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119TH CONGRESS
*1st Session*
HOUSE OF REPRESENTATIVES
REPORT
119–263

# TERRITORIAL RESPONSE AND ACCESS TO VETERANS' ESSENTIAL LIFECARE ACT

SEPTEMBER 10, 2025.—Committed to the Committee of the Whole House on the State of the Union and ordered to be printed

Mr. BOST, from the Committee on Veterans' Affairs, submitted the following

# R E P O R T

[To accompany H.R. 3400]

[Including cost estimate of the Congressional Budget Office]

The Committee on Veterans' Affairs, to whom was referred the bill (H.R. 3400) to amend title 38, United States Code, to authorize the Secretary of Veterans Affairs to assign physicians of the Department of Veterans Affairs to temporarily serve as traveling physicians in the territories and possessions of the United States, and for other purposes, having considered the same, reports favorably thereon with an amendment and recommends that the bill as amended do pass.

CONTENTS

The amendment is as follows:

Strike all after the enacting clause and insert the following:

**SECTION 1. SHORT TITLE.**

This Act may be cited as the "Territorial Response and Access to Veterans' Essential Lifecare Act" or the "TRAVEL Act of 2025".

**SEC. 2. DEPARTMENT OF VETERANS ASSIGNMENT OF TRAVELING PHYSICIANS TO SERVE TERRITORIES AND POSSESSIONS.**

(a) IN GENERAL.—Subchapter I of chapter 74 of title 38, United States Code, is amended by adding at the end the following new section:

**"§ 7415. Traveling physicians**

"(a) IN GENERAL.—(1) The Secretary may assign a physician appointed under section 7401 or section 7431 of this title to serve as a traveling physician for a period of not more than one year at a time. A physician assigned to serve as a traveling physician under this section may be assigned to provide health care to veterans residing in American Samoa, Guam, the Commonwealth of the Northern Mariana Islands, the Commonwealth of Puerto Rico, the Virgin Islands of the United States, or any other territory or possession of the United States at Department facilities or other approved facilities located in such territory or possession.

"(2) The Secretary may assign multiple physicians to serve as traveling physicians under this section and may assign each such physician to serve in a specific territory or possession.

"(b) COORDINATION OF CARE.—In providing care under this section, traveling physicians shall coordinate with non-Department medical providers to the extent practicable and necessary to ensure high quality and coordinated care for veterans receiving hospital care and medical services.

"(c) PAY.—In addition to pay under section 7431 of this title, the Secretary shall provide a relocation or retention bonus to traveling physicians under this section. Such relocation or retention bonus shall be substantially similar to a relocation or retention bonus offered under section 7410(a) of this title, as the Secretary considers appropriate.".

(b) CLERICAL AMENDMENT.—The table of sections at the beginning of such chapter is amended by inserting after the item relating to section 7414 the following new item:

"7415. Traveling physicians.".

(c) TECHNICAL AND CONFORMING AMENDMENTS.—Title 38, United States Code, is further amended as follows:

(1) In section 7410(a)(1), by—

(A) by striking "retention allowances" and inserting "retention bonuses"; and

(B) by striking the second comma after "section 7401(1) of this title"; and

(2) In section 7431(e)(5)(B), by striking "retention allowances" and inserting "retention bonuses".

**SEC. 3. EXTENSION OF CERTAIN LIMITS ON PAYMENTS OF PENSION.**

Section 5503(d)(7) of title 38, United States Code, is amended by striking "November 30, 2031" and inserting "December 31, 2032".

## PURPOSE AND SUMMARY

H.R. 3400, the "Territorial Response and Access to Veterans' Essential Lifecare Act," or the "TRAVEL Act of 2025," was introduced by Delegate Kimberlyn King-Hinds of the Commonwealth of the Northern Mariana Islands on May 14, 2025. H.R. 3400, as amended, would authorize the Secretary of the Department of Veterans Affairs (VA) to assign physicians to temporarily serve as traveling physicians in the territories and possessions of the United States.

## BACKGROUND AND NEED FOR LEGISLATION

*Section 1: Short title*

This section would name the act "the Territorial Response and Access to Veterans' Essential Lifecare Act" or the "TRAVEL Act of 2025."

*Section 2: Department of Veterans assignment of traveling physicians to serve territories and possessions*

VA provides healthcare in the five U.S. territories[1]: Commonwealth of Northern Mariana Islands (CNMI), Guam, and American Samoa in the Pacific, and the Commonwealth of Puerto Rico and the U.S. Virgin Islands in the Atlantic. In the Pacific, the VA Pacific Islands Health Care System consists of a VA medical center (VAMC) in Honolulu, Hawaii, and three outpatient clinics in American Samoa, Guam, and CNMI. In the Atlantic, the VA Caribbean Healthcare System consists of a VAMC in San Juan, Puerto Rico, and 10 outpatient clinics across Puerto Rico and the U.S. Virgin Islands.[2] In fiscal year 2022, the VA Pacific Islands Health Care System coordinated healthcare for an estimated 7,200 enrolled veterans, and the VA Caribbean Healthcare System coordinated healthcare for an estimated 61,000 enrolled veterans.[3]

The veterans in these systems expend significant resources to obtain their earned healthcare through VA.

Mr. Randy Johnson, CNMI resident and veteran of the U.S. Marine Corps, testified before the Health Subcommittee, "When veterans need more than basic care, we are often told to leave the island, traveling thousands of miles, paying out of pocket, and spending weeks away from our families."[4] Even basic healthcare options are limited. According to Mr. Johnson, "Veterans seeking care at home see one doctor, on Tuesdays and Thursdays. [. . .] Her office has one VA Registered Nurse, a veteran herself. But if she needs care, or takes a much-needed vacation, there is no one left to keep pace."[5]

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[1] GAO, *Veterans Affairs: Actions Needed to Improve Access to Care in the U.S. Territories and Freely Associated States* (May 23, 2024), https://www.gao.gov/products/gao-24-106364. The possessions of the U.S. include the U.S. Minor Outlying Islands, which "refers to certain small islands that are U.S. Territories under U.S. jurisdiction in the Caribbean Sea and Pacific Ocean: Baker Island, Howland Island, Jarvis Island, Johnston Atoll, Kingman Reef, Midway Islands, Navassa Island, Palmyra Atoll, and Wake Island. [. . .] they generally do not include population year-round." U.S. Census Bureau, *Glossary* (last visited August 20, 2025), https://www.census.gov/programs-surveys/geography/about/glossary.html.

[2] GAO, *Veterans Affairs: Actions Needed to Improve Access to Care in the U.S. Territories and Freely Associated States* (May 23, 2024), https://www.gao.gov/products/gao-24-106364.

