

119TH CONGRESS
1ST SESSION

S. 275

To improve the provision of care and services under the Veterans Community Care Program of the Department of Veterans Affairs, and for other purposes.

IN THE SENATE OF THE UNITED STATES

JANUARY 28, 2025

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

A BILL

To improve the provision of care and services under the Veterans Community Care Program of the Department of Veterans Affairs, and for other purposes.

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

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

4 (a) SHORT TITLE.—This Act may be cited as the
5 “Veterans’ Assuring Critical Care Expansions to Support
6 Servicemembers (ACCESS) Act of 2025”.

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

Sec. 1. Short title; table of contents.

TITLE I—IMPROVEMENT OF VETERANS COMMUNITY CARE
PROGRAM

- Sec. 101. Codification of requirements for eligibility standards for access to community care from Department of Veterans Affairs.
- Sec. 102. Requirement that Secretary notify veterans of eligibility for care under Veterans Community Care Program.
- Sec. 103. Consideration under Veterans Community Care Program of veteran preference for care, continuity of care, and need for caregiver or attendant.
- Sec. 104. Notification of denial of request for care under Veterans Community Care Program.
- Sec. 105. Discussion of telehealth options under Veterans Community Care Program.
- Sec. 106. Extension of deadline for submittal of claims by health care entities and providers under prompt payment standard.

TITLE II—MENTAL HEALTH TREATMENT PROGRAMS

- Sec. 201. Definitions.
- Sec. 202. Standardized process to determine eligibility of covered veterans for participation in certain mental health treatment programs.
- Sec. 203. Improvements to Department of Veterans Affairs Mental Health Residential Rehabilitation Treatment Program.

TITLE III—OTHER HEALTH CARE MATTERS

- Sec. 301. Plan on establishment of interactive, online self-service module for care.
- Sec. 302. Modification of requirements for Center for Innovation for Care and Payment of the Department of Veterans Affairs and requirement for pilot program.
- Sec. 303. Reports.

1 TITLE I—IMPROVEMENT OF VET-
2 ERANS COMMUNITY CARE
3 PROGRAM

4 SEC. 101. CODIFICATION OF REQUIREMENTS FOR ELIGI-
5 BILITY STANDARDS FOR ACCESS TO COMMU-
6 NITY CARE FROM DEPARTMENT OF VET-
7 ERANS AFFAIRS.

8 (a) ELIGIBILITY ACCESS STANDARDS.—Section
9 1703B of title 38, United States Code, is amended—

1 (1) by striking subsections (a) through (e) and
2 inserting the following:

3 “(a) ELIGIBILITY STANDARDS FOR ACCESS TO COM-
4 MUNITY CARE.—(1) A covered veteran shall be eligible to
5 elect to receive non-Department hospital care, medical
6 services, or extended care services, excluding nursing home
7 care, through the Veterans Community Care Program
8 under section 1703 of this title pursuant to subsection
9 (d)(1)(D) of such section using the following eligibility ac-
10 cess standards:

11 “(A) With respect to primary care, mental
12 health care, or extended care services, excluding
13 nursing home care, if the Department cannot sched-
14 ule an appointment for the covered veteran with a
15 health care provider of the Department who can pro-
16 vide the needed service—

17 “(i) within 30 minutes average driving
18 time (or such shorter average driving time as
19 the Secretary may prescribe) from the residence
20 of the veteran unless a longer average driving
21 time has been agreed to by the veteran in con-
22 sultation with a health care provider of the vet-
23 eran; and

24 “(ii) within 20 days (or such shorter pe-
25 riod as the Secretary may prescribe) of the date

1 of request for such an appointment unless a
2 later date has been agreed to by the veteran in
3 consultation with a health care provider of the
4 veteran.

5 “(B) With respect to specialty care, if the De-
6 partment cannot schedule an appointment for the
7 covered veteran with a health care provider of the
8 Department who can provide the needed service—

9 “(i) within 60 minutes average driving
10 time (or such shorter average driving time as
11 the Secretary may prescribe) from the residence
12 of the veteran unless a longer average driving
13 time has been agreed to by the veteran in con-
14 sultation with a health care provider of the vet-
15 eran; and

16 “(ii) within 28 days (or such shorter pe-
17 riod as the Secretary may prescribe) of the date
18 of request for such an appointment unless a
19 later date has been agreed to by the veteran in
20 consultation with a health care provider of the
21 veteran.

22 “(2) For the purposes of determining the eligibility
23 of a covered veteran for care or services under paragraph
24 (1), the Secretary shall not take into consideration the
25 availability of telehealth appointments from the Depart-

1 ment when determining whether the Department is able
2 to furnish such care or services in a manner that complies
3 with the eligibility access standards under such paragraph.

4 “(3) In the case of a covered veteran who has had
5 an appointment with a health care provider of the Depart-
6 ment canceled by the Department for a reason other than
7 the request of the veteran, in calculating a wait time for
8 a subsequent appointment under paragraph (1), the Sec-
9 retary shall calculate such wait time from the date of the
10 request for the original, canceled appointment.

11 “(4) If a veteran agrees to a longer average drive
12 time or a later date under subparagraph (A) or (B) of
13 paragraph (1), the Secretary shall document the agree-
14 ment to such longer average drive time or later date in
15 the electronic health record of the veteran and provide the
16 veteran a copy of such documentation. Such copy may be
17 provided electronically.

18 “(b) APPLICATION.—The Secretary shall ensure that
19 the eligibility access standards established under sub-
20 section (a) apply—

21 “(1) to all care and services within the medical
22 benefits package of the Department to which a cov-
23 ered veteran is eligible under section 1703 of this
24 title, excluding nursing home care; and

1 “(2) to all covered veterans, regardless of
2 whether a veteran is a new or established patient.

