

118TH CONGRESS
1ST SESSION

H. R. 2809

To authorize an electronic health record modernization program of the Department of Veterans Affairs and increase oversight and accountability of the program to better serve veterans, medical professionals of the Department, and taxpayers, and for other purposes.

IN THE HOUSE OF REPRESENTATIVES

APRIL 24, 2023

Mr. TAKANO (for himself, Mr. BOST, Mrs. CHERFILUS-McCORMICK, Mr. MRVAN, Mrs. DINGELL, Mr. LANDSMAN, Mrs. LEE of Nevada, Ms. SCHRIER, Mrs. RODGERS of Washington, and Mr. BALDERSON) introduced the following bill; which was referred to the Committee on Veterans' Affairs, and in addition to the Committee on Armed Services, 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 authorize an electronic health record modernization program of the Department of Veterans Affairs and increase oversight and accountability of the program to better serve veterans, medical professionals of the Department, and taxpayers, 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,*

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

2 (a) SHORT TITLE.—This Act may be cited as the
 3 “Electronic Health Record Program Restructure, En-
 4 hance, Strengthen, and Empower Technology Act of
 5 2023” or the “EHR Program RESET Act of 2023”.

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

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

**TITLE I—PROGRAM ESTABLISHMENT, STRUCTURE,
 MANAGEMENT, AND OBJECTIVES**

Sec. 101. Establishment of electronic health record and health information
 technology modernization program and program office of De-
 partment of Veterans Affairs.

Sec. 102. Establishment of Department of Veterans Affairs advisory sub-
 committee on electronic health record and health information
 technology modernization.

**TITLE II—DEPLOYMENT CRITERIA AND THRESHOLDS TO
 ADVANCE**

Sec. 201. Requirement to exceed or meet certain health care performance base-
 line or national metrics for continuation of electronic health
 record modernization program of Department of Veterans Af-
 fairs.

Sec. 202. Requirements before continued deployment of new electronic health
 record by Department of Veterans Affairs at additional loca-
 tions and facilities.

Sec. 203. Sense of Congress on training and change management activities for
 deployment of new electronic health record.

**TITLE III—ENHANCED SUPPORT FOR HEALTH CARE AND OTHER
 FACILITIES DEPLOYING NEW ELECTRONIC HEALTH RECORD**

Sec. 301. Report on support to facilities for new electronic health record de-
 ployment by Department of Veterans Affairs.

Sec. 302. Modification of quarterly report to include information on system sta-
 bility, satisfaction, morale, retention of staff, training, and
 change management with respect to new electronic health
 record of Department of Veterans Affairs.

**TITLE IV—CONTRACTING AND ACQUISITION OVERSIGHT AND
 REFORM**

Sec. 401. Termination of contract with Oracle Cerner for training and change
 management.

- Sec. 402. Strengthening contract negotiation by Department of Veterans Affairs with respect to new electronic health record and designation of lead contract negotiator.
- Sec. 403. Independent verification and validation of certain major modernization efforts of Department of Veterans Affairs.
- Sec. 404. Annual report on efforts to maintain VistA electronic health record system.
- Sec. 405. Report on alternatives to current electronic health record technology and contract for Department of Veterans Affairs.
- Sec. 406. Report on leadership, acquisition, and contracting oversight lessons learned.
- Sec. 407. Report on contract savings, services provided at no cost to the Department, and contract cost incurred with respect to Oracle-Cerner product.

TITLE V—COORDINATION WITH DEPARTMENT OF DEFENSE

- Sec. 501. Quarterly reports on system uptime, modernization, and coordination activities for information technology systems and policies of Department of Defense affecting operations of Department of Veterans Affairs.
- Sec. 502. Coordination with Department of Defense regarding information technology programs, systems, and services.

TITLE VI—OTHER MATTERS

- Sec. 601. Report on legislative action required.
- Sec. 602. Report on current and future State interoperability with legacy electronic health record, new electronic health record, and future potential electronic health record and other health information technology and exchanges.

1 **SEC. 2. DEFINITIONS.**

2 Except as otherwise provided, in this Act:

3 (1) APPROPRIATE COMMITTEES OF CON-
4 GRESS.—The term “appropriate committees of Con-
5 gress” means—

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

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

1 (2) DEPARTMENT.—The term “Department”
2 means the Department of Veterans Affairs.

3 (3) DEPUTY SECRETARY.—The term “Deputy
4 Secretary” means the Deputy Secretary of Veterans
5 Affairs.

6 (4) FOURTH MISSION.—The term “Fourth Mis-
7 sion” means the mission of the Department to im-
8 prove the preparedness of the United States for re-
9 sponse to war, terrorism, national emergency, and
10 natural disaster.

11 (5) MODERNIZATION; MODERNIZE.—The terms
12 “modernization” and “modernize”, with respect to
13 the electronic health record and other relevant
14 health information technology systems of the De-
15 partment, means to replace, in whole or in part,
16 overhaul, or upgrade such record or other system in
17 a manner that gives such record or other system lon-
18 gevity and ability to constantly be updated to meet
19 the needs of veterans, employees of the Department,
20 and the Department.

21 (6) NEW ELECTRONIC HEALTH RECORD.—The
22 term “new electronic health record” means any elec-
23 tronic health record provided for the Department on
24 or after the date of the enactment of this Act, in-

1 cluding pursuant to a contract entered into by the
2 Department.

3 (7) ORACLE-CERNER PRODUCT.—The term
4 “Oracle-Cerner product” means the product pro-
5 vided under the contract entered into by the Depart-
6 ment with Cerner pursuant to the electronic health
7 record modernization program of the Department
8 before the date of the enactment of this Act.

9 (8) SECRETARY.—The term “Secretary” means
10 the Secretary of Veterans Affairs.

11 (9) UNDER SECRETARY.—The term “Under
12 Secretary” means the Under Secretary for Health of
13 the Department of Veterans Affairs.

14 **TITLE I—PROGRAM ESTABLISH-**
15 **MENT, STRUCTURE, MANAGE-**
16 **MENT, AND OBJECTIVES**

17 **SEC. 101. ESTABLISHMENT OF ELECTRONIC HEALTH**
18 **RECORD AND HEALTH INFORMATION TECH-**
19 **NOLOGY MODERNIZATION PROGRAM AND**
20 **PROGRAM OFFICE OF DEPARTMENT OF VET-**
21 **ERANS AFFAIRS.**

22 (a) ESTABLISHMENT OF PROGRAM.—

23 (1) ESTABLISHMENT.—There is established
24 within the Veterans Health Administration a pro-
25 gram to modernize the electronic health record and

1 other relevant health information technology systems
2 of the Department (in this section referred to as the
3 “Program”).

4 (2) PURPOSE AND GOALS.—The purpose and
5 goals of the Program are as follows:

6 (A) To deliver an electronic health record,
7 platform, and related systems that allow the
8 Department to deliver, as measured by quantifi-
9 able industry and Department-specific metrics,
10 improved standardized workflows and con-
11 sistent, quality health care to veterans through
12 a modern, user-friendly, electronic health record
13 and related systems that allow medical profes-
14 sionals of the Department to deliver health care
15 to veterans safely.

16 (B) To increase the productivity, effi-
17 ciency, retention, satisfaction, and experience of
18 such medical professionals.

19 (C) To improve veteran experience and
20 health outcomes.

21 (D) To improve quality and coordination of
22 care, reduce unnecessary variation, and improve
23 data management.

24 (E) To maintain, strengthen, and expand
25 the research and development activities of the

1 Department to include those activities required
2 under title 38, United States Code.

3 (F) To maintain and strengthen the ability
4 of the Department to carry out Fourth Mission
5 requirements, to include the requirements under
6 title 38, United States Code.

7 (G) To protect the health and other per-
8 sonal identifying information of veterans from
9 being monetized, sold, or otherwise misused by
10 any internal or external entity conducting work
11 for, with, or on behalf of the Department.

12 (H) To protect the health and other per-
13 sonal identifying information of veterans or
14 other users of the electronic health record or
15 other programs or services of the Department
16 from cyber attacks, identity theft, and other
17 cyber and security threats.

18 (I) To deliver—

19 (i) operational value to the Depart-
20 ment from the use of the electronic health
21 record and related systems;

22 (ii) business value and return on in-
23 vestment to the Department from improve-
24 ment to the electronic health record and
25 related systems across all relevant do-

1 mains, to include cyber and other security,
2 business, and financial operations; and

3 (iii) an evolving level of advanced
4 interoperability of the electronic health
5 record with the greatest number of elec-
6 tronic health record systems, platforms,
7 services, and related interfaces in the Fed-
8 eral, private, nonprofit, and other relevant
9 health sectors.

10 (J) To develop health information tech-
11 nology modernization strategies and implemen-
12 tation plans that provide the Department with
13 the most flexibility to continuously modernize
14 the health information technology systems of
15 the Department in an agile manner, not com-
16 mitted to any one particular vendor or vendors
17 or technology solution or solutions, commonly
18 known as “vendor lock”, and respond to new
19 trends in the health information technology in-
20 dustry in real time, allowing for relevant and
21 appropriate integration with other health infor-
22 mation technology platforms and services.

23 (K) To aggressively manage and monitor
24 the implementation of all contracts and services
25 procured by the Department related to such

1 electronic health record and related services to
2 control cost, ensure best value, monitor, and
3 evaluate delivery of the services procured in line
4 with program goals and desired outcomes.

5 (L) To carry out the purposes and goals
6 described in subparagraphs (A) through (K) at
7 the most effective short-, medium-, and long-
8 term cost to the Federal Government using in-
9 dustry and government best practices so as to
10 protect taxpayers.

