service shall
9 jointly submit to Congress a report on the feasibility and
10 advisability of the following:

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

19 (2) Including the reimbursement of the costs of
20 direct care services provided to veterans who are not
21 Indians in agreements between the Department and
22 the following:

23 (A) The Indian Health Service.

24 (B) An Indian tribe or tribal organization
25 operating a medical facility through a contract

1 or compact with the Indian Health Service
2 under the Indian Self-Determination and Edu-
3 cation Assistance Act (25 U.S.C. 450 et seq.).

4 (C) A medical facility of the Indian Health
5 Service.

6 (d) DEFINITIONS.—In this section:

7 (1) INDIAN.—The terms “Indian” and “Indian
8 tribe” have the meanings given those terms in sec-
9 tion 4 of the Indian Health Care Improvement Act
10 (25 U.S.C. 1603).

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

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

1 **SEC. 304. ENHANCEMENT OF COLLABORATION BETWEEN**
2 **DEPARTMENT OF VETERANS AFFAIRS AND**
3 **NATIVE HAWAIIAN HEALTH CARE SYSTEMS.**

4 (a) IN GENERAL.—The Secretary of Veterans Affairs
5 shall, in consultation with Papa Ola Lokahi and such
6 other organizations involved in the delivery of health care
7 to Native Hawaiians as the Secretary considers appro-
8 priate, enter into contracts or agreements with Native Ha-
9 waiian health care systems that are in receipt of funds
10 from the Secretary of Health and Human Services pursu-
11 ant to grants awarded or contracts entered into under sec-
12 tion 6(a) of the Native Hawaiian Health Care Improve-
13 ment Act (42 U.S.C. 11705(a)) for the reimbursement of
14 direct care services provided to eligible veterans as speci-
15 fied in such contracts or agreements.

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

21 **SEC. 305. SENSE OF CONGRESS ON PROMPT PAYMENT BY**
22 **DEPARTMENT OF VETERANS AFFAIRS.**

23 It is the sense of Congress that the Secretary of Vet-
24 erans Affairs shall comply with section 1315 of title 5,
25 Code of Federal Regulations (commonly known as the
26 “prompt payment rule”), or any corresponding similar

1 regulation or ruling, in paying for health care pursuant
2 to contracts entered into with non-Department of Vet-
3 erans Affairs providers to provide health care under the
4 laws administered by the Secretary.

5 **TITLE IV—HEALTH CARE**
6 **ADMINISTRATIVE MATTERS**

7 **SEC. 401. IMPROVEMENT OF ACCESS OF VETERANS TO MO-**
8 **BILE VET CENTERS OF THE DEPARTMENT OF**
9 **VETERANS AFFAIRS.**

10 (a) IMPROVEMENT OF ACCESS.—

11 (1) IN GENERAL.—The Secretary of Veterans
12 Affairs shall improve the access of veterans to tele-
13 medicine and other health care through the use of
14 mobile vet centers of the Department of Veterans
15 Affairs by providing standardized requirements for
16 the operation of such centers.

17 (2) REQUIREMENTS.—The standardized re-
18 quirements required by paragraph (1) shall include
19 the following:

20 (A) The number of days each mobile vet
21 center of the Department is expected to travel
22 per year.

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

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

3 (D) The method and timing of notifica-
4 tions given by each center to individuals in the
5 area to which such center is traveling, including
6 notifications informing veterans of the avail-
7 ability to schedule appointments at the center.

8 (3) USE OF TELEMEDICINE.—The Secretary
9 shall ensure that each mobile vet center of the De-
10 partment has the capability to provide telemedicine
11 services.

12 (b) REPORTS.—Not later than one year after the date
13 of the enactment of this Act, and not later than September
14 30 each year thereafter, the Secretary of Veterans Affairs
15 shall submit to the Committee on Veterans' Affairs of the
16 Senate and the Committee on Veterans' Affairs of the
17 House of Representatives a report on the following:

18 (1) The use of mobile vet centers to provide
19 telemedicine services to veterans during the year
20 preceding the submittal of the report, including the
21 following:

22 (A) The number of days each mobile vet
23 center was open to provide such services.

24 (B) The number of days each mobile vet
25 center traveled to a location other than the

1 headquarters of the mobile vet center to provide
2 such services.

3 (C) The number of appointments each cen-
4 ter conducted to provide such services on aver-
5 age per month and in total during such year.

6 (2) An analysis of the effectiveness of using mo-
7 bile vet centers to provide health care services to vet-
8 erans through the use of telemedicine.

9 (3) Any recommendations for an increase in the
10 number of mobile vet centers of the Department.

11 (4) Any recommendations for an increase in the
12 telemedicine capabilities of each mobile vet center.

13 (5) The feasibility and advisability of using
14 temporary health care providers, including locum
15 tenens, to provide direct health care services to vet-
16 erans at mobile vet centers.

17 (6) Such other recommendations on improve-
18 ment of the use of mobile vet centers by the Depart-
19 ment as the Secretary considers appropriate.

20 **SEC. 402. COMMISSION ON CONSTRUCTION PROJECTS OF**
21 **THE DEPARTMENT OF VETERANS AFFAIRS.**

22 (a) ESTABLISHMENT OF COMMISSION.—

23 (1) ESTABLISHMENT.—There is established an
24 Independent Commission on Department of Vet-

1 erans Affairs Construction Projects (in this section
2 referred to as the “Commission”).

3 (2) MEMBERSHIP.—

4 (A) VOTING MEMBERS.—The Commission
5 shall be composed of 10 voting members as fol-
6 lows:

7 (i) Three members to be appointed by
8 the President from among members of the
9 National Academy of Engineering who are
10 nominated under subparagraph (B).

