practices that have failed these communities, the Protect and Serve Act’s aim is to
further criminalize. This bill will be received as yet another attack on these communities and the violence that we are already seeing is already a discriminatory system of mass incarceration in this country. Continuing to under-
mine police-community relations with this nonsensical sows of division, which ultimately threatens public safety and under-
mines the work of law enforcement.

For the reasons summarized above, we urge you to vote against the Protect and Serve Act as it comes before the U.S. House of Representatives. There is no justification for criminalizing those who are committed against law enforcement. At a time when we need to foster healing between law enforcement and our communities, we should not be fanning the flames of division which only does nothing to advance the goal of officer safety, but will further erode the relation-
ship between police and communities.

Thank you for your consideration of this matter. If you have any questions, please contact Kanya Bennett of the ACLU; Sakira Cook of the Leadership Conference on Civil and Human Rights; Gill Hernandez of the NAACP Legal Defense and Educational Fund, Inc.

Sincerely,

American Civil Liberties Union; Anti-Defa-
mination League; Campaign for Youth Justice; Church of Scientology National Affairs Of-
fice; Center for Voting Rights & Dissent; Friends Committee on National Legislation; Human Rights Watch; Government Information Watch; Law En-
forcement Action Partnership; The Leader-
ship Conference on Civil and Human Rights;
Muslim Advocates; NAACP;
NAACP Legal Defense and Educational Fund, Inc.; National Action Network; Na-
tional Association of Criminal Defense Law-
yers; National Association of Social Work-
ners; National Bar Association; National Cen-
ter for Equality; National Council of Jewish Women; The National Council for Incarcerated and Formerly Incarcerated Women & Girls; National Council of Churches; People for the American Way; PolicyLink; South Asian Americans Leading Together; Southern Poverty Law Center; Stop 

Mr. NADLER. Mr. Speaker, I yield back the balance of my time.

Mr. GOODLATTE. Mr. Speaker, I yield myself the balance of my time.

I just want to make it very clear how important this legislation is for prote-
ing law enforcement officers because it sends a message that we are going to handle these cases in a new way.

Some have criticized this bill, claim-
ing that it is a hate crime. While I share those individuals’ concerns about Federal hate crime statutes, I am pleased to tell the Members of this Congress that this bill before us did not create a new Federal hate crime. That is because the legislation does not change the language from the hate crime statute that requires the government prove the defendant acted “because of the actual or perceived” status of the victim.

What this bill does is penalize cruelly attacking a law enforcement offi-
cer. Given the increase in ambush-style attacks on law enforcement, which was detailed earlier, this bill represents a solution to a growing problem: the kill-
ing of police. It is narrowly tai-
lored to accomplish that goal.

Therefore, I want to assure those Members who may be concerned about
its intent that it is definitely not changing our Federal hate crime stat-
utes.

This legislation this week, National Police Week, sends an important signal not just to our Nation’s law enforce-
ment officers, 900,000 strong, but far be-

injuring a police officer. It does this by
changing the language from “know-
ingly” to “knowingly”. The amend-
ment in this bill would avoid covering situations where someone unintentionally harms a police officer.

The SPEAKER pro tempore. The gentle-
man from New York is recognized for 5 minutes.

Mr. NADLER. Mr. Speaker, I support the amendment, and I yield back the balance of my time.

Mr. GOODLATTE. Mr. Speaker, that is good news, and I yield back the balance of my time.

The SPEAKER pro tempore. Pursuant to the rule, the previous question is ordered on the bill and on the amendment offered by the gentleman from Virginia (Mr. GOODLATTE).

The question is on the amendment offered by the gentleman from Virginia (Mr. GOODLATTE).

The amendment was agreed to.

Mr. ROE of Tennessee. Mr. Speaker, on that I demand the yeas and nays.

The yeas and nays were ordered.

The SPEAKER pro tempore. Pursuant to clause 8 of rule XX, further pro-
ceedings on this question will be post-
poned.

VETERANS CEMETERY BENEFIT CORRECTION ACT

Mr. ROE of Tennessee. Mr. Speaker, pursuant to House Resolution 891, I call up the bill (S. 2372) to amend title 38, United States Code, to provide outer burial receptacles for remains buried in National Parks, and for other purposes, and ask for its immediate consideration in the House.

The Clerk reads the title of the bill.

The SPEAKER pro tempore. Pursuant to House Resolution 891, an amend-
ment in the nature of a substitute con-
sisting of the text of H.R. 5674, as re-
ported by the Committee on Veterans’ Affairs, as modified by the amendment printed in part B of House Report 115–

The text of the bill, as amended, is as follows:

H4014 CONGRESSIONAL RECORD — HOUSE May 16, 2018
Representatives of the United States of America in

Sec. 100. Short title; references to title 38, United States Code.

Sec. 1. Short title; table of contents.

TITLES FOR THIS ACT IS AS FOLLOWS:

Sec. 113. Improvement of authority to recover non-Department health care providers.

Sec. 111. Prompt payment to providers.

Sec. 122. Training program for administration of Department of Veterans Affairs providers.

Sec. 121. Education program on health care operations.

Sec. 134. Department of Veterans Affairs provider manuals and telemedicine.

Sec. 133. Competency standards for non-Department of Veterans Affairs health care providers.

Sec. 132. Improving information sharing with non-Department of Veterans Affairs health care providers.

Sec. 131. Establishment of processes to ensure medicare coverage for veterans.

Sec. 130. Improvement of provider manuals and telemedicine.

Sec. 129. Pilot program to provide information sharing for operations on live donors for purposes of conducting transplant procedures for veterans.

Sec. 128. Implementation of technology system of Department of Veterans Affairs to assess and improve the family caregiver program.

Sec. 127. Medical systems to annual evaluation report on caregiver program of Department of Veterans Affairs.

Sec. 126. Implementation of technology system of Department of Veterans Affairs to assess and improve the family caregiver program.

Sec. 125. Medical systems to annual evaluation report on caregiver program of Department of Veterans Affairs.

Sec. 124. Implementation of technology system of Department of Veterans Affairs to assess and improve the family caregiver program.

Sec. 123. Medical systems to annual evaluation report on caregiver program of Department of Veterans Affairs.

Sec. 122. Training program for administration of Department of Veterans Affairs providers.

Sec. 121. Education program on health care operations.

Sec. 134. Department of Veterans Affairs provider manuals and telemedicine.

Sec. 133. Competency standards for non-Department of Veterans Affairs health care providers.

Sec. 132. Improving information sharing with non-Department of Veterans Affairs health care providers.

Sec. 131. Establishment of processes to ensure medicare coverage for veterans.

Sec. 130. Improvement of provider manuals and telemedicine.

Sec. 129. Pilot program to provide information sharing for operations on live donors for purposes of conducting transplant procedures for veterans.

Sec. 128. Implementation of technology system of Department of Veterans Affairs to assess and improve the family caregiver program.

Sec. 127. Medical systems to annual evaluation report on caregiver program of Department of Veterans Affairs.

Sec. 126. Implementation of technology system of Department of Veterans Affairs to assess and improve the family caregiver program.

Sec. 125. Medical systems to annual evaluation report on caregiver program of Department of Veterans Affairs.

Sec. 124. Implementation of technology system of Department of Veterans Affairs to assess and improve the family caregiver program.

Sec. 123. Medical systems to annual evaluation report on caregiver program of Department of Veterans Affairs.

Sec. 122. Training program for administration of Department of Veterans Affairs providers.

Sec. 121. Education program on health care operations.

Sec. 134. Department of Veterans Affairs provider manuals and telemedicine.

Sec. 133. Competency standards for non-Department of Veterans Affairs health care providers.

Sec. 132. Improving information sharing with non-Department of Veterans Affairs health care providers.

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Sec. 123. Medical systems to annual evaluation report on caregiver program of Department of Veterans Affairs.

Sec. 122. Training program for administration of Department of Veterans Affairs providers.

Sec. 121. Education program on health care operations.

Sec. 134. Department of Veterans Affairs provider manuals and telemedicine.

Sec. 133. Competency standards for non-Department of Veterans Affairs health care providers.

Sec. 132. Improving information sharing with community providers.

Sec. 131. Establishment of processes to ensure safe opioid prescribing practices by non-Department of Veterans Affairs health care providers.

Sec. 130. Development of criteria for designation of certain medical facilities of the Department of Veterans Affairs as underserved facilities and plan to address problem of underserved facilities.

Sec. 129. Pilot program to furnish mobile deployment teams to underserved facilities.

Sec. 128. Development of criteria for designation of certain medical facilities of the Department of Veterans Affairs as underserved facilities and plan to address problem of underserved facilities.

Sec. 127. Medical systems to annual evaluation report on caregiver program of Department of Veterans Affairs.

Sec. 126. Implementation of technology system of Department of Veterans Affairs to assess and improve the family caregiver program.

Sec. 125. Medical systems to annual evaluation report on caregiver program of Department of Veterans Affairs.

Sec. 124. Implementation of technology system of Department of Veterans Affairs to assess and improve the family caregiver program.

Sec. 123. Medical systems to annual evaluation report on caregiver program of Department of Veterans Affairs.

Sec. 122. Training program for administration of Department of Veterans Affairs providers.

Sec. 121. Education program on health care operations.

Sec. 134. Department of Veterans Affairs participation in national network of State-based prescription drug monitoring programs.

Sec. 135—OTHER DEPARTMENT HEALTH CARE MATTERS

Sec. 141. Plans for Use of Supplemental Appropriations Required.

Sec. 124. Veterans Choice Program.

Sec. 135—OTHER DEPARTMENT HEALTH CARE MATTERS

Sec. 141. Plans for Use of Supplemental Appropriations Required.

Sec. 124. Veterans Choice Program.
“(1) is enrolled in the system of annual patient enrollment established and operated under section 1705 of this title; or

“(2) is not enrolled in such system but is otherwise entitled to Department medical services or extended care services under subsection (c)(2) of such section.

(2) HEALTH CARE PROVIDERS SPECIFIED.—Health care providers specified in this subsection are the following:

“(1) Any health care provider that is participating in the Medicare program under title XVIII of the Social Security Act (42 U.S.C. 1395 et seq.), including any physician furnishing services under such a program.

“(2) The Department of Defense.

“(3) The Indian Health Service.

“(4) Any Federally-qualified health center (as defined in section 1905(o)(2)(B) of the Social Security Act).

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

“(d) CONDITIONS UNDER WHICH CARE IS REQUIRED TO BE FURNISHED THROUGH NON-DEPARTMENT PROVIDERS.—(1) The Secretary shall, subject to the availability of appropriations, furnish hospital care, medical services, and extended care services to a covered veteran through health care providers specified in subsection (c).

“(A) The Department does not offer the care or services the veteran requires;

“(B) The Department does not operate a full-service medical facility in the State in which the covered veteran resides;

“(C)(i) the covered veteran was an eligible veteran under section 1703A(b)(2) of the Veterans Access, Choice, and Accountability Act of 2014 (Public Law 113–146; 38 U.S.C. 1701 note) as of the day before the date of the enactment of the Caring for Our Veterans Act of 2014;

“(ii) continues to reside in a location that is reasonably accessible to a covered veteran.

“(C)(iii) either—

“(aa) received care or services under this title in the year preceding the enactment of the Caring for Our Veterans Act of 2014;

“(bb) is seeking care or services within two years of the date of the enactment of the Caring for Our Veterans Act of 2014;

“(D) The Department, or has contacted the Department to request care or services, and the Department is not able to furnish such care or services in a manner that complies with designated access standards developed by the Secretary under section 1703B of this title under subparagraph (D) of such paragraph, that the Department does not operate a full-service medical facility in the State in which the covered veteran resides;

“(E) the covered veteran and the covered veteran’s referring clinician agree that furnishing care or services through a non-Department entity or provider would be in the best medical interest of the covered veteran based upon criteria developed by the Secretary.

“(2) The Secretary shall ensure that the criteria developed under paragraph (1) include consideration of the following:

“(A) The distance between the covered veteran and the facility that provides the hospital care, medical services, or extended care services the veteran needs.

“(B) The nature of the hospital care, medical services, or extended care services required.

“(C) The frequency that the hospital care, medical services, or extended care services needed to provide the covered veteran faces an unusual or excessive burden to access hospital care, medical services, or extended care services from the Department medical facility where a covered veteran seeks hospital care, medical services, or extended care services, which shall include consideration of the following:

“(i) Whether the veteran faces an excessive driving distance, geographical challenge, or environmental factor that impedes the access of the covered veteran to the Department health care facility that is reasonably accessible to a covered veteran.

“(ii) Whether the hospital care, medical services, or extended care services sought by the veteran is provided by a medical facility of the Department that is reasonably accessible to a covered veteran.

“(iii) Whether a medical condition of the covered veteran affects the ability of the covered veteran to travel.

“(iv) Whether there is compelling reason, as determined by the Secretary, that the veteran needs to receive hospital care, medical services, or extended care services from a medical facility other than a medical facility of the Department.

“(E) Other considerations as the Secretary considers appropriate.

“(3) If the Secretary has determined that the Department does not offer the care or services the covered veteran requires under subparagraph (A) of paragraph (1), that the Department does not operate a full-service medical facility in the State in which the covered veteran resides under subparagraph (B) of such paragraph, that the covered veteran is described under subparagraph (C) of such paragraph, or that the Department is not able to furnish care or services in a manner that complies with designated access standards developed by the Secretary under section 1703B of this title under subparagraph (D) of such paragraph, the decision to receive care or services from a health care provider specified in subsection (c) shall be at the election of the covered veteran.

“(4) REVIEW OF DECISION.—The review of any decision under subsection (d) or (e) shall be subject to the Department’s clinical appeals process, and such decisions may not be appealed to the Board of Veterans’ Appeals.

“(g) TIERED NETWORK.—(1) To promote the provision of high-quality and high-value hospital care, medical services, and extended care services under this section, the Secretary may enter into a tiered provider network of health care providers based on criteria established by the Secretary for purposes of this section.

“(2) In developing a tiered provider network of health care providers under this paragraph, the Secretary shall not prioritize providers in a tier over providers in any other tier in a manner that limits the choice of a covered veteran in selecting a health care provider specified in subsection (c) for receipt of hospital care, medical services, extended care services under this section.

“(h) CONTRACTS TO ESTABLISH NETWORKS OF HEALTH CARE PROVIDERS.—(1) The Secretary shall enter into consolidated, competitively bid contracts to establish networks of health care providers specified in paragraphs (1) and (5) of subsection (c) for purposes of providing sufficient access to hospital care, medical services, or extended care services under this section.

“(2)(A) The Secretary shall, to the extent practicable, ensure that covered veterans are able to make their own appointments using available technology.

“(B) To the extent practicable, the Secretary shall be responsible for the scheduling of appointments for hospital care, medical services, and extended care services under this section.

“(3)(A) The Secretary may terminate a contract with an entity entered into under paragraph (1) at any time and upon any notice to the entity as the Secretary may specify for purposes of this section, if the Secretary notifies the appropriate committees of Congress that, at a minimum—

“(I) the entity—

“(aa) failed to comply substantially with the provisions of the contract or with the provisions of this section and the regulations prescribed under this section;

“(bb) failed to comply with the access standards or the standards for quality established by the Secretary;

“(II) is excluded from participation in a Federal health care program (as defined in section 1123(b) of the Social Security Act (42 U.S.C. 1320a–7a)) under section 1123 or 1124A of the Social Security Act (42 U.S.C. 1320a–7 and 1320a–7a);

“(III) is identified as an excluded source on the list maintained by the Office of Management, or any successor system; or

“(IV) has been convicted of a felony or other serious offense under Federal or State law and such conviction would be detrimental to the best interests of veterans or the Department;
such network.

(4) Whenever the Secretary provides notice to an entity that the entity is failing to meet contractual obligations entered into under paragraph (1) under any other provision of law.

(5) Notwithstanding paragraph (1), the Secretary may instruct a health care provider to furnish hospital care, medical services, or extended care services under this section for a patient with a non-service-connected disability described in subsection (e)(1)(A) if the Secretary determines by the use of value-based reimbursement models to promote the provision of high-quality care.

(6) With respect to hospital care, medical services, or extended care services furnished under this section for which the rate paid for such care or services shall be determined by the Secretary.

(1) With respect to hospital care or services furnished through such networks, the Secretary shall not pay a greater amount for receiving care or services under this section than the amount the Secretary would pay for receiving the same or comparable care or services at a medical facility of the Department or from a health care provider of the Department.

(2) In monitoring the hospital care, medical services, or extended care services furnished through such networks, the Secretary shall examine the following:

(A) the timeliness of the Department in referring hospital care, medical services, and extended care services furnished through such networks.

(B) The report of the number of medical service lines the Secretary has determined under subsection (e)(1) not to be providing hospital care, medical services, or extended care services that comply with the standards for quality established by the Secretary.

(3) With respect to care or services furnished through such networks and how such networks affected area.

(4) The Secretary shall establish a system or sharing agreements entered into under authority other than this section.
(1) the date that is 30 days after the date on which the Secretary of Veterans Affairs submits the report required under section 101(q)(2) of the Veterans Access, Choice, and Accountability Act of 2014 (Public Law 113-146; 38 U.S.C. 1701 note); or
(2) the date on which the Secretary promulgates regulations pursuant to subsection (c).

(c) REGULATIONS.—(1) IN GENERAL.—Not later than one year after the date of the enactment of this Act, the Secretary shall promulgate regulations to carry out section 103 of title 38, United States Code, as amended by subsection (a) of this section.

(2) MODIFICATIONS.—Paragraph (1) shall not be construed to prohibit the Secretary and the parties to the contracts, memorandums of understanding, memorandums of agreements, and other arrangements described in paragraph (1) from making such changes to such contracts, memorandums of understanding, memorandums of agreements, and other arrangements as may be necessary or appropriate to provide hospital care, medical service, or an extended care service to veterans.

SEC. 108. AUTHORIZATIONS OF AGREEMENTS BETWEEN DEPARTMENT OF VETERANS AFFAIRS AND NON-DEPARTMENT PROVIDERS.

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

"§ 1703A. Agreements with eligible entities or providers; certification procedures

"(a) AGREEMENTS AUTHORIZED.—(1)(A) When hospital care, a medical service, or an extended care service is to be furnished by a veteran who is entitled to such care or service under this chapter is not feasibly available to the veteran from a facility of the Department or through a contract or sharing arrangement entered into pursuant to another provision of law, the Secretary may furnish such care or service to such veteran through an agreement with such veteran, an eligible entity or provider to provide hospital care, medical service, or extended care service.

"(B) An agreement entered into under this section to provide hospital care, a medical service, or an extended care service shall be known as a "Veterans Care Agreement".

"(C) For purposes of this paragraph (A), hospital care, a medical service, or an extended care service may be considered not feasibly available to a veteran from a facility of the Department or through a contract or sharing arrangement described in such subparagraph when the Secretary determines the veteran’s medical condition, the travel involved, the nature of the hospital care, medical service, or extended care services required by a veteran who is entitled to such care or service within a facility of the Department or by contract or sharing arrangement entered into pursuant to another provision of law, and, if so, take action to do so.

"(2) (A) Subject to subparagraph (B), the Secretary shall review each Veterans Care Agreement of material size that has been in effect for at least six months by the first two years of its taking effect, and not less frequently than once every four years thereafter.

"(B) If a Veterans Care Agreement has not been in effect for at least six months by the date of the review required by subparagraph (A), the agreement shall be reviewed during the next cycle required for such agreement.

"(C) A Veterans Care Agreement shall be considered to have been in effect for at least six months by the date of the review required by subparagraph (A) if it has been in effect for at least six months by the date of the review required by subparagraph (B).

"(D) The Secretary shall review each Veterans Care Agreement with an eligible entity or provider to determine whether it is feasible and advisable to provide such care or service within a facility of the Department or by contract or sharing arrangement entered into pursuant to another provision of law, and, if so, take action to do so.

"(E) (1) The Secretary shall provide to the appropriate committees of Congress periodic updates to confirm the progress of the Secretary toward developing such regulations.

"(2) Such a process shall, at a minimum—

"(i) for purposes of this section, an eligible entity or provider shall agree—

"(I) to accept payment at the rates established in regulations prescribed under this section;

"(II) to furnish hospital care, medical services, or extended care services under this section, an eligible entity or provider shall agree—

"(II)(A) to accept payment at the rates established in regulations prescribed under this section;

"(II)(B) to furnish hospital care, medical services, or extended care services under this section, an eligible entity or provider shall agree—

"(II)(B)(i) that the payment by the Secretary under this section on behalf of a veteran to a provider of services or care shall, unless rejected and refunded by the provider within 30 days of receipt, constitute payment in full and extinguish any liability on the part of the veteran for the receipt, constitute payment in full and extinguish any liability on the part of the veteran for the receipt,
provider at such time and upon such reasonable notice to the eligible entity or provider as may be specified in regulations prescribed under this section.

(4) has determined that the eligible entity or provider has failed to comply substantially with the provisions of this section or regulations prescribed under this section.

(b) has determined the eligible entity or provider has not entered into an agreement under this section.

(c) has determined that the eligible entity or provider has not entered into an agreement under this section.

(d) has determined that the eligible entity or provider has been convicted of a felony or other serious offense under Federal or State law and that entry into an agreement under this section would be detrimental to the best interests of veterans or the Department; or

(e) has determined that it is reasonable to terminate the agreement based on the health care needs of a veteran.

