

118TH CONGRESS
2D SESSION

H. R. 10267

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

IN THE HOUSE OF REPRESENTATIVES

DECEMBER 3, 2024

Mr. BOST (for himself and Mr. BILIRAKIS) introduced the following bill; which was referred to the Committee on Veterans' Affairs

A BILL

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

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

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

4 (a) SHORT TITLE.—This Act may be cited as the
5 “Complete the Mission Act of 2024”.

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

Sec. 1. Short title; table of contents.

TITLE I—IMPROVEMENT OF VETERANS COMMUNITY CARE
PROGRAM

- Sec. 101. Codification of requirements for eligibility standards for access to community care from Department of Veterans Affairs.
- Sec. 102. Requirement that Secretary notify veterans of eligibility for care under Veterans Community Care Program.
- Sec. 103. Consideration under Veterans Community Care Program of veteran preference for care and need for caregiver or attendant.
- Sec. 104. Notification of denial of request for care under Veterans Community Care Program.
- Sec. 105. Discussion of telehealth options under Veterans Community Care Program.
- Sec. 106. Use of value-based reimbursement models under Veterans Community Care Program.
- Sec. 107. Extension of deadline for submittal of claims by health care entities and providers under prompt payment standard.

TITLE II—OTHER HEALTH CARE MATTERS

- Sec. 201. Plan on establishment of interactive, online self-service module for care.
- Sec. 202. Publication of wait times for care at medical centers of Department of Veterans Affairs.
- Sec. 203. Modification of requirements for Center for Innovation for Care and Payment of the Department of Veterans Affairs and requirement for pilot program.
- Sec. 204. Standardized process to determine eligibility of covered veterans for participation in certain mental health treatment programs.
- Sec. 205. Reports.

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

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

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

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

12 “(a) **ELIGIBILITY STANDARDS FOR ACCESS TO COM-**
 13 **MUNITY CARE.**—(1) A covered veteran shall be eligible to

1 elect to receive non-Department hospital care, medical
2 services, or extended care services, excluding nursing home
3 care, through the Veterans Community Care Program
4 under section 1703 of this title pursuant to subsection
5 (d)(1)(D) of such section using the following eligibility ac-
6 cess standards:

7 “(A) With respect to primary care, mental
8 health care, or extended care services, excluding
9 nursing home care, if the Department cannot sched-
10 ule an in-person appointment for the covered veteran
11 with a health care provider of the Department who
12 can provide the needed service—

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

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

1 “(B) With respect to specialty care, if the De-
2 partment cannot schedule an in-person appointment
3 for the covered veteran with a health care provider
4 of the Department who can provide the needed serv-
5 ice—

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

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

19 “(2) For the purposes of determining the eligibility
20 of a covered veteran for care or services under paragraph
21 (1), the Secretary shall not take into consideration the
22 availability of telehealth appointments from the Depart-
23 ment when determining whether the Department is able
24 to furnish such care or services in a manner that complies
25 with the eligibility access standards under such paragraph.

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

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

15 “(b) APPLICATION.—The Secretary shall ensure that
16 the eligibility access standards established under sub-
17 section (a) apply—

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

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

24 “(c) PERIODIC REVIEW OF ACCESS STANDARDS.—
25 Not later than three years after the date of the enactment

1 of the Complete the Mission Act of 2024, and not less
2 frequently than once every three years thereafter, the Sec-
3 retary shall—

4 “(1) conduct a review of the eligibility access
5 standards under subsection (a) in consultation
6 with—

7 “(A) such Federal entities as the Secretary
8 considers appropriate, including the Depart-
9 ment of Defense, the Department of Health and
10 Human Services, and the Centers for Medicare
11 & Medicaid Services;

12 “(B) entities and individuals in the private
13 sector, including—

14 “(i) veteran patients;

15 “(ii) veterans service organizations;

16 and

17 “(iii) health care providers partici-
18 pating in the Veterans Community Care
19 Program under section 1703 of this title;

20 and

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

23 “(2) submit to the appropriate committees of
24 Congress a report on—

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

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

7 (2) by striking subsection (g);

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

10 (4) in subsection (d), as redesignated by para-
11 graph (3)—

12 (A) by striking “established” each place it
13 appears; and

14 (B) in paragraph (1), by striking “(1)
15 Subject to” and inserting “COMPLIANCE BY
16 COMMUNITY CARE PROVIDERS WITH ACCESS
17 STANDARDS.—(1) Subject to”;