11 (ii) Three members to be appointed by
12 the President from among members of the
13 National Institute of Building Sciences
14 who are nominated under subparagraph
15 (B).

16 (iii) Four members to be appointed by
17 the President from among veterans en-
18 rolled in the patient enrollment system of
19 the Department of Veterans Affairs under
20 section 1705 of title 38, United States
21 Code, who are nominated under subpara-
22 graph (B).

23 (B) NOMINATION OF VOTING MEMBERS.—

24 The majority leader of the Senate, the minority
25 leader of the Senate, the speaker of the House

1 of Representatives, and the minority leader of
2 the House of Representatives shall jointly nomi-
3 nate not less than 24 individuals to be consid-
4 ered by the President for appointment under
5 subparagraph (A).

6 (C) NONVOTING MEMBERS.—The Commis-
7 sion shall be composed of the following non-
8 voting members:

9 (i) The Comptroller General of the
10 United States, or designee.

11 (ii) The Secretary of Veterans Affairs,
12 or designee.

13 (iii) The Inspector General of the De-
14 partment of Veterans Affairs, or designee.

15 (D) DATE OF APPOINTMENT OF MEM-
16 BERS.—The appointments of the members of
17 the Commission under subparagraph (A) shall
18 be made not later than 14 days after the date
19 of the enactment of this Act.

20 (3) PERIOD OF APPOINTMENT; VACANCIES.—
21 Members shall be appointed for the life of the Com-
22 mission. Any vacancy in the Commission shall not
23 affect its powers, but shall be filled in the same
24 manner as the original appointment.

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

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

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

10 (7) CHAIRPERSON AND VICE CHAIRPERSON.—
11 The Commission shall select a Chairperson and Vice
12 Chairperson from among its members.

13 (b) DUTIES OF COMMISSION.—

14 (1) REVIEW.—The Commission shall review
15 current construction and maintenance projects and
16 the medical facility leasing program of the Depart-
17 ment of Veterans Affairs to identify any problems
18 experienced by the Department in carrying out such
19 projects and program.

20 (2) REPORTS.—

21 (A) COMMISSION REPORT.—Not later than
22 120 days after the date of the enactment of this
23 Act, the Commission shall submit to the Sec-
24 retary of Veterans Affairs, the Committee on
25 Veterans' Affairs of the Senate, and the Com-

1 mittee on Veterans' Affairs of the House of
2 Representatives a report setting forth rec-
3 ommendations, if any, for improving the man-
4 ner in which the Secretary carries out the
5 projects and program specified in paragraph
6 (1).

7 (B) DEPARTMENT REPORT.—Not later
8 than 60 days after the submittal of the report
9 under subparagraph (A), the Secretary of Vet-
10 erans Affairs shall submit to the Committee on
11 Veterans' Affairs of the Senate and the Com-
12 mittee on Veterans' Affairs of the House of
13 Representatives a report on the feasibility and
14 advisability of implementing the recommenda-
15 tions of the Commission, if any, included in the
16 report submitted under such subparagraph, in-
17 cluding a timeline for the implementation of
18 such recommendations.

19 (c) POWERS OF COMMISSION.—

20 (1) HEARINGS.—The Commission may hold
21 such hearings, sit and act at such times and places,
22 take such testimony, and receive such evidence as
23 the Commission considers advisable to carry out this
24 section.

1 (2) INFORMATION FROM FEDERAL AGENCIES.—

2 The Commission may secure directly from any Fed-
3 eral agency such information as the Commission
4 considers necessary to carry out this section. Upon
5 request of the Chairperson of the Commission, the
6 head of such agency shall furnish such information
7 to the Commission.

8 (d) COMMISSION PERSONNEL MATTERS.—

9 (1) COMPENSATION OF MEMBERS.—Each mem-
10 ber of the Commission who is not an officer or em-
11 ployee of the Federal Government shall be com-
12 pensated at a rate equal to the daily equivalent of
13 the annual rate of basic pay prescribed for level IV
14 of the Executive Schedule under section 5315 of title
15 5, United States Code, for each day (including travel
16 time) during which such member is engaged in the
17 performance of the duties of the Commission. All
18 members of the Commission who are officers or em-
19 ployees of the United States shall serve without com-
20 pensation in addition to that received for their serv-
21 ices as officers or employees of the United States.

22 (2) TRAVEL EXPENSES.—The members of the
23 Commission shall be allowed travel expenses, includ-
24 ing per diem in lieu of subsistence, at rates author-
25 ized for employees of agencies under subchapter I of

1 chapter 57 of title 5, United States Code, while
2 away from their homes or regular places of business
3 in the performance of services for the Commission.

4 (3) STAFF.—

5 (A) IN GENERAL.—The Chairperson of the
6 Commission may, without regard to the civil
7 service laws and regulations, appoint and termi-
8 nate an executive director and such other addi-
9 tional personnel as may be necessary to enable
10 the Commission to perform its duties. The em-
11 ployment of an executive director shall be sub-
12 ject to confirmation by the Commission.

13 (B) COMPENSATION.—The Chairperson of
14 the Commission may fix the compensation of
15 the executive director and other personnel with-
16 out regard to chapter 51 and subchapter III of
17 chapter 53 of title 5, United States Code, relat-
18 ing to classification of positions and General
19 Schedule pay rates, except that the rate of pay
20 for the executive director and other personnel
21 may not exceed the rate payable for level V of
22 the Executive Schedule under section 5316 of
23 such title.

24 (4) DETAIL OF GOVERNMENT EMPLOYEES.—

25 Any Federal Government employee may be detailed

1 to the Commission without reimbursement, and such
2 detail shall be without interruption or loss of civil
3 service status or privilege.