3 “(c) PERIODIC REVIEW OF ACCESS STANDARDS.—
4 Not later than three years after the date of the enactment
5 of the Veterans’ Assuring Critical Care Expansions to
6 Support Servicemembers (ACCESS) Act of 2025, and not
7 less frequently than once every three years thereafter, the
8 Secretary shall—

9 “(1) conduct a review of the eligibility access
10 standards under subsection (a) in consultation
11 with—

12 “(A) such Federal entities as the Secretary
13 considers appropriate, including the Depart-
14 ment of Defense, the Department of Health and
15 Human Services, and the Centers for Medicare
16 & Medicaid Services;

17 “(B) entities and individuals in the private
18 sector, including—

19 “(i) veteran patients;

20 “(ii) veterans service organizations;

21 and

22 “(iii) health care providers partici-
23 pating in the Veterans Community Care
24 Program under section 1703 of this title;
25 and

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

3 “(2) submit to the appropriate committees of
4 Congress a report on—

5 “(A) the findings of the Secretary with re-
6 spect to the review conducted under paragraph
7 (1); and

8 “(B) such recommendations as the Sec-
9 retary may have with respect to the eligibility
10 access standards under subsection (a).”;

11 (2) by striking subsection (g);

12 (3) by redesignating subsections (f), (h), and (i)
13 as subsections (d), (e), and (f), respectively;

14 (4) in subsection (d), as redesignated by para-
15 graph (3)—

16 (A) by striking “established” each place it
17 appears; and

18 (B) in paragraph (1), by striking “(1)
19 Subject to” and inserting “COMPLIANCE BY
20 COMMUNITY CARE PROVIDERS WITH ACCESS
21 STANDARDS.—(1) Subject to”;

22 (5) in subsection (e), as so redesignated—

23 (A) in paragraph (1)—

24 (i) by striking “(1) Consistent with”
25 and inserting “DETERMINATION REGARD-

1 ING ELIGIBILITY.—(1) Consistent with”;
2 and

3 (ii) by striking “designated access
4 standards established under this section”
5 and inserting “eligibility access standards
6 under subsection (a)””; and

7 (B) in paragraph (2)(B), by striking “des-
8 ignated access standards established under this
9 section” and inserting “eligibility access stand-
10 ards under subsection (a)””; and

11 (6) in subsection (f), as redesignated by para-
12 graph (2)—

13 (A) in the matter preceding paragraph (1),
14 by striking “In this section” and inserting
15 “DEFINITIONS.—In this section”; and

16 (B) in paragraph (2)—

17 (i) by striking “covered veterans” and
18 inserting “covered veteran”; and

19 (ii) by striking “veterans described”
20 and inserting “a veteran described”.

21 (b) CONFORMING AMENDMENTS.—Section 1703(d)
22 of such title is amended—

23 (1) in paragraph (1)(D), by striking “des-
24 ignated access standards developed by the Secretary
25 under section 1703B of this title” and inserting “eli-

1 gibility access standards under section 1703B(a) of
 2 this title”; and

3 (2) in paragraph (3), by striking “designated
 4 access standards developed by the Secretary under
 5 section 1703B of this title” and inserting “eligibility
 6 access standards under section 1703B(a) of this
 7 title”.

8 **SEC. 102. REQUIREMENT THAT SECRETARY NOTIFY VET-**
 9 **ERANS OF ELIGIBILITY FOR CARE UNDER**
 10 **VETERANS COMMUNITY CARE PROGRAM.**

11 Section 1703(a) of title 38, United States Code, is
 12 amended by adding at the end the following new para-
 13 graph:

14 “(5)(A) The Secretary shall notify each covered vet-
 15 eran in writing of the eligibility of such veteran for care
 16 or services under this section as soon as possible, but not
 17 later than two business days, after the date on which the
 18 Secretary is aware that the veteran is seeking care or serv-
 19 ices and is eligible for such care or services under this
 20 section.

21 “(B) With respect to each covered veteran eligible for
 22 care or services under subsection (d), the Secretary shall
 23 provide such veteran periodic reminders, as the Secretary
 24 determines appropriate, of their ongoing eligibility under
 25 such subsection.

1 “(C) Any notification or reminder under this para-
 2 graph may be provided electronically.”.

3 **SEC. 103. CONSIDERATION UNDER VETERANS COMMUNITY**
 4 **CARE PROGRAM OF VETERAN PREFERENCE**
 5 **FOR CARE, CONTINUITY OF CARE, AND NEED**
 6 **FOR CAREGIVER OR ATTENDANT.**

7 Section 1703(d)(2) of title 38, United States Code,
 8 is amended by adding at the end the following new sub-
 9 paragraphs:

10 “(F) The preference of the covered veteran for
 11 where, when, and how to seek hospital care, medical
 12 services, or extended care services.

13 “(G) Continuity of care.

14 “(H) Whether the covered veteran requests or
 15 requires the assistance of a caregiver or attendant
 16 when seeking hospital care, medical services, or ex-
 17 tended care services.”.

18 **SEC. 104. NOTIFICATION OF DENIAL OF REQUEST FOR**
 19 **CARE UNDER VETERANS COMMUNITY CARE**
 20 **PROGRAM.**

21 Section 1703 of title 38, United States Code, is
 22 amended—

23 (1) by redesignating subsection (o) as sub-
 24 section (p); and

1 (2) by inserting after subsection (n) the fol-
 2 lowing new subsection (o):

3 “(o) NOTIFICATION OF DENIAL OF REQUEST FOR
 4 CARE AND HOW TO APPEAL.—(1) If a request by a vet-
 5 eran for care or services under this section is denied, the
 6 Secretary shall notify the veteran in writing as soon as
 7 possible, but not later than two business days, after the
 8 denial is made—

9 “(A) of the reason for the denial; and

10 “(B) with instructions on how to appeal such
 11 denial using the clinical appeals process of the Vet-
 12 erans Health Administration.

13 “(2) If a denial under paragraph (1) is due to not
 14 meeting the eligibility access standards under section
 15 1703B(a) of this title, notice under such paragraph shall
 16 include an explanation for why the Secretary does not con-
 17 sider the veteran to have met such standards.

18 “(3) Any notification under this subsection may be
 19 provided electronically.”.

20 **SEC. 105. DISCUSSION OF TELEHEALTH OPTIONS UNDER**
 21 **VETERANS COMMUNITY CARE PROGRAM.**

22 Section 1703 of title 38, United States Code, as
 23 amended by section 104, is further amended—

24 (1) by redesignating subsection (p) as sub-
 25 section (q); and

1 (2) by inserting after subsection (o) the fol-
 2 lowing new subsection (p):

3 “(p) DISCUSSION OF OPTIONS FOR TELEHEALTH.—
 4 When discussing options for care or services for a covered
 5 veteran under this section, the Secretary shall ensure that
 6 the veteran is informed of the ability of the veteran to
 7 seek care or services via telehealth, either through a med-
 8 ical facility of the Department or under this section, if
 9 telehealth—

10 “(1) is available to the veteran;

11 “(2) is appropriate for the type of care or serv-
 12 ices the veteran is seeking, as determined by the
 13 Secretary; and

14 “(3) is acceptable to the veteran.”.