11 (M) Such other purposes or goals as deter-
12 mined—

13 (i) pursuant to the report submitted
14 under subsection (b)(6); or

15 (ii) by the Secretary, the Deputy Sec-
16 retary, or the Under Secretary pursuant to
17 a report submitted to the appropriate com-
18 mittees of Congress describing any new
19 purpose or goal for the Program not later
20 than 90 days after adding such purpose or
21 goal to the Program.

22 (b) ESTABLISHMENT OF PROGRAM MANAGEMENT
23 OFFICE.—

24 (1) IN GENERAL.—There is established within
25 the Veterans Health Administration the Electronic

1 Health Record and Health Information Technology
2 Modernization Program Management Office (re-
3 ferred to in this section as the “Office”). The Sec-
4 retary or the Deputy Secretary may rename the Of-
5 fice and upon renaming such office shall notify Con-
6 gress not later than 60 days after such renaming.

7 (2) ORGANIZATIONAL LOCATION OF OFFICE.—

8 (A) IN GENERAL.—The Under Secretary
9 shall determine the appropriate organizational
10 location within the Veterans Health Adminis-
11 tration for the Office so as to align responsibil-
12 ities within existing or newly formed clinical,
13 patient safety, health informatics, finance, and
14 other business operations of the Veterans
15 Health Administration.

16 (B) REORGANIZATION OF OFFICE.—The
17 Secretary, the Deputy Secretary, and the Under
18 Secretary may move or reorganize the organiza-
19 tional location of the Office only after notifying
20 the appropriate committees of Congress not
21 later than 90 days before such move or reorga-
22 nization.

23 (3) LEADERSHIP AND STAFF.—

24 (A) EXECUTIVE DIRECTOR.—The Under
25 Secretary shall establish a leader to be respon-

1 sible for the Office, to be known as the “Execu-
2 tive Director of the Electronic Health Record
3 and Health Information Technology Moderniza-
4 tion Program Management Office”.

5 (B) PROGRAM FUNCTIONAL CHAMPION.—

6 (i) IN GENERAL.—The Under Sec-
7 retary shall establish a Functional Cham-
8 pion of the Program who will serve with
9 the Executive Director of the Office.

10 (ii) DUTIES.—The duties of the Func-
11 tional Champion are—

12 (I) to be the lead clinical execu-
13 tive to guide and address functional
14 initiatives to support medical per-
15 sonnel of the Department in the de-
16 ployment of a new electronic health
17 record and other health information
18 technology products; and

19 (II) to carry out such additional
20 duties as the Under Secretary and the
21 Executive Director of the Office may
22 prescribe.

23 (C) OTHER OFFICES AND POSITIONS.—

24 (i) IN GENERAL.—The Under Sec-
25 retary shall direct the establishment of var-

1 ious other relevant sub-offices and posi-
2 tions for the Office as the Under Secretary
3 considers necessary drawing upon best
4 practices from the Department, the De-
5 partment of Defense, and other govern-
6 ment, private sector, and nonprofit models
7 and develop an organizational model tai-
8 lored to the Department for business and
9 management effectiveness.

10 (ii) TYPES OF SUB-OFFICES.—At a
11 minimum, within the Office there shall be
12 offices dedicated to—

13 (I) training;

14 (II) change management;

15 (III) communications;

16 (IV) field support;

17 (V) contract task order develop-
18 ment, monitoring, and oversight;

19 (VI) metrics, performance, and
20 value; and

21 (VII) quality and safety.

22 (iii) SENSE OF CONGRESS.—It is the
23 sense of Congress that—

24 (I) the Department should de-
25 velop a model under clause (i) that is

1 driven by best practices from govern-
2 ment and industry but not replicate
3 for the sake of replication structures
4 used by the Department of Defense or
5 elsewhere that do not factor in the pa-
6 tient population, unique mission,
7 Fourth Mission requirements, and re-
8 search requirements of the Depart-
9 ment, and other relevant factors; and
10 (II) the structure of such model
11 should be driven by the objectives of
12 the Office and the desired end state to
13 improve value and quality of care and
14 health outcomes for veterans while im-
15 proving provider efficiency and pro-
16 ductivity and operations of the De-
17 partment.

18 (4) FUNCTION AND DUTIES.—

19 (A) FUNCTION.—The function of the Of-
20 fice shall be, with respect to all aspects of the
21 modernization or replacement of the electronic
22 health record and other key health information
23 technology and services of the Department—

1 (i) to develop and execute strategy in
2 coordination with relevant offices and enti-
3 ties of the Department; and

4 (ii) to perform management, over-
5 sight, and accountability, including over all
6 contracts, coordination, planning, manage-
7 ment, and implementation.

8 (B) DUTIES.—The duties of the Office
9 shall include the following:

10 (i) Ensuring the Program delivers the
11 tools medical professionals of the Depart-
12 ment need to safely deliver care to veterans
13 while increasing productivity, satisfaction,
14 and efficiency as measured by metrics.

15 (ii) Organizing all of the relevant
16 health, business, informatics, and related
17 offices of the Veterans Health Administra-
18 tion to ensure a coordinated strategy re-
19 garding the new electronic health record
20 and other current and future key health
21 information technology and services of the
22 Department.

23 (iii) Coordinating with other offices
24 and entities of the Department with key
25 dependencies and responsibilities in the

1 success of the Program or operational
2 needs for the services of the Program, in-
3 cluding the Office of Information and
4 Technology, the Veterans Benefits Admin-
5 istration, and other relevant offices.

6 (iv) Ensuring the stability and secu-
7 rity of the new electronic health record and
8 other current and future key health infor-
9 mation technology and services of the De-
10 partment.

11 (v) Oversight of work performed by
12 contractors regarding such record, tech-
13 nology, and services.

14 (vi) Developing a health information
15 technology strategy of the Department—

16 (I) to increase quality of care,
17 health outcomes, and experience of
18 care received by veterans;

19 (II) to increase value to business
20 and health operations of the Depart-
21 ment;

22 (III) to enable the further re-
23 cruitment and retention of medical
24 professionals; and

1 (IV) to coherently define how dis-
2 parate health information technology
3 efforts of the Department can be
4 aligned to deliver on that strategy
5 with concrete goals, metrics, and out-
6 comes.

7 (vii) Developing goals, key perform-
8 ance indicators, and metrics to evaluate
9 such record, technology, and services, in-
10 cluding with respect to financial perform-
11 ance, provider productivity, and health per-
12 formance.

13 (viii) Monitoring such goals, perform-
14 ance indicators, and metrics to develop ac-
15 tions for when such goals, performance in-
16 dicators, and metrics have not been met.

17 (ix) Improvement of business oper-
18 ations of the Department relating to such
19 record, technology, and services.

20 (x) Such other matters as the Sec-
21 retary, the Deputy Secretary, or the Under
22 Secretary consider appropriate.

23 (5) REPORT ON ESTABLISHMENT OF OFFICE.—

24 (A) IN GENERAL.—Not later than 90 days
25 after the date of the enactment of this Act, the

1 Deputy Secretary, the Under Secretary, and the
2 Chief Information Officer of the Department
3 shall submit to the appropriate committees of
4 Congress a single report outlining the establish-
5 ment of the Office and its current strengths
6 and weaknesses.

7 (B) ELEMENTS.—The report required
8 under subparagraph (A) shall include—

9 (i) a clear articulation of the objective
10 of the Program and how that objective is
11 tied to the broader health information
12 technology modernization strategy and
13 health care mission of the Department,
14 which shall include functional and tech-
15 nical quality standards to define success of
16 the Program based on clear demonstration
17 of improved health and business oper-
18 ational metrics;

19 (ii) a strategy describing how tech-
20 nology procured by the Department shall
21 be part of a comprehensive approach for
22 using health information technology, mod-
23 els of care delivery, and research conducted
24 by the Department to strengthen services
25 for veterans and veteran engagement;

1 (iii) concrete steps for how the De-
2 partment will use internal and external re-
3 sources to operationalize the strategy
4 under clause (ii) through technical and
5 functional engineering expertise to stream-
6 line the organization and governance of the
7 Office of Information and Technology, the
8 Veterans Health Administration, and other
9 relevant offices or entities of the Depart-
10 ment to enact that strategy;

11 (iv) an assessment of the current and
12 desired future state, with timelines to
13 achieve such future state, of enterprise
14 business and technical architecture, infor-
15 mation technology product consolidation
16 and management, information technology
17 governance, business and clinical process
18 standardization and quality control of the
19 Department and the steps that are or will
20 be taken in response to that assessment,
21 including a timeline for execution of those
22 reforms; and

23 (v) a description, as of the date of the
24 report, of the current status of the objec-
25 tives of the Office, whether those objectives

1 are being met, and if they are not being
2 met the steps the Department will take, in-
3 cluding a timeline, to achieve those objec-
4 tives.

5 (c) DEPUTY CHIEF INFORMATION OFFICER FOR
6 ELECTRONIC HEALTH RECORD AND HEALTH INFORMA-
7 TION TECHNOLOGY.—

8 (1) ESTABLISHMENT.—There is established
9 within the Office of Information and Technology of
10 the Department a Deputy Chief Information Officer
11 for Electronic Health Record and Health Informa-
12 tion Technology who shall be accountable for all
13 technical implementation of the modernization of the
14 electronic health record and health information tech-
15 nology, in coordination with the Program and the
16 Office.

17 (2) RENAMING.—The Chief Information Officer
18 of the Department may rename the position estab-
19 lished under paragraph (1) and upon renaming such
20 position shall notify Congress not later than 90 days
21 after such renaming.

