

119TH CONGRESS
1ST SESSION

H. R. 6595

To direct the Secretary of Defense and the Secretary of Veterans Affairs to improve the availability of care for veterans at facilities of the Department of Defense.

IN THE HOUSE OF REPRESENTATIVES

DECEMBER 10, 2025

Mr. SCHMIDT (for himself and Ms. ELFRETH) introduced the following bill; which was referred to the Committee on Armed Services, and in addition to the Committee on Veterans' Affairs, for a period to be subsequently determined by the Speaker, in each case for consideration of such provisions as fall within the jurisdiction of the committee concerned

A BILL

To direct the Secretary of Defense and the Secretary of Veterans Affairs to improve the availability of care for veterans at facilities of the Department of Defense.

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

3 **SECTION 1. IMPROVEMENT OF AVAILABILITY OF CARE FOR**
4 **VETERANS FROM FACILITIES AND PRO-**
5 **VIDERS OF THE DEPARTMENT OF DEFENSE.**

6 (a) ACTION PLANS.—

7 (1) IN GENERAL.—Pursuant to the authorities
8 under section 8111 of title 38, United States Code,

1 and section 1104 of title 10, United States Code,
2 the Secretary of Defense and the Secretary of Vet-
3 erans Affairs shall develop and implement action
4 plans at covered facilities—

5 (A) to strengthen sharing of resources be-
6 tween the Department of Defense and the De-
7 partment of Veterans Affairs under existing
8 statutory authority;

9 (B) to improve communication between the
10 Department of Veterans Affairs and pertinent
11 command and director leadership of military
12 medical treatment facilities;

13 (C) to increase utilization of military med-
14 ical treatment facilities with excess capacity or
15 space;

16 (D) to increase case volume and complexity
17 for graduate professional and other medical
18 education programs of the Department of De-
19 fense and the Department of Veterans Affairs;
20 and

21 (E) to increase access to care for enrolled
22 veterans in areas in which a military medical
23 treatment facility is located that is identified by
24 the Secretary of Defense as having excess ca-
25 pacity or space.

1 (2) MATTERS TO BE INCLUDED.—The action
2 plans required under paragraph (1) shall include the
3 following:

4 (A) Cross-credentialing and privileging of
5 health care providers to jointly care for enrolled
6 veterans in medical facilities of the Department
7 of Defense and the Department of Veterans Af-
8 fairs.

9 (B) Expedited access to installations of the
10 Department of Defense for staff of the Depart-
11 ment of Veterans Affairs and enrolled veterans.

12 (C) The designation of a coordinator with-
13 in each covered facility to serve as a liaison be-
14 tween the Department of Defense and the De-
15 partment of Veterans Affairs and to lead the
16 implementation of such action plan.

17 (D) A mechanism for monitoring the effec-
18 tiveness of such action plan on an ongoing
19 basis, to include establishing relevant perform-
20 ance goals and collecting data to assess
21 progress towards those goals.

22 (E) Prioritized integration of relevant in-
23 formation technology and other systems or
24 processes to enable seamless information shar-
25 ing, medical records referrals and ancillary or-

1 ders and results, payment methodologies and
2 billing processes, and workload attribution when
3 personnel of the Department of Veterans Af-
4 fairs provide services at facilities of the Depart-
5 ment of Defense or when personnel of the De-
6 partment of Defense provide services at facili-
7 ties of the Department of Veterans Affairs.

8 (F) An oversight and accountability plan
9 for the handling of adverse medical events and
10 complaints from patients or staff, including a
11 requirement to track any significant adverse
12 medical events and provide information on such
13 events in the briefing required under subsection
14 (f).

15 (G) Any other matter that the Secretary of
16 Defense and the Secretary of Veterans Affairs
17 consider appropriate.

18 (b) APPROVAL OF ACTION PLANS.—Before any ac-
19 tion plan required under subsection (a) with respect to a
20 covered facility shall be considered complete and sub-
21 mitted to the appropriate committees of Congress pursu-
22 ant to subsection (e), the Secretary of Defense and the
23 Secretary of Veterans Affairs shall ensure that approval
24 for the action plan is obtained from—

1 (1) the co-chairs of the Department of Veterans
2 Affairs-Department of Defense Joint Executive
3 Committee established under section 320 of title 38,
4 United States Code;

5 (2) the local installation commander for the
6 covered facility of the Department of Defense; and

7 (3) the director of the relevant medical center
8 of the Department of Veterans Affairs with respect
9 to any covered facility of the Department of Vet-
10 erans Affairs.

11 (c) REQUIREMENTS RELATING TO SHARING AGREE-
12 MENTS.—

13 (1) LEAD COORDINATOR.—The Secretary of
14 Defense and the Secretary of Veterans Affairs shall
15 ensure that there is a lead coordinator at each facil-
16 ity of the Department of Defense or the Department
17 of Veterans Affairs, as the case may be, with respect
18 to which there is a sharing agreement in place.

19 (2) LIST OF AGREEMENTS.—The Secretary of
20 Defense and the Secretary of Veterans Affairs shall
21 maintain on a publicly available website a list of the
22 sharing agreements in place between the medical fa-
23 cilities of the Department of Defense and the De-
24 partment of Veterans Affairs.

1 (d) PATIENT SAFETY, COMPLAINTS, AND ACCOUNT-
2 ABILITY.—

3 (1) SECURE COMPLAINT PROCESS.—

4 (A) IN GENERAL.—The Secretary of De-
5 fense and the Secretary of Veterans Affairs
6 shall establish a secure mechanism for enrolled
7 veterans to report concerns regarding care re-
8 ceived under an action plan required under sub-
9 section (a).