15 **SEC. 106. EXTENSION OF DEADLINE FOR SUBMITTAL OF**
 16 **CLAIMS BY HEALTH CARE ENTITIES AND**
 17 **PROVIDERS UNDER PROMPT PAYMENT**
 18 **STANDARD.**

19 Section 1703D(b) of title 38, United States Code, is
 20 amended by striking “180 days” and inserting “one year”.

21 **TITLE II—MENTAL HEALTH**
 22 **TREATMENT PROGRAMS**

23 **SEC. 201. DEFINITIONS.**

24 In this title:

1 (1) COVERED TREATMENT PROGRAM.—The
2 term “covered treatment program”—

3 (A) means—

4 (i) a mental health residential reha-
5 bilitation treatment program of the De-
6 partment of Veterans Affairs; or

7 (ii) a program of the Department for
8 residential care for mental health and sub-
9 stance abuse disorders;

10 (B) includes—

11 (i) the programs designated as of the
12 date of the enactment of this Act as domi-
13 ciliary residential rehabilitation treatment
14 programs; and

15 (ii) any programs designated as domi-
16 ciliary residential rehabilitation treatment
17 programs on or after such date of enact-
18 ment; and

19 (C) does not include Compensated Work
20 Therapy Transition Residence programs of the
21 Department.

22 (2) COVERED VETERAN.—The term “covered
23 veteran” means a veteran described in section
24 1703(b) of title 38, United States Code.

1 (3) SOCIAL SUPPORT SYSTEMS.—The term “so-
2 cial support systems”, with respect to a covered vet-
3 eran—

4 (A) means—

5 (i) a member of the family of the cov-
6 ered veteran, including a parent, spouse,
7 child, step-family member, or extended
8 family member; or

9 (ii) an individual who lives with the
10 veteran but is not a member of the family
11 of the veteran; and

12 (B) does not include a facility-organized
13 peer support program.

14 (4) TREATMENT TRACK.—The term “treatment
15 track” means a specialized treatment program that
16 is provided to a subset of covered veterans in a cov-
17 ered treatment program who receive the same or
18 similar intensive treatment and rehabilitative serv-
19 ices.

20 **SEC. 202. STANDARDIZED PROCESS TO DETERMINE ELIGI-**
21 **BILITY OF COVERED VETERANS FOR PAR-**
22 **TICIPATION IN CERTAIN MENTAL HEALTH**
23 **TREATMENT PROGRAMS.**

24 (a) STANDARDIZED SCREENING PROCESS.—Not
25 later than one year after the date of the enactment of this

1 Act, the Secretary of Veterans Affairs shall establish a
 2 standardized screening process to determine, based on
 3 clinical need, whether a covered veteran satisfies criteria
 4 for priority or routine admission to a covered treatment
 5 program.

6 (b) ELIGIBILITY CRITERIA FOR PRIORITY ADMIS-
 7 SION.—

8 (1) IN GENERAL.—Under the standardized
 9 screening process required by subsection (a), a cov-
 10 ered veteran shall be eligible for priority admission
 11 to a covered treatment program if the covered vet-
 12 eran meets criteria established by the Secretary that
 13 include any of the following:

14 (A) Symptoms that—

15 (i) significantly affect activities of
 16 daily life; and

17 (ii) increase the risk of such veteran
 18 for adverse outcomes.

19 (B) An unsafe living situation.

20 (C) A high-risk flag for suicide.

21 (D) A determination of being a high risk
 22 for suicide.

23 (E) Risk factors for overdose.

24 (F) Non-responsive, relapsed, or unable to
 25 find recovery from one other course of treat-

1 ment, such as outpatient or intensive outpatient
2 treatment.

3 (G) Such other criteria as the Secretary
4 determines appropriate.

5 (2) CONSIDERATION.—In making a determina-
6 tion that a covered veteran meets criteria established
7 by the Secretary under paragraph (1) for priority
8 admission to a covered treatment program, the Sec-
9 retary shall consider any referral of a health care
10 provider of a covered veteran.

11 (c) TIME FOR SCREENING AND ADMISSION.—Under
12 the standardized screening process required by subsection
13 (a), the Secretary shall ensure a covered veteran—

14 (1) is screened not later than 48 hours after the
15 date on which the covered veteran, or a relevant
16 health care provider, makes a request for the cov-
17 ered veteran to be admitted to a covered treatment
18 program;

19 (2) if determined eligible for priority admission
20 to a covered treatment program, is admitted to such
21 covered treatment program not later than 48 hours
22 after the date of such determination; and

23 (3) is screened at an appropriate time for po-
24 tential mild, moderate, or severe traumatic brain in-
25 jury.

1 (d) CONSIDERATIONS.—In making placement deci-
2 sions in a covered treatment program for veterans who
3 meet criteria for priority admission, the Secretary shall—

4 (1) consider the input of the covered veteran
5 with respect to the—

6 (A) program specialty, subtype, and treat-
7 ment track offered to the covered veteran; and

8 (B) geographic placement of the covered
9 veteran; and

10 (2) maximize the proximity of the covered vet-
11 eran to social support systems.

12 (e) CONDITIONS UNDER WHICH CARE SHALL BE
13 FURNISHED THROUGH NON-DEPARTMENT PROVIDERS.—

14 (1) PRIORITY ADMISSION.—If the Secretary de-
15 termines a covered veteran is eligible for priority ad-
16 mission to a covered treatment program pursuant to
17 the standardized screening process required by sub-
18 section (a) and the Secretary is unable to admit
19 such covered veteran to a covered treatment pro-
20 gram at a facility of the Department of Veterans Af-
21 fairs in a manner that complies with the require-
22 ments under subsections (c) and (d), the Secretary
23 shall offer the covered veteran the option to receive
24 care at a non-Department facility that—

1 (A) can admit the covered veteran within
2 the period required by subsection (c);

3 (B) is party to a contract or agreement
4 with the Department or enters into such a con-
5 tract or agreement under which the Department
6 furnishes a program that is equivalent to a cov-
7 ered treatment program to a veteran through
8 such non-Department facility;

9 (C) is licensed by a State; and

10 (D) is accredited by the Commission on
11 Accreditation of Rehabilitation Facilities or the
12 Joint Commission.