(g) QUALITY OF CARE.—The Secretary shall establish a system or systems for monitoring the quality of care furnished to veterans under Veterans Care Agreements and for assessing the quality of hospital care, medical services, and extended care services furnished by eligible entities and providers to present all disputes arising under or related to Veterans Care Agreements.

(3) Eligible entities or providers must first exhaust administrative procedures for the furnishing of care and services, or

(a) a Federal contract for the acquisition of goods or services for purposes of any provision of Federal law governing Federal contracts for the acquisition of goods or services except section 4706(d) of title 41.

(b) Except as provided in the agreement itself, in clause (ii), and unless otherwise provided in this section or regulations prescribed pursuant to this section, that entity or provider that enters into an agreement under this section is subject to, in the carrying out of the agreement, any provision of law to which providers of services and suppliers under the Medicare program under title XVIII of the Social Security Act (42 U.S.C. 1395 et seq.) are not subject.

(c) Notwithstanding subparagraph (B)(ii)(I), a State home that enters into an agreement under this section may not be treated as a Federal contractor or subcontractor for purposes of chapter 67 of title 41 (known as the ‘McNamara-O’Hara Service Contract Act of 1965’).

(d) The Secretary shall ensure that the access standards established under this section are subject to, in the carrying out of the agreement, any provision of law to which providers of services and suppliers under the Medicare program under title XVIII of the Social Security Act (42 U.S.C. 1395 et seq.) are not subject.

(e) The Secretary shall ensure that the access standards established under this section are subject to, in the carrying out of the agreement, any provision of law to which providers of services and suppliers under the Medicare program under title XVIII of the Social Security Act (42 U.S.C. 1395 et seq.) are not subject.

(f) The Secretary shall ensure that the access standards established under this section are subject to, in the carrying out of the agreement, any provision of law to which providers of services and suppliers under the Medicare program under title XVIII of the Social Security Act (42 U.S.C. 1395 et seq.) are not subject.

(g) The Secretary shall ensure that the access standards established under this section are subject to, in the carrying out of the agreement, any provision of law to which providers of services and suppliers under the Medicare program under title XVIII of the Social Security Act (42 U.S.C. 1395 et seq.) are not subject.

(h)(1) Consistent with paragraphs (1)(D) and (3) of subsection (h)(1), and after contact with the Department, the Secretary shall inform any such veterans of the Department of Veterans Affairs.

(2) The Secretary shall establish a process to review such requests from covered veterans to determine whether—

(3) Notwithstanding subparagraph (B)(ii)(I), a State home that enters into an agreement under this section may not be treated as a Federal contractor or subcontractor for purposes of chapter 67 of title 41 (known as the ‘McNamara-O’Hara Service Contract Act of 1965’).
§ 1703C. Standards for quality.

(a) IN GENERAL.—(1) The Secretary shall establish standards for quality regarding hospital care, medical services, and extended care services furnished by the Department pursuant to this title and shall consult with appropriate committees of Congress to confirm the Department’s system of facilities.

(b) CLERICAL AMENDMENT.—The table of sections at the beginning of chapter 17, as amended by section 102, is further amended by inserting after the item relating to section 1703A the following new section:

“§ 1725A. Access to walk-in care.

(a) PROCEDURES TO ENSURE ACCESS TO WALK-IN CARE.—The Secretary shall develop procedures to ensure that veterans are able to access walk-in care from qualifying non-Department entities or providers.

(b) ELIGIBLE VETERANS.—For purposes of this section, an eligible veteran is any individual who—

(1) is enrolled in the health care system established under section 1706(a) of this title; and

(2) has received care under this chapter within the 24-month period preceding the furnishing of walk-in care under this section.

(c) QUALIFYING NON-DEPARTMENT ENTITIES OR PROVIDERS.—For purposes of this section, a qualifying non-Department entity or provider is a non-Department entity or provider that has entered into a contract or other agreement with the Secretary to furnish services under this section.

(d) FEDERALLY-CREDITED HEALTH CENTERS.—With respect to section 1705, the Secretary may use a Federally-qualified health center (as defined in section 1905(l)(2)(B) of the Social Security Act (42 U.S.C. 1396d(l)(2)(B)) to carry out this section.

(e) CONTINUITY OF CARE.—The Secretary shall ensure continuity of care for those eligible veterans who receive walk-in care services under this section. In making an assessment of the establishment of a mechanism to receive medical records from walk-in care providers and provide pertinent patient medical records to providers of walk-in care.

(f) COPAYMENTS.—(1) The Secretary may require an eligible veteran to pay the United States a copayment for each episode of hospital care or medical services provided under this subsection if the eligible veteran would be required to pay a copayment under title III.

(2) An eligible veteran not required to pay a copayment under paragraph (1) may access walk-in care without a copayment for the first two visits in a calendar year. For any additional visits, a copayment at an amount determined by the Secretary may be required.

(g) A monthly determination of the amount or amounts of the copayment required under this title shall be prescribed by the Secretary.

(h) WALK-IN CARE DEFINED.—In this section, the term ‘walk-in care’ means non-emergent care from a non-Department entity or provider that furnishes episodic care and not longitudinal management of conditions.

SEC. 105. ACCESS TO WALK-IN CARE.

(a) IN GENERAL.—Chapter 17 is amended by inserting after section 1725 the following new section:

“§ 1725A. Access to walk-in care.

(a) PROCEDURES TO ENSURE ACCESS TO WALK-IN CARE.—The Secretary shall develop procedures to ensure that veterans are able to access walk-in care from qualifying non-Department entities or providers.

(b) ELIGIBLE VETERANS.—For purposes of this section, an eligible veteran is any individual who—

(1) is enrolled in the health care system established under section 1706(a) of this title; and

(2) has received care under this chapter within the 24-month period preceding the furnishing of walk-in care under this section.

(c) QUALIFYING NON-DEPARTMENT ENTITIES OR PROVIDERS.—For purposes of this section, a qualifying non-Department entity or provider is a non-Department entity or provider that has entered into a contract or other agreement with the Secretary to furnish services under this section.

(d) FEDERALLY-CREDITED HEALTH CENTERS.—With respect to section 1705, the Secretary may use a Federally-qualified health center (as defined in section 1905(l)(2)(B) of the Social Security Act (42 U.S.C. 1396d(l)(2)(B)) to carry out this section.

(e) CONTINUITY OF CARE.—The Secretary shall ensure continuity of care for those eligible veterans who receive walk-in care services under this section. In making an assessment of the establishment of a mechanism to receive medical records from walk-in care providers and provide pertinent patient medical records to providers of walk-in care.

(f) COPAYMENTS.—(1) The Secretary may require an eligible veteran to pay the United States a copayment for each episode of hospital care or medical services provided under this subsection if the eligible veteran would be required to pay a copayment under title III.

(2) An eligible veteran not required to pay a copayment under paragraph (1) may access walk-in care without a copayment for the first two visits in a calendar year. For any additional visits, a copayment at an amount determined by the Secretary may be required.

SEC. 106. STRATEGY REGARDING THE DEPARTMENT OF VETERANS AFFAIRS HIGH-PERFORMING INTEGRATED HEALTH CARE NETWORK.

(a) IN GENERAL.—Chapter II of title 38, United States Code, is amended by inserting after section 7330B the following new section:

“§ 7330C. Quadrilateral Veterans Health Administration review.

(a) MARKET AREA ASSESSMENTS.—(1) Not less frequently than every four years, the Secretary of Veterans Affairs shall perform market area assessments regarding the health care services furnished under the laws administered by the Secretary.

(b) An inventory of the health care capacity of the Department of Veterans Affairs across the Department’s system of facilities.

(c) An assessment of the health care capacity to be provided through contracted community care providers and providers who entered into a provider agreement with the Department under section 1706A of title 38, as added by section 102, including the number of providers, the geographic location of the providers, and categories or types of health care services provided by the providers.

(d) An assessment obtained from other Federal direct delivery systems of their capacity to provide health care to veterans.

(e) An assessment of the health care capacity of non-contracted providers where there is insufficient network supply.

(f) An assessment of the health care capacity of academic affiliates and other collaboratives of the Department as it relates to providing health care to veterans.

(g) An assessment of the effects on health care capacity of the access standards and standards for quality established under sections 101B and 103C of this title.

(h) The number of appointments for health care services under the laws administered by the Secretary, disaggregated by—

(i) appointments at facilities of the Department of Veterans Affairs; and

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

The Secretary shall submit to the appropriate committees of Congress the market area assessments established in paragraph (1).

(B) The Secretary shall also submit to the appropriate committees of Congress the market area assessments completed by or being performed on the day before the date of the enactment of the Caring for Our Veterans Act of 2018.

The Secretary shall use the market area assessments established under paragraph (1) to—

(i) determine the capacity of the health care provider network established under section 1703(h) of this title;

(ii) inform the Department budget, in accordance with subparagraph (B); and

(iii) assess the appropriateness of the access standards established under section 1703B of this title and standards for quality.
under section 1703C and to make recommendations for any changes to such standards.

“(B) The Secretary shall ensure that the Department budget for any fiscal year (as submitted to the Committee on Appropriations of the House of Representatives under section 1705(a) of title 31) reflects the findings of the Secretary with respect to the most recent market area assessments under paragraph (1) and bases such budget on data from the non-department and non-Department entities or providers furnishing care and services to covered veterans as described in section 1703(b).

“(B) DEVELOP PLAN TO MEET HEALTH CARE DEMAND.—(1) Not later than one year after the date of the enactment of this Act and not less frequently than once every four years thereafter, the Secretary shall submit to the appropriate committees of Congress a strategic plan that specifies a four-year forecast of

“(A) the demand for health care from the Department, disaggregated by geographic area as determined by the Secretary;

“(B) the health care capacity to be provided at each medical center of the Department; and

“(C) the health care capacity to be provided through community care providers.

“(2) As part of the strategic plan under paragraph (1), the Secretary shall—

“(A) assess the access standards and standards for quality established under sections 1703B and 1703C; and

“(B) assess the market area assessments established under subsection (a);

“(C) assess the needs of the Department based on identified shortfalls that provide management of conditions or disorders related to military service for which there is limited experience or access in the national market, the overall health of veterans throughout their lifetime, or other services as the Secretary determines appropriate;

“(D) consult with key stakeholders within the Department and any other Federal agencies, and other relevant governmental and non-governmental entities, including State, local, and tribal government officials, members of Congress, veterans service organizations, private sector representatives, academics, and other policy experts;

“(E) identify emerging issues, trends, problems, and opportunities that could affect health care services furnished under the laws administered by the Secretary;

“(F) develop recommendations regarding both short-term and long-term priorities for health care services furnished under the laws administered by the Secretary;

“(G) after consultation with veterans service organizations, key stakeholders, and in consultation with or survey development or modification of an existing survey, consider a survey of veterans who have used hospital care, medical services, or extended care services furnished by the Veterans Health Administration during the most recent two-year period to assess the satisfaction of the veterans with service and quality of care;

“(H) prepare a plan for the implementation of programs and policies of the Department regarding the delivery of health care services and the demand of health care services for veterans in future years;

“(I) remediate the medical service lines of the Department as described in section 1706A in consultation with the utilization of non-Department entities or providers to offset remediation; and

“(J) consider such other matters as the Secretary considers appropriate.

“RESPONSIBILITIES.—The Secretary shall be responsible for—

“(1) overseeing the transformation and organization across the Department to achieve such high performing integrated health care network;

“(2) developing the capital infrastructure planning, procurement processes, whether minor or major construction projects or leases; and

“(3) developing a multi-year budget process that is capable of forecasting future year budget requirements and projecting the cost of delivering health care services under a high-performing integrated health care network.

“(d) APPROPRIATE COMMITTEES OF CONGRESS DEFINED.—In this section, the term ‘appropriate committees of Congress’ means—

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

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

“CLERICAL AMENDMENT.—The table of sections at the beginning of this chapter is amended by inserting after the item relating to section 7320B the following new item:

“7330C. Quadrennial Veterans Health Administration review.”.

SEC. 107. APPROPRIATE DIRECTIVE OF FEDERAL CONTRACT COMPLIANCE PROGRAMS.

“(a) IN GENERAL.—Notwithstanding the treatment of certain laws under subsection (b) of section 1701A of title 38, United States Code, as added by section 102 of this title, Directive 2014–01, of the Office of Federal Contract Compliance Programs of the Department of Labor (effective as of May 7, 2014) shall apply to any entity entering into an agreement under such section 1701A of title 38, as added by section 103, in the same manner as such directive applies to subcontractors under the TRICARE program for the duration of the moratorium provided under such directive.

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

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

SEC. 108. PREVENTION OF CERTAIN HEALTH CARE SERVICES TO VETERANS.

“(a) IN GENERAL.—On and after the date that is one year after the date of the enactment of this Act, the Secretary of Veterans Affairs shall deny or revoke the eligibility of a health care provider to provide non-Department health care services to veterans if the Secretary determines that the health care provider is—

“(1) removed from employment with the Department of Veterans Affairs due to conduct that violated a policy of the Department relating to the delivery of safe and appropriate health care;

“(2) required to undergo a physical examination by a health care provider is suspended or revoked under section 802 of the Veterans Choice Fund under section 801 of title 38, United States Code; or

“(3) denied or suspended under this section.

“(b) PERMISSIVE ACTION.—On and after the date that is one year after the date of the enactment of this Act, the Secretary may—

“(1) increase the population of health care providers that does not comply with the standards for quality established by the Secretary, the Secretary shall submit to Congress an assessment of the factors that led the Secretary to make such determination and a plan with specific actions, and the time to complete them, to be taken to comply with such standards for quality, including the following:

“(A) increasing personal or person-including persons assistance, including mobile deployment teams.

“(B) Special hiring incentives, including the Education Debt Reduction Program under subchapter VII of chapter 76 of this title and recruitment, relocation, and retention incentives.

“(C) Utilizing direct hiring authority.

“(D) Providing improved training opportunities for staff.

“(E) Acquiring improved equipment.

“(F) Making structural modifications to the facility used by the medical service line.

“(G) Such other actions as the Secretary considers appropriate.

“RESPONSIBLE PARTIES.—In each assessment submitted under subsection (a) with respect to a medical service line, the Secretary shall identify the individuals at the Central Office of the Veterans Health Administration, the facility used by the medical service line, and the central office of the relevant Veterans Integrated Service Network who are responsible for overseeing the process of that medical service line in complying with the standards for quality established by the Secretary.

“INTERIM REPORTS.—Not later than 180 days after submitting an assessment under subsection (a) with respect to a medical service line, the Secretary shall submit to Congress a report on the progress of that medical service line in implementing the standards for quality established by the Secretary and any other measures the Secretary takes to assist the medical
service line in complying with such standards for quality.

“(d) ANNUAL REPORTS.—Not less frequently than once each year, the Secretary shall—

“(1) submit to Congress a report on the remediation and costs of such actions taken with respect to each medical service line under this chapter, including in the report an assessment of provider performance under paragraph (1) in the preceding year, including an update on the progress of each such medical service line in complying with the standards for quality and timeliness established by the Secretary and any other actions the Secretary is undertaking to assist the medical service line in complying with such standards for quality as established by the Secretary; and

“(2) publish such analysis on the internet website of the Department.’’.

(b) CLERICAL AMENDMENT.—The table of sections at the beginning of such chapter is amended by inserting after the item relating to section 1706 the following new item:

“1706.A. Remediation of medical service lines.”.

CHAPTER 2—PAYING PROVIDERS AND IMPROVING COLLECTIONS

SEC. 111. PROMPT PAYMENT TO PROVIDERS.

(a) IN GENERAL.—Subchapter I of chapter 17 is amended by inserting after section 1703C, as added by section 104 of this title, the following new section:

“§ 1703D. Prompt payment standard

“(a) IN GENERAL.—(1) Notwithstanding any other provision of this title or of any other provision of law, there shall be a system for furnishing hospital care, medical services, or extended care services furnished by health care entities or providers under this chapter within 45 calendar days after receipt of a clean paper claim or 30 calendar days upon receipt of a clean electronic claim.

“(2) If a claim is denied, the Secretary shall, within 45 calendar days of denial of a paper claim and 30 calendar days of denial of an electronic claim, notify the health care entity or provider of the reason for denying the claim and what, if any, additional information is required to process the claim.

“(3) Upon the receipt of the additional information, the Secretary may either

“(A) pay the amount of any overpayment from payments due a health care entity or provider under this chapter; or

“(B) deduct the amount of any overpayment from the Secretary’s liability to pay the full amount of such indebtedness.

“(2) The Secretary shall make a determination with respect to any such dispute or request prior to deducting any overpayment unless the time required to make such a determination before making any deductions would jeopardize the Secretary’s ability to recover the full amount of such indebtedness.

“(f) INFORMATION AND DOCUMENTATION REQUIRED.—(1) The Secretary shall provide to all health care entities or providers participating in a program to furnish hospital care, medical services, or extended care services under this chapter a list of information and documentation that is required to establish a clean claim under this section.

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

“(3) The Secretary shall modify the information and documentation included in the list under paragraph (1), the Secretary shall notify all health care entities and providers described in paragraph (1) within 30 days after such modifications take effect.

“(g) PROCESSING OF CLAIMS.—(1) In processing a claim for compensation for hospital care, medical services, or extended care services furnished by a non-Department health care entity or provider under this chapter, the Secretary may act through—

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

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

“(2) The Secretary shall seek to contract with a third party to conduct a review of claims described in paragraph (3) that includes—

“(A) a feasibility assessment to determine the capacity of the Department to process such claims in a timely manner; and

“(B) a cost benefit analysis comparing the capacity of the Department to a third party entity capable of processing the claims.

“(3) The review required under paragraph (2) shall apply to claims for hospital care, medical services, or extended care services furnished under the Caring for Our Veterans Act of 2018, that are processed by the Department.

“(h) REPORT ON ENCOUNTER DATA SYSTEM.—(1) Not later than 90 days after the date of the enactment of the Caring for Our Veterans Act of 2018, the Secretary shall submit to the appropriate committees of Congress a report on the feasibility and advisability of adopting a funding mechanism similar to what is utilized by other Federal agencies to allow a contracted entity or other arrangement under this chapter, the Federal Government to distribute, or pass through, Federal Government funds for certain non-Department furnished hospital care, medical services, or extended care services.

“(2) The Secretary may coordinate with the Department of Defense, the Department of Health and Human Services, and the Department of Veterans Affairs in developing the report required by paragraph (1).”.

“(i) DEFINITIONS.—In this section:

“(1) The term ‘appropriate committees of Congress’ means—

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

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

“(2) The term ‘clean paper claim’ means the transmission of data for prompt payment of covered health care expenses that is submitted to the Secretary which contains substantially all of the required data elements necessary for accurate adjudication, without obtaining additional information from the entity or provider that furnished the care or service, submitted in such format as prescribed by the Secretary in regulations for the purpose of paying claims for care or services.

“(3) The term ‘clean paper claim’ includes a paper claim for payment of covered health care expenses that is submitted to the Secretary which contains substantially all of the required data elements necessary for accurate adjudication, without obtaining additional information from the entity or provider that furnished the care or service, submitted in such format as prescribed by the Secretary in regulations for the purpose of paying claims for care or services.

“(4) The term ‘fraudulent claims’ means the knowing misrepresentation of a material fact or facts by a health care entity or provider made to induce the Secretary to pay a claim that was not payable to that provider.

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

“(b) CLERICAL AMENDMENT.—The table of sections at the beginning of such chapter is amended by inserting after the item relating to section 1703C, as added by section 104 of this title, the following new item:

“1703D. Prompt payment standard.”.

SEC. 112. AUTHORITY TO PAY FOR AUTHORIZED CARE NOT SUBJECT TO AN AGREEMENT.

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

“§ 8159. Authority to pay for services authorized care not subject to an agreement

“(a) IN GENERAL.—If, in the course of furnishing hospital care, a medical service, or an extended care service authorized by the Secretary and pursuant to a contract, agreement, or other arrangement with the Secretary, a provider who is not a party to the contract, agreement, or other arrangement furnishes hospital care, a medical service, or an extended care service that the Secretary considers necessary, the Secretary may compensate the provider for the cost of such care or service.

“(b) NEW CONTRACTS AND AGREEMENTS.—The Secretary shall take reasonable steps to enter into a contract, agreement, or other arrangement with a provider described in subsection (a)
to ensure that future care and services authorized by the Secretary and furnished by the provider are subject to such a contract, agreement, or other arrangement.

(b) MODIFICATION OF AUTHORITY.—The tables of sections at the beginning of such chapter are amended by inserting after the item relating to section 8158 the following new item:

“8159. Authority to provide for services authorized but not subject to an agreement.”.

SEC. 113. IMPROVEMENT OF AUTHORITY TO COVER THE COST OF SERVICES FOR NON-SERVICE-CONNECTED DISABILITIES.

(a) BROADENING SCOPE OF APPLICABILITY.—Section 1729 is amended—

(1) in subsection (a)—

(A) in paragraph (2)(A)—

(i) by striking “the veteran’s” and inserting “the individual’s”; and

(ii) in paragraph (2)(B), by striking “the veteran’s” and inserting “the individual’s”; and

(iii) in paragraph (2)(C), by striking “the veteran’s” and inserting “the individual’s”; and

(B) in paragraph (3)—

(i) in the matter preceding subparagraph (A), by striking “the veteran” and inserting “the individual”; and

(ii) in subparagraph (A), by striking “the veteran’s” and inserting “the individual’s”; and

(C) the copayments and other financial obligations, if any, required of certain individuals for certain services; and

(D) how to utilize the access standards and standards for quality established under sections 1703B and 1703C of such title;

(2) a teacher selected by the individual’s education program for the Department of Veterans Affairs; and

(3) by striking “the veteran’s” and inserting “the individual’s”; and

(b) MODIFICATION OF AUTHORITY.—Subsection (b) is amended by striking “the veteran” and inserting “the individual”; and

(c) MODIFICATION OF ELIGIBLE INDIVIDUALS.—Subparagraph (D) of subsection (a)(2) of such section is amended to read as follows:

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

SEC. 114. PROCESSING OF CLAIMS FOR REIMBURSEMENT THROUGH ELECTRONIC INTERFACE.

