

115TH CONGRESS  
1ST SESSION

# S. 2184

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

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IN THE SENATE OF THE UNITED STATES

DECEMBER 1, 2017

Mr. MCCAIN (for himself and Mr. MORAN) introduced the following bill; which was read twice and referred to the Committee on Veterans' Affairs

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## A BILL

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

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

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

4 (a) **SHORT TITLE.**—This Act may be cited as the  
5 “Veterans Community Care and Access Act of 2017”.

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

Sec. 1. Short title; table of contents.

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

**TITLE I—DEVELOPING AN INTEGRATED HIGH-PERFORMING  
NETWORK**

Subtitle A—Establishing the Veterans Community Care Program

- Sec. 101. Establishment of Veterans Community Care Program.
- Sec. 102. Strategy regarding the High Performing Integrated Healthcare Network of the Department.
- Sec. 103. Access standards and standards for quality.

#### Subtitle B—Forming Partnerships and Agreements

- Sec. 111. Continuity of care and existing agreements.
- Sec. 112. Authorization of agreements between Department of Veterans Affairs and non-Department providers.
- Sec. 113. Prevention of certain health care providers from providing non-Department health care services to veterans.
- Sec. 114. Conforming amendments for State veterans homes.

#### Subtitle C—Paying Providers

- Sec. 121. Prompt payment to providers.
- Sec. 122. Payment rates for community care.
- Sec. 123. Authority to pay for authorized care not subject to an agreement.

### TITLE II—STREAMLINING COMMUNITY CARE PROGRAMS

#### Subtitle A—Streamlining Community Care Programs

- Sec. 201. Access to walk-in care.
- Sec. 202. Veterans Choice Fund flexibility.
- Sec. 203. Conforming amendments.

#### Subtitle B—Improving Information Sharing With Providers

- Sec. 211. Improving information sharing with community providers.
- Sec. 212. Establishment of processes to ensure safe opioid prescribing practices by non-Department of Veterans Affairs health care providers.

#### Subtitle C—Improving Collections

- Sec. 221. Aligning with best practices on collection of health insurance information.
- Sec. 222. Improving authority to collect.

### TITLE III—IMPROVING DEPARTMENT OF VETERANS AFFAIRS CARE DELIVERY

#### Subtitle A—Improving Personnel Practices

- Sec. 301. Licensure of health care professionals of the Department of Veterans Affairs providing treatment via telemedicine.
- Sec. 302. Graduate medical education and residency.
- Sec. 303. Annual report on awards or bonuses awarded to certain high-level employees of the department of veterans affairs.

#### Subtitle B—Facilities, Construction, and Leases

- Sec. 311. Facilitating sharing of medical facilities with other Federal agencies.
- Sec. 312. Review of enhanced use leases.

### TITLE IV—INNOVATIVE PILOT PROGRAMS

- Sec. 401. Pilot program to establish or affiliate with graduate medical residency programs at facilities operated by Indian tribes, tribal organizations, and the Indian Health Service in rural areas.
- Sec. 402. Authority for Department of Veterans Affairs Center for Innovation for Care and Payment.

#### TITLE V—OTHER HEALTH CARE MATTERS

- Sec. 501. Authorization of appropriations for health care from Department of Veterans Affairs.
- Sec. 502. Appropriation of amounts for Veterans Choice Program.
- Sec. 503. Applicability of Directive of Office of Federal Contract Compliance Programs.
- Sec. 504. Amending statutory requirements for the position of the Chief Officer of the Readjustment Counseling Service.
- Sec. 505. Authorization of certain major medical facility projects of the Department of Veterans Affairs.

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

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

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

### 10 **Subtitle A—Establishing the Vet-** 11 **erans Community Care Program**

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

14       (a) ESTABLISHMENT.—

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

1 **“§ 1703. Veterans Community Care Program**

2 “(a) IN GENERAL.—(1) Subject to the availability of  
3 appropriations for such purpose and subject to paragraph  
4 (4), hospital care, medical services, and extended care  
5 services under this chapter shall be furnished to a covered  
6 veteran described in subsection (b) by health care pro-  
7 viders specified in subsection (c) in accordance with this  
8 section.

9 “(2) The furnishing of care and services under this  
10 section may be referred to as the ‘Veterans Community  
11 Care Program’.

12 “(3)(A) In carrying out this section, the Secretary  
13 may develop categories of certain health care providers  
14 specified in subsection (c) for the purpose of providing a  
15 covered veteran hospital care, medical services, and ex-  
16 tended care services when the covered veteran does not  
17 state a preference for a health care provider.

18 “(B) In developing categories of health care providers  
19 under subparagraph (A), the Secretary shall not—

20 “(i) prioritize or rank such categories in a man-  
21 ner that limits the options a covered veteran may  
22 have in selecting a health care provider specified in  
23 subsection (c); or

24 “(ii) direct a covered veteran to receive care or  
25 services from certain health care providers instead of  
26 other health care providers.

1       “(4) In carrying out this section, the Secretary shall  
2 not limit any hospital care, medical service, extended care  
3 service, or class of hospital care, medical service, or ex-  
4 tended care service that are set forth in the Medical Bene-  
5 fits Package of the Department, as modified as deter-  
6 mined by the Secretary.

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

9               “(1)(A) is enrolled in the patient enrollment  
10 system of the Department established and operated  
11 under section 1705 of this title; or

12               “(B) is not enrolled in such system but is oth-  
13 erwise entitled to hospital care, a medical service, or  
14 an extended care service under subsection (c)(2) of  
15 such section; and

16               “(2)(A) has been furnished hospital care or  
17 medical services under this chapter on at least one  
18 occasion during the preceding two-year period; or

19               “(B) requested a first-time appointment for  
20 hospital care or medical services at a Department fa-  
21 cility.

22       “(c) HEALTH CARE PROVIDERS SPECIFIED.—Health  
23 care providers specified in this subsection are the fol-  
24 lowing:

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

6           “(2) The Department of Defense.

7           “(3) The Indian Health Service.

8           “(4) Any Federally-qualified health center (as  
9           defined in section 1905(l)(2)(B) of the Social Secu-  
10          rity Act (42 U.S.C. 1396d(l)(2)(B))).

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

15          “(d) CONTRACTS TO ESTABLISH NETWORKS OF  
16          HEALTH CARE PROVIDERS.—(1) The Secretary shall  
17          enter into consolidated, competitively bid contracts, which  
18          may be regional contracts, to establish networks of non-  
19          Department health care providers specified in paragraphs  
20          (1) and (5) of subsection (c) for contract purposes of—

21                 “(A) providing sufficient access to hospital care,  
22                 medical services, and extended care services under  
23                 this section;

24                 “(B) managing the operations of such health  
25                 care providers; and

1           “(C) managing the delivery of hospital care,  
2           medical services, and extended care services under  
3           this section.

4           “(2) The Secretary may terminate a contract with an  
5           entity entered into under paragraph (1) at such time and  
6           upon such notice to the entity as the Secretary may specify  
7           for purposes of this section.

8           “(3)(A) Whenever the Secretary provides notice to an  
9           entity under paragraph (2) that the entity is failing to  
10          meet contractual obligations entered into under paragraph  
11          (1), the Secretary shall submit to the Committee on Vet-  
12          erans’ Affairs of the Senate and the Committee on Vet-  
13          erans’ Affairs of the House of Representatives a report  
14          on such failure and the decision of the Secretary to termi-  
15          nate the contract under paragraph (2).

16          “(B) Each report submitted under subparagraph (A)  
17          shall include the following:

18                 “(i) An explanation of the reasons for termi-  
19                 nating the contract.

20                 “(ii) A description of the effect of the failure of  
21                 the entity to meet contractual obligations and the  
22                 termination of the contract, including with respect to  
23                 cost, schedule, and requirements.

24                 “(iii) A description of the actions taken by the  
25                 Secretary to mitigate such failure and termination.

1 “(e) COORDINATION OF CARE AND SERVICES.—(1)

2 The Secretary shall ensure that for each covered veteran  
3 seeking care or services under this section, a care coordi-  
4 nation team is provided by a medical facility of the De-  
5 partment.

6 “(2) The Secretary shall ensure that each care co-  
7 ordination team provided under this section, with respect  
8 to a covered veteran, is responsible for the following:

9 “(A) Coordination and management of hospital  
10 care, medical services (including telemedicine), and  
11 extended care services furnished under this title, in-  
12 cluding the following:

13 “(i) Collaboration with the patient aligned  
14 care teams (PACT) within the medical facility  
15 of the Department; and

16 “(ii) Coordination within and across Vet-  
17 erans Integrated Service Networks with non-  
18 Department health care providers acting under  
19 a contract or agreement to furnish hospital  
20 care, a medical service, or an extended care  
21 service on behalf of the Department and who  
22 meets such terms and conditions as the Sec-  
23 retary may require.

24 “(B) Ensure continuity of care for the covered  
25 veteran to avoid any delay or lapse in care or serv-



1       ices from an action or error of the Department or  
2       any individual of the care coordination team of the  
3       covered veteran.

4               “(C) Submitting information to the Secretary  
5       in furtherance of analysis conducted under section  
6       1730B(a) of this title.

7       “(3) The Secretary shall develop an organizational  
8       construct for care coordination teams at medical facilities  
9       of the Department that may include the following individ-  
10      uals:

11              “(A) An employee of the Department who fur-  
12      nishes hospital care, a medical service, or an ex-  
13      tended care service at the facility.

14              “(B) A non-Department health care provider  
15      acting under a contract or agreement to furnish hos-  
16      pital care, a medical service, or an extended care  
17      service on behalf of the Department and who meets  
18      such terms and conditions as the Secretary may re-  
19      quire.

20              “(C) An employee of the Department or a  
21      health care provider described in subparagraph (B)  
22      who serves to seamlessly coordinate the delivery of  
23      hospital care, medical services, and extended care  
24      services to covered veterans.

1       “(f) ELIGIBILITY REFORM AND CONDITIONS THAT  
2 REQUIRE ACCESS TO COMMUNITY CARE.—(1) Subject to  
3 the availability of appropriations, the Secretary shall fur-  
4 nish hospital care, medical services, and extended care  
5 services to a covered veteran, at the election of a covered  
6 veteran, through health care providers specified in sub-  
7 section (c) as follows:

8           “(A) When a medical facility of the Department  
9 does not offer the hospital care, medical services, or  
10 extended care services the covered veteran requires.

11           “(B) When a medical facility of the Department  
12 cannot furnish or schedule an appointment for hos-  
13 pital care, medical services, or extended care services  
14 in accordance with access standards established  
15 under section 1703B of this title.

16           “(C) When the covered veteran and a referring  
17 clinician of the covered veteran agree that furnishing  
18 hospital care, medical services, or extended care  
19 services through a non-Department entity or pro-  
20 vider would be in the best medical interest of the  
21 covered veteran, after consideration of the standards  
22 established under sections 1703B and 1703C of this  
23 title or due to a non-clinical reason, compelling cir-  
24 cumstance, or other considerations that are in the  
25 best medical interest of the covered veteran.

1       “(2) Not later than 120 days after the date of the  
2 enactment of the Veterans Community Care and Access  
3 Act of 2017, the Secretary shall submit to the appropriate  
4 committees of Congress a report describing the guidelines  
5 and standards the Secretary intends to use to carry out  
6 paragraph (1) in accordance with sections 1703B and  
7 1703C of this title.

8       “(g) SCHEDULING SERVICES.—(1) The Secretary  
9 shall ensure that services are established in order to sched-  
10 ule appointments for hospital care, medical services, and  
11 extended care services under this chapter.

12       “(2)(A) In carrying out paragraph (1), the Secretary  
13 shall determine whether services established under such  
14 paragraph should reside within the respective medical fa-  
15 cility of the Department or reside with an entity with  
16 whom the Secretary enters into a contract for such serv-  
17 ices.

18       “(B) In carrying out subparagraph (A), the Secretary  
19 shall assess the following:

20               “(i) Whether a medical facility of the Depart-  
21 ment is currently managing scheduling services and  
22 the Secretary determines such medical facility has  
23 the capability to continue to manage scheduling.

1           “(ii) Whether a medical facility of the Depart-  
2           ment has the capacity to manage scheduling services  
3           based on the following:

4                   “(I) An initial review of the medical facil-  
5           ity to acquire scheduling service responsibilities  
6           and the preference of the medical facility to ac-  
7           quire such responsibilities.

8                   “(II) The market area assessment cur-  
9           rently underway pursuant to section 1730B(c)  
10          of this title.

11                   “(III) The capacity of the medical facility  
12          to perform scheduling services that meet stand-  
13          ards established under sections 1703B and  
14          1703C of this title.

15           “(iii) Whether one or more contracts were in ef-  
16          fect on the day before the date of the enactment of  
17          the Veterans Community Care and Access Act of  
18          2017 that include scheduling services, as determined  
19          by the Secretary, and may be modified by the Sec-  
20          retary for services under this subsection.

21          “(h) DEFINITIONS.—In this section:

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

1           “(A) the Committee on Veterans’ Affairs  
2           and the Committee on Appropriations of the  
3           Senate; and

4           “(B) the Committee on Veterans’ Affairs  
5           and the Committee on Appropriations of the  
6           House of Representatives.

7           “(2) The term ‘clinician’ has the meaning given  
8           that term by the Centers for Medicare & Medicaid  
9           Services and includes Doctors of Medicine (MD),  
10          Doctors of Osteopathy (DO), Doctors of Dental Sur-  
11          gery or Dental Medicine (DMD/DDS), Doctors of  
12          Podiatry, Doctors of Optometry, Chiropractors, Phy-  
13          sician Assistants (PA), Nurse Practitioners (NP),  
14          Clinical Nurse Specialists, Certified Registered  
15          Nurse Anesthetists, and such other health profes-  
16          sionals as the Secretary may specify for purposes of  
17          this section.

18          “(3) The term ‘medical facility of the Depart-  
19          ment’ includes a medical center, a community-based  
20          outpatient clinic, an outpatient clinic, or any other  
21          facility of the Department at which hospital care,  
22          medical services, or extended care services are fur-  
23          nished.”.

24                 (2) CLERICAL AMENDMENT.—The table of sec-  
25          tions at the beginning of chapter 17 of such title is

1 amended by striking the item relating to section  
2 1703 and inserting the following new item:

“1703. Veterans Community Care Program.”.

3 (b) REGULATIONS.—Not later than one year after the  
4 date of the enactment of this Act, the Secretary of Vet-  
5 erans Affairs shall promulgate regulations to carry out  
6 section 1703 of title 38, United States Code, as amended  
7 by subsection (a).

8 (c) EFFECTIVE DATE.—The amendments made by  
9 subsection (a) shall take effect on the date that the Sec-  
10 retary promulgates regulations under subsection (b).

