

117TH CONGRESS
1ST SESSION

H. R. 4624

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

IN THE HOUSE OF REPRESENTATIVES

JULY 22, 2021

Mr. BERGMAN (for himself, Mr. BOST, and Mr. PANETTA) introduced the following bill; which was referred to the Committee on Veterans' Affairs

A BILL

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

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

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

4 (a) **SHORT TITLE.**—This Act may be cited as the
5 “Guaranteeing Healthcare Access to Personnel Who
6 Served Act”.

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—MISSION ACT PROTECTION

Subtitle A—Access to Community Care

- Sec. 101. Modifications to access standards for care furnished through Community Care Program of Department of Veterans Affairs.
- Sec. 102. Strategic plan to ensure continuity of care in the case of the realignment of a medical facility of the Department.

Subtitle B—Community Care Self-Scheduling Pilot Program

- Sec. 111. Definitions.
- Sec. 112. Pilot program establishing a community care self-scheduling appointment system.
- Sec. 113. Capabilities of self-scheduling appointment system.
- Sec. 114. Report.

Subtitle C—Non-Department of Veterans Affairs Providers

- Sec. 121. Credentialing verification requirements for providers of non-Department of Veterans Affairs health care services.
- Sec. 122. Inapplicability of certain providers to provide non-Department of Veterans Affairs care.

TITLE II—IMPROVEMENT OF RURAL HEALTH AND TELEHEALTH

- Sec. 201. Establishment of strategic plan requirement for Office of Connected Care of Department of Veterans Affairs.
- Sec. 202. Comptroller General report on transportation services by third parties for rural veterans.
- Sec. 203. Comptroller General report on telehealth services of the Department of Veterans Affairs.

TITLE III—FOREIGN MEDICAL PROGRAM

- Sec. 301. Analysis of feasibility and advisability of expanding assistance and support to caregivers to include caregivers of veterans in the Republic of the Philippines.
- Sec. 302. Comptroller General report on Foreign Medical Program of Department of Veterans Affairs.

TITLE IV—MENTAL HEALTH CARE

- Sec. 401. Analysis of feasibility and advisability of Department of Veterans Affairs providing evidence-based treatments for the diagnosis of treatment-resistant depression.
- Sec. 402. Modification of resource allocation system to include peer specialists.
- Sec. 403. Gap analysis of psychotherapeutic interventions of the Department of Veterans Affairs.

TITLE V—OTHER MATTERS

- Sec. 501. Online health care education portal.
- Sec. 502. Exclusion of application of Paperwork Reduction Act to research activities of the Veterans Health Administration.

1 **TITLE I—MISSION ACT**
2 **PROTECTION**
3 **Subtitle A—Access to Community**
4 **Care**

5 **SEC. 101. MODIFICATIONS TO ACCESS STANDARDS FOR**
6 **CARE FURNISHED THROUGH COMMUNITY**
7 **CARE PROGRAM OF DEPARTMENT OF VET-**
8 **ERANS AFFAIRS.**

9 (a) ACCESS STANDARDS.—

10 (1) IN GENERAL.—Section 1703B of title 38,
11 United States Code, is amended—

12 (A) by striking subsections (a) through (g)
13 and inserting the following:

14 “(a) THRESHOLD ELIGIBILITY STANDARDS FOR AC-
15 CESS TO COMMUNITY CARE.—(1) A covered veteran shall
16 receive non-Department hospital care, medical services, or
17 extended care services through the Veterans Community
18 Care Program under section 1703 of this title pursuant
19 to subsection (d)(1)(D) of such section using the following
20 eligibility access standards:

21 “(A) With respect to primary care, mental
22 health care, or non-institutional extended care serv-
23 ices, if the Department cannot schedule an appoint-
24 ment for the covered veteran with a health care pro-
25 vider of the Department—

1 “(i) within 30 minutes average driving
2 time from the residence of the veteran; and

3 “(ii) within 20 days of the date of request
4 for such an appointment unless a later date has
5 been agreed to by the veteran in consultation
6 with the health care provider.

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

11 “(i) within 60 minutes average driving
12 time from the residence of the veteran; and

13 “(ii) within 28 days of the date of request
14 for such an appointment, unless a later date
15 has been agreed to by the veteran in consulta-
16 tion with the health care provider.

17 “(2) For the purposes of determining the eligibility
18 of a covered veteran for care or services under paragraph
19 (1), the Secretary shall not take into consideration the
20 availability of telehealth appointments from the Depart-
21 ment when determining whether the Department is able
22 to furnish such care or services in a manner that complies
23 with the eligibility access standards under such paragraph.

24 “(b) ACCESS TO CARE STANDARDS FOR COMMUNITY
25 CARE.—(1) Subject to subsection (c), the Secretary shall

1 meet the following access to care standards when fur-
2 nishing non-Department hospital care, medical services, or
3 extended care services to a covered veteran through the
4 Veterans Community Care Program under section 1703
5 of this title:

6 “(A) With respect to an appointment for pri-
7 mary care, mental health care, or non-institutional
8 extended care services—

9 “(i) within 30 minutes average driving
10 time from the residence of the veteran unless a
11 longer driving time has been agreed to by the
12 veteran; and

13 “(ii) within 20 days of the date of request
14 for such an appointment unless a later date has
15 been agreed to by the veteran.

16 “(B) With respect to an appointment for spe-
17 cialty care or specialty services—

18 “(i) within 60 minutes average driving
19 time from the residence of the veteran unless a
20 longer driving time has been agreed to by the
21 veteran; and

22 “(ii) within 28 days of the date of request
23 for such an appointment unless a later date has
24 been agreed to by the veteran.

1 “(2) The Secretary shall ensure that health care pro-
2 viders specified under section 1703(c) of this title are able
3 to comply with the applicable access to care standards
4 under paragraph (1) for such providers.

5 “(c) WAIVERS TO ACCESS TO CARE STANDARDS FOR
6 COMMUNITY CARE PROVIDERS.—(1) A Third Party Ad-
7 ministrator may request a waiver to the access to care
8 standards under subsection (b) if—

9 “(A)(i) the scarcity of available providers or fa-
10 cilities in the region precludes the Third Party Ad-
11 ministrator from meeting those access to care stand-
12 ards; or

13 “(ii) the landscape of providers or facilities has
14 changed, and certain providers or facilities are not
15 available such that the Third Party Administrator is
16 not able to meet those access to care standards; and

17 “(B) to address the scarcity of available pro-
18 viders or the change in the provider or facility land-
19 scape, as the case may be, the Third Party Adminis-
20 trator has contracted with other providers or facili-
21 ties that may not meet those access to care stand-
22 ards but are the currently available providers or fa-
23 cilities most accessible to veterans within the region
24 of responsibility of the Third Party Administrator.

1 “(2) Any waiver requested by a Third Party Adminis-
2 trator under paragraph (1) must be requested in writing
3 and submitted to the Office of Community Care of the
4 Department for approval by that office.

5 “(3) As part of any waiver request under paragraph
6 (1), a Third Party Administrator must include conclusive
7 evidence and documentation that the access to care stand-
8 ards under subsection (b) cannot be met because of scar-
9 city of available providers or changes to the landscape of
10 providers or facilities.

11 “(4) In evaluating a waiver request under paragraph
12 (1), the Secretary shall consider the following:

13 “(A) The number and geographic distribution
14 of eligible health care providers available within the
15 geographic area and specialty referenced in the waiv-
16 er request.