4 (5) **PROCUREMENT OF TEMPORARY AND INTER-**
5 **MITTENT SERVICES.**—The Chairperson of the Com-
6 mission may procure temporary and intermittent
7 services under section 3109(b) of title 5, United
8 States Code, at rates for individuals that do not ex-
9 ceed the daily equivalent of the annual rate of basic
10 pay prescribed for level V of the Executive Schedule
11 under section 5316 of such title.

12 (e) **TERMINATION OF COMMISSION.**—The Commis-
13 sion shall terminate 30 days after the date on which the
14 Commission submits its report under subsection (b)(2)(A).

15 **SEC. 403. COMMISSION ON ACCESS TO CARE.**

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

17 (1) **IN GENERAL.**—There is established the
18 Commission on Access to Care (in this section re-
19 ferred to as the “Commission”) to examine the ac-
20 cess of veterans to health care from the Department
21 of Veterans Affairs and strategically examine how
22 best to organize the Veterans Health Administra-
23 tion, locate health care resources, and deliver health
24 care to veterans during the 10- to 20-year period be-
25 ginning on the date of the enactment of this Act.

1 (2) MEMBERSHIP.—

2 (A) VOTING MEMBERS.—The Commission
3 shall be composed of 10 voting members who
4 are appointed by the President as follows:

5 (i) At least two members who rep-
6 resent an organization recognized by the
7 Secretary of Veterans Affairs for the rep-
8 resentation of veterans under section 5902
9 of title 38, United States Code.

10 (ii) At least one member from among
11 persons who have experience as senior
12 management for a private integrated
13 health care system with an annual gross
14 revenue of more than \$50,000,000.

15 (iii) At least one member from among
16 persons who are familiar with government
17 health care systems, including those sys-
18 tems of the Department of Defense, the
19 Indian Health Service, and Federally-quali-
20 fied health centers (as defined in section
21 1905(l)(2)(B) of the Social Security Act
22 (42 U.S.C. 1396d(l)(2)(B))).

23 (iv) At least two members from
24 among persons who are familiar with the
25 Veterans Health Administration but are

1 not current employees of the Veterans
2 Health Administration.

3 (v) At least two members from among
4 persons who are veterans or eligible for
5 hospital care, medical services, or other
6 health care under the laws administered by
7 the Secretary of Veterans Affairs.

8 (B) NONVOTING MEMBERS.—

9 (i) IN GENERAL.—In addition to
10 members appointed under subparagraph
11 (A), the Commission shall be composed of
12 10 nonvoting members who are appointed
13 by the President as follows:

14 (I) At least two members who
15 represent an organization recognized
16 by the Secretary of Veterans Affairs
17 for the representation of veterans
18 under section 5902 of title 38, United
19 States Code.

20 (II) At least one member from
21 among persons who have experience
22 as senior management for a private
23 integrated health care system with an
24 annual gross revenue of more than
25 \$50,000,000.

1 (III) At least one member from
2 among persons who are familiar with
3 government health care systems, in-
4 cluding those systems of the Depart-
5 ment of Defense, the Indian Health
6 Service, and Federally-qualified health
7 centers (as defined in section
8 1905(l)(2)(B) of the Social Security
9 Act (42 U.S.C. 1396d(l)(2)(B))).

10 (IV) At least two members from
11 among persons who are familiar with
12 the Veterans Health Administration
13 but are not current employees of the
14 Veterans Health Administration.

15 (V) At least two members from
16 among persons who are veterans or el-
17 igible for hospital care, medical serv-
18 ices, or other health care under the
19 laws administered by the Secretary of
20 Veterans Affairs.

21 (ii) ADDITIONAL NONVOTING MEM-
22 BERS.—In addition to members appointed
23 under subparagraph (A) and clause (i), the
24 Commission shall be composed of the fol-
25 lowing nonvoting members:

1 (I) The Comptroller General of
2 the United States, or designee.

3 (II) The Inspector General of the
4 Department of Veterans Affairs, or
5 designee.

6 (C) DATE.—The appointments of members
7 of the Commission shall be made not later than
8 60 days after the date of the enactment of this
9 Act.

10 (3) PERIOD OF APPOINTMENT; VACANCIES.—
11 Members shall be appointed for the life of the Com-
12 mission. Any vacancy in the Commission shall not
13 affect its powers, but shall be filled in the same
14 manner as the original appointment.

15 (4) INITIAL MEETING.—Not later than 15 days
16 after the date on which seven voting members of the
17 Commission have been appointed, the Commission
18 shall hold its first meeting.

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

21 (6) QUORUM.—A majority of the members of
22 the Commission shall constitute a quorum, but a
23 lesser number of members may hold hearings.

1 (7) CHAIRPERSON AND VICE CHAIRPERSON.—

2 The Commission shall select a Chairperson and Vice
3 Chairperson from among its members.

4 (b) DUTIES OF COMMISSION.—

5 (1) EVALUATION AND ASSESSMENT.—The Com-
6 mission shall undertake a comprehensive evaluation
7 and assessment of access to health care at the De-
8 partment of Veterans Affairs.

9 (2) MATTERS EVALUATED AND ASSESSED.—
10 The matters evaluated and assessed by the Commis-
11 sion shall include the following:

12 (A) The appropriateness of current stand-
13 ards of the Department of Veterans Affairs
14 concerning access to health care.

15 (B) The measurement of such standards.

16 (C) The appropriateness of performance
17 standards and incentives in relation to stand-
18 ards described in subparagraph (A).