13 (2) ROUTINE ADMISSION.—If the Secretary de-
14 termines a covered veteran is eligible for routine ad-
15 mission to a covered treatment program pursuant to
16 the standardized screening process required by sub-
17 section (a) and the Secretary is unable to admit
18 such covered veteran to a covered treatment pro-
19 gram at a facility of the Department of Veterans Af-
20 fairs in a manner that complies with the access
21 standards for mental health care established pursu-
22 ant to section 1703B of title 38, United States
23 Code, the Secretary shall offer the covered veteran
24 the option to receive care at a non-Department facil-
25 ity that—

(A) is party to a contract or agreement with the Department or enters into such a contract or agreement under which the Department furnishes a program that is equivalent to a covered treatment program to a veteran through such non-Department facility;

(B) is licensed by a State; and

(C) is accredited by the Commission on Accreditation of Rehabilitation Facilities or the Joint Commission.

(3) RULE OF CONSTRUCTION.—This subsection shall not be construed to affect a covered veteran in a covered treatment program pursuant to a determination made on or before the date of the enactment of this Act.

SEC. 203. IMPROVEMENTS TO DEPARTMENT OF VETERANS AFFAIRS MENTAL HEALTH RESIDENTIAL REHABILITATION TREATMENT PROGRAM.

(a) PERFORMANCE METRICS.—

(1) IN GENERAL.—The Secretary of Veterans Affairs shall develop metrics to track, and shall subsequently track, the performance of medical facilities and Veterans Integrated Service Networks of the Department of Veterans Affairs in meeting the requirements for—

1 (A) screening, under section 202, for a
2 covered treatment program; and

3 (B) timely admission to a covered treat-
4 ment program under such screening.

5 (2) ELEMENTS.—The metrics developed under
6 paragraph (1) shall include metrics for tracking the
7 performance of medical facilities and Veterans Inte-
8 grated Service Networks with respect to routine and
9 priority admission under a covered treatment pro-
10 gram.

11 (b) OVERSIGHT.—

12 (1) IN GENERAL.—The Secretary shall develop
13 a process for systematically assessing the quality of
14 care delivered by Department and non-Department
15 providers treating covered veterans under this sec-
16 tion, which shall include assessments of—

17 (A) the extent to which the provider is de-
18 livering evidence-based treatments to covered
19 veterans;

20 (B) clinical outcomes for covered veterans;

21 (C) the ratio of licensed independent prac-
22 titioners per resident;

23 (D) the rate of completion of training on
24 military cultural competence by licensed inde-
25 pendent practitioners; and

1 (E) potentially wasteful, fraudulent, or in-
2 appropriate referral or billing practices.

3 (c) PLACEMENT; TRANSPORTATION.—

4 (1) LOCATIONS.—If the Secretary determines
5 that a covered veteran is in need of residential care
6 under a covered treatment program, the Secretary
7 shall provide to the covered veteran a list of loca-
8 tions at which such covered veteran can receive such
9 residential care that meets—

10 (A) the standards for screening under sec-
11 tion 202; and

12 (B) the care needs of the covered veteran,
13 including applicable treatment tracks.

14 (2) TRANSPORTATION COVERAGE.—The Sec-
15 retary shall provide transportation or pay for or re-
16 imburse the costs of transportation for any covered
17 veteran who is admitted into a covered treatment
18 program and needs transportation assistance—

19 (A) from the residence of the covered vet-
20 eran or a facility of the Department or author-
21 ized non-Department facility that does not pro-
22 vide such care to another such facility that pro-
23 vides residential care covered under a covered
24 treatment program; and

1 (B) back to the residence of the covered
2 veteran after the conclusion of a covered treat-
3 ment program, if applicable.

4 (d) APPEALS.—

5 (1) IN GENERAL.—The Secretary shall develop
6 a national policy and associated procedures under
7 which a covered veteran, a representative of a cov-
8 ered veteran, or a provider who requests a covered
9 veteran be admitted to a covered treatment program,
10 including a provider of the Department or a non-De-
11 partment provider, may file a clinical appeal pursu-
12 ant to this subsection if the covered veteran is—

13 (A) denied admission into a covered treat-
14 ment program; or

15 (B) accepted into a covered treatment pro-
16 gram but is not offered bed placement in a
17 timely manner.

18 (2) TIMELINESS STANDARDS FOR REVIEW.—

19 (A) IN GENERAL.—The national policy and
20 procedures developed under paragraph (1) for
21 appeals described in such paragraph shall in-
22 clude timeliness standards for the Department
23 to review and make a decision on such an ap-
24 peal.

1 (B) DECISION.—The Secretary shall re-
2 view and respond to any appeal under para-
3 graph (1) not later than 72 hours after the Sec-
4 retary receives such appeal.

5 (3) PUBLIC GUIDANCE.—The Secretary shall
6 develop, and make available to the public, guidance
7 on how a covered veteran, a representative of the
8 covered veteran, or a provider of the covered veteran
9 can file a clinical appeal pursuant to this sub-
10 section—

11 (A) if the covered veteran is denied admis-
12 sion into a covered treatment program;

13 (B) if the first date on which the covered
14 veteran may enter a covered treatment program
15 does not comply with the standards established
16 by the Department under section 1703B of title
17 38, United States Code, for purposes of deter-
18 mining eligibility for mental health care under
19 subsections (d) and (e) of section 1703 of such
20 title; or

21 (C) with respect to such other factors as
22 the Secretary may specify.

23 (4) RULE OF CONSTRUCTION.—Nothing in this
24 subsection may be construed as granting a covered
25 veteran the right to appeal a decision of the Sec-

retary with respect to admission to a covered treatment program to the Board of Veterans' Appeals under chapter 71 of title 38, United States Code.