17 “(B) The prevailing market conditions within
18 the geographic area and specialty referenced in the
19 waiver request, which shall include the number and
20 distribution of health care providers contracting with
21 other health care plans (including commercial plans
22 and the Medicare program under title XVIII of the
23 Social Security Act (42 U.S.C. 1395 et seq.)) oper-
24 ating in the geographic area and specialty referenced
25 in the waiver request.

1 “(C) Whether the service area is comprised of
2 highly rural, rural, or urban areas or some combina-
3 tion of such areas.

4 “(D) How significantly the waiver request dif-
5 fers from the relevant access to care standards
6 under subsection (b).

7 “(5) The Secretary shall not consider inability to con-
8 tract as a valid sole rationale for granting a waiver under
9 paragraph (1).

10 “(d) CALCULATION OF DRIVING TIME.—For pur-
11 poses of calculating average driving time from the resi-
12 dence of the veteran under subsections (a) and (b), the
13 Secretary shall use geographic information system soft-
14 ware.

15 “(e) PERIODIC REVIEW OF ACCESS STANDARDS.—
16 Not later than three years after the date of the enactment
17 of the Guaranteeing Healthcare Access to Personnel Who
18 Served Act, and not less frequently than once every three
19 years thereafter, the Secretary shall—

20 “(1) conduct a review of the eligibility access
21 standards under subsection (a) and the access to
22 care standards under subsection (b), in consultation
23 with—

24 “(A) such Federal entities as the Secretary
25 considers appropriate, including the Depart-

1 ment of Defense, the Department of Health and
2 Human Services, and the Centers for Medicare
3 & Medicaid Services;

4 “(B) entities in the private sector; and

5 “(C) other entities that are not part of the
6 Federal Government; and

7 “(2) submit to the appropriate committees of
8 Congress a report on—

9 “(A) the findings of the Secretary with re-
10 spect to the review conducted under paragraph
11 (1); and

12 “(B) such recommendations as the Sec-
13 retary may have with respect to the eligibility
14 access standards under subsection (a) and the
15 access to care standards under subsection (b).

16 “(f) PUBLICATION OF ELIGIBILITY ACCESS STAND-
17 ARDS AND WAIT TIMES.—(1) The Secretary shall publish
18 on a publicly available internet website of the Department
19 the eligibility access standards under subsection (a).

20 “(2)(A) The Secretary shall publish on a publicly
21 available internet website of the Department the average
22 wait time for a veteran to schedule an appointment at each
23 medical center of the Department for the receipt of pri-
24 mary care and specialty care, measured from the date of

1 request for the appointment to the date on which the care
2 was provided.

3 “(B) The Secretary shall update the wait times pub-
4 lished under subparagraph (A) not less frequently than
5 monthly.”;

6 (B) by redesignating subsections (h) and
7 (i) as subsections (g) and (h), respectively;

8 (C) in subsection (g), as redesignated by
9 subparagraph (B)—

10 (i) in paragraph (1), by striking “des-
11 ignated access standards established under
12 this section” and inserting “eligibility ac-
13 cess standards under subsection (a)”;

14 (ii) in paragraph (2)(B), by striking
15 “designated access standards established
16 under this section” and inserting “eligi-
17 bility access standards under subsection
18 (a)”;

19 (D) in subsection (h), as so redesignated,
20 by adding at the end the following new para-
21 graphs:

22 “(3) The term ‘inability to contract’, with re-
23 spect to a Third Party Administrator, means the in-
24 ability of the Third Party Administrator to success-

1 fully negotiate and establish a community care net-
2 work contract with a provider or facility.

3 “(4) The term ‘Third Party Administrator’
4 means an entity that manages a provider network
5 and performs administrative services related to such
6 network within the Veterans Community Care Pro-
7 gram under section 1703 of this title.”.

8 (2) CONFORMING AMENDMENTS.—Section
9 1703(d) of such title is amended—

10 (A) in paragraph (1)(D), by striking “des-
11 ignated access standards developed by the Sec-
12 retary under section 1703B of this title” and
13 inserting “eligibility access standards under sec-
14 tion 1703B(a) of this title”; and

15 (B) in paragraph (3), by striking “des-
16 ignated access standards developed by the Sec-
17 retary under section 1703B of this title” and
18 inserting “eligibility access standards under sec-
19 tion 1703B(a) of this title”.

20 (b) PREVENTION OF SUSPENSION OF VETERANS
21 COMMUNITY CARE PROGRAM.—Section 1703(a) of such
22 title is amended by adding at the end the following new
23 paragraph:

1 “(4) Nothing in this section shall be construed to au-
2 thorize the Secretary to suspend the program established
3 under paragraph (1).”.

4 **SEC. 102. STRATEGIC PLAN TO ENSURE CONTINUITY OF**
5 **CARE IN THE CASE OF THE REALIGNMENT OF**
6 **A MEDICAL FACILITY OF THE DEPARTMENT.**

7 (a) SENSE OF CONGRESS.—It is the sense of Con-
8 gress that the Veterans Health Administration should
9 work closely with Third Party Administrators to ensure
10 that veterans do not experience a lapse of care when
11 transitioning to receiving care or services under the Com-
12 munity Care Program due to the realignment of a medical
13 facility of the Department of Veterans Affairs.

14 (b) DEVELOPMENT OF STRATEGIC PLAN.—

15 (1) IN GENERAL.—The Secretary of Veterans
16 Affairs, acting through the Office of Community
17 Care and the Office of Veterans Access to Care of
18 the Department, shall develop and periodically up-
19 date a strategic plan to ensure continuity of health
20 care under the Community Care Program for vet-
21 erans impacted by the realignment of a medical fa-
22 cility of the Department.

23 (2) ELEMENTS.—The strategic plan required
24 under paragraph (1) shall include, at a minimum,
25 the following:

1 (A) An assessment of the progress of the
2 Department in identifying impending realign-
3 ments of medical facilities of the Department
4 and the impact of such realignments on the net-
5 work of health care providers under the Com-
6 munity Care Program within the catchment
7 area of such facilities.

8 (B) An outline of collaborative actions and
9 processes the Office of Community Care and
10 the Office of Veterans Access to Care of the
11 Department can take to address potential gaps
12 in health care created by the realignment of a
13 medical facility of the Department.

14 (C) A description of how the Department
15 can identify to Third Party Administrators
16 changes in the catchment areas of medical fa-
17 cilities to be realigned and develop a process
18 with Third Party Administrators to strengthen
19 provider coverage in advance of such realign-
20 ments.

21 (3) SUBMITTAL TO CONGRESS.—Not later than
22 180 days after the date of the enactment of this Act,
23 the Under Secretary for Health of the Department
24 shall submit to the Committee on Veterans' Affairs
25 of the Senate and the Committee on Veterans' Af-

1 fairs of the House of Representatives the plan devel-
2 oped under paragraph (1).

3 (c) DEFINITIONS.—In this section:

4 (1) COMMUNITY CARE PROGRAM.—The term
5 “Community Care Program” means the Veterans
6 Community Care Program under section 1703 of
7 title 38, United States Code.

8 (2) REALIGNMENT.—The term “realignment”,
9 with respect to a facility of the Department of Vet-
10 erans Affairs, includes—

11 (A) any action that changes the number of
12 facilities or relocates services, functions, or per-
13 sonnel positions; and

14 (B) strategic collaborations between the
15 Department and non-Federal Government enti-
16 ties, including tribal organizations.

17 (3) THIRD PARTY ADMINISTRATOR.—The term
18 “Third Party Administrator” means an entity that
19 manages a provider network and performs adminis-
20 trative services related to such network within the
21 Veterans Community Care Program under section
22 1703 of title 38, United States Code.