[3] GAO, *Veterans Affairs: Actions Needed to Improve Access to Care in the U.S. Territories and Freely Associated States* (May 23, 2024), https://www.gao.gov/products/gao-24-106364.

[4] *Legislative Hearing on: H.R. 785, The Representing Our Seniors at VA Act of 2025, H.R. 2068, The Veterans Patient Advocacy Act, H.R. 2605, The Service Dogs Assisting Veterans (SAVES) Act, H.R. 3400, The Territorial Response and Access to Veterans' Essential Lifecare (TRAVEL) Act of 2025, Discussion Draft: To amend title 38, United States Code, to prohibit smoking on the premises of any facility of the Veterans Health Administration, and for other purposes, Discussion Draft: The VA Data Transparency and Trust Act, Discussion Draft: To direct the Secretary of Veterans Affairs to conduct a study to determine whether RNA sequencing can be used to effectively diagnose PTSD in veterans, Discussion Draft: The Health Professionals Scholarship Program Improvement Act of 2025, Discussion Draft: The Fisher House Availability Act of 2025, H.R. 1404, The CHAMPVA Children's Care Protection Act of 2025, H.R. 2148, The Veteran Caregiver Reeducation, Reemployment, and Retirement Act, Discussion Draft: The VA Mental Health Outreach and Engagement Act Before the Subcommittee on Health of the Committee on Veterans' Affairs,* 119th Cong. (2025) (Statement of Randy T. Johnson).

[5] *Legislative Hearing on: H.R. 785, The Representing Our Seniors at VA Act of 2025, H.R. 2068, The Veterans Patient Advocacy Act, H.R. 2605, The Service Dogs Assisting Veterans*

Continued

A Guam veteran must travel almost 4,000 miles for care at the Honolulu VAMC.[6] An American Samoan veteran must travel over 2,500 miles for care.[7] A CNMI veteran must travel about 130 miles to Guam in order to travel to Hawaii.[8] Another subset of U.S. veterans, those who reside in the Freely Associated States (FAS) and chose to serve in the U.S. military, likewise have no locally available VA resources.[9] Distances are shorter between the U.S. Virgin Islands and the San Juan VAMC in Puerto Rico, but also require a veteran to take a flight to obtain health care.

Even basic primary care is limited for some veterans. In the Pacific, for instance, there is no community-based outpatient clinic in CNMI, and as of September 2022, most of the 88 Veterans Health Administration (VHA) employees worked in Guam.[10]

To address the access to care issue, this section would bring VA care to the dedicated veterans of the U.S. territories, where residents enlist in the U.S. military at high rates.[11] This section would provide the Secretary the authority to assign a physician to serve as a traveling physician for a period of not more than one year at a time.

The Committee believes, granting the Secretary the authority to assign physicians to the U.S. territories under this section would help to alleviate they burden on these veterans in accessing their earned care through VA. An assigned traveling physician would not necessarily provide care in each and every possession or territory. But such a physician would be able to see veterans traveling to the particular locale. For instance, as the CNMI is comprised of several islands, the Secretary could assign a physician to Saipan who would then see patients from Tinian or Rota or even from the FAS. Further, nothing in this legislation would prevent such a physician from traveling within the CNMI island chain to see patients.

This section would also not dictate the type of physician that should be assigned. The committee expects VA to decide with the best clinical value in mind. In many cases, this may mean a primary care physician. But given that diabetes and heart disease are

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*(SAVES) Act, H.R. 3400, The Territorial Response and Access to Veterans' Essential Lifecare (TRAVEL) Act of 2025, Discussion Draft: To amend title 38, United States Code, to prohibit smoking on the premises of any facility of the Veterans Health Administration, and for other purposes, Discussion Draft: The VA Data Transparency and Trust Act, Discussion Draft: To direct the Secretary of Veterans Affairs to conduct a study to determine whether RNA sequencing can be used to effectively diagnose PTSD in veterans, Discussion Draft: The Health Professionals Scholarship Program Improvement Act of 2025, Discussion Draft: The Fisher House Availability Act of 2025, H.R. 1404, The CHAMPVA Children's Care Protection Act of 2025, H.R. 2148, The Veteran Caregiver Reeducation, Reemployment, and Retirement Act, Discussion Draft: The VA Mental Health Outreach and Engagement Act Before the Subcommittee on Health of the Committee on Veterans' Affairs,* 119th Cong. (2025) (Statement of Randy T. Johnson).

[6] GAO, *Veterans Affairs: Actions Needed to Improve Access to Care in the U.S. Territories and Freely Associated States* (May 23, 2024), https://www.gao.gov/products/gao-24-106364.

[7] GAO, *Veterans Affairs: Actions Needed to Improve Access to Care in the U.S. Territories and Freely Associated States* (May 23, 2024), https://www.gao.gov/products/gao-24-106364.

[8] GAO, *Veterans Affairs: Actions Needed to Improve Access to Care in the U.S. Territories and Freely Associated States* (May 23, 2024), https://www.gao.gov/products/gao-24-106364.

[9] The Freely Associated States (FAS) include Palau, the Federated States of Micronesia, and the Marshall Islands. These three nations are signatories with the United States on the Compact of Free Association (COFA), in which the United States provides for defense and social services for citizens of the FAS. In return, many FAS citizens choose to serve in the U.S. military.

[10] GAO, *Veterans Health Administration: Hiring Trends in the U.S. Pacific Territories* (Feb. 16, 2023), https://www.gao.gov/products/gao-23-105953.

[11] "In 2022, the top five enlistment rates per capita for the 50 U.S. states and D.C., five U.S. territories, and FAS were, in order, Guam, [the Commonwealth of the Northern Mariana Islands], [the U.S. Virgin Islands], American Samoa, and the Republic of Palau." GAO, *Veterans Affairs: Actions Needed to Improve Access to Care in the U.S. Territories and Freely Associated States* (May 23, 2024), https://www.gao.gov/products/gao-24-106364.

prevalent in some U.S. territories, it may be of benefit to assign a cardiologist or endocrinologist or other specialist to prevent veterans from needing to fly elsewhere for specialty care. For instance, the Secretary could assign a specialist to Guam who can treat veterans from the American territories and the FAS, alleviating some of the need to fly to Honolulu for specialty care.

This section would also require that the physicians coordinate care with non-Departmental medical providers. This would multiply resources and enhance the exchange of information about healthcare needs among the veteran population without necessarily requiring VA to establish a separate physical presence in each of the territories.