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

19 (A) in paragraph (1)—

20 (i) by striking “(1) Consistent with”
21 and inserting “DETERMINATION REGARD-
22 ING ELIGIBILITY.—(1) Consistent with”;
23 and

24 (ii) by striking “designated access
25 standards established under this section”

1 and inserting “eligibility access standards
2 under subsection (a)”;

3 (B) in paragraph (2)(B), by striking “des-
4 ignated access standards established under this
5 section” and inserting “eligibility access stand-
6 ards under subsection (a)”;

7 (6) in subsection (f), as redesignated by para-
8 graph (2)—

9 (A) in the matter preceding paragraph (1),
10 by striking “In this section” and inserting
11 “DEFINITIONS.—In this section”;

12 (B) in paragraph (2)—

13 (i) by striking “covered veterans” and
14 inserting “covered veteran”;

15 (ii) by striking “veterans described”
16 and inserting “a veteran described”.

17 (b) CONFORMING AMENDMENTS.—Section 1703(d)
18 of such title is amended—

19 (1) in paragraph (1)(D), by striking “des-
20 ignated access standards developed by the Secretary
21 under section 1703B of this title” and inserting “eli-
22 gibility access standards under section 1703B(a) of
23 this title”;

24 (2) in paragraph (3), by striking “designated
25 access standards developed by the Secretary under

1 section 1703B of this title” and inserting “eligibility
2 access standards under section 1703B(a) of this
3 title”.

4 **SEC. 102. REQUIREMENT THAT SECRETARY NOTIFY VET-**
5 **ERANS OF ELIGIBILITY FOR CARE UNDER**
6 **VETERANS COMMUNITY CARE PROGRAM.**

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

10 “(5)(A) The Secretary shall notify each covered vet-
11 eran in writing of the eligibility of such veteran for care
12 or services under this section as soon as possible, but not
13 later than two business days, after the date on which a
14 veteran eligible for such care or services under this section
15 seeks care or services.

16 “(B) With respect to each covered veteran eligible for
17 care or services under subsection (d), the Secretary shall
18 provide such veteran periodic reminders, as the Secretary
19 determines appropriate, of their ongoing eligibility under
20 such subsection.

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

1 **SEC. 103. CONSIDERATION UNDER VETERANS COMMUNITY**
2 **CARE PROGRAM OF VETERAN PREFERENCE**
3 **FOR CARE AND NEED FOR CAREGIVER OR AT-**
4 **TENDANT.**

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

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

11 “(G) Whether the covered veteran requests or
12 requires the assistance of a caregiver or attendant
13 when seeking hospital care, medical services, or ex-
14 tended care services.”.

15 **SEC. 104. NOTIFICATION OF DENIAL OF REQUEST FOR**
16 **CARE UNDER VETERANS COMMUNITY CARE**
17 **PROGRAM.**

18 Section 1703 of title 38, United States Code, is
19 amended—

20 (1) by redesignating subsection (o) as sub-
21 section (p); and

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

24 “(o) NOTIFICATION OF DENIAL OF REQUEST FOR
25 CARE AND HOW TO APPEAL.—(1) If a request by a vet-
26 eran for care or services under this section is denied, the

1 Secretary shall notify the veteran in writing as soon as
2 possible, but not later than two business days, after the
3 denial is made—

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

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

8 “(2) If a denial under paragraph (1) is due to not
9 meeting the eligibility access standards under section
10 1703B(a) of this title, notice under such paragraph shall
11 include an explanation for why the Secretary does not con-
12 sider the veteran to have met such standards.

13 “(3) Any notification under this subsection may be
14 provided electronically.”.

15 **SEC. 105. DISCUSSION OF TELEHEALTH OPTIONS UNDER**
16 **VETERANS COMMUNITY CARE PROGRAM.**

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

19 (1) by redesignating subsection (p) as sub-
20 section (q); and

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

23 “(p) DISCUSSION OF OPTIONS FOR TELEHEALTH.—
24 When discussing options for care or services for a covered
25 veteran under this section, the Secretary shall ensure that

1 the veteran is informed of the ability of the veteran to
2 seek care or services via telehealth, either through a med-
3 ical facility of the Department or under this section, if
4 telehealth—

5 “(1) is available to the veteran;

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

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

10 **SEC. 106. USE OF VALUE-BASED REIMBURSEMENT MODELS**

11 **UNDER VETERANS COMMUNITY CARE PRO-**
12 **GRAM.**

13 (a) **IN GENERAL.**—Section 1703(i)(5) of title 38,
14 United States Code, is amended by striking “may” and
15 inserting “shall”.