23 (4) TRIBAL ORGANIZATION.—The term “tribal
24 organization” has the meaning given that term in

1 section 4 of the Indian Self-Determination and Edu-
2 cation Assistance Act (25 U.S.C. 5304).

3 **Subtitle B—Community Care Self-**
4 **Scheduling Pilot Program**

5 **SEC. 111. DEFINITIONS.**

6 In this subtitle:

7 (1) APPROPRIATE CONGRESSIONAL COMMIT-
8 TEES.—The term “appropriate congressional com-
9 mittees” means—

10 (A) the Committee on Veterans’ Affairs
11 and the Committee on Appropriations of the
12 Senate; and

13 (B) the Committee on Veterans’ Affairs
14 and the Committee on Appropriations of the
15 House of Representatives.

16 (2) COVERED VETERAN.—The term “covered
17 veteran” means a covered veteran under section
18 1703(b) of title 38, United States Code.

19 (3) PILOT PROGRAM.—The term “pilot pro-
20 gram” means the pilot program required under sec-
21 tion 112(a).

22 (4) VETERANS COMMUNITY CARE PROGRAM.—
23 The term “Veterans Community Care Program”
24 means the program to furnish hospital care, medical
25 services, and extended care services to covered vet-

1 erans under section 1703 of title 38, United States
2 Code.

3 **SEC. 112. PILOT PROGRAM ESTABLISHING A COMMUNITY**
4 **CARE SELF-SCHEDULING APPOINTMENT SYS-**
5 **TEM.**

6 (a) **PILOT PROGRAM.**—Not later than 120 days after
7 the date of the enactment of this Act, the Secretary of
8 Veterans Affairs shall commence a pilot program under
9 which covered veterans eligible for hospital care, medical
10 services, or extended care services under subsection (d)(1)
11 of section 1703 of title 38, United States Code, may use
12 an internet website or mobile application that has the ca-
13 pabilities specified in section 113(a) to request, schedule,
14 and confirm medical appointments with health care pro-
15 viders participating in the Veterans Community Care Pro-
16 gram.

17 (b) **SYSTEM EXPANSION OR DEVELOPMENT OF NEW**
18 **SYSTEM.**—In carrying out the pilot program, the Sec-
19 retary may expand capabilities of an existing self-sched-
20 uling appointment system of the Department of Veterans
21 Affairs or develop a new self-scheduling system mobile ap-
22 plication or internet website.

23 (c) **CONTRACT AUTHORITY FOR DEVELOPING A NEW**
24 **SYSTEM.**—

1 (1) IN GENERAL.—If the Secretary elects to de-
2 velop a new self-scheduling system under subsection
3 (b), the Secretary shall seek to enter into a contract
4 using competitive procedures with one or more con-
5 tractors to provide the capabilities specified in sec-
6 tion 113(a).

7 (2) NOTICE OF COMPETITION.—

8 (A) IN GENERAL.—If the Secretary elects
9 to develop a new system under subsection (b),
10 not later than 60 days after the date of the en-
11 actment of this Act, the Secretary shall issue a
12 request for proposals to provide the capabilities
13 specified in section 113(a).

14 (B) OPEN TO ANY CONTRACTOR.—A re-
15 quest for proposals under subparagraph (A)
16 shall be full and open to any contractor that
17 has an existing commercially available, off-the-
18 shelf, online patient self-scheduling system that
19 includes the capabilities specified in section
20 113(a).

21 (3) SELECTION.—If the Secretary elects to de-
22 velop a new self-scheduling system under subsection
23 (b), not later than 120 days after the date of the en-
24 actment of this Act, the Secretary shall award a con-

1 tract to one or more contractors pursuant to the re-
2 quest for proposals under paragraph (2)(A).

3 (d) SELECTION OF LOCATIONS.—The Secretary shall
4 select not fewer than five Veterans Integrated Services
5 Networks of the Department in which to carry out the
6 pilot program.

7 (e) DURATION OF PILOT PROGRAM.—

8 (1) IN GENERAL.—Except as provided in para-
9 graph (2), the Secretary shall carry out the pilot
10 program for an 18-month period.

11 (2) EXTENSION.—The Secretary may extend
12 the duration of the pilot program and may expand
13 the selection of Veterans Integrated Services Net-
14 works under subsection (d) if the Secretary deter-
15 mines that the pilot program is reducing the wait
16 times of veterans seeking hospital care, medical serv-
17 ices, or extended care services under the Veterans
18 Community Care Program.

19 (f) OUTREACH.—The Secretary shall ensure that vet-
20 erans participating in the Veterans Community Care Pro-
21 gram in Veterans Integrated Services Networks in which
22 the pilot program is being carried out are informed about
23 the pilot program.

24 (g) MOBILE APPLICATION DEFINED.—In this sec-
25 tion, the term “mobile application” means a software pro-

1 gram that runs on the operating system of a cellular tele-
2 phone, tablet computer, or similar portable computing de-
3 vice that transmits data over a wireless connection.

4 **SEC. 113. CAPABILITIES OF SELF-SCHEDULING APPOINT-**
5 **MENT SYSTEM.**

6 (a) **MINIMUM CAPABILITIES.**—The Secretary of Vet-
7 erans Affairs shall ensure that the self-scheduling appoint-
8 ment system used in the pilot program includes, at a min-
9 imum, the following capabilities:

10 (1) Capability to request, schedule, modify, and
11 cancel appointments for primary care, specialty care,
12 and mental health care under the Veterans Commu-
13 nity Care Program with regard to each category of
14 eligibility under section 1703(d)(1) of title 38,
15 United States Code.

16 (2) Capability to support appointments for the
17 provision of health care under the Veterans Commu-
18 nity Care Program regardless of whether such care
19 is provided in person or through telehealth services.

20 (3) Capability to view appointment availability
21 in real time to the extent practicable.

22 (4) Capability to load relevant patient informa-
23 tion from the Decision Support Tool of the Depart-
24 ment or any other information technology system of
25 the Department used to determine the eligibility of

1 veterans for health care under section 1703(d)(1) of
2 title 38, United States Code.

3 (5) Capability to search for providers and facili-
4 ties participating in the Veterans Community Care
5 Program based on distance from the residential ad-
6 dress of a veteran.

7 (6) Capability to provide telephonic and elec-
8 tronic contact information for all such providers that
9 do not offer online scheduling at the time.

10 (7) Capability to store and print authorization
11 letters for veterans for health care under the Vet-
12 erans Community Care Program.

13 (8) Capability to provide prompts or reminders
14 to veterans to schedule initial appointments or fol-
15 low-up appointments.

16 (9) Capability to be used 24 hours per day,
17 seven days per week.

18 (10) Capability to integrate with the Veterans
19 Health Information Systems and Technology Archi-
20 tecture of the Department, or any successor infor-
21 mation technology system of the Department.

22 (11) Capability to integrate with information
23 technology systems of Third Party Administrators.

24 (b) INDEPENDENT VALIDATION AND
25 VERIFICATION.—

1 (1) INDEPENDENT ENTITY.—

2 (A) IN GENERAL.—The Secretary shall
3 seek to enter into an agreement with an appro-
4 priate nongovernmental, not-for-profit entity
5 with expertise in health information technology
6 to independently validate and verify that the
7 self-scheduling appointment system used in the
8 pilot program includes the capabilities specified
9 in subsection (a).

10 (B) TIMING.—The independent validation
11 and verification conducted under subparagraph
12 (A) shall be completed before the fielding of the
13 self-scheduling appointment system used in the
14 pilot program to the first Veterans Integrated
15 Services Network of the Department in which
16 the pilot program is to be carried out.