11 **SEC. 102. STRATEGY REGARDING THE HIGH PERFORMING**  
12 **INTEGRATED HEALTHCARE NETWORK OF**  
13 **THE DEPARTMENT.**

14 (a) IN GENERAL.—Subchapter III of chapter 17 is  
15 amended by inserting after section 1730A the following  
16 new section:

17 **“§ 1730B. Quadrennial Veterans Health Administra-**  
18 **tion review, management of high-per-**  
19 **forming integrated healthcare network,**  
20 **and market area assessments**

21 “(a) QUADRENNIAL VETERANS HEALTH ADMINIS-  
22 TRATION REVIEW.—(1) Not later than one year after the  
23 date of the enactment of the Veterans Community Care  
24 and Access Act of 2017 and not less frequently than once  
25 every four years thereafter, the Secretary shall conduct a

1 comprehensive examination (to be known as a ‘quadren-  
2 nial Veterans Health Administration review’) of programs  
3 and policies of the Department regarding the delivery of  
4 health care services and the need for health care services  
5 for veterans in future years.

6 “(2) The Secretary shall designate an individual in  
7 a Senior Executive Service position (as defined in section  
8 3132(a) of title 5) or equivalent as the Director of the  
9 High-Performing Integrated Healthcare Network of the  
10 Department (in this section referred to as the ‘Director’)  
11 who shall be responsible for carrying out this section and  
12 advising the Secretary and the Under Secretary for Health  
13 on matters pertaining to this section.

14 “(3) Each quadrennial Veterans Health Administra-  
15 tion review conducted under paragraph (1) shall include  
16 a strategic plan to meet future requirements and demand  
17 for hospital care, medical services, and extended care serv-  
18 ices under the laws administered by the Secretary that in-  
19 cludes a five-year budget forecast for meeting such re-  
20 quirements and demand based on the information con-  
21 tained in the market area assessments conducted under  
22 subsection (c) and such other information as the Secretary  
23 considers appropriate.

1 “(4) In preparing the quadrennial Veterans Health  
2 Administration review under paragraph (1), including the  
3 strategic plan under paragraph (3), the Secretary shall—

4 “(A) consider the access and quality standards  
5 established under sections 1703B and 1703C of this  
6 title, respectively;

7 “(B) consider the needs of the Department to  
8 furnish health care services to veterans based on—

9 “(i) identified health care services that  
10 provide management of health conditions or dis-  
11 orders related to military service for which  
12 there is limited experience or access to such  
13 health care services from non-Department  
14 health care providers in the commercial market;

15 “(ii) the overall health of veterans through-  
16 out their lifespan; or

17 “(iii) such other services as the Secretary  
18 determines appropriate;

19 “(C) consult with key stakeholders within the  
20 Department, the heads of other Federal agencies,  
21 and other relevant governmental and nongovern-  
22 mental entities, including State, local, and tribal  
23 government officials, members of Congress, veterans  
24 service organizations, private sector representatives,  
25 academics, and other policy experts;



1           “(D) identify emerging issues, trends, problems,  
2           and opportunities that could affect health care serv-  
3           ices furnished under the laws administered by the  
4           Secretary;

5           “(E) develop recommendations regarding both  
6           short- and long-term priorities for health care serv-  
7           ices furnished under the laws administered by the  
8           Secretary;

9           “(F) compare the Veterans Equitable Resource  
10          Allocation (VERA) system to other resource alloca-  
11          tion systems or models for the purpose of analyzing  
12          the effectiveness of such systems in allocating re-  
13          sources to furnish hospital care, medical services,  
14          and extended care services to veterans; and

15          “(G) consider the work of the Center for Inno-  
16          vation for Care and Payment under section 1703F  
17          of this title with respect to research, development,  
18          and testing payment and service delivery models.

19          “(b) MANAGEMENT OF HIGH-PERFORMING INTE-  
20          GRATED HEALTHCARE NETWORK.—(1) The Director  
21          shall be responsible for the management, design, imple-  
22          mentation, and assessment of the high-performing inte-  
23          grated healthcare network of the Department.

24          “(2) In managing, designing, implementing, and as-  
25          sessing the high-performing integrated healthcare network

1 of the Department under this subsection, the Director  
2 shall be responsible for the following:

3           “(A) Overseeing the transformation and organi-  
4           zational change across the Department to achieve  
5           such high-performing integrated healthcare network.

6           “(B) Developing and implementing the quad-  
7           rennial Veterans Health Administration review and  
8           strategic plan under subsection (a).

9           “(C) Overseeing the market area assessments  
10          performed under subsection (c).

11          “(D) Developing the capital infrastructure plan-  
12          ning and procurement processes, whether minor or  
13          major construction projects or leases, in coordination  
14          with other offices of the Department.

15          “(E) Developing a multi-year budget process  
16          that is capable of forecasting future year budget re-  
17          quirements and projecting the cost of delivering  
18          health care services under a high-performing inte-  
19          grated healthcare network.

20          “(3) To ensure that the Director is able to carry out  
21          the responsibilities under paragraph (2), the Secretary  
22          shall ensure that coordination and information sharing oc-  
23          curs with other relevant offices of the Department, includ-  
24          ing the following offices:

25                 “(A) The Office of Management.

1           “(B) The Office of Acquisition, Logistics and  
2           Construction.

3           “(C) The Office of Information and Tech-  
4           nology.

5           “(4) In carrying out this subsection, the Director  
6           shall confer with the Director of the Defense Health Agen-  
7           cy and consider best practices and recommendations from  
8           non-Department entities, including entities carrying out  
9           market area assessments under subsection (c), that have  
10          developed plans, implemented systems, or advised other  
11          healthcare systems.

12          “(5)(A) Not less frequently than once every three  
13          months, the Secretary or the Director shall brief the ap-  
14          propriate committees of Congress on the activities con-  
15          ducted under this subsection.

16          “(B) Each briefing conducted under subparagraph  
17          (A) shall include the following:

18                 “(i) An assessment of any remediation or im-  
19                 provement conducted by the Department with re-  
20                 spect to a medical service line of the Department  
21                 that the Secretary has determined does not meet an  
22                 access standard or standard for quality established  
23                 under section 1703B or 1703C of this title, respec-  
24                 tively, in providing hospital care, a medical service,  
25                 or an extended care service, including the following:

1           “(I) An assessment of the factors that led  
2 the Secretary to make such determination.

3           “(II) An assessment of the medical service  
4 line in relation to the market area assessment  
5 most recently performed under subsection (c),  
6 particularly with respect to how it relates to the  
7 demand for the medical service line in the area  
8 and by veterans using a medical facility of the  
9 Department for such medical service line.

10           “(III) A plan with specific actions, and the  
11 time to complete them, to meet the access  
12 standards and standards for quality established  
13 under sections 1703B and 1703C of this title,  
14 respectively, which shall include consideration  
15 of—

16                   “(aa) increasing personnel or tem-  
17 porary personnel assistance, including mo-  
18 bile deployment teams;

19                   “(bb) special hiring incentives, includ-  
20 ing the Education Debt Reduction Pro-  
21 gram under subchapter VII of chapter 76  
22 of this title and recruitment, relocation,  
23 and retention incentives;

24                   “(cc) using direct hiring authority;

1           “(dd) providing improved training op-  
2           portunities for staff;

3           “(ee) acquiring improved equipment;

4           “(ff) making structural modifications  
5           to the facility used by the medical service  
6           line;

7           “(gg) partnering with health care pro-  
8           viders that have the capacity to meet the  
9           demand in the market area and meet ac-  
10          cess and quality standards established  
11          under sections 1703B and 1703C of this  
12          title; and

13          “(hh) such other actions as the Sec-  
14          retary considers appropriate.

15          “(ii) An assessment of the progress made by  
16          the Department with respect to the responsibilities  
17          of the Director under paragraph (2).

18          “(c) MARKET AREA ASSESSMENTS.—(1) Not less  
19          frequently than once every four years, the Secretary shall  
20          perform market area assessments regarding the health  
21          care services furnished under the laws administered by the  
22          Secretary.

23          “(2) Each market area assessment performed under  
24          paragraph (1) shall include the following:

1           “(A) An assessment of the demand for hospital  
2           care, medical services, and extended care services  
3           from the Department, disaggregated by geographic  
4           market areas that are consistent with industry mar-  
5           ket areas or boundaries, including the number of re-  
6           quests for such care and services under the laws ad-  
7           ministered by the Secretary.

8           “(B) An inventory of the health care capacity  
9           of the Department across the facilities of the De-  
10          partment.

11          “(C) An assessment of the health care capacity  
12          to be provided through contracted community care  
13          providers and providers who entered into a provider  
14          agreement with the Department under section  
15          1703A of this title, including the number of pro-  
16          viders, the geographic location of the providers, and  
17          categories or types of health care services provided  
18          by the providers.

19          “(D) An assessment obtained from other Fed-  
20          eral direct delivery systems of their capacity to pro-  
21          vide health care to veterans.

22          “(E) An assessment of the health care capacity  
23          of non-contracted providers where there is insuffi-  
24          cient network supply.

1           “(F) An assessment of the health care capacity  
2 of academic affiliates and other collaborations of the  
3 Department as it relates to providing health care to  
4 veterans.

5           “(G) An assessment of the effects on health  
6 care capacity by the access and quality standards es-  
7 tablished under sections 1703B and 1703C of this  
8 title, respectively.

9           “(H) The number of appointments for health  
10 care services under the laws administered by the  
11 Secretary, disaggregated by—

12                 “(i) appointments at facilities of the De-  
13 partment; and

14                 “(ii) appointments with non-Department  
15 health care providers.

16           “(I) Analysis of information submitted from  
17 care coordination teams under section 1703(e)(2)(D)  
18 of this title from each Department medical facility  
19 that includes the following:

20                 “(i) An analysis of coordination and man-  
21 agement best practices.

22                 “(ii) Satisfaction survey data from the cov-  
23 ered veterans from each care coordination team  
24 under section 1703(e) of this title.

1           “(iii) Findings and determinations related  
2           to the coordination of care under section  
3           1703(e) of this title to assist the Director in the  
4           design, implementation, and assessment of the  
5           high-performing integrated healthcare network  
6           of the Department.

7           “(iv) A standardized climate survey devel-  
8           oped jointly with the Centers for Medicare &  
9           Medicaid Services Alliance to Modernize  
10          Healthcare (CAMH) for the employees of each  
11          medical facility of the Department that com-  
12          piles data on culture, communication, team-  
13          work, quality of worklife, rewards or recogni-  
14          tion, leadership, and productivity.

15          “(3) The Secretary shall submit to the appropriate  
16          committees of Congress each market area assessment per-  
17          formed under paragraph (1) and the complete market area  
18          assessment being performed on the day before the date  
19          of the enactment of the Veterans Community Care and  
20          Access Act of 2017 in the same form as such assessments  
21          are delivered to the Secretary.

22          “(4) The Secretary shall use the market area assess-  
23          ments performed under paragraph (1) to inform the quad-  
24          rennial Veterans Health Administration review and stra-  
25          tegic plan under subsection (a) and to determine the ca-



1 capacity of the Department and the capacity of the health  
2 care provider networks established under section 1703(d)  
3 of this title.

4 “(5) The Secretary shall publish the capacity findings  
5 and results from the market area assessments performed  
6 under paragraph (1) with respect to the Department and  
7 health care provider networks established under section  
8 1703(d) of this title on a publicly accessible Internet  
9 website of the Department.

10 “(d) DEPARTMENT BUDGET.—The Secretary shall  
11 ensure that the budget request of the Department for any  
12 fiscal year (as submitted with the budget of the President  
13 under section 1105(a) of title 31) reflects the findings of  
14 the Secretary with respect to the most recent information  
15 described in subsection (b)(5) and is consistent with the  
16 quadrennial Veterans Health Administration review and  
17 strategic plan under subsection (a).

18 “(e) APPROPRIATE COMMITTEES OF CONGRESS DE-  
19 FINED.—In this section, the term ‘appropriate committees  
20 of Congress’ means—

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

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

1 (b) CLERICAL AMENDMENT.—The table of sections  
 2 at the beginning of chapter 17 is amended by inserting  
 3 after the item relating to section 1730A the following new  
 4 item:

“1730B. Quadrennial Veterans Health Administration review, management of  
 high-performing integrated healthcare network, and market  
 area assessments.”.

5 (c) WAIVER OF CERTAIN REQUIREMENTS FOR MAR-  
 6 KET ASSESSMENT IN PROGRESS.—Paragraph (2) of sec-  
 7 tion 1730B(c) of title 38, United States Code, as added  
 8 by subsection (a), shall not apply to a market area assess-  
 9 ment that was being performed by the Secretary of Vet-  
 10 erans Affairs on the day before the date of the enactment  
 11 of this Act.

12 **SEC. 103. ACCESS STANDARDS AND STANDARDS FOR QUAL-**  
 13 **ITY.**

14 (a) IN GENERAL.—Subchapter I of chapter 17 is  
 15 amended by inserting after section 1703 the following new  
 16 sections:

17 **“§ 1703B. Access standards**

18 “(a) IN GENERAL.—(1) The Secretary shall establish  
 19 access standards for hospital care, medical services, and  
 20 extended care services furnished by the Department, in-  
 21 cluding through health care providers under section 1703  
 22 of this title.

23 “(2) The Secretary shall ensure that the hospital  
 24 care, medical services, and extended care services fur-

1 nished to a veteran by the Department, including through  
2 health care providers under section 1703 of this title, is  
3 furnished within the access standards established under  
4 paragraph (1).

5 “(3) The access standards established under para-  
6 graph (1) shall align with the categories of hospital care,  
7 medical services, and extended care services set forth  
8 under subsection (b) and shall be informed by the market  
9 area assessments performed under section 1730B(c) of  
10 this title.

11 “(b) CATEGORIES OF HOSPITAL CARE, MEDICAL  
12 SERVICES, AND EXTENDED CARE SERVICES FUR-  
13 NISHED.—The categories of hospital care, medical serv-  
14 ices, and extended care services subject to access stand-  
15 ards established under subsection (a) are as follows:

16 “(1) Primary care services.

17 “(2) Specialty care services, including services  
18 that may require a referral and services that may be  
19 considered wellness or preventative care.

20 “(3) Behavioral health services, including men-  
21 tal health and substance abuse disorder treatment.

22 “(4) Urgent care.

23 “(5) Home health services, including services  
24 that may be virtual.

25 “(6) Dental services.

1           “(7) As determined by the Secretary, any addi-  
2           tional types of services for which the Department or  
3           the networks established under section 1703(d) of  
4           this title have experienced increased demand accord-  
5           ing to the market area assessments performed under  
6           section 1730B(e) of this title or an increase in ac-  
7           cess complaints to network health care providers or  
8           the Department.

9           “(c) APPLICATION.—(1) The Secretary may establish  
10          and apply access standards under subsection (a) according  
11          to the market area assessments under section 1730B(e)  
12          of this title.

13          “(2) In carrying out section 1703 of this title, the  
14          Secretary shall apply access standards established under  
15          subsection (a) to a covered veteran under such section  
16          with respect to the residence, as defined in section  
17          17.1505 of title 38, Code of Federal Regulations (or any  
18          successor regulation), of the covered veteran.

19          “(d) COMPARATIVE INFORMATION.—The Secretary  
20          shall ensure that the access standards required by sub-  
21          section (a) provide veterans, employees of the Department,  
22          and health providers in the Veterans Community Care  
23          Program established under section 1703 of this title with  
24          relevant comparative information that is clear, useful, and  
25          timely, so that veterans can make informed and respon-

1 sible decisions regarding their hospital care, medical serv-  
2 ices, and extended care services.