The section would also require the Secretary to provide retention or relocation bonuses. The Committee finds that these bonuses would be necessary so that physicians are willing to stay or travel to the territories. VHA officials have said when discussing some of the territories covered by this bill that hiring is "very difficult," and "using retention incentives to maintain existing staff was ideal."[12] A relocation bonus for traveling physicians would compensate the physicians for the not unlikely scenario of leaving home for an extended period of time in order to fulfill the responsibilities of the assignment.

*Section 3: Extension of certain limits of payments of pension*

Under current law (38 U.S.C. § 5503(d)), the amount of VA pension paid to a veteran having no spouse nor child, a veteran's surviving spouses having no child, or a veterans' child who is admitted to a VA or Medicaid sponsored nursing facility is capped at $90 a month. This section would cover the costs of the other sections of this bill by extending this pension limitation by thirteen months to December 31, 2032. Because they receive government sponsored care in a nursing home, these pension beneficiaries do not require the full amount of pension to cover their cost of living. The Committee believes this short-term extension of the current limit on pension payments is a reasonable way to cover the costs associated with the other sections of this bill.

## HEARINGS

On June 12, 2025, the Subcommittee on Health held a legislative hearing on H.R. 3400 and other bills pending before the subcommittee. The following witnesses testified:

> The Honorable Gregory F. Murphy, U.S. House of Representatives, 3rd Congressional District, North Carolina; The Honorable Morgan Luttrell, U.S. House of Representatives, 8th Congressional District, Texas; The Honorable Jennifer A. Kiggans, U.S. House of Representatives, 2nd Congressional District, Virginia; The Honorable Abraham J. Hamadeh, U.S. House of Representatives, 8th Congressional District, Arizona; The Honorable Kimberlyn King-Hinds, U.S. House of Representatives, District At Large, Northern Mariana Islands; The Honorable John J. McGuire, U.S. House of Representatives, 5th Congressional District, Virginia; The Honorable Joseph D. Morelle,

[12] GAO, *Veterans Health Administration: Hiring Trends in the U.S. Pacific Territories* (Feb. 16, 2023), https://www.gao.gov/products/gao-23-105953.

U.S. House of Representatives, 25th Congressional District, New York; The Honorable Nikki Budzinski, U.S. House of Representatives, 13th Congressional District, Illinois; Dr. Antoinette V. Shappell, Deputy Assistant Under Secretary for Health for Patient Care Services, Veterans Health Administration, U.S. Department of Veterans Affairs; Dr. Ilse Wiechers, Deputy Executive Director, Office of Mental Health, Veterans Health Administration, U.S. Department of Veterans Affairs; Randy Johnson, Constituent, District At Large, Northern Mariana Islands; Cole T. Lyle, Director, Veterans Affairs & Rehabilitation Division, The American Legion; David Coker, President, Fisher House Foundation; John Schmitt, Chief Executive Officer, iXpressGenes, Inc.; Caira Benson, Caregiver Fellow, Elizabeth Dole Foundation.

The following individuals and organizations submitted statements for the record:

K9s for Warriors, Quality of Life Foundation, National Association of State Veterans Homes, Military Officers Association of America, National Association of Veterans' Research and Education Foundations, iXpressGenes, Inc., Paralyzed Veterans of America, The Honorable Joseph D. Morelle, Concerned Veterans for America, USAA, Student Veterans of America, American Academy of Physician Associates, Veterans of Foreign Wars of the United States.

## SUBCOMMITTEE CONSIDERATION

On July 23, 2025, the Subcommittee on Health was discharged from further consideration of this legislation.

## COMMITTEE CONSIDERATION

On July 23, 2025, the full Committee met in open markup session, a quorum being present, and ordered H.R. 3400, as amended, be reported favorably to the House of Representatives by voice vote. During consideration of the bill, the following amendments were considered:

An amendment in the nature of a substitute offered by Delegate Kimberlyn King-Hinds of the Commonwealth of the Northern Mariana Islands would clarify the number of traveling physicians the Secretary may assign. The amendment in the nature of a substitute would also change reference to pay authorities from Title 5 to Title 38 for purposes of the relocation or retention bonus the Secretary would provide. The amendment in the nature of substitute, as amended, was agreed to by voice vote.

An amendment to the amendment in the nature of a substitute offered Chairman Mike Bost of Illinois would offset the anticipated $70 million cost of the legislation using the pension program under 38 U.S.C. § 5503. The amendment to the amendment in the nature of a substitute was agreed to by voice vote.

A motion by Representative Mark Takano of California to report H.R. 3400, as amended, favorably to the House of Representatives was agreed to by voice vote.

## COMMITTEE VOTES

In compliance with clause 3(b) of rule XIII of the Rules of the House of Representatives, no recorded votes were taken on amendments or in connection with ordering H.R. 3400, as amended, reported to the House.

## COMMITTEE OVERSIGHT FINDINGS

In compliance with clause 3(c)(1) of rule XIII and clause (2)(b)(1) of rule X of the Rules of the House of Representatives, the Committee's oversight findings and recommendations are reflected in the descriptive portions of this report.

## STATEMENT OF GENERAL PERFORMANCE GOALS AND OBJECTIVES

In accordance with clause 3(c)(4) of rule XIII of the Rules of the House of Representatives, the Committee's performance goals and objectives of H.R. 3400, as amended, are to increase healthcare access for veterans living in the U.S. territories and possessions or living closer to the U.S. territories than the nearest VA facility (e.g., those residing in the FAS) by authorizing the Secretary to assign travel physicians to those areas.

## EARMARKS AND TAX AND TARIFF BENEFITS

H.R. 3400, as amended, does not contain any Congressional earmarks, limited tax benefits, or limited tariff benefits as defined in clause 9 of rule XXI of the Rules of the House of Representatives.

## COMMITTEE COST ESTIMATE

The Committee adopts as its own the cost estimate on H.R. 3400, as amended, prepared by the Director of the Congressional Budget.