17 (2) GAO EVALUATION.—

18 (A) IN GENERAL.—The Comptroller Gen-
19 eral of the United States shall evaluate the vali-
20 dation and verification conducted under para-
21 graph (1).

22 (B) REPORT.—Not later than 30 days
23 after the date on which the Comptroller General
24 completes the evaluation under paragraph (1),
25 the Comptroller General shall submit to the ap-

1 appropriate congressional committees a report on
2 such evaluation.

3 (c) CERTIFICATION.—

4 (1) CAPABILITIES INCLUDED.—Not later than
5 May 31, 2022, the Secretary shall certify to the
6 Committee on Veterans’ Affairs of the Senate and
7 the Committee on Veterans’ Affairs of the House of
8 Representatives that the self-scheduling appointment
9 system used in the pilot program and any other pa-
10 tient self-scheduling appointment system developed
11 or used by the Department of Veterans Affairs as of
12 the date of the certification to schedule appoint-
13 ments under the Veterans Community Care Pro-
14 gram includes the capabilities specified in subsection
15 (a).

16 (2) NEW SYSTEMS.—If the Secretary develops a
17 new self-scheduling appointment system to schedule
18 appointments under the Veterans Community Care
19 Program that is not covered by a certification made
20 under paragraph (1), the Secretary shall certify to
21 the Committee on Veterans’ Affairs of the Senate
22 and the Committee on Veterans’ Affairs of the
23 House of Representatives that such new system in-
24 cludes the capabilities specified in subsection (a) by
25 not later than the date that is 30 days after the date

1 on which the Secretary determines to replace the
2 previous self-scheduling appointment system.

3 (3) REPLACEMENT OF SYSTEMS NOT CER-
4 TIFIED.—If the Secretary does not make a timely
5 certification under paragraph (1) or paragraph (2),
6 as the case may be, the Secretary shall replace any
7 self-scheduling appointment system used by the Sec-
8 retary to schedule appointments under the Veterans
9 Community Care Program that is in use with a com-
10 mercially available, off-the-shelf, online self-sched-
11 uling appointment system that includes the capabili-
12 ties specified in subsection (a).

13 (d) THIRD PARTY ADMINISTRATOR DEFINED.—In
14 this section, the term “Third Party Administrator” means
15 an entity that manages a provider network and performs
16 administrative services related to such network within the
17 Veterans Community Care Program under section 1703
18 of title 38, United States Code.

19 **SEC. 114. REPORT.**

20 Not later than 180 days after the date of the enact-
21 ment of this Act, and every 180 days thereafter, the Sec-
22 retary of Veterans Affairs shall submit to the appropriate
23 congressional committees a report that includes—

1 (1) an assessment by the Secretary of the pilot
2 program during the 180-day period preceding the
3 date of the report, including—

4 (A) the cost of the pilot program;

5 (B) the volume of usage of the self-sched-
6 uling appointment system under the pilot pro-
7 gram;

8 (C) the quality of the pilot program;

9 (D) patient satisfaction with the pilot pro-
10 gram;

11 (E) benefits to veterans of using the pilot
12 program;

13 (F) the feasibility of allowing self-sched-
14 uling for different specialties under the pilot
15 program;

16 (G) participating in the pilot program by
17 health care providers under the Veterans Com-
18 munity Care Program; and

19 (H) such other findings and conclusions
20 with respect to the pilot program as the Sec-
21 retary considers appropriate; and

22 (2) such recommendations as the Secretary con-
23 siders appropriate regarding—

1 (A) extension of the pilot program to other
2 or all Veterans Integrated Service Networks of
3 the Department of Veterans Affairs; and

4 (B) making the pilot program permanent.

5 **Subtitle C—Non-Department of**
6 **Veterans Affairs Providers**

7 **SEC. 121. CREDENTIALING VERIFICATION REQUIREMENTS**
8 **FOR PROVIDERS OF NON-DEPARTMENT OF**
9 **VETERANS AFFAIRS HEALTH CARE SERV-**
10 **ICES.**

11 (a) CREDENTIALING VERIFICATION REQUIRE-
12 MENTS.—

13 (1) IN GENERAL.—Subchapter I of chapter 17
14 of title 38, United States Code, is amended by in-
15 sserting after section 1703E the following new sec-
16 tion:

17 **“§ 1703F. Credentialing verification requirements for**
18 **providers of non-Department health care**
19 **services**

20 “(a) IN GENERAL.—The Secretary shall ensure that
21 Third Party Administrators and credentials verification
22 organizations comply with the requirements specified in
23 subsection (b) to help ensure certain health care providers
24 are excluded from providing non-Department health care
25 services.

1 “(b) REQUIREMENTS SPECIFIED.—The Secretary
2 shall require Third Party Administrators and credentials
3 verification organizations to carry out the following:

4 “(1) Hold and maintain an active credential
5 verification accreditation from a national health care
6 accreditation body.

7 “(2) Conduct initial verification of provider his-
8 tory and license sanctions for all States and United
9 States territories for a period of time—

10 “(A) that includes the period before the
11 provider began providing non-Department
12 health care services; and

13 “(B) dating back not less than 10 years.

14 “(3) Not less frequently than every three years,
15 perform recredentialing, including verifying provider
16 history and license sanctions for all States and
17 United States territories.

18 “(4) Implement continuous monitoring of each
19 provider through the National Practitioner Data
20 Bank established pursuant to the Health Care Qual-
21 ity Improvement Act of 1986 (42 U.S.C. 11101 et
22 seq.).

23 “(c) DEFINITIONS.—In this section:

24 “(1) The term ‘credentials verification organiza-
25 tion’ means an entity that manages the provider

1 credentialing process and performs credentialing
2 verification for non-Department providers that par-
3 ticipate in the Veterans Community Care Program
4 under section 1703 of this title through a Veterans
5 Care Agreement.

6 “(2) The term ‘Third Party Administrator’
7 means an entity that manages a provider network
8 and performs administrative services related to such
9 network within the Veterans Community Care Pro-
10 gram under section 1703 of this title.

11 “(3) The term ‘Veterans Care Agreement’
12 means an agreement for non-Department health
13 care services entered into under section 1703A of
14 this title.

15 “(4) The term ‘non-Department health care
16 services’ means services—

17 “(A) provided under this subchapter at
18 non-Department facilities (as defined in section
19 1701 of this title);

20 “(B) provided under section 101 of the
21 Veterans Access, Choice, and Accountability Act
22 of 2014 (Public Law 113–146; 38 U.S.C. 1701
23 note);

24 “(C) purchased through the Medical Com-
25 munity Care account of the Department; or

1 “(d) APPLICATION.—The requirement to deny or re-
 2 voke the eligibility of a health care provider to provide
 3 non-Department health care services to veterans under
 4 subsection (a) shall apply to any removal under paragraph
 5 (1) of such subsection or violation under paragraph (2)
 6 of such subsection that occurred on or after the date that
 7 is five years before the date of the enactment of this Act.”.

8 **TITLE II—IMPROVEMENT OF**
 9 **RURAL HEALTH AND TELE-**
 10 **HEALTH**

11 **SEC. 201. ESTABLISHMENT OF STRATEGIC PLAN REQUIRE-**
 12 **MENT FOR OFFICE OF CONNECTED CARE OF**
 13 **DEPARTMENT OF VETERANS AFFAIRS.**

14 (a) FINDINGS.—Congress makes the following find-
 15 ings:

16 (1) The COVID–19 pandemic caused the De-
 17 partment of Veterans Affairs to exponentially in-
 18 crease telehealth and virtual care modalities, includ-
 19 ing VA Video Connect, to deliver health care services
 20 to veteran patients.