The Secretary of Veterans Affairs may enter into an agreement with a third-party entity to process, through the use of an electronic interface, claims for reimbursement for health care provided under the laws administered by the Secretary.

CHAPTER 3—EDUCATION AND TRAINING PROGRAMS

SEC. 121. EDUCATION PROGRAM ON HEALTH CARE OPTIONS.

(a) IN GENERAL.—The Secretary of Veterans Affairs shall develop and administer an education program that teaches veterans about their health care options through the Department of Veterans Affairs.

(b) ELEMENTS.—The program under subsection (a) shall—

(1) teach veterans about—

(A) eligibility criteria for care from the Department set forth under sections 1703 and 1710 of title 38, United States Code;

(B) priority groups for enrollment in the system of annual patient enrollment under section 1705a of such title;

(C) the copayments and other financial obligations, if any, required of certain individuals for certain services; and

(D) how to utilize the access standards and standards for quality established under sections 1703B and 1703C of such title;

(2) teach veterans about the interaction between health insurance (including private insurance, Medicare, Medicaid, the TRICARE program, the Indian Health Service, tribal health programs, and other forms of insurance) and health care from the Department; and

(3) provide veterans with information on what to do when they have a complaint about health care received from the Department (whether through the provider, the Department, or any other type of complaint).

(c) ADMINISTRATION OF PROGRAM.—In developing the education program under this section, the Secretary shall ensure that materials under such program are accessible—

(1) to veterans who may not have access to the internet; and

(2) to veterans in a manner that complies with the Americans with Disabilities Act of 1990 (42 U.S.C. 12101 et seq.).

(d) ANNUAL EVALUATION AND REPORT.—

(1) EVALUATION.—The Secretary shall develop a method to evaluate the effectiveness of the education program under this section and evaluate the program using the method not less frequently than once each year.

(2) REPORT.—Not less frequently than once each year, the Secretary shall submit to Congress a report on the findings of the Secretary with respect to the most recent evaluation conducted by the Secretary under paragraph (1).

(e) DEFINITIONS.—In this section:

(1) MEDICAID.—The term “Medicaid” means the Medicaid program under title XIX of the Social Security Act (42 U.S.C. 1396 et seq.).

(2) MEDICARE.—The term “Medicare” means the Medicare program under title XVIII of such Act (42 U.S.C. 1395 et seq.).

(3) TRICARE PROGRAM.—The term “TRICARE program” has the meaning given that term in section 1072 of title 10, United States Code.

SEC. 122. TRAINING PROGRAM FOR ADMINISTRATION OF NON-DEPARTMENT OF VETERANS AFFAIRS HEALTH CARE.

(a) ESTABLISHMENT OF PROGRAM.—The Secretary of Veterans Affairs shall develop and implement a training program to train employees and contractors of the Department of Veterans Affairs on the administration of non-Department health care programs, including the following:

(1) Reimbursement for non-Department emergency room care.

(2) The Veterans Community Care Program under section 1703 of such title, as amended by section 101.

(3) Management of prescriptions pursuant to improvements under section 131.

(b) ANNUAL EVALUATION AND REPORT.—The Secretary shall—

(1) develop a method to evaluate the effectiveness of the training program developed and implemented under subsection (a);

(2) evaluate such program not less frequently than once each year; and

(3) not less frequently than once each year, submit to Congress the findings of the Secretary with respect to the most recent evaluation carried out under paragraph (2).

SEC. 123. CONTINUING MEDICAL EDUCATION FOR NON-DEPARTMENT OF MEDICAL PROFESSIONALS.

(a) ESTABLISHMENT OF PROGRAM.—

(1) IN GENERAL.—The Secretary of Veterans Affairs shall establish a program to provide continuing medical education material to non-Department medical professionals.

(2) EDUCATION PROVIDED.—The program established under subsection (a) shall include education on the following:

(A) Identifying and treating common mental and physical conditions of veterans and family members of veterans.

(B) The health care system of the Department of Veterans Affairs.

(C) Such other matters as the Secretary considers appropriate.

(b) MATERIAL PROVIDED.—The continuing medical education material provided to non-Department medical professionals under the program established under subsection (a) shall be the same material provided to medical professionals in the Department to ensure that all medical professionals treating veterans have access to the same materials, which supports core competencies throughout the community.

(c) ADMINISTRATION OF PROGRAM.—In general, the Secretary shall administer the program established under subsection (a) to participating non-Department medical professionals through an internet website of the Department of Veterans Affairs.

(2) CURRICULUM AND CREDIT PROVIDED.—The Secretary shall determine the curriculum of the program and the number of hours of credit to provide to participating non-Department medical professionals for continuing medical education.

(3) ACCREDITATION.—The Secretary shall ensure that the program is accredited in as many States as practicable.

(4) CONSENT WITH EXISTING RULES.—The Secretary shall ensure that the program is consistent with the rules and regulations of the following:

(A) The medical licensing agency of each State in which the program is accredited.

(B) Such medical credentialing organizations as the Secretary considers appropriate.

(c) USER COST.—The Secretary shall carry out the program at no cost to participating non-Department medical professionals.

(d) MONITORING, EVALUATION, AND REPORT.—The Secretary shall monitor the utilization of the program established under subsection (a), evaluate its effectiveness, and report to Congress on the utilization and effectiveness not less frequently than once each year.

(e) NON-DEPARTMENT MEDICAL PROFESSIONAL DEFINED.—In this section, the term “non-Department medical professional” means any individual who is licensed by an appropriate medical authority in the United States and is in good standing, is not an employee of the Department of Veterans Affairs, and provides care to veterans or family members of veterans under the laws administered by the Secretary of Veterans Affairs.
CHAPTER 4—OTHER MATTERS RELATING TO NON-DEPARTMENT OF VETERANS AFFAIRS PROVIDERS

SEC. 131. ESTABLISHMENT OF PROCESSES TO EN- SURE SAFE OPIOID PRESCRIBING PRACTICES BY NON-DEPARTMENT OF VETERANS AFFAIRS HEALTH CARE PROVIDERS.

(a) RECEIPT AND REVIEW OF GUIDELINES.—The Secretary of Veterans Affairs shall ensure that all covered health care providers are provided a copy of any evidence-based guidance that the Secretary, after consultation with stakeholders, has determined should be distributed to such providers.

(b) EVIDENCE-BASED MEDICAL HISTORY AND CURRENT MEDICATIONS.—The Secretary shall require that, if care of a veteran by a covered health care provider is authorized under the laws administered by the Secretary, the electronic medical record of the veteran includes the available and relevant medical history of the veteran and a list of all medications prescribed to the veteran as known by the Department.

(c) SUBMITTAL OF MEDICAL RECORDS AND PRESCRIPTIONS.—(1) IN GENERAL.—The Secretary shall, consistent with section 1703(a)(2)(A), as amended by section 101 of this title, and section 1703(a)(2)(B), as added by section 102 of this title, require each covered health care provider to submit medical records of any care or services furnished, including records of any prescriptions for opioids, to the Department in the time-frame and manner specified by the Secretary.

(2) RESPONSIBILITY OF DEPARTMENT FOR RECORDING AND MONITORING.—In carrying out paragraph (1) and upon the receipt by the Department of the medical records described in paragraph (1), the Secretary shall—

(A) ensure the Department is responsible for the prescription in the electronic health record of the veteran; and

(B) enable other monitoring of the prescription as outlined in the Opioid Safety Initiative of the Department.

(3) REPORT.—Not less frequently than annually, the Secretary shall submit to the Committee on Veterans’ Affairs of the Senate and the Committee on Veterans’ Affairs of the House of Representatives a report evaluating the compliance of covered health care providers with the requirements under this section.

SEC. 132. ESTABLISHMENT OF STANDARDS AND REQUIREMENTS FOR NON-DEPARTMENT OF VETERANS AFFAIRS HEALTH CARE PROVIDERS.

(a) ENSURE THE DEPARTMENT IS RESPONSIBLE FOR THE MEDICATION OF A VETERAN.—The Secretary shall require that each covered health care provider, when treating covered veterans, satisfy a condition described in paragraph (3), the Secretary shall take such action as the Secretary considers appropriate to ensure the safety of all veterans receiving care from that health care provider, including removing or directing the removal of any such health care provider from provider networks or otherwise re- fusing to authorize care by veterans using health care provider in any program authorized under the laws administered by the Secretary.

(b) ORGANIZATIONAL RELATIONSHIP.—The Secretary shall ensure that any contracts, agreements, or other arrangements entered into by the Secretary with third parties involved in administering programs that provide care in the community to veterans under the laws administered by the Secretary specifically grant the authority set forth in paragraph (1) to such third parties and to the Secretary, as the case may be.

(c) CONDITIONS FOR EXCLUSION OR LIMITATION.—The Secretary shall take such action as is considered appropriate under paragraph (1) when the Secretary determines that a covered health care provider when treating covered veterans—

(1) conflict with or are otherwise inconsistent with evidence-based guidelines for prescribing opioids; or

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

(3) may place at risk the veterans receiving health care from the provider.

(e) COVERED HEALTH CARE PROVIDER DEFINED.—In this section, the term ‘covered health care provider’ means a non-Department of Veterans Affairs health care provider who provides health care to veterans under the laws administered by the Secretary of Veterans Affairs, but does not include a health care provider employed by another agency of the Federal Government.

SEC. 132. IMPROVING INFORMATION SHARING WITH COMMUNITY PROVIDERS.

Section 7322(b)(2) is amended by striking subparagraph (H) and inserting the following new subparagraphs:

‘‘(H) To a non-department entity (including private entities and other Federal agencies) for purposes of purposes of furnishing, including hospital care, medical services, and extended care services, to patients or performing other health care-related activities or functions.’’

SEC. 133. COMPETENCY STANDARDS FOR NON-DEPARTMENT OF VETERANS AFFAIRS HEALTH CARE PROVIDERS.

(a) ESTABLISHMENT OF STANDARDS AND REQUIREMENTS.—The Secretary of Veterans Affairs shall establish standards and requirements for the provision of care by non-Department of Veterans Affairs health care providers in clinical areas for which the Department of Veterans Affairs has special expertise, including post-traumatic stress disorder, disability, traumatic conditions, and traumatic brain injuries.

(b) CONDITION FOR ELIGIBILITY TO FURNISH CARE.—(1) Each non-Department of Veterans Affairs health care provider shall, to the extent practical, meet the standards and requirements established pursuant to subsection (a) before furnishing care to veterans.

(2) The Secretary, in coordination with relevant entities with respect to which the United States is deemed to be a third party beneficiary under the Act entitled ‘‘An Act to provide for the recovery of tortious liability third persons of the cost of hospital and medical care and treatment furnished by the United States’’ (Public Law 87–693; 42 U.S.C. 2651 et seq.; commonly known as the ‘‘Federal Medical Care Recovery Act’’).”.

SEC. 134. DEPARTMENT OF VETERANS AFFAIRS PARTICIPATION IN STATE-BASED PRESCRIPTION DRUG MONITORING PROGRAMS.

(a) IN GENERAL.—Chapter 17 is amended by inserting after section 1738B the following new section:

‘‘1738B. Access to State prescription drug monitoring programs

‘‘(a) ACCESS TO PROGRAMS.—(1) Any licensed health care provider or delegate of such a provider may, at the discretion of such provider, submit the personal and health care information of a veteran to a State-based prescription drug monitoring program to support the safe and effective use of controlled substances to covered patients.

(2) Under the authority granted by paragraph (1), a veteran may authorize the use of his or her health care provider or delegate of such provider to access that State’s prescription drug monitoring programs.

(3) The Secretary shall not deny or revoke the license, registration, or certification of a licensed health care provider or delegate who otherwise meets State’s qualifications for holding the license, registration, or certification on the basis that the licensed health care provider or delegate has access to a State’s prescription drug monitoring programs.

(b) DEFINITIONS.—In this section:

(1) ‘‘Controlled substance’’ has the meaning given such term in section 102(6) of the Controlled Substances Act (21 U.S.C. 802(6)).

(2) ‘‘Delegate’’ means a person or automated system accessing the national network of State-based prescription monitoring programs at the direction or under the supervision of a licensed health care provider.

(3) ‘‘State’’ means a State, as defined in section 1701 of this Act, or a political subdivision of a State.’’

(c) CLERICAL AMENDMENT.—The table of sections at the beginning of chapter 17 of such title is amended by inserting after the item relating to section 1730A the following new item:

‘‘1738B. Access to State prescription drug monitoring programs.’’

CHAPTER 5—OTHER NON-DEPARTMENT OF VETERANS AFFAIRS HEALTH CARE MATTERS

SEC. 141. PLANS FOR USE OF SUPPLEMENTAL APPROPRIATIONS REQUIRED.

Whenever the Secretary submits to Congress a request for supplemental appropriations or any other appropriation outside the standard budget process to address a budgetary issue affecting the Department of Veterans Affairs, the Secretary shall, not later than 45 days before the date on which such budgetary issue would start...
affecting a program or service, submit to Congress a justification for the request, including a plan that details how the Secretary intends to use the requested appropriation and how long the requested enhancement is expected to meet the needs of the Department and identify any updates and sound actuarial analysis.

SEC. 143. SUNSET OF VETERANS CHOICE PROGRAM.

Subsection (p) of section 101 of the Veterans Access, Choice, and Accountability Act of 2014 (Public Law 113–146; 38 U.S.C. 1701 note) is amended to read as follows:

(a) IN GENERAL.—Notwithstanding any provision of law regarding the licensure of health care professionals, a covered health care professional may practice the health care profession of the health care professional at any location in any State, regardless of where the covered health care professional or the patient is located, if the covered health care professional is using telemedicine to provide treatment to an individual under this chapter.

(b) COVERAGE OF HEALTH CARE PROFESSIONALS.—For purposes of this section, a covered health care professional is any health care professional that—

(1) is an employee of the Department appointed under the authority under section 7306, 7401, 7405, 7406, or 7408 of this title or title 5;

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

(3) is required to adhere to all standards for quality relating to the provision of medicine in accordance with applicable policies of the Department; and

(4) has an active, current, full, and unrestricted license, registration, or certification in a State to provide the same health care profession as the health care professional.

(c) PROPERTY OF FEDERAL GOVERNMENT.—Subsection (a) shall apply to a covered health care professional providing treatment to a patient regardless of whether the covered health care professional or patient is located in a facility owned by the Federal Government during such treatment.

(d) RELATION TO STATE LAW.—(1) The provisions of this section shall supersede any provisions of the law of any State to the extent that such provisions of State law are inconsistent with this section.

(2) No State shall deny or revoke the license, registration, or certification of a covered health care professional who otherwise meets the qualifications of the State for holding the license, registration, or certification on the basis that the covered health care professional has engaged or intends to engage in activity covered by subsection (a).

(e) RULE OF CONSTRUCTION.—Nothing in this section may be construed to remove, limit, or otherwise restrict the authority of a covered health care professional under the Controlled Substances Act (21 U.S.C. 801 et seq.).

(f) STATE DEFINED.—In this section, the term ‘State’ means, as defined in section 101(20) of this title, or a political subdivision of a State.

(g) CLINICAL AMENDMENT.—The table of sections at the beginning of chapter 17 of this title is amended by inserting after the item relating to section 730B, as added by section 134, the following new item:

(1) The satisfaction of veterans with telemedicine.

(2) The satisfaction of health care providers, a covered health care professional, and extended care services to individuals pursuant to chapter 17 of title 38, United States Code, at non-Department facilities, including pursuant to an agreement with non-Department providers. The Secretary may not use the authority under section 1703A, 8111, and 8153 in section 1703 of title 38, United States Code, as added by subsection (a), first amended by section 134, the following new section:

SEC. 151. LICENSURE OF HEALTH CARE PROFESSIONALS OF THE DEPARTMENT OF VETERANS AFFAIRS PROVIDING TREATMENT VIA TELEMEDICINE.

(a) In General.—Not later than one year after the earlier of the date on which services provided under section 1730B of title 38, United States Code, as added by subsection (a), first occur or regulations are promulgated to carry out such section, the Secretary of Veterans Affairs shall submit to the Committee on Veterans’ Affairs of the Senate and the Committee on Veterans’ Affairs of the House of Representatives a report on the effectiveness of the use of telemedicine by the Department of Veterans Affairs.

(b) ELEMENTS.—The report required by paragraph (1) shall include an assessment of the following:

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

(i) The ability of veterans to access health care, whether from the Department or from non-Department health care providers;

(ii) The frequency of use by veterans of telemedicine;

(iii) The productivity of health care providers.

(d) Savings by the Department, if any, including travel costs, from furnishing health care through the use of telemedicine during such period.

SEC. 152. AUTHORITY OF DEPARTMENT FOR VETERANS AFFAIRS CENTER FOR INNOVATION PAYMENT.

(a) IN GENERAL.—(1) There is established within the Department a Center for Innovation for Care and Payment (in this section referred to as the ‘Center’).

(2) The Secretary, acting through the Center, may carry out such pilot programs the Secretary determines to be appropriate to develop innovative payment and service delivery models in order to reduce expenditures while preserving or enhancing the quality of care received by the Department.

(b) The Secretary shall test payment and service delivery models to determine whether such models—

(A) improve access to, and quality, timeliness, and patient satisfaction of care and services; and

(B) create cost savings for the Department.

(c) The Secretary shall submit to the Committee on Veterans’ Affairs a report on the following:

(1) The satisfaction of veterans with telemedicine.

(2) The satisfaction of health care providers, a covered health care professional, and extended care services to individuals pursuant to chapter 17 of title 38, United States Code, at non-Department facilities, including pursuant to an agreement with non-Department providers.
the United States to recover or collect reasonable charges from a Federal health care program for care or services furnished by the Secretary to a veteran under pilot programs carried out under this section.

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

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

(ii) a TRICARE program operated under section 1075, 1075a, 1076, 1076a, 1076c, 1076d, or 1076f of title 10; or

(iii) a TRICARE program operated under section 1811 of the Social Security Act (42 U.S.C. 1395c).

“(C) The Secretary shall provide for information technology systems.

“(D) NOTICE.—The Secretary shall—

(i) publish information about each pilot program under this section in the Federal Register; and

(ii) take reasonable actions to provide direct notice to veterans eligible to participate in such pilot programs.

“(E) WAIVER OF AUTHORITY.—Subject to reporting under paragraph (2) and approval under paragraph (3), in implementing a pilot program under this section, the Secretary may waive such requirements in subsections (a), (b), and (c) of this section as the Secretary determines necessary solely for the purposes of carrying out this section with respect to testing models authorized under paragraph (1).

“(F) Before waiving any authority under paragraph (1), the Secretary shall submit to the Speaker of the House of Representatives, the minority leader of the House of Representatives, the majority leader of the Senate, the minority leader of the Senate, and each standing committee with jurisdiction under the rules of the Senate or the House of Representatives to report a bill to amend the provisions of law that would be waived by the Department, a report on a request for waiver that describes in detail the following—

(a) The specific authorities to be waived under the pilot program.

(b) The standard or standards to be used in the pilot program in lieu of the waived authorities.

(c) The reasons for such waiver or waivers.

“(G) A waiver of the provisions of this paragraph by the Secretary will use to determine the effect of the waiver or waivers upon the access to and quality, timeliness, or patient satisfaction of care and services furnished under the pilot program.

“(H) The estimated budget of the pilot program.

“(I) Upon receipt of a report submitted under paragraph (2), each House of Congress shall appoint a subcommittee of the chairmen and ranking member of each standing committee with jurisdiction under the rules of the House of Representatives or the Senate to report to a bill to amend the provisions of law that would be waived by the Department under this subsection.

“(J) The waiver requested by the Secretary under paragraph (2) shall be considered approved under this paragraph if it has been enacted into law as a joint resolution approving such request in its entirety.

“(K) For purposes of this paragraph, the term ‘joint resolution’ means only a joint resolution which is introduced within the period of five legislative days beginning on the date on which the Secretary transmits the report to the Congress under such paragraph (2), and—

(i) which does not have a preamble; and

(ii) the matter after the resolving clause of which is as follows: ‘that Congress approves the request for a waiver under section 1703E(f) of title 38, United States Code, as submitted by the Secretary of Veterans Affairs’.

“(L) A Joint resolution considered pursuant to this paragraph shall not be subject to amendment in either the House of Representatives or the Senate. If a joint resolution is introduced in the Senate without amendment not later than 15 legislative days after the date of introduction thereof, the Senate may consider the joint resolution in the Senate, and a single quorum call at the conclusion of the Senate shall be decided equally between the majority and minority leaders or their designees. A motion further to limit debate is in order and not debateable. An amendment—

(i) to, or a motion to postpone, or a motion to table, the consideration of the joint resolution; or

(ii) to, or a motion to recommit the joint resolution is not in order.

“(M) If the Senate has voted to proceed to a joint resolution, the vote on passage of the joint resolution shall occur immediately following the conclusion of consideration of the joint resolution, and a single quorum call at the conclusion of the debate if requested in accordance with the rules of the Senate.