3 “(e) COORDINATION.—The Secretary shall coordinate  
4 with the Secretary of Defense, and may consult with the  
5 Secretary of Health and Human Services, the Adminis-  
6 trator of the Centers for Medicare & Medicaid Services,  
7 entities in the private sector, and other nongovernmental  
8 entities in establishing access standards under subsection  
9 (a).

10 “(f) PERIODIC REVIEW.—Not later than two years  
11 after the date on which the Secretary establishes access  
12 standards under this section and not less frequently than  
13 once every three years thereafter, the Secretary shall—

14 “(1) conduct a review of such standards; and

15 “(2) submit to the appropriate committees of  
16 Congress a report that includes the following:

17 “(A) A report on the findings of the Sec-  
18 retary with respect to the review conducted  
19 under paragraph (1) and any modification to  
20 such standards as the Secretary considers ap-  
21 propriate.

22 “(B) For each medical service line that the  
23 Secretary determined, during the period covered  
24 by the report, did not meet a standard estab-  
25 lished under this section, identification of the

1 leadership team in the facility and the Veterans  
2 Integrated Service Network that are responsible  
3 for overseeing the progress of the medical serv-  
4 ice line in meeting such standard.

5 “(g) PUBLICATION.—The Secretary shall publish the  
6 health care access standards established under subsection  
7 (a) and any modifications to such standards in the Federal  
8 Register and on a publicly accessible Internet website of  
9 the Department.

10 “(h) APPROPRIATE COMMITTEES OF CONGRESS DE-  
11 FINED.—In this section, the term ‘appropriate committees  
12 of Congress’ means—

13 “(1) the Committee on Veterans’ Affairs and  
14 the Committee on Appropriations of the Senate; and

15 “(2) the Committee on Veterans’ Affairs and  
16 the Committee on Appropriations of the House of  
17 Representatives.

18 **“§ 1703C. Standards for quality**

19 “(a) IN GENERAL.—(1) The Secretary shall establish  
20 standards for quality regarding hospital care, medical  
21 services, and extended care services furnished by the De-  
22 partment, including through health care providers under  
23 section 1703 of this title.

24 “(2) The Secretary shall ensure that the hospital  
25 care, medical services, and extended care services fur-

1 nished to a veteran by the Department, including through  
2 health care providers under section 1703 of this title, is  
3 furnished within the standards for quality established  
4 under paragraph (1).

5 “(3) The standards for quality established under  
6 paragraph (1) shall align with the Department of Defense  
7 according to categories of hospital care, medical services,  
8 and extended care services set forth under section  
9 1703B(b) of this title and shall be informed by the market  
10 area assessments performed under section 1730B(c) of  
11 this title.

12 “(4) In establishing standards for quality under para-  
13 graph (1), the Secretary shall—

14 “(A) conduct a survey of covered veterans de-  
15 scribed in section 1703(b) of this title through a  
16 third party entity to assess the satisfaction of such  
17 veterans with service and quality of care; and

18 “(B) collect data sets that include, at a min-  
19 imum—

20 “(i) general information;

21 “(ii) surveys of patients’ experiences;

22 “(iii) timely and effective care;

23 “(iv) complications;

24 “(v) readmissions and deaths;

25 “(vi) use of medical imaging;

1                   “(vii) payment and value of care; and

2                   “(viii) use of telemedicine.

3           “(5) The Secretary shall develop such standards for  
4 quality and collect data according to health care settings  
5 consistent with the Department of Defense and the Cen-  
6 ters for Medicare & Medicaid Services, including, at a min-  
7 imum, the following:

8                   “(A) Inpatient hospitals.

9                   “(B) Nursing homes.

10                  “(C) Individual health care providers.

11                  “(D) Dialysis facilities.

12                  “(E) Hospice.

13                  “(F) Inpatient rehabilitation facilities.

14                  “(G) Long-term care hospitals.

15                  “(H) Outpatient facilities.

16           “(6) The standards for quality established under  
17 paragraph (1) shall be informed by existing health quality  
18 measures, such as those defined by the HealthCare Effec-  
19 tiveness Data and Information Set, that are applied to  
20 public and privately sponsored health care systems with  
21 the purpose of providing veterans relevant comparative in-  
22 formation to make informed decisions regarding their  
23 health care.

24           “(b) IMPROVING AND STRENGTHENING QUALITY  
25 STANDARDS.—Not later than one year after the date on



1 which the Secretary establishes standards under sub-  
2 section (a), the Secretary shall—

3           “(1) publish the quality rating of medical facili-  
4 ties of the Department on a publicly available Inter-  
5 net website, such as a website of the Centers for  
6 Medicare & Medicaid Services, for the purpose of  
7 providing veterans with information that allows them  
8 to compare performance measure information among  
9 Department and community health care providers  
10 who provide hospital care, medical services, or ex-  
11 tended care services under section 1703 of this title;  
12 and

13           “(2) consider and solicit public comment on po-  
14 tential changes to the established quality measures  
15 to ensure that they include the most up-to-date and  
16 applicable industry measures for veterans.

17           “(c) COORDINATION.—The Secretary shall coordinate  
18 with the Secretary of Defense, and may consult with the  
19 Secretary of Health and Human Services, the Adminis-  
20 trator of the Centers for Medicare & Medicaid Services,  
21 entities in the private sector, and other nongovernmental  
22 entities in establishing standards for quality under this  
23 section.

24           “(d) PERIODIC REVIEW.—Not later than two years  
25 after the date on which the Secretary establishes stand-

1 ards for quality under this section and not less frequently  
2 than once every three years thereafter, the Secretary  
3 shall—

4 “(1) conduct a review of such standards across  
5 the Department; and

6 “(2) submit to the appropriate committees of  
7 Congress a report that includes the following:

8 “(A) A report on the findings of the Sec-  
9 retary with respect to the review conducted  
10 under paragraph (1) and any modification to  
11 such standards as the Secretary considers ap-  
12 propriate.

13 “(B) For each medical service line that the  
14 Secretary determined, during the period covered  
15 by the report, did not meet a standard estab-  
16 lished under this section, identification of the  
17 leadership team in the facility and the Veterans  
18 Integrated Service Network that are responsible  
19 for overseeing the progress of the medical serv-  
20 ice line in meeting such standard.

21 “(e) PUBLICATION.—The Secretary shall publish the  
22 health care quality standards established under subsection  
23 (a) and any modifications to such standards in the Federal  
24 Register and on a publicly accessible Internet website of  
25 the Department.

1       “(f) APPROPRIATE COMMITTEES OF CONGRESS DE-  
2 FINED.—In this section, the term ‘appropriate committees  
3 of Congress’ means—

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

6               “(2) the Committee on Veterans’ Affairs and  
7 the Committee on Appropriations of the House of  
8 Representatives.”.

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

“1703B. Access standards.

“1703C. Standards for quality.”.

13       (c) SUBMITTAL OF ACCESS STANDARDS AND STAND-  
14 ARDS FOR QUALITY.—

15               (1) IN GENERAL.—Not later than July 1, 2018,  
16 the Secretary of Veterans Affairs shall submit to the  
17 appropriate committees of Congress a report detail-  
18 ing the access standards and standards for quality  
19 established under sections 1703B and 1703C of title  
20 38, United States Code, respectively, as added by  
21 subsection (a).

22               (2) APPROPRIATE COMMITTEES OF CONGRESS  
23 DEFINED.—In this subsection, the term “appro-  
24 priate committees of Congress” means—

1 (A) the Committee on Veterans' Affairs  
2 and the Committee on Appropriations of the  
3 Senate; and

4 (B) the Committee on Veterans' Affairs  
5 and the Committee on Appropriations of the  
6 House of Representatives.

7 **Subtitle B—Forming Partnerships**  
8 **and Agreements**

9 **SEC. 111. CONTINUITY OF CARE AND EXISTING AGREE-**  
10 **MENTS.**

11 (a) IN GENERAL.—Notwithstanding section 1703 of  
12 title 38, United States Code, as amended by section 101  
13 of this Act, the Secretary of Veterans Affairs shall ensure  
14 veterans do not experience a delay or lapse in care or serv-  
15 ices by continuing the following:

16 (1) All contracts, memorandums of under-  
17 standing, and memorandums of agreements that  
18 were in effect on the day before the date of the en-  
19 actment of this Act between the Department of Vet-  
20 erans Affairs and the American Indian and Alaska  
21 Native health care systems as established under the  
22 auspices of the Department of Veterans Affairs and  
23 Indian Health Service Memorandum of Under-  
24 standing, signed October 1, 2010.

1           (2) The National Reimbursement Agreement,  
2           signed December 5, 2012.

3           (3) Agreements that were in effect on the day  
4           before the date of the enactment of this Act and en-  
5           tered into under section 101, 102, or 103 of the Vet-  
6           erans Access, Choice, and Accountability Act of  
7           2014 (Public Law 113–146).

8           (4) Agreements that were in effect on the day  
9           before the date of the enactment of this Act for the  
10          purpose of dialysis treatment, only if the contracts  
11          or agreements established under section 1703 of title  
12          38, United States Code, as amended by section 101  
13          of this Act, do not stipulate that such treatments be  
14          furnished by providers under such contracts or  
15          agreements.

16          (b) MODIFICATIONS.—Subsection (a) shall not be  
17          construed to prohibit the Secretary and the parties to the  
18          contracts, agreements, memorandums of understanding,  
19          and memorandums of agreements described in such sub-  
20          section from making such changes to such contracts,  
21          agreements, memorandums of understanding, and memo-  
22          randums of agreements as may be otherwise authorized  
23          pursuant to other provisions of law or the terms of the  
24          contracts, agreements, memorandums of understanding,  
25          and memorandums of agreements.

1 (c) TREATMENT OF EXISTING CONTRACTORS.—To  
2 the extent practicable, the Secretary shall give health care  
3 providers who are providing hospital care, medical serv-  
4 ices, or extended care services pursuant to a contract with  
5 the Secretary under section 1703 of title 38, United States  
6 Code, as in effect on the day before the date of the enact-  
7 ment of this Act, the opportunity to furnish hospital care,  
8 medical services, or extended care services under such sec-  
9 tion as amended by section 101 of this Act.

10 **SEC. 112. AUTHORIZATION OF AGREEMENTS BETWEEN DE-**  
11 **PARTMENT OF VETERANS AFFAIRS AND NON-**  
12 **DEPARTMENT PROVIDERS.**

13 (a) IN GENERAL.—Subchapter I of chapter 17, as  
14 amended by sections 101 and 103, is further amended by  
15 inserting after section 1703 the following new section:

16 **“§ 1703A. Agreements with eligible entities or pro-**  
17 **viders; certification processes**

18 “(a) AGREEMENTS AUTHORIZED.—(1)(A) When hos-  
19 pital care, a medical service, or an extended care service  
20 is not available to a veteran described in section 1703(b)  
21 of this title from a medical facility of the Department or  
22 through a contract or sharing agreement entered into  
23 under this title under an authority other than this section,  
24 the Secretary may furnish such care or service to such  
25 veteran to avoid a delay or lapse in such care or service

1 by entering into an agreement under this section with a  
2 health care provider specified in section 1703(c) of this  
3 title to provide such care or service.

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

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

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

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

1 advisable to provide such care or service within a facility  
2 of the Department or by contract or sharing agreement  
3 entered into pursuant to another provision of law and, if  
4 so, take action to do so.

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

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

17 “(3) In addition to such other Veterans Care Agree-  
18 ments as the Secretary may determine are of material size,  
19 each Veterans Care Agreement that takes effect after the  
20 date of the enactment of the Veterans Community Care  
21 and Access Act of 2017 shall be considered of material  
22 size.

23 “(4)(A) The Secretary, and any other Department of-  
24 ficial authorized by the Secretary, may enter into an  
25 agreement under this section for extended care services



1 only if the Secretary does not expect such agreement  
2 would result in an obligation of the Department that ex-  
3 ceeds a rate of \$5,000,000 annually.

4 “(B) If the Secretary enters into an agreement with  
5 a provider under this section and pursuant to the agree-  
6 ment the Department incurs an obligation that exceeds  
7 an annual rate of, with respect to extended care services,  
8 the rate set forth in subparagraph (A), and with respect  
9 to services that are not extended care services,  
10 \$2,000,000, the Secretary shall submit to the appropriate  
11 committees of Congress notice that such obligation has ex-  
12 ceeded such rate and an accounting of the cost and need  
13 for such agreement if such provider is unable or unwilling  
14 to enter into a contract or other agreement under section  
15 1703 of this title.

16 “(C) In this paragraph, the term ‘appropriate com-  
17 mittees of Congress’ means—

18 “(i) the Committee on Veterans’ Affairs and  
19 the Committee on Appropriations of the Senate; and

20 “(ii) the Committee on Veterans’ Affairs and  
21 the Committee on Appropriations of the House of  
22 Representatives.

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

1           “(1) any provider of services that has enrolled  
2           and entered into a provider agreement under section  
3           1866(a) of the Social Security Act (42 U.S.C.  
4           1395cc(a)) and any physician or other supplier who  
5           has enrolled and entered into a participation agree-  
6           ment under section 1842(h) of such Act (42 U.S.C.  
7           1395u(h));

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

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

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

20                 “(1) establish deadlines for actions on applica-  
21                 tions for certification;

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

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

11           “(4) establish procedures for screening eligible  
12 entities or providers according to the risk of fraud,  
13 waste, and abuse that are similar to the standards  
14 under section 1866(j)(2)(B) of the Social Security  
15 Act (42 U.S.C. 1395cc(j)(2)(B)) and section 9.104  
16 and subpart 9.4 of title 48, Code of Federal Regula-  
17 tions, or successor regulations; and

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

22           “(d) RATES.—To the extent practicable, the rates  
23 paid by the Secretary for hospital care, medical services,  
24 and extended care services provided under a Veterans

1 Care Agreement shall be in accordance with the rates paid  
2 by the United States under the Medicare program.

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

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

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

17 “(B) that payment by the Secretary under this  
18 section on behalf of a veteran to a provider of serv-  
19 ices or care shall, unless rejected and refunded by  
20 the provider within 30 days of receipt, constitute  
21 payment in full and extinguish any liability on the  
22 part of the veteran for the treatment or care pro-  
23 vided, and no provision of a contract, agreement, or  
24 assignment to the contrary shall operate to modify,  
25 limit, or negate this requirement;

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

6           “(D) to bill the Department in accordance with  
7           the methodology outlined in regulations prescribed  
8           under this section;

9           “(E) to not seek to recover or collect from a  
10          health plan contract or third party, as those terms  
11          are defined in section 1729 of this title, for any  
12          service for which payment is made by the Depart-  
13          ment;

14          “(F) to provide medical records to the Depart-  
15          ment in the time frame and format specified by the  
16          Department; and

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

20          “(f) DISCONTINUATION OR NONRENEWAL OF A VET-  
21          ERANS CARE AGREEMENTS.—(1) An eligible entity or pro-  
22          vider may discontinue a Veterans Care Agreement at such  
23          time and upon such notice to the Secretary as may be  
24          provided in regulations prescribed under this section.