## BUDGET AUTHORITY AND CONGRESSIONAL BUDGET OFFICE COST ESTIMATE

Pursuant to clause (3)(c)(3) of rule XIII of the Rules of the House of Representatives, the following is the cost estimate for H.R. 3400, as amended, provided by the Congressional Budget Office pursuant to section 402 of the Congressional Budget Act of 1974:

**At a Glance**

**H.R. 3400, the Territorial Response and Access to Veterans' Essential Lifecare Act**

**As ordered reported by the House Committee on Veterans' Affairs on July 23, 2025**

| By Fiscal Year, Millions of Dollars | 2025 | 2025-2030 | 2025-2035 |
|---|---|---|---|
| Direct Spending (Outlays) | 0 | 3 | -44 |
| Revenues | 0 | 0 | 0 |
| Increase or Decrease (-) in the Deficit | 0 | 3 | -44 |
| Spending Subject to Appropriation (Outlays) | 0 | 10 | 20 |

| | | | |
|---|---|---|---|
| Increases *net direct spending* in any of the four consecutive 10-year periods beginning in 2036? | < $2.5 billion | Statutory pay-as-you-go procedures apply? | Yes |
| | | **Mandate Effects** | |
| Increases *on-budget deficits* in any of the four consecutive 10-year periods beginning in 2036? | < $5 billion | Contains intergovernmental mandate? | No |
| | | Contains private-sector mandate? | No |

The bill would:

- Authorize the Department of Veterans Affairs (VA) to assign traveling physicians to U.S. territories
- Require VA to provide relocation or retention bonuses to department physicians assigned to U.S. territories
- Extend the reduction of pensions that VA pays to veterans and survivors residing in Medicaid nursing homes

Estimated budgetary effects would mainly stem from:

- Providing relocation and retention bonuses to department physicians assigned to U.S. territories
- Reducing pension payments

Bill summary: H.R. 3400 would authorize the Department of Veterans Affairs (VA) to assign physicians to serve as traveling doctors to veterans in U.S. territories. The bill would require VA to provide relocation or retention bonuses to those traveling physicians. Finally, the bill would extend a temporary limitation on certain pension payments through December 31, 2032.

Estimated Federal cost: The estimated budgetary effects of H.R. 3400 are shown in Table 1. The costs of the legislation fall within budget functions 550 (health) and 700 (veterans benefits and services).

TABLE 1.—ESTIMATED BUDGETARY EFFECTS OF H.R. 3400

| | By fiscal year, millions of dollars— | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | 2025 | 2026 | 2027 | 2028 | 2029 | 2030 | 2031 | 2032 | 2033 | 2034 | 2035 | 2025–2030 | 2025–2035 |
| INCREASES OR DECREASES (−) IN DIRECT SPENDING | | | | | | | | | | | | | |
| Estimated Budget Authority ..... | 0 | * | * | 1 | 1 | 1 | −39 | −11 | 1 | 1 | 1 | 3 | −44 |
| Estimated Outlays ..... | 0 | * | * | 1 | 1 | 1 | −39 | −11 | 1 | 1 | 1 | 3 | −44 |
| INCREASES IN SPENDING SUBJECT TO APPROPRIATION | | | | | | | | | | | | | |
| Estimated Authorization | 0 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 10 | 20 |

TABLE 1.—ESTIMATED BUDGETARY EFFECTS OF H.R. 3400—Continued

| | By fiscal year, millions of dollars— | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | 2025 | 2026 | 2027 | 2028 | 2029 | 2030 | 2031 | 2032 | 2033 | 2034 | 2035 | 2025–2030 | 2025–2035 |
| Estimated Outlays ..... | 0 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 10 | 20 |

* = between zero and $500,000.

Basis of estimate: For this estimate, CBO assumes that H.R. 3400 will be enacted near the beginning of fiscal year 2026 and that outlays will follow historical spending patterns for affected programs.

Provisions that affect spending subject to appropriation and direct spending: Section 2 of H.R. 3400 would allow VA to assign department physicians to serve as traveling doctors to veterans in U.S. territories. Using information from studies on the number of patients a physician can serve and the number of veterans who live in U.S. territories, CBO estimates that about 50 doctors would be assigned to serve as traveling physicians.

Under the bill, VA would be required to provide relocation or retention bonuses to physicians assigned under the program. Under current law, VA is authorized to provide relocation and retention bonuses of up to 25 percent of a physician's annual salary. CBO estimates that the cost of providing bonuses of that magnitude would average roughly $56,000 per physician per year. In total, CBO estimates that implementing section 2 would cost $28 million over the 2025–2035 period.

CBO expects that some of the costs of implementing the bill would be paid from the Toxic Exposures Fund (TEF) established by Public Law 117–168, the Honoring our PACT Act. The TEF is a mandatory appropriation that VA uses to pay for health care, disability claims processing, medical research, and IT modernization that benefit veterans who were exposed to environmental hazards.

Additional spending from the TEF would occur if legislation increases the costs of similar activities that benefit veterans with such exposure. Thus, in addition to increasing spending subject to appropriation, enacting section 2 would increase amounts paid from the TEF, which are classified as direct spending. CBO projects that the proportion of costs paid by the TEF will grow over time based on the amount of formerly discretionary appropriations that CBO expects will be provided through the mandatory appropriation as specified in the Honoring our PACT Act.[1]

CBO estimates that over the 2025–2035 period, implementing section 2 would increase spending subject to appropriation by $20 million and direct spending by $8 million.

Direct spending: In addition to expanding benefits that would partly be covered by the TEF, enacting H.R.3400 would affect direct spending by extending a statutory limitation on VA pension payments. In total, enacting the bill would decrease net direct spending by $44 million over the 2025–2035 period (see Table 2).

Under current law, VA reduces pension payments to veterans and survivors who reside in Medicaid nursing homes to $90 per

[1] For additional information about estimated spending from the TEF, see Congressional Budget Office, "Toxic Exposures Fund—January 2025 Baseline" (January 2025), https://tinyurl.com/465ytckb.

month. That required reduction expires November 30, 2031. Section 3 of H.R. 3400 would extend that reduction for 13 months, through December 31, 2032. CBO estimates that extending that requirement would reduce VA benefits by $10 million per month. As a result of that reduction in beneficiaries' income, Medicaid would pay more of the cost of their care, increasing spending for that program by $6 million per month. Thus, enacting section 3 would reduce net direct spending by $52 million over the 2025–2035 period.

TABLE 2.—ESTIMATED CHANGES IN DIRECT SPENDING UNDER H.R. 3400

| | By fiscal year, millions of dollars— | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | 2025 | 2026 | 2027 | 2028 | 2029 | 2030 | 2031 | 2032 | 2033 | 2034 | 2035 | 2025–2030 | 2025–2035 |
| Traveling Physicians: | | | | | | | | | | | | | |
| Estimated Budget Authority | 0 | * | * | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 3 | 8 |
| Estimated Outlays | 0 | * | * | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 3 | 8 |
| Pensions and Medicaid: | | | | | | | | | | | | | |
| Estimated Budget Authority | 0 | 0 | 0 | 0 | 0 | 0 | −40 | −12 | 0 | 0 | 0 | 0 | −52 |
| Estimated Outlays | 0 | 0 | 0 | 0 | 0 | 0 | −40 | −12 | 0 | 0 | 0 | 0 | −52 |
| Total Changes: | | | | | | | | | | | | | |
| Estimated Budget Authority | 0 | * | * | 1 | 1 | 1 | −39 | −11 | 1 | 1 | 1 | 3 | −44 |
| Estimated Outlays | 0 | * | * | 1 | 1 | 1 | −39 | −11 | 1 | 1 | 1 | 3 | −44 |

* = between zero and $500,000.