(e) TRACKING OF AVAILABILITY AND WAIT TIMES.—

(1) IN GENERAL.—The Secretary shall, to the extent practicable, create a method for tracking availability and wait times under a covered treatment program across all facilities of the Department, Veterans Integrated Service Networks of the Department, and non-Department providers throughout the United States.

(2) AVAILABILITY OF INFORMATION.—The Secretary shall, to the extent practicable, make the information tracked under paragraph (1) available in real time to—

(A) the mental health treatment coordinators at each facility of the Department;

(B) the leadership of each medical center of the Department;

(C) the leadership of each Veterans Integrated Service Network; and

(D) the Office of the Under Secretary for Health of the Department.

(f) TRAINING AND OVERSIGHT.—

(1) TRAINING.—

1 (A) IN GENERAL.—The Secretary shall up-
2 date and implement training for staff of the
3 Department directly involved in a covered treat-
4 ment program regarding referrals, screening,
5 admission, placement decisions, and appeals for
6 such program, including all changes to proc-
7 esses and guidance under such program re-
8 quired by this section and section 202.

9 (B) COVERED VETERANS AWAITING ADMIS-
10 SION.—The training under subparagraph (A)
11 shall include procedures for the care of covered
12 veterans awaiting admission into a covered
13 treatment program and communication with
14 such covered veterans and the providers of such
15 covered veterans.

16 (C) TIMING OF TRAINING.—

17 (i) IN GENERAL.—The Secretary shall
18 require the training under subparagraph
19 (A) to be completed by staff required to
20 complete such training—

21 (I) not later than 60 days after
22 beginning employment at the Depart-
23 ment in a position that includes work
24 directly involving a covered treatment
25 program; and

1 (II) not less frequently than an-
2 nually.

3 (ii) TRACKING.—The Secretary shall
4 track completion of training required
5 under clause (i) by staff required to com-
6 plete such training.

7 (2) OVERSIGHT STANDARDS.—The Secretary
8 shall review and revise oversight standards for the
9 leadership of the Veterans Integrated Service Net-
10 works and the Veterans Health Administration to
11 ensure that facilities and staff of the Department
12 are adhering to the policy on access to care of each
13 covered treatment program.

14 (g) CARE COORDINATION AND FOLLOW-UP CARE.—

15 (1) CONTINUITY OF CARE.—The Secretary shall
16 ensure each covered veteran who is screened for ad-
17 mission to a covered treatment program is offered,
18 and provided if agreed upon, care options during the
19 period between screening of the covered veteran and
20 admission of the covered veteran to such program to
21 ensure the covered veteran does not experience any
22 lapse in care.

23 (2) CARE COORDINATION FOR SUBSTANCE USE
24 DISORDER.—For a covered veteran being treated for
25 substance use disorder, the Secretary shall—

1 (A) ensure there is a care plan in place
 2 during the period between any detoxification
 3 services or inpatient care received by the cov-
 4 ered veteran and admission of the covered vet-
 5 eran to a covered treatment program; and

6 (B) communicate that care plan to the cov-
 7 ered veteran, the primary care provider of the
 8 covered veteran, and the facility where the cov-
 9 ered veteran is or will be residing under such
 10 program.

11 (3) CARE PLANNING PRIOR TO DISCHARGE.—

12 (A) IN GENERAL.—The Secretary, in con-
 13 sultation with the covered veteran and the
 14 treating providers of the covered veteran in a
 15 covered treatment program, shall ensure the
 16 completion of a care plan prior to the covered
 17 veteran being discharged from such program.

18 (B) MATTERS TO BE INCLUDED.—The
 19 care plan required under subparagraph (A) for
 20 a covered veteran shall include details on the
 21 course of treatment for the covered veteran fol-
 22 lowing completion of treatment under the cov-
 23 ered treatment program, including any nec-
 24 essary follow-up care.

1 (C) SHARING OF CARE PLAN.—The care
 2 plan required under subparagraph (A) shall be
 3 shared with the covered veteran, the primary
 4 care provider of the covered veteran, and any
 5 other providers with which the covered veteran
 6 consents to sharing the plan.

7 (D) DISCHARGE FROM NON-DEPARTMENT
 8 FACILITY.—Upon discharge of a covered vet-
 9 eran under a covered treatment program from
 10 a non-Department facility, the facility shall
 11 share with the Department all care records
 12 maintained by the facility with respect to the
 13 covered veteran and shall work in consultation
 14 with the Department on the care plan of the
 15 covered veteran required under subparagraph
 16 (A).

17 (h) REPORTS TO CONGRESS.—

18 (1) REPORT ON MODIFICATIONS TO PRO-
 19 GRAMS.—

20 (A) IN GENERAL.—Not later than two
 21 years after the date of the enactment of this
 22 Act, the Secretary shall submit to the Com-
 23 mittee on Veterans' Affairs of the Senate and
 24 the Committee on Veterans' Affairs of the
 25 House of Representatives a report on modifica-

1 tions made to the guidance, operation, and
2 oversight of covered treatment programs to ful-
3 fill the requirements of this section.

4 (B) ELEMENTS.—The report required by
5 subparagraph (A) shall include—

6 (i) an assessment of whether costs of
7 covered treatment programs, including for
8 residential care provided through facilities
9 of the Department and non-Department
10 facilities, serve as a disincentive to place-
11 ment in the such a program;

12 (ii) a description of actions taken by
13 the Department to address the findings
14 and recommendations by the Secretary
15 contained in the report under section
16 503(c) of the STRONG Veterans Act of
17 2022 (division V of Public Law 117–328;
18 136 Stat. 5515), including—

19 (I) such actions with respect to—

20 (aa) any new locations
21 added for covered treatment pro-
22 grams;

23 (bb) any beds added at ex-
24 isting facilities of such programs;
25 and

1 (cc) any additional treat-
 2 ment tracks or sex-specific pro-
 3 grams created or added at facili-
 4 ties of the Department; and

5 (II) a breakdown of the number
 6 and percentage of covered veterans
 7 who are determined eligible for pri-
 8 ority placement into a covered treat-
 9 ment program and the number and
 10 percentage of covered veterans who
 11 are determined eligible for routine
 12 placement into a covered treatment
 13 program; and

14 (iii) such recommendations as the
 15 Secretary may have for legislative or ad-
 16 ministrative action to address any funding
 17 constraints or disincentives for use of a
 18 covered treatment program.