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

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

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

21           “(C) has ascertained that the eligible entity or  
22 provider has been convicted of a felony or other seri-  
23 ous offense under Federal or State law and deter-  
24 mines the eligible entity or provider’s continued par-

1 participation would be detrimental to the best interests  
2 of veterans or the Department; or

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

6 “(g) QUALITY OF CARE.—The standards for quality  
7 established under section 1703C of this title shall be ap-  
8 plied in monitoring the quality of care provided to veterans  
9 through Veterans Care Agreements and for assessing the  
10 quality of hospital care, medical services, and extended  
11 care services furnished by eligible entities and providers  
12 before the renewal of Veterans Care Agreements.

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

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

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

24 “(4) Disputes under this section must pertain to ei-  
25 ther the scope of authorization under the Veterans Care

1 Agreement or claims for payment subject to the Veterans  
2 Care Agreement and are not claims for the purposes of  
3 such laws that would otherwise require application of sec-  
4 tions 7101 through 7109 of title 41, United States Code.

5       “(i) APPLICABILITY OF OTHER PROVISIONS OF  
6 LAW.—(1) A Veterans Care Agreement may be authorized  
7 by the Secretary or any Department official authorized by  
8 the Secretary, and such action is not an award for the  
9 purposes of such laws that would otherwise require the  
10 use of competitive procedures for furnishing of care and  
11 services.

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

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

22               “(i) all laws regarding integrity, ethics, or  
23 fraud, or that subject a person to civil or criminal  
24 penalties; and



1           “(ii) all laws that protect against employment  
2           discrimination or that otherwise ensure equal em-  
3           ployment opportunities.

4           “(j) PARITY OF TREATMENT.—Eligibility for hospital  
5           care, medical services, and extended care services fur-  
6           nished to any veteran pursuant to a Veterans Care Agree-  
7           ment shall be subject to the same terms as though pro-  
8           vided in a facility of the Department, and provisions of  
9           this chapter applicable to veterans receiving such care and  
10          services in a facility of the Department shall apply to vet-  
11          erans treated under this section.

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

14          (b) CLERICAL AMENDMENT.—The table of sections  
15          at the beginning of such chapter is amended by inserting  
16          after the item related to section 1703 the following new  
17          item:

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

18       **SEC. 113. PREVENTION OF CERTAIN HEALTH CARE PRO-**  
19                               **VIDERS FROM PROVIDING NON-DEPARTMENT**  
20                               **HEALTH CARE SERVICES TO VETERANS.**

21          (a) IN GENERAL.—On and after the date that is one  
22          year after the date of the enactment of this Act, the Sec-  
23          retary of Veterans Affairs shall deny or revoke the eligi-  
24          bility of a health care provider to provide non-Department

1 health care services to veterans if the Secretary determines  
2 that the health care provider—

3 (1) was removed from employment with the De-  
4 partment of Veterans Affairs due to conduct that  
5 violated a policy of the Department relating to the  
6 delivery of safe and appropriate health care; or

7 (2) violated the requirements of a medical li-  
8 cense of the health care provider that resulted in the  
9 loss of such medical license.

10 (b) PERMISSIVE ACTION.—On and after the date that  
11 is one year after the date of the enactment of this Act,  
12 the Secretary may deny, revoke, or suspend the eligibility  
13 of a health care provider to provide non-Department  
14 health care services if the Secretary determines such ac-  
15 tion is necessary to immediately protect the health, safety,  
16 or welfare of veterans and the health care provider is  
17 under investigation by the medical licensing board of a  
18 State in which the health care provider is licensed or prac-  
19 tices.

20 (c) SUSPENSION.—The Secretary shall suspend the  
21 eligibility of a health care provider to provide non-Depart-  
22 ment health care services to veterans if the health care  
23 provider is suspended from serving as a health care pro-  
24 vider of the Department.

1 (d) COMPTROLLER GENERAL REPORT.—Not later  
2 than two years after the date of the enactment of this Act,  
3 the Comptroller General of the United States shall submit  
4 to Congress a report on the implementation by the Sec-  
5 retary of this section, including the following:

6 (1) The aggregate number of health care pro-  
7 viders denied or suspended under this section from  
8 participation in providing non-Department health  
9 care services.

10 (2) An evaluation of any impact on access to  
11 health care for patients or staffing shortages in pro-  
12 grams of the Department providing non-Department  
13 health care services.

14 (3) An explanation of the coordination of the  
15 Department with the medical licensing boards of  
16 States in implementing this section, the amount of  
17 involvement of such boards in such implementation,  
18 and efforts by the Department to address any con-  
19 cerns raised by such boards with respect to such im-  
20 plementation.

21 (4) Such recommendations as the Comptroller  
22 General considers appropriate regarding harmo-  
23 nizing eligibility criteria between health care pro-  
24 viders of the Department and health care providers

1 eligible to provide non-Department health care serv-  
2 ices.

3 (e) NON-DEPARTMENT HEALTH CARE SERVICES  
4 DEFINED.—In this section, the term “non-Department  
5 health care services” means hospital care, medical serv-  
6 ices, and extended care services furnished at non-Depart-  
7 ment facilities under chapter 17 of title 38, United States  
8 Code.

9 **SEC. 114. CONFORMING AMENDMENTS FOR STATE VET-**  
10 **ERANS HOMES.**

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

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

15 (2) by adding at the end the following new  
16 paragraph:

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

24 “(B)(i) Except as provided in clause (ii), and unless  
25 otherwise provided in this section or regulations prescribed

1 pursuant to this section, a State home that enters into  
2 an agreement under this section is not subject to, in the  
3 carrying out of the agreement, any provision of law to  
4 which providers of services and suppliers under the Medi-  
5 care program under title XVIII of the Social Security Act  
6 (42 U.S.C. 1395 et seq.) are not subject.

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

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

12 “(II) all provisions of law that protect against  
13 employment discrimination or that otherwise ensure  
14 equal employment opportunities.

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

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

## 1           **Subtitle C—Paying Providers**

### 2   **SEC. 121. PROMPT PAYMENT TO PROVIDERS.**

3           (a) IN GENERAL.—Subchapter I of chapter 17 is  
4 amended by inserting after section 1703C, as added by  
5 section 103 of this Act, the following new section:

#### 6   **“§ 1703D. Prompt payment standard**

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

14           “(2) If a claim is denied, the Secretary shall, within  
15 45 calendar days of denial for a paper claim and 30 cal-  
16 endar days of denial for an electronic claim, notify the  
17 health care entity or provider of the reason for denying  
18 the claim and what, if any, additional information is re-  
19 quired to process the claim.

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

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

4       “(b) SUBMITTAL OF CLAIMS BY HEALTH CARE EN-  
5 TITIES AND PROVIDERS.—A health care entity or provider  
6 that furnishes hospital care, medical services, or extended  
7 care services under this chapter shall submit to the Sec-  
8 retary a claim for payment for furnishing the care or serv-  
9 ices not later than 180 days after the date on which the  
10 entity or provider furnished the care or services.

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

15       “(2) Pursuant to regulations prescribed by the Sec-  
16 retary, the Secretary shall bar a health care entity or pro-  
17 vider from furnishing hospital care, medical services, and  
18 extended care services under this chapter when the Sec-  
19 retary determines the entity or provider has submitted to  
20 the Secretary fraudulent health care claims for payment  
21 by the Secretary.

22       “(d) OVERDUE CLAIMS.—(1) Any claim that has not  
23 been denied with notice, made pending with notice, or paid  
24 to the health care entity or provider by the Secretary shall  
25 be overdue if the notice or payment is not received by the

1 entity or provider within the time periods specified in sub-  
2 section (a).

3 “(2)(A) If a claim is overdue under this subsection,  
4 the Secretary may, under the requirements established by  
5 subsection (a) and consistent with the provisions of chap-  
6 ter 39 of title 31 (commonly referred to as the ‘Prompt  
7 Payment Act’), require that interest be paid on clean  
8 claims.

9 “(B) Interest paid under subparagraph (A) shall be  
10 computed at the rate of interest established by the Sec-  
11 retary of the Treasury under section 3902 of title 31 and  
12 published in the Federal Register.

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

16 “(2) Deductions may not be made under this sub-  
17 section unless the Secretary has made reasonable efforts  
18 to notify a health care entity or provider of the right to  
19 dispute the existence or amount of such indebtedness and  
20 the right to request a compromise of such indebtedness.

21 “(3) The Secretary shall make a determination with  
22 respect to any such dispute or request prior to deducting  
23 any overpayment unless the time required to make such  
24 a determination before making any deductions would jeop-



1 ardize the Secretary's ability to recover the full amount  
2 of such indebtedness.

3       “(f) INFORMATION AND DOCUMENTATION RE-  
4 QUIRED.—(1) The Secretary shall provide to all health  
5 care entities and providers participating in a program to  
6 furnish hospital care, medical services, or extended care  
7 services under this chapter a list of information and docu-  
8 mentation that is required to establish a clean claim under  
9 this section.

10       “(2) The Secretary shall consult with entities in the  
11 health care industry, in the public and private sector, to  
12 determine the information and documentation to include  
13 in the list under paragraph (1).

14       “(3) If the Secretary modifies the information and  
15 documentation included in the list under paragraph (1),  
16 the Secretary shall notify all health care entities and pro-  
17 viders described in paragraph (1) not later than 30 days  
18 before such modifications take effect.

19       “(g) PROCESSING OF CLAIMS.—In processing a claim  
20 for compensation for hospital care, medical services, or ex-  
21 tended care services furnished by a health care entity or  
22 provider under this chapter, the Secretary shall act  
23 through—

1           “(1) a non-Department entity that is under  
2           contract or agreement for the program established  
3           under section 1703(a) of this title; or

4           “(2) a non-Department entity that specializes  
5           in such processing for other Federal agency health  
6           care systems.

7           “(h) REPORT ON ENCOUNTER DATA SYSTEM.—(1)  
8           Not later than 90 days after the date of the enactment  
9           of the Veterans Community Care and Access Act of 2017,  
10          the Secretary shall submit to the appropriate committees  
11          of Congress a report on the feasibility and advisability of  
12          adopting a funding mechanism similar to what is utilized  
13          by other Federal agencies to allow a contracted entity to  
14          act as a fiscal intermediary for the Federal Government  
15          to distribute, or pass through, Federal Government funds  
16          for certain non-underwritten hospital care, medical serv-  
17          ices, or extended care services.

18          “(2) The Secretary may coordinate with the Depart-  
19          ment of Defense, the Department of Health and Human  
20          Services, and the Department of the Treasury in devel-  
21          oping the report required by paragraph (1).

22          “(i) DEFINITIONS.—In this section:

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

1           “(A) the Committee on Veterans’ Affairs  
2           and the Committee on Appropriations of the  
3           Senate; and

4           “(B) the Committee on Veterans’ Affairs  
5           and the Committee on Appropriations of the  
6           House of Representatives.

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

17          “(3) The term ‘clean paper claim’ means a  
18          paper claim for payment of covered health care ex-  
19          penses that is submitted to the Secretary which con-  
20          tains substantially all of the required data elements  
21          necessary for accurate adjudication, without obtain-  
22          ing additional information from the entity or pro-  
23          vider that furnished the care or service, submitted in  
24          such format as prescribed by the Secretary in regu-

1 lations for the purpose of paying claims for care or  
2 services.

3 “(4) The term ‘fraudulent claims’ means the in-  
4 tentional and deliberate misrepresentation of a mate-  
5 rial fact or facts by a health care entity or provider  
6 made to induce the Secretary to pay a claim that  
7 was not legally payable to that provider. This term,  
8 as used in this section, shall not include a good faith  
9 interpretation by a health care entity or provider of  
10 utilization, medical necessity, coding, and billing re-  
11 quirements of the Secretary.

12 “(5) The term ‘health care entity or provider’  
13 includes any non-Department health care entity or  
14 provider, but does not include any Federal health  
15 care entity or provider.”.

16 (b) CLERICAL AMENDMENT.—The table of sections  
17 at the beginning of such chapter is amended by inserting  
18 after the item related to section 1703C, as added by sec-  
19 tion 103 of this Act, the following new item:

“1703D. Prompt payment standard.”.

20 **SEC. 122. PAYMENT RATES FOR COMMUNITY CARE.**

21 (a) IN GENERAL.—Subchapter I of chapter 17, as  
22 amended by section 121 of this Act, is further amended  
23 by inserting after section 1703D the following new section:

1 **“§ 1703E. Payment rates for community care**

2       “(a) IN GENERAL.—Except as provided in subsection  
3 (b), and to the extent practicable, the rate paid for hos-  
4 pital care or medical services under any provision in this  
5 title may not exceed the rate paid by the United States  
6 to a provider of services (as defined in section 1861(u)  
7 of the Social Security Act (1395x(u))) or a supplier (as  
8 defined in section 1861 (d) of such Act (42 U.S.C.  
9 1395x(d))) under the Medicare program under title XI or  
10 title XVIII of the Social Security Act (42 U.S.C. 1301  
11 et seq. and 1395 et seq.) for the same care or services,  
12 including rates adjusted for critical access hospitals under  
13 section 1834(g) of such Act (42 U.S.C. 1395m(g)).

14       “(b) EXCEPTION.—(1)(A) A higher rate than the  
15 rate paid by the United States as described in subsection  
16 (a) may be negotiated with respect to the furnishing of  
17 care or services to a veteran described in section 1703(b)  
18 of this title who resides in a highly rural area or in a mar-  
19 ket area where the availability of care or services is limited  
20 and a higher rate of pay may be required.

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

24       “(2) With respect to furnishing care or services under  
25 this section in Alaska, the Alaska Fee Schedule of the De-  
26 partment of Veterans Affairs shall be followed, except for

1 when another payment agreement, including a contract,  
 2 provider agreement or Veterans Care Agreement, is in  
 3 place.

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

11 “(c) VALUE-BASED REIMBURSEMENT.—Notwith-  
 12 standing subsection (a), the Secretary shall incorporate,  
 13 to the greatest extent practicable, the use of value-based  
 14 reimbursement models to promote the provision of high  
 15 quality care.”.

16 (b) CLERICAL AMENDMENT.—The table of sections  
 17 at the beginning of such chapter is amended by inserting  
 18 after the item relating to section 1703D, as added by sec-  
 19 tion 121 of this Act, the following new item:

“1703E. Payment Rates for Community Care.”.

20 **SEC. 123. AUTHORITY TO PAY FOR AUTHORIZED CARE NOT**  
 21 **SUBJECT TO AN AGREEMENT.**

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

1 **“§ 8159. Authority to pay for services authorized but**  
2 **not subject to an agreement**

3 “(a) IN GENERAL.—If, in the course of furnishing  
4 hospital care, a medical service, or an extended care serv-  
5 ice authorized by the Secretary and pursuant to a con-  
6 tract, agreement, or other arrangement with the Sec-  
7 retary, a provider that is not a party to the contract,  
8 agreement, or other arrangement furnishes hospital care,  
9 a medical service, or an extended care service that the Sec-  
10 retary considers necessary, the Secretary may compensate  
11 the provider for the cost of such care or service.

