

118TH CONGRESS
1ST SESSION

S. 1315

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

IN THE SENATE OF THE UNITED STATES

APRIL 26, 2023

Mr. MORAN (for himself