10 (B) ELEMENTS OF MECHANISM.—The
11 mechanism established under subparagraph (A)
12 shall protect confidentiality, prohibit retaliation,
13 and ensure transmission of each complaint to
14 both the Department of Defense and the De-
15 partment of Veterans Affairs.

16 (2) DOCUMENTATION AND REVIEW.—

17 (A) DOCUMENTATION.—The Secretary of
18 Defense and the Secretary of Veterans Affairs
19 shall maintain records of all complaints, adverse
20 events, and safety incidents involving patients
21 or staff pursuant to the action plans required
22 by subsection (a).

23 (B) REVIEW.—The records maintained
24 under subparagraph (A) shall be jointly re-
25 viewed on a quarterly basis by designated offi-

1 cials of the Department of Defense and the De-
2 partment of Veterans Affairs.

3 (3) NOTIFICATION AND INVESTIGATION.—Any
4 allegation of abuse, neglect, or misconduct involving
5 personnel of the Department of Defense in the treat-
6 ment of a veteran under an action plan shall be
7 promptly referred by the Secretary of Veterans Af-
8 fairs, the Secretary of Defense, and the commander
9 or medical center director, as applicable, of the facil-
10 ity concerned to the Office of Inspector General of
11 the Department of Defense and the Department of
12 Veterans Affairs.

13 (4) INTERIM PROTECTIVE MEASURES.—Pending
14 resolution of any investigation relating to conduct
15 under an action plan, the Secretary of Veterans Af-
16 fairs may suspend referrals of veterans to the pro-
17 vider or facility concerned.

18 (e) SUBMISSION TO CONGRESS.—Not later than 30
19 days following the completion of the action plans required
20 under subsection (a), the Secretary of Defense and the
21 Secretary of Veterans Affairs shall submit such plans to
22 the appropriate committees of Congress.

23 (f) ANNUAL JOINT BRIEFINGS ON ACTION PLANS.—
24 Not later than one year after submitting the action plans
25 to the appropriate committees of Congress pursuant to

1 subsection (e), the Secretary of Defense and the Secretary
2 of Veterans Affairs shall provide to the appropriate com-
3 mittees of Congress a briefing containing—

4 (1) a status update on the progress of imple-
5 menting the action plans required under this section;

6 (2) recommendations for developing subsequent
7 action plans for each facility with respect to which
8 there is a sharing agreement in place;

9 (3) the number of patients served pursuant to
10 the action plans, broken down by facility and service
11 type;

12 (4) the number of health care providers who
13 were cross-credentialed or privileged to jointly care
14 for beneficiaries in medical facilities of the Depart-
15 ment of Defense or the Department of Veterans Af-
16 fairs pursuant to the action plans, broken down by
17 facility and service type;

18 (5) the costs incurred and reimbursed between
19 the Department of Defense and the Department of
20 Veterans Affairs pursuant to the action plans, in-
21 cluding an accounting of the use of the DOD–VA
22 Health Care Sharing Incentive Fund established
23 under section 8111(d)(2) of title 38, United States
24 Code, if applicable;

1 (6) a summary of the effectiveness of the mech-
2 anisms developed pursuant to the action plans re-
3 lated to oversight, accountability, data-gathering,
4 and performance goals as well as any recommenda-
5 tions for improving such mechanisms;

6 (7) a summary of any patient safety incidents
7 or complaints and associated resolutions as well as
8 any recommendations for improving the patient safe-
9 ty and complaint resolution process under the ac-
10 tions plans; and

11 (8) a summary of the integration of information
12 technology and other systems pursuant to the action
13 plans as well as barriers to further integration and
14 recommendations for improving such integration.

15 (g) RULE OF CONSTRUCTION.—Nothing in this sec-
16 tion shall be construed to allow the Department of Defense
17 or the Department of Veterans Affairs to require a veteran
18 to seek care at a facility of the Department of Defense
19 or to allow military medical treatment facilities to be used
20 as a facility of the Department of Veterans Affairs for
21 purposes of determining eligibility of veterans for care
22 from a non-Department of Veterans Affairs provider
23 under the eligibility access standards developed under sec-
24 tion 1703B of title 38, United States Code.

1 (h) SUNSET.—This section shall terminate on Sep-
2 tember 30, 2028.

3 (i) DEFINITIONS.—In this section:

4 (1) The term “appropriate committees of Con-
5 gress” means—

6 (A) the Committee on Armed Services and
7 the Committee on Veterans’ Affairs of the Sen-
8 ate; and

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

12 (2) The term “covered facility” means—

13 (A) a military medical treatment facility
14 (as such term is defined in section 1073c of
15 title 10, United States Code); or

16 (B) a medical facility of the Department of
17 Veterans Affairs described in section 8101(3) of
18 title 38, United States Code.

19 (3) The term “enrolled veteran” means a vet-
20 eran enrolled in the patient enrollment system of the
21 Department of Veterans Affairs established and op-
22 erated under section 1705(a) of title 38, United
23 States Code.

24 (4) The term “sharing agreement” means an
25 agreement for the sharing of health-care resources

1 between the Department of Defense and the Depart-
2 ment of Veterans Affairs under section 1104 of title
3 10, United States Code, or section 8111 of title 38,
4 United States Code.

5 (5) The term “veteran” has the meaning given
6 that term in section 101 of title 38, United States
7 Code.

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