“(N) Appeals from the decisions of the Chair of the committee with jurisdiction under the rules of the Senate, as the case may be, to the procedure relating to a joint resolution shall be decided without debate.

“(O) A joint resolution considered pursuant to this paragraph shall not be subject to amendment in either the House of Representatives or the Senate.

“(P) If the Senate fails to introduce or consider a joint resolution under this paragraph, the joint resolution of the House shall be entitled to expedited floor procedures under this subparagraph.

“(Q) If, following passage of the joint resolution in the Senate, the Senate then receives the companion measure from the House of Representatives, the companion measure shall not be debateable.

“(R) This subparagraph is enacted by Congress—

(i) as an exercise of the rulemaking power of the Senate and the House of Representatives, respectively, and as such it is deemed a part of the rules of each House, respectively, but applicable only with respect to the procedure to be followed in that House in the case of a joint resolution, and it supersedes other rules only to the extent that it is inconsistent with such rules; and

(ii) with full recognition of the constitutional right of either House to change the rules (so far as relating to the procedures of that House) at any time, in the same manner, and to the same extent as in the case of any other rule of that House.

“LIMITATIONS.—(I) The Secretary may not carry out more than 10 pilot programs concurrently.

“(J) Subject to subparagraph (B), the Secretary may not expend more than $90,000,000 in any fiscal year from amounts under subsection (d).

“(K) The Secretary may expend more than the amount in subparagraph (A) if—

(i) the Secretary determines that the additional expenditure is necessary to carry out pilot programs under this section, and

(ii) the Secretary submits to the Committees on Veterans’ Affairs of the Senate and the
House of Representatives a report setting forth the amount of the additional expenditure and a justification for the additional expenditure; and

(iii) the Chairmen of the Committees on Veter-

ens' Affairs of the Senate and the House of Representa-
tives transmit to the Secretary a letter approving of the additional expenditure.

(5) The waiver provisions in subsection (1) shall be subject to the terms and conditions of subsection (f)(2); or

(ii) terminate such pilot program not later than 18 days after submitting the interim report to Congress.

(6) If the Secretary submits a semicolon; amending a certificate described in subsection (i)(2) or

(ii) internal controls under paragraph (f)(2), such interim report will also serve as the

final report for that pilot program.

(h) EVALUATION AND REPORTING REQUIRE-
MENTS.—(1) The Secretary shall conduct an evalua-
tion of each model tested, which shall in-
clude, at a minimum, an analysis of—

(A) the status of the care furnished under the model, including the measurement of patient-
level outcomes and patient-centeredness criteria determined appropriate by the Secretary; and

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

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

(i) COORDINATION AND ADVICE.—(1) The Secre-
tary shall obtain advice from the Under Secre-
tary for Health and the Special Medical Advi-
sory Group established pursuant to section 7312 of
this title in the development and implementa-
tion of any pilot program operated under this section.

(2) In carrying out the duties under this sec-
tion, the Secretary shall consult representatives of relevant Federal agencies, and clinical and analyti-
cal expertise in medicine and health care management. The Secretary shall use appropriate mechanisms to seek input from interested parties.

(j) EXPANSION OF SUCCESSFUL PILOT PRO-
GRAMS.—Taking into account the evaluation under subsection (f), the Secretary may, through—

through subclauses on a need for supervision or protec-
tion, or instruction to the veteran.''

(a) FAMILY CAREGIVER PROGRAM.—

(b) CONFORMING AMENDMENT.—The table of

sections at the beginning of such chapter, as

amended by this title, is further amended by in-

serting after the item relating to section 1703D the

following new paragraph:

''1703E. Center for Innovation for Care and Pay-

ment.''.

SEC. 153. AUTHORIZATION TO PROVIDE FOR OP-
ERATIONS ON LIVE DONORS FOR PURPOSES OF CONDUCTING TRANS-
PLANT PROCEDURES FOR VETER-
ANS.

(a) IN GENERAL.—Subchapter VIII of chapter 17 is amended by adding at the end the follow-

ing new section:

''§1788. Transplant procedures with live do-
nors and related services.''

Subtitle C—Family Caregivers

SEC. 161. EXPANSION OF FAMILY CAREGIVER PEO-
PLE WITHIN THE DEPARTMENT OF VET-
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(a) FAMILY CAREGIVER PROGRAM.—

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Substitute C—Family Caregivers

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(b) CONFORMING AMENDMENT.—The table of

sections at the beginning of such chapter, as

amended by this title, is further amended by in-

serting after the item relating to section 1703D the

following new paragraph:
“(II)(A) In providing assistance under this subsection to family caregivers of eligible veterans, the Secretary may enter into contracts, provider agreements, and memoranda of understanding with any entity, including States or units of government, including a unit of government of a State, that the Secretary determines is capable of providing the care or service, and is reasonable to furnish care or service to family caregivers of veterans described in subparagraph (B) to enable such family caregivers to provide care or service to such veterans.

(2) The Secretary may provide assistance under this subsection only if such assistance is reasonably accessible to the family caregiver and is substantially equivalent or better in quality to similar services provided by the Department.

“(C) The Secretary may provide fair compensation to Federal agencies, States, and other entities that provide assistance under this paragraph.

(b) MODIFICATION OF DEFINITION OF PERSONAL CARE SERVICES.—Subsection (d)(4) of such section is amended—

(1) by striking paragraph (A), by striking ‘‘independent’’;

(2) by redesignating subparagraph (B) as subparagraph (D); and

(3) by inserting after subparagraph (A) the following new subparagraph:

‘‘(B) Supervision or protection based on symptoms or residuals of neurological or other impairment or injury.

‘‘(C) Regular or extensive instruction or supervision without which the ability of the veteran to function in daily life would be seriously impaired.

SEC. 162. IMPLEMENTATION OF INFORMATION TECHNOLOGY SYSTEM OF DEPARTMENT OF VETERANS AFFAIRS TO ASSESS AND IMPROVE THE FAMILY CAREGIVER PROGRAM.

(a) IMPLEMENTATION OF NEW SYSTEM.—

(1) IN GENERAL.—Not later than October 1, 2018, the Secretary of Veterans Affairs shall implement an information technology system that fully supports and allows for data assessment and comprehensive monitoring of the Program.

(2) ELEMENTS OF SYSTEM.—The information technology system required to be implemented under paragraph (1) shall include the following:

(A) The ability to easily retrieve data that will allow all aspects of the Program (at the medical center and aggregate levels) and the workload trends for the Program to be assessed and comprehensively monitored.

(B) The ability to manage data with respect to a number of caregivers that is more than the number of caregivers that the Secretary expects to apply for the Program.

(C) The ability to integrate the system with other information technology systems of the Veterans Health Administration.

(b) ASSESSMENT OF PROGRAM.—Not later than 180 days after implementing the system described in subsection (a), the Secretary shall, through the Under Secretary for Health, use data from the system and other relevant data to conduct an assessment of how key aspects of the Program are structured and carried out.

(c) ONGOING MONITORING OF AND MODIFICATIONS TO PROGRAM.—

(1) MONITORING.—The Secretary shall use the system implemented under subsection (a) to monitor and assess the workload of the Program, including monitoring and assessment of data on—

(A) the status of applications, appeals, and home visits in connection with the Program; and

(B) the use by caregivers participating in the Program of other support services under the Program such as respite care.

(2) MODIFICATIONS.—Based on the monitoring and assessment conducted under paragraph (1), the Secretary shall identify and implement such modifications to the Program as the Secretary considers necessary to ensure the Program is functioning as intended and providing services to eligible family caregivers participating in the Program with services in a timely manner.

(d) REPORTS.—

(1) INITIAL REPORT.—

(A) IN GENERAL.—Not later than 90 days after the date of the enactment of this Act, the Secretary shall submit to the Committee on Veterans’ Affairs of the Senate, the Committee on Veterans’ Affairs of the House of Representatives, and the Comptroller General of the United States a report that includes—

(i) the status of the planning, development, and deployment of the system required to be implemented under subsection (a), including any changes in the timeline for the implementation of the system; and

(ii) an assessment of the needs of family caregivers of veterans described in subparagraph (B) for such assistance; the resources needed for the inclusion of such family caregivers in the Program, and such changes to the Program as the Secretary considers necessary to ensure the successful expansion of the Program to include such family caregivers.

(B) VETERANS DESCRIBED.—Veterans described in this subsection are veterans or their family caregivers who are eligible for the Program under subsection (d)(2) of title 38, United States Code, as amended by section 101(a)(1) of this title, solely due to a serious injury (including traumatic brain injury, psychological trauma, or other mental disorder) incurred or aggravated in the line of duty in active military, naval, or air service after September 11, 2001.

(2) NOTIFICATION BY COMPTROLLER GENERAL.—The Comptroller General shall review the report required by paragraph (1) and notify the Congress of the sufficiency and effectiveness of such information.

(3) IN GENERAL.—Not later than October 1, 2019, the Secretary shall submit to the Committee on Veterans’ Affairs of the Senate, the Committee on Veterans’ Affairs of the House of Representatives, and the Comptroller General a report on the implementation of subsections (a) through (c).

(4) ELEMENTS.—The report required by subparagraph (A) shall include the following:

(i) A certification by the Secretary that the information technology system described in section (a) has been implemented.

(ii) A description of how the Secretary has implemented such system.

(iii) A description of the modifications to the Program, if any, that identified were implemented under section (b)(2).

(iv) A description of whether the Secretary is using such system to monitor the workload of the Program.

(e) DEFINITIONS.—In this section:

(1) ACTIVE MILITARY, NAVAL, OR AIR SERVICE.—The term ‘‘active military, naval, or air service’’ has the meaning given that term in section 101 of title 38, United States Code.

(2) PROGRAM.—The term ‘‘Program’’ means the program of comprehensive assistance for family caregivers of veterans described in title 38, United States Code, as amended by section 161 of this title.

SEC. 163. MODIFICATIONS TO ANNUAL EVALUATION REPORT ON CAREGIVER PROGRAM OF DEPARTMENT OF VETERANS AFFAIRS.

(a) BARRENS OF DEPARTMENT AND SERVICES.—Subparagraph (iv) of section 101(c)(2) of the Caregivers and Veterans Omnibus Health Services Act of 2010 (Public Law 111–163; 38 U.S.C. 1720G) is amended by inserting ‘‘and a description of any barriers to accessing and receiving care and services under such programs’’ before the semicolon.

(b) STAFFING FOR FAMILY CAREGIVER PROGRAM.—Subparagraph (B) of such section is amended—

(1) in clause (i), by striking ‘‘; and’’ and inserting a semicolon;

(2) in clause (ii), by striking the period at the end and inserting ‘‘; and’’; and

(3) by adding at the end the following new clause:

‘‘(iii) an evaluation of the sufficiency and consequences of the program to prepare family caregivers under such program to care to veterans under such program.’’

TITLE II—VA ASSET AND INFRASTRUCTURE REVIEW

Subtitle A—Asset and Infrastructure Review

SEC. 201. SHORT TITLE.

This subtitle may be cited as the ‘‘VA Asset and Infrastructure Review Act of 2018’’.

SEC. 202. THE COMMISSION.

(a) ESTABLISHMENT.—There is established an independent commission to be known as the ‘‘Asset and Infrastructure Review Commission’’ (in this subtitle referred to as the ‘‘Commission’’).

(b) DUTIES.—The Commission shall carry out the duties specified for it in this subtitle.

(1) IN GENERAL.—

(A) APPOINTMENT.—The Commission shall be composed of 9 members appointed by the President, in consultation with and with the advice and consent of the Senate.

(B) TRANSMISSION OF NOMINATIONS.—The President shall transmit to the Senate the nominations for appointment to the Commission not later than May 31, 2021.

(C) CONSIDERATION OF NOMINATIONS.—In selecting individuals for nominations for appointments to the Commission, the President shall consult with—

(A) the Speaker of the House of Representatives;

(B) the majority leader of the Senate;

(C) the minority leader of the House of Representatives;

(D) the minority leader of the Senate; and

(E) congressionally chartered, membership based veterans service organizations concerning the appointment of three members.

(2) DESIGNATION OF CHAIR.—At the time the President nominates individuals for appointment to the Commission under paragraph (1)(B), the President shall designate one such individual who shall serve as Chair of the Commission and one such individual who shall serve as Vice Chair of the Commission.

(3) MEMBER REPRESENTATION.—In nominating individuals under this subsection, the President shall ensure that—

(A) veterans, reflecting current demographics of veterans enrolled in the system of annual patient enrollment under section 1705 of title 38, United States Code, are adequately represented in the membership of the Commission.

(B) at least one member of the Commission has experience working for a private integrated health care system that has annual gross revenues of more than $50,000,000;

(C) at least one member has experience as a senior manager for an entity specified in clause (ii), (iii), or (iv) of section 101(a)(1)(D) of the Veterans Health Care Accountability Act of 2014 (Public Law 113–146; 38 U.S.C. 1701 note);

(D) at least one member—

(i) has experience with capital asset management for the Federal Government; and

(ii) is familiar with trades related to building and real property, including construction, engineering, architecture, leasing, and strategic partnerships; and

(E) at least three members represent congressionally chartered, membership-based, veterans service organizations.

(d) MEETINGS.—

(1) IN GENERAL.—The Commission shall meet only during calendar year 2021.

(2) PUBLIC NATURE OF MEETINGS AND PROCEEDINGS.—
(A) PUBLIC MEETINGS.—Each meeting of the Commission shall be open to the public.
(B) OPEN PARTICIPATION.—All the proceedings, information, and deliberations of the Commission shall be available for review by the public.

(e) VACANCIES.—A vacancy in the Commission shall be filled in the manner of the original appointment, but the individual appointed to fill the vacancy shall serve only for the unexpired portion of the term for which the individual’s predecessor was appointed.

(f) PAY.—
(1) IN GENERAL.—Members of the Commission shall serve without pay.
(2) FFE OR EMPLOYEES OF THE UNITED STATES.—Each member of the Commission who is an officer or employee of the United States shall serve without compensation in addition to that received as an officer or employee of the United States.
(3) TRAVEL EXPENSES.—Members shall receive travel expenses, including per diem in lieu of subsistence, in accordance with sections 5702 and 5703 of title 5, United States Code.

(g) DIRECTOR OF STAFF.—
(1) The Federal Communications Commission shall appoint a Director of Staff to—
(A) not serve as an employee of the Department of Veterans Affairs during the one-year period preceding the date of such appointment; and
(B) be otherwise barred or prohibited from serving in any capacity within the Department, or any other Federal agency, in accordance with Federal laws and regulations, by reason of post-employment conflict of interest.

(2) RATE OF PAY.—The Director shall be paid at the rate of basic pay payable for level IV of the Executive Schedule under section 5315 of title 5, United States Code.

(h) STAFF.—
(1) PAY OF PERSONNEL.—Subject to paragraphs (2) and (3), the Director, with the approval of the Commission, may appoint and fix the pay of individuals.

(2) EXEMPTION FROM CERTAIN REQUIREMENTS.—The Director may make such appointments without regard to the provisions of title 5, United States Code, governing appointments in the competitive service, and any personnel so appointed may be paid without regard to the provisions of chapter 51 and subchapter III of chapter 53 of title 5 relating to classification and General Schedule pay rates, except that an individual so appointed may not receive pay in excess of the annual rate of basic pay payable for GS-15 of the General Schedule.

(3) DETAILEES.—
(A) LIMITATION ON NUMBER.—Not more than two non-Federal employees or personnel detailed to the Commission may be on detail from the Department of Veterans Affairs.

(B) PROFESSIONAL ANALYSTS.—Not more than half of the professional analysts of the Commission staff may be persons detailed from the Department of Veterans Affairs to the Commission.

(C) PROHIBITION ON DETAIL OF CERTAIN PERSONNEL.—A person may not be detailed from the Department of Veterans Affairs to the Commission if, within 6 months before the detail is to begin, that person participated personally and substantively in the Department of Veterans Affairs concerning the preparation of recommendations regarding facilities of the Veterans Health Administration.

(4) AUTHORITY TO REQUEST DETAILED PERSONNEL.—Subject to paragraph (3), the head of any Federal department or agency, upon the request in writing of the Director, may detail any non-Federal employee or personnel of that department or agency to the Commission to assist the Commission in carrying out its duties under this subtitle.

(5) AUTHORIZATION TO REQUEST DETAILED FEDERAL AGENCIES.—The Commission may secure directly from any Federal agency such information the Commission considers necessary to carry out this subtitle, and it shall be the duty of the head of such agency to furnish such information to the Commission.

(i) OTHER AUTHORITY.—
(1) TEMPORARY AND INTERMITTENT SERVICES.—The Commission may procure by contract, to the extent funds are available, the temporary or intermittent services of experts or consultants pursuant to section 3109 of title 5, United States Code.

(2) LEASING AND ACQUISITION OF PROPERTY.—To the extent funds are available, the Commission may lease real property and acquire personal property either of its own accord or in consultation with the General Services Administration.

(j) TERMINATION.—The Commission shall terminate on December 31, 2023.

(k) PROHIBITION AGAINST RESTRICTING COMMUNICATIONS.—
(1) IN GENERAL.—Except as provided in paragraph (2) or (3) of section 3871(b) of title 38, United States Code, no person may restrict an employee of the Department of Veterans Affairs in communicating with the Commission.

(l) UNLAWFUL COMMUNICATIONS.—Paragraph (j) shall not apply to a communication that is unlawful.

SEC. 203. PROCEDURE FOR MAKING RECOMMENDATIONS.

(a) SELECTION CRITERIA.—
(1) PUBLICATION.—The Secretary shall, not later than February 1, 2021, and after consultation with the Committees on Veterans’ Affairs of the Senate and the House of Representatives concerning the realignment of facilities of the Veterans Health Administration under this subtitle, publish in the Federal Register and transmit to the Committees on Veterans’ Affairs of the Senate and the House of Representatives the final criteria referred to in subsection (a)(2) that are applicable.

(b) RECOMMENDATIONS OF THE SECRETARY.—
(1) PUBLICATION.—The Secretary shall, not later than January 31, 2022, and after consulting with veterans service organizations, publish in the Federal Register and transmittal to the Committees on Veterans’ Affairs of the Senate and the House of Representatives the final criteria to be used in making recommendations regarding facilities of the Veterans Health Administration on the basis of the final criteria referred to in subsection (a)(2) that are applicable.

(2) FACTORS FOR CONSIDERATION.—In making recommendations under this subsection, the Secretary shall consider each of the following factors:
(A) The degree to which any health care delivery or other site for providing services to veterans reflects the metrics of the Department of Veterans Affairs regarding market area health system planning.
(B) The provision of effective and efficient access to high-quality health care and services for veterans.
(C) The extent to which the real property that no longer meets the needs of the Federal Government could be reconfigured, repurposed, or converted, core-sold, realigned, exchanged, outlaid, replaced, sold, or disposed.
(D) The need of the Veterans Health Administration to maintain a balance of facilities and services that will be used for the provision of health care and services to veterans.

(E) The extent to which the operating and maintenance costs are reduced through consolidating, colocating, and reconfiguring space, and through realizing other operational efficiencies.

(F) The extent to which funds are available, the number of years such costs or savings will be incurred, beginning with the date of completion of the proposed recommendation.

(G) The extent to which the real property aligns with the mission of the Department of Veterans Affairs.

(H) The extent to which any action would impact other missions of the Department (including education, research, or emergency preparedness).

(i) LOCAL STAKEHOLDER INPUTS AND LOCAL FACTORS IDENTIFIED THROUGH PUBLIC FIELD HEARINGS.—The Secretary shall consult with veterans service organizations, the Senate with the recommendations of the Secretary, and the House of Representatives after examining the recommendations published and transmitted pursuant to paragraph (1), a summary of the selection process that resulted in the recommendation for each facility of the Veterans Health Administration, the criticisms, and the recommendations.

(j) SUBMITTAL.—The Secretary shall submit such assessments to the Committees on Veterans’ Affairs of the Senate and the House of Representatives concerning each assessment under this subsection, and make the assessments publicly available.

(k) SUMMARY OF SELECTION PROCESS.—The Secretary shall include, with the list of recommendations published and transmitted pursuant to paragraph (1), a summary of the selection process that resulted in the recommendation for each facility of the Veterans Health Administration, the criticisms, and the recommendations.

(l) REQUIREMENTS AS TO THE REVIEW OF THE COMMISSION.—The Secretary shall transmit the matters referred to in the preceding sentence not
(a)(2); (b) CONGRESSIONAL DISAPPROVAL.—For purposes of paragraph (1) and subsections (a) and (c) of section 207, the days on which either House of Congress is not in session because of an adjournment shall be excluded in the computation of a period.

SEC. 205. IMPLEMENTATION.

(a) IN GENERAL.—Modernizing and realigning facilities—In modernizing or realigning any facility of the Veterans Health Administration under this subtitle, the Secretary may—

(1) take such actions as may be necessary to modernize or realign such facility, including the alteration of such facilities, the acquisition of such land, the leasing or construction of such replacement facilities, the sale or lease of such land or facilities, the performance of such activities, and the conduct of such advance planning and design needed to transfer functions from a facility of the Veterans Health Administration to another such facility, and may use for such purpose funds in the Account or funds appropriated to the Department of Veterans Affairs for such purposes;

(2) carry out activities for the purposes of environmental mitigation, abatement, or restoration at any such facility, and shall use for such purposes funds in the Account or funds appropriated to the Department of Veterans Affairs and available for such purpose;

(3) exercise the authority of the Secretary under chapter 81 of title 38, United States Code.