12 “(b) REPORTS ON USE OF AUTHORITY.—Whenever  
13 the Secretary compensates a provider under subsection (a)  
14 for the furnishing of hospital care, a medical service, or  
15 an extended care service, the care coordination team that  
16 coordinated the furnishing of such care or service under  
17 section 1703(e)(1) of this title shall—

18 “(1) submit to the appropriate committees of  
19 Congress a report on the furnishing of such care;  
20 and

21 “(2) analyze the future demand for such care  
22 or service from such provider.

23 “(c) NEW CONTRACTS AND AGREEMENTS.—The Sec-  
24 retary shall take reasonable efforts to enter into a con-  
25 tract, agreement, or other arrangement with a provider  
26 described in subsection (a) to ensure that future care and

1 services authorized by the Secretary and furnished by the  
2 provider are subject to such a contract, agreement, or  
3 other arrangement.

4 “(d) DEFINITIONS.—In this section:

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

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

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

13 “(2) The terms ‘hospital care’ and ‘medical  
14 service’ have the meanings given such terms in sec-  
15 tion 1701 of this title.”.

16 (b) CLERICAL AMENDMENT.—The table of sections  
17 at the beginning of such chapter is amended by inserting  
18 after the item relating to section 8158 the following new  
19 item:

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



1           **TITLE II—STREAMLINING**  
2           **COMMUNITY CARE PROGRAMS**  
3           **Subtitle A—Streamlining**  
4           **Community Care Programs**

5   **SEC. 201. ACCESS TO WALK-IN CARE.**

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

8   **“§ 1725A. Access to walk-in care**

9           “(a) PROCEDURES TO ENSURE ACCESS TO WALK-  
10 IN CARE.—The Secretary shall develop procedures to en-  
11 sure that covered veterans are able to access walk-in care  
12 from qualifying non-Department entities or providers.

13           “(b) COVERED VETERANS.—For purposes of this  
14 section, a covered veteran is any veteran described in sec-  
15 tion 1703(b) of this title.

16           “(c) QUALIFYING NON-DEPARTMENT ENTITIES OR  
17 PROVIDERS.—For purposes of this section, a qualifying  
18 non-Department entity or provider is a non-Department  
19 entity or provider that—

20           “(1) has entered into a contract or other agree-  
21 ment with the Secretary to furnish services under  
22 this section; or

23           “(2) entered into an agreement with the Sec-  
24 retary that was in effect on the day before the date

1 of the enactment of the Veterans Community Care  
2 and Access Act of 2017 to furnish walk-in care.

3 “(d) **FEDERALLY-QUALIFIED HEALTH CENTERS.**—  
4 Whenever practicable, the Secretary may use a Federally-  
5 qualified health center (as defined in section 1905(l)(2)(B)  
6 of the Social Security Act (42 U.S.C. 1396d(l)(2)(B))) to  
7 carry out this section.

8 “(e) **CONTINUITY OF CARE.**—(1) The Secretary shall  
9 ensure continuity of care for each covered veteran who re-  
10 ceives a walk-in care service under this section through  
11 the care coordination team provided such covered veteran  
12 under section 1703(e)(1) of this title.

13 “(2) The Secretary shall inform and educate covered  
14 veterans on procedures to utilize and access walk-in care  
15 under this section.

16 “(3) The Secretary shall develop a mechanism to co-  
17 ordinate with qualifying non-Department entities or pro-  
18 viders through the care coordination teams provided under  
19 section 1703(e)(1) of this title that includes the use of  
20 medical records from walk-in care providers to accurately  
21 represent access to care, health needs of the covered vet-  
22 erans, and to monitor conditions of covered veterans.

23 “(f) **COPAYMENTS.**—(1) The Secretary shall require  
24 each covered veteran to pay the United States a copay-  
25 ment for each episode of walk-in care provided under this

1 section, except if the episode of walk-in care for the cov-  
2 ered veteran is related to a service-connected disability of  
3 the covered veteran.

4 “(2) The Secretary may adjust the copayment re-  
5 quired of a covered veteran under this subsection based  
6 upon the priority group of enrollment of the veteran, the  
7 number of episodes of care furnished to a covered veteran  
8 during a year, and other factors the Secretary considers  
9 appropriate under this section.

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

13 “(4) Copayments required by this subsection shall  
14 apply notwithstanding any other provision of law that  
15 would allow the Secretary to offset a covered veteran’s co-  
16 payment obligation with amounts recovered from a third  
17 party under section 1729 of this title.

18 “(g) REGULATIONS.—Not later than one year after  
19 the date of the enactment of the Veterans Community  
20 Care and Access Act of 2017, the Secretary shall promul-  
21 gate regulations to carry out this section.

22 “(h) WALK-IN CARE DEFINED.—In this section, the  
23 term ‘walk-in care’ means non-urgent, non-emergent, con-  
24 venience care provided by a qualifying non-Department  
25 entity or provider that furnishes episodic care and not lon-

1 gitudinal management of conditions and certain services  
 2 as defined through contracts or agreements described in  
 3 subsection (c) or regulations the Secretary shall prescribe  
 4 for purposes of this section.”.

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

9 (c) **CLERICAL AMENDMENT.**—The table of sections  
 10 at the beginning of such chapter is amended by inserting  
 11 after the item related to section 1725 the following new  
 12 item:

“§1725A. Access to walk-in care.”.

13 **SEC. 202. VETERANS CHOICE FUND FLEXIBILITY.**

14 Section 802 of the Veterans Access, Choice, and Ac-  
 15 countability Act of 2014 (Public Law 113–146; 38 U.S.C.  
 16 1701 note) is amended—

17 (1) in subsection (c)—

18 (A) in paragraph (1), by striking “by para-  
 19 graph (3)” and inserting “in paragraphs (3)  
 20 and (4)”; and

21 (B) by adding at the end the following new  
 22 paragraph:

23 “(4) **PERMANENT AUTHORITY FOR OTHER**  
 24 **USES.**—Beginning in fiscal year 2019, amounts re-  
 25 maining in the Veterans Choice Fund may be used

1 to furnish hospital care, medical services, and ex-  
2 tended care services to individuals pursuant to chap-  
3 ter 17 of title 38, United States Code, at non-De-  
4 partment facilities or through non-Department pro-  
5 viders at Department facilities, including pursuant  
6 to non-Department provider programs other than  
7 the program established by section 101. Such  
8 amounts shall be available in addition to amounts  
9 available in other appropriations accounts for such  
10 purposes.”; and

11 (2) in subsection (d)(1), by striking “to sub-  
12 section (c)(3)” and inserting “to paragraphs (3) and  
13 (4) of subsection (e)”.

14 **SEC. 203. CONFORMING AMENDMENTS.**

15 (a) IN GENERAL.—

16 (1) TITLE 38.—Title 38, United States Code, is  
17 amended—

18 (A) in section 1712(a)—

19 (i) in paragraph (3), by striking  
20 “under clause (1), (2), or (5) of section  
21 1703(a) of this title” and inserting “or en-  
22 tered an agreement”; and

23 (ii) in paragraph (4)(A), by striking  
24 “under the provisions of this subsection  
25 and section 1703 of this title”;

1 (B) in section 1712A(e)(1)—

2 (i) by inserting “or agreements” after  
3 “contracts”; and

4 (ii) by striking “(under sections  
5 1703(a)(2) and 1710(a)(1)(B) of this  
6 title)”; and

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

10 (2) SOCIAL SECURITY ACT.—Section  
11 1866(a)(1)(L) of the Social Security Act (42 U.S.C.  
12 1395cc(a)(1)(L)) is amended by striking “under sec-  
13 tion 1703” and inserting “under chapter 17”.

14 (3) VETERANS’ BENEFITS IMPROVEMENTS ACT  
15 OF 1994.—Section 104(a)(4)(A) of the Veterans’  
16 Benefits Improvements Act of 1994 (Public Law  
17 103–446; 38 U.S.C. 1117 note) is amended by strik-  
18 ing “in section 1703” and inserting “in sections  
19 1703A, 8111, and 8153”.

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

1 **Subtitle B—Improving Information**  
2 **Sharing With Providers**

3 **SEC. 211. IMPROVING INFORMATION SHARING WITH COM-**  
4 **MUNITY PROVIDERS.**

5 Section 7332(b)(2) is amended by striking subpara-  
6 graph (H) and inserting the following new subparagraphs:

7 “(H)(i) To a non-Department entity (including  
8 private entities and other Federal agencies) for pur-  
9 poses of providing health care, including hospital  
10 care, medical services, and extended care services, to  
11 patients.

12 “(ii) An entity to which a record is disclosed  
13 under this subparagraph may not disclose or use  
14 such record for a purpose other than that for which  
15 the disclosure was made.

16 “(I) To a third party in order to recover or col-  
17 lect reasonable charges for care furnished to, or paid  
18 on behalf of, a patient in connection with a non-serv-  
19 ice connected disability as permitted by section 1729  
20 of this title or for a condition for which recovery is  
21 authorized or with respect to which the United  
22 States is deemed to be a third party beneficiary  
23 under the Act entitled ‘An Act to provide for the re-  
24 covery from tortiously liable third persons of the cost  
25 of hospital and medical care and treatment fur-

1 nished by the United States’ (Public Law 87–693;  
2 42 U.S.C. 2651 et seq.; commonly known as the  
3 ‘Federal Medical Care Recovery Act’).”.

4 **SEC. 212. ESTABLISHMENT OF PROCESSES TO ENSURE**  
5 **SAFE OPIOID PRESCRIBING PRACTICES BY**  
6 **NON-DEPARTMENT OF VETERANS AFFAIRS**  
7 **HEALTH CARE PROVIDERS.**

8 (a) RECEIPT AND REVIEW OF GUIDELINES.—The  
9 Secretary of Veterans Affairs shall ensure that all covered  
10 health care providers are provided a copy of and certify  
11 that they have reviewed the evidence-based guidelines for  
12 prescribing opioids set forth by the Opioid Safety Initia-  
13 tive of the Department of Veterans Affairs under sections  
14 911(a)(2) and 912(c) of the Jason Simeakoski Memorial  
15 and Promise Act (Public Law 114–198; 38 U.S.C. 1701  
16 note) before first providing care under the laws adminis-  
17 tered by the Secretary and at any time when those guide-  
18 lines are modified thereafter.

19 (b) INCLUSION OF MEDICAL HISTORY AND CURRENT  
20 MEDICATIONS.—The Secretary shall implement a process  
21 to ensure that, if care of a veteran by a covered health  
22 care provider is authorized under the laws administered  
23 by the Secretary, the document authorizing such care in-  
24 cludes the relevant medical history of the veteran and a  
25 list of all medications prescribed to the veteran.



1 (c) SUBMITTAL OF PRESCRIPTIONS.—

2 (1) IN GENERAL.—Except as provided in para-  
3 graph (3), the Secretary shall require, to the max-  
4 imum extent practicable, each covered health care  
5 provider to submit prescriptions for opioids—

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

10 (B) directly to a pharmacy of the Depart-  
11 ment for the dispensing of such prescription.

12 (2) DEPARTMENT RESPONSIBILITY.—In car-  
13 rying out paragraph (1), upon receipt by the De-  
14 partment of a prescription for opioids for a veteran  
15 under the laws administered by the Secretary, the  
16 Secretary shall—

17 (A) record such prescription in the elec-  
18 tronic health record of the veteran; and

19 (B) monitor such prescription as outlined  
20 in the Opioid Safety Initiative of the Depart-  
21 ment.

22 (3) EXCEPTION.—

23 (A) IN GENERAL.—A covered health care  
24 provider is not required under paragraph (1)(B)

1 to submit an opioid prescription directly to a  
2 pharmacy of the Department if—

3 (i) the health care provider determines  
4 that there is an immediate medical need  
5 for the prescription, including an urgent or  
6 emergent prescription or a prescription dis-  
7 pensed as part of an opioid treatment pro-  
8 gram that provides office-based medica-  
9 tions; and

10 (ii)(I) following an inquiry into the  
11 matter, a pharmacy of the Department no-  
12 tifies the health care provider that it can-  
13 not fill the prescription in a timely man-  
14 ner; or

15 (II) the health care provider deter-  
16 mines that the requirement under para-  
17 graph (1)(B) would impose an undue hard-  
18 ship on the veteran, including with respect  
19 to travel distances, as determined by the  
20 Secretary.

21 (B) NOTIFICATION TO DEPARTMENT.—If a  
22 covered health care provider uses an exception  
23 under subparagraph (A) with respect to an  
24 opioid prescription for a veteran, the health  
25 care provider shall, on the same day the pre-

1           description is written, submit to the Secretary for  
2           inclusion in the electronic health record of the  
3           veteran a notice, in such form as the Secretary  
4           may establish, providing information about the  
5           prescription and describing the reason for the  
6           exception.

7           (C) REPORT.—

8           (i) IN GENERAL.—Not less frequently  
9           than quarterly, the Secretary shall submit  
10          to the Committee on Veterans' Affairs of  
11          the Senate and the Committee on Vet-  
12          erans' Affairs of the House of Representa-  
13          tives a report evaluating the compliance of  
14          covered health care providers with the re-  
15          quirements under this paragraph and set-  
16          ting forth data on the use by health care  
17          providers of exceptions under subpara-  
18          graph (A) and notices under subparagraph  
19          (B).

20          (ii) ELEMENTS.—Each report re-  
21          quired by clause (i) shall include the fol-  
22          lowing with respect to the quarter covered  
23          by the report:

24                  (I) The number of exceptions  
25                  used under subparagraph (A) and no-

1 tices received under subparagraph  
2 (B).

3 (II) The rate of compliance by  
4 the Department with the requirement  
5 under subparagraph (B) to include  
6 such notices in the health records of  
7 veterans.

8 (III) The identification of any  
9 covered health care providers that,  
10 based on criteria prescribed the Sec-  
11 retary, are determined by the Sec-  
12 retary to be statistical outliers regard-  
13 ing the use of exceptions under sub-  
14 paragraph (A).

15 (d) USE OF OPIOID SAFETY INITIATIVE GUIDE-  
16 LINES.—

17 (1) IN GENERAL.—If a director of a medical  
18 center of the Department or a Veterans Integrated  
19 Service Network determines that the opioid pre-  
20 scribing practices of a covered health care provider  
21 conflicts with or is otherwise inconsistent with the  
22 standards of appropriate and safe care, as that term  
23 is used in section 913(d) of the Jason Simcakoski  
24 Memorial and Promise Act (Public Law 114–198;  
25 38 U.S.C. 1701 note), the director shall take such

1       action as the director considers appropriate to en-  
2       sure the safety of all veterans receiving care from  
3       that health care provider, including removing or di-  
4       recting the removal of any such health care provider  
5       from provider networks or otherwise refusing to au-  
6       thorize care of veterans by such health care provider  
7       in any program authorized under the laws adminis-  
8       tered by the Secretary.