Spending subject to appropriation: The discussion above in "Provisions that Affect Spending Subject to Appropriation and Direct Spending" describes the costs of providing relocation or retention bonuses to department physicians assigned to U.S. territories. Providing those bonuses would increase spending subject to appropriation by $20 million over the 2025–2035 period, CBO estimates.

Pay-As-You-Go considerations: The Statutory Pay-As-You-Go Act of 2010 establishes budget-reporting and enforcement procedures for legislation affecting direct spending or revenues. The net changes in outlays that are subject to those pay-as-you-go procedures are shown in Table 1.

Increase in long-term net direct spending and deficits: CBO estimates that enacting H.R. 3400 would not increase net direct spending by more than $2.5 billion in any of the four consecutive 10-year periods beginning in 2036.

CBO estimates that enacting H.R. 3400 would not increase on-budget deficits by more than $5 billion in any of the four consecutive 10-year periods beginning in 2036.

Mandates: The bill contains no intergovernmental or private-sector mandates as defined in the Unfunded Mandates Reform Act.

Estimate prepared by: Federal costs: Noah Callahan (for veterans' health care), Logan Smith (for pensions and Medicaid); Mandates: Brandon Lever.

Estimate reviewed by: David Newman, Chief, Defense, International Affairs, and Veterans' Affairs Cost Estimates Unit; Kathleen FitzGerald, Chief, Public and Private Mandates Unit; Christina Hawley Anthony, Deputy Director of Budget Analysis.

Estimate approved by: Phillip L. Swagel, Director, Congressional Budget Office.

## FEDERAL MANDATES STATEMENT

With respect to the requirements of Section 423 of the Congressional Budget and Impoundment Control Act (as amended by Section 101(a)(2) of the Unfunded Mandate Reform Act, P.L. 104–4), the Committee has requested but not received from the Director of the Congressional Budget Office a statement as to whether the provisions of the reported bill include unfunded mandates.

## ADVISORY COMMITTEE STATEMENT

No advisory committees within the meaning of section 5(b) of the Federal Advisory Committee Act would be created by H.R. 3400, as amended.

## APPLICABILITY TO LEGISLATIVE BRANCH

The Committee finds that H.R. 3400, as amended, does not relate to the terms and conditions of employment or access to public services or accommodations within the meaning of section 102(b)(3) of the Congressional Accountability Act.

## STATEMENT ON DUPLICATION OF FEDERAL PROGRAMS

Pursuant to clause 3(c)(5) of rule XIII of the Rules of the House of Representatives, the Committee finds that no provision of H.R. 3400, as amended, establishes or reauthorizes a program of the Federal Government known to be duplicative of another Federal program, a program that was included in any report from the Government Accountability Office to Congress pursuant to section 21 of Public Law 111–139, or a program related to a program identified in the most recent Catalog of Federal Domestic Assistance.

## SECTION-BY-SECTION ANALYSIS OF THE LEGISLATION

*Section 1: Short title*

This section would establish the title of the bill as the "Territorial Response and Access to Veterans' Essential Lifecare Act," or the "TRAVEL Act of 2025."

*Section 2: Department of Veterans assignment of traveling physicians to serve territories and possessions*

This section would create a new section at 38 U.S.C. § 7415, "Traveling physicians." It would give the Secretary additional appointment authority under sections 7401 and 7431 to assign a traveling physician or multiple traveling physicians—for a period of not more than one year at a time—to provide health care to veterans in the U.S. territories and possessions of American Samoa, Guam,

the Commonwealth of the Northern Mariana Islands, the Commonwealth of Puerto Rico, the U.S. Virgin Islands, or any other U.S. territory or possession.

The traveling physician would provide health care at Department facilities or other approved facilities located in the given territory or possession. In providing care, the traveling physician would coordinate with non-Department medical providers to ensure high quality and coordinated care for veterans receiving hospital care and medical services.

Under this section, the Secretary would provide a relocation or retention bonus to the traveling physician. The bonus would have to be substantially similar to the relocation or retention bonus offered under section 7410(a). The Secretary would have the authority to decide the exact parameters of the relocation or retention bonus beyond the substantial similarity to section 7410(a).

The section would make clerical, technical, and conforming amendments. Among other amendments, the section would use the phrase "retention bonuses" instead of "retention allowances" in sections 7410(a)(1) and 7431(e)(5)(B).

*Section 3: Extension of certain limits of payments of pension*

This section would extend the termination date of limitations on VA pension payments to institutionalized beneficiaries by amending 38 U.S.C. § 5503(d)(7), changing the expiration from November 30, 2031, to December 31, 2032.

CHANGES IN EXISTING LAW MADE BY THE BILL, AS REPORTED

In compliance with clause 3(e) of rule XIII of the Rules of the House of Representatives, changes in existing law made by the bill, as reported, are shown as follows (existing law proposed to be omitted is enclosed in black brackets, new matter is printed in italics, existing law in which no change is proposed is shown in roman):

CHANGES IN EXISTING LAW MADE BY THE BILL, AS REPORTED

In compliance with clause 3(e) of rule XIII of the Rules of the House of Representatives, changes in existing law made by the bill, as reported, are shown as follows (existing law proposed to be omitted is enclosed in black brackets, new matter is printed in italics, and existing law in which no change is proposed is shown in roman):

## TITLE 38, UNITED STATES CODE

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# PART IV—GENERAL ADMINISTRATIVE PROVISIONS

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## CHAPTER 55—MINORS, INCOMPETENTS, AND OTHER WARDS

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**§ 5503. Hospitalized veterans and estates of incompetent institutionalized veterans**

(a)(1)(A) Where any veteran having neither spouse nor child is being furnished domiciliary care by the Department, no pension in excess of $90 per month shall be paid to or for the veteran for any period after the end of the third full calendar month following the month of admission for such care.

(B) Except as provided in subparagraph (D) of this paragraph, where any veteran having neither spouse nor child is being furnished nursing home care by the Department, no pension in excess of $90 per month shall be paid to or for the veteran for any period after the end of the third full calendar month following the month of admission for such care. Any amount in excess of $90 per month to which the veteran would be entitled but for the application of the preceding sentence shall be deposited in a revolving fund at the Department medical facility which furnished the veteran nursing care, and such amount shall be available for obligation without fiscal year limitation to help defray operating expenses of that facility.