21 (2) Between January 2020 and January 2021,
 22 the number of telehealth appointments offered by
 23 the Department increased by 1,831 percent.

24 (3) The Department maintains strategic part-
 25 nerships, such as the Digital Divide Consult, with a

1 goal of ensuring veterans who reside in rural, highly
2 rural, or medically underserved areas have access to
3 high-quality telehealth services offered by the De-
4 partment.

5 (4) As of 2019, veterans who reside in rural
6 and highly rural areas make up approximately $\frac{1}{3}$ of
7 veteran enrollees in the patient enrollment system,
8 and are on average, older than their veteran peers
9 in urban areas, experience higher degrees of finan-
10 cial instability, and live with a greater number of
11 complex health needs and comorbidities.

12 (5) The Federal Communications Commission
13 estimated in 2020 that 15 percent of veteran house-
14 holds do not have an internet connection.

15 (6) Under the Coronavirus Aid, Relief, and
16 Economic Security Act (Public Law 116–136), Con-
17 gress granted the Department additional authority
18 to enter into short-term agreements or contracts
19 with private sector telecommunications companies to
20 provide certain broadband services for the purposes
21 of providing expanded mental health services to iso-
22 lated veterans through telehealth or VA Video Con-
23 nect during a public health emergency.

1 (7) The authority described in paragraph (6)
2 was not utilized to the fullest extent by the Depart-
3 ment.

4 (8) Though the Department has made signifi-
5 cant progress in expanding telehealth services of-
6 fered to veterans who are enrolled in the patient en-
7 rollment system, significant gaps still exist to ensure
8 all veterans receive equal and high-quality access to
9 virtual care.

10 (9) Questions regarding the efficacy of using
11 telehealth for certain health care services and speci-
12 alities remain, and should be further studied.

13 (10) The Department continues to expand tele-
14 health and virtual care offerings for primary care,
15 mental health care, specialty care, urgent care, and
16 even remote intensive care units.

17 (b) SENSE OF CONGRESS.—It is the sense of Con-
18 gress that the telehealth services offered by the Depart-
19 ment of Veterans Affairs should be routinely measured
20 and evaluated to ensure the telehealth technologies and
21 modalities delivered to veteran patients to treat a wide va-
22 riety of health conditions are as effective as in-person
23 treatment for primary care, mental health care, and other
24 forms of specialty care.

25 (c) DEVELOPMENT OF STRATEGIC PLAN.—

1 (1) IN GENERAL.—Not later than one year
2 after the date of the enactment of this Act, the Sec-
3 retary of Veterans Affairs, acting through the Office
4 of Connected Care of the Department of Veterans
5 Affairs, shall develop a strategic plan to ensure the
6 effectiveness of the telehealth technologies and mo-
7 dalities delivered by the Department to veterans who
8 are enrolled in the patient enrollment system.

9 (2) UPDATE.—

10 (A) IN GENERAL.—The Secretary shall up-
11 date the strategic plan required under para-
12 graph (1) not less frequently than once every
13 three years following development of the plan.

14 (B) CONSULTATION.—The Secretary shall
15 prepare any update required under subpara-
16 graph (A) in consultation with the following:

17 (i) The Chief Officer of the Office of
18 Connected Care of the Department.

19 (ii) The Executive Director of Tele-
20 health Services of the Office of Connected
21 Care.

22 (iii) The Executive Director of Con-
23 nected Health of the Office of Connected
24 Care.

1 (iv) The Executive Director of the Of-
2 fice of Rural Health of the Department.

3 (v) The Executive Director of Solution
4 Delivery, IT Operations and Services of
5 the Office of Information and Technology
6 of the Department.

7 (3) ELEMENTS.—The strategic plan required
8 under paragraph (1), and any update to that plan
9 under paragraph (2), shall include, at a minimum,
10 the following:

11 (A) A comprehensive list of all health care
12 specialities the Department is currently deliv-
13 ering by telehealth or virtual care.

14 (B) An assessment of the effectiveness and
15 patient outcomes for each type of health care
16 speciality delivered by telehealth or virtual care
17 by the Department.

18 (C) An assessment of satisfaction of vet-
19 erans in receiving care through telehealth or
20 virtual care disaggregated by age group and by
21 Veterans Integrated Service Network.

22 (D) An assessment of the percentage of
23 virtual visits delivered by the Department
24 through each modality including standard tele-
25 phone telehealth, VA Video Connect, and the

1 Accessing Telehealth through Local Area Sta-
2 tions program of the Department.

3 (E) An outline of all current partnerships
4 maintained by the Department to bolster tele-
5 health or virtual care services for veterans.

6 (F) An assessment of the barriers faced by
7 the Department in delivering telehealth or vir-
8 tual care services to veterans residing in rural
9 and highly rural areas, and the strategies the
10 Department is deploying beyond purchasing
11 hardware for veterans who are enrolled in the
12 patient enrollment system.

13 (G) A detailed plan illustrating how the
14 Department is working with other Federal
15 agencies, including the Department of Health
16 and Human Services, the Department of Agri-
17 culture, the Federal Communications Commis-
18 sion, and the National Telecommunications and
19 Information Administration, to enhance
20 connectivity in rural, highly rural, and medi-
21 cally underserved areas to better reach all vet-
22 erans.

23 (H) The feasibility and advisability of
24 partnering with Federally qualified health cen-
25 ters, rural health clinics, and critical access hos-

1 pitals to fill the gap for health care services
2 that exists for veterans who reside in rural and
3 highly rural areas.

4 (I) An evaluation of the number of vet-
5 erans who are enrolled in the patient enrollment
6 system who have previously received care under
7 the Veterans Community Care Program under
8 section 1703 of title 38, United States Code.

9 (d) SUBMITTAL TO CONGRESS.—Not later than 180
10 days after the development of the strategic plan under
11 paragraph (1) of subsection (c), and not later than 180
12 days after each update under paragraph (2) of such sub-
13 section thereafter, the Secretary shall submit to the Com-
14 mittee on Veterans' Affairs of the Senate and the Com-
15 mittee on Veterans' Affairs of the House of Representa-
16 tives a report that includes the following:

17 (1) The completed strategic plan or update, as
18 the case may be.

19 (2) An identification of areas of improvement
20 by the Department in the delivery of telehealth and
21 virtual care services to veterans who are enrolled in
22 the patient enrollment system, with a timeline for
23 improvements to be implemented.

24 (e) DEFINITIONS.—

1 (1) PATIENT ENROLLMENT SYSTEM.—The term
2 “patient enrollment system” means the system of
3 annual patient enrollment of the Department of Vet-
4 erans Affairs established and operated under section
5 1705(a) of title 38, United States Code.

6 (2) RURAL; HIGHLY RURAL.—The terms
7 “rural” and “highly rural” have the meanings given
8 those terms in the Rural-Urban Commuting Areas
9 coding system of the Department of Agriculture.

10 (3) VA VIDEO CONNECT.—The term “VA Video
11 Connect” means the program of the Department of
12 Veterans Affairs to connect veterans with their
13 health care team from anywhere, using encryption to
14 ensure a secure and private connection.

15 (4) VETERAN.—The term “veteran” has the
16 meaning given that term in section 101(2) of title
17 38, United States Code.