(b) ENVIRONMENTAL RESTORATION; HISTORIC PRESERVATION.—In carrying out any closure or realignment under this subtitle, the Secretary, with regards to any property made excess to the needs of the Department of Veterans Affairs as a result of such closure or realignment, shall carry out, as soon as possible with funds available for such purpose, any of the following for which the Secretary has discretion:

(1) Environmental mitigation.

(2) Environmental abatement.

(3) Environmental restoration.

(c) Compliance with historic preservation requirements.

(d) MANAGEMENT AND DISPOSAL OF PROPERTY.

(1) EXISTING DISPOSAL AUTHORITIES.—To transfer or dispose of surplus real property or infrastructure located at any facility of the Veterans Health Administration that is modernized or realigned under this subtitle, the Secretary may exercise the authorities of the Secretary under subchapters I and II of chapter 81 of title 38, United States Code, or the authorities delegated to the Secretary by the Administrator of General Services under subchapter III of chapter 5 of title 40, United States Code.

(2) EFFECTS ON LOCAL COMMUNITIES.—In consultation with state and local government.—Before any action may be taken with respect to the disposal of any surplus real property or infrastructure located at any facility of the Veterans Health Administration, the Secretary shall consult with the Secretary of Veterans Affairs shall consult with the

later than 7 days after the date of the transmittal to the Committees on Veterans’ Affairs of the Senate and the House of Representatives and the Commission of the report referred to in paragraph (3).

(5) TREATMENT OF FACILITIES.—In assessing facilities of the Veterans Health Administration, the Secretary shall consider all such facilities equally without regard to whether the facility has been previously considered or proposed for reuse, closure, modernization, or realignment by the Department of Veterans Affairs.

(6) AVAILABILITY OF INFORMATION TO CONGRESS.—In addition to making all information used by the Secretary to prepare the recommendations or subcabinet available to Congress (including any committee or Member of Congress), the Secretary shall also make such information available to the Commission and the Comptroller General of the United States.

(7) CERTIFICATION OF ACCURACY.—

(A) IN GENERAL.—Each person referred to in subsection (a)(2), when submitting information to the Secretary or the Commission concerning the modernization or realignment of a facility of the Veterans Health Administration, shall certify that such information is accurate and complete to the best of that person’s knowledge and belief.

(B) COVERED PERSONS.—Subparagraph (A) applies to the following persons:

(i) Each Under Secretary of the Department of Veterans Affairs.

(ii) Each director of a Veterans Integrated Service Network.

(iii) Each director of a medical center of the Department of Veterans Affairs.

(iv) Each director of a program office of the Department of Veterans Affairs.

(v) Each person who is in a position the duties of which include personal and substantial involvement in the preparation and submission of information and recommendations concerning the modernization or realignment of facilities of the Veterans Health Administration, shall certify that such information is accurate and complete to the best of that person’s knowledge and belief.

(C) REQUIRED WITNESSES.—Witnesses at each public hearing shall include at a minimum—

(1) a witness enrolled under section 1705 of title 38, United States Code; and

(2) identified by a local veterans service organization; and

(ii) a local elected official.

(2) TRANSFER TO PRESIDENT.—

(A) IN GENERAL.—The Commission shall, not later than January 31, 2023, transmit to the President a report containing the Commission’s findings and conclusions based on a review and analysis of the recommendations made by the Secretary, together with the Commission’s recommendations, for modernizations and realignments of facilities of the Veterans Health Administration.

(B) AUTHORITY TO MAKE CHANGES TO RECOMMENDATIONS.—Subject to subsection (b), the Secretary shall be permitted to implement the recommendations, for modernizations and realignments of facilities of the Veterans Health Administration.

(C) SEC. 204. ACTIONS REGARDING INFRASTRUCTURE AND FACILITIES OF THE VETERANS HEALTH ADMINISTRATION.

(a) SEC. 204(a).—Subject to subsection (b), the Secretary shall be permitted to modernize or realign any such facilities, the performance of such activities, and the conduct of such advance planning and design needed to transfer functions from a facility of the Veterans Health Administration to another such facility, and may use for such purpose funds in the Account or funds appropriated to the Department of Veterans Affairs for such purposes.

(b) SEC. 204(b).—Providing detailed information on the budget for such modernization or realignment in documents submitted to Congress by the Secretary in support of the President’s budget for that fiscal year.

(c) Corvette Disapproval.—

(1) IN GENERAL.—The Secretary may not carry out any modernization or realignment recommended by the Commission in a report transmitted from the President pursuant to section 203(d) if a joint resolution is enacted, in accordance with the provisions of section 207, disapproving such recommendations of the Commission before the earlier of—

(A) the end of the 45-day period beginning on the date on which the President transmits such resolution, or

(B) the adjournment of Congress sine die for the session during which such report is transmitted.
(c) APPLICATION OF NATIONAL ENVIRONMENTAL POLICY ACT OF 1969.—

(1) IN GENERAL.—The provisions of the National Environmental Policy Act of 1969 (42 U.S.C. 4321 et seq.) shall apply to actions of the Department of Veterans Affairs under this subtitle—

(i) during the process of property disposal; and

(ii) during the process of relocating functions from a facility of the Veterans Health Administration being closed or realigned to another facility after the receiving facility has been selected but before the functions are relocated.

(2) OTHER ACTIVITIES.—In applying the provisions of the National Environmental Policy Act of 1969 to actions referred to in subparagraph (A), the Secretary shall not have to consider—

(i) the need for closing or realigning the facility of the Veterans Health Administration as recommended by the Commission;

(ii) the need for transferring functions to any facility of the Veterans Health Administration which has been selected as the receiving facility; or

(iii) facilities of the Veterans Health Administration alternative to those recommended or selected.

(d) WAIVER.—

(1) RESTRICTIONS ON USE OF FUNDS.—The Secretary may use funds authorized by subparagraph (A) as the Secretary determines appropriate to support the mission and operations of the Department of Veterans Affairs.

(2) RESTRICTIONS ON AUTHORITIES.—The Secretary may close or realign facilities of the Veterans Health Administration under this subtitle without regard to any provision of law restricting the use of funds for closing or realigning facilities of the Veterans Health Administration included in any appropriation or authorization Act.

(3) PAYMENT BY THE SECRETARY FOR CERTAIN COSTS.—

(1) IN GENERAL.—The Secretary shall pay the costs of all environmental restoration, management, and activities with respect to such facility equal to or greater than the fair market value of such property as specified in such certification; or

(B) the amount by which the costs (as determined by the Secretary) that would otherwise have been incurred by the Secretary for such restoration, management, and activities with respect to such facility of the Veterans Health Administration exceed the fair market value of property as specified in such certification.

(4) DISCLOSURE.—As part of an agreement under paragraph (1), the Secretary shall disclose to the person to whom the facility of the Veterans Health Administration will be transferred any information of the Secretary regarding the environmental restoration, waste management, and environmental compliance activities described in paragraphs (1) and (2) with respect to the facility of the Veterans Health Administration. The Secretary shall provide such information before entering into the agreement.

(5) APPLICABILITY OF NATIONAL ENVIRONMENTAL LAWS.—Nothing in this subsection shall be construed to modify, alter, or amend the Comprehensive Environmental Response, Compensation, and Liability Act of 1980 (42 U.S.C. 9601 et seq.) or the Solid Waste Disposal Act (42 U.S.C. 6901 et seq.).

SEC. 206. DEPARTMENT OF VETERANS AFFAIRS ASSET AND INFRASTRUCTURE REVIEW ACCOUNT.

(a) ESTABLISHMENT.—There is hereby established in the Treasury an account to be known as the “Department of Veterans Affairs Asset and Infrastructure Review Account” which shall be administered by the Secretary as a separate asset and infrastructure review account.

(b) CREDITS TO ACCOUNT.—There shall be credited to the Account the following:

(1) Funds authorized for and appropriated to the Account.

(2) Proceeds received from the lease, transfer, or disposal of any property at a facility of the Veterans Health Administration closed or realigned under this subtitle.

(c) USE OF ACCOUNT.—The Secretary may use the funds in the Account only for the following purposes:

(1) To carry out this subtitle.

(2) To cover property management and disposal costs incurred at facilities of the Veterans Health Administration closed, modernized, or reconfigured under this subtitle.

(3) To cover costs associated with supervision, inspection, overhead, engineering, and design of construction projects undertaken under this subtitle, and subsequent claims, if any, related to such activities.

(4) Other purposes that the Secretary determines support the mission and operations of the Department of Veterans Affairs.

(d) CONSOLIDATED BUDGET JUSTIFICATION DISPLAY FOR ACCOUNT.—

(1) CONSOLIDATED BUDGET INFORMATION REQUIRED.—The Account shall establish a consolidated budget justification display in support of the Account for each fiscal year.
materials that the Secretary submits to Congress
this subtitle; and
and the House of Representatives and the Com-
graph (1), the Secretary shall transmit to the
the President on
frastructure Review Commission as submitted by
the recommendations of the VHA Asset and In-
which is as follows: ''that Congress disapproves
means only a joint resolution which is intro-
resolution shall be considered as ordered. All points of order
except two hours of debate equally divided and
controlled by the proponent and an opponent. A resolution
vote on passage of the joint resolution shall not be in order.
(c) CONSIDERATION IN THE SENATE.—
(1) REFERRAL.—A joint resolution introduced in the Senate shall be referred to the Committee on Veterans’ Affairs.
(2) REPORTING AND DISCHARGE.—Any committee
of the Senate to which a joint resolution is referred shall report it to the Senate without amendment not later than 15 session days after the date of introduction of a joint resolution de-
scribed in subsection (a). If a committee fails to report the joint resolution within that period, the committee shall be discharged from further consideration of the joint resolution and the joint resolution shall be placed on the calendar. (3) FLOOR CONSIDERATION.—
(A) IN GENERAL.—Notwithstanding Rule XXII of the Standing Rules of the Senate, it is in order to consider a joint resolution on any day on which the Committee on Veterans’ Affairs has reported or has been discharged from consider-
ation of a joint resolution described in subsection (a) (or a joint resolution to the same effect has been discharged to) to move to proceed to the consideration of the joint resolution, and all points of order against the joint resolution (including the vote on passage of the joint resolution) are waived. The motion to pro-
ceed is not debatable. The motion is not subject to a motion to postpone. A motion to reconsider the vote by which the joint resolution is agreed to or dis-
agreed to shall not be in order. If a motion to proceed to the consideration of the resolution is agreed to, the joint resolution shall remain the unfinished business until disposed of.
(B) CONSIDERATION.—Consideration of the joint resolution, and on all debatable motions and appeals in connection therewith, shall be limited to not more than 2 hours, which shall be divided equally between the majority and minority leaders or their designees. A motion further to limit debate is not in order. An amend-
to, or a motion to postpone, or a motion to proceed to the consideration of other
business, or a motion to recommit the joint reso-
lution is not in order.
(C) VOTE ON PASSAGE.—If the Senate has voted to proceed to a joint resolution, the vote on passage of the joint resolution shall occur immediately following the conclusion of consider-
ation of the joint resolution, and a single quorum call at the conclusion of the debate if requested in accordance with the rules of the Senate.

SEC. 209. DEFINITIONS.
(a) ONLINE PUBLICATION OF COMMUNICATIONS.—
(1) IN GENERAL.—Not later than 24 hours after
the transmission or receipt of any communica-
tion under this subtitle that is transmitted or re-
ceived by a party specified in paragraph (2), the Secretary of Veterans Affairs shall publish such
communication online.
(b) PARTIES SPECIFIED.—The parties specified under this paragraph are the following:
(A) The Secretary of Veterans Affairs
(B) The Commission
(C) The President.
(b) CONTINUATION OF EXISTING CONSTRUCTION PROJECTS AND PLANNING.—During activities that the Commission, President, or Congress carry out under this subtitle, the Secretary of Veterans Affairs may not stop, solely because of such activities,
(1) a construction or leasing project of the Veterans Health Administration;
(2) long term planning regarding infrastruc-
ture and assets of the Veterans Health Adminis-
tration;
or
(3) budgetary processes for the Veterans Health Administration.
(c) RECOMMENDATIONS FOR FUTURE ASSET REVIEWS.—The Secretary of Veterans Affairs may, after consulting with veterans service organiz-
autions, include in budget submissions the Sec-
retary submits after the termination of the Com-
mision recommendations for future such com-
misions or other capital asset realignment and
management processes.
SEC. 209. DEFINITIONS.
In this subtitle:
(1) The term “Account” means the Depart-
ment of Veterans Affairs Asset and Infrastructure Review Account established by section 206(a).
(2) The term “Commission” means the Com-
mision established by section 202.
(3) The term “date of approval”, with respect to a modernization or realignment of a facility of the Veterans Health Administration, means the date on which the authority of Congress to approve a recommendation of modernization or realignment, as the case may be, of such facility under this subtitle expires.
(4) The term “facility of the Veterans Health Administration” —
(A) means any land, building, structure, or infrastructure (including any medical center,
nursing home, domiciliary facility, outpatient clinic, center that provides readjustment counseling, or leased facility) that is—
(i) under the jurisdiction of the Department of Veterans Affairs;
(ii) under the control of the Veterans Health Administration; and
(iii) not under the control of the General Services Administration.

(2) The Secretary may develop the training curriculum under paragraph (1)(A) in a manner that provides such training in any combination of—
(A) training provided in person;
(B) training provided over an internet website; or
(C) training provided by another department or agency of the Federal Government.

(3) The Secretary may develop the certification program under paragraph (1)(A) in a manner that uses—
(A) one level of certification; or
(B) several levels of certification, as determined appropriate by the Secretary with respect to the level of certification for different grades of the General Schedule.

(4) The Secretary may enter into a contract with an appropriate entity to provide the covered training curriculum and the covered certification program that have been established under chapter 87 of title 10, United States Code, as determined relevant by the Secretary.

(5) The term "infrastructure" means improvements to land other than buildings or structures.

(6) The term "modernization" includes—
(A) any action, including closure, required to align the form and function of a facility of the Veterans Health Administration to the provision of modern day health care, including utilities and environmental control systems;
(B) the construction, purchase, lease, or sharing of a facility of the Veterans Health Administration; and
(C) improvements, disposals, exchanges, collaborations between the Department of Veterans Affairs and other Federal entities, and strategic collaborations between the Department and non-Federal entities, including tribal organizations.

(7) The term "realignment", with respect to a facility of the Veterans Health Administration, includes—
(A) any action that changes the numbers of or relocates services, functions, and personnel positions;
(B) disposals or exchanges between the Department of Veterans Affairs and other Federal entities, including the Department of Defense; and
(C) strategic collaborations between the Department of Veterans Affairs and other Federal entities, including tribal organizations.

(8) The term "redevelopment authority", in the case of a facility of the Veterans Health Administration closed or modernized under this subtitle, means any entity (including an entity established or controlled by a State or local government) recognized by the Secretary of Veterans Affairs as the entity responsible for developing the redevelopment plan with respect to the facility or for directing the implementation of such plan.

(9) The term "redevelopment plan" in the case of a facility of the Veterans Health Administration to be closed or realigned under this subtitle, means—
(A) is agreed to by the local redevelopment authority with respect to the facility; and
(B) provides for the reuse or redevelopment of the real property and personal property of the facility that is available for such reuse and redevelopment as a result of the closure or realignment.

(10) The term "Secretary" means the Secretary of Veterans Affairs.

(11) The term "tribal organization" has the meaning given such term in section 2765 of title 38, United States Code.

Subtitle B—Other Infrastructure Matters

SEC. 211. IMPROVEMENT TO TRAINING OF CONSTRUCTION PERSONNEL.

Section 4103 of title 38, United States Code, is amended to read as follows:

"(g)(1)(A) Not later than September 30 of the fiscal year during which the VA Asset and Infrastructure Review Act of 2018 is enacted, the Secretary shall implement the covered training curriculum and the covered certification program.

"(B) In designing and implementing the covered training curriculum and the covered certification program under paragraph (1), the Secretary shall use as models existing training curricula and certification programs that have been established under chapter 87 of title 10, United States Code, as determined relevant by the Secretary.

"(2) The Secretary may develop the training curriculum under paragraph (1)(A) in a manner that provides such training in any combination of—
(A) training provided in person;
(B) training provided over an internet website; or
(C) training provided by another department or agency of the Federal Government.

"(3) The Secretary may develop the certification program under paragraph (1)(A) in a manner that uses—
(A) one level of certification; or
(B) several levels of certification, as determined appropriate by the Secretary with respect to the level of certification for different grades of the General Schedule.

"(4) The Secretary may enter into a contract with an appropriate entity to provide the covered training curriculum and the covered certification program that have been established under chapter 87 of title 10, United States Code, as determined relevant by the Secretary.

"(5) The term "infrastructure" means improvements to land other than buildings or structures.

"(6) The term "modernization" includes—
(A) any action, including closure, required to align the form and function of a facility of the Veterans Health Administration to the provision of modern day health care, including utilities and environmental control systems;
(B) the construction, purchase, lease, or sharing of a facility of the Veterans Health Administration; and
(C) improvements, disposals, exchanges, collaborations between the Department of Veterans Affairs and other Federal entities, including tribal organizations.

"(7) The term "realignment", with respect to a facility of the Veterans Health Administration, includes—
(A) any action that changes the numbers of or relocates services, functions, and personnel positions;
(B) disposals or exchanges between the Department of Veterans Affairs and other Federal entities, including the Department of Defense; and
(C) strategic collaborations between the Department of Veterans Affairs and other Federal entities, including tribal organizations.

"(8) The term "redevelopment authority", in the case of a facility of the Veterans Health Administration closed or modernized under this subtitle, means any entity (including an entity established or controlled by a State or local government) recognized by the Secretary of Veterans Affairs as the entity responsible for developing the redevelopment plan with respect to the facility or for directing the implementation of such plan.

"(9) The term "redevelopment plan" in the case of a facility of the Veterans Health Administration to be closed or realigned under this subtitle, means—
(A) is agreed to by the local redevelopment authority with respect to the facility; and
(B) provides for the reuse or redevelopment of the real property and personal property of the facility that is available for such reuse and redevelopment as a result of the closure or realignment.

"(10) The term "Secretary" means the Secretary of Veterans Affairs.

"(11) The term "tribal organization" has the meaning given such term in section 2765 of title 38, United States Code.
(b) STUDY.—In general.—Not later than one year after the date of the enactment of this Act, the Secretary of Veterans Affairs shall—
(A) conduct a study on the demand for educational scholarships under subchapter VII of chapter 76 of title 38, United States Code; and
(B) submit to the Committee on Veterans' Affairs of the Senate and the Committee on Veterans' Affairs of the House of Representatives a report on the findings of the Secretary with respect to the study carried out under subparagraph (A).
(2) CONSIDERATIONS.—In carrying out the study required by paragraph (1)(A), the Secretary shall consider the following:
(A) The total number of vacancies within the Veterans Health Administration whose applicants are eligible to participate in the Education Debt Reduction Program pursuant to section 762(a)(2) of such title.
(B) The total number of medical professionals in greatest demand in the United States.
(C) Projections by the Secretary of the numbers and types of medical professions that meet the needs of veterans.

SEC. 303. ESTABLISHING THE DEPARTMENT OF VETERANS AFFAIRS SPECIALTY EDUCATION LOAN REPAYMENT PROGRAM.

(a) In general.—Chapter 76 of title 38, United States Code, is amended by inserting after subchapter VII the following new subchapter:

"SUBCHAPTER VIII—SPECIALTY EDUCATION LOAN REPAYMENT PROGRAM"

§7691. Establishment.
"As part of the Educational Assistance Program, the Secretary may carry out a student loan repayment program under section 5379 of title 38. The program shall be known as the Department of Veterans Affairs Specialty Education Loan Repayment Program (in this chapter referred to as the 'Specialty Education Loan Repayment Program')."

§7692. Purpose.
"The purpose of the Specialty Education Loan Repayment Program is to assist, through the establishment of an incentive program for certain individuals employed in the Veterans Health Administration, in meeting the staffing needs of the Veterans Health Administration for physicians in medical specialties for which the Secretary determines recruitment or retention of qualified personnel to be difficult.

§7693. Eligibility; preferences; covered costs.
(a) ELIGIBILITY.—An individual is eligible to participate in the Specialty Education Loan Repayment Program if the individual—
(1) is hired under section 7401 of this title to work in an occupational described in section 7692 of this title;
(2) owes any amount of principal or interest under a loan, the proceeds of which were used by or on behalf of that individual to pay costs relating to a course of education or training which led to a degree that qualified the individual for the position referred to in subparagraph (A);
(3) is—
(A) recently graduated from an accredited medical or osteopathic school and matched to an accredited residency program in a medical specialty described in section 7692 of this title;
(B) participating in a residency program in a health care facility—
(1) located in rural areas;
(2) operated by Indian tribes, tribal organizations, or the Indian Health Service; or
(3) affiliated with underserved health care facilities of the Department.
(2) Veterans.
(c) COVERED COSTS.—For purposes of subsection (a)(2), costs relating to a course of education or training include—
(1) tuition expenses;
(2) all other reasonable educational expenses, including expenses for fees, books, equipment, and examination fees; and
(3) reasonable living expenses.