(C) No pension in excess of $90 per month shall be paid to or for a veteran having neither spouse nor child for any period after the month in which such veteran is readmitted for care described in subparagraph (A) or (B) of this paragraph and furnished by the Department if such veteran is readmitted within six months of a period of care in connection with which pension was reduced pursuant to subparagraph (A) or (B) of this paragraph.

(D) In the case of a veteran being furnished nursing home care by the Department and with respect to whom subparagraph (B) of this paragraph requires a reduction in pension, such reduction shall not be made for a period of up to three additional calendar months after the last day of the third month referred to in such subparagraph if the Secretary determines that the primary purpose for the furnishing of such care during such additional period is for the Department to provide such veteran with a prescribed program of rehabilitation services, under chapter 17 of this title, designed to restore such veteran's ability to function within such veteran's family and community. If the Secretary determines that it is necessary, after such period, for the veteran to continue such program of rehabilitation services in order to achieve the purposes of such program and that the primary purpose of furnishing nursing home care to the veteran continues to be the provision of such program to the veteran, the reduction in pension required by subparagraph (B) of this paragraph shall not be made for the number of calendar months that the Secretary determines is necessary for the veteran to achieve the purposes of such program.

(2) The provisions of paragraph (1) shall also apply to a veteran being furnished such care who has a spouse but whose pension is payable under section 1521(b) of this title. In such a case, the Secretary may apportion and pay to the spouse, upon an affirmative showing of hardship, all or any part of the amounts in excess of the amount payable to the veteran while being furnished such care which would be payable to the veteran if pension were payable under section 1521(c) of this title.

(b) Notwithstanding any other provision of this section or any other provision of law, no reduction shall be made in the pension

of any veteran for any part of the period during which the veteran is furnished hospital treatment, or institutional or domiciliary care, for Hansen's disease, by the United States or any political subdivision thereof.

(c) Where any veteran in receipt of an aid and attendance allowance described in subsection (r) or (t) of section 1114 of this title is hospitalized at Government expense, such allowance shall be discontinued from the first day of the second calendar month which begins after the date of the veteran's admission for such hospitalization for so long as such hospitalization continues. Any discontinuance required by administrative regulation, during hospitalization of a veteran by the Department, of increased pension based on need of regular aid and attendance or additional compensation based on need of regular aid and attendance as described in subsection (*l*) or (m) of section 1114 of this title, shall not be effective earlier than the first day of the second calendar month which begins after the date of the veteran's admission for hospitalization. In case a veteran affected by this subsection leaves a hospital against medical advice and is thereafter admitted to hospitalization within six months from the date of such departure, such allowance, increased pension, or additional compensation, as the case may be, shall be discontinued from the date of such readmission for so long as such hospitalization continues.

(d)(1) For the purposes of this subsection—

(A) the term "Medicaid plan" means a State plan for medical assistance referred to in section 1902(a) of the Social Security Act (42 U.S.C. 1396a(a)); and

(B) the term "nursing facility" means a nursing facility described in section 1919 of such Act (42 U.S.C. 1396r), other than a facility that is a State home with respect to which the Secretary makes per diem payments for nursing home care pursuant to section 1741(a) of this title.

(2) If a veteran having neither spouse nor child is covered by a Medicaid plan for services furnished such veteran by a nursing facility, no pension in excess of $90 per month shall be paid to or for the veteran for any period after the month of admission to such nursing facility.

(3) Notwithstanding any provision of title XIX of the Social Security Act, the amount of the payment paid a nursing facility pursuant to a Medicaid plan for services furnished a veteran may not be reduced by any amount of pension permitted to be paid such veteran under paragraph (2) of this subsection.

(4) A veteran is not liable to the United States for any payment of pension in excess of the amount permitted under this subsection that is paid to or for the veteran by reason of the inability or failure of the Secretary to reduce the veteran's pension under this subsection unless such inability or failure is the result of a willful concealment by the veteran of information necessary to make a reduction in pension under this subsection.

(5)(A) The provisions of this subsection shall apply with respect to a surviving spouse having no child in the same manner as they apply to a veteran having neither spouse nor child.

(B) The provisions of this subsection shall apply with respect to a child entitled to pension under section 1542 of this title in the

same manner as they apply to a veteran having neither spouse nor child.

(6) The costs of administering this subsection shall be paid for from amounts available to the Department of Veterans Affairs for the payment of compensation and pension.

(7) This subsection expires on [November 30, 2031] *December 31, 2032*.

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# PART V—BOARDS, ADMINISTRATIONS, AND SERVICES

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## CHAPTER 74—VETERANS HEALTH ADMINISTRATION—PERSONNEL

SUBCHAPTER I—APPOINTMENTS

Sec.

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*7415. Traveling physicians.*

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SUBCHAPTER I—APPOINTMENTS

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### § 7410. Additional pay authorities

(a) IN GENERAL.—(1) The Secretary may authorize the Under Secretary for Health to pay advance payments, recruitment or relocation bonuses, and [retention allowances] *retention bonuses* to personnel appointed under section 7306 of this title or section 7401(4) of this title, or personnel described in section 7401(1) of this title,[,] or interview expenses to candidates for appointment as such personnel, in a manner consistent with the authority provided under sections 5524a, 5706b, 5753, and 5754 of title 5.

(2) Payments under paragraph (1) shall not be considered in calculating the limitation under section 7431(e)(4) of this title.

(b) SPECIAL INCENTIVE PAY FOR DEPARTMENT PHARMACIST EXECUTIVES.—(1) In order to recruit and retain highly qualified Department pharmacist executives, the Secretary may authorize the Under Secretary for Health to pay special incentive pay of not more than $40,000 per year to an individual of the Veterans Health Administration who is a pharmacist executive.

(2) In determining whether and how much special pay to provide to such individual, the Under Secretary shall consider the following:

(A) The grade and step of the position of the individual.

(B) The scope and complexity of the position of the individual.

(C) The personal qualifications of the individual.

(D) The characteristics of the labor market concerned.

(E) Such other factors as the Secretary considers appropriate.

(3) Special incentive pay under paragraph (1) for an individual is in addition to all other pay (including basic pay) and allowances to which the individual is entitled.

(4) Except as provided in paragraph (5), special incentive pay under paragraph (1) for an individual shall be considered basic pay for all purposes, including retirement benefits under chapters 83 and 84 of title 5, and other benefits.

(5) Special incentive pay under paragraph (1) for an individual shall not be considered basic pay for purposes of adverse actions under subchapter V of this chapter.

(6) Special incentive pay under paragraph (1) may not be awarded to an individual in an amount that would result in an aggregate amount of pay (including bonuses and awards) received by such individual in a year under this title that is greater than the annual pay of the President.

