

115TH CONGRESS  
1ST SESSION

# S. 1449

To authorize payment by the Department of Veterans Affairs for the costs associated with training and supervision of medical residents and interns at certain facilities that are not Department facilities, to require the Secretary of Veterans Affairs to carry out a pilot program to establish or affiliate with residency programs at facilities operated by Indian tribes, tribal organizations, and the Indian Health Service, and for other purposes.

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IN THE SENATE OF THE UNITED STATES

JUNE 27, 2017

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

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## A BILL

To authorize payment by the Department of Veterans Affairs for the costs associated with training and supervision of medical residents and interns at certain facilities that are not Department facilities, to require the Secretary of Veterans Affairs to carry out a pilot program to establish or affiliate with residency programs at facilities operated by Indian tribes, tribal organizations, and the Indian Health Service, and for other purposes.

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

1 **SECTION 1. SHORT TITLE.**

2 This Act may be cited as the “Serving our Rural Vet-  
3 erans Act of 2017”.

4 **SEC. 2. SENSE OF CONGRESS.**

5 It is the sense of Congress that—

6 (1) the Department of Veterans Affairs relies  
7 on agreements with the Indian Health Service and  
8 tribal health organizations to serve native and non-  
9 native veteran populations in certain areas, espe-  
10 cially rural areas of the United States, due to lim-  
11 ited infrastructure or personnel of the Department  
12 in those areas;

13 (2) the Department should support the practice  
14 of rural health care in the United States because  
15 such care is crucial to fulfilling the mission of the  
16 Department to provide the highest quality care for  
17 veterans; and

18 (3) education regarding the unique health needs  
19 of veterans is necessary for all health care providers  
20 and is especially important for providers in rural  
21 health care delivery systems, including those affili-  
22 ated with Indian tribes and tribal health organiza-  
23 tions that care for a significant number of veterans.

1 **SEC. 3. AUTHORIZATION OF PAYMENT BY DEPARTMENT OF**  
2 **VETERANS AFFAIRS FOR TRAINING AND SU-**  
3 **PERVISION OF RESIDENTS OR INTERNS AT**  
4 **FACILITIES THAT ARE NOT DEPARTMENT FA-**  
5 **CILITIES.**

6 (a) IN GENERAL.—Subsection (c) of section 7406 of  
7 title 38, United States Code, is amended by striking “De-  
8 partment facility” each place it appears and inserting  
9 “covered facility”.

10 (b) COVERED FACILITY DEFINED.—Subsection  
11 (a)(2) of such section is amended by adding at the end  
12 the following new subparagraph:

13 “(C) The term ‘covered facility’ means any of  
14 the following:

15 “(i) A Department facility.

16 “(ii) A facility operated by an Indian tribe  
17 or a tribal organization, as those terms are de-  
18 fined in section 4 of the Indian Self-Determina-  
19 tion and Education Assistance Act (25 U.S.C.  
20 5304).

21 “(iii) A facility operated by the Indian  
22 Health Service.

23 “(iv) A Federally-qualified health center,  
24 as defined in section 1905(l)(2)(B) of the Social  
25 Security Act (42 U.S.C. 1396d(l)(2)(B)).

26 “(v) A community health center.”

1 **SEC. 4. PILOT PROGRAM TO ESTABLISH OR AFFILIATE**  
2 **WITH GRADUATE MEDICAL RESIDENCY PRO-**  
3 **GRAMS AT FACILITIES OPERATED BY INDIAN**  
4 **TRIBES, TRIBAL ORGANIZATIONS, AND THE**  
5 **INDIAN HEALTH SERVICE IN RURAL AREAS.**

6 (a) **IN GENERAL.**—The Secretary of Veterans Af-  
7 fairs, in consultation with the Director of the Indian  
8 Health Service, shall carry out a pilot program—

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

11 (2) to affiliate with established programs de-  
12 scribed in paragraph (1).

13 (b) **LOCATIONS.**—

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

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

21 (c) **DURATION.**—The Secretary shall implement the  
22 pilot program during the eight-year period beginning on  
23 the date that is 180 days after the date of the enactment  
24 of this Act.

25 (d) **REIMBURSEMENT OF COSTS.**—The Secretary  
26 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 (e) PERIOD OF OBLIGATED SERVICE.—

16 (1) IN GENERAL.—The Secretary shall enter  
17 into an agreement with each individual who partici-  
18 pates in the pilot program under which such indi-  
19 vidual agrees to serve a period of one year of obli-  
20 gated service at a covered facility or a facility of the  
21 Department of Veterans Affairs for each year in  
22 which the individual participates in the pilot pro-  
23 gram under this section.

