Calendar No. 279

119TH CONGRESS, *1st Session* | SENATE | REPORT 119–98

THE VETPAC ACT OF 2025

DECEMBER 2, 2025.—Ordered to be printed

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

R E P O R T

[To accompany S. 787]

[Including cost estimate of the Congressional Budget Office]

The Committee on Veterans' Affairs, to which was referred the bill (S. 787) to amend title 38, United States Code, to establish a commission to review operations at the Veterans Health Administration and submit to Congress reports with respect to that review, and for other purposes, having considered the same, reports favorably thereon with an amendment in the nature of a substitute and recommends that the bill, as amended, do pass.

INTRODUCTION

On February 27, 2025, Senator Bill Cassidy from Louisiana introduced S. 787, the VetPAC Act of 2025. Senator Maizie Hirono from Hawaii is an original cosponsor of the bill and Senator Jerry Moran from Kansas was later added as a cosponsor of the bill as well. The bill was referred to the Committee on Veterans' Affairs (hereinafter, "Committee").

COMMITTEE HEARINGS

On March 11, 2025, the Committee held a hearing on legislation pending before the Committee, including S. 787. Testimony was received from: Mark R. Engelbaum, Assistant Secretary, Office of Human Resources and Administration/Operations, Security, and Preparedness, U.S. Department of Veterans Affairs; Cole Lyle, Director, Veterans' Affairs and Rehabilitation, The American Legion; Ashlynne Haycock-Lohmann, Director, Government and Legislative Affairs, Tragedy Assistance Program for Survivors; and Patrick

Murray, Director, National Legislative Service, Veterans of Foreign Wars of the United States.

COMMITTEE MEETING

After reviewing the testimony from the foregoing hearing, the Committee met in open session on July 30, 2025, to consider the Committee Print to S. 787. The Committee, by voice vote, voted to favorably report S. 787, as amended, en bloc with other measures, to the Senate.

SUMMARY OF THE COMMITTEE BILL AS REPORTED

S. 787, as reported (hereinafter, "the Committee bill"), consists of two sections, summarized below.

Section 1 provides the short title of the bill, the VetPAC Act of 2025.

Section 2 would establish the Veterans Health Administration (VHA) Policy Advisory Commission to review operations at VHA and submit to Congress reports with respect to that review.

BACKGROUND AND DISCUSSION

Sec. 2. Establishment of Veterans Health Administration Policy Advisory Commission

Section 2 of the Committee bill would amend title 38, United States Code (U.S.C.), by adding a new section to require the Comptroller General of the United States (CG) to establish the Veterans Health Administration Policy Advisory Commission, hereby referred to as 'the Commission', modeled after the Medicaid and CHIP Payment and Access Commission (MACPAC) and the Medicare Payment Advisory Commission (MedPAC). The Commission would be responsible for regularly reviewing topics such as quality and patient safety, staffing, information technology, access to care, and more within VHA and reporting to Congress with findings and recommendations based on those findings. The Commission would consist of 17-members selected by the CG based on their experience and expertise in health care. Commissioner terms would be for a length of five years with vacancies being filled on a rolling basis.

Background

VHA provides essential health care services to millions of enrolled veterans annually, operating the largest integrated health care system in the United States. Despite many improvements over the years, persistent challenges remain in VHA with respect to ensuring timely access to quality care, optimizing workforce staffing, integrating technologies such as electronic health records and artificial intelligence, and maintaining high standards of patient safety and efficiency. These issues have been highlighted in various oversight reports from the Office of Inspector General (OIG), the Government Accountability Office (GAO) and veteran advocates, underscoring the need for ongoing, independent evaluation to adapt VHA to evolving demands and improve outcomes for those who have served our nation. The Committee sees the value of having an independent commission as described in the legislation that can review

and assess VHA operations and make specific recommendations to address issues that arise from such reviews.

In a February 27, 2025, press release marking the introduction of the bill, Senator Bill Cassidy stated:

> American veterans deserve the best health care our nation can offer . . . The VHA must be held to the highest standard, and regular reports will allow Congress to hold them to this.