§7694. Specialty education loan repayment.
(a) In general.—Payments under the Specialty Education Loan Repayment Program shall consist of payments for the principal and interest on loans described in section 7682(a)(2) of this title for individuals selected to participate in the Program to the holders of such loans.
(b) FREQUENCY OF PAYMENT.—The Secretary shall make payments for any given participant in the Specialty Education Loan Repayment Program on a schedule determined appropriate by the Secretary.
(c) MAXIMUM AMOUNT; WAIVER.—(1) The amount of payments made for a participant under the Specialty Education Loan Repayment Program may not exceed $160,000 over a total of four years of participation in the Program, of which not more than $40,000 of such payments may be made in each year of participation in the Program.
(2)(A) The Secretary may waive the limitations under paragraph (1) in the case of a participant described in subparagraph (B).
(i) the case of such a waiver, the total amount of payments payable to or for that participant is the total amount of the principal and the interest on the participant's loans referred to in sub-section (a).
(B) A participant described in this subparagraph is a participant in the Program who the Secretary determines serves in a position for which there is a shortage of qualified employees by reason of either the location or the requirements of the position.

§7695. Choice of location.
"Each participant in the Specialty Education Loan Repayment Program who completes residency may select, from a list of medical facilities of the Veterans Health Administration provided by the Secretary, the facility at which the participant will work in a medical specialty described in section 7692 of this title.

§7696. Term of obligated service.
(a) In general.—In addition to any requirements under section 7691 of this title, a participant in the Specialty Education Loan Repayment Program must agree, in writing and before the Secretary may make any payment to or for the participant—
(1) obtain a license to practice medicine in a State;
(2) successfully complete post-graduate training leading to eligibility for board certification in a specialty;
(3) serve as a full-time clinical practice employee of the Veterans Health Administration for 12 consecutive months for every $40,000 in such benefits that the employee receives, but in no case for fewer than 24 months; and
(4) except as provided in subsection (b), to begin or continue in a full-time practice employment by not later than 60 days after completing a residency.
(b) FELLOWSHIP.—In the case of a participant who receives an accredited fellowship in a medical specialty other than a medical specialty described in section 7692 of this title, the Secretary, on written request of the participant, may delay the term of obligated service under this subsection (a) for the participant until after the participant completes the fellowship, but in no case later than 60 days after completion of such fellowship.

(c) PENALTY.—(1) An employee who does not complete a period of obligated service under this section shall owe the Federal Government an amount determined in accordance with the following formula: A = B + ((T – S) / T).
(2) In the formula in paragraph (1):
(A) "A" is the amount the employee owes the Federal Government.
(B) "B" is the sum of all payments to or for the participant under the Specialty Education Loan Repayment Program.
(C) "T" is the number of months in the period of obligated service of the employee.
(D) "S" is the number of whole months of such period of obligated service served by the employee.

§7697. Relationship to Educational Assistance Program.
"Assistance under the Specialty Education Loan Repayment Program may be in addition to other assistance available to individuals under the Educational Assistance Program.".

(b) CONFORMING AND TECHNICAL AMENDMENTS.—
(1) CONFORMING AMENDMENTS.—
(A) Section 7601(a) of title 38, United States Code, is amended—
(i) in paragraph (4), by striking "and per";
(ii) in paragraph (5), by striking the period and inserting ";"; and
(iii) by adding at the end the following new paragraph:
"(b) The specialty education loan repayment program provided for in subchapter VIII of this chapter.

(B) Section 7603(a)(1) of title 38, United States Code, is amended by striking "or VI" and inserting "VI, or VIII".

(C) Section 7604 of title 38, United States Code, is amended by striking "or VI" each place it appears and inserting "VI, or VIII".

(D) Section 7631 of title 38, United States Code, is amended—
(i) in subsection (a)(1)—
(I) by striking "and" after "scholarship amount,"; and
(II) by inserting ", and the maximum specialty education loan repayment amount" after "reduction payments amount"; and
(ii) in subsection (b) by adding at the end the following new paragraph:
"(7) The term 'specialty education loan repay-amount' means the maximum amount of specialty education loan repayment payments payable to or for a participant in the Department of Veterans Affairs Specialty Education Loan Repayment Program provided in chapter VIII of this chapter, as specified in section 7694(c)(1) of this title and as previously adjusted (if at all) in accordance with this section.".

(E) Section 7632 of title 38, United States Code, is amended—
(i) in paragraph (1), by striking "and the Education Debt Reduction Program" and inserting "the Education Debt Reduction Program, and the Specialty Education Loan Repayment Program"; and
(ii) in paragraph (4), by striking "and per participant in the Education Debt Reduction Program" and inserting "per participant in the Education Debt Reduction Program, and in the Specialty Education Loan Repayment Program".

(2) TABLE OF SECTIONS.—The table of sections at the beginning of chapter 76 of such title is amended by inserting after the items relating to chapter VII the following:

"SUBCHAPTER VIII—SPECIALTY EDUCATION LOAN REPAYMENT PROGRAM"

7691. Establishment.
7692. Purpose.
7693. Eligibility; preferences; covered costs.
7694. Specialty education loan repayment.
7695. Choice of location.
7696. Term of obligated service.
7697. Relationship to Educational Assistance Program."
section (e).

section (a); and

section 401 of this Act.

section 7697. Relationship to Educational Assistance Program.

Title IV—Health Care in Underserved Areas

SEC. 305. INCLUSION OF VETERANS IN MEDICAL EDUCATION DEBT REDUCTION PROGRAM OF DEPARTMENT OF VETERANS AFFAIRS.

(a) IN GENERAL.—The Secretary of Veterans Affairs shall ensure that clinical staff working at Vet Centers are eligible to participate in the Education Debt Reduction Program of the Department of Veterans Affairs under subchapter VII of chapter 76 of title 38, United States Code.

(b) Requirement.—Not later than one year after the date of enactment of this Act, the Secretary shall submit to the Committee on Veterans' Affairs of the Senate and the Committee on Veterans' Affairs of the House of Representa-

Sec. 306. INCLUSION OF VETERANS IN EDUCATION DEBT REDUCTION PROGRAM OF DEPARTMENT OF VETERANS AFFAIRS.

(a) IN GENERAL.—The Secretary of Veterans Affairs shall ensure that clinical staff working at Vet Centers are eligible to participate in the Education Debt Reduction Program of the Department of Veterans Affairs under subchapter VII of chapter 76 of title 38, United States Code.

(b) Requirement.—Not later than one year after the date of enactment of this Act, the Secretary shall submit to the Committee on Veterans’ Affairs of the Senate and the Committee on Veterans’ Affairs of the House of Representa-

Sec. 307. NEEDS OF THE VHA.—In making determinations under section 7693 of title 38, United States Code, as enacted by subsection (a), the Secretary of Veterans Affairs shall consider the anticipated needs of the Veterans Health Administration during the period two to six years in the future.

Sec. 308. PREFERENCES.—In granting preference under section 7693 of title 38, United States Code, as enacted by subsection (a), the Secretary of Veterans Affairs shall determine whether a facility of the Department is underserved.

Sec. 309. DETERMINATION OF FUNDING.—In the event that two or more eligible veterans do not apply for admission at one of the covered medical schools for the entering class of 2019, the Secretary shall distribute the available funding to eligible veterans who applied for admission at other covered medical schools.

Sec. 310. AGREEMENT.—Each eligible veteran who accepts funding for medical education under this section shall enter into an agreement with the Secretary that provides that the veteran agrees—

(A) to maintain enrollment and attendance in the medical school;

(B) while enrolled in such medical school, to maintain an acceptable level of academic standing (as determined by the medical school under regulations prescribed by the Secretary);

(C) to complete postgraduate training leading to eligibility for board certification in a specialty applicable to the Department of Veterans Affairs, as determined by the Secretary;

(D) after completing such education, to obtain a license to practice medicine in a State; and

(E) after completion of medical school and postgraduate training as a full-time clinical practice employee in the Veteran's Health Administration for a period of four years.

Sec. 311. BREACH OF AGREEMENT.—If an eligible veteran who accepts funding under this section breaches the terms of the agreement described in paragraph (1), the United States shall be entitled to recover damages in an amount equal to the total amount of such funding received by the veteran.

Sec. 312. RULE OF CONSTRUCTION.—Nothing in this section shall be construed to prevent any covered medical school from accepting more than two eligible veterans for the entering class of 2019.

Sec. 313. REPORT TO CONGRESS.—Not later than December 31, 2020, and annually thereafter for the subsequent three years, the Secretary shall submit to Congress a report on the pilot program under this section. Such report shall include the evaluation of the Secretary of the success of the pilot program, including the number of veterans who received funding under the program who matriculated and an evaluation of the academic progress of such veterans.

Sec. 314. COVERED MEDICAL SCHOOLS.—In this section, the term "covered medical school" means any of the following:

(1) The Tufts-Cranston medical schools, consisting of—
(A) Texas A&M College of Medicine;
(B) Quillen College of Medicine at East Ten- nessee State University;
(C) Boonshoft School of Medicine at Wright State University;
(D) Joan C. Edwards School of Medicine at Marshall University;
(E) University of South Carolina School of Medicine.

(2) Charles R Drew University of Medicine and Science;

(3) Howard University College of Medicine.

(4) Meharry Medical College.

(5) Morehouse School of Medicine.

Sec. 315. BONUSES FOR RECRUITMENT, RELOCATION, AND RETENTION.

Section 760(a) of the Veterans Access, Choice, and Accountability Act of 2014 (Public Law 113-146; 38 U.S.C. 703 note) is amended—

(1) in paragraph (1), by striking "$230,000,000" and inserting "$250,000,000," and delete the period at the end of the sentence and add a semicolon and the following sentence:

(2) in paragraph (2), by striking "$225,000,000" and inserting "$290,000,000" of which not less than $20,000,000 shall be for recruitment, relocation, and retention bonuses";

(3) in paragraph (3), by striking "$400,000,000" and inserting "$550,000,000," and delete the period at the end of the sentence and add a semicolon and the following sentence:

and

(4) in paragraph (4), by striking "$300,000,000" and inserting "$400,000,000," and delete the period at the end of the sentence and add a semicolon and the following sentence:

(5) in paragraph (5), by striking "$200,000,000" and inserting "$250,000,000," and delete the period at the end of the sentence and add a semicolon and the following sentence:
SEC. 402. PILOT PROGRAM TO FURNISH MOBILE DEPLOYMENT TEAMS TO UNDERSERVED FACILITIES.

(a) IN GENERAL.—The Secretary of Veterans Affairs shall carry out a pilot program to furnish mobile deployment teams of medical personnel to underserved facilities.

(b) ELEMENTS.—In furnishing mobile deployment teams under subsection (a), the Secretary shall consider the following elements:

(1) The medical positions of greatest need at underserved facilities.

(2) The size and composition of teams to be deployed.

(3) Such other elements as the Secretary considers necessary for effective oversight of the program established under subsection (a).

(c) USE OF ANNUAL ANALYSIS.—The Secretary shall use the annual analysis of the veterans conducted by residents per position described in subsection (a)(1) under the pilot program.

(d) REPORTING.—

(1) PROGRESS REPORT.—Not later than one year after the date of the enactment of this Act, the Secretary shall submit a report to Congress on the implementation of the pilot program under this section.

(2) ANNUAL REPORT.—Not later than the termination of the pilot program under this section, the Secretary shall submit a final report to Congress that contains the recommendations of the Secretary regarding the feasibility and advisability of:

(A) extending or expanding the pilot program; and

(B) making the pilot program (or any aspect thereof) permanent.

(e) DURATION.—The pilot program under this section shall terminate three years after the date of the enactment of this Act.

(f) UNDERSERVED FACILITY DEFINED.—In this section, the term "underserved facility" means a medical center, ambulatory care facility, or community based outpatient clinic of the Department of Veterans Affairs designated by the Secretary of Veterans Affairs as underserved pursuant to criteria developed under section 401 of this Act.

SEC. 403. PILOT PROGRAM ON GRADUATE MEDICAL EDUCATION AND RESIDENCY.

(a) ESTABLISHMENT.

(1) IN GENERAL.—Subject to paragraph (5), the Secretary of Veterans Affairs shall establish a pilot program to establish graduate medical education and residency programs at facilities of the Department of Veterans Affairs per resident placed under the pilot program in the year immediately preceding the report and since the beginning of the pilot program.

(2) CREDENTIALED FACILITIES.—For purposes of this section, a credentialed facility is any of the following:

(A) A health care facility of the Department of Veterans Affairs.

(B) A health care facility operated by an Indian tribe or a tribal organization, as terms those terms are defined in section 4 of the Indian Self-Determination and Education Assistance Act (25 U.S.C. 5304).

(C) A health care facility operated by the Indian Health Service.

(D) A Federally-qualified health center, as defined in section 1965(f)(2)(B) of the Social Security Act (42 U.S.C. 1396d(2)(B)).

(E) A health care facility operated by the Department of Defense.

(F) Such other health care facility as the Secretary considers appropriate for purposes of this section.

(3) AGREEMENTS.—To carry out the pilot program under this section, the Secretary may enter into agreements with entities that operate covered facilities in which the Secretary places residents under paragraph (1).

(4) PARAMETERS FOR LOCATION, AFFILIATE SPONSOR, AND DURATION.—When determining in which covered facilities to place residents under paragraph (1), the Secretary shall consider the extent to which such facilities will provide care to veterans, to individuals who are not adequately served by other medical care facilities, and to underserved facilities.

(5) USE OF ANNUAL ANALYSIS.—The Secretary shall determine in which facilities to place residents under paragraph (1) after the end of each fiscal year, the Secretary shall submit a report to Congress on the implementation of the pilot program.

(b) ELEMENTS.—Each report submitted under this section shall contain the following:

(1) The amount of each award or bonus awarded to an individual described in such subsection (a)(3).

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

(c) DEFINITIONS.—In this section:

"(1) The term 'appropriate committees of Congress' means the Committees on Veterans' Affairs and Appropriations of the Senate and House of Representatives.

"(2) The term 'senior executive' means—
“(a) a career appointee; or “(b) an individual— “(i) in an administrative or executive position; and “(ii) appointed under section 7406(a) or section 7401(f) of this title. “(3) The term ‘career appointee’ has the meaning given that term in section 3132(a) of title 5, United States Code. “(b) CLERICAL AMENDMENT.—The table of sections at the beginning of this chapter is amended by inserting after the item relating to section 725 the following new item: “726. Annual report on performance awards and bonuses awarded to certain high-level employees.”.

SEC. 502. ROLE OF PODIATRISTS IN DEPARTMENT OF VETERANS AFFAIRS

(a) INCLUSION.— “(1) IN GENERAL.—Subchapter I of chapter 74 is amended by adding at the end the following new section: “§7413. Treatment of podiatrists; clinical oversight standards “(a) PODIATRISTS.—Except as provided by subsection (b), a doctor of podiatric medicine who is appointed as a podiatrist under section 7401(f) of this title is eligible for any supervisory position in the Veterans Health Administration to the same degree that a physician appointed under section 7401(f) of this title is eligible for the position. “(b) ESTABLISHMENT OF CLINICAL OVERSIGHT STANDARDS.—The Secretary, in consultation with appropriate stakeholders, shall establish standards for podiatrists who are appointed in the Veterans Health Administration to supervisory positions do not provide direct clinical oversight for purposes of peer review or practice evaluation for providers of other clinical specialties.”. “(2) CLERICAL AMENDMENT.—The table of sections at the beginning of chapter 74 is amended by inserting after the item relating to section 7412 the following new item: “7413. Treatment of podiatrists; clinical oversight standards.”.

(b) MODIFICATION AND CLARIFICATION OF PAY GRADE.— “(1) GRADE.—The list in section 7404(b) of such title is amended— “(A) by striking ‘PHYSICIAN AND DENTIST SCHEDULE’ and inserting ‘PHYSICIAN AND SURGEON (MD/DO), PODIATRIC SURGEON (DPM), AND DENTIST AND ORAL SURGEON (DDS, DMD) SCHEDULE’; “(B) by striking the words ‘Physician grade’ and inserting ‘Physician and surgeon grade’; and “(C) by striking ‘PODIATRIST, CHIRO- PRACTOR, AND’ and inserting ‘CHIRO- PRACTOR AND’.

(2) APPLICATION.—The amendments made by paragraph (1) shall apply with respect to a pay period of the Department of Veterans Affairs beginning on or after the date that is 30 days after the date of the enactment of this Act.

SEC. 503. DEFINITION OF MAJOR MEDICAL FACILITY PROJECT

(a) MODIFICATION OF DEFINITION OF MEDICAL FACILITY.—Section 8101(3) is amended by striking “Secretary” and all that follows through “nursing home,” and inserting ‘Secretary, or as otherwise authorized by law, for the provision of health-care services (including hospital, outpatient clinic, nursing home).’.

(b) MODIFICATION OF DEFINITION OF MAJOR MEDICAL FACILITY PROJECT.—Paragraph (3) of section 8104(a) is amended to read as follows: “(3) For purposes of this subsection, the term ‘major medical facility project’ means a project for the construction, renovation, or acquisition of a medical facility involving a total expenditure of more than $20,000,000, but such term does not include an acquisition by exchange, non-recurrent projects funded by a central entity of the Department, or the construction, alteration, or acquisition of a shared Federal medical facility for which the Department’s estimated share of the project costs does not exceed $20,000,000.”.

SEC. 504. AUTHORIZATION OF CERTAIN MAJOR MEDICAL FACILITY PROJECTS OF THE DEPARTMENT OF VETERANS AFFAIRS

(a) AUTHORIZATION.—The Secretary of Veterans Affairs shall select major medical facility project, to be carried out in an amount not to exceed the amount specified for that project: Construction of the new East Bay Community Based Outpatient Clinic and all associated site work, utilities, parking, and landscaping, construction of the Central Valley Engineering and Logistics support facility, and establishment flood plain portion of Central Valley and East Bay Community Based Outpatient Clinics as part of the realignment of medical facilities in Livermore, California, in an amount not to exceed $17,300,000.

(b) AUTHORIZATION OF APPROPRIATIONS FOR CONSTRUCTION.—There is authorized to be appropriated to the Secretary of Veterans Affairs for fiscal year 2019, in an amount not to exceed $117,300,000 for the project authorized in subsection (a).

(c) SUBMITTAL OF INFORMATION.—Not later than 90 days after the date of the enactment of this Act, the Secretary shall submit to the Committee on Veterans’ Affairs of the House of Representatives and the Committee on Veterans’ Affairs of the Senate the following information: "(1) A line item accounting of expenditures relating to construction management carried out by the Department of Veterans Affairs for such project. "(2) The future amounts that are budgeted to be obligated for construction management carried out by the Department for such project. "(3) A justification for the expenditures described in paragraph (1) and the future amounts described in paragraph (2). "(4) Any agreements entered into by the Secretary regarding a non-Department of Veterans Affairs Federal entity providing management services relating to such project, including reimbursement agreements and the costs to the Department for such services.

SEC. 505. DEPARTMENT OF VETERANS AFFAIRS PERSONNEL TRANSPARENCY

(a) PUBLICATION OF STAFFING AND VACANCIES.— “(1) WEBSITE REQUIRED.—Subject to paragraph (2) and within not later than the date of the enactment of this Act, the Secretary of Veterans Affairs shall make publicly available on an Internet website of the Department of Veterans Affairs information, which shall, subject to subparagraph (D), be displayed by departmental component or, in the case of information relating to Veterans Health Administration positions, by medical facility: “(A) The number of personnel encumbering positions. “(B) The number of vacancies as well as separation actions processed during the quarter preceding the date of the publication of the information. “(C) The number of vacancies, by occupation. “(D) The percentage of new hires for the Department who were hired within the time-to-hire target of the Office of Personnel Management, disaggregated by administration.

(2) EXCEPTION.—The Secretary may withhold from publication under paragraph (1) information relating to law enforcement, information security, or such positions in the Department that the Secretary determines to be exempt.

(3) UPDATE OF INFORMATION.—The Secretary shall update the information on the website required under paragraph (1) on a quarterly basis.

(b) TREATMENT OF CONTRACTOR POSITIONS.— Any Department of Veterans Affairs position that is filled with a contractor may not be treated as a position for purposes of the information required to be published under paragraph (1).

(c) TREATMENT OF CONTRACTOR POSITIONS.— Any Department of Veterans Affairs position that is filled with a contractor may not be treated as a position for purposes of the information required to be published under paragraph (1).

(d) INSPECTOR GENERAL REVIEW.—On a semi-annual basis, the Inspector General of the Department shall review the administration of the section required under paragraph (1) and make recommendations relating to the improvement of such administration.

(e) REPORT TO CONGRESS.—The Secretary of Veterans Affairs shall annually report to Congress on the steps the Department is taking to achieve full staffing capacity. Each such report shall include the amount of additional funds necessary to enable the Department to reach full staffing capacity.

SEC. 506. PROGRAM ON ESTABLISHMENT OF PEER SPECIALISTS IN PATIENT ALIGNED CARE TEAM SETTINGS WITH VETERANS MEDICAL CENTERS OF DEPARTMENT OF VETERANS AFFAIRS

(a) PROGRAM REQUIRED.—The Secretary of Veterans Affairs shall carry out a program to establish not fewer than two peer specialists in patient aligned care teams at medical centers of the Department of Veterans Affairs to promote the use and integration of services for mental health, substance use disorder, and behavioral health in a primary care setting.

(b) TERMS AND CONDITIONS.—The Secretary shall carry out the program at medical centers of the Department as follows: “(1) Not later than May 31, 2019, at not fewer than 15 medical centers of the Department. “(2) Not later than May 31, 2020, at not fewer than 30 medical centers of the Department.

(c) SELECTION OF LOCATIONS.— “(1) IN GENERAL.—The Secretary shall select medical centers for the program as follows: “(A) Not fewer than five shall be medical centers of the Department that are designated by the Secretary as polytrauma centers. “(B) Not fewer than ten shall be medical centers of the Department that are not designated by the Secretary as polytrauma centers.