18 **SEC. 202. COMPTROLLER GENERAL REPORT ON TRANSPOR-**
19 **TATION SERVICES BY THIRD PARTIES FOR**
20 **RURAL VETERANS.**

21 (a) REPORT REQUIRED.—Not later than one year
22 after the date of the enactment of this Act, the Comp-
23 troller General of the United States shall submit to the
24 Committee on Veterans’ Affairs of the Senate and the
25 Committee on Veterans’ Affairs of the House of Rep-

1 representatives a report on the program established under
2 section 111A(b) of title 38, United States Code.

3 (b) CONTENTS.—The report submitted under sub-
4 section (a) shall include the following:

5 (1) A description of the program described in
6 such subsection, including descriptions of the fol-
7 lowing:

8 (A) The purpose of the program.

9 (B) The activities carried out under the
10 program.

11 (2) An assessment of the sufficiency of the pro-
12 gram with respect to the purpose of the program.

13 (3) An assessment of the cost effectiveness of
14 the program in comparison to alternatives.

15 (4) An assessment of the health benefits for
16 veterans who have participated in the program.

17 (5) An assessment of the sufficiency of staffing
18 of employees of the Department of Veterans Affairs
19 who are responsible for facilitating the maintenance
20 of the program.

21 (6) An assessment, with respect to the purpose
22 of the program, of the number of vehicles owned by
23 and operating in conjunction with the program.

24 (7) An assessment of the awareness and usage
25 of the program by veterans and their families.

1 (8) An assessment of other options for trans-
2 portation under the program, such as local taxi com-
3 panies and ridesharing programs such as Uber and
4 Lyft.

5 **SEC. 203. COMPTROLLER GENERAL REPORT ON TELE-**
6 **HEALTH SERVICES OF THE DEPARTMENT OF**
7 **VETERANS AFFAIRS.**

8 (a) IN GENERAL.—Not later than 18 months after
9 the date of the enactment of this Act, the Comptroller
10 General of the United States shall submit to the Com-
11 mittee on Veterans' Affairs of the Senate and the Com-
12 mittee on Veterans' Affairs of the House of Representa-
13 tives a report on telehealth services provided by the De-
14 partment of Veterans Affairs.

15 (b) ELEMENTS.—The report required by subsection
16 (a) shall include an assessment of the following:

17 (1) The telehealth and virtual health care pro-
18 grams of the Department of Veterans Affairs, in-
19 cluding VA Video Connect.

20 (2) The challenges faced by the Department in
21 delivering telehealth and virtual health care to vet-
22 erans who reside in rural and highly rural areas due
23 to lack of connectivity in many rural areas.

1 (3) Any mitigation strategies used by the De-
2 partment to overcome connectivity barriers for vet-
3 erans who reside in rural and highly rural areas.

4 (4) The partnerships entered into by the Office
5 of Connected Care of the Department in an effort to
6 bolster telehealth services.

7 (5) The extent to which the Department has ex-
8 amined the effectiveness of health care services pro-
9 vided to veterans through telehealth in comparison
10 to in-person treatment.

11 (6) Satisfaction of veterans with respect to the
12 telehealth services provided by the Department.

13 (7) The use by the Department of telehealth
14 appointments in comparison to referrals to care
15 under the Veterans Community Care Program under
16 section 1703 of title 38, United States Code.

17 (8) Such other areas as the Comptroller Gen-
18 eral considers appropriate.

1 **TITLE III—FOREIGN MEDICAL**
2 **PROGRAM**

3 **SEC. 301. ANALYSIS OF FEASIBILITY AND ADVISABILITY OF**
4 **EXPANDING ASSISTANCE AND SUPPORT TO**
5 **CAREGIVERS TO INCLUDE CAREGIVERS OF**
6 **VETERANS IN THE REPUBLIC OF THE PHIL-**
7 **IPPINES.**

8 (a) FINDINGS.—Congress makes the following find-
9 ings:

10 (1) Although section 161 of the VA MISSION
11 Act of 2018 (Public Law 115–182; 132 Stat. 1438)
12 expanded the program of comprehensive assistance
13 for family caregivers of the Department of Veterans
14 Affairs under section 1720G(a) of title 38, United
15 States Code, to veterans of all eras, it did not ex-
16 pand the program to family caregivers for veterans
17 overseas.

18 (2) Although caregivers for veterans overseas
19 can access online resources as part of the program
20 of support services for caregivers of veterans under
21 subsection (b) section 1720G of such title, those
22 caregivers miss out on all of the comprehensive serv-
23 ices and benefits provided under subsection (a) of
24 such section.

1 (3) The Department has an outpatient clinic
2 and a regional benefits office in Manila, Republic of
3 the Philippines, and the Foreign Medical Program of
4 the Department under section 1724 of such title is
5 used heavily in the Republic of the Philippines by
6 veterans who live in that country.

7 (4) Due to the presence of facilities of the De-
8 partment in the Republic of the Philippines and the
9 number of veterans who reside there, that country is
10 a suitable test case to analyze the feasibility and ad-
11 visability of expanding caregiver support to care-
12 givers of veterans overseas.

13 (b) ANALYSIS.—Not later than 180 days after the
14 date of the enactment of this Act, the Secretary of Vet-
15 erans Affairs shall complete an analysis of the feasibility
16 and advisability of making assistance and support under
17 section 1720G(a) of title 38, United States Code, available
18 to caregivers of veterans in the Republic of the Phil-
19 ippines.

20 (c) REPORT.—Not later than 180 days after the con-
21 clusion of the analysis conducted under subsection (b), the
22 Secretary shall submit to the Committee on Veterans' Af-
23 fairs of the Senate and the Committee on Veterans' Af-
24 fairs of the House of Representatives a report that in-
25 cludes the following:

1 (1) The results of such analysis.

2 (2) An assessment of the number of veterans
3 who are enrolled in the patient enrollment system
4 and reside in the Republic of the Philippines.

5 (3) An assessment of the number of veterans
6 who are enrolled in the patient enrollment system
7 and reside in the Republic of the Philippines that
8 have a caregiver to provide them personal care serv-
9 ices described in section 1720G(a)(C) of title 38,
10 United States Code.

11 (4) An assessment of the staffing needs and as-
12 sociated cost of making assistance and support to
13 available to caregivers of veterans in the Republic of
14 the Philippines.

15 (d) DEFINITIONS.—In this section:

16 (1) CAREGIVER.—The term “caregiver” has the
17 meaning given that term in section 1720G(d) of title
18 38, United States Code.

19 (2) PATIENT ENROLLMENT SYSTEM.—The term
20 “patient enrollment system” means the system of
21 annual patient enrollment of the Department of Vet-
22 erans Affairs established and operated under section
23 1705(a) of such title.

1 (3) VETERAN.—The term “veteran” has the
2 meaning given that term in section 101(2) of such
3 title.

4 **SEC. 302. COMPTROLLER GENERAL REPORT ON FOREIGN**
5 **MEDICAL PROGRAM OF DEPARTMENT OF**
6 **VETERANS AFFAIRS.**

7 (a) IN GENERAL.—Not later than two years after the
8 date of the enactment of this Act, the Comptroller General
9 of the United States shall submit to the Committee on
10 Veterans’ Affairs of the Senate and the Committee on Vet-
11 erans’ Affairs of the House of Representatives a report
12 on the Foreign Medical Program.

13 (b) ELEMENTS.—The report required by subsection
14 (a) shall include, for the most recent five fiscal years for
15 which data are available, an assessment of the following:

16 (1) The number of veterans who live overseas
17 and are eligible for the Foreign Medical Program.

18 (2) The number of veterans who live overseas,
19 are registered for the Foreign Medical Program, and
20 use such program.