19 (D) Staffing levels throughout the Vet-
20 erans Health Administration and whether they
21 are sufficient to meet current demand for
22 health care from the Administration.

23 (E) The results of the assessment con-
24 ducted by an independent third party under

1 section 101(a), including any data or rec-
2 ommendations included in such assessment.

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

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

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

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

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

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

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

1 health care through the Veterans Health
2 Administration.

3 (c) POWERS OF THE COMMISSION.—

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

9 (2) INFORMATION FROM FEDERAL AGENCIES.—

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

16 (d) COMMISSION PERSONNEL MATTERS.—

17 (1) COMPENSATION OF MEMBERS.—Each mem-
18 ber of the Commission who is not an officer or em-
19 ployee of the Federal Government shall be com-
20 pensated at a rate equal to the daily equivalent of
21 the annual rate of basic pay prescribed for level IV
22 of the Executive Schedule under section 5315 of title
23 5, United States Code, for each day (including travel
24 time) during which such member is engaged in the
25 performance of the duties of the Commission. All

1 members of the Commission who are officers or em-
2 ployees of the United States shall serve without com-
3 pensation in addition to that received for their serv-
4 ices as officers or employees of the United States.

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

12 (3) STAFF.—

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

21 (B) COMPENSATION.—The Chairperson of
22 the Commission may fix the compensation of
23 the executive director and other personnel with-
24 out regard to chapter 51 and subchapter III of
25 chapter 53 of title 5, United States Code, relat-

1 ing to classification of positions and General
2 Schedule pay rates, except that the rate of pay
3 for the executive director and other personnel
4 may not exceed the rate payable for level V of
5 the Executive Schedule under section 5316 of
6 such title.

7 (4) **DETAIL OF GOVERNMENT EMPLOYEES.**—
8 Any Federal Government employee may be detailed
9 to the Commission without reimbursement, and such
10 detail shall be without interruption or loss of civil
11 service status or privilege.

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

20 (e) **TERMINATION OF THE COMMISSION.**—The Com-
21 mission shall terminate 30 days after the date on which
22 the Commission submits its report under subsection
23 (b)(3)(B).

24 (f) **FUNDING.**—The Secretary of Veterans Affairs
25 shall make available to the Commission from amounts ap-

1 appropriated or otherwise made available to the Secretary
2 such amounts as the Secretary and the Chairperson of the
3 Commission jointly consider appropriate for the Commis-
4 sion to perform its duties under this section.

5 (g) EXECUTIVE ACTION.—

6 (1) ACTION ON RECOMMENDATIONS.—The
7 President shall require the Secretary of Veterans Af-
8 fairs and such other heads of relevant Federal de-
9 partments and agencies to implement each rec-
10 ommendation set forth in a report submitted under
11 subsection (b)(3) that the President—

12 (A) considers feasible and advisable; and

13 (B) determines can be implemented with-
14 out further legislative action.

15 (2) REPORTS.—Not later than 60 days after
16 the date on which the President receives a report
17 under subsection (b)(3), the President shall submit
18 to the Committee on Veterans' Affairs of the Senate
19 and the Committee on Veterans' Affairs of the
20 House of Representatives and such other committees
21 of Congress as the President considers appropriate
22 a report setting forth the following:

23 (A) An assessment of the feasibility and
24 advisability of each recommendation contained
25 in the report received by the President.

1 (B) For each recommendation assessed as
2 feasible and advisable under subparagraph (A)
3 the following:

4 (i) Whether such recommendation re-
5 quires legislative action.

6 (ii) If such recommendation requires
7 legislative action, a recommendation con-
8 cerning such legislative action.

9 (iii) A description of any administra-
10 tive action already taken to carry out such
11 recommendation.

12 (iv) A description of any administra-
13 tive action the President intends to be
14 taken to carry out such recommendation
15 and by whom.

16 **SEC. 404. IMPROVED PERFORMANCE METRICS FOR**
17 **HEALTH CARE PROVIDED BY DEPARTMENT**
18 **OF VETERANS AFFAIRS.**

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

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

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

8 (b) MODIFICATION OF PERFORMANCE PLANS.—

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

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

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

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

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

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

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

21 (E) The number and outcomes of adminis-
 22 trative investigation boards, root cause analysis,
 23 and peer reviews conducted at such facilities
 24 during the fiscal year for which the assessment
 25 is being conducted.

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

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

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

1 **SEC. 405. IMPROVED TRANSPARENCY CONCERNING**
2 **HEALTH CARE PROVIDED BY DEPARTMENT**
3 **OF VETERANS AFFAIRS.**

4 (a) PUBLICATION OF WAIT TIMES.—

5 (1) GOALS.—

6 (A) INITIAL.—Not later than 90 days after
7 the date of the enactment of this Act, the Sec-
8 retary of Veterans Affairs shall publish in the
9 Federal Register, and on an Internet website
10 accessible to the public of each medical center
11 of the Department of Veterans Affairs, the
12 wait-time goals of the Department for the
13 scheduling of an appointment by a veteran for
14 the receipt of health care from the Department.

15 (B) SUBSEQUENT CHANGES.—

16 (i) IN GENERAL.—If the Secretary
17 modifies the wait-time goals described in
18 subparagraph (A), the Secretary shall pub-
19 lish the new wait-times goals—

20 (I) on an Internet website acces-
21 sible to the public of each medical
22 center of the Department not later
23 than 30 days after such modification;
24 and

1 (II) in the Federal Register not
2 later than 90 days after such modi-
3 fication.

4 (ii) EFFECTIVE DATE.—Any modifica-
5 tion under clause (i) shall take effect on
6 the date of publication in the Federal Reg-
7 ister.