Additionally, Senator Mazie Hirono stated:

> Veterans have made unimaginable sacrifices in service to our country and it is crucial that we continue working to ensure our veterans can access the high-quality health care they deserve . . . I'm proud to reintroduce the VetPAC Act to create a new, independent commission to address challenges within the VHA and improve health care access, delivery, and quality for our veterans.

Advancement of this legislation underscores the Committee's priority to promote innovation, accountability, and high-quality outcomes in VHA. By establishing VetPAC, the Committee bill will empower Congress, with expert guidance, to address systemic issues, ultimately leading to better health outcomes, reduced inefficiencies, and positive outcomes for America's veterans.

Committee Bill

Section 2 of the Committee bill would amend Chapter 1 of title 38, U.S.C. to create a new section "120. Veterans Health Administration Policy Advisory Commission." § 120(a) would establish the new Veterans Health Administration Policy Advisory Commission, henceforth referred to as 'Commission'. § 120(b)(1) describes that the Commission would be composed of 17 members appointed by the Comptroller General, of which not fewer than 2 shall be veterans. § 120(b)(2) describes the qualification requirements for members of the Commission, which includes individuals with significant experience in operating or advising large medical systems, including expertise in quality of care, staffing issues, information technology, artificial intelligence in health care, medical supply chains, procurement of medical supplies, medical facility construction or leasing, medical research, and managed care plans and networks. This subsection also would require the Comptroller General to select individuals from backgrounds that reflect the broad diversity of health care received by veterans, including non-profit health systems, public and private health systems, care furnished by the Department, and care furnished by the Department of Defense. § 120(b)(3) describes that Commission members shall be considered employees of Congress whose compensation is disbursed by the Secretary of the Senate for the purpose of ethical disclosures. § 120(c) describes terms for members of the Commission and how vacancies would be handled. This subsection would set a term of five years for members and require the Comptroller General to stagger terms of the first appointed members. This would ensure all 17 members do not turn over every five years. This subsection would also require that future vacancies be filled with the same requirements as initial appointments.

§ 120(d) would set the frequency for Commission meetings at the call of the Chairman of the Commission, but not less frequently than once per year. This subsection would also set the requirement for quorum of a majority of the members but allows for a lesser number of members to hold meetings. § 120(e) would require the Comptroller General to designate one member of the Commission as Chairman and one member as Vice Chairman. § 120(f) outlines the duties of the Commission and the scope of their review that would be reported on to Congress, including recommendations to Congress based on such reviews. § 120(f)(2) outlines the topics that would be reviewed by the Commission including IT infrastructure at medical facilities, including electronic health record systems; referrals to care at Department facilities and under the Veterans Community Care Program; access and wait times at Department medical facilities and in the Veterans Community Care Program; quality of care furnished by the Department and in the Veterans Community Care Program; workforce issues; patient satisfaction; training of health care providers; the long-term budgetary outlook of the Veteran Health Administration; procurement of supplies; research at the Department, including internal and external, hospital construction, leasing, and capital requirements; and the interaction of care between Medicaid, Medicare, and VA.

§ 120(f)(3) outlines how the Commission would utilize existing data, to the extent practicable, that has been compiled for the Department or purchased by the Department. § 120(f)(5) would require the Secretary or the Inspector General of the Department to transmit reports to the Commission that are required by Congress or a committee of Congress. § 120(f)(6)(A) would require the Commission to periodically consult with the chairman and ranking member of the House and Senate Veterans Affairs Committees regarding the agenda of the Commission and progress towards achieving that agenda. This would allow the House and Senate Veterans' Affairs Committees to be updated on the Commission's ongoing work and review process.

§ 120(f)(6)(B) would give the Commission the ability to conduct additional reviews outside of the scope of the topics laid out by § 120(f)(2) as requested by the Chairman or members of the Commission. § 120(f)(6)(C) would allow the chairman and ranking member of the House and Senate Veterans Affairs Committees to request special studies from the Commission. The Commission would determine whether those requested special studies are appropriate. § 120(f)(7) would require the Commission, to the extent practicable, to coordinate with the Inspector General of the Department during ongoing reviews to not interfere with investigations or remediations underway by the Inspector General.