16 (b) **NEGOTIATION OF TERMS.**—The Secretary of Vet-
17 erans Affairs shall negotiate with Third Party Administra-
18 tors to establish the use of value-based reimbursement
19 models under the Veterans Community Care Program
20 under section 1703 of title 38, United States Code, pursu-
21 ant to the amendment made by subsection (a).

22 (c) **REPORT ON VALUE-BASED REIMBURSEMENT**
23 **MODELS.**—Not later than one year after negotiating
24 under subsection (b) terms to establish the use of value-
25 based reimbursement models under the Veterans Commu-

1 nity Care Program under section 1703 of title 38, United
2 States Code, the Secretary, in consultation with the Cen-
3 ter for Innovation for Care and Payment of the Depart-
4 ment of Veterans Affairs under section 1703E of title 38,
5 United States Code, and the Office of Integrated Veteran
6 Care of the Department, or successor office, shall submit
7 to the Committee on Veterans' Affairs of the Senate and
8 the Committee on Veterans' Affairs of the House of Rep-
9 resentatives a report containing—

10 (1) an assessment of the efforts of the Depart-
11 ment pursuant to section 1703(i)(5) of such title, as
12 amended by subsection (a), to incorporate value-
13 based reimbursement models to promote the provi-
14 sion of high-quality care to veterans; and

15 (2) such recommendations for legislative or ad-
16 ministrative action as the Secretary considers appro-
17 priate to increase the use of value-based reimburse-
18 ment models throughout the Veterans Community
19 Care Program under section 1703 of such title.

20 (d) RULE OF CONSTRUCTION.—This section shall not
21 be construed to be a pilot program subject to the require-
22 ments of section 1703E of title 38, United States Code.

23 (e) THIRD PARTY ADMINISTRATOR DEFINED.—In
24 this section, the term “Third Party Administrator” means
25 an entity that manages a provider network and performs

1 administrative services related to such network under sec-
2 tion 1703 of title 38, United States Code.

3 **SEC. 107. EXTENSION OF DEADLINE FOR SUBMITTAL OF**
4 **CLAIMS BY HEALTH CARE ENTITIES AND**
5 **PROVIDERS UNDER PROMPT PAYMENT**
6 **STANDARD.**

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

9 **TITLE II—OTHER HEALTH CARE**
10 **MATTERS**

11 **SEC. 201. PLAN ON ESTABLISHMENT OF INTERACTIVE, ON-**
12 **LINE SELF-SERVICE MODULE FOR CARE.**

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

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

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

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

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

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

12 (b) SUBMITTAL OF PLAN.—

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

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

1 report containing any updates on the implementa-
2 tion of such plan.

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

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

11 **SEC. 202. PUBLICATION OF WAIT TIMES FOR CARE AT MED-**
12 **ICAL CENTERS OF DEPARTMENT OF VET-**
13 **ERANS AFFAIRS.**

14 (a) **IN GENERAL.**—Subchapter I of chapter 17 of title
15 38, United States Code, is amended by inserting after sec-
16 tion 1703F the following new section:

17 **“§ 1703G. Publication of wait times for care at med-**
18 **ical centers**

19 “(a) **IN GENERAL.**—The Secretary shall publish on
20 a publicly available internet website of the Department the
21 average wait time for a veteran to schedule an appoint-
22 ment at each medical center of the Department for the
23 receipt of primary care, specialty care, and mental health
24 care measured from the date of request for the appoint-
25 ment to the date on which the care was provided.

1 “(b) UPDATE.—The Secretary shall update the wait
2 times published under subsection (a) not less frequently
3 than monthly.”.

4 (b) CLERICAL AMENDMENT.—The table of sections
5 at the beginning of such subchapter is amended by insert-
6 ing after the item relating to section 1703F the following
7 new item:

“1703G. Publication of wait times for care at medical centers.”.

8 **SEC. 203. MODIFICATION OF REQUIREMENTS FOR CENTER**
9 **FOR INNOVATION FOR CARE AND PAYMENT**
10 **OF THE DEPARTMENT OF VETERANS AF-**
11 **FAIRS AND REQUIREMENT FOR PILOT PRO-**
12 **GRAM.**

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

15 (1) in subsection (a)—

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

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

21 (C) in paragraph (3)—

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

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

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

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

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

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

17 (3) in subsection (f)—

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

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

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

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

5 (5) in subsection (i)—

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

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

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

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

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

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

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

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

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

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

3 (c) PILOT PROGRAM.—

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

14 (5) ANNUAL REPORT.—

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

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

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

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

9 (iv) The cost of the pilot program.