19 (2) ANNUAL REPORT ON OPERATION OF PRO-
 20 GRAMS.—

21 (A) IN GENERAL.—Not later than one year
 22 after the submission of the report under para-
 23 graph (1), and not less frequently than annu-
 24 ally thereafter during the period in which a cov-
 25 ered treatment program is carried out, the Sec-

1 retary shall submit to the Committee on Vet-
2 erans' Affairs of the Senate and the Committee
3 on Veterans' Affairs of the House of Represent-
4 atives a report on the operation of such pro-
5 grams.

6 (B) ELEMENTS.—Subject to subparagraph
7 (C), each report required by subparagraph (A)
8 shall include the following:

9 (i) The number of covered veterans
10 served by a covered treatment program,
11 disaggregated by—

12 (I) Veterans Integrated Service
13 Network in which the covered veteran
14 receives care;

15 (II) facility, including facilities of
16 the Department and non-Department
17 facilities, at which the covered veteran
18 receives care;

19 (III) type of residential rehabili-
20 tation treatment care received by the
21 covered veteran under such program;

22 (IV) sex of the covered veteran;
23 and

24 (V) race or ethnicity of the cov-
25 ered veteran.

1 (ii) Wait times under a covered treat-
2 ment program for the most recent year
3 data is available, disaggregated by—

4 (I) treatment track or specificity
5 of residential rehabilitation treatment
6 care sought by the covered veteran;

7 (II) sex of the covered veteran;

8 (III) State or territory in which
9 the covered veteran is located;

10 (IV) Veterans Integrated Service
11 Network in which the covered veteran
12 is located; and

13 (V) facility of the Department at
14 which the covered veteran seeks care.

15 (iii) A list of all locations of a covered
16 treatment program and number of bed
17 spaces at each such location, disaggregated
18 by residential rehabilitation treatment care
19 or treatment track provided under such
20 program at such location.

21 (iv) A list of any new locations of cov-
22 ered treatment programs added or removed
23 and any bed spaces added or removed dur-
24 ing the one-year period preceding the date
25 of the report.

1 (v) Average cost of a stay under a
2 covered treatment program, including total
3 stay average and daily average, at facilities
4 of the Department compared to non-De-
5 partment facilities.

6 (vi) A review of staffing needs and
7 gaps with respect to covered treatment
8 programs.

9 (vii) Any recommendations for
10 changes to the operation of covered treat-
11 ment programs, including any policy
12 changes, guidance changes, training
13 changes, or other changes.

14 (C) ANONYMITY.—To ensure that the data
15 provided under this paragraph, or some portion
16 of that data, will not undermine the anonymity
17 of a veteran, the Secretary shall provide such
18 data pursuant to applicable Federal law and in
19 a manner that is wholly consistent with applica-
20 ble Federal privacy and confidentiality laws, in-
21 cluding—

22 (i) section 552a of title 5, United
23 States Code (commonly known as the “Pri-
24 vacy Act of 1974”);

1 (ii) the Health Insurance Portability
 2 and Accountability Act of 1996 (Public
 3 Law 104–191);

4 (iii) parts 160 and 164 of title 45,
 5 Code of Federal Regulations, or successor
 6 regulations; and

7 (iv) sections 5701, 5705, and 7332 of
 8 title 38, United States Code.

9 (i) REVISION OF GUIDANCE.—The Secretary shall
 10 update the guidance of the Department on the operation
 11 of covered treatment programs to reflect each of the re-
 12 quirements under subsections (b) through (h).

13 (j) DEADLINE.—The Secretary shall carry out each
 14 requirement under this section by not later than one year
 15 after the date of the enactment of this Act, unless other-
 16 wise specified.

17 (k) COMPTROLLER GENERAL REVIEW.—

18 (1) IN GENERAL.—Not later than two years
 19 after the date of the enactment of this Act, the
 20 Comptroller General of the United States shall re-
 21 view access to care under a covered treatment pro-
 22 gram for covered veterans in need of residential
 23 mental health care and substance use disorder care.

24 (2) ELEMENTS.—The review required by para-
 25 graph (1) shall include the following:

1 (A) A review of wait times under a covered
 2 treatment program, disaggregated by—

3 (i) treatment track or specificity of
 4 residential rehabilitation treatment care
 5 needed;

6 (ii) sex of the covered veteran;

7 (iii) home State of the covered vet-
 8 eran;

9 (iv) home Veterans Integrated Service
 10 Network of the covered veteran; and

11 (v) wait times for—

12 (I) facilities of the Department;

13 and

14 (II) non-Department facilities.

15 (B) A review of policy and training of the
 16 Department on screening, admission, and place-
 17 ment under a covered treatment program.

18 (C) A review of the rights of covered vet-
 19 erans and providers to appeal admission deci-
 20 sions under a covered treatment program and
 21 how the Department adjudicates appeals.

22 (D) When determining the facility at which
 23 a covered veteran admitted to a covered treat-
 24 ment program will be placed in such program,

1 a review of how the input of the covered veteran
2 is taken into consideration with respect to—

3 (i) program specialty, subtype, or
4 treatment track offered to the covered vet-
5 eran; and

6 (ii) the geographic placement of the
7 covered veteran, including family- or occu-
8 pation-related preferences or cir-
9 cumstances.

10 (E) A review of staffing and staffing needs
11 and gaps of covered treatment programs, in-
12 cluding with respect to—

13 (i) mental health providers and coor-
14 dinators at the facility level;

15 (ii) staff of facilities of such pro-
16 grams;

17 (iii) staff of Veterans Integrated Serv-
18 ice Networks; and

19 (iv) overall administration of such
20 programs at the national level.

21 (F) Recommendations for improvement of
22 access by covered veterans to care under a cov-
23 ered treatment program, including with respect
24 to—

- 1 (i) any new sites or types of programs
- 2 needed or in development;
- 3 (ii) changes in training or policy;
- 4 (iii) changes in communications with
- 5 covered veterans; and
- 6 (iv) oversight of covered treatment
- 7 programs by the Department.