8 (C) GOALS DESCRIBED.—Wait-time goals
9 published under this paragraph shall include
10 goals for primary care appointments, specialty
11 care appointments, and appointments based on
12 the general severity of the condition of the vet-
13 eran.

14 (2) WAIT TIMES AT MEDICAL CENTERS OF THE
15 DEPARTMENT.—Not later than one year after the
16 date of the enactment of this Act, the Secretary of
17 Veterans Affairs shall publish on an Internet website
18 accessible to the public of each medical center of the
19 Department the current wait time for an appoint-
20 ment for primary care and specialty care at the
21 medical center.

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

1 (1) IN GENERAL.—Not later than 180 days
2 after the date of the enactment of this Act, the Sec-
3 retary shall develop and make available to the public
4 a comprehensive database containing all applicable
5 patient safety, quality of care, and outcome meas-
6 ures for health care provided by the Department
7 that are tracked by the Secretary.

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

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

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

24 (c) HOSPITAL COMPARE WEBSITE OF DEPARTMENT
25 OF HEALTH AND HUMAN SERVICES.—

1 (1) AGREEMENT REQUIRED.—Not later than
2 180 days after the date of the enactment of this Act,
3 the Secretary of Veterans Affairs shall enter into an
4 agreement with the Secretary of Health and Human
5 Services for the provision by the Secretary of Vet-
6 erans Affairs of such information as the Secretary of
7 Health and Human Services may require to report
8 and make publicly available patient quality and out-
9 come information concerning Department of Vet-
10 erans Affairs medical centers through the Hospital
11 Compare Internet website of the Department of
12 Health and Human Services or any successor Inter-
13 net website.

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

18 (A) Measures of timely and effective health
19 care.

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

1 (C) Survey data of patient experiences, in-
2 cluding the Hospital Consumer Assessment of
3 Healthcare Providers and Systems or any simi-
4 lar successor survey developed by the Depart-
5 ment of Health and Human Services.

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

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

19 (d) COMPTROLLER GENERAL REVIEW OF PUBLICLY
20 AVAILABLE SAFETY AND QUALITY METRICS.—Not later
21 than three years after the date of the enactment of this
22 Act, the Comptroller General of the United States shall
23 conduct a review of the safety and quality metrics made
24 publicly available by the Secretary of Veterans Affairs

1 under this section to assess the degree to which the Sec-
2 retary is complying with the provisions of this section.

3 **SEC. 406. INFORMATION FOR VETERANS ON THE CREDEN-**
4 **TIALS OF DEPARTMENT OF VETERANS AF-**
5 **FAIRS PHYSICIANS.**

6 (a) IMPROVEMENT OF “OUR PROVIDERS” INTERNET
7 WEBSITE LINKS.—

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

15 (2) INFORMATION ON LOCATION OF RESIDENCY
16 TRAINING.—The Internet website of the Department
17 that is accessible to the public shall include under
18 the link to the “Our Providers” health care pro-
19 viders database of the Department, or any successor
20 database, the location of residency training of each
21 licensed physician of the Department.

22 (3) INFORMATION ON PHYSICIANS AT PAR-
23 TICULAR FACILITIES.—The “Our Providers” health
24 care providers database of the Department, or any
25 successor database, shall identify whether each li-

1 censed physician of the Department is a physician in
2 residency.

3 (b) INFORMATION ON CREDENTIALS OF PHYSICIANS
4 FOR VETERANS UNDERGOING SURGICAL PROCEDURES.—

5 (1) IN GENERAL.—Each veteran who is under-
6 going a surgical procedure by or through the De-
7 partment shall be provided information on the cre-
8 dentials of the surgeon to be performing such proce-
9 dure at such time in advance of the procedure as is
10 appropriate to permit such veteran to evaluate such
11 information.

12 (2) OTHER INDIVIDUALS.—If a veteran is un-
13 able to evaluate the information provided under
14 paragraph (1) due to the health or mental com-
15 petence of the veteran, such information shall be
16 provided to an individual acting on behalf of the vet-
17 eran.

18 (c) COMPTROLLER GENERAL REPORT AND PLAN.—

19 (1) REPORT.—Not later than two years after
20 the date of the enactment of this Act, the Comp-
21 troller General of the United States shall submit to
22 the Committee on Veterans' Affairs of the Senate
23 and the Committee on Veterans' Affairs of the
24 House of Representatives a report setting forth an

1 assessment by the Comptroller General of the fol-
2 lowing:

3 (A) The manner in which contractors
4 under the Patient-Centered Community Care
5 initiative of the Department perform oversight
6 of the credentials of physicians within the net-
7 works of such contractors under the initiative.

8 (B) The oversight by the Department of
9 the contracts under the Patient-Centered Com-
10 munity Care initiative.

11 (C) The verification by the Department of
12 the credentials and licenses of health care pro-
13 viders furnishing hospital care and medical
14 services under section 301.

15 (2) PLAN.—

16 (A) IN GENERAL.—Not later than 30 days
17 after the submittal of the report under para-
18 graph (1), the Secretary shall—

19 (i) submit to the Comptroller General,
20 the Committee on Veterans' Affairs of the
21 Senate, and the Committee on Veterans'
22 Affairs of the House of Representatives a
23 plan to address any findings and rec-
24 ommendations of the Comptroller General
25 included in such report; and

1 (ii) submit to the Committee on Vet-
2 erans' Affairs of the Senate and the Com-
3 mittee on Veterans' Affairs of the House
4 of Representatives a request for additional
5 amounts, if any, that may be necessary to
6 carry out such plan.