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***§ 7415. Traveling physicians***

*(a) IN GENERAL.—(1) The Secretary may assign a physician appointed under section 7401 or section 7431 of this title to serve as a traveling physician for a period of not more than one year at a time. A physician assigned to serve as a traveling physician under this section may be assigned to provide health care to veterans residing in American Samoa, Guam, the Commonwealth of the Northern Mariana Islands, the Commonwealth of Puerto Rico, the Virgin Islands of the United States, or any other territory or possession of the United States at Department facilities or other approved facilities located in such territory or possession.*

*(2) The Secretary may assign multiple physicians to serve as traveling physicians under this section and may assign each such physician to serve in a specific territory or possession.*

*(b) COORDINATION OF CARE.—In providing care under this section, traveling physicians shall coordinate with non-Department medical providers to the extent practicable and necessary to ensure high quality and coordinated care for veterans receiving hospital care and medical services.*

*(c) PAY.—In addition to pay under section 7431 of this title, the Secretary shall provide a relocation or retention bonus to traveling physicians under this section. Such relocation or retention bonus shall be substantially similar to a relocation or retention bonus offered under section 7410(a) of this title, as the Secretary considers appropriate.*

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SUBCHAPTER III—PAY FOR PHYSICIANS, PODIATRISTS, OPTOMETRISTS, AND DENTISTS

**§ 7431. Pay**

(a) ELEMENTS OF PAY.—Pay of physicians, podiatrists, optometrists, and dentists in the Veterans Health Administration shall consist of three elements as follows:

(1) Base pay as provided for under subsection (b).

(2) Market pay as provided for under subsection (c).

(3) Performance pay as provided under subsection (d).

(b) BASE PAY.—One element of pay for physicians, podiatrists, optometrists, and dentists shall be base pay. Base pay shall meet the following requirements:

(1) Each physician, podiatrist, optometrist and dentist is entitled to base pay determined under the Physician, Podiatrist, and Dentist Base and Longevity Pay Schedule.

(2) The Physician, Podiatrist, and Dentist Base and Longevity Pay Schedule is composed of 15 rates of base pay designated, from the lowest rate of pay to the highest rate of pay, as base pay steps 1 through 15.

(3) The rate of base pay payable to a physician, podiatrist, optometrist or dentist is based on the total number of the years of the service of the physician, podiatrist, optometrist or dentist in the Veterans Health Administration as follows:

(4) At the same time as rates of basic pay are increased for a year under section 5303 of title 5, the Secretary shall increase the amount of base pay payable under this subsection for that year by a percentage equal to the percentage by which rates of basic pay are increased under such section for that year.

(5) The non-foreign cost of living adjustment allowance authorized under section 5941 of title 5 for physicians, podiatrists, optometrists, and dentists whose pay is set under this section shall be determined as a percentage of base pay only.

(c) MARKET PAY.—One element of pay for physicians, podiatrists, optometrists, and dentists shall be market pay. Market pay shall meet the following requirements:

(1) Each physician, podiatrist, optometrist and dentist is eligible for market pay.

(2) Market pay shall consist of pay intended to reflect the recruitment and retention needs for the specialty or assignment (as defined by the Secretary) of a particular physician, podiatrist, optometrist or dentist in a facility of the Department of Veterans Affairs.

(3) The annual amount of the market pay payable to a physician, podiatrist, optometrist or dentist shall be determined by the Secretary on a case-by-case basis.

(4) The determination of the amount of market pay of a physician, podiatrist, optometrist or dentist shall take into account—

(A) the level of experience of the physician, podiatrist, optometrist or dentist in the specialty or assignment of the physician, podiatrist, optometrist or dentist;

(B) the need for the specialty or assignment of the physician, podiatrist, optometrist or dentist at the medical facility of the Department concerned;

(C) the health care labor market for the specialty or assignment of the physician, podiatrist, optometrist or dentist, which may cover any geographic area the Secretary considers appropriate for the specialty or assignment;

(D) the board certifications, if any, of the physician, podiatrist, optometrist or dentist;

(E) the prior experience, if any, of the physician, podiatrist, optometrist or dentist as an employee of the Veterans Health Administration; and

(F) such other considerations as the Secretary considers appropriate.

(5) The amount of market pay of a physician, podiatrist, optometrist or dentist shall be evaluated by the Secretary not less often than once every 24 months. The amount of market pay may be adjusted as the result of an evaluation under this paragraph. A physician, podiatrist, optometrist or dentist whose market pay is evaluated under this paragraph shall receive written notice of the results of such evaluation in accordance with procedures prescribed under section 7433 of this title. Such a notice shall include a statement of whether the market pay will increase, decrease, or remain unchanged following such evaluation.

(6) No adjustment of the amount of market pay of a physician, podiatrist, optometrist or dentist under paragraph (5) may result in a reduction of the amount of market pay of the physician, podiatrist, optometrist or dentist while in the same position or assignment at the medical facility of the Department concerned, unless there is a change in board certification or reduction of privileges.

(7) The Secretary shall ensure that each physician, podiatrist, optometrist, and dentist in the Veterans Health Administration is—

(A) advised, on an annual basis, of the criteria described in subparagraph (F) of paragraph (4);

(B) evaluated in accordance with such criteria; and

(C) compensated in accordance with—

(i) applicable assignment and pay levels, subject to relevant pay limitations; and

(ii) the extent to which such criteria are met.

(8) Not later than 120 days after the end of each fiscal year, the Secretary shall submit to the Committees on Veterans' Affairs of the Senate and the House of Representatives a report that includes the following:

(A) A list of each facility and specialty that conducted an evaluation of pay during the period covered by the report.

(B) For each evaluation described in subparagraph (A)—

(i) a list of occupations for which pay was evaluated, disaggregated by medical specialty, number of authorized full-time employees, and onsite full-time employees as of the date of the evaluation;

(ii) the date such evaluation was completed;

(iii) whether a market pay adjustment was made following the evaluation per each occupation and specialty evaluated;

(iv) whether applicable employees were notified of such evaluation;

(v) whether local labor partners were notified of such evaluation; and

(vi) in the case of an evaluation that resulted in an adjustment of pay—

(I) the date such adjustment—

(aa) was implemented; and

(bb) became effective; and

(II) the percentage of employees of each occupation and specialty for which pay was adjusted pursuant to such evaluation.

(C) A list of facilities of the Department that have not conducted an evaluation of market pay, pursuant to paragraph (5), during the 18-month-period that precedes the date of the submission of such report.

(d) PERFORMANCE PAY.—(1) One element of pay for physicians, podiatrists, optometrists, and dentists shall be performance pay.