(d) MODIFICATION AND CLARIFICATION OF PAY GRADE.— “(1) GRADE.—In carrying out the program described in subsection (c), the Secretary shall consider the feasibility and advisability of selecting medical centers in the following areas: “(A) Rural areas and other areas that are underserved by the Department. “(B) Areas that are not in close proximity to an active duty military installation. “(C) Areas representing different geographic locations, such as census tracts established by the Bureau of the Census.

(e) ENGAGEMENT WITH COMMUNITY PROVIDERS.—At each location selected under subsection (c), the Secretary shall consider ways in which peer specialists can conduct outreach to health care providers in the community who are known to be serving veterans to engage with those providers and veterans served by those providers.

(f) REPORTS.— “(1) PERIODIC REPORTS.— “(A) IN GENERAL.—Not later than 180 days after the date of the enactment of this Act, and not less frequently than once every 180 days thereafter, the Secretary determines that the program is being carried out at the last location to be selected under subsection (c), the Secretary shall submit to Congress a report on the program. “(B) ELEMENTS.—Each report required by subparagraph (A) shall, with respect to the 180-day period preceding the submittal of the report, include the following: “(i) The findings and conclusions of the Secretary with respect to the program. “(ii) An assessment of the benefits of the program to veterans and family members of veterans.
(iii) An assessment of the effectiveness of peer specialists in engaging under subsection (e) with health care providers in the community and veterans served by those providers.

(2) USE.—Not later than 180 days after the Secretary determines that the program is being carried out at the last location to be selected under subsection (c), the Secretary shall submit to Congress a report detailing the recommendations of the Secretary as to the feasibility and advisability of expanding the program to additional locations.

SEC. 507. DEPARTMENT OF VETERANS AFFAIRS MEDICAL SCRIBE PILOT PROGRAM.

(a) IN GENERAL.—The Secretary of Veterans Affairs shall carry out a two-year pilot program under which the Secretary shall increase the use of medical scribes at Department of Veterans Affairs medical centers.

(b) LOCATIONS.—The Secretary shall carry out the pilot program at the 10 medical centers of the Department as follows:

1. At least four such medical centers located in urban areas.
2. At least four such medical centers located in rural areas.
3. Two such medical centers located in areas with relatively low access or increased efficiency, as determined by the Secretary.

(c) MEDICAL SCRIBES.—

(1) HIRING.—Under the pilot program the Secretary shall—

(A) hire 20 new Department of Veterans Affairs term employees as medical scribes; and

(B) seek to enter into contracts with appropriate entities for the employment of 20 additional medical scribes.

(2) DISTRIBUTION.—The Secretary shall assign four medical scribes to each of the 10 medical centers of the Department where the Secretary carries out the pilot program as follows:

(A) Two scribes shall be assigned to each of two pilot programs.

(B) Thirty percent of the scribes shall be employed in the provision of emergency care.

(C) Seventy percent of the scribes shall be employed in the provision of specialty care in specialties with the longest patient wait times or lowest efficiency ratings, as determined by the Secretary.

(3) TRAINING.—

(A) REPORTS TO CONGRESS.—Not later than 180 days after the commencement of the pilot program required under this section, and every 180 days thereafter for the duration of the pilot program, the Secretary of Veterans Affairs shall submit to Congress a report on the pilot program. Each such report shall include each of the elements under clauses (i) through (iv) of subparagraph (A) at medical centers who employed scribes under the pilot program.

(B) Metrics and data for analyzing the effects of the pilot program, including an evaluation of the each of the elements under clauses (i) through (iv) of subparagraph (A) at medical centers who employed scribes under the pilot program for an appropriate period preceding the hiring of such scribes.

(4) COMPETITOR GENERAL REPORT.—Not later than 90 days after the termination of the pilot program required under this section, the Comptroller General of the United States shall submit to Congress a report on the pilot program. Such report shall include a comparison of the pilot program with similar programs carried out in the private sector.

(d) DEFINITIONS.—In this section:

(1) The term ‘medical scribe’ means an unlicensed individual hired to enter information into the electronic health record or chart at the direction of a physician or licensed independent practitioner, whose responsibilities include the following:

(A) Assisting the physician or practitioner in navigating the electronic health record.

(B) Recording messages as directed by the physician or practitioner.

(C) Entering information into the electronic health record, as directed by the physician or practitioner.

(2) The terms ‘urban’ and ‘rural’ have the meanings given such terms under the rural-urban commuting areas code developed by the Secretary of Labor in conjunction with the Secretary of Health and Human Services.

(f) FUNDING.—The pilot program under this section shall be carried out using amounts otherwise authorized to be appropriated for the Department of Veterans Affairs. No additional amounts are authorized to be appropriated to carry out such program.

 SEC. 508. EXTENSION OF REQUIREMENT TO COLLECT FEES FOR HOUSING LOANS GUARANTEED BY SECRETARY OF VETERANS AFFAIRS.

Section 3729(b)(2) of title 38, United States Code, is amended by striking ‘‘2027’’ each place it appears and inserting ‘‘2028’’.

 SEC. 509. EXEMPTION OF付きIN AMOUNT OF PENSION FUNDED BY DEPARTMENT OF VETERANS AFFAIRS FROM TAXES COLLECTED UNDER MEDICAID PLANS FOR SERVICES FURNISHED BY NURSING FACILITIES.

Section 5503(d)(7) of title 38, United States Code, is amended by striking ‘‘September 30, 2027’’ and inserting ‘‘September 30, 2028’’.

 SEC. 510. APPROPRIATION OF AMOUNTS.

(a) VETERANS CHOICE PROGRAM.—There is authorized to be appropriated, to the Secretary of Veterans Affairs, out of any funds in the Treasury not otherwise appropriated, $5,200,000,000 to be deposited in the Veterans Choice Fund under section 802 of the Veterans Access, Choice, and Accountability Act of 2014 (Public Law 113-146; 38 U.S.C. 1701 note).

(b) AVAILABILITY OF AMOUNTS.—The amounts appropriated under subsection (a) shall be available for obligation or expenditure without fiscal year limitation.

 SEC. 511. TECHNICAL CORRECTION.

Section 17121 of title 38, United States Code, is redesignated as section 17201 of such title.

 SEC. 512. BUDGETARY EFFECTS.

(a) STATUTORY PAY-AS-YOU-GO SCORECARDS.—The budgetary effects of this Act shall not be entered on either PAYGO scorecard maintained pursuant to section 4(d) of the Statutory Pay-As-You-Go Act of 2010.

(b) SENATE PAYGO SCORECARDS.—The budgetary effects of this Act shall not be entered on any PAYGO scorecard maintained for purposes of section 406 of H. Con. Res. 71 (115th Congress).

The SPEAKER pro tempore. The bill, as amended, shall be debatable for 1 hour equally divided and controlled by the chair and ranking minority member of the Committee on Veterans’ Affairs.

The gentleman from Tennessee (Mr. ROE) and the gentleman from Minnesota (Mr. WALZ) each will control 30 minutes.

The CHAIR recognizes the gentleman from Tennessee.

Mr. ROE of Tennessee. Mr. Speaker, I ask unanimous consent that all Members have 5 legislative days in which to revise and extend their remarks and insert extraneous material in the Record on S. 2372, as amended.

The SPEAKER pro tempore. Is there objection to the request of the gentleman from Tennessee? There was no objection.

Mr. ROE of Tennessee. Mr. Speaker, I yield myself such time as I may consume.

Mr. Speaker, I rise today in support of my bill, the John S. McCain III; the Daniel K. Akaka; and with great honor, the Samuel R. Johnson Department of Veterans Affairs Maintaining Internal Systems and Strengthening Integrated Outside Networks Act of 2018, or the VA MISSION Act.

This bill exemplifies exactly how Congress should work. It is a bipartisan, bicameral compromise agreement between the House and Senate Veterans’ Affairs Committees that was crafted over the last year and a half through regular order and in close coordination with stakeholders and advocates in VA, the White House, the military and veterans service organizations, and the broader health community.

It is also aptly named after Senator McCain, late Senator Akaka, and Congresswoman SAM JOHNSON, three great Americans whose lives and work exemplify service and statemanship.

The MISSION Act is also aptly named in that it would address and reaffirm Congress’ commitment to VA’s core and most important mission: caring for, as President Lincoln said, those who have borne the battle.

There are five main components of the MISSION Act. Each of these components on their own would be noteworthy and significant. Together, they are transformational.

The first component of the MISSION Act would consolidate and improve VA’s community care programs. VA currently has a different mechanism to refer veterans to community providers today. The most recent and notable method is the Choice Program, which Congress created following the nationwide access and accountability crisis in 2014. All of those methods serve different purposes and employ different business processes, reimbursement rates, and eligibility criteria. That creates a tremendous and increasing amount of confusion and consternation across VA, veterans, community care providers, and VA patients.

The MISSION Act would consolidate all of those methods into a single, streamlined VA community care program that is easier to understand, administer, and deliver to veterans who need it. This would increase access to timely quality care in every community across the country and, in doing so, expand VA’s reach and veterans’ choice. It would also return all VA community care funding to the discrete bottom line side of the ledger, thereby increasing transparency and accountability for the hard-earned taxpayer dollars that VA receives.
The second component of the MISSION Act would address the pending shortfall in the Choice fund. When Congress created the Choice Program 4 years ago, it also created the Choice fund and stipulated that the program would end when the fund ran dry. Congress and the Administration have acted to prevent that from happening in recognition of the millions of veterans who rely on the Choice Program despite its imperfections.

However, Acting VA Secretary Wilkie sent a letter just last week declaring that the remaining funds in the Choice fund will be exhausted as early as May 31, just 2 weeks from today. The consequences of that have the potential to be catastrophic for veterans, with Acting Secretary Wilkie warning that wait times will increase, access to care will decrease, continuity of care will be disrupted, and valuable community partnerships will be damaged.

To prevent that, the MISSION Act would appropriate $5.2 billion to the Choice fund. This would provide an access-to-care crisis from occurring in the immediate future and provide sufficient funding to allow the Choice Program to continue serving veterans well into the next fiscal year until the new, consolidated community care program is implemented.

The third component of the MISSION Act would address VA’s massive and misaligned physical footprint. VA is one of the largest property-holding entities in the Federal Government with a capital asset portfolio that includes thousands of medical facilities spanning hundreds of millions of square feet.

The average VA medical facility building is more than five times older than the average building in the not-for-profit system in this country, with some VA facilities being much older than that. For example, the VA medical center in Johnstown, Pennsylvania, was built in 1903 to care for Civil War veterans. It is still seeing patients today.

Since being named chairman of the Committee on Veterans’ Affairs a year and a half ago, I have made it a priority to travel to VA facilities across the country. While many of them are doing great work, they are operating out of facilities that were designed and built to meet antiquated healthcare needs and delivery models.

These facilities are increasingly impossible to manage and maintain in accordance with modern standards and the ever-changing shifts in the veteran population, not to mention that demand for care is growing progressively more complex and diverse across the country.

The Asset and Infrastructure Review, or AIR, Act process that the MISSION Act would create is based on a recommendation from the bipartisan Commission on Care that was put together by President Obama. It would create an open, objective, politically insulated process to recommend how VA’s massive physical footprint can be realigned and brought up to date. This would transform the VA healthcare system that we know today into one that is stronger, more efficient, and better able to meet the healthcare needs of veterans, now and for generations to come.

None of us who are lucky enough to have a VA facility in their backyard, as I do, want to contemplate a future where that facility may change or disappear. But without action as bold, innovative, and transformative as the AIR Act is, the long-term success and sustainability of the VA healthcare system is in serious question, and veterans will suffer the consequences.

I want to assure those who may still be concerned about AIR that they will have nothing to fear from it. I worked closely with a wide variety of veteran service organizations to ensure that the AIR process takes and includes all stakeholders, VSO partners, and community involvement—both locally and nationally—and to make sure no AIR recommendation would occur behind closed doors without an open discussion and a review of all the relevant facts, with every option and opportunity left on the table.

It is my firm belief that AIR will result in a modern, streamlined VA healthcare system but not necessarily a markedly smaller one. VA is going to remain a presence in communities large and small, and no facility that is needed to care for veteran patients or that has a worthy service to provide them will be negatively impacted.

The fourth component of the MISSION Act will be to expand the Family Caregiver Program to the caregivers of pre-9/11 veterans. Congress created the Family Caregiver Program in 2010 to provide supports and services, including a monthly stipend payment and healthcare coverage, if needed, to caregivers of post-9/11 veterans.

Caregivers provide an invaluable service, often at great personal sacrifice, to those veterans who have been seriously injured in the line of duty. Caregivers know no age or era, but for far too long the Family Caregiver Program has been restricted to an inequality based on era of service. The MISSION Act would correct that serious inequity and finally give pre-9/11 caregivers the recognition they deserve.

The fifth and the final component of the MISSION Act would be to enhance the internal capacity of the VA healthcare system to care for veteran patients internally. Opponents of this bill will tell you falsely that it is premised on the privatization of the VA healthcare system. That misconception is based on nothing but fear and rhetoric, I think.

The MISSION Act contains numerous provisions that would make it easier for VA to attract high-quality commissions and other professionals and put them to work in VA medical facilities, just as I have done. It also contains numerous provisions that would make it easier for the providers already working in VA hospitals and clinics to see more veteran patients and to be recognized and rewarded for their great work.

Together, these provisions would fortify the VA healthcare system and make sure it stays strong and able to provide the care that it is meant to provide.

Before closing, I want to take a moment to recognize some people: Chairman ISAKSON and Ranking Member TESTER of the Senate Committee on Veterans’ Affairs. Chairman ISAKSON and Ranking Member TESTER have been steadfast partners over the last year and over the last several weeks, in particular. The MISSION Act would not be a reality without their good-faith efforts to work hand in hand with me and with our veteran service organization partners to overcome our differences and craft a bipartisan, bi-partisan bill that our veterans and their families can be proud of. Mr. Speaker, I want to thank them for their leadership and for their friendship.

I am also grateful for the many members of the committee from both sides of the aisle and both sides of the Capitol, including Ranking Member WALZ, and to our VSO partners in the community, the VA, and in the White House who have worked hard over the last year and a half to craft and consider many of the provisions that make up the MISSION Act.

Finally, I want to thank President Trump for his leadership and steadfast commitment to veterans since taking office. This bill would not have been possible without his vocal leadership. This may well be the most impactful vote that any of us will ever take for our Nation’s veterans.

And before I finish, I also want to thank the staffs on both sides of the aisle both in the Senate and in the House, both Republican and Democrat, for their incredible hard work, the many hours behind the scenes that you never see, that the public never sees, that I certainly appreciate and I believe Ranking Member WALZ does too, the hard work of our staffs.

A “yes” vote is a vote for access, for quality, for choice, for the long-term success and sustainability of the VA healthcare system, for caregivers and for veterans. And for that I would recommend a positive “yes” vote.

The MISSION Act is supported by every major military and veteran service organization that rightly recognizes this as a monumental and historic opportunity to support a bill that will positively impact the daily lives and well-being of millions of veterans and their families and fundamentally shape and improve the second largest agency in the Federal Government.

I urge every single one of my colleagues to stand today with me and
these organizations dedicated to the service of veterans, servicemembers, and their families, and, most importantly, our Nation’s veterans, and support the VA MISSION Act.

Mr. Speaker, I include in the RECORD a letter from the VSO in support of the MISSION Act.

Hon. Phil Roe, Chairman, House Veterans’ Affairs Committee, Washington, DC.

Hon. Roger Wicker, Ranking Member, House Veterans’ Affairs Committee, Washington, DC.

Hon. Tammy Duckworth, Chairman, Senate Veterans Affairs Committee, Washington, DC.

Hon. Jon Tester, Ranking Member, Senate Veterans’ Affairs Committee, Washington, DC.

DEAR CHAIRMAN ROE, RANKING MEMBER WALZ, CHAIRMAN ISAKSON AND RANKING MEMBER TESTER: On behalf of the millions of veterans, service members and family members we represent and advocate for, we offer our strong support for the VA MISSION Act of 2018, or the “VA MISSION Act.”

This historic legislation would consolidate and reform VA’s community care programs; extend funding for the current Veterans Choice Program for one year; strengthen VA’s ability to recruit, hire and retain quality medical personnel; review, re-align and modernize VA’s health care infrastructure; and extend eligibility to VA’s comprehensive caregiver assistance program to aging and disabled veterans injured before September 11, 2001.

Our organizations strongly support expanding eligibility for VA’s comprehensive caregiver assistance program to all generations of seriously disabled veterans, while maintaining the caregiver benefits that are currently available. Today, this program provides full comprehensive caregiver assistance only to veterans injured on or after September 11, 2001, leaving family caregivers and veterans injured during World War II, the Korean, Vietnam and Gulf Wars ineligible for this benefit.

The legislation will help to correct this injustice and we—along with millions of members in our organizations—applaud your leadership for this action and look forward to working in the future to ensure that both injured and ill veterans from all eras are eligible for this benefit.

The legislation will also consolidate VA’s community care programs and develop integrated networks of VA and community providers to supplement, not supplant VA health care, so that all enrolled veterans have timely access to quality medical care.

The bill includes funding to continue the current Choice Program for an additional year until the new community care program is implemented as well as important workforce improvement provisions to strengthen VA’s delivery of care.

Carefully crafted compromise represents a balanced approach to ensuring timely access to care while continuing to strengthen the VA health care system. This legislation is supported by that millions of veterans choose and rely on.

The legislation also includes a new Asset and Liabilities Reform in Community Care (AIR) program intended to design and implement a comprehensive plan to optimize and modernize VA’s medical care facilities. The AIR program would provide stakeholders the opportunity to sell, lease or redevelop its real property inventory, and deliver care to veterans when and where they need it.

Since the access and waiting list crisis exploded in 2014, Congress, VA and veterans leaders have debated how best to strengthen and reform the delivery of veteran’s health care to ensure access for all veterans. The legislation before the Committee would take a major step towards that goal by making improvements to and investment in the current system. By creating integrated networks so that veterans have access to care when and where they need it, and providing the further recognition and support for family caregivers of severely disabled veterans.

As leaders of the nation’s veterans and military service organizations, we thank you for your steadfast leadership in crafting this important bipartisan bill and call on all members of Congress to seize this historic opportunity to give the millions of veterans, their families and caregivers by swiftly passing the “VA MISSION Act of 2018.” The men and women who have served, are serving and will serve in the future are counting on Congress’s support.

Respectfully,

Garry J. Augustine, Washington Executive Director; Verna L. Jones, Executive Director, The American Legion; Joseph R. Principles, Executive Director, AMVETS; Dana T. Atkins, Lieutenant General, U.S. Air Force (Ret.), President, Military Officers Association of America; Robert E. Wallace, Executive Director, Vietnam Veterans of the United States; Carl Blake, Executive Director, Paralyzed Veterans of America; Richard Weidman, Executive Director or Policy, Vietnam Veterans of America; Rene Bardof, Senior Vice President, Government & Community Relations, Warrior Partnership; Paul Rieckhoff, Founder and CEO, Iraq & Afghanistan Veterans of America; Joseph C. Bogart MA, Executive Director, Code of Support Foundation; Thomas J. Snee, National Executive Director, Fleet Reserve Association; Kristina Kaufmann, Executive director, Code of Support Foundation; Paul K. Hopper, Colonel, USMC (Ret.), National President, Marine Corps Reserve Association; James T. (Jim) Currie, Jr., VADM, USN (Ret), Executive Director, Commissioned Officers Association of the U.S. Public Health Service; Neil Van Essen, National Commander, American Legion Post 1 of the Purple Heart; Steve Schawb, Executive Director, Elizabeth Dole Foundation; Bonnie Carroll, President and Founder, Tragedy Assistance Program for Survivors; Jon Ostrowski, Senior Chief USCGR, Retired, Director, Government Affairs, Non Commissioned Officers Association (Michael E. Milken); VADM USN (Ret), Executive Director, AMSUS; Randy Reid, Executive Director, U.S. Coast Guard Chief Petty Officer Association; Charles Park, Esq., Washington Executive Director, The Retired Enlisted Association; John H. Madigan, Jr, Vice President, Chief Public Policy Officer, AMERICAN Federation for Suicide Prevention; CW4 (Ret.) Jack Da Teil, Executive Director, United States Army Wounded Warrior Association; Jim Lorraine, President & CEO, America’s Warrior Partnership.

Mr. ROE of Tennessee. Mr. Speaker, I reserve the balance of my time.

Mr. WALZ of Minnesota. I yield myself such time as I may consume.

Mr. Speaker, I would like to say the chairman’s description of how this process was done was absolutely 100 percent accurate. The sense of bipartisan-
American taxpayer that would not pay every penny of that to go to care of veterans. This is not about trying to figure that piece of it out. Paying for veterans care in the community is going to cost $22 billion on that.

I agree with the Choice Program. Consolidating the VA's seven other community care programs is needed. And I agree transferring this funding of the Choice Program to discretionary funding so the VA can budget for the increased cost and all health care provided by that fund. We must ensure the high cost of community care, though, does not force the VA to cut other critical veterans services.

It is unfortunate that we have chosen to solve this problem on the mandatory side by exempting VA care from statutory PAYGO, but we are not going to do that in the future on the care in the community. It is not a problem that is going to occur years from now. Everybody knows what the VA is going to do—and the voters will tell you if you are or not—is coming. The cost of community care is so expensive, we will not get through fiscal year 2019 without a similar exemption on the discretionary side.