9               (2) INCLUSION IN CONTRACTS.—The Secretary  
10       shall ensure that any contracts entered into by the  
11       Secretary with third parties involved in admin-  
12       istering programs that provide care in the commu-  
13       nity to veterans under the laws administered by the  
14       Secretary specifically grant the authority set forth in  
15       paragraph (1) to such third parties and to the direc-  
16       tors described in that paragraph, as the case may  
17       be.

18               (e) DENIAL OR REVOCATION OF ELIGIBILITY OF  
19       NON-DEPARTMENT PROVIDERS.—The Secretary shall  
20       deny or revoke the eligibility of a non-Department health  
21       care provider to provide health care to veterans under the  
22       laws administered by the Secretary if the Secretary deter-  
23       mines that the opioid prescribing practices of the pro-  
24       vider—

1 (1) violate the requirements of a medical license  
2 of the health care provider; or

3 (2) detract from the ability of the health care  
4 provider to deliver safe and appropriate health care.

5 (f) COVERED HEALTH CARE PROVIDER DEFINED.—

6 In this section, the term “covered health care provider”  
7 means a non-Department of Veterans Affairs health care  
8 provider who provides health care to veterans under the  
9 laws administered by the Secretary of Veterans Affairs.

## 10 **Subtitle C—Improving Collections**

### 11 **SEC. 221. ALIGNING WITH BEST PRACTICES ON COLLEC-** 12 **TION OF HEALTH INSURANCE INFORMATION.**

13 Section 1705A is amended—

14 (1) in subsection (a)(1), by striking “Any indi-  
15 vidual” and all that follows through “covered.” and  
16 inserting the following: “Any individual who applies  
17 for or seeks hospital care or medical services under  
18 this chapter shall, at the time of such application, or  
19 otherwise when requested by the Secretary, furnish  
20 the Secretary with such current information as the  
21 Secretary may require to identify any health-plan  
22 contract, as defined in subsection (i)(1) of section  
23 1729, under which such individual is covered, to in-  
24 clude, as applicable, the name, address, and tele-  
25 phone number of such health-plan contract; the

1 name of the policy holder, if coverage under a  
 2 health-plan contract is in the name of a person other  
 3 than such individual; the plan identification number;  
 4 and the group code of the plans.”; and

5 (2) in subsection (c)—

6 (A) by striking “The Secretary” and in-  
 7 serting “(1) Except as provided in paragraph  
 8 (2), the Secretary”; and

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

11 “(2) The Secretary may charge an individual who  
 12 does not provide the information required by subsection  
 13 (a) reasonable charges for the provision of such care and  
 14 services.”.

15 **SEC. 222. IMPROVING AUTHORITY TO COLLECT.**

16 (a) BROADENING SCOPE OF APPLICABILITY.—Sec-  
 17 tion 1729 is amended—

18 (1) in subsection (a)—

19 (A) in paragraph (2)(A)—

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

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

24 (B) in paragraph (3)—

- 1 (i) in the matter preceding subpara-  
2 graph (A), by striking “the veteran” and  
3 inserting “the individual”; and
- 4 (ii) in subparagraph (A), by striking  
5 “the veteran’s” and inserting “the individ-  
6 ual’s”;
- 7 (2) in subsection (b)—
- 8 (A) in paragraph (1)—
- 9 (i) by striking “the veteran” and in-  
10 sserting “the individual”; and
- 11 (ii) by striking “the veteran’s” and in-  
12 sserting “the individual’s”; and
- 13 (B) in paragraph (2)—
- 14 (i) in subparagraph (A)—
- 15 (I) by striking “the veteran” and  
16 inserting “the individual”; and
- 17 (II) by striking “the veteran’s”  
18 and inserting “the individual’s”; and
- 19 (ii) in subparagraph (B)—
- 20 (I) in clause (i), by striking “the  
21 veteran” and inserting “the indi-  
22 vidual”; and
- 23 (II) in clause (ii)—



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

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

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

9 (4) in subsection (h)—

10 (A) in paragraph (1)—

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

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

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

20 (B) in paragraph (2)—

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

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

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

3 (b) ADDITIONAL AMENDMENTS.—Such section is fur-  
4 ther amended—

5 (1) in subsection (a)—

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

23 (B) in paragraph (2)—

24 (i) in subparagraph (C), by striking  
25 the semicolon and inserting “; or”;

1 (ii) by amending subparagraph (D) to  
2 read as follows:

3 “(D) that is incurred by an individual who is  
4 entitled to care (or payment of the expenses of care)  
5 under a health-plan contract.”; and

6 (iii) by striking subparagraph (E);  
7 and

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

10 “(4) In the case of a health-plan contract where the  
11 United States has a right to recover or collect reasonable  
12 charges, the Secretary shall collect from a veteran or re-  
13 sponsible individual any copayment or cost-share required  
14 under this chapter.”;

15 (2) in subsection (b), by adding at the end the  
16 following new paragraph:

17 “(3)(A) The obligation of the third party to pay is  
18 not dependent upon an individual executing an assignment  
19 of benefits to the United States, nor is the obligation to  
20 pay dependent upon any other submission by the bene-  
21 ficiary to the third party, including any claim or appeal.

22 “(B) In any case in which the Secretary makes a  
23 claim, appeal, representation, or other filing under the au-  
24 thority of this chapter, any procedural requirement in any  
25 third-party plan for the beneficiary of such plan to make

1 the claim, appeal, representation, or other filing is deemed  
2 to be satisfied.”; and

3 (3) in subsection (f)—

4 (A) by inserting “(1)” before “No law”;

5 and

6 (B) by adding at the end the following new  
7 paragraph:

8 “(2) The absence of a participating provider agree-  
9 ment, Veterans Care Agreement, or other contractual ar-  
10 rangement with a third party described in subsection  
11 (i)(3)(D) shall not operate to prevent, or reduce the  
12 amount of, any such recovery or collection by the United  
13 States. For purposes of this section, the Department shall  
14 recover or collect as if it were a participating provider.”;  
15 and

16 (c) DEFINITIONS.—Subsection (i) of such section is  
17 amended to read as follows:

18 “(i) In this section:

19 “(1) The term ‘health-plan contract’ includes  
20 any of the following:

21 “(A) An insurance policy or contract in-  
22 cluding any health maintenance organization,  
23 preferred provider organization, point of service  
24 organization, accountable care organization, or  
25 any other type of health insurance policy or

1 contract, medical or hospital service agreement,  
2 membership or subscription contract, or similar  
3 arrangement under which hospital care or med-  
4 ical services for individuals are provided or the  
5 expenses of such services are paid.

6 “(B) A workers’ compensation law or plan.

7 “(2) The term ‘payment’ includes reimburse-  
8 ment and indemnification.

9 “(3) The term ‘third party’ means any of the  
10 following:

11 “(A) A State or political subdivision of a  
12 State.

13 “(B) An employer or an employer’s insur-  
14 ance carrier.

15 “(C) An automobile accident reparations  
16 or liability insurance carrier.

17 “(D) A person or entity obligated to pro-  
18 vide, or to pay the expenses of, health services  
19 under a health-plan contract.

20 “(4) The term ‘reasonable charges’ shall include  
21 the following:

22 “(A) For hospital care or medical services  
23 furnished by the Department, charges estab-  
24 lished in accordance with this section.

1           “(B) For hospital care or medical services  
 2           paid for under subparagraphs (A) and (B) of  
 3           subsection (a)(2), the amount paid to a non-De-  
 4           partment entity or provider.”.

5 **TITLE III—IMPROVING DEPART-**  
 6 **MENT OF VETERANS AFFAIRS**  
 7 **CARE DELIVERY**

8 **Subtitle A—Improving Personnel**  
 9 **Practices**

10 **SEC. 301. LICENSURE OF HEALTH CARE PROFESSIONALS**  
 11 **OF THE DEPARTMENT OF VETERANS AF-**  
 12 **FAIRS PROVIDING TREATMENT VIA TELE-**  
 13 **MEDICINE.**

14           (a) IN GENERAL.—Chapter 17, as amended by sec-  
 15 tion 102, is further amended by adding at the end the  
 16 following new section:

17 **“§ 1730C. Licensure of health care professionals pro-**  
 18 **viding treatment via telemedicine**

19           “(a) IN GENERAL.—Notwithstanding any provision  
 20 of law regarding the licensure of health care professionals,  
 21 a covered health care professional may practice the health  
 22 care profession of the health care professional at any loca-  
 23 tion in any State, regardless of where in a State the cov-  
 24 ered health care professional or the patient is located, if

1 the covered health care professional is using telemedicine  
2 to provide treatment to an individual under this chapter.

3 “(b) COVERED HEALTH CARE PROFESSIONALS.—

4 For purposes of this section, a covered health care profes-  
5 sional is any health care professional who—

6 “(1) is an employee of the Department ap-  
7 pointed under this title or title 5;

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

10 “(3) is required to adhere to all standards for  
11 quality relating to the provision of medicine in ac-  
12 cordance with applicable policies of the Department;  
13 and

14 “(4) has an active, current, full, and unre-  
15 stricted license, registration, or certification in a  
16 State to practice the health care profession of the  
17 health care professional.

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

24 “(d) RELATION TO STATE LAW.—(1) The provisions  
25 of this section shall supersede any provisions of the law

1 of any State to the extent that such provision of State  
2 law are inconsistent with this section.

3 “(2) No State shall deny or revoke the license, reg-  
4 istration, or certification of a covered health care profes-  
5 sional who otherwise meets the qualifications of the State  
6 for holding the license, registration, or certification on the  
7 basis that the covered health care professional has en-  
8 gaged or intends to engage in activity covered by sub-  
9 section (a).

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

14 (b) CLERICAL AMENDMENT.—The table of sections  
15 at the beginning of chapter 17 of such title is amended  
16 by inserting after the item relating to section 1730B, as  
17 added by section 102, the following new item:

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

18 (c) REPORT ON TELEMEDICINE.—

19 (1) IN GENERAL.—Not later than one year  
20 after the earlier of the date on which services pro-  
21 vided under section 1730C of title 38, United States  
22 Code, as added by subsection (a), first occur or reg-  
23 ulations are promulgated to carry out such section,  
24 the Secretary of Veterans Affairs shall submit to the



1 Committee on Veterans' Affairs of the Senate and  
2 the Committee on Veterans' Affairs of the House of  
3 Representatives a report on the effectiveness of the  
4 use of telemedicine by the Department of Veterans  
5 Affairs.

6 (2) ELEMENTS.—The report required by para-  
7 graph (1) shall include an assessment of the fol-  
8 lowing:

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

11 (B) The satisfaction of health care pro-  
12 viders in providing telemedicine furnished by  
13 the Department.

14 (C) The effect of telemedicine furnished by  
15 the Department on the following:

16 (i) The ability of veterans to access  
17 health care, whether from the Department  
18 or from non-Department health care pro-  
19 viders.

20 (ii) The frequency of use by veterans  
21 of telemedicine.

22 (iii) The productivity of health care  
23 providers.

1 (iv) Wait times for an appointment  
 2 for the receipt of health care from the De-  
 3 partment.

4 (v) The use by veterans of in-person  
 5 services at Department facilities and non-  
 6 Department facilities.

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

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

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

19 **SEC. 302. GRADUATE MEDICAL EDUCATION AND RESI-**  
 20 **DENCY.**

21 (a) INCREASE IN NUMBER OF GRADUATE MEDICAL  
 22 EDUCATION RESIDENCY POSITIONS.—

23 (1) IN GENERAL.—The Secretary of Veterans  
 24 Affairs shall increase the number of graduate med-  
 25 ical education residency positions at covered facilities

1 by not fewer than 1,500 positions in the 10-year pe-  
2 riod beginning on the date of the enactment of this  
3 Act.

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

6 (A) A facility of the Department of Vet-  
7 erans Affairs.

8 (B) A facility operated by an Indian tribe  
9 or a tribal organization, as those terms are de-  
10 fined in section 4 of the Indian Self-Determina-  
11 tion and Education Assistance Act (25 U.S.C.  
12 5304).

13 (C) A facility operated by the Indian  
14 Health Service.

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

18 (E) A community health center.

19 (F) A facility operated by the Department  
20 of Defense.

21 (G) Such other health care facility as the  
22 Secretary considers appropriate for purposes of  
23 this section.

24 (3) STIPENDS AND BENEFITS.—The Secretary  
25 may pay stipends and provide benefits for residents

1 in positions under paragraph (1), regardless of  
2 whether they have been assigned in a Department  
3 facility.

4 (4) PARAMETERS FOR LOCATION, AFFILIATE  
5 SPONSOR, AND DURATION.—When determining char-  
6 acteristics of residency positions under paragraph  
7 (1), the Secretary shall consider the extent to which  
8 there is a clinical need for providers, as determined  
9 by the market area assessment most recently per-  
10 formed under section 1730B(e) of title 38, United  
11 States Code, as added by section 102.

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

16 (A) The types of specialties that improve  
17 the quality and coverage of medical services  
18 provided to veterans.

19 (B) The range of clinical specialties cov-  
20 ered by providers in standardized geographic  
21 areas surrounding facilities.

22 (C) Whether the specialty is included in  
23 the most recent staffing shortage determination  
24 of the Department under section 7412 of title  
25 38, United States Code.

1           (D) The most recent market area assess-  
2           ment performed under section 1730B(c) of title  
3           38, United States Code, as added by section  
4           102.

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

14           (c) SELECTION.—

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

21           (2) NOTICE.—Upon the Secretary's approval of  
22 an individual's participation in the program under  
23 paragraph (1), the Secretary shall promptly notify  
24 the individual of that approval. Such notice shall be  
25 in writing.

1 (d) AGREEMENT.—

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

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

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

18 (f) OBLIGATED SERVICE.—

19 (1) IN GENERAL.—Each person appointed to a  
20 position under subsection (a)(1) shall provide service  
21 as a full-time employee of the Department for the  
22 period of obligated service provided in the agreement  
23 of the participant entered into under subsection (d).  
24 Such service shall be provided in the full-time clin-  
25 ical practice of such participant's profession or in

1 another health-care position in an assignment or lo-  
2 cation determined by the Secretary.

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

9 (g) BREACH OF AGREEMENT: LIABILITY.—

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

22 (2) LIABILITY.—

23 (A) IN GENERAL.—A person appointed to  
24 a position under subsection (a)(1) shall be liable  
25 to the United States for the amount which has

1           been paid to or on behalf of the person under  
2           the agreement if any of the following occurs:

3                   (i) The person is dismissed from the  
4                   position for disciplinary reasons.

5                   (ii) The person voluntarily terminates  
6                   the residency before the completion of such  
7                   course of training.

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

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

16           (h) RECOVERY.—

17                   (1) IN GENERAL.—If a person breaches the per-  
18                   son's agreement under subsection (d) by failing (for  
19                   any reason) to complete such person's period of obli-  
20                   gated service, the United States shall be entitled to  
21                   recover from the person an amount equal to the  
22                   product of—

23                           (A) three;

24                           (B) the sum of—



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

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

9 (C) the quotient of—

10 (i) the difference between—

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

14 (II) the number of months of  
15 such period served by the person; and

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

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

23 (i) ANNUAL REPORT.—

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

1 less frequently than once each year thereafter, the  
2 Secretary shall submit to the appropriate committees  
3 of Congress a report on the implementation of this  
4 section during the previous year.