22 (3) CHAIN OF COMMAND.—The Deputy Chief
23 Information Officer for Electronic Health Record
24 and Health Information Technology of the Depart-
25 ment shall report to the Chief Information Officer

1 and the Assistant Secretary for Information and
2 Technology of the Department.

3 (4) DUTIES.—The Deputy Chief Information
4 Officer for Electronic Health Record and Health In-
5 formation Technology of the Department shall be re-
6 sponsible for organizing all functions of the Office of
7 Information and Technology of the Department to
8 support the modernization of the electronic health
9 record and health information technology of the De-
10 partment, including cyber security, system stability
11 and uptime, system performance, and integration
12 with relevant platforms, systems, and services, in-
13 cluding those of the Department of Defense and
14 other Federal agencies.

15 (5) ADDITIONAL GUIDANCE.—The Chief Infor-
16 mation Officer of the Department may provide addi-
17 tional or modified guidance for the role of Deputy
18 Chief Information Officer for Electronic Health
19 Record and Health Information Technology of the
20 Department.

21 (d) ADMINISTRATIVE MATTERS.—

22 (1) ACCOUNTABILITY AND OVERSIGHT FOR
23 PROGRAM.—The Deputy Secretary shall be the ac-
24 countable official for the Program, oversee the Pro-
25 gram, and may direct resources, subject to appro-

1 priations, throughout the Department, particularly
2 to the Veterans Health Administration and the Of-
3 fice of Information and Technology of the Depart-
4 ment, to facilitate successful planning, management,
5 oversight, and execution of the Program.

6 (2) RESPONSIBILITY FOR PROGRAM AND OF-
7 FICE.—The Under Secretary shall be the responsible
8 official for the Program and the Office, working to-
9 gether with the Executive Director of the Office.
10 The Under Secretary and the Executive Director of
11 the Office shall be directly responsible and in charge
12 of the daily work of the Program and the Office.

13 (3) TRACKING AND REPORTING OF FUNDS.—
14 Any funds directed by the Deputy Secretary to other
15 entities of the Department to support the Program
16 or the Office shall be tracked and reported as falling
17 under the Program regardless of the office that
18 manages and executes those particular funds.

19 **SEC. 102. ESTABLISHMENT OF DEPARTMENT OF VETERANS**
20 **AFFAIRS ADVISORY SUBCOMMITTEE ON**
21 **ELECTRONIC HEALTH RECORD AND HEALTH**
22 **INFORMATION TECHNOLOGY MODERNIZA-**
23 **TION.**

24 (a) IN GENERAL.—Not later than 60 days after the
25 date of the enactment of this Act, the Secretary, acting

1 in coordination with and through the Under Secretary,
2 shall establish a permanent subcommittee of the special
3 medical advisory group established under section 7312 of
4 title 38, United States Code, focused on electronic health
5 record and health information technology modernization
6 of the Department, to be known as the Subcommittee on
7 Electronic Health Record and Health Information Tech-
8 nology Modernization (in this section referred to as the
9 “Subcommittee”).

10 (b) COMPOSITION OF SUBCOMMITTEE.—

11 (1) IN GENERAL.—The Subcommittee shall be
12 composed of not fewer than 5 and not more than 10
13 individuals selected by the Under Secretary who
14 have a current or previous documented and relevant
15 deep professional background within a leading health
16 care organization or organizations of the United
17 States in the private or nonprofit health sector, in-
18 cluding—

19 (A) experience with health systems;

20 (B) experience as a health executive, chief
21 health information or informatics officer, chief
22 medical information officer, clinician, or nurse
23 with deep experience implementing or over-
24 seeing medium- or large-scale health informa-
25 tion technology transformation, including elec-

1 tronic health record deployments and business
2 modernizations;

3 (C) experience improving health care out-
4 comes;

5 (D) experience managing change; or

6 (E) experience in developing and imple-
7 menting electronic health record training.

8 (2) NURSE OR NURSE EXECUTIVE.—At least
9 one member of the Subcommittee shall be a nurse
10 or nurse executive.

11 (3) MEMBER OF VETERANS SERVICE ORGANIZA-
12 TION.—At least one member of the Subcommittee
13 shall be a representative of a Federally chartered,
14 membership-based veterans service organization.

15 (4) LIMITATION.—An individual is not eligible
16 to be a member of the Subcommittee if the indi-
17 vidual—

18 (A) is from the information technology
19 vendor or technology development sector; or

20 (B) had a role in the Oracle or Cerner pro-
21 curement by the Department or related con-
22 tracts for program management services for the
23 electronic health record modernization program
24 of the Department.

1 (c) DUTIES.—The Subcommittee shall produce peri-
2 odic reports and recommendations as directed or re-
3 quested by the Secretary or the Under Secretary on plans
4 and opportunities for the Department to improve its strat-
5 egy, goals, and implementation for and deployment of elec-
6 tronic health records and health information technology
7 to better improve quality of care, patient outcomes, oper-
8 ational efficiency and productivity, provider productivity
9 and engagement, and related matters based on national
10 best practices that are relevant to the Department.

11 (d) ADMINISTRATION.—Administration of the Sub-
12 committee, including terms of service and replacement of
13 members, shall be guided by the rules and charter of the
14 special medical advisory group established under section
15 7312 of title 38, United States Code.

16 (e) TERMINATION.—This section shall terminate on
17 the date on which the Secretary determines that a mod-
18 ernized electronic health record has been deployed to every
19 medical center and other relevant medical facility of the
20 Department.

1 **TITLE II—DEPLOYMENT CRI-**
2 **TERIA AND THRESHOLDS TO**
3 **ADVANCE**

4 **SEC. 201. REQUIREMENT TO EXCEED OR MEET CERTAIN**
5 **HEALTH CARE PERFORMANCE BASELINE OR**
6 **NATIONAL METRICS FOR CONTINUATION OF**
7 **ELECTRONIC HEALTH RECORD MODERNIZA-**
8 **TION PROGRAM OF DEPARTMENT OF VET-**
9 **ERANS AFFAIRS.**

10 (a) IN GENERAL.—The Secretary may not initiate a
11 new go-live deployment of the electronic health record
12 modernization program until the quality, access, produc-
13 tivity, and all other health and operational performance
14 metrics data of the Veterans Health Administration and
15 the Office of Information and Technology of the Depart-
16 ment at each facility of the Department (including any
17 subsidiary facilities, such as community-based outpatient
18 clinics) that is using the Oracle-Cerner product under such
19 program as of January 31, 2023, has either—

20 (1) exceeded the health and information tech-
21 nology operational levels of the facility before deploy-
22 ing such product; or

23 (2) met national standards set forth by the Vet-
24 erans Health Administration for quality, safety, effi-
25 ciency, and financial performance as established by

1 the Program established under section 101(a) and
2 the Under Secretary.

3 (b) ESTABLISHMENT OF NATIONAL STANDARDS.—

4 (1) IN GENERAL.—The Under Secretary and
5 the Program established under section 101(a) shall
6 establish national standards required under sub-
7 section (a)(2) to create a common health perform-
8 ance standard of the Veterans Health Administra-
9 tion under which all medical facilities of the Depart-
10 ment may be evaluated under that subsection that
11 takes into account relevant differences in size, com-
12 plexity, and market of each facility.

13 (2) COMMON METRIC AND STANDARD.—In es-
14 tablishing standards under paragraph (1), the Under
15 Secretary and the Program established under section
16 101(a) shall establish a common data driven metric
17 and service delivery standard for care for veterans
18 by which medical facilities of the Department can be
19 evaluated.

20 (3) REPORTS.—

21 (A) INITIAL REPORT.—Not later than 60
22 days after the establishment of standards under
23 paragraph (1), the Program established under
24 section 101(a) shall submit to the appropriate

1 committees of Congress a report on such stand-
2 ards.

3 (B) MODIFICATION TO STANDARDS.—Not
4 later than 30 days before the modification to
5 any standards established under paragraph (1),
6 the Program established under section 101(a)
7 shall submit to the appropriate committees of
8 Congress a report on such modification.

9 (c) TERMINATION OR CONTINUATION OF USE.—

10 (1) IN GENERAL.—If, by the date that is 180
11 days after the date of the enactment of this Act, the
12 data from the first five facilities of the Department
13 as well as any relevant remote sites, consolidated pa-
14 tient account centers, subsidiary facilities, such as
15 community-based outpatient clinics that deployed the
16 Oracle-Cerner product, have not reached the require-
17 ments under subsection (a)—

18 (A) not later than 13 months after such
19 date of enactment, the Secretary, in consulta-
20 tion with the Deputy Secretary, the Under Sec-
21 retary for Health, the Chief Information Offi-
22 cer, and the Executive Director of the Office,
23 shall—

24 (i) submit to the appropriate commit-
25 tees of Congress a plan on how the De-

1 partment will meet the requirements under
2 such subsection either through the existing
3 technology strategy of the Department, a
4 new procurement, or some other combina-
5 tion or approach; and

6 (ii) publicly announce a replacement
7 technology solution or solutions or contract
8 or contracts, including a new timeline and
9 strategy to implement such solution or so-
10 lutions;

11 (B) not later than 180 days after com-
12 pleting the requirements under subparagraph
13 (A), the Secretary shall—

14 (i) terminate, cancel, or modify the
15 contract for the Oracle-Cerner product;
16 and

17 (ii) develop appropriate coordination
18 and transition plans for the transition of
19 use of technology from the Oracle-Cerner
20 product back to VistA or from the Oracle-
21 Cerner product to an alternate electronic
22 health record technology.