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

11 **SEC. 407. INFORMATION IN ANNUAL BUDGET OF THE**
12 **PRESIDENT ON HOSPITAL CARE AND MED-**
13 **ICAL SERVICES FURNISHED THROUGH EX-**
14 **PANDED USE OF CONTRACTS FOR SUCH**
15 **CARE.**

16 The materials on the Department of Veterans Affairs
17 in the budget of the President for a fiscal year, as sub-
18 mitted to Congress pursuant to section 1105(a) of title
19 31, United States Code, shall set forth the following:

20 (1) The number of veterans who received hos-
21 pital care and medical services under section 301
22 during the fiscal year preceding the fiscal year in
23 which such budget is submitted.

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

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

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

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

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

16 **SEC. 408. PROHIBITION ON FALSIFICATION OF DATA CON-**
17 **CERNING WAIT TIMES AND QUALITY MEAS-**
18 **URES AT DEPARTMENT OF VETERANS AF-**
19 **FAIRS.**

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

1 “(2) transfer the individual to a General Sched-
2 ule position at any grade of the General Schedule for
3 which the individual is qualified and that the Sec-
4 retary determines is appropriate.

5 “(b) NOTICE TO CONGRESS.—Not later than 30 days
6 after removing or transferring an individual from the Sen-
7 ior Executive Service under subsection (a), the Secretary
8 shall submit to the Committees on Veterans’ Affairs of
9 the Senate and the House of Representatives notice in
10 writing of such removal or transfer and the reason for
11 such removal or transfer.

12 “(c) PROCEDURE.—(1) The procedures under section
13 7543 of title 5 shall not apply to a removal or transfer
14 under this section.

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

19 “(B) An appeal under subparagraph (A) of a removal
20 or transfer may only be made if such appeal is made not
21 later than 7 days after the date of such removal or trans-
22 fer.

23 “(d) EXPEDITED REVIEW BY MERIT SYSTEMS PRO-
24 TECTION BOARD.—(1) The Merit Systems Protection
25 Board shall expedite any appeal under section 7701 of

1 title 5 of a removal or transfer under subsection (a) and,
2 in any such case, shall issue a decision not later than 21
3 days after the date of the appeal.

4 “(2) In any case in which the Merit Systems Protec-
5 tion Board determines that it cannot issue a decision in
6 accordance with the 21-day requirement under paragraph
7 (1), the Merit Systems Protection Board shall submit to
8 Congress a report that explains the reason why the Merit
9 Systems Protection Board is unable to issue a decision in
10 accordance with such requirement in such case.

11 “(3) There is authorized to be appropriated such
12 sums as may be necessary for the Merit Systems Protec-
13 tion Board to expedite appeals under paragraph (1).

14 “(4) The Merit Systems Protection Board may not
15 stay any personnel action taken under this section.

16 “(5) A person who appeals under section 7701 of title
17 5 a removal under subsection (a)(1) may not receive any
18 pay, awards, bonuses, incentives, allowances, differentials,
19 student loan repayments, special payments, or benefits
20 from the Secretary until the Merit Systems Protection
21 Board has made a final decision on such appeal.

22 “(6) A decision made by the Merit Systems Protec-
23 tion Board with respect to a removal or transfer under
24 subsection (a) shall not be subject to any further appeal.”.

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

“713. Senior Executive Service: removal based on performance.”.

4 (b) ESTABLISHMENT OF EXPEDITED REVIEW PROC-
5 ESS.—

6 (1) IN GENERAL.—Not later than 30 days after
7 the date of the enactment of this Act, the Merit Sys-
8 tems Protection Board shall establish and put into
9 effect a process to conduct expedited reviews in ac-
10 cordance with section 713(d) of title 38, United
11 States Code.

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

18 (3) REPORT BY MERIT SYSTEMS PROTECTION
19 BOARD.—Not later than 30 days after the date of
20 the enactment of this Act, the Merit Systems Pro-
21 tection Board shall submit to Congress a report on
22 the actions the Board plans to take to conduct expe-
23 dited reviews under section 713(d) of title 38,
24 United States Code, as added by subsection (a).
25 Such report shall include a description of the re-

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

6 (c) TEMPORARY EXEMPTION FROM CERTAIN LIM-
7 TATION ON INITIATION OF REMOVAL FROM SENIOR EX-
8 ECUTIVE SERVICE.—During the 120-day period beginning
9 on the date of the enactment of this Act, an action to re-
10 move an individual from the Senior Executive Service at
11 the Department of Veterans Affairs pursuant to section
12 713 of title 38, United States Code, as added by sub-
13 section (a), or section 7543 of title 5, United States Code,
14 may be initiated, notwithstanding section 3592(b) of title
15 5, United States Code, or any other provision of law.

16 (d) CONSTRUCTION.—Nothing in this section or sec-
17 tion 713 of title 38, United States Code, as added by sub-
18 section (a), shall be construed to apply to an appeal of
19 a removal, transfer, or other personnel action that was
20 pending before the date of the enactment of this Act.