§ 120(f)(9) would require the Commission to submit a report to Congress by March 15th of each year, containing results of their reviews and include recommendations if a simple majority of members of the Commission vote to include the recommendations in the report. § 120(g)(1)(A) would allow the Commission to employ personnel as may be necessary to carry out the duties of the Commission, without regard to the provisions of title 5 USC governing appointments in the competitive service. The remainder of § 120(g)(1) would give the Commission the authority to seek assistance and support from other federal departments or agencies, to enter into

contracts or make necessary arrangements, make payments related to the work of the Commission, provide transportation for individuals serving the Commission, and prescribe rules and regulations as the Commission determines necessary with respect to internal organization and operation of the Commission.

§ 120(g)(2) would give the Commission the authority to utilize existing information, both published and unpublished that is collected and assed either by its own staff or under other arrangements. This subsection would give the Commission the authority to award grants or contracts for research and experimentation if existing information is inadequate and would allow the Commission to establish procedures to allow interested parties to submit information for use by the Commission. § 120(g)(3) would give the Commission the ability to secure relevant information from other departments or agencies of the United States. This subsection would allow federal departments and agencies who the Commission requested information from up to 180 days to transmit such requested information. § 120(h) outlines the compensation of members and staff of the Commission, including compensation for travel related to the business of the Commission, benefits, rights, and privileges.

§ 120(i) would authorize employees of the Federal Government to be detailed to the Commission without reimbursement and without interruption or loss of civil service status or privileges. § 120(j) would require the Commission to provide to the Comptroller General, the Congressional Research Service, and the Congressional Budget Office unrestricted access to all deliberations, records, and nonproprietary data of the Commission within 30 days of a request. § 120(k) would require that the Commission submit requests for appropriations in the same manner as the Comptroller General submits appropriations requests, but amounts appropriated for the Commission would be separate from amounts appropriated for the Comptroller General. This subsection would authorize such sums as may be necessary to carry out the section.

Section 2 (c) would require the Comptroller General to make initial appointments to the Commission within 280 days from the date that funds are first appropriated for the Commission.

CONGRESSIONAL BUDGET OFFICE COST ESTIMATE

In accordance with paragraph 11(a) of rule XXVI of the Standing Rules of the Senate and section 402 of the Congressional Budget Act of 1974, the Committee provides the following cost estimate, prepared by the Congressional Budget Office:

S. 787, VetPAC Act of 2025
As ordered reported by the Senate Committee on Veterans' Affairs on July 30, 2025

By Fiscal Year, Millions of Dollars	2025	2025-2030	2025-2035
Direct Spending (Outlays)	0	0	0
Revenues	0	0	0
Increase or Decrease (-) in the Deficit	0	0	0
Spending Subject to Appropriation (Outlays)	0	8	not estimated

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

S. 787 would establish the Veterans Health Administration Policy Advisory Commission as a permanent body to review operations and provide annual recommendations to the Congress on the Veterans Health Administration (VHA). The 17-member commission would be authorized to hire support staff, conduct studies, and enter into contracts for original research. Because the bill would allow 280 days to appoint members, CBO anticipates that the commission would begin operating in 2027.

On the basis of costs to operate similar advisory bodies, CBO estimates that salaries and benefits for commission staff, per diem payments and travel reimbursement for members, and other operating expenses would cost $1 million annually. In addition, CBO expects that the commission would use its authority to contract for original research to evaluate the effectiveness of VHA programs and compare performance across facilities. Using information on the cost of similar activities, CBO estimates those contracts would cost $1 million annually. In total, implementing S. 787 would cost $8 million over the 2025–2030 period. Such spending would be subject to the availability of appropriated funds.