23 (2) LIMITATION ON CANCELLATION OF EXIST-
24 ING CONTRACT.—In carrying out paragraph (1), to
25 ensure a smooth transition and reduce operational

1 and care delivery disturbance, the Secretary may not
2 terminate any existing electronic health record con-
3 tract until a replacement contract and strategy for
4 such electronic health record are in place or near
5 award and commencement.

6 (3) EXTENSION OF TIME.—

7 (A) IN GENERAL.—Not later than 120
8 days after the date of the enactment of this
9 Act, the Secretary may, for one time only, tem-
10 porarily delay each of the requirements of para-
11 graph (1) for a period not to exceed 180 days
12 if the Secretary determines such delay is nec-
13 essary due to mission critical, national emer-
14 gency, national security, patient safety, quality
15 and access to care, protection of taxpayer in-
16 vestments, or other unforeseen reasons.

17 (B) JUSTIFICATION FOR EXTENSION.—If
18 the Secretary determines that a delay under
19 subparagraph (A) is necessary, not later than
20 105 days after the date of the enactment of this
21 Act, the Secretary shall submit to the appro-
22 priate committees of Congress a report setting
23 forth the justification of the Secretary for such
24 delay.

1 **SEC. 202. REQUIREMENTS BEFORE CONTINUED DEPLOY-**
2 **MENT OF NEW ELECTRONIC HEALTH**
3 **RECORD BY DEPARTMENT OF VETERANS AF-**
4 **FAIRS AT ADDITIONAL LOCATIONS AND FA-**
5 **CILITIES.**

6 (a) REPORT ON METRICS TO DETERMINE CONTIN-
7 UED DEPLOYMENT.—

8 (1) IN GENERAL.—Not later than 30 days after
9 the date of the enactment of this Act, the Deputy
10 Secretary shall submit to the appropriate committees
11 of Congress a report containing the metrics, readi-
12 ness criteria, and governance decision process that
13 the Department will use to determine whether con-
14 tinued deployment of the electronic health record
15 technology of the Department is appropriate in June
16 2023, or whether a further pause in such deploy-
17 ment is warranted to address system issues, patient
18 safety, technology features, provider efficiency, and
19 related matters.

20 (2) METRICS.—The metrics included in the re-
21 port submitted under paragraph (1) shall—

22 (A) be data driven based on industry
23 standards, metrics of the Department, and the
24 unique health care delivery needs of the Depart-
25 ment to serve veterans, perform research, and
26 support Fourth Mission requirements;

1 (B) ensure patient safety, quality of and
2 access to care, system stability, cyber security,
3 and sound financial and business administra-
4 tion activities are successfully evaluated as sta-
5 ble and functional at desired performance levels
6 and in place to proceed;

7 (C) ensure completion of relevant training
8 and change management activities; and

9 (D) include any other specific readiness
10 criteria that each location of the Department is
11 required to meet before moving forward with
12 continued deployment of the electronic health
13 record technology of the Department, as deter-
14 mined by the Department.

15 (3) OTHER ELEMENTS.—The report submitted
16 under paragraph (1) shall—

17 (A) indicate how the metrics required
18 under the report are or will be adjusted to in-
19 corporate the research function and health com-
20 plexity levels of facilities of the Department and
21 whether additional or different metrics are or
22 will be added based on more or less complex fa-
23 cilities or facilities with a greater research func-
24 tion;

1 (B) explain how the metrics and readiness
2 criteria under the report incorporate appro-
3 priate input and findings of the National Cen-
4 ter for Patient Safety, the Clinical Episode Re-
5 view Team, or the Office of the Assistant Under
6 Secretary for Health for Quality and Patient
7 Safety of the Veterans Health Administration,
8 or any successor office, and resolve any issues
9 raised by those offices to the satisfaction of
10 those offices through information technology
11 changes, functionality, training, and other
12 areas, including regarding patient record flags,
13 behavioral health and suicide risks, configura-
14 tion of roles and responsibilities, referrals, am-
15 bulatory care, pharmacy, identity, orders, medi-
16 cation administration, and other areas, which
17 shall include a specific description of how each
18 issue identified in the March 2023 report of the
19 Department entitled, “EHRM Sprint Report”
20 has been resolved or mitigated; and

21 (C) provide a clear process description re-
22 flecting—

23 (i) the repeatable method for how de-
24 cisions relating to deployment of electronic
25 health record technology are made within

1 the Department from the field level up to
2 the Secretary; and

3 (ii) the input received from each rel-
4 evant element of the Department before
5 such a decision is made, to include input
6 from the National Center for Patient Safe-
7 ty.

8 (4) CERTIFICATION.—In submitting metrics
9 under paragraph (1), the Deputy Secretary shall
10 certify that the metrics have been approved by the
11 Under Secretary, the Executive Director of the Of-
12 fice, and the Chief Information Officer of the De-
13 partment.

14 **SEC. 203. SENSE OF CONGRESS ON TRAINING AND CHANGE**
15 **MANAGEMENT ACTIVITIES FOR DEPLOYMENT**
16 **OF NEW ELECTRONIC HEALTH RECORD.**

17 It is the sense of Congress that—

18 (1) training and change management with re-
19 spect to any new electronic health record shall be led
20 by the Department and employees of the Depart-
21 ment who are uniquely positioned to understand the
22 legacy VistA system of the Department, the existing
23 and future standardized workflow of the Depart-
24 ment, and the history, culture, and mission of the
25 Department; and

1 (2) any contractors of the Department involved
2 in the implementation of any new electronic health
3 record should serve in a support function to the De-
4 partment rather than lead and conduct all training
5 and change management activities.

6 **TITLE III—ENHANCED SUPPORT**
7 **FOR HEALTH CARE AND**
8 **OTHER FACILITIES DEPLOY-**
9 **ING NEW ELECTRONIC**
10 **HEALTH RECORD**

11 **SEC. 301. REPORT ON SUPPORT TO FACILITIES FOR NEW**
12 **ELECTRONIC HEALTH RECORD DEPLOYMENT**
13 **BY DEPARTMENT OF VETERANS AFFAIRS.**

14 (a) IN GENERAL.—Not later than 90 days after the
15 date of the enactment of this Act, the Deputy Secretary
16 shall submit to the appropriate committees of Congress
17 a report summarizing the standard support services that
18 the Department does or intends to provide to each facility
19 in preparation for potential future deployment of the new
20 electronic health record of the Department at such facility
21 and in the period after such deployment.

22 (b) SUPPORT TO BE PROVIDED.—The support re-
23 quired to be provided to a facility by the Department and
24 included in the report under subsection (a) shall include,
25 at a minimum, the following:

1 (1) Budgetary resources and support to address
2 the need for increased staffing at the facility, re-
3 duced productivity and collections, increased use of
4 community care networks, and other issues identi-
5 fied in the report of the Institute for Defense Anal-
6 yses dated October 2022, entitled “Independent Cost
7 Estimate for Veterans Affairs Electronic Health
8 Record Modernization Program”.

9 (2) Increased staffing level surge at the facility,
10 including temporary and permanent staff.

11 (3) Steps to be taken by the Department to re-
12 duce burnout and turnover.

13 (4) Enhanced training to include government or
14 vendor supplied trainers to maintain a presence until
15 dismissed by the director or other relevant leader of
16 the facility after deployment of the new electronic
17 health record.

18 (5) A description of any additional legislative
19 action requested to improve the level of support serv-
20 ices required at each such facility for such deploy-
21 ment.

22 (6) Such other support as the Deputy Secretary
23 determines necessary in consultation with the Under
24 Secretary, the Executive Director of the Electronic
25 Health Record and Health Information Technology

1 Modernization Program Management Office, and the
2 Chief Information Officer.

3 **SEC. 302. MODIFICATION OF QUARTERLY REPORT TO IN-**
4 **CLUDE INFORMATION ON SYSTEM STABILITY,**
5 **SATISFACTION, MORALE, RETENTION OF**
6 **STAFF, TRAINING, AND CHANGE MANAGE-**
7 **MENT WITH RESPECT TO NEW ELECTRONIC**
8 **HEALTH RECORD OF DEPARTMENT OF VET-**
9 **ERANS AFFAIRS.**

10 Section 503(b) of the Veterans Benefits and Transi-
11 tion Act of 2018 (Public Law 115–407; 38 U.S.C. 5701
12 note prec.) is amended—

13 (1) by redesignating paragraphs (1) through
14 (6) as subparagraphs (A) through (F), respectively,
15 and moving those subparagraphs, as so redesign-
16 ated, two ems to the right;

17 (2) in the matter preceding subparagraph (A),
18 as designated by paragraph (1), by striking “Not
19 later than 30 days” and inserting the following:

20 “(1) IN GENERAL.—Not later than 30 days”;
21 and

22 (3) by adding at the end the following new
23 paragraph:

24 “(2) ADDITIONAL MATTERS TO BE IN-
25 CLUDED.—

1 “(A) IN GENERAL.—The Secretary shall
2 include with any update submitted under para-
3 graph (1) on or after the date of the enactment
4 of the Electronic Health Record Program Re-
5 structure, Enhance, Strengthen, and Empower
6 Technology Act of 2023, with respect to the
7 quarter covered by the report, the following:

8 “(i) Data on employee satisfaction
9 with the new electronic health record of the
10 Department of Veterans Affairs using
11 credible, industry standard surveys and
12 data analysis.

13 “(ii) Data on retention, morale, and
14 turnover at sites using such new record.