(2) Performance pay shall be paid to a physician, podiatrist, optometrist or dentist on the basis of the physician's or dentist's achievement of specific goals and performance objectives prescribed by the Secretary.

(3) The Secretary shall ensure that each physician, podiatrist, optometrist and dentist of the Department is advised of the specific goals or objectives that are to be measured by the Secretary in determining the eligibility of that physician, podiatrist, optometrist or dentist for performance pay.

(4) The amount of the performance pay payable to a physician, podiatrist, optometrist or dentist may vary annually on the basis of individual achievement or attainment of the goals or objectives applicable to the physician, podiatrist, optometrist or dentist under paragraph (2).

(5) The amount of performance pay payable to a physician, podiatrist, optometrist or dentist in a fiscal year shall be determined in accordance with regulations prescribed by the Secretary, but may not exceed the lower of—

(A) $15,000; or

(B) the amount equal to 7.5 percent of the sum of the base pay and the market pay payable to such physician, podiatrist, optometrist or dentist in that fiscal year.

(6) A failure to meet goals or objectives applicable to a physician, podiatrist, optometrist or dentist under paragraph (2) may not be the sole basis for an adverse personnel action against that physician, podiatrist, optometrist or dentist.

(e) REQUIREMENTS AND LIMITATIONS ON TOTAL PAY.—(1)(A) Not less often than once every two years, the Secretary shall prescribe for Department-wide applicability the minimum and maximum amounts of annual pay that may be paid under this section to physicians and the minimum and maximum amounts of annual pay that may be paid under this section to podiatrists and dentists.

(B) The Secretary may prescribe for Department-wide applicability under this paragraph separate minimum and maximum amounts of pay for a specialty or assignment. If the Secretary prescribes separate minimum and maximum amounts for a specialty or assignment, the Secretary may establish up to four tiers of minimum and maximum amounts for such specialty or assignment and prescribe for each tier a minimum amount and a maximum amount that the Secretary determines appropriate for the professional responsibilities, professional achievements, and administrative duties of the physicians, podiatrists, optometrists, or dentists (as the case may be) whose pay is set within that tier.

(C) Amounts prescribed under this paragraph shall be published in the Federal Register, and shall not take effect until at least 60 days after the date of publication.

(2) Except as provided in paragraph (3) and subject to paragraph (4), the sum of the total amount of the annual rate of base pay payable to a physician, podiatrist, optometrist or dentist under subsection (b) and the market pay determined for the physician, podiatrist, optometrist or dentist under subsection (c) may not be less than the minimum amount, nor more than the maximum amount, applicable to specialty or assignment of the physician, podiatrist, optometrist or dentist under paragraph (1).

(3) The sum of the total amount of the annual rate of base pay payable to a physician, podiatrist, optometrist or dentist under subsection (b) and the market pay determined for the physician, podiatrist, optometrist or dentist under subsection (c) may exceed the maximum amount applicable to the specialty or assignment of the physician, podiatrist, optometrist or dentist under paragraph (1) as a result of an adjustment under paragraph (3) or (4) of subsection (b).

(4) Except as provided in sections 7404A(c) and 7410(a)(2) of this title, in no case may the total amount of compensation paid to a physician, podiatrist, optometrist or dentist under this title in any year exceed the amount of annual compensation (excluding expenses) specified in section 102 of title 3.

(5) Notwithstanding any compensation or pay limitations under this title or title 5, the Secretary may authorize the Under Secretary for Health to pay physicians, podiatrists, optometrists, and dentists—

(A) awards authorized under this title;

(B) advance payments, recruitment or relocation bonuses, and [retention allowances] *retention bonuses* authorized under section 7410(a) of this title or as otherwise provided by law;

(C) incentives or bonuses under section 706 of this title or as otherwise provided by law; and

(D) earnings from fee-basis appointments under section 7405(a)(2) of this title.

(6)(A) The Secretary may waive any pay limitation described in this section (including tier limitations) that the Secretary determines necessary for the recruitment or retention of critical health care personnel whom the Secretary determines would provide direct patient care.

(B) Priority for such waivers shall be given for positions, locations, and care provided through agreements that are costly to the Department.

(C) The Chief Human Capital Officer of the Department, the Chief Financial Officer of the Department, and the Office of the General Counsel of the Department shall review any waiver issued under subparagraph (A).

(D) During the period the authority under subparagraph (A) is effective, the Secretary may not issue more than 300 waivers under such subparagraph.

(E) The Secretary may prescribe requirements, limitations, and other considerations for waivers under such subparagraph.

(F) Not later than 180 days after the date of the enactment of the Senator Elizabeth Dole 21st Century Veterans Healthcare and

Benefits Improvement Act, and annually thereafter, the Secretary shall submit to the Committees on Veterans' Affairs of the Senate and the House of Representatives a report that includes—

(i) any updates to the requirements, limitations, and considerations prescribed under subparagraph (B) during the period covered by the report;

(ii) a description of the findings of each review, if any, conducted pursuant to subparagraph (C);

(iii) a description of each waiver under subparagraph (A) in effect as of the date of the submission of the report, including the—

(I) duty location, position, specialty, market and performance considerations for the waiver; and

(II) impact, if any, of the waiver on care furnished by the Department pursuant to an agreement regarding the geographic area; and

(iv) a list of any separation actions during the period covered by the report with respect to a position for which a waiver under subparagraph (A) is in effect.

(G) The authority of the Secretary under subparagraph (A) shall terminate on the last day of the third full fiscal year following the date of the enactment of the Senator Elizabeth Dole 21st Century Veterans Healthcare and Benefits Improvement Act.

(f) TREATMENT OF PAY.—Pay under subsections (b) and (c) of this section shall be considered pay for all purposes, including retirement benefits under chapters 83 and 84 of title 5 and other benefits.

(g) ANCILLARY EFFECTS OF DECREASES IN PAY.—(1) A decrease in pay of a physician, podiatrist, optometrist or dentist resulting from an adjustment in the amount of market pay of the physician, podiatrist, optometrist or dentist under subsection (c) shall not be treated as an adverse action.

(2) If the pay of a physician, podiatrist, optometrist or dentist is reduced under this subchapter as a result of an involuntary reassignment in connection with a disciplinary action taken against the physician, podiatrist, optometrist or dentist, the involuntary reassignment shall be subject to appeal under subchapter V of this chapter.

(h) DELEGATION OF RESPONSIBILITIES.—The Secretary may delegate to an appropriate officer or employee of the Department any responsibility of the Secretary under subsection (c), (d), or (e) except for the responsibilities of the Secretary under subsection (e)(1).

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