8 **TITLE III—OTHER HEALTH CARE**

9 **MATTERS**

10 **SEC. 301. PLAN ON ESTABLISHMENT OF INTERACTIVE, ON-**

11 **LINE SELF-SERVICE MODULE FOR CARE.**

12 (a) IN GENERAL.—The Secretary of Veterans Af-
 13 fairs, working with Third Party Administrators and acting
 14 through the Center for Innovation for Care and Payment
 15 of the Department of Veterans Affairs under section
 16 1703E of title 38, United States Code, shall develop and
 17 implement a plan to establish an interactive, online self-
 18 service module—

19 (1) to allow veterans to request appointments,
 20 track referrals for health care under the laws admin-
 21 istered by the Secretary, whether at a facility of the
 22 Department or through a non-Department provider,
 23 and receive appointment reminders;

24 (2) to allow veterans to appeal and track deci-
 25 sions relating to—

1 (A) denials of requests for care or services
2 under section 1703 of title 38, United States
3 Code; or

4 (B) denials of requests for care or services
5 at facilities of the Department, including under
6 section 1710 of such title; and

7 (3) to implement such other matters as deter-
8 mined appropriate by the Secretary in consultation
9 with Third Party Administrators.

10 (b) SUBMITTAL OF PLAN.—

11 (1) INITIAL PLAN.—Not later than 180 days
12 after the date of the enactment of this Act, the Sec-
13 retary shall submit to the Committee on Veterans'
14 Affairs of the Senate and the Committee on Vet-
15 erans' Affairs of the House of Representatives the
16 plan developed under subsection (a).

17 (2) QUARTERLY UPDATE.—Not less frequently
18 than quarterly following the submittal of the plan
19 under paragraph (1) and for two years thereafter,
20 the Secretary shall submit to the Committee on Vet-
21 erans' Affairs of the Senate and the Committee on
22 Veterans' Affairs of the House of Representatives a
23 report containing any updates on the implementa-
24 tion of such plan.

1 (c) RULE OF CONSTRUCTION.—This section shall not
 2 be construed to be a pilot program subject to the require-
 3 ments of section 1703E of title 38, United States Code.

4 (d) THIRD PARTY ADMINISTRATOR DEFINED.—In
 5 this section, the term “Third Party Administrator” means
 6 an entity that manages a provider network and performs
 7 administrative services related to such network under sec-
 8 tion 1703 of title 38, United States Code.

9 **SEC. 302. MODIFICATION OF REQUIREMENTS FOR CENTER**
 10 **FOR INNOVATION FOR CARE AND PAYMENT**
 11 **OF THE DEPARTMENT OF VETERANS AF-**
 12 **FAIRS AND REQUIREMENT FOR PILOT PRO-**
 13 **GRAM.**

14 (a) IN GENERAL.—Section 1703E of title 38, United
 15 States Code, is amended—

16 (1) in subsection (a)—

17 (A) in paragraph (1), by striking “within
 18 the Department” and inserting “within the Of-
 19 fice of the Secretary”;

20 (B) in paragraph (2), by striking “may”
 21 and inserting “shall”; and

22 (C) in paragraph (3)—

23 (i) in subparagraph (A), by striking “;
 24 and” and inserting a semicolon;

1 (ii) in subparagraph (B), by striking
 2 the period at the end and inserting “; or”;
 3 and

4 (iii) by adding at the end the fol-
 5 lowing new subparagraph:

6 “(C) increase productivity, efficiency, and mod-
 7 ernization throughout the Department.”;

8 (2) by striking subsection (d) and inserting the
 9 following new subsection (d):

10 “(d) BUDGETARY LINE ITEM.—The Secretary shall
 11 include in the budget justification materials submitted to
 12 Congress in support of the budget of the Department of
 13 Veterans Affairs for a fiscal year (as submitted with the
 14 budget of the President under section 1105(a) of title 31)
 15 specific identification, as a budgetary line item, of the
 16 amounts required to carry out this section.”;

17 (3) in subsection (f)—

18 (A) in paragraph (1), by striking “in sub-
 19 chapters I, II, and III of this chapter” and in-
 20 serting “of this title, of title 38, Code of Fed-
 21 eral Regulations, and of any handbooks, direc-
 22 tives, or policy documents of the Department”;
 23 and

24 (B) in paragraph (2), in the matter pre-
 25 ceding subparagraph (A), by striking “waiving

1 any authority” and inserting “waiving any pro-
 2 vision of this title”;

3 (4) in subsection (g)(1), by inserting “fewer
 4 than three or” before “more than 10”;

5 (5) in subsection (i)—

6 (A) in paragraph (1), by striking “the
 7 Under Secretary for Health and the Special
 8 Medical Advisory Group established pursuant to
 9 section 7312 of this title” and inserting “the
 10 Under Secretary for Health, the Special Med-
 11 ical Advisory Group established pursuant to
 12 section 7312 of this title, the Office of Inte-
 13 grated Veteran Care (or successor office), the
 14 Office of Finance (or successor office), the Vet-
 15 eran Experience Office (or successor office), the
 16 Office of Enterprise Integration (or successor
 17 office), and the Office of Information and Tech-
 18 nology (or successor office)”; and

19 (B) in paragraph (2), by striking “rep-
 20 resentatives of relevant Federal agencies, and
 21 clinical and analytical experts with expertise in
 22 medicine and health care management” and in-
 23 serting “representatives of relevant Federal
 24 agencies, nonprofit organizations, and other
 25 public and private sector entities, including

1 those with clinical and analytical experts with
 2 expertise in medicine and health care manage-
 3 ment”; and

4 (6) by adding at the end the following new sub-
 5 section:

6 “(k) REPORT ON ACTIVITIES OF CENTER FOR INNO-
 7 VATION FOR CARE AND PAYMENT.—Not less frequently
 8 than annually, the Secretary shall submit to Congress a
 9 report that contains, for the one-year period preceding the
 10 date of the report—

11 “(1) a full accounting of the activities, staff,
 12 budget, and other resources and efforts of the Cen-
 13 ter; and

14 “(2) an assessment of the outcomes of the ef-
 15 forts of the Center.”.

16 (b) COMPTROLLER GENERAL REPORT.—Not later
 17 than 18 months after the date of the enactment of this
 18 Act, the Comptroller General of the United States shall
 19 submit to Congress a report—

20 (1) on the efforts of the Center for Innovation
 21 for Care and Payment of the Department of Vet-
 22 erans Affairs in fulfilling the objectives and require-
 23 ments under section 1703E of title 38, United
 24 States Code, as amended by subsection (a); and

1 (2) containing such recommendations as the
2 Comptroller General considers appropriate.