24 (2) BREACH.—An individual who participates  
25 in the pilot program and fails to satisfy the period

1 of obligated service under paragraph (1) shall be lia-  
2 ble to the United States, in lieu of such obligated  
3 service, for the amount that has been paid or is pay-  
4 able to or on behalf of the individual under the pilot  
5 program, reduced by the proportion that the number  
6 of days served for completion of the period of obli-  
7 gated service bears to the total number of days in  
8 the period of obligated service of such individual.

9 (3) LOAN REPAYMENT.—During the period of  
10 obligated service of an individual under paragraph  
11 (1), the individual—

12 (A) shall be deemed to be an eligible indi-  
13 vidual under subsection (b) of section 108 of  
14 the Indian Health Care Improvement Act (25  
15 U.S.C. 1616a) for purposes of participation in  
16 the Indian Health Service Loan Repayment  
17 Program under such section during the portion  
18 of such period that the individual serves at a  
19 covered facility; and

20 (B) shall be deemed to be an eligible indi-  
21 vidual under section 7682(a) of title 38, United  
22 States Code, for purposes of participation in  
23 the Department of Veterans Affairs Education  
24 Debt Reduction Program under subchapter VII  
25 of chapter 76 of such title during the portion

1 of such period that the individual serves at a fa-  
2 cility of the Department.

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

6 (A) with respect to service at a covered fa-  
7 cility, concurrently with any period of obligated  
8 service required of the individual by the Indian  
9 Health Service; and

10 (B) with respect to service at a facility of  
11 the Department of Veterans Affairs, concu-  
12 rrently with any period of obligated service re-  
13 quired of the individual by the Department.

14 (f) REPORT.—Not later than three years before the  
15 termination of the pilot program under subsection (c), the  
16 Secretary of Veterans Affairs shall submit to the Com-  
17 mittee on Veterans' Affairs of the Senate and the Com-  
18 mittee on Veterans' Affairs of the House of Representa-  
19 tives a report on the feasibility and advisability of—

20 (1) expanding the pilot program to additional  
21 locations; and

22 (2) making the pilot program or any aspect of  
23 the pilot program permanent.

24 (g) AUTHORIZATION OF APPROPRIATIONS.—

1           (1) IN GENERAL.—There is authorized to be  
2 appropriated to the Secretary of Veterans Affairs  
3 \$20,000,000 for each year in which the pilot pro-  
4 gram is carried out.

5           (2) LOAN REPAYMENTS.—

6           (A) IN GENERAL.—There is authorized to  
7 be appropriated—

8           (i) to the Secretary of Health and  
9 Human Services, acting through the Direc-  
10 tor of the Indian Health Service, such  
11 sums as may be necessary to cover loan re-  
12 payments paid under the Indian Health  
13 Service Loan Repayment Program to indi-  
14 viduals participating in the pilot program;  
15 and

16           (ii) to the Secretary of Veterans Af-  
17 fairs such sums as may be necessary to  
18 cover loan repayments paid under the De-  
19 partment of Veterans Affairs Education  
20 Debt Reduction Program to individuals  
21 participating in the pilot program.

22           (B) SUPPLEMENT NOT SUPPLANT.—  
23 Amounts appropriated or otherwise made avail-  
24 able for the Indian Health Service Loan Repay-  
25 ment Program or the Department of Veterans



1           Affairs Education Debt Reduction Program  
2           pursuant to the authorization of appropriations  
3           under subparagraph (A) shall supplement, not  
4           supplant, amounts made available to such pro-  
5           grams under other provisions of law.

6           (h) COVERED FACILITY DEFINED.—In this section,  
7 the term “covered facility” means a facility—

8           (1) operated by an Indian tribe or a tribal orga-  
9           nization (as those terms are defined in section 4 of  
10          the Indian Self-Determination and Education Assist-  
11          ance Act (25 U.S.C. 5304)), or the Indian Health  
12          Service, that has an existing reimbursement agree-  
13          ment with the Department of Veterans Affairs under  
14          section 405(c) of the Indian Health Care Improve-  
15          ment Act (25 U.S.C. 1645(c)); and

16          (2) located in a rural or remote area, as deter-  
17          mined by the Secretary.

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