The CBO staff contact for this estimate is Noah Callahan. The estimate was reviewed by Christina Hawley Anthony, Deputy Director of Budget Analysis.

MARK P. HADLEY
(For Phillip L. Swagel, Director, Congressional Budget Office).

REGULATORY IMPACT STATEMENT

In compliance with paragraph 11(b) of rule XXVI of the Standing Rules of the Senate, the Committee on Veterans' Affairs has made an evaluation of the regulatory impact that would be incurred in carrying out the Committee bill. The Committee finds that the Committee bill would not entail any regulation of individuals or businesses, result in any impact on the personal privacy of any individuals, and that the paperwork resulting from enactment would be minimal.

TABULATION OF VOTES CAST IN COMMITTEE

In compliance with paragraph 7(b) of rule XXVI of the Standing Rules of the Senate, the following is a tabulation of votes cast in person or by proxy by members of the Committee on Veterans' Affairs at its July 30, 2025, meeting.

During this meeting, Chairman Moran called up 24 bills, including S. 787, as amended, to be considered en bloc. The bills were reported favorably by voice vote en bloc.

AGENCY REPORT

On March 11, 2025, Mark R. Engelbaum, Assistant Secretary, Office of Human Resources and Administration/Operations, Security, and Preparedness, U.S. Department of Veterans Affairs, appeared before the Committee and submitted testimony on S. 787. An excerpt from that testimony relevant to S. 787 is reprinted below:

> STATEMENT OF MR. MARK R. ENGELBAUM, ASSISTANT SECRETARY, OFFICE OF HUMAN RESOURCES AND ADMINISTRATION/OPERATIONS, SECURITY, AND PREPAREDNESS, DEPARTMENT OF VETERANS AFFAIRS (VA) BEFORE THE SENATE COMMITTEE ON VETERANS' AFFAIRS
>
> VETPAC ACT OF 2025
>
> Section 2(a) of this bill would create a new section 7310B in title 38, United States Code, establishing a Veterans Health Administration Policy Advisory Commission (the Commission). The Commission would be composed of 17 members appointed by the Comptroller General; at least 2 members would have to be Veterans. Proposed section 7310B(b) would further define the qualifications of members of the Commission and would include information regarding ethical disclosure of certain information. Proposed section 7310B(c) would set forth terms regarding the period of appointment for members of the Commission and how vacancies would be addressed. Proposed section 7310B(d) would require the Commission to meet at least annually and would require a majority of the members of the Commission to constitute a quorum (although a lesser number of members could hold hearings). Proposed section 7310B(e) would provide for the appointment of a Chairman and Vice Chairman of the Commission.
>
> Proposed section 7310B(f) would set forth the duties of the Commission; these would include reviewing VHA operations and preparing reports for Congress based on these reviews. The Commission would have to conduct periodic reviews of a range of topics, including but not limited to information technology (IT) infrastructure at VA medical facilities, referrals to care in VA and non-VA facilities through the Veterans Community Care Program (VCCP), access and wait times at VA and non-VA facilities through the VCCP, quality of care in VA and non-VA facilities through the VCCP, workforce issues, patient satisfaction and customer service at VA and non-VA facilities through

the VCCP, the training of health care providers and standards of care at VA and non-VA facilities through the VCCP; the long-term budgetary outlook of VHA; procurement of supplies at VA medical facilities; VA's research program; hospital construction, leasing, and capital requirements; and the interaction of care under the Medicare Program, the Medicaid Program, the TRICARE Program, commercial health plans, and VA health care. In carrying out these requirements, the Commission would have to review the effect of policies under title 38 on the delivery of health care to Veterans and assess the implications of changes in health care delivery for Veterans in the United States (US). If VA or the VA Office of Inspector General (OIG) submitted a report to Congress that is required by law and relates to policies for health care furnished under the laws administered by VA, VA would have to transmit a copy of that report to the Commission as well. In carrying out its requirements, the Commission would have to consult periodically with the chairmen and ranking members of the Committees on Veterans' Affairs of the House of Representatives and the Senate (HVAC and SVAC) regarding the agenda of the Commission and its progress toward achieving that agenda. The Commission could conduct additional review and submit additional report to Congress from time to time on such topics as may be requested by the Chairman and members as the Commission determines appropriate. The Commission also could conduct special studies requested by the chairmen and ranking members of HVAC and SVAC as the Commission determines appropriate. Before making any recommendation to Congress, the Commission would have examined the budget consequences of such recommendations, directly or through consultation with appropriate expert entities. The Commission will have to submit to Congress a report by March 15 of each year containing the results and recommendations of its review of VHA's operations. Recommendations included in these reports may be included if a simple majority of the members of the Commission vote to include the recommendation in the report.