21 (3) The number of veterans who live overseas,
22 are registered for the Foreign Medical Program, and
23 do not use such program.

24 (4) The number of veterans who are eligible for
25 care furnished by the Department of Veterans Af-

1 fairs, live in the United States, including territories
2 of the United States, and make use of such care, in-
3 cluding through the Veterans Community Care Pro-
4 gram under section 1703 of title 38, United States
5 Code.

6 (5) Any challenges faced by the Department in
7 administering the Foreign Medical Program, includ-
8 ing—

9 (A) outreach to veterans on eligibility for
10 such program and ensuring veterans who live
11 overseas are aware of such program;

12 (B) executing timely reimbursements of
13 claims by veterans under such program; and

14 (C) need for and use of translation serv-
15 ices.

16 (6) Any trends relating to—

17 (A) the timeliness of processing by the De-
18 partment of claims under the Foreign Medical
19 Program and reimbursement of veterans under
20 such program;

21 (B) types of care or treatment sought by
22 veterans who live overseas that is reimbursed
23 under such program; and

1 (C) types of care or treatment eligible for
2 reimbursement under such program that vet-
3 erans have difficulty accessing overseas.

4 (7) Any barriers or obstacles cited by veterans
5 who live overseas who are registered for the Foreign
6 Medical Program, including any differences between
7 veterans who use the program and veterans who do
8 not.

9 (8) Satisfaction of veterans who live overseas
10 with the Foreign Medical Program.

11 (9) Such other areas as the Comptroller Gen-
12 eral considers appropriate.

13 (c) FOREIGN MEDICAL PROGRAM DEFINED.—In this
14 section, the term “Foreign Medical Program” means the
15 program under which the Secretary of Veterans Affairs pro-
16 vides hospital care and medical services under section
17 1724 of title 38, United States Code.

1 **TITLE IV—MENTAL HEALTH**
2 **CARE**

3 **SEC. 401. ANALYSIS OF FEASIBILITY AND ADVISABILITY OF**
4 **DEPARTMENT OF VETERANS AFFAIRS PRO-**
5 **VIDING EVIDENCE-BASED TREATMENTS FOR**
6 **THE DIAGNOSIS OF TREATMENT-RESISTANT**
7 **DEPRESSION.**

8 (a) FINDINGS.—Congress makes the following find-
9 ings:

10 (1) A systematic review in 2019 of the econom-
11 ics and quality of life relating to treatment-resistant
12 depression summarized that major depressive dis-
13 order (in this subsection referred to as “MDD”) is
14 a global public health concern and that treatment-
15 resistant depression in particular represents a key
16 unmet need. The findings of that review highlighted
17 the need for improved therapies for treatment-resist-
18 ant depression to reduce disease burden, lower med-
19 ical costs, and improve the quality of life of patients.

20 (2) The Clinical Practice Guideline for the
21 Management of MDD (in this subsection referred to
22 as the “CPG”) developed jointly by the Department
23 of Veterans Affairs and the Department of Defense
24 defines treatment-resistant depression as at least

1 two adequate treatment trials and lack of full re-
2 sponse to each.

3 (3) The CPG recommends electro-convulsive
4 therapy (in this subsection referred to as “ECT”) as
5 a treatment strategy for patients who have failed
6 multiple other treatment strategies.

7 (4) The CPG recommends offering repetitive
8 transcranial magnetic stimulation (in this subsection
9 referred to as “rTMS”), an intervention that is indi-
10 cated by the Food and Drug Administration, for
11 treatment during a major depressive episode in pa-
12 tients with treatment-resistant MDD.

13 (5) The final report of the Creating Options for
14 Veterans’ Expedited Recovery Commission (com-
15 monly referred to as the “COVER Commission”) es-
16 tablished under section 931 of the Jason Simcakoski
17 Memorial and Promise Act (title IX of Public Law
18 114–198; 38 U.S.C. 1701 note) found that treat-
19 ment-resistant depression is a major issue through-
20 out the mental health treatment system, and that an
21 estimated 50 percent of depressed patients are inad-
22 equately treated by available interventions.

23 (6) The COVER Commission also reported data
24 collected from the Department of Veterans Affairs
25 that found that only approximately 1,166 patients

1 throughout the Department were referred for ECT
2 in 2018 and only approximately 772 patients were
3 referred for rTMS during that year.

4 (b) ANALYSIS.—Not later than 180 days after the
5 date of the enactment of this Act, the Secretary of Vet-
6 erans Affairs shall complete an analysis of the feasibility
7 and advisability of making repetitive transcranial mag-
8 netic stimulation available at all medical facilities of the
9 Department of Veterans Affairs and electro-convulsive
10 therapy available at one medical center located within each
11 Veterans Integrated Service Network for the treatment of
12 veterans who are enrolled in the patient enrollment system
13 and have a diagnosis of treatment-resistant depression.

14 (c) INCLUSION OF ASSESSMENT OF REPORT.—The
15 analysis conducted under subsection (b) shall include an
16 assessment of the final report of the COVER Commission
17 submitted under section 931(e)(2) of the Jason
18 Simcakoski Memorial and Promise Act (title IX of Public
19 Law 114–198; 38 U.S.C. 1701 note).

20 (d) REPORT.—Not later than 180 days after the con-
21 clusion of the analysis conducted under subsection (b), the
22 Secretary shall submit to the Committee on Veterans' Af-
23 fairs of the Senate and the Committee on Veterans' Af-
24 fairs of the House of Representatives a report that in-
25 cludes the following:

1 (1) The results of such analysis.

2 (2) An assessment of the number of veterans
3 who are enrolled in the patient enrollment system
4 and who have a diagnosis of treatment-resistant de-
5 pression per Veterans Integrated Service Network
6 during the two-year period preceding the date of the
7 report.

8 (3) An assessment of the number of the vet-
9 erans who are enrolled in the patient enrollment sys-
10 tem who have a diagnosis of treatment-resistant de-
11 pression and who have received or are currently re-
12 ceiving repetitive transcranial magnetic stimulation
13 or electro-convulsive therapy as a treatment modality
14 during the two-year period preceding the date of the
15 report.

16 (4) An assessment of the number and locations
17 of medical centers of the Department that currently
18 provide repetitive transcranial magnetic stimulation
19 to veterans who are enrolled in the patient enroll-
20 ment system and who have a diagnosis of treatment-
21 resistant depression.

22 (5) An assessment of the number and locations
23 of medical centers of the Department that currently
24 provide electro-convulsive therapy to veterans who
25 are enrolled in the patient enrollment system and

1 who have a diagnosis of treatment-resistant depres-
2 sion.

3 (e) DEFINITIONS.—In this section:

4 (1) PATIENT ENROLLMENT SYSTEM.—The term
5 “patient enrollment system” means the system of
6 annual patient enrollment of the Department of Vet-
7 erans Affairs established and operated under section
8 1705(a) of title 38, United States Code.

9 (2) VETERAN.—The term “veteran” has the
10 meaning given that term in section 101(2) of title
11 38, United States Code.

12 **SEC. 402. MODIFICATION OF RESOURCE ALLOCATION SYS-**
13 **TEM TO INCLUDE PEER SPECIALISTS.**

14 (a) IN GENERAL.—Not later than one year after the
15 date of the enactment of this Act, the Secretary of Vet-
16 erans Affairs shall modify the Veterans Equitable Re-
17 source Allocation system, or successor system, to ensure
18 that resource allocations under such system, or successor
19 system, include peer specialists appointed under section
20 7402(b)(13) of title 38, United States Code.