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

8 (A) The number of positions described in  
9 subsection (a) that were filled.

10 (B) The location of each such position.

11 (C) The academic affiliate associated with  
12 each such position.

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

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

20 (A) the Committee on Veterans’ Affairs  
21 and the Committee on Appropriations of the  
22 Senate; and

23 (B) the Committee on Veterans’ Affairs  
24 and the Committee on Appropriations of the  
25 House of Representatives.

1 **SEC. 303. ANNUAL REPORT ON AWARDS OR BONUSES**  
2 **AWARDED TO CERTAIN HIGH-LEVEL EMPLOY-**  
3 **EES OF THE DEPARTMENT OF VETERANS AF-**  
4 **FAIRS.**

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

7 **“§ 726. Annual report on awards to certain high-level**  
8 **employees**

9 “(a) IN GENERAL.—Not later than 30 days after the  
10 end of each fiscal year, the Secretary shall submit to the  
11 appropriate committees of Congress a report that con-  
12 tains, for the most recent fiscal year ending before the  
13 submittal of the report, a description of the performance  
14 awards and bonuses awarded to Regional Office Directors  
15 of the Department, Directors of Medical Centers of the  
16 Department, and Directors of Veterans Integrated Service  
17 Networks.

18 “(b) ELEMENTS.—Each report submitted under sub-  
19 section (a) shall include the following with respect to each  
20 award or bonus awarded to an individual described in such  
21 subsection:

22 “(1) The type of award or bonus, specifically  
23 those awarded for performance or on the basis of re-  
24 cruitment, relocation and retention as the case may  
25 be.

26 “(2) The amount of each award or bonus.

1           “(3) The job title of the individual awarded the  
2           award or bonus.

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

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

8           “(1) the Committee on Veterans’ Affairs and  
9           the Committee on Appropriations of the Senate; and

10           “(2) the Committee on Veterans’ Affairs and  
11           the Committee on Appropriations of the House of  
12           Representatives.”.

13           (b) CLERICAL AMENDMENT.—The table of sections  
14 at the beginning of chapter 7 of such title is amended by  
15 inserting after the item relating to section 725 the fol-  
16 lowing new item:

“726. Annual report on awards to certain high-level employees.”.

17                           **Subtitle B—Facilities,**  
18                           **Construction, and Leases**

19           **SEC. 311. FACILITATING SHARING OF MEDICAL FACILITIES**  
20                           **WITH OTHER FEDERAL AGENCIES.**

21           (a) CONSTRUCTION OR LEASE OF SHARED FACIL-  
22           ITY.—

23           (1) IN GENERAL.—Subchapter I of chapter 81  
24           is amended by inserting after section 8111A the fol-  
25           lowing new section:

1 **“§ 8111B. Authority to plan, design, construct, or**  
2 **lease a shared medical facility**

3 “(a) IN GENERAL.—(1) The Secretary may enter  
4 into agreements with other Federal agencies for the plan-  
5 ning, designing, constructing, or leasing shared medical  
6 facilities with the goal of improving access to, and quality  
7 and cost effectiveness of, health care provided by the De-  
8 partment and other Federal agencies.

9 “(2) Facilities planned, designed, constructed, or  
10 leased under paragraph (1) shall be managed by the Di-  
11 rector of the High-Performing Integrated Healthcare Net-  
12 work of the Department designated under section  
13 1730B(a) of this title.

14 “(b) TRANSFER OF AMOUNTS TO OTHER FEDERAL  
15 AGENCIES.—(1) The Secretary may transfer to another  
16 Federal agency amounts appropriated to the Department  
17 for ‘Construction, Minor Projects’ for use for the plan-  
18 ning, design, or construction of a shared medical facility  
19 if the estimated share of the project costs to be borne by  
20 the Department does not exceed the threshold for a major  
21 medical facility construction project under section  
22 8104(a)(3)(A) of this title.

23 “(2) The Secretary may transfer to another Federal  
24 agency amounts appropriated to the Department for ‘Con-  
25 struction, Major Projects’ for use for the planning, design,  
26 or construction of a shared medical facility if—

1           “(A) the estimated share of the project costs to  
2           be borne by the Department is more than the  
3           threshold for a major medical facility construction  
4           project under subsection (a)(3)(A) of section 8104 of  
5           this title; and

6           “(B) the requirements for such a project under  
7           such section have been met.

8           “(3) The Secretary may transfer to another Federal  
9           agency amounts appropriated to the applicable appropria-  
10          tions account of the Department for the purpose of leasing  
11          space for a shared medical facility if the estimated share  
12          of the lease costs to be borne by the Department does not  
13          exceed the threshold for a major medical facility lease  
14          under section 8104(a)(3)(B) of this title.

15          “(c) TRANSFER OF AMOUNTS TO DEPARTMENT.—(1)  
16          Amounts transferred to the Department by another Fed-  
17          eral agency for the necessary expenses of planning, design-  
18          ing, or constructing a shared medical facility for which  
19          the estimated share of the project costs to be borne by  
20          the Department does not exceed the threshold for a major  
21          medical facility project under section 8104(a)(3)(A) of this  
22          title may be deposited in the ‘Construction, Minor  
23          Projects’ account of the Department and used for such  
24          necessary expenses.

1       “(2) Amounts transferred to the Department by an-  
2 other Federal agency for the necessary expenses of plan-  
3 ning, designing, or constructing a shared medical facility  
4 for which the estimated share of the project costs to be  
5 borne by the Department is more than the threshold for  
6 a major medical facility project under section  
7 8104(a)(3)(A) of this title may be deposited in the ‘Con-  
8 struction, Major Projects’ account of the Department and  
9 used for such necessary expenses if the requirements for  
10 such project under section 8104 of this title have been  
11 met.

12       “(3) Amounts transferred to the Department by an-  
13 other Federal agency for the purpose of leasing space for  
14 a shared medical facility may be credited to the applicable  
15 appropriations account of the Department and shall be  
16 available without fiscal year limitation.

17       “(4) Amounts transferred under paragraphs (1) and  
18 (2) shall be available for the same time period as amounts  
19 in the account to which those amounts are transferred.”.

20               (2) CLERICAL AMENDMENT.—The table of sec-  
21 tions at the beginning of such chapter is amended  
22 by inserting after the item relating to section 8111A  
23 the following new item:

“8111B. Authority to plan, design, construct, or lease a shared medical facility.”

1 (b) MODIFICATION OF DEFINITION OF MEDICAL FA-  
2 CILITY.—Paragraph (3) of section 8101 is amended to  
3 read as follows:

4 “(3) The term ‘medical facility’ means any fa-  
5 cility or part thereof that is, or will be, under the  
6 jurisdiction of the Secretary, or as otherwise des-  
7 ignated by law, for the provision of healthcare serv-  
8 ices (including hospital care, outpatient care, nurs-  
9 ing home care, domiciliary care, or medical services),  
10 including any necessary building and auxiliary struc-  
11 ture, garage, parking facility, mechanical equipment,  
12 trackage facilities leading thereto, abutting side-  
13 walks, accommodations for attending personnel, and  
14 recreation facilities associated therewith.”.

15 **SEC. 312. REVIEW OF ENHANCED USE LEASES.**

16 Section 8162 is amended—

17 (1) in subsection (a), by amending paragraph  
18 (2) to read as follows:

19 “(2) With respect to enhanced-use leases entered into  
20 on or after the date of enactment of the Veterans Commu-  
21 nity Care and Access Act of 2017, the Secretary may enter  
22 into an enhanced-use lease only if the Secretary deter-  
23 mines that—



1           “(A) the lease will not be inconsistent with and  
2 will not adversely affect the mission of the Depart-  
3 ment; and

4           “(B)(i) the lease will enhance the use of the  
5 property; or

6           “(ii) the leased property will provide supportive  
7 housing as defined in section 8161 of this title.”;  
8 and

9           (2) in subsection (b), by amending paragraph  
10 (6) to read as follows:

11          “(6) The Director of the Office of Management and  
12 Budget shall review each such enhanced-use lease prior  
13 to execution for compliance with paragraph (5) of this  
14 subsection.”.

## 15           **TITLE IV—INNOVATIVE PILOT** 16   **PROGRAMS**

### 17           **SEC. 401. PILOT PROGRAM TO ESTABLISH OR AFFILIATE** 18   **WITH GRADUATE MEDICAL RESIDENCY PRO-** 19   **GRAMS AT FACILITIES OPERATED BY INDIAN** 20   **TRIBES, TRIBAL ORGANIZATIONS, AND THE** 21   **INDIAN HEALTH SERVICE IN RURAL AREAS.**

22           (a) PILOT PROGRAM REQUIRED.—The Secretary of  
23 Veterans Affairs, in consultation with the Director of the  
24 Indian Health Service, shall carry out a pilot program—

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

3           (2) to affiliate with established programs de-  
4           scribed in paragraph (1).

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

7           (1) described in subparagraph (B) or (C) of  
8           section 302(a)(2); and

9           (2) located in a rural or remote area, as deter-  
10          mined by the Secretary and the Director of the In-  
11          dian Health Service.

12          (c) LOCATIONS.—

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

17          (2) CRITERIA.—The Secretary shall establish  
18          criteria for selecting covered facilities under para-  
19          graph (1).

20          (d) DURATION.—The Secretary shall carry out the  
21          pilot program during the eight-year period beginning on  
22          the date that is 180 days after the date of the enactment  
23          of this Act.

24          (e) REIMBURSEMENT OF COSTS.—The Secretary  
25          shall reimburse each covered facility participating in the

1 pilot program for the following costs associated with the  
2 pilot program:

3 (1) Curriculum development.

4 (2) Recruitment, training, supervision, and re-  
5 tention of residents and faculty.

6 (3) Accreditation of programs of education  
7 under the pilot program by the Accreditation Coun-  
8 cil for Graduate Medical Education (ACGME) or the  
9 American Osteopathic Association (AOA).

10 (4) The portion of faculty salaries attributable  
11 to activities relating to carrying out the pilot pro-  
12 gram.

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

15 (6) Stipends and benefits.

16 (f) PERIOD OF OBLIGATED SERVICE.—

17 (1) IN GENERAL.—The Secretary shall enter  
18 into an agreement with each individual who partici-  
19 pates in the pilot program under which such indi-  
20 vidual agrees to serve under the same terms as es-  
21 tablished under section 302.

22 (2) LOAN REPAYMENT.—During the period of  
23 obligated service of an individual under paragraph  
24 (1), the individual—

1 (A) shall be deemed to be an eligible indi-  
2 vidual under subsection (b) of section 108 of  
3 the Indian Health Care Improvement Act (25  
4 U.S.C. 1616a) for purposes of participation in  
5 the Indian Health Service Loan Repayment  
6 Program under such section during the portion  
7 of such period that the individual serves at a  
8 covered facility; and

9 (B) shall be deemed to be an eligible indi-  
10 vidual under section 7682(a) of title 38, United  
11 States Code, for purposes of participation in  
12 the Department of Veterans Affairs Education  
13 Debt Reduction Program under subchapter VII  
14 of chapter 76 of such title during the portion  
15 of such period that the individual serves at a fa-  
16 cility of the Department.

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

20 (A) with respect to service at a covered fa-  
21 cility, concurrently with any period of obligated  
22 service required of the individual by the Indian  
23 Health Service; and

24 (B) with respect to service at a facility of  
25 the Department of Veterans Affairs, concu-

1           rently with any period of obligated service re-  
2           quired of the individual by the Department.

3           (g) TREATMENT OF PARTICIPANTS.—A residency po-  
4           sition into which a participant in the pilot program is  
5           placed as part of the pilot program shall be considered  
6           a position referred to in section 302(a)(1) for purposes  
7           of the limitation on number of new positions authorized  
8           under such section.

9           (h) REPORT.—Not later than three years before the  
10          date on which the pilot program terminates, the Secretary  
11          of Veterans Affairs shall submit to the Committee on Vet-  
12          erans' Affairs of the Senate and the Committee on Vet-  
13          erans' Affairs of the House of Representatives a report  
14          on the feasibility and advisability of—

15               (1) expanding the pilot program to additional  
16          locations; and

17               (2) making the pilot program or any aspect of  
18          the pilot program permanent.

19   **SEC. 402. AUTHORITY FOR DEPARTMENT OF VETERANS AF-**  
20                   **FAIRS CENTER FOR INNOVATION FOR CARE**  
21                   **AND PAYMENT.**

22          (a) IN GENERAL.—Subchapter I of chapter 17, as  
23          amended by section 122, is further amended by inserting  
24          after section 1703E, as added by section 122, the fol-  
25          lowing new section:

1 **“§ 1703F. Center for Innovation for Care and Pay-**  
2 **ment**

3 “(a) IN GENERAL.—(1) There is established within  
4 the Department a Center for Innovation for Care and Pay-  
5 ment (in this section referred to as the ‘Center’).

6 “(2) The Secretary, acting through the Center, may  
7 carry out such pilot programs as appropriate to develop  
8 new, innovative approaches to testing payment and service  
9 delivery models to reduce expenditures while preserving or  
10 enhancing the quality of care furnished by the Depart-  
11 ment.

12 “(3) The Secretary, acting through the Center, shall  
13 test payment and service delivery models to determine  
14 whether such models improve the access to and quality,  
15 timeliness, and patient satisfaction of such care and serv-  
16 ices, as well as the cost savings associated with such mod-  
17 els.

18 “(4)(A) The Secretary shall test models where the  
19 Secretary determines that there is evidence that the model  
20 addresses a defined population for which there are deficits  
21 care leading to poor clinical outcomes or potentially avoid-  
22 able expenditures.

23 “(B) The Secretary shall focus on models expected  
24 to reduce program costs while preserving or enhancing the  
25 quality of care received by individuals receiving benefits  
26 under this chapter.

1 “(C) The models selected may include those described  
2 in section 1115A(b)(2)(B) of the Social Security Act (42  
3 U.S.C. 1315a(b)(2)(B)).

4 “(5) In selecting models for testing, the Secretary  
5 may consider the following additional factors:

6 “(A) Whether the model includes a regular  
7 process for monitoring and updating patient care  
8 plans in a manner that is consistent with the needs  
9 and preferences of applicable individuals.

10 “(B) Whether the model places the applicable  
11 individual, including family members and other care-  
12 givers of the applicable individual, at the center of  
13 the care team of the applicable individual.

14 “(C) Whether the model uses technology or new  
15 systems to coordinate care over time and across set-  
16 tings.

17 “(D) Whether the model demonstrates effective  
18 linkage with other public sector payers, private sec-  
19 tor payers, or statewide payment models.

20 “(6)(A) Models tested under this section may not be  
21 designed in such a way that would allow the United States  
22 to recover or collect reasonable charges from a Federal  
23 health care program for care or services furnished by the  
24 Secretary to veterans under pilot programs carried out  
25 under this section.