Proposed § 7310B(g) would allow the Commission to employ and fix the compensation of an Executive Director and other personnel; it could also seek assistance and support as may be required in the performance of its duties from appropriate departments and agencies of the Federal or State governments. Additionally, it could enter into contracts or make other arrangements as necessary for the conduct of the work of the Commission without regard to section 3709 of the Revised Statutes (41 U.S.C. § 5) and could make advance, progress, and other payments that relate to its work. Finally, the Commission could provide transportation and subsistence for individuals serving the Commission without compensation and prescribe such rules and regulations as necessary with respect to its internal organization and operation. The Commission would have to utilize existing information collected and assessed

either by its own staff or under other arrangements; carry out or award grants or contracts for, original research and experimentation, if existing information is inadequate; and adopt procedures allowing any interested party to submit information for use by the Commission in making reports and recommendations. The Commission could secure directly from any relevant department or agency of the US health care information the Chairman determines would be helpful to enable the Commission to carry out this section, and the head of a US department or agency would have to furnish information requested on an agreed upon schedule or not later than 180 days after the date of the request.

Proposed § 7310B(h) would set forth terms and conditions for compensation and travel expenses for members of the Commission, as well as establish rules regarding the treatment of personnel for purposes of pay and employment benefits, rights, and privileges. Proposed § 7310B(i) would permit Federal employees to be detailed to the Commission without reimbursement and without interruption or loss of civil service status or privileges. Proposed § 7310B(j) would state the Commission would provide to the Comptroller General, the Congressional Research Service, and the Congressional Budget Office unrestricted access to all deliberations, records, and non-proprietary data of the Commission within 30 days after such access is requested. Proposed § 7310B(k) would require the Commission to submit requests for appropriations in the same manner as the Comptroller General normally does, but such amounts appropriate for the Commission would be separate from amounts appropriated for the Comptroller General. There would be authorized to be appropriated such sums as may be necessary to carry out this section.

Finally, section 2(c) would require the initial appointments of members of the Commission to be made not later than 280 days after the date on which amounts are first appropriated to the Commission.

VA SUPPORTS THIS BILL, SUBJECT TO AMENDMENTS AND THE AVAILABILITY OF APPROPRIATIONS

We note the Commission's scope of review and responsibilities would seemingly be very similar to those conducted under the quadrennial VHA review required by 38 U.S.C. § 7330C and the decennial independent assessments of health care delivery systems and management processes under 38 U.S.C. § 1704A. These current efforts, in addition to those reviews conducted by OIG, the Government Accountability Office, the Office of the Medical Inspector, and the Office of Special Counsel, may already provide the oversight and information the Commission would gather at no additional cost.

We have some concerns that, if not well coordinated, the Commission could impede VA's ability to respond quickly to address Veterans' needs if it is requesting information

or conducting investigations while VA is attempting to respond to a new problem.

We also have technical comments on the bill. First, placement of this authority in subchapter I of chapter 73 of title 38 does not seem appropriate; the other sections in that subchapter refer to the organizational structure and functions of VHA itself, while the Commission would not be a part of VHA. Placement in chapter 73 leads to a statutory conflict with provisions related to authorities of the VA Secretary and is inconsistent with apparent Congressional intent. *See, e.g.* 38 U.S.C. §§ 7306(a)(12), 7306(f), and 7421(b)(9).