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

3 **SEC. 501. EXPANSION OF ELIGIBILITY FOR SEXUAL TRAUMA**
4 **COUNSELING AND TREATMENT TO VET-**
5 **ERANS ON INACTIVE DUTY TRAINING.**

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

10 **SEC. 502. PROVISION OF COUNSELING AND TREATMENT**
11 **FOR SEXUAL TRAUMA BY THE DEPARTMENT**
12 **OF VETERANS AFFAIRS TO MEMBERS OF THE**
13 **ARMED FORCES.**

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

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

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

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

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

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

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

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

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

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

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

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

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

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

24 (2) in paragraph (2)—

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

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

6 “(A) veterans;

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

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

12 “(i) men; and

13 “(ii) women.”;

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

16 (4) in paragraph (5)—

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

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

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

1 **SEC. 503. REPORTS ON MILITARY SEXUAL TRAUMA.**

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

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

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

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

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

11 (c) DEFINITIONS.—In this section:

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

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

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

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

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

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

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

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

15 **TITLE VI—MAJOR MEDICAL** 16 **FACILITY LEASES**

17 **SEC. 601. AUTHORIZATION OF MAJOR MEDICAL FACILITY** 18 **LEASES.**

19 The Secretary of Veterans Affairs may carry out the
20 following major medical facility leases at the locations
21 specified, and in an amount for each lease not to exceed
22 the amount shown for such location (not including any es-
23 timated cancellation costs):

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

4 (2) For a community-based outpatient clinic,
5 Brick, New Jersey, an amount not to exceed
6 \$7,280,000.

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

10 (4) For the Cobb County community-based
11 Outpatient Clinic, Cobb County, Georgia, an amount
12 not to exceed \$6,409,000.

13 (5) For the Leeward Outpatient Healthcare Ac-
14 cess Center, Honolulu, Hawaii, including a co-lo-
15 cated clinic with the Department of Defense and the
16 co-location of the Honolulu Regional Office of the
17 Veterans Benefits Administration and the Kapolei
18 Vet Center of the Department of Veterans Affairs,
19 an amount not to exceed \$15,887,370.

20 (6) For a community-based outpatient clinic,
21 Johnson County, Kansas, an amount not to exceed
22 \$2,263,000.

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

1 (8) For a community-based outpatient clinic,
2 Lake Charles, Louisiana, an amount not to exceed
3 \$2,626,000.

4 (9) For outpatient clinic consolidation, New
5 Port Richey, Florida, an amount not to exceed
6 \$11,927,000.

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

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

11 (12) For a community-based outpatient clinic,
12 San Diego, California, an amount not to exceed
13 \$11,946,100.

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

16 (14) For the Errera Community Care Center,
17 West Haven, Connecticut, an amount not to exceed
18 \$4,883,000.

19 (15) For the Worcester community-based Out-
20 patient Clinic, Worcester, Massachusetts, an amount
21 not to exceed \$4,855,000.

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

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

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

6 (19) For a community-based outpatient clinic,
7 Chula Vista, California, an amount not to exceed
8 \$3,714,000.

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

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

13 (22) For a community-based outpatient clinic,
14 Lincoln, Nebraska, an amount not to exceed
15 \$7,178,400.

16 (23) For a community-based outpatient clinic,
17 Lubbock, Texas, an amount not to exceed
18 \$8,554,000.

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

22 (25) For a community-based outpatient clinic,
23 Phoenix, Arizona, an amount not to exceed
24 \$20,757,000.

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

4 **SEC. 602. BUDGETARY TREATMENT OF DEPARTMENT OF**
5 **VETERANS AFFAIRS MAJOR MEDICAL FACILI-**
6 **TIES LEASES.**

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

8 (1) Title 31, United States Code, requires the
9 Department of Veterans Affairs to record the full
10 cost of its contractual obligation against funds avail-
11 able at the time a contract is executed.

12 (2) Office of Management and Budget Circular
13 A–11 provides guidance to agencies in meeting the
14 statutory requirements under title 31, United States
15 Code, with respect to leases.

16 (3) For operating leases, Office of Management
17 and Budget Circular A–11 requires the Department
18 of Veterans Affairs to record up-front budget au-
19 thority in an “amount equal to total payments under
20 the full term of the lease or [an] amount sufficient
21 to cover first year lease payments plus cancellation
22 costs”.

23 (b) REQUIREMENT FOR OBLIGATION OF FULL
24 COST.—

1 (1) IN GENERAL.—Subject to the availability of
2 appropriations provided in advance, in exercising the
3 authority of the Secretary of Veterans Affairs to
4 enter into leases provided in this Act, the Secretary
5 shall record, pursuant to section 1501 of title 31,
6 United States Code, as the full cost of the contrac-
7 tual obligation at the time a contract is executed ei-
8 ther—

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

11 (B) if the lease specifies payments to be
12 made in the event the lease is terminated before
13 its full term, an amount sufficient to cover the
14 first year lease payments plus the specified can-
15 cellation costs.

16 (2) SELF-INSURING AUTHORITY.—The require-
17 ments of paragraph (1) may be satisfied through the
18 use of a self-insuring authority consistent with Of-
19 fice of Management and Budget Circular A-11.

20 (c) TRANSPARENCY.—

21 (1) COMPLIANCE.—Subsection (b) of section
22 8104 of title 38, United States Code, is amended by
23 adding at the end the following new paragraph:

24 “(7) In the case of a prospectus proposing
25 funding for a major medical facility lease, a detailed

1 analysis of how the lease is expected to comply with
2 Office of Management and Budget Circular A-11
3 and section 1341 of title 31 (commonly referred to
4 as the ‘Anti-Deficiency Act’). Any such analysis shall
5 include—

6 “(A) an analysis of the classification of the
7 lease as a ‘lease-purchase’, ‘capital lease’, or
8 ‘operating lease’ as those terms are defined in
9 Office of Management and Budget Circular A-
10 11;

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

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

16 (2) SUBMITTAL TO CONGRESS.—Such section
17 8104 is further amended by adding at the end the
18 following new subsection:

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

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

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

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

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

7 “(2) Each committee described in paragraph (1) shall
8 ensure that any information submitted to the committee
9 under such paragraph is treated by the committee with
10 the same level of confidentiality as is required by law of
11 the Secretary and subject to the same statutory penalties
12 for unauthorized disclosure or use as the Secretary.