1       “(B) In this paragraph, the term ‘Federal health care  
2 program’ means—

3           “(i) an insurance program described in section  
4 1811 of the Social Security Act (42 U.S.C. 1395c)  
5 or established by section 1831 of such Act (42  
6 U.S.C. 1395j); or

7           “(ii) a State plan for medical assistance ap-  
8 proved under title XIX of such Act (42 U.S.C. 1396  
9 et seq.); or

10          “(iii) a TRICARE program operated under sec-  
11 tions 1075, 1075a, 1076, 1076a, 1076c, 1076d,  
12 1076e, or 1076f of title 10.

13          “(b) DURATION.—Pilot programs carried out by the  
14 Secretary under this section shall terminate no later than  
15 five years after their commencement.

16          “(c) LOCATION.—The Secretary shall ensure that  
17 pilot programs carried out under this section occur in dif-  
18 ferent areas that are appropriate for the intended pur-  
19 poses of the pilot program.

20          “(d) BUDGET.—Funding for pilot programs carried  
21 out by the Secretary under this section will be derived  
22 from appropriations provided in advance in appropriations  
23 Acts for the Veterans Health Administration and from ap-  
24 propriations provided for information technology systems.



1       “(e) NOTICE.—The Secretary shall publish informa-  
2 tion about such pilot programs in the Federal Register,  
3 and shall take reasonable actions to provide direct notice  
4 to veterans eligible to participate in a pilot program oper-  
5 ated under this section.

6       “(f) WAIVER OF AUTHORITIES.—(1) Subject to re-  
7 porting under paragraph (2) and approval under para-  
8 graph (3), in implementing the pilot programs under this  
9 section, the Secretary may waive such requirements in  
10 subchapters I, II, and III of this chapter as may be nec-  
11 essary solely for the purposes of carrying out this section  
12 with respect to testing models described in subsection (a).

13       “(2) Before waiving any authority under paragraph  
14 (1), the Secretary shall submit a report to the Speaker  
15 of the House of Representatives, the minority leader of  
16 the House of Representatives, the majority leader of the  
17 Senate, the minority leader of the Senate, and each stand-  
18 ing committee with jurisdiction under the rules of the Sen-  
19 ate of the House of Representatives to report a bill to  
20 amend the provision or provisions of law that would be  
21 waived by the Department describing in detail the fol-  
22 lowing:

23               “(A) The specific authorities to be waived  
24       under the pilot program.

1           “(B) The standard or standards to be used in  
2 the pilot program in lieu of the waived authorities.

3           “(C) The reasons for such waiver or waivers.

4           “(D) A description of the metric or metrics the  
5 Secretary will use to determine the effect of the  
6 waiver or waivers upon the access to and quality,  
7 timeliness, or patient satisfaction of care and serv-  
8 ices furnished through the pilot program.

9           “(E) The anticipated cost savings, if any, of the  
10 pilot program.

11           “(F) The schedule for interim reports on the  
12 pilot program describing the results of the pilot pro-  
13 gram so far and the feasibility and advisability of  
14 continuing the pilot program.

15           “(G) The schedule for the termination of the  
16 pilot program and the submission of a final report  
17 on the pilot program describing the result of the  
18 pilot program and the feasibility and advisability of  
19 making the pilot program permanent.

20           “(H) The estimated budget of the pilot pro-  
21 gram.

22           “(3)(A) Upon receipt of a report submitted under  
23 paragraph (2), each House shall provide copies of the re-  
24 port to the chairman and ranking member of each stand-  
25 ing committee with jurisdiction under the rules of the

1 House of Representatives or the Senate to report a bill  
2 to amend the provision or provisions of law that would  
3 be waived by the Department under this subsection.

4 “(B)(i) The waiver requested by the Secretary under  
5 paragraph (2) shall be considered approved under this  
6 paragraph if there is enacted into law a bill or joint resolu-  
7 tion approving such request in its entirety. Such bill or  
8 joint resolution shall be passed by recorded vote to reflect  
9 the vote of each member of Congress thereon.

10 “(ii) The provisions of this paragraph are enacted by  
11 the Congress—

12 “(I) as an exercise of the rulemaking power of  
13 the Senate and the House of Representatives and as  
14 such shall be considered as part of the rules of each  
15 House, and shall supersede other rules only to the  
16 extent that they are inconsistent therewith; and

17 “(II) with full recognition of the constitutional  
18 right of either House to change the rules (so far as  
19 they relate to the procedures of that House) at any  
20 time, in the same manner, and to the same extent  
21 as in the case of any other rule of that House.

22 “(C) During the 60-calendar-day period beginning on  
23 the date on which the Secretary submits the report de-  
24 scribed in paragraph (2) to Congress, it shall be in order  
25 as a matter of highest privilege in each House of Congress

1 to consider a bill or joint resolution, if offered by the ma-  
2 jority leader of such House (or a designee), approving  
3 such request in its entirety.

4 “(g) LIMITATIONS.—(1) The waiver provisions in  
5 subsection (f) shall not be available unless the Secretary  
6 submits the first proposal, in accordance with the require-  
7 ments in subsection (f), for a pilot program within 18  
8 months of the date of the enactment of the Veterans Com-  
9 munity Care and Access Act of 2017.

10 “(2) Notwithstanding section 502 of this title, deci-  
11 sions by the Secretary under this section shall, consistent  
12 with section 511 of this title, be final and conclusive and  
13 may not be reviewed by any other official or by any court,  
14 whether by an action in the nature of mandamus or other-  
15 wise.

16 “(3)(A) If the Secretary determines that the pilot  
17 program is not improving the quality of care or producing  
18 cost savings, the Secretary shall—

19 “(i) propose a modification to the pilot program  
20 in the interim report that shall also be considered a  
21 report under subsection (f)(2)(A) and shall be sub-  
22 ject to the terms and conditions of subsection (f)(2);  
23 or

24 “(ii) terminate such pilot program within 30  
25 days of submitting the interim report to Congress.

1       “(B) If the Secretary terminates the pilot program  
2 under subparagraph (A)(ii), for purposes of clauses (vi)  
3 and (vii) of subsection (f)(2)(A), such interim report will  
4 also serve as the final report for that pilot program.

5       “(h) EVALUATION AND REPORTING REQUIRE-  
6 MENTS.—(1) The Secretary shall conduct an evaluation  
7 of each model tested, which shall include, at a minimum,  
8 an analysis of—

9               “(A) the quality of care furnished under the  
10 model, including the measurement of patient-level  
11 outcomes and patient-centeredness criteria deter-  
12 mined appropriate by the Secretary; and

13               “(B) the changes in spending by reason of that  
14 model.

15       “(2) The Secretary shall make the results of each  
16 evaluation under this subsection available to the public in  
17 a timely fashion and may establish requirements for other  
18 entities participating in the testing of models under this  
19 section to collect and report information that the Sec-  
20 retary determines is necessary to monitor and evaluate  
21 such models.

22       “(i) COORDINATION AND CONSULTATION.—(1) The  
23 Secretary shall obtain advice from the Under Secretary  
24 for Health and the Special Medical Advisory Group estab-  
25 lished pursuant to section 7312 of this title in the develop-

1 ment and implementation of any pilot program operated  
2 under this section.

3 “(2) In carrying out the duties under this section,  
4 the Secretary shall consult representatives of relevant  
5 Federal agencies, and clinical and analytical experts with  
6 expertise in medicine and health care management. The  
7 Secretary shall use appropriate mechanisms to seek input  
8 from interested parties.

9 “(j) EXPANSION OF SUCCESSFUL PILOT PRO-  
10 GRAMS.—Taking into account the evaluation under sub-  
11 section (f), the Secretary may, through rulemaking, ex-  
12 pand (including implementation on a nationwide basis) the  
13 duration and the scope of a model that is being tested  
14 under subsection (a) to the extent determined appropriate  
15 by the Secretary, if—

16 “(1) the Secretary determines that such expan-  
17 sion is expected to—

18 “(A) reduce spending without reducing the  
19 quality of care; or

20 “(B) improve the quality of patient care  
21 without increasing spending; and

22 “(2) the Secretary determines that such expan-  
23 sion would not deny or limit the coverage or provi-  
24 sion of benefits for applicable individuals.”.

1 (b) CONFORMING AMENDMENT.—The table of sec-  
 2 tions at the beginning of such chapter, as amended by sec-  
 3 tion 122, is further amended by inserting after the item  
 4 relating to section 1703E the following new item:

“1703F. Center for Innovation for Care and Payment.”.

5 **TITLE V—OTHER HEALTH CARE**  
 6 **MATTERS**

7 **SEC. 501. AUTHORIZATION OF APPROPRIATIONS FOR**  
 8 **HEALTH CARE FROM DEPARTMENT OF VET-**  
 9 **ERANS AFFAIRS.**

10 (a) IN GENERAL.—There is authorized to be appro-  
 11 priated to the Secretary of Veterans Affairs such amounts  
 12 as may be necessary to carry out the purposes set forth  
 13 in subsection (b).

14 (b) USE OF AMOUNTS.—The purposes set forth in  
 15 this subsection are as follows:

16 (1) To increase the access of veterans to care  
 17 as follows:

18 (A) To hire primary care and specialty  
 19 care physicians for employment in the Depart-  
 20 ment of Veterans Affairs.

21 (B) To hire other medical staff, including  
 22 the following:

23 (i) Physicians.

24 (ii) Nurses.

25 (iii) Social workers.

1 (iv) Mental health professionals.

2 (v) Physician assistants.

3 (vi) Other health care professionals as  
4 the Secretary considers appropriate.

5 (C) To carry out the following:

6 (i) Section 7412 of title 38, United  
7 States Code.

8 (ii) Section 7302(e) of such title.

9 (iii) Subchapters II and VII of chap-  
10 ter 76 of such title.

11 (iv) Section 301(b)(2) of the Veterans  
12 Access, Choice, and Accountability Act of  
13 2014 (Public Law 113–146; 38 U.S.C.  
14 7302 note).

15 (D) To pay for expenses, equipment, and  
16 other costs associated with the hiring of pri-  
17 mary care, specialty care physicians, and other  
18 medical staff under subparagraphs (A), (B),  
19 and (C).

20 (2) To improve the physical infrastructure of  
21 the Department as follows:

22 (A) To maintain and operate hospitals,  
23 nursing homes, domiciliary facilities, and other  
24 facilities of the Veterans Health Administra-  
25 tion.



1           (B) To enter into contracts or hire tem-  
2           porary employees to repair, alter, or improve fa-  
3           cilities under the jurisdiction of the Department  
4           that are not otherwise provided for under this  
5           paragraph.

6           (C) To carry out leases for facilities of the  
7           Department.

8           (D) To carry out minor construction  
9           projects of the Department.

10          (3) To carry out sections 303 and 401.

11          (c) FUNDING PLAN AND REPORT.—

12           (1) IN GENERAL.—Not later than 180 days  
13           after the date on which amounts are appropriated to  
14           the Department pursuant to the authorization in  
15           subsection (a), the Secretary of Veterans Affairs  
16           shall submit to the appropriate committees of Con-  
17           gress a funding plan and report on how the Sec-  
18           retary intends to obligate the amounts so appro-  
19           priated and how it relates to the quadrennial Vet-  
20           erans Health Administration review and strategic  
21           plan under section 1730B(a) of title 38, United  
22           States Code, as added by section 102.

23           (2) APPROPRIATE COMMITTEES OF CONGRESS  
24           DEFINED.—In this subsection, the term “appro-  
25           priate committees of Congress” means—

1 (A) the Committee on Veterans' Affairs  
2 and the Committee on Appropriations of the  
3 Senate; and

4 (B) the Committee on Veterans' Affairs  
5 and the Committee on Appropriations of the  
6 House of Representatives.

7 **SEC. 502. APPROPRIATION OF AMOUNTS FOR VETERANS**  
8 **CHOICE PROGRAM.**

9 (a) IN GENERAL.—There is authorized to be appro-  
10 priated, and is appropriated, to the Secretary of Veterans  
11 Affairs, out of any funds in the Treasury not otherwise  
12 appropriated, \$4,000,000,000 to be deposited in the Vet-  
13 erans Choice Fund under section 802 of the Veterans Ac-  
14 cess, Choice, and Accountability Act of 2014 (Public Law  
15 113–146; 38 U.S.C. 1701 note).

16 (b) AVAILABILITY.—The amount appropriated under  
17 subsection (a) shall remain available until expended pursu-  
18 ant to section 802(c)(4) of the Veterans Access, Choice,  
19 and Accountability Act of 2014 (Public Law 113–146; 38  
20 U.S.C. 1701 note) as added by section 202.

21 **SEC. 503. APPLICABILITY OF DIRECTIVE OF OFFICE OF**  
22 **FEDERAL CONTRACT COMPLIANCE PRO-**  
23 **GRAMS.**

24 (a) IN GENERAL.—Directive 2014–01 of the Office  
25 of Federal Contract Compliance Programs of the Depart-

1 ment of Labor (effective as of May 7, 2014) shall apply  
2 to any entity entering into an agreement under section  
3 1703A or section 1745 of title 38, United States Code,  
4 as amended by sections 112 and 114, respectively, in the  
5 same manner as such directive applies to subcontractors  
6 under the TRICARE program for the duration of the mor-  
7 atorium provided under such directive.

8 (b) APPLICABILITY PERIOD.—The directive described  
9 in subsection (a), and the moratorium provided under such  
10 directive, shall not be altered or rescinded before May 7,  
11 2019.

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

15 **SEC. 504. AMENDING STATUTORY REQUIREMENTS FOR THE**  
16 **POSITION OF THE CHIEF OFFICER OF THE**  
17 **READJUSTMENT COUNSELING SERVICE.**

18 Section 7309(b)(2) is amended—

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

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

1 **SEC. 505. AUTHORIZATION OF CERTAIN MAJOR MEDICAL**  
2 **FACILITY PROJECTS OF THE DEPARTMENT**  
3 **OF VETERANS AFFAIRS.**

4 (a) AUTHORIZATION.—The Secretary of Veterans Af-  
5 fairs may carry out the following major medical facility  
6 project, to be carried out in an amount not to exceed the  
7 amount specified for that project: Realignment of medical  
8 facilities in Livermore, California, in an amount not to ex-  
9 ceed \$117,300,000.

10 (b) AUTHORIZATION OF APPROPRIATIONS FOR CON-  
11 STRUCTION.—There is authorized to be appropriated to  
12 the Secretary of Veterans Affairs for fiscal year 2018 or  
13 the year in which funds are appropriated for the Construc-  
14 tion, Major Projects account, \$117,300,000 for the project  
15 authorized in subsection (a).

16 (c) SUBMITTAL OF INFORMATION.—Not later than  
17 90 days after the date of the enactment of this Act, for  
18 the project authorized in section (a), the Secretary of Vet-  
19 erans Affairs shall submit to the Committee on Veterans'  
20 Affairs of the Senate and the Committee on Veterans' Af-  
21 fairs of the House of Representatives the following infor-  
22 mation:

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

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

4           (3) A justification for the expenditures de-  
5 scribed in paragraph (1) and the future amounts de-  
6 scribed in paragraph (2).

7           (4) Any agreement entered into by the Sec-  
8 retary regarding the Army Corps of Engineers pro-  
9 viding services relating to such project, including re-  
10 imbursement agreements and the costs to the De-  
11 partment of Veterans Affairs for such services.

○