Second, section 2(f)(3) would require the Commission to review the effect of policies under title 38 on the delivery of health care to Veterans and assess the implications of changes in health care delivery for Veterans in the US; however, VA is not limited to only providing health care in the US. Through the Foreign Medical Program, and pursuant to amendments made by the Compact of Free Association Amendments Act of 2024 (Title II, Division G, of Public Law 118–42), VA can furnish care outside the US in certain circumstances. If the intent is to exclude this care, no changes to the bill are needed; if this was not the intent, the bill should be amended accordingly.

Finally, the Commission does not appear to be subject to the Federal Advisory Committee Act (5 U.S.C. § 1001 et seq.). In this regard, the Commission's work would not generally be publicly available, and so this could raise concerns from a viewpoint focused on public transparency.

CHANGES IN EXISTING LAW

In compliance with paragraph 12 of rule XXVI of the Standing Rules of the Senate, changes in existing law made by the Committee bill 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):

TITLE 38. VETERANS' BENEFITS

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PART I. GENERAL PROVISIONS

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CHAPTER 1. GENERAL

* * * * * * *

§ 120. Veterans Health Administration Policy Advisory Commission

(a) ESTABLISHMENT.—There is established the Veterans Health Administration Policy Advisory Commission (in this section referred to as the 'Commission').

(b) MEMBERSHIP.—

(1) COMPOSITION.—The Commission shall be composed of 17 members appointed by the Comptroller General of the United States, of which not fewer than 2 shall be veterans.

(2) QUALIFICATIONS.—

(A) IN GENERAL.—An individual is eligible for appointment to the Commission under paragraph (1) if the individual has significant expertise in operating or advising large medical systems, including expertise in quality of care, staffing issues, information technology, artificial intelligence in health care, medical supply chains, procurement of medical supplies, medical facility construction or leasing, medical facility architecture or engineering, medical research, and managed care plans and networks.

(B) EXPERIENCE OF MEMBERS.—In appointing members under paragraph (1), the Comptroller General shall select individuals from backgrounds that reflect the broad diversity of health care received by veterans, including nonprofit health systems, public and private health systems, care furnished by the Veterans Health Administration, and care furnished by the Department of Defense.

(3) ETHICAL DISCLOSURE.—A member of the Commission shall be considered an employee of Congress whose compensation is disbursed by the Secretary of the Senate for purposes of applying subchapter I of chapter 131 of title 5, United States Code, except that a member of the Commission is required to file public financial disclosure reports without regard to their number of days of service or rate of pay.

(c) PERIOD OF APPOINTMENT; VACANCIES.—

(1) TERMS.—A member of the Commission shall be appointed under subsection (b)(1) for a term of 5 years, except that the Comptroller General shall designate staggered terms for the members first appointed.

(2) VACANCIES.—

(A) IN GENERAL.—A vacancy on the Commission shall be filled in the manner in which the original appointment was made and shall be subject to any conditions that applied with respect to the original appointment.

(B) FILLING UNEXPIRED TERM.—An individual chosen to fill a vacancy shall be appointed for the unexpired term of the member replaced.

(3) EXPIRATION OF TERMS.—The term of any member shall not expire before the date on which the member's successor takes office.

(d) MEETINGS.—

(1) FREQUENCY.—The Commission shall meet at the call of the Chairman, but not less frequently than once per year.

(2) QUORUM.—A majority of the members of the Commission shall constitute a quorum, but a lesser number of members may hold meetings.

(e) CHAIRMAN AND VICE CHAIRMAN.—The Comptroller General shall designate one member of the Commission as Chairman and one member of the Commission as Vice Chairman, at the time of appointment of such member and for the term of appointment of such member, except that in the case of vacancy of the Chairmanship or

Vice Chairmanship, the Comptroller General may designate another member for the remainder of that member's term.

(f) DUTIES OF THE COMMISSION.—

(1) REVIEW.—The Commission shall—

(A) review operations at the Veterans Health Administration; and

(B) prepare reports for Congress based on such review, including recommendations to Congress.