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

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

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

1 **SEC. 204. STANDARDIZED PROCESS TO DETERMINE ELIGI-**
2 **BILITY OF COVERED VETERANS FOR PAR-**
3 **TICIPATION IN CERTAIN MENTAL HEALTH**
4 **TREATMENT PROGRAMS.**

5 (a) **STANDARDIZED SCREENING PROCESS.**—Not
6 later than one year after the date of the enactment of this
7 Act, the Secretary of Veterans Affairs shall establish a
8 standardized screening process to determine, based on
9 clinical need, whether a covered veteran satisfies criteria
10 for priority or routine admission to a covered treatment
11 program.

12 (b) **ELIGIBILITY CRITERIA.**—

13 (1) **IN GENERAL.**—Under the standardized
14 screening process required by subsection (a), a cov-
15 ered veteran shall be eligible for priority admission
16 to a covered treatment program if the covered vet-
17 eran meets criteria that include, but are not limited
18 to, the following:

19 (A) Symptoms that—

20 (i) significantly affect activities of
21 daily life; and

22 (ii) increase the risk of such veteran
23 for adverse outcomes.

24 (B) An unsafe living situation.

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

1 (D) A determination of being a high risk
2 for suicide.

3 (E) Risk factors for overdose.

4 (F) Non-responsive, relapsed, or unable to
5 find recovery from one other course of treat-
6 ment, such as outpatient or intensive outpatient
7 treatment.

8 (G) Other such criteria as the Secretary
9 determines appropriate.

10 (2) CONSIDERATION.—In making a determina-
11 tion under paragraph (1), the Secretary shall con-
12 sider any referral of a health care provider of a cov-
13 ered veteran for such covered veteran to be admitted
14 to a covered treatment program.

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

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

23 (2) determined eligible for priority admission to
24 a covered treatment program is admitted to such

1 covered treatment program not later than 48 hours
2 after the date of such determination.

3 (d) ACCESS STANDARDS FOR ROUTINE ADMIS-
4 SION.—The Secretary shall include the standardized
5 screening process under this section in the wait time ac-
6 cess standards for eligibility for mental health care under
7 section 1703(d) of such title established by the Secretary
8 under section 1703B of such title.

9 (e) CONDITIONS UNDER WHICH CARE SHALL BE
10 FURNISHED THROUGH NON-DEPARTMENT PROVIDERS.—
11 If the Secretary determines a covered veteran to be eligible
12 for either priority or routine admission to a covered treat-
13 ment program pursuant to the standardized screening
14 process required by subsection (a), and the Secretary is
15 unable to admit such covered veteran to a clinically nec-
16 essary covered treatment program at a facility of the De-
17 partment of Veterans Affairs within 30 minutes average
18 driving time (or such shorter period as the Secretary may
19 prescribe) of the veteran's residence; and within 20 days
20 (or such shorter period as the Secretary may prescribe)
21 of the date of request for veterans eligible for routine ad-
22 mission, or within 48 hours (or such shorter period as the
23 Secretary may prescribe) for veterans deemed eligible for
24 priority admission unless a later date has been agreed to

1 by the veteran in consultation with their Department
2 health care provider.

3 (f) DEFINITIONS.—In this section:

4 (1) The term “covered treatment program”—

5 (A) means a mental health residential re-
6 habilitation treatment program of the Depart-
7 ment of Veterans Affairs;

8 (B) a program of the Department for resi-
9 dential care for mental health and substance
10 abuse disorders;

11 (C) includes—

12 (i) the programs designated as of the
13 date of the enactment of this section as
14 domiciliary residential rehabilitation treat-
15 ment programs; and

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

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

23 (2) The term “covered veteran” means a vet-
24 eran described in section 1703(b) of title 38, United
25 States Code.

1 **SEC. 205. REPORTS.**

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

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

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

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

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

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

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

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

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

16 (7) The timeliness of each such appeal.

17 (8) The outcome of each such appeal.

18 (c) VETERANS SERVICE ORGANIZATION DEFINED.—

19 In this section, the term “veterans service organization”
20 means any organization recognized by the Secretary under
21 section 5902 of title 38, United States Code.

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