13 “(3) Not more than 30 days after entering into a
14 major medical facility lease, the Secretary shall submit to
15 each committee described in paragraph (1) a report on
16 any material differences between the lease that was en-
17 tered into and the proposed lease described under such
18 paragraph, including how the lease that was entered into
19 changes the previously submitted scoring analysis de-
20 scribed in subparagraph (D) of such paragraph.”.

21 (d) RULE OF CONSTRUCTION.—Nothing in this sec-
22 tion, or the amendments made by this section, shall be
23 construed to in any way relieve the Department of Vet-
24 erans Affairs from any statutory or regulatory obligations

1 or requirements existing prior to the enactment of this
2 section and such amendments.

3 **TITLE VII—VETERANS BENEFITS**
4 **MATTERS**

5 **SEC. 701. EXPANSION OF MARINE GUNNERY SERGEANT**
6 **JOHN DAVID FRY SCHOLARSHIP.**

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

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

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

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

16 “(2) LIMITATION.—The entitlement of an indi-
17 vidual to assistance under subsection (a) pursuant to
18 paragraph (9) of subsection (b) because the indi-
19 vidual was a spouse of a person described in such
20 paragraph shall expire on the earlier of—

21 “(A) the date that is 15 years after the
22 date on which the person died; and

23 “(B) the date on which the individual re-
24 marries.

1 “(3) ELECTION ON RECEIPT OF CERTAIN BENE-
2 FITS.—A surviving spouse entitled to assistance
3 under subsection (a) pursuant to paragraph (9) of
4 subsection (b) who is also entitled to educational as-
5 sistance under chapter 35 of this title may not re-
6 ceive assistance under both this section and such
7 chapter, but shall make an irrevocable election (in
8 such form and manner as the Secretary may pre-
9 scribe) under which section or chapter to receive
10 educational assistance.”.

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

13 (1) by striking “an individual” and inserting “a
14 child”; and

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

1 **SEC. 702. APPROVAL OF COURSES OF EDUCATION PRO-**
2 **VIDED BY PUBLIC INSTITUTIONS OF HIGHER**
3 **LEARNING FOR PURPOSES OF ALL-VOLUN-**
4 **TEER FORCE EDUCATIONAL ASSISTANCE**
5 **PROGRAM AND POST-9/11 EDUCATIONAL AS-**
6 **SISTANCE CONDITIONAL ON IN-STATE TUI-**
7 **TION RATE FOR VETERANS.**

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

11 “(c)(1) Notwithstanding any other provision of this
12 chapter and subject to paragraphs (3) through (6), the
13 Secretary shall disapprove a course of education provided
14 by a public institution of higher learning to a covered indi-
15 vidual pursuing a course of education with educational as-
16 sistance under chapter 30 or 33 of this title while living
17 in the State in which the public institution of higher learn-
18 ing is located if the institution charges tuition and fees
19 for that course for the covered individual at a rate that
20 is higher than the rate the institution charges for tuition
21 and fees for that course for residents of the State in which
22 the institution is located, regardless of the covered individ-
23 ual’s State of residence.

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

1 “(A) A veteran who was discharged or released
2 from a period of not fewer than 90 days of service
3 in the active military, naval, or air service less than
4 three years before the date of enrollment in the
5 course concerned.

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

10 “(3) If after enrollment in a course of education that
11 is subject to disapproval under paragraph (1) by reason
12 of paragraph (2)(A) or (2)(B) a covered individual pur-
13 sues one or more courses of education at the same public
14 institution of higher learning while remaining continuously
15 enrolled (other than during regularly scheduled breaks be-
16 tween courses, semesters or terms) at that institution of
17 higher learning, any course so pursued by the covered indi-
18 vidual at that institution of higher learning while so con-
19 tinuously enrolled shall also be subject to disapproval
20 under paragraph (1).

21 “(4) It shall not be grounds to disapprove a course
22 of education under paragraph (1) if a public institution
23 of higher learning requires a covered individual pursuing
24 a course of education at the institution to demonstrate an
25 intent, by means other than satisfying a physical presence

1 requirement, to establish residency in the State in which
2 the institution is located, or to satisfy other requirements
3 not relating to the establishment of residency, in order to
4 be charged tuition and fees for that course at a rate that
5 is equal to or less than the rate the institution charges
6 for tuition and fees for that course for residents of the
7 State.

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

10 “(6) Disapproval under paragraph (1) shall apply
11 only with respect to educational assistance under chapters
12 30 and 33 of this title.”.

13 (b) EFFECTIVE DATE.—Subsection (c) of section
14 3679 of title 38, United States Code (as added by sub-
15 section (a) of this section), shall apply with respect to edu-
16 cational assistance provided for pursuit of programs of
17 education during academic terms that begin after July 1,
18 2015, through courses of education that commence on or
19 after that date.

20 **TITLE VIII—APPROPRIATION**
21 **AND EMERGENCY DESIGNA-**
22 **TIONS**

23 **SEC. 801. APPROPRIATION OF EMERGENCY AMOUNTS.**

24 There is authorized to be appropriated, and is appro-
25 priated, to the Secretary of Veterans Affairs, out of any

1 funds in the Treasury not otherwise appropriated, for fis-
2 cal years 2014, 2015, and 2016, such sums as may be
3 necessary to carry out this Act.

4 **SEC. 802. EMERGENCY DESIGNATIONS.**

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

8 (b) DESIGNATION IN SENATE.—In the Senate, this
9 Act is designated as an emergency requirement pursuant
10 to section 403(a) of S. Con. Res. 13 (111th Congress),
11 the concurrent resolution on the budget for fiscal year
12 2010.

○