(2) TOPICS TO BE REVIEWED.—In conducting a review under paragraph (1)(A), the Commission shall include periodic reviews of the following, taking into consideration other independent assessments in selecting topics to limit duplicative efforts:

(A) Information technology infrastructure at medical facilities of the Department, including with respect to electronic health record systems.

(B) Referrals to care at facilities of the Department and under the Veterans Community Care Program under section 1703 of this title, and factors impacting those referrals.

(C) Access and wait times at medical facilities of the Department and under the Veterans Community Care Program, including both primary and specialty care, and factors impacting those wait times.

(D) The quality of health care furnished by the Department and through the Veterans Community Care Program.

(E) Workforce issues, including workforce performance, recruitment, and retention factors.

(F) Patient satisfaction and customer service at medical facilities of the Department and through the Veterans Community Care Program.

(G) The training of health care providers and the standards of care at facilities of the Department and in the Veterans Community Care Program.

(H) The long-term budgetary outlook of the Veterans Health Administration, as well as key components driving budgetary changes over time.

(I) Procurement of supplies at medical facilities of the Department.

(J) The research program of the Department, including both internal and external research.

(K) Hospital construction, leasing, and capital requirements.

(L) The interaction of care under the Medicare program under title XVIII of the Social Security Act (42 U.S.C. 1395 et seq.), the Medicaid program under title XIX of such Act (42 U.S.C. 1396 et seq.), the TRICARE program under chapter 55 of title 10, and commercial health care plans with care furnished by the Veterans Health Administration.

(3) USE OF EXISTING DATA.—In carrying out the requirements of this subsection, the Commission, to the extent practicable, shall use existing data that has been compiled by the Department, compiled for the Department, or purchased by the Department, including—

(A) data described in subsection (c)(1) of section 1704A of this title; and

(B) the results of the independent assessments conducted under such section.

(4) ISSUES REGARDING VETERAN HEALTH CARE DELIVERY GENERALLY.—In carrying out the requirements of this subsection, the Commission shall review the effect of policies under this title on the delivery of health care services to veterans and assess the implications of changes in health care delivery for veterans under the laws administered by the Secretary.

(5) TRANSMITTAL OF CERTAIN REPORTS.—If the Secretary or the Inspector General of the Department of Veterans Affairs submits to Congress (or a committee of Congress) a report that is required by law and that relates to policies for health care furnished under the laws administered by the Secretary, the Secretary shall transmit a copy of that report to the Commission.

(6) CONSULTATION AND ADDITONAL REVIEWS AND STUDIES.—

(A) CONSULTATION.—In carrying out the requirements of this subsection, the Commission shall consult periodically with the chairmen and ranking members of the Committee on Veterans' Affairs of the Senate and the Committee on Veterans' Affairs of the House of Representatives regarding the agenda of the Commission and progress towards achieving that agenda.

(B) ADDITIONAL REVIEWS AND REPORTS.—The Commission may conduct additional reviews, and may submit additional reports to the Committee on Veterans' Affairs of the Senate and the Committee on Veterans' Affairs of the House of Representatives, from time to time on such topics relating to the activities of the Commission as may be requested by the Chairman and members and as the Commission determines appropriate.

(C) SPECIAL STUDIES.—The Commission may conduct special studies requested by the chairman or ranking member of the Committee on Veterans' Affairs of the Senate or the Committee on Veterans' Affairs of the House of Representatives and as the Commission determines appropriate.

(7) COORDINATION.—In carrying out reviews, preparing reports, and conducting studies under this section, the Commission shall, to the extent practicable, coordinate with the Inspector General of the Department to ensure the work of the Commission does not interfere with investigations or remediations underway by the Inspector General.

(8) BUDGETARY CONSIDERATIONS.—Before making any recommendations to Congress, the Commission shall examine the budget consequences of such recommendations, directly or through consultation with appropriate expert entities.