15 “(iii) Data on satisfaction with train-
16 ing and change management activities pro-
17 vided to employees and facilities of the De-
18 partment regarding such record.

19 “(iv) Data on ticket resolution and
20 closure.

21 “(v) The specific system enhance-
22 ments to include configuration changes
23 and new service requests that have been
24 tested and put into production for elec-
25 tronic health record system users and a list

1 and description of remaining configuration
2 changes and new service requests under
3 development or in requirements develop-
4 ment and the estimated date for such im-
5 provements to be tested and put into pro-
6 duction for electronic health record system
7 users.

8 “(vi) The system performance statis-
9 tics for such record, to include—

10 “(I) cause, length, and source of
11 or responsible entity for performance
12 issues; and

13 “(II) corrective steps taken to
14 rectify outages, performance degrada-
15 tions, incomplete functionality, and
16 loss of redundancy.

17 “(vii) The health operations, produc-
18 tivity, and quality metrics of each facility
19 using such new record as of the end of the
20 quarter covered by the report compared to
21 the health operations, productivity, and
22 quality metrics of that facility before de-
23 ployment of the new record while using the
24 legacy VistA and related systems and com-
25 pared to the national quality and access

1 standards established by the Veterans
2 Health Administration to evaluate per-
3 formances of medical facilities under sec-
4 tion 201(b) of the Electronic Health
5 Record Program Restructure, Enhance,
6 Strengthen, and Empower Technology Act
7 of 2023.

8 “(viii) Revenue, collections, and all
9 other financial data at facilities using such
10 new record, including an assessment of
11 planned versus actual revenue and collec-
12 tions and steps taken to remediate per-
13 formance challenges as well as a compari-
14 son to revenue, collections, and all other fi-
15 nancial data collected before the new
16 record was in use.

17 “(ix) A description of the number of
18 cure notices, letters of concern, and other
19 relevant corrective contracting actions
20 taken by the Department, the responses to
21 those actions by relevant contractor or con-
22 tractors and any credits, reimbursements,
23 or other relevant repayment or corrective
24 action agreed upon or issued and the
25 dates, purposes, and reasons for issuance

1 of such cure notices, letters of concern,
2 and other relevant requests for corrective
3 actions and the status or resolution of
4 those matters.

5 “(B) COMPILATION OF INFORMATION.—

6 The information provided under subparagraph
7 (A) shall be—

8 “(i) compiled in a manner that shows
9 the information over time, at the facility
10 level and aggregated for all facilities;

11 “(ii) compiled using industry-based
12 questions, standards, and metrics; and

13 “(iii) informed by the unique veteran
14 care delivery services and functions of the
15 Department.”.

16 **TITLE IV—CONTRACTING AND**
17 **ACQUISITION OVERSIGHT**
18 **AND REFORM**

19 **SEC. 401. TERMINATION OF CONTRACT WITH ORACLE**
20 **CERNER FOR TRAINING AND CHANGE MAN-**
21 **AGEMENT.**

22 (a) IN GENERAL.—Not later than 275 days after the
23 date of the enactment of this Act, the Secretary shall—

24 (1) terminate all contracts of the Department
25 with Oracle Cerner for training and change manage-

1 ment related to electronic health record moderniza-
2 tion; and

3 (2) cease to issue task orders for training and
4 change management activities from Oracle Cerner or
5 subcontractors of Oracle Cerner.

6 (b) REPLACEMENT OF SERVICES.—Before termi-
7 nating all contracts of the Department with Oracle Cerner
8 as required under subsection (a)(1), the Secretary, as the
9 Secretary determines necessary and consistent with sec-
10 tion 203 of this Act, shall put plans in place to replace
11 the services provided under those contracts with a new
12 contract or contracts, competitively procured, with compa-
13 nies with a proven track-record in delivering electronic
14 health record and health information technology training
15 and change management in medium or large health sys-
16 tems in the United States.

17 (c) REPORT.—Not later than 200 days after the date
18 of the enactment of this Act, the Secretary shall submit
19 to the appropriate committees of Congress a report on the
20 implementation of this section.

1 **SEC. 402. STRENGTHENING CONTRACT NEGOTIATION BY**
2 **DEPARTMENT OF VETERANS AFFAIRS WITH**
3 **RESPECT TO NEW ELECTRONIC HEALTH**
4 **RECORD AND DESIGNATION OF LEAD CON-**
5 **TRACT NEGOTIATOR.**

6 (a) DESIGNATION OF LEAD NEGOTIATOR FOR NEW
7 ELECTRONIC HEALTH RECORD.—

8 (1) IN GENERAL.—The Secretary shall des-
9 ignate one senior career official of the Department,
10 at grade GS–15 of the General Schedule or an
11 equivalent or higher grade, as the lead negotiator for
12 the Department on all current and future contracts
13 relating to the new electronic health record of the
14 Department (in this section referred to as the “Ne-
15 gotiator”).

16 (2) ORGANIZATION.—The Negotiator shall re-
17 side within the Office of Acquisition, Logistics, and
18 Construction of the Department and report to the
19 Chief Acquisition Officer of the Department.

20 (3) NOTIFICATION.—Not later than 15 days
21 after designating the Negotiator under paragraph
22 (1), the Secretary shall notify the appropriate com-
23 mittees of Congress of such designation.

24 (b) OBJECTIVE OF NEGOTIATIONS.—The goal of con-
25 tract negotiations and activities conducted by the Nego-
26 tiator with respect to contracts relating to the new elec-

1 tronic health record of the Department are, at a min-
2 imum—

3 (1) to ensure that any future contracts or task
4 orders for such a record, including modifications of
5 existing contracts or new awards, shall—

6 (A) seek to protect the interest of tax-
7 payers to the greatest extent practicable; and

8 (B) recover, by whatever means available,
9 direct and indirect costs that the Department
10 and veterans have already incurred due to pa-
11 tient harm, poor performance, inadequate train-
12 ing, insufficient ticket resolution, system crash-
13 es, inefficient processes driven by new tech-
14 nology, extra Department personnel hours, and
15 other factors relating to the use of the Oracle-
16 Cerner product;

17 (2) to consider options to descope existing con-
18 tracts and secure discounted rates on future work
19 and sustainment work;

20 (3) to achieve aggressive industry standard
21 service-level agreements and significant financial
22 penalties for failure to meet those standards;

23 (4) to contractually codify the services, tech-
24 nology features, and other elements that have been

1 verbally offered to the Department at no cost by a
2 contractor or contractors related to such new record;

3 (5) to develop an organized and properly
4 phased contract cancellation, transition, and replace-
5 ment strategy should the negotiations not result in
6 best value terms for the taxpayer, veterans, and
7 medical personnel of the Department; and

8 (6) to address issues of conflicting or duplica-
9 tive contracting requirements to include those be-
10 tween contractors deploying various aspects of such
11 new record and the program management office con-
12 tract, including potential conflicts of interest and
13 perverse incentives for one set of contractors to in-
14 hibit or slow the work of other contractors for poten-
15 tial financial gain and leverage for current and fu-
16 ture work for the Department.

17 (c) COORDINATION OF ACTIVITIES.—The Negotiator
18 shall closely coordinate with individuals in the Program
19 and the Office established under section 101 who have
20 day-to-day responsibility for existing contract oversight
21 with respect to health record contracts and relevant health
22 information technology contracts.

23 (d) CONSULTATION.—The Negotiator shall leverage
24 and consult with all relevant stakeholders of the Depart-
25 ment, but at a minimum the Secretary, the Deputy Sec-

1 retary, the Office of General Counsel, the Under Sec-
2 retary, and the Chief Information Officer and the Assist-
3 ant Secretary for Information and Technology of the De-
4 partment, in conducting negotiations relating to the elec-
5 tronic health record of the Department.

6 (e) ASSISTANCE.—

7 (1) OTHER FEDERAL AGENCIES.—In con-
8 ducting negotiations relating to the new electronic
9 health record of the Department, the Negotiator or
10 the Secretary may request assistance from the other
11 Federal agencies that have experienced contract ne-
12 gotiators, legal counsel, litigators, and other relevant
13 personnel, particularly those with specialties and ex-
14 perience in health information technology acquisi-
15 tions, contracts, negotiations, and litigation.

16 (2) OUTSIDE ENTITIES.—

17 (A) IN GENERAL.—In conducting negotia-
18 tions, the Negotiator or the Secretary may en-
19 gage non-Federal, private sector, or nonprofit
20 entities to perform independent contract and
21 legal advisory services for the Department so as
22 to advise the Department on options and strate-
23 gies to achieve a revised, modified, or new con-
24 tract for a new electronic health record that is
25 of better value to the taxpayer or where nec-

1 essary for appropriate cancellation terms and
2 transition planning.

3 (B) TYPES OF ENTITIES.—In procuring
4 services under subparagraph (A), the Nego-
5 tiator and the Secretary—

6 (i) shall only engage with entities that
7 have a proven, long-term experience in de-
8 livering value and resolution to entities
9 through high-dollar contracts, agreements,
10 settlements, or litigation structured to de-
11 liver performance, accountability, and
12 value to taxpayers, governments, or clients,
13 as the case may be; and

14 (ii) shall not engage with a company
15 that works for Oracle, Oracle Cerner, or
16 any subcontractor of either such company.

17 (f) TERMS RELATING TO PROTECTION OF DATA.—
18 Any contract of the Department related to electronic
19 health records entered into on or after January 1, 2018,
20 shall include a clause or clauses, or be modified to include
21 such clause or clauses, protecting the health and other
22 personal identifying data of veterans to include a total pro-
23 hibition on that data being monetized, sold, controlled, or
24 otherwise misused by any internal or external entity con-

1 ducting work for, with, or on behalf of the Department,
2 including data that has gone through anonymization.