3 (c) PILOT PROGRAM.—

4 (1) IN GENERAL.—Not later than one year
5 after the date of the enactment of this Act, the Cen-
6 ter for Innovation for Care and Payment of the De-
7 partment of Veterans Affairs under section 1703E
8 of title 38, United States Code, shall establish a
9 three-year pilot program in not fewer than five loca-
10 tions to allow veterans enrolled in the system of an-
11 nual patient enrollment of the Department estab-
12 lished and operated under section 1705(a) of such
13 title to access outpatient mental health and sub-
14 stance use services through health care providers
15 specified under section 1703(c) of such title without
16 referral or pre-authorization.

17 (2) PRIORITY.—In selecting sites for the pilot
18 program under paragraph (1), the Secretary shall
19 prioritize sites in the following areas:

20 (A) Areas with varying degrees of urban-
21 ization, including urban, rural, and highly rural
22 areas.

23 (B) Areas with high rates of suicide among
24 veterans.

1 (C) Areas with high rates of overdose
2 deaths among veterans.

3 (D) Areas with high rates of calls to the
4 Veterans Crisis Line.

5 (E) Areas with long wait times for mental
6 health and substance use services at facilities of
7 the Department.

8 (F) Areas with outpatient mental health
9 and substance use programs that utilize a
10 value-based care model, to the extent prac-
11 ticable.

12 (3) ELEMENTS.—The Secretary, in imple-
13 menting the pilot program under paragraph (1),
14 shall ensure the Department has a care coordination
15 system in place that includes—

16 (A) knowledge sharing, including the time-
17 ly exchange of medical documentation;

18 (B) assistance with transitions of care, in-
19 cluding the potential need for inpatient or resi-
20 dential psychiatric services, substance use de-
21 toxification services, post-detoxification step-
22 down services, and residential rehabilitation
23 programs;

24 (C) continuous assessment of patient needs
25 and goals; and

1 (D) creating personalized, proactive care
2 plans.

3 (4) OVERSIGHT AND OUTCOMES.—The Sec-
4 retary shall develop appropriate metrics and meas-
5 ures—

6 (A) to track and oversee sites at which the
7 pilot program under paragraph (1) is carried
8 out;

9 (B) to monitor patient safety and out-
10 comes under the pilot program; and

11 (C) to assess and mitigate any barriers to
12 extending the pilot program across the entire
13 Veterans Health Administration.

14 (5) ANNUAL REPORT.—

15 (A) IN GENERAL.—Not later than one year
16 after the commencement of the pilot program
17 under paragraph (1), and not less frequently
18 than annually thereafter during the duration of
19 the pilot program, the Secretary shall submit to
20 the Committee on Veterans' Affairs of the Sen-
21 ate and Committee on Veterans' Affairs of the
22 House of Representatives a report on the pilot
23 program, which shall include the following:

24 (i) The number of unique veterans
25 who participated in the pilot program.

1 (ii) The number of health care pro-
2 viders who participated in the pilot pro-
3 gram.

4 (iii) An assessment of the effective-
5 ness of the pilot program in increasing ac-
6 cess to, and improving outcomes for, men-
7 tal health and substance use treatment
8 services.

9 (iv) The cost of the pilot program.

10 (v) Such other matters as the Sec-
11 retary considers appropriate.

12 (B) FINAL REPORT.—The Secretary shall
13 include in the final report submitted under sub-
14 paragraph (A), in addition to the requirements
15 under such subparagraph, the assessment by
16 the Secretary of the feasibility and advisability
17 of extending the pilot program across the entire
18 Veterans Health Administration, including a
19 plan, timeline, and required resources for such
20 an extension.

21 (6) VETERANS CRISIS LINE DEFINED.—In this
22 subsection, the term “Veterans Crisis Line” means
23 the toll-free hotline for veterans established under
24 section 1720F(h) of title 38, United States Code.

1 **SEC. 303. REPORTS.**

2 (a) REPORT ON IMPROVEMENTS TO CLINICAL AP-
 3 PEALS PROCESS.—Not later than one year after the date
 4 of the enactment of this Act, and not less frequently than
 5 once every three years thereafter, the Secretary of Vet-
 6 erans Affairs, in consultation with veterans service organi-
 7 zations, veterans, caregivers of veterans, employees of the
 8 Department of Veterans Affairs, and other stakeholders
 9 as determined by the Secretary, shall submit to the Com-
 10 mittee on Veterans’ Affairs of the Senate and Committee
 11 on Veterans’ Affairs of the House of Representatives a
 12 report containing recommendations for legislative or ad-
 13 ministrative action to improve the clinical appeals process
 14 of the Department with respect to timeliness, trans-
 15 parency, objectivity, consistency, and fairness.

16 (b) REPORT ON REQUIRED CARE AND SERVICES
 17 UNDER COMMUNITY CARE PROGRAM.—Not later than
 18 one year after the date of the enactment of this Act, and
 19 not less frequently than annually thereafter, the Secretary
 20 shall submit to the Committee on Veterans’ Affairs of the
 21 Senate and Committee on Veterans’ Affairs of the House
 22 of Representatives a report that contains, for the one-year
 23 period preceding the date of the report, the following:

24 (1) The number of veterans eligible for care or
 25 services under section 1703 of title 38, United
 26 States Code, and the reasons for such eligibility, in-

1 including multiple such reasons for veterans eligible
2 under more than one eligibility criteria.

3 (2) The number of veterans who opt to seek
4 care or services under such section.

5 (3) The number of veterans who do not opt to
6 seek care or services under such section.

7 (4) An assessment of the timeliness of referrals
8 for care or services under such section.

9 (5) The number of times a veteran did not
10 show for an appointment for care or services under
11 such section.

12 (6) The number of requests for an appeal of a
13 denial of care or services under such section using
14 the clinical appeals process of the Veterans Health
15 Administration.

16 (7) The timeliness of each such appeal.

17 (8) The outcome of each such appeal.

18 (c) VETERANS SERVICE ORGANIZATION DEFINED.—
19 In this section, the term “veterans service organization”
20 means any organization recognized by the Secretary under
21 section 5902 of title 38, United States Code.

○