(9) REPORT.—

(A) IN GENERAL.—By not later than March 15 of each year, the Commission shall submit to Congress a report containing the results and recommendations from the review conducted under paragraph (1).

(B) INCLUSION OF RECOMMENDATIONS.—A recommendation may be included in a report under subparagraph (A)

if a simple majority of the members of the Commission vote to include the recommendation in the report.

(g) POWERS OF COMMISSION.—

(1) IN GENERAL.—The Commission may—

(A) employ and fix the compensation of an Executive Director (at a rate of pay not greater than that provided for level III of the Executive Schedule under section 5314 of title 5) and such other personnel as may be necessary to carry out the duties of the Commission, without regard to the provisions of title 5 governing appointments in the competitive service;

(B) seek such assistance and support as may be required in the performance of its duties from appropriate departments and agencies of the United States or departments or agencies of a State;

(C) enter into contracts or make other arrangements, as may be necessary for the conduct of the work of the Commission (without regard to section 3709 of the Revised Statutes (41 U.S.C. 6101));

(D) make advance, progress, and other payments that relate to the work of the Commission;

(E) provide transportation and subsistence for individuals serving the Commission without compensation; and

(F) prescribe such rules and regulations as the Commission determines necessary with respect to the internal organization and operation of the Commission.

(2) DATA COLLECTION.—In order to carry out its functions, the Commission shall—

(A) utilize existing information, both published and unpublished, if possible, collected and assessed either by its own staff or under other arrangements made in accordance with this section;

(B) carry out, or award grants or contracts for, original research and experimentation, if existing information is inadequate; and

(C) adopt procedures allowing any interested party to submit information for use by the Commission in making reports and recommendations.

(3) INFORMATION FROM FEDERAL AGENCIES.—

(A) IN GENERAL.—The Commission may secure directly from any relevant department or agency of the United States health care information the Chairman determines would be helpful to enable the Commission to carry out this section.

(B) TIMING.—Upon request of the Chairman, the head of a department or agency of the United States shall furnish information requested under subparagraph (A) to the Commission on an agreed upon schedule or not later than 180 days after the date of the request.

(h) COMPENSATION.—

(1) MEMBERS.—

(A) IN GENERAL.—While conducting the business of the Commission (including travel time), a member of the Commission shall be entitled to compensation at the per diem

equivalent of the rate provided for level IV of the Executive Schedule under section 5315 of title 5.

(B) TRAVEL EXPENSES.—While conducting the business of the Commission away from home and the regular place of business of the member, a member may be allowed travel expenses, as authorized by the Chairman.

(2) PHYSICIAN COMPARABILITY ALLOWANCE FOR PERSONNEL.—The Commission may provide a physician comparability allowance to physicians serving as personnel of the Commission in the same manner as physicians of the Federal Government may be provided such an allowance by an agency under section 5948 of title 5, and for such purpose, subsection (i) of such section shall apply to the Commission in the same manner as it applies to the Tennessee Valley Authority.

(3) TREATMENT OF PERSONNEL.—For purposes of pay (other than pay of members of the Commission) and employment benefits, rights, and privileges, all personnel of the Commission shall be treated as if they were employees of the United States Senate.

(i) DETAIL OF FEDERAL EMPLOYEES.—An employee of the Federal Government may be detailed to the Commission without reimbursement and without interruption or loss of civil service status or privileges.

(j) ACCESS OF CONGRESSIONAL SUPPORT AGENCIES TO INFORMATION.—The Commission shall provide to the Comptroller General, the Congressional Research Service, and the Congressional Budget Office unrestricted access to all deliberations, records, and nonproprietary data of the Commission not later than 30 days after such access is requested.

(k) AUTHORIZATION OF APPROPRIATIONS.—

(1) REQUEST FOR APPROPRIATIONS.—The Commission shall submit requests for appropriations in the same manner as the Comptroller General submits requests for appropriations, but amounts appropriated for the Commission shall be separate from amounts appropriated for the Comptroller General.

(2) AUTHORIZATION.—There are authorized to be appropriated such sums as may be necessary to carry out this section.

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