3 **SEC. 403. INDEPENDENT VERIFICATION AND VALIDATION**
4 **OF CERTAIN MAJOR MODERNIZATION EF-**
5 **FORTS OF DEPARTMENT OF VETERANS AF-**
6 **FAIRS.**

7 (a) **CONTRACTING AUTHORITY.**—Not later than 90
8 days after the date of the enactment of this Act, the Chief
9 Acquisition Officer of the Department of Veterans Affairs
10 established pursuant to section 1702 of title 41, United
11 States Code, shall enter into a contract with an eligible
12 entity under subsection (b) to carry out the oversight func-
13 tions described in subsection (c).

14 (b) **ELIGIBILITY.**—An entity is eligible under this
15 subsection if the Chief Acquisition Officer of the Depart-
16 ment determines that, with respect to the solicitation by
17 the Department for a contract under subsection (a), the
18 entity—

19 (1) is currently performing or has performed,
20 during the three-year period preceding the date of
21 the issuance of such solicitation, not fewer than
22 three prime contracts for the independent
23 verification and validation, or equivalent technical
24 and program oversight support, of major defense ac-
25 quisition programs or priority defense business sys-

1 tems, in accordance with guidance of the Depart-
2 ment of Defense relating to such acquisition pro-
3 grams or such business systems; and

4 (2) is not currently performing and has not per-
5 formed, for at least the five-year period preceding
6 the date of the issuance of such solicitation, any con-
7 tract or subcontract for the Department of Veterans
8 Affairs (including such a contract or subcontract re-
9 lating to a covered program).

10 (c) FUNCTIONS.—The oversight functions described
11 in this subsection are the following:

12 (1) Conducting an initial assessment of each
13 covered program and submitting to the Secretary a
14 report containing the findings of such assessment.

15 (2) On an annual basis, conducting an overall
16 assessment of each covered program and submitting
17 to the Secretary a report containing the findings of
18 each such assessment.

19 (3) Conducting continuous oversight of the ac-
20 tivities carried out under, and the systems associated
21 with, each covered program, including oversight of
22 the status, compliance, performance, and implemen-
23 tation of recommendations with respect to, for each
24 covered program, the following:

1 (A) Management, including governance,
2 costs, and implementation milestones and
3 timelines.

4 (B) Contracts for implementation, includ-
5 ing financial metrics and performance bench-
6 marks for contractors.

7 (C) Effect on the functions, business oper-
8 ations, or clinical organizational structure of
9 the health care system of the Department.

10 (D) Supply chain risk management, con-
11 trols, and compliance.

12 (E) Data management.

13 (F) With respect to associated systems, the
14 following:

15 (i) Technical architectural design, de-
16 velopment, and stability of the systems.

17 (ii) System interoperability and inte-
18 gration with related information technology
19 systems.

20 (iii) System testing.

21 (iv) Functional system training pro-
22 vided to users.

23 (v) System adoption and use.

24 (d) SUBMISSION TO CONGRESS.—Not later than 30
25 days after the date on which the Secretary receives any

1 annual report under subsection (c)(2), the Secretary shall
2 submit to the Committee on Veterans' Affairs of the Sen-
3 ate and the Committee on Veterans' Affairs of the House
4 of Representatives such report.

5 (e) AWARDED AMOUNTS.—Not later than 90 days
6 after the date on which the Chief Acquisition Officer of
7 the Department enters into the contract under subsection
8 (a), the Chief Financial Officer of the Department, in co-
9 ordination with the heads of such office of the Department
10 responsible for the management of a covered program,
11 shall ensure that amounts awarded to an eligible entity
12 under such contract are derived, in proportionate
13 amounts, from amounts otherwise authorized to be appro-
14 priated for each such office of the Department, respec-
15 tively.

16 (f) DEFINITIONS.—In this section:

17 (1) COVERED PROGRAM.—The term “covered
18 program” means the following:

19 (A) The electronic health record mod-
20 ernization program (or any successor program).

21 (B) The Financial Management and Busi-
22 ness Transformation Program (or any successor
23 program).

24 (C) Any program of the Department relat-
25 ing to supply chain modernization.

1 (D) Any program of the Department relat-
2 ing to the modernization of information tech-
3 nology systems associated with human re-
4 sources.

5 (E) Any program of the Department relat-
6 ing to the Veterans Benefits Management Sys-
7 tem.

8 (2) PRIORITY DEFENSE BUSINESS SYSTEM.—
9 The term “priority defense business system” has the
10 meaning given such term in section 2222(i) of title
11 10, United States Code.

12 (3) MAJOR DEFENSE ACQUISITION PROGRAM.—
13 The term “major defense acquisition program” has
14 the meaning given such term in section 4201 of title
15 10, United States Code.

16 **SEC. 404. ANNUAL REPORT ON EFFORTS TO MAINTAIN**
17 **VISTA ELECTRONIC HEALTH RECORD SYS-**
18 **TEM.**

19 (a) IN GENERAL.—Not later than 60 days after the
20 date of the enactment of this Act, and not later than 90
21 days after the beginning of each fiscal year thereafter, the
22 Secretary shall submit to the appropriate committees of
23 Congress a report on the VistA system used by the De-
24 partment.

1 (b) ELEMENTS.—The report required by subsection
2 (a) shall include the following:

3 (1) The cost to maintain and strengthen the
4 VistA system for each of fiscal years 2018 through
5 2022, for funding relating to both development and
6 operations and maintenance.

7 (2) The projected cost to maintain and
8 strengthen such system for fiscal year 2023, for
9 funding relating to both development and operations
10 and maintenance.

11 (3) The projected cost to maintain and
12 strengthen such system for each of fiscal years 2024
13 through 2033, for funding relating to both develop-
14 ment and operations and maintenance.

15 (4) The planned enhancements underway to
16 strengthen and secure the VistA system until its fea-
17 tures and modules are no longer needed by the De-
18 partment through such system, or have been sub-
19 sumed or replaced by other programs and informa-
20 tion technology services and systems, including cyber
21 security enhancements, movement to the cloud, and
22 new features and services.

23 (5) A list of modules or features of the VistA
24 system that are not planned to be replaced, sub-
25 sumed, or otherwise incorporated into a new elec-

1 tronic health record or other health information
2 technology and are planned to reside in a remnant
3 VistA system, or successor remnant system.

4 (c) INITIAL REPORT.—The first report required by
5 subsection (a) shall include a description of any enhance-
6 ments to the VistA system that have occurred during the
7 one-year period preceding the date of the report and those
8 planned for the fiscal year in which the report is sub-
9 mitted.

10 (d) SUBSEQUENT REPORTS.—Each report after the
11 first report required by subsection (a) shall include a de-
12 scription of any enhancements to the VistA system that
13 have occurred during fiscal year immediately preceding
14 the date of the report, those planned, but not implemented
15 and an explanation for such lack of implementation and
16 those planned for the fiscal year in which the report is
17 submitted.

18 (e) TERMINATION.—This section shall terminate on
19 the date that is 15 years after the date of the enactment
20 of this Act.

1 **SEC. 405. REPORT ON ALTERNATIVES TO CURRENT ELEC-**
2 **TRONIC HEALTH RECORD TECHNOLOGY AND**
3 **CONTRACT FOR DEPARTMENT OF VETERANS**
4 **AFFAIRS.**

5 (a) IN GENERAL.—Not later than 60 days after the
6 date of the enactment of this Act, the Secretary shall sub-
7 mit to the appropriate committees of Congress a report
8 on paths the Department and Congress should consider
9 to achieve a modernized electronic health record as an al-
10 ternative to the Oracle-Cerner product.

11 (b) ELEMENTS.—The report required under sub-
12 section (a) shall include the following with respect to an
13 alternative path or paths to be considered by the Depart-
14 ment and Congress:

15 (1) Considerations for and against such alter-
16 native path or paths.

17 (2) Accurate reinvestment analysis of expendi-
18 tures, developed consistent with cost estimation and
19 other relevant guidance issued by the Comptroller
20 General of the United States, already made on the
21 modernized electronic health record as of the date of
22 the report, including an assessment of which of
23 those expenditures would have to be made again and
24 which would not based on an alternative technology
25 and contract path chosen and the ability to repur-
26 pose investments.

1 (3) The capabilities and weaknesses of other
2 technology solutions the Department could pursue,
3 including an assessment of long-term value and re-
4 turn on investment from a health delivery, health
5 quality, and operational perspective, and the acquisi-
6 tion process that could be used to procure such solu-
7 tions.

8 (4) An analysis of electronic health record and
9 health information technology market trends, capa-
10 bilities, and market leaders to include user satisfac-
11 tion and health outcome statistics to the extent they
12 are relevant to the goals and strategy of the Depart-
13 ment.

14 (5) An analysis of whether the Department
15 choosing an alternative path or paths would, and to
16 what extent, or would not impact necessary align-
17 ment with the electronic health record modernization
18 conducted by the Department of Defense commonly
19 known as MHS GENESIS.

20 (6) An analysis of whether the ability to share
21 and exchange records in an interoperable manner,
22 and with what level of interoperability, with the De-
23 partment of Defense would be negatively impacted
24 or positively enhanced, or neither, by an alternative
25 technology path or contract.

1 (7) An analysis of whether the ability share and
2 exchange records in an interoperable manner, and
3 with what level of interoperability, with non-Federal
4 health entities would be negatively impacted or posi-
5 tively enhanced, or neither, by an alternative tech-
6 nology path or contract.