This bill fails to address how VA will fund all of its other programs once this transfer occurs. The Bipartisan Budget Act deal raised VA's caps by $4 billion to improve VA infrastructure. This increased discretionary funding responsibility for community care is going to undermine that deal, forcing VA to cut its own programs and use money designated for VA infrastructure to fund community care.

That is a choice we can make, and it is a choice that has to be made. I am just suggesting today that with the good will, the smart policies, the leadership that was here, maybe we should have gone for the whole one on this. I will take the critique that looking for the perfect and throwing away the good is a fair critique. I am just not sure, in a Congress with a $21 trillion deficit and a discretionary spending budget that could be eaten up across there, when is that hard decision ever going to be made?

It could mean that care provided in VA hospitals and clinics, construction and maintenance of those facilities, veterans homelessness programs, and VA research is going to have to be funded by some other fund. We must ensure the high cost of community care, though, does not force the VA to cut other critical veterans services.

Mr. ROE of Tennessee. Mr. Speaker, I yield 3 minutes to the gentleman from California (Mr. TAKANO), the vice ranking member of this committee and even this Congress.

May 16, 2018
CONGRESSIONAL RECORD — HOUSE H4041

Mr. TAKANO. Mr. Speaker, I thank the gentleman from Texas for bringing inspiration to everybody in this body and across the country.

Mr. Speaker, I yield 3 minutes to the gentleman from California (Mr. TAKANO), the vice ranking member of this committee and even this Congress.

Mr. TAKANO. Mr. Speaker, I thank the gentleman from California (Mr. TAKANO), the vice ranking member of this committee and even this Congress.

Mr. Speaker, I yield 3 minutes to the gentleman from California (Mr. TAKANO), the vice ranking member of this committee and even this Congress.
Mr. WALZ. Mr. Speaker, I yield an additional 30 seconds to the gentleman from California.

Mr. TAKANO. I will reluctantly vote for this bill today.

Mr. ROE. Mr. Speaker, just for clarification, we have been under cap since 2011. The VA budget has grown exponentially since then. We have always done the right thing for our Nation's heroes and will continue to do that.

Mr. Speaker, it is my privilege to yield 2 minutes to the gentleman from Ohio (Mr. WENSTROUP), my good friend. He served until he recently moved to a different committee, as chairman of the Health Subcommittee. He has been an active member of the Veterans' Affairs Committee and has been a very valued member.

Mr. WENSTROUP. Mr. Speaker, I am humbled to follow SAM JOHNSON here at this podium. He has been in Congress 6 years, and to think that he spent 7 years incarcerated as a POW.

Mr. Speaker, I rise in support of the VA MISSION Act. This legislation is about the promises we made to those who safeguard our freedoms.

Mr. Speaker, I wish that there were more guard- rials in place as we begin asset reallot- ment, and I wish that we had a strong VA leadership in place before moving forward with sweeping reforms. But, at the end of the day, Mr. Speaker, I real- ize we can't keep doing emergency patches to fund community care. We can't continue to look veterans in the eye when we don't offer caregiver sup- port services just because they served in an era before 9/11. That is why I will reluctantly vote in favor of this bill today.

Mr. Speaker, I am proud to sponsor the John McCain, Daniel Akaka, and Samuel Johnson VA MISSION Act, named in honor of three American vet- eran heroes, and I urge my colleagues to vote “yea.”

Mr. Speaker, I rise today in support of the VA MISSION Act because it makes significant improvements to the VA that our Nation's veterans have long been asking for, which will help deliver better care to the 9 million vet- erans enrolled in the VA.

While I recognize that this bill is not a perfect one, my mission and the Vet- erans' Affairs Committee's mission has always been to provide better access to high-quality care for our Nation's vet- erans, and this bill advances that goal in a few very important ways.

First, the VA MISSION Act consoli- dates the various community care pro- grams, which will make it easier for veterans to use and for providers to participate in.

The bill also expands the caregiver program, which is critical for improving outcomes and quality of life for our veterans. This has been a key priority for our Nation's veterans service orga- nizations for years.

Community nursing homes are five times more expensive than the average cost of the caregiver program. Expanding the caregiver program will save the VA and taxpayers money in the long run, all the while allowing veterans to receive quality care and better care at home from the people they trust the most.

The bill also makes important im- provements to community care eligi- bility, which are more closely aligned with the veterans' needs rather than the arbitrary criteria currently in place.

Finally, I am planning to vote “yes” because time is of the essence. As you may know, the acting VA Secretary re- cently informed Congress that the Choice account will run out of funds by the beginning of June, meaning tens of thousands of veterans could lose access to their community care in a few short weeks. The VA MISSION Act will en- sure that this does not happen, which is another reason why the legislation is supported by 39 veterans service orga- nizations.

With that said, I fully recognize that the bill's approach to realigning facili- ties, in my opinion, is flawed.

I also share the ranking member's concerns about the budget caps. Reim- posing the sequester would be dev- astating for the VA and for other Fed- eral discretionary programs. This is a real issue that must be addressed.

Since I have been in Congress, we have raised budget caps three times in
The VA MISSION Act today. It is past that time, Congress must take action to consolidate the community care programs and to expand the caregiver program.

Mr. Speaker, I urge my colleagues to also support the bill.

The VA MISSION Act will streamline and consolidate the Veterans Choice Program with the other duplicative VA community care programs to create one new cohesive Veterans Community Care Program. This new program allows veterans to seek care from non-VA providers in the community if the VA is not providing the quality care the veterans deserve, and timely care. It also requires access to community providers if the veteran and doctor believe it is in the veteran's best medical interest to seek such care.

Mr. Speaker, I thank Chairman Roe, who did an outstanding job with this bill, for his hard work on this bicameral, bipartisan piece of legislation, which is the result of a long negotiation process, where both sides of the aisle put aside differences and compromised to strike a balance between each stakeholder. This is how Congress should work. I am proud of the work that my colleagues and I did in this committee.

I want to thank the staff, as well. The committee ensured that we have a great work product for our true American heroes. Again, I want to thank the sponsors of the bill.

Mr. Speaker, it's have a great vote for our true American heroes. Let's pass this VA MISSION Act and get it to the Senate as soon as possible.
to home, and that is exactly what this program does.

Now, one thing I have to mention to you, Mr. Speaker, is that some of our rural hospitals who have contracted with the VA and provided great services to our veterans have not been getting paid on time. This is a real problem when you have got a small hospital that might not have bills paid for 1 to 2 years.

The SPEAKER pro tempore. The time of the gentleman has expired.

Mr. ROE of Tennessee. Mr. Speaker, I yield an additional 15 seconds to the gentleman.

Mr. DUNN. Mr. Speaker, we need to make sure all of our rural hospitals in the State of Maine and throughout the country get paid, and this bill says if they are not paid within 30 days, then interest starts accruing on that.

The SPEAKER pro tempore. The time of the gentleman has expired.

Mr. ROE of Tennessee. Mr. Speaker, I yield today in support of S. 2372, the VA MISSION Act.

Mr. Speaker, I support the VA MISSION Act because it will improve access to timely care for all our veterans through consolidation and reform of the various care and community programs and through expansion of the caregiver program.

Like my colleague from Maine said, in California, we are the proud home to the largest number of veterans in the United States, and we want more of them in California.

Let me say that I know there may be some who wish to dissent with this legislation, but at the end of the day, I have got to ask myself, is this about Wall Street or is this about the beltway? No. This is about Main Street, Main Street Santa Ana, Anaheim, Orange County, California.

This VA MISSION Act is supported by 39 veteran and military service groups, including The American Legion.

One of my constituents, Ken George, the District 29 Commander of the Department of California American Legion, my good friend and a member of the House Committee on Veterans’ Affairs, who also served a very long time in the California Senate serving veterans there.

Mr. CORREA. Mr. Speaker, I rise today in support of S. 2372, the VA MISSION Act.

Mr. Speaker, I support the VA MISSION Act because it will improve access to timely care for all our veterans through the implementation of this program.

Mr. Speaker, I urge all of my colleagues to support this important legislation.

Mr. WALZ. Mr. Speaker, I yield 4 minutes to the gentleman from Connecticut (Mr. Esty), my good friend, the ranking member of the Subcommittee on Disability Assistance and Memorial Affairs.

Ms. Esty of Connecticut. Mr. Speaker, I thank the gentleman for yielding.

Mr. Speaker, I rise today in support of the VA MISSION Act of 2018. I am proud to support the VA MISSION Act of 2018, especially because of its important expansion of support for family caregivers of veterans of all service eras.

Since my first days in Congress, I have heard from veterans and their caregivers about the important support provided through the VA’s Program of Comprehensive Assistance for Family Caregivers.

Family caregivers provide loving and essential care at home for our injured veterans, from bathing and dressing, to cooking and transportation, to administering physical and medical therapies.

Caregivers are true partners in the delivery of healthcare to our veterans, and it is important that we recognize their tremendous service and their worth.

In 2010, Congress wisely stepped up to offer the family caregivers of veterans support in performing these vital tasks, but the program was only made available to the family caregivers of post-9/11 veterans.

Clearly, those who served in World War II, Korea, and Vietnam, and their families are deserving of the same respect and support.

That is why, since being elected to Congress, I have authored legislation in every session to expand this assistance for family caregivers to pre-9/11 veterans and their good families.

Today, this Congress has the opportunity to honor and support veterans of all service eras by voting for this excellent bill.

Mr. Speaker, I thank Congressman RYAN COSTELLO for leading with me on these important caregivers issues. I thank the chairman and the ranking member for their hard work on including this vital provision in the VA MISSION Act.

Mr. Speaker, it is time that we treat our injured veterans of all eras equally by expanding the VA caregivers program to all injured veterans.

I do want to note that I share the ranking member’s concerns with the long-term sustainability of this program. Congress will have to work closely with the VA as this expanded community care program is implemented to ensure that this program is sustainable without cuts to other veterans or other important domestic programs.

The bill we are considering today will ensure that our veterans are getting the care they need when they need it, but in addition to timely care, we must ensure that veterans have access to quality care. As we send veterans outside the VA system to private medical providers, we need to ensure that these doctors and other healthcare professionals are capable of delivering the quality care that each and every one of our veterans deserves.

So, while I applaud the expansion of care in this bill, I am concerned about the potential for fraud, waste, and abuse as VA begins to send many more veterans outside the VA system to private medical providers. That is why it is vital that Congress remain engaged with the implementation of this program to make sure that our veterans are receiving high-quality healthcare from qualified providers and that we in Congress are being careful stewards of the taxpayer dollars.
Mr. Speaker, I again thank the gentleman for yielding, and I thank the chairman and ranking member for their leadership.

Mr. Speaker, I am proud to serve on this committee with such extraordinary public servants who share a commitment to serving those who have been willing to put their lives on the line to defend our freedom. It has been a pleasure and an honor serving with them.

Mr. Speaker, I congratulate everyone on their hard work in bringing this bill, admittedly not perfect but very important, forward for our consideration, and I urge my colleagues to adopt it when we have the opportunity to vote later today.

Mr. ROE of Tennessee. Mr. Speaker, I yield 2 minutes to the gentleman from Florida (Mr. RUTHERFORD), a very active member of the Veterans' Affairs Committee.

Mr. RUTHERFORD. Mr. Speaker, I thank the chairman for this opportunity, and I thank Ranking Member WALZ for such bipartisan support and work on this bill. I am very proud to serve on this committee because of the kind of work that goes on here under the leadership of Chairman ROE.

Mr. Speaker, I am proud to cosponsor this bill. I can tell you, since coming to Congress, I have had the distinct honor of serving with Dr. Roe, our chairman, and colleagues on the House Veterans' Affairs Committee, and during this time, we on the committee have heard from veterans services organizations, from the Veterans Administration, and from veterans themselves about the challenges in the VA healthcare system.

We have learned about the barriers to timely care, the troubling provider shortage, also the lack of prompt payment to our community providers, and so many other issues.

It is our duty as legislators and as Americans to ensure that our veterans receive the best care possible. This bill accomplishes this by streamlining community care programs; improving access to timely care; funding the Choice Program; and, until this new program can be implemented, creating a fair access review process, greatly expanding the VA caregiver program, and improving VA's own in-house capacity.

One item that I would like to thank the leaders in both Chambers for, but especially Dr. Roe and his staff and the White House, is including in this language on provider recruitment and retention within the VA, sections 301, 303, and 304 of this bill, which is language that I had asked to have placed in there.

These provisions expand the tools the VA can use to recruit and retain quality providers by requiring the use of scholarships and improving and expanding the loan repayment system that targets newly graduated medical students.

Mr. WALZ. Mr. Speaker, I reserve the balance of my time.

Mr. ROE of Tennessee. Mr. Speaker, I yield 3 minutes to the gentleman from Michigan (Mr. BERGMAN), a lieutenant general after 36 years of incredibly valued member of our committee.

Mr. BERGMAN. Mr. Speaker, I thank the chairman for his tireless effort, along with the committee staff, to highlight that the House Veterans' Affairs Committee is truly how a congressional committee is supposed to operate together.

The name of the act is the VA MISSION Act. Any member of the military understands that mission accomplishment is always first, and with this VA MISSION Act of 2018, what you are going to see is some extremely important elements in accomplishing that long-term mission of providing results for the veterans.

The community care improvement consolidates seven duplicative community care programs into one cohesive program. It removes arbitrary one-size-fits-all parameters in the Choice Program.

Previously, the Choice Program limited accessing care to convenient and affordable. However, the VA MISSION Act provides Choice funding shortfalls, ensuring that the 1-year funding bridge is complete so that the veterans have a continuity of care during the implementation of the new program.

It also provides for the Asset and Infrastructure Review. This transforms the VA from relying on outdated inpatient facilities to more modern facilities meant for outpatient care of the future that vary from telehealth, through different and unique circumstances that our veterans expect and deserve today.

The VA is one of the Federal Government's largest property holders and needs to make sure that its resources aren't wasted keeping lights on in unused buildings. Those limited resources need to be focused on the veterans.

And finally, the caregiver expansion, this VA MISSION Act expands caregiver support for pre- and post-9/11 veterans. That is essential and long overdue.

When you reform the VA and allow for greater veteran choices but do not—and I repeat, do not—privatize this is making the VA the best it needs to be going forward in support of our veterans.

Mr. Speaker, I again thank the chairman for his efforts.

Mr. WALZ. Mr. Speaker, I yield myself the balance of my time.

Mr. Speaker, again, to the chairman, I am not writing his eulogy here, but I would say that is a pretty impressive resume of accomplishments, going back to the Forever GI Bill, reforms, Clay Hunt Suicide, as just a few, and then this piece of legislation. The gentleman's work and tenacity for veterans, Mr. Speaker, is second to none.

Holding a seat and chairmanship and All Members of this House in the process is legendary.

And for giving this space today for us to talk about and debate on this floor our shared values, compromise disagreements, but with the goal that we are in this together, that is created by an atmosphere of leadership. It is created by an atmosphere of respecting our democratic process. It is understanding that this is not about gotcha, who is this and who is that. It is about looking at what is possible.

So I congratulate the gentleman from Michigan talking about this capacity inside the VA too. We have got incredible providers there serving veterans every day, and many of them veterans themselves. I know his commitment to making sure they have the resources necessary to do their job. It is a priority.

I think the concern that I am showing on the budget gap is just to make sure that we don't pick one over the other or where veterans care is. And, as I said, again, if it were left on the shoulders of the chairman to ensure that would happen, I would sleep well at night. I just worry that when we don't codify these things, when we have the uncertainty in the VA right now, that is where my concern came from, that not from an openness, not from a commitment, and not from the gentleman's willingness to get this thing across the finish line.

Mr. Speaker, I yield back the balance of my time.

Mr. ROE of Tennessee. Mr. Speaker, I yield myself the balance of my time.

Mr. Speaker, I want to thank everyone who was involved in this process, beginning with the staff, who have been incredibly involved in the Republican side and Democratic side worked for the last, really, almost 18 months.

I want to thank our Senate colleagues on the other side of this Capitol who worked very hard and the hours that we have put in. The real winners here are our Nation's heroes, the veterans.

This VA MISSION Act does a community care where veterans can get high-quality care both inside the VA and out when the VA can't do that. We have heard speakers down here from areas that don't have a VA hospital. They absolutely rely on that.
I was in Oregon a few months ago and realized that some veterans had to drive 5 hours to a VA facility. They need the community care bill in their community. We provide the funding for that bill to bridge us over until the new budgetary impasse is that.

We have a country where I am a Vietnam veteran, and I have seen many catastrophically injured Vietnam veterans whose families struggled for decades. 520-plus Vietnam veterans are dying every day. It is time we implement this bill and get these needed benefits to those World War II and veterans up to 9/11.

We need to rightsize the VA. Healthcare is not provided like it used to be. It has become much more sophisticated and streamlined. And yet, the VA needs to get to be able to do that also. That is what the AIR Act is about. We are increasing the internal capacity so we can train and get new clinicians and providers in.

The AM JONES, who spoke a minute ago, said it all. We should be able to look at that hero, who is a true American hero, and listen to his speech, which brought tears to my eyes, and vote for this bill.

Mr. Speaker, I yield back the balance of my time.

The SPEAKER pro tempore. The previous question is on the third reading of the bill.

The question is on the passage of the bill.

Mr. ROE of Tennessee. Mr. Speaker, I ask unanimous consent that all Members may have 5 legislative days within which to revise and extend their remarks and include extraneous material on H.R. 2.

The SPEAKER pro tempore. Is there objection to the request of the gentleman from Texas?

There was no objection.

The SPEAKER pro tempore. Pursuant to rule XX, further proceedings on this question will be postponed.

AGRICULTURE AND NUTRITION
ACT OF 2018

Mr. CONAWAY. Mr. Chairman, I yield myself such time as I may consume.

Mr. Chairman, I rise today in strong support of H.R. 2, the Agriculture and Nutrition Act of 2018, commonly known as the farm bill. I do so, proudly, because I still believe that rural America and our farm and ranch families are the backbone of this country.

Our farmers and ranchers ensure that Americans across this great country pay the lowest grocery bills in the world. They also hand us a rare trade surplus, while creating 21 million American jobs.

In the heartland, agriculture is the lifeblood of the economy. When agriculture does well, Main Street does well; and when agriculture is suffering, so is Main Street.

But beyond the economic contributions, rural America and our Nation’s farmers and ranchers are imbued with the values that I cherish deeply: the values of faith, family, God, country, and duty; of neighbor helping neighbor, hard work, and personal responsibility.

In short, Mr. Chairman, rural America and our Nation’s farmers and ranchers make America great. I expect that is why the President of the United States strongly supports this farm bill and urges passage.

Times are not good right now in the heartland. Our Nation’s farmers and ranchers are struggling in the midst of a 5-year recession, with no end in sight. Net farm income has been cut in half over this period of time. As a result, rural America is not partaking in the economic recovery that urban counterparts are experiencing.

There are many reasons behind the hard times in farm and ranch country. I will briefly discuss two.

In my hometown of Midland, Texas, we have received 1 inch of rain over the last 195 days. Drought is ravaging my State. Last year, we saw record losses due to hurricanes and wildfires. And to the north, in the ranking member’s home State, farmers are struggling to get that snow, although it is the middle of May. The fact is the men and women who clothe and feed us in a manner that is absolutely unrivaled in world history are the ones hit hardest and first by Mother Nature.

A second reason for the current condition is another factor totally beyond the control of our farm and ranch families: the predatory trade practices of foreign countries. For the sake of brevity, I will offer just one example.

In just 1 year, China oversubsidized just three crops by more than $1 billion. To put that in perspective, the entire safety net for farmers and ranchers under this farm bill is expected to cost just 64 percent of the amount China spent on illegal subsidies in just 1 year on just three crops.

Mr. Chairman, the global market is awash with high and rising foreign subsidies, tariffs, and nontariff trade barriers, and these are hurting American farmers and ranchers.

So what do we do about that? We need the call of the President of the United States and the Secretary of Agriculture to pass this farm bill.

No, this farm bill is not a cure for all that ails rural America and our farmers and ranchers, but this farm bill does provide a safety net to see them through the hard times.

For my colleagues interested in the budgetary impacts of this farm bill, H.R. 2 keeps faith with taxpayers, with CBO now projecting more than $12 billion in savings, nearly five times what was pledged back in 2014.

There are many other aspects of this farm bill, but I will just briefly touch on three.

First, Secretary Perdue has shown great leadership on two particular issues that are extremely important to rural America: the opioid epidemic that is ravaging rural America needs an aggressive, effective response, and the lack of broadband in many parts of rural America puts farmers and ranchers in rural communities at a terrible disadvantage. The Secretary is determined to tackle these problems and has asked for the tools he needs to make it happen. This farm bill provides those tools.

Second, it is no secret that we do not have a bipartisan farm bill process at this moment, and that I deeply regret. Ultimately, Democrats and Republicans chose to agree to disagree on the question of whether work-capable adults should work or get free job training for 20 hours per week in order to be eligible for SNAP.

I respect my colleagues on the other side of the aisle, but I do want to be clear about something: This farm bill in no way, shape, or form disrespects Americans who depend on SNAP. To the contrary, the farm bill keeps faith with rural SNAP beneficiaries, providing adequate benefits and more—the dignity that comes with work and the promise of a better life that a job brings. I want these Americans to realize the American Dream.

Finally, in closing, I want to note there is a cotton industry in this town that is determined to defeat this farm bill. They want this House to ignore the realities of Mother Nature and