21 (b) VETERANS EQUITABLE RESOURCE ALLOCATION
22 SYSTEM DEFINED.—In this section, the term “Veterans
23 Equitable Resource Allocation system” means the re-
24 source allocation system established pursuant to section
25 429 of the Departments of Veterans Affairs and House

1 and Urban Development, and Independent Agencies Ap-
2 propriations Act, 1997 (Public Law 104–204; 110 Stat.
3 2929).

4 **SEC. 403. GAP ANALYSIS OF PSYCHOTHERAPEUTIC INTER-**
5 **VENTIONS OF THE DEPARTMENT OF VET-**
6 **ERANS AFFAIRS.**

7 (a) IN GENERAL.—Not later than 270 days after the
8 date of the enactment of this Act, the Secretary of Vet-
9 erans Affairs shall complete a gap analysis throughout the
10 entire health care system of the Veterans Health Adminis-
11 tration on the use and availability of psychotherapeutic
12 interventions recommended in widely used clinical practice
13 guidelines as recommended in the final report of the
14 COVER Commission submitted under section 931(e)(2) of
15 the Jason Simcakoski Memorial and Promise Act (title IX
16 of Public Law 114–198; 38 U.S.C. 1701 note).

17 (b) ELEMENTS.—The gap analysis required under
18 subsection (a) shall include the following:

19 (1) An assessment of the psychotherapeutic
20 interventions available and routinely delivered to vet-
21 erans at medical centers of the Department of Vet-
22 erans Affairs within each Veterans Integrated Serv-
23 ice Network of the Department.

24 (2) An assessment of the barriers faced by med-
25 ical centers of the Department in offering certain

1 psychotherapeutic interventions and why those inter-
 2 ventions are not widely implemented or are excluded
 3 from implementation throughout the entire health
 4 care system of the Veterans Health Administration.

5 (c) REPORT AND PLAN.—Not later than 180 days
 6 after completing the gap analysis under subsection (a), the
 7 Secretary shall submit to the Committee on Veterans’ Af-
 8 fairs of the Senate and the Committee on Veterans’ Af-
 9 fairs of the House of Representatives—

10 (1) a report on the results of the analysis; and

11 (2) a plan with measurable, time-limited steps
 12 for the Department to implement—

13 (A) to address the gaps that limit access of
 14 veterans to care; and

15 (B) to treat various mental health condi-
 16 tions across the entire health care system of the
 17 Veterans Health Administration.

18 **TITLE V—OTHER MATTERS**

19 **SEC. 501. ONLINE HEALTH CARE EDUCATION PORTAL.**

20 (a) IN GENERAL.—Not later than 180 days after the
 21 date of the enactment of this Act, the Secretary of Vet-
 22 erans Affairs shall establish an online health care edu-
 23 cation portal to ensure veterans enrolled in the patient en-
 24 rollment system of the Department of Veterans Affairs
 25 under section 1705(a) of title 38, United States Code, are

1 aware of the health care services provided by the Depart-
2 ment and understand their basic health care entitlements
3 under the laws administered by the Secretary.

4 (b) INTERACTIVE MODULES.—

5 (1) IN GENERAL.—The health care education
6 portal established under subsection (a) shall include,
7 at a minimum, interactive online educational mod-
8 ules on the following:

9 (A) Health care from the Veterans Health
10 Administration in the community, including
11 under the Veterans Community Care Program
12 under section 1703 of title 38, United States
13 Code.

14 (B) Telehealth services.

15 (C) The appeals process for the Veterans
16 Health Administration.

17 (D) Patient aligned care teams.

18 (E) Mental health care services.

19 (F) Suicide prevention services.

20 (G) Specialty care services.

21 (H) Dental health services.

22 (I) Women’s health services.

23 (J) Navigating the publicly accessible
24 internet websites and mobile applications of the
25 Veterans Health Administration.

1 (K) Vaccinations offered through the Vet-
2 erans Health Administration.

3 (L) Toxic exposure.

4 (M) Military sexual trauma.

5 (N) Topics set forth under section 121(b)
6 of the VA MISSION Act of 2018 (Public Law
7 115–182; 38 U.S.C. 1701 note).

8 (2) MODULE UPDATES.—The Secretary shall
9 update the curriculum content of the modules de-
10 scribed in paragraph (1) not less frequently than an-
11 nually to ensure such modules contain the most cur-
12 rent information on the module topic.

13 (c) HEALTH CARE EDUCATION PORTAL REQUIRE-
14 MENTS.—The Secretary shall ensure that the health care
15 education portal established under subsection (a) meets
16 the following requirements:

17 (1) The portal is directly accessible from—

18 (A) the main home page of the publicly ac-
19 cessible internet website of the Department;
20 and

21 (B) the main home page of the publicly ac-
22 cessible internet website of each medical center
23 of the Department.

24 (2) The portal is easily understandable and usa-
25 ble by the general public.

1 (d) PRINT MATERIAL.—In developing the health care
2 education portal established under subsection (a), the Sec-
3 retary shall ensure that materials included in such portal
4 are accessible in print format at each medical center of
5 the Department to veterans who may not have access to
6 the internet.

7 (e) CONSULTATION AND CONTRACT AUTHORITY.—In
8 carrying out the health care education portal established
9 under subsection (a), the Secretary—

10 (1) shall consult with organizations recognized
11 by the Secretary for the representation of veterans
12 under section 5902 of title 38, United States Code;
13 and

14 (2) may enter into a contract with a company,
15 non-profit entity, or other entity specializing in de-
16 velopment of educational programs to design the
17 portal and the curriculum for modules under sub-
18 section (b).

19 (f) REPORT.—Not later than one year after the es-
20 tablishment of the health care education portal under sub-
21 section (a), and annually thereafter, the Secretary shall
22 submit to the Committee on Veterans' Affairs of the Sen-
23 ate and the Committee on Veterans' Affairs of the House
24 of Representatives a report—

- 1 (1) assessing the use by veterans of the portal,
2 including—
3 (A) overall usage of the portal; and
4 (B) use of each module under subsection
5 (b);
6 (2) assessing the effectiveness of the education
7 program contained in such portal;
8 (3) evaluating the curriculum contained in such
9 portal;
10 (4) providing such recommendations on modi-
11 fications to the curriculum contained in such portal
12 as the Secretary considers appropriate; and
13 (5) including such other elements the Secretary
14 considers appropriate.

15 **SEC. 502. EXCLUSION OF APPLICATION OF PAPERWORK RE-**
16 **DUCTION ACT TO RESEARCH ACTIVITIES OF**
17 **THE VETERANS HEALTH ADMINISTRATION.**

18 (a) IN GENERAL.—Subchapter II of chapter 73 of
19 title 38, United States Code, is amended by adding at the
20 end the following new section:

21 **“SEC. 7330D. INAPPLICABILITY OF PAPERWORK REDUC-**
22 **TION ACT TO RESEARCH ACTIVITIES.**

23 “Subchapter I of chapter 35 of title 44 (commonly
24 referred to as the ‘Paperwork Reduction Act’) shall not
25 apply to the voluntary collection of information during the

1 conduct of research by the Veterans Health Administra-
2 tion, including the Office of Research and Development,
3 or individuals or entities affiliated with the Veterans
4 Health Administration.”.

5 (b) CLERICAL AMENDMENT.—The table of sections
6 at the beginning of such subchapter is amended by insert-
7 ing after the item relating to section 7330C the following
8 new item:

“7330D. Inapplicability of Paperwork Reduction Act to research activities.”.

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