7 (8) An estimated timeline to restart deployment
8 of a new electronic health record of the Department
9 with a different vendor based on an alternative tech-
10 nology path or contract.

11 (9) An assessment of options that may in-
12 clude—

13 (A) a narrow or descoped contract supple-
14 mented by other contracts to strengthen areas
15 in which the Oracle-Cerner product performs in
16 a substandard fashion or is inadequate to the
17 health delivery and operational needs of the De-
18 partment; or

19 (B) any other combination of possibilities.

20 (10) An analysis of the strengths and weak-
21 nesses of the alternative path or paths towards the
22 Department meeting or exceeding the highest indus-
23 try interoperability standards.

24 (11) An analysis of whether the interoperability
25 of the Oracle-Cerner product with the private sector,

1 the community care networks of the Department,
2 academic hospitals, Federal health entities, and
3 other relevant health providers, systems, and net-
4 works is demonstrably superior to other electronic
5 health records in the health technology industry.

6 (12) A description of which path or paths the
7 Secretary has selected to take or not take, the rea-
8 son for such selection, and the key milestones to
9 achieve any new course of action described, including
10 any new Departmental structures, estimated life
11 cycle costs, and timelines.

12 (13) Such other matters as the Secretary con-
13 siders appropriate.

14 **SEC. 406. REPORT ON LEADERSHIP, ACQUISITION, AND**
15 **CONTRACTING OVERSIGHT LESSONS**
16 **LEARNED.**

17 (a) IN GENERAL.—Not later than 180 days after the
18 date of the enactment of this Act, the Secretary, through
19 the Chief Acquisition Officer, the Under Secretary for
20 Health, and the Executive Director of the Electronic
21 Health Record and Health Information Technology Mod-
22 ernization Program Management Office, shall submit to
23 the appropriate committees of Congress a report detailing
24 the structural controls, programs, and processes the De-
25 partment has or will put in to place to prevent current

1 or future failures with respect to leadership engagement
2 and management, strategic planning, contracting and con-
3 tract oversight, and program management in—

4 (1) the implementation of the electronic health
5 record modernization program of the Department
6 from 2017 to the date of the report; and

7 (2) any large acquisitions and major moderniza-
8 tions conducted, including those that are ongoing or
9 planned by the Department after the date of the re-
10 port.

11 (b) ELEMENTS.—The report required under sub-
12 section (a) shall include—

13 (1) steps to improve the composition of and
14 management of task orders placed on the current
15 and any future electronic health record contract or
16 other major acquisition or modernization, including
17 covered programs (as defined in section 403(f));

18 (2) a timeline to achieve the reforms described
19 in the report or the date upon which reforms already
20 put in place were finalized and implemented;

21 (3) a description of lessons learned regarding
22 the need for stable consistent leadership, strategy,
23 and management of large modernization programs
24 and how to prevent such challenges as experienced
25 with the electronic health record modernization initi-

1 ated in 2017 from occurring again in any major pro-
2 gram of the Department; and

3 (4) a description of the number of acting or
4 Senate-confirmed Deputy Secretaries of the Depart-
5 ment and the number of leaders of the program
6 management office of the electronic health record
7 modernization program of the Department from
8 2017 to the date of the report.

9 (c) LEGISLATIVE OR ADMINISTRATIVE ACTION.—The
10 report required by subsection (a) shall include a descrip-
11 tion of any legislative or administrative action necessary
12 to achieve the structural controls described in such sub-
13 section.

14 **SEC. 407. REPORT ON CONTRACT SAVINGS, SERVICES PRO-**
15 **VIDED AT NO COST TO THE DEPARTMENT,**
16 **AND CONTRACT COST INCURRED WITH RE-**
17 **SPECT TO ORACLE-CERNER PRODUCT.**

18 Not later than 90 days after the date of the enact-
19 ment of this Act, the Deputy Secretary shall submit to
20 the appropriate committees of Congress a report that con-
21 tains the following:

22 (1) A detailed list of the services, functions, or
23 other matters that Oracle-Cerner provided to the
24 Department without compensation since assuming
25 ownership of Cerner in June 2022.

1 (2) A list of specific credits or reimbursements,
2 to include dollar amounts and an indication of the
3 specific failure for which those credits or reimburse-
4 ments are provided, Cerner or Oracle-Cerner has
5 provided to the Department across all domains for
6 contract failure, service-level agreement failure, per-
7 formance failure, training and change management
8 failure, ticket system failure, and related issues dur-
9 ing the period beginning on the award of the con-
10 tract to Cerner on May 17, 2018, and ending on the
11 date of the report.

12 (3) The estimated and known costs, both direct
13 and indirect, incurred by all facilities using the Ora-
14 cle-Cerner product as of the date of the report due
15 to—

- 16 (A) increased staffing;
17 (B) lost productivity;
18 (C) increased referrals to community care;
19 (D) copayment and debt management ac-
20 tions;
21 (E) staff turnover;
22 (F) reduced collections; and
23 (G) other factors as determined by the
24 Secretary.

1 **TITLE V—COORDINATION WITH**
2 **DEPARTMENT OF DEFENSE**

3 **SEC. 501. QUARTERLY REPORTS ON SYSTEM UPTIME, MOD-**
4 **ERNIZATION, AND COORDINATION ACTIVI-**
5 **TIES FOR INFORMATION TECHNOLOGY SYS-**
6 **TEMS AND POLICIES OF DEPARTMENT OF DE-**
7 **FENSE AFFECTING OPERATIONS OF DEPART-**
8 **MENT OF VETERANS AFFAIRS.**

9 (a) IN GENERAL.—Not later than 90 days after the
10 date of the enactment of this Act, and not less frequently
11 than quarterly thereafter, the Secretary of Defense shall
12 submit to the appropriate committees of Congress a report
13 on the system uptime, modernization, and coordination ac-
14 tivities for information technology systems of the Depart-
15 ment of Defense that are relied upon by the Department
16 of Veterans Affairs to deliver health care, compensation,
17 memorial benefits, and other services required to be pro-
18 vided under the laws administered by the Secretary of Vet-
19 erans Affairs.

20 (b) ELEMENTS.—Each report required by subsection
21 (a)—

22 (1) shall identify steps taken by the Secretary
23 of Defense to improve governance, coordination, and
24 policy decisions conducted with the Secretary of Vet-
25 erans Affairs related to information technology of

1 the Department of Defense and related systems
2 upon which the Department of Veterans Affairs has
3 an operational dependency;

4 (2) shall include a schedule for the moderniza-
5 tion or replacement of key information technology
6 and related systems of the Department of Defense
7 upon which the Department of Veterans Affairs has
8 an operational dependency, including the Defense
9 Enrollment Eligibility Reporting System, or suc-
10 cessor system;

11 (3) shall include a schedule for the movement
12 by the Department of Defense of the MHS GEN-
13 ESIS software and related systems to the cloud;

14 (4) shall include information regarding goals
15 for and actual uptime and stability of all information
16 technology and related systems of the Department of
17 Defense—

18 (A) that the Department of Veterans Af-
19 fairs relies on to operate, manage, or administer
20 the current or any future electronic health
21 record of the Department of Veterans Affairs;

22 (B) on which the Department of Veterans
23 Affairs has an operational dependency; or

24 (C) that is a critical system or service re-
25 lied upon by the Department of Veterans Af-

1 fairs for the delivery of health care, compensa-
2 tion, memorial benefits, or other services;

3 (5) shall identify—

4 (A) any system or systems, infrastructure,
5 or related entities of the Department of Defense
6 that are critical to operations of the Depart-
7 ment of Veterans Affairs;

8 (B) any performance issues with respect to
9 those systems, infrastructure, or related enti-
10 ties;

11 (C) steps taken by the Secretary of De-
12 fense to remediate any such issues in the short,
13 medium, and long term and timelines for such
14 remediation;

15 (D) the accountable offices within the De-
16 partment of Defense for the maintenance, re-
17 placement, and stability of those systems, infra-
18 structure, or related entities; and

19 (E) policies and governance structures re-
20 garding collaboration and coordination with the
21 Department of Veterans Affairs with respect to
22 changes to those systems, infrastructure, or re-
23 lated entities;

24 (6) shall include a description of the definitions,
25 monitoring, and reporting of service level agreements

1 between the Department of Defense and the Depart-
2 ment of Veterans Affairs, including specific critical
3 infrastructure availability targets, incident reporting
4 mean time to resolution, and related matters;

5 (7) shall include a description of the service re-
6 liability measurements in use and the previous quar-
7 ter's actual reliability data by the Department of
8 Defense as it relates to services relied upon by the
9 Department of Veterans Affairs measured as experi-
10 enced by the Department of Veterans Affairs, inclu-
11 sive of any Department of Defense network, identity,
12 and security services dependencies;

13 (8) shall include a complete list of incident re-
14 porting, root cause analyses, after action reporting,
15 and preventive measures for each event in which a
16 Department of Defense system or service's degraded
17 performance or outage caused operational harm to
18 the Department of Veterans Affairs inclusive of net-
19 work and security services degradations, outages,
20 and related matters; and

21 (9) may include an identification of legislative
22 or administrative action required to accomplish the
23 goals in the report.

24 (c) INITIAL REPORT.—The first report required
25 under subsection (a) shall include baseline information, in-

1 cluding current system uptime and goals and targets with
2 respect to system uptime, and steps the Department of
3 Defense is taking to better meet standards, goals, and tar-
4 gets with respect to system uptime.

5 (d) SUBSEQUENT REPORTS.—Each report after the
6 first report required under subsection (a) shall, for the
7 quarter covered by the report—

8 (1) discuss updates on the information provided
9 in previous reports, including system uptime per-
10 formance;

11 (2) indicate the performance of the Department
12 of Defense in meeting the goals established in pre-
13 vious reports;

14 (3) indicate the steps the Department of De-
15 fense is taking to address the areas in which the De-
16 partment is not meeting those goals; and

17 (4) indicate improvements to and work in
18 progress toward strengthening policies and govern-
19 ance structures regarding collaboration and coordi-
20 nation with the Department of Veterans Affairs with
21 respect to changes to the systems, infrastructure, or
22 related entities with respect to which the Depart-
23 ment of Veterans Affairs has an operational depend-
24 ency.

1 (e) TERMINATION.—This section shall terminate on
2 the date that is 10 years after the date of the enactment
3 of this Act.

4 (f) APPROPRIATE COMMITTEES OF CONGRESS DE-
5 FINED.—In this section, the term “appropriate commit-
6 tees of Congress” means—

7 (1) the Committee on Armed Services and the
8 Committee on Veterans’ Affairs of the Senate; and

9 (2) the Committee on Armed Services and the
10 Committee on Veterans’ Affairs of the House of
11 Representatives.

12 **SEC. 502. COORDINATION WITH DEPARTMENT OF DEFENSE**
13 **REGARDING INFORMATION TECHNOLOGY**
14 **PROGRAMS, SYSTEMS, AND SERVICES.**

15 (a) IN GENERAL.—Not later than 45 days after the
16 date of the enactment of this Act, the Deputy Secretary
17 shall submit to the appropriate committees of Congress,
18 the Committee on Armed Services of the Senate, and the
19 Committee on Armed Services of the House of Represent-
20 atives a report indicating the additional support needed
21 by the Department from the Department of Defense to
22 make the current and future delivery of health, benefits,
23 memorial affairs and other services of the Department sta-
24 ble and successful, including through reliable availability
25 of data and services of the information technology systems

1 and programs of the Department of Defense, including the
2 legacy VistA and new electronic health record of the De-
3 partment.

4 (b) ELEMENTS.—The report required under sub-
5 section (a) shall include a description of support, collabo-
6 ration, and coordination, needed by the Department from
7 the Department of Defense relating to—

8 (1) governance between the Department of De-
9 fense and the Department of Veterans Affairs re-
10 lated to information technology, systems, services,
11 networks, and related infrastructure;

12 (2) coordination and policy between the Depart-
13 ment of Defense and the Department of Veterans
14 Affairs related to information technology, systems,
15 services, networks, and related infrastructure;

16 (3) system availability, stability, and uptime
17 standards of critical information technology systems,
18 systems, services, networks, and related infrastruc-
19 ture;

20 (4) definition, monitoring, and reporting of
21 service level agreements between the Department of
22 Defense and the Department of Veterans Affairs re-
23 lated to information technology, systems, services,
24 networks, and related infrastructure;

1 (5) service reliability measurements as experi-
2 enced by the Department of Veterans Affairs, in-
3 cluding any network, identity, and security service
4 dependencies with the Department of Defense;

5 (6) the current state and desired future state
6 transparency in incident reporting, root cause, after
7 action reporting, and preventative measures for in-
8 formation technology, systems, services, networks,
9 and related infrastructure events of the Department
10 of Defense in which the Department of Veterans Af-
11 fairs has an operational dependency;

12 (7) the current state and desired future state of
13 network and security services of the Department of
14 Defense on which the Department of Veterans Af-
15 fairs has an operational dependency or that signifi-
16 cantly impact the Department of Veterans Affairs;

17 (8) a description of the key systems of the De-
18 partment of Defense that the Department of Vet-
19 erans Affairs believes need modernization or replace-
20 ment so as to improve delivery of services to vet-
21 erans and operations of the Department of Veterans
22 Affairs; and

23 (9) Such other related matters as the Deputy
24 Secretary may choose to include.

1 **TITLE VI—OTHER MATTERS**

2 **SEC. 601. REPORT ON LEGISLATIVE ACTION REQUIRED.**

3 Not later than 180 days after the date of the enact-
4 ment of this Act, and periodically thereafter as the Sec-
5 retary considers appropriate, the Secretary shall submit
6 to the appropriate committees of Congress a report re-
7 garding any legislative action, including resources, re-
8 quired to carry out this Act or implement a modernized
9 electronic health record and related health information
10 technology systems.

11 **SEC. 602. REPORT ON CURRENT AND FUTURE STATE**
12 **INTEROPERABILITY WITH LEGACY ELEC-**
13 **TRONIC HEALTH RECORD, NEW ELECTRONIC**
14 **HEALTH RECORD, AND FUTURE POTENTIAL**
15 **ELECTRONIC HEALTH RECORD AND OTHER**
16 **HEALTH INFORMATION TECHNOLOGY AND**
17 **EXCHANGES.**

18 (a) REPORT REQUIRED.—Not later than 180 days
19 after the date of the enactment of this Act, the Secretary
20 shall, acting through the Under Secretary for Health, sub-
21 mit to the appropriate committees of Congress a report
22 on the current state of interoperability, including the level
23 of interoperability, with the Department’s legacy Vista
24 electronic health record and legacy applications, including
25 the Joint Longitudinal Viewer, as well as with the Oracle-

1 Cerner product in use at five facilities of the Department
2 between such systems, applications, and records and the
3 Department of Defense, the private sector, the community
4 care networks of the Department, academic hospitals,
5 other Federal health entities, and other relevant non-Fed-
6 eral health providers and systems.

7 (b) CONTENTS.—The report submitted under sub-
8 section (a) shall include a description of the following:

9 (1) The level of interoperability that existed be-
10 fore the contract with Cerner entered into on May
11 17, 2018, between the Department and the Depart-
12 ment of Defense, the private sector, the community
13 care networks of the Department, academic hos-
14 pitals, other Federal health entities, and other rel-
15 evant non-Federal health providers and systems, in-
16 cluding strengths and limitations, and a description
17 of the applications and exchanges in use by the De-
18 partment to facilitate such interoperability.

19 (2) The level of interoperability that exists as of
20 the date of the report between the Department and
21 the Department of Defense, the private sector, the
22 community care networks of the Department, aca-
23 demic hospitals, other Federal health entities, and
24 other relevant non-Federal health providers and sys-
25 tems, including strengths and limitations, and a de-

1 description of the applications and exchanges in use by
2 the Department to facilitate such interoperability
3 that are not those procured as part of the contract
4 with Cerner entered into on May 17, 2018.

5 (3) The level of interoperability that exists as of
6 the date of the report between the Department and
7 the Department of Defense, the private sector, the
8 community care networks of the Department, aca-
9 demic hospitals, other Federal health entities, and
10 other relevant non-Federal health providers and sys-
11 tems, including strengths and limitations, and a de-
12 scription of the applications and exchanges in use by
13 the Department to facilitate such interoperability
14 that are solely those procured as part of the contract
15 with Cerner entered into on May 17, 2018, and that
16 are in use at each facility of the Department (includ-
17 ing any subsidiary facilities, such as community-
18 based outpatient clinics) that is using the Oracle-
19 Cerner product under such program as of the date
20 of the report.

21 (4) A discussion of the limitation of the Depart-
22 ment's interoperability with whom and of what na-
23 ture, if any, described in paragraphs (2) and (3) and
24 how the Secretary foresees such limitations being re-
25 solved in whole, in part, or in no way through a con-

1 tinued deployment of the Oracle-Cerner product, a
2 procurement of another electronic health record,
3 other health information exchanges, networks, appli-
4 cations or solutions.

5 (5) A comprehensive interoperability roadmap
6 and strategy for the next five fiscal years, including
7 goals, interoperability levels, partners, timelines, reg-
8 ulatory and legal limitations and challenges, and re-
9 quired resources and authorities to achieve such
10 goals.

11 (6) A description of the role interoperable data
12 exchange plays in improving health care outcomes
13 and care coordination for veterans who are eligible
14 to receive health care through programs and services
15 of the Department and whether interoperability
16 alone improves health care outcomes, access, and
17 quality or whether it must be part of a larger func-
18 tioning electronic health record that can facilitate,
19 among other actions, the delivery of physician or-
20 ders, referrals, dispense prescriptions, schedule ap-
21 pointments, and other such foundational and routine
22 elements of modern health care delivery.

23 (7) Other such matters as the Secretary con-
24 siders appropriate, including recommendations for

1 legislative action to achieve the goals set forth in the
2 report.

3 (c) DISCUSSION.—The discussion included under
4 subsection (b)(4) shall include the following:

5 (1) A clear indication of what entities the De-
6 partment experiences the greatest level of interoper-
7 ability limitations in current state such as the De-
8 partment of Defense, community care networks of
9 the Department, academic hospitals and the Depart-
10 ment’s solution or solutions for remedying those lim-
11 itations.

12 (2) A description of what current health care
13 referral patterns, patient volumes, and networks it
14 currently experiences the greatest volume of care re-
15 ferral, data exchange and interoperability trans-
16 actions and how such patterns and volumes are pro-
17 jected to evolve and change over the next one, five,
18 and ten fiscal years.

19 (3) In providing the description required by
20 paragraph (2), an indication of whether the volume
21 of care coordination, record exchange, and related
22 matters is expected to be greater with the Depart-
23 ment of Defense in the next one, five, and ten fiscal
24 years or with community care networks of the De-

- 1 department, academic hospitals, and other Federal and
- 2 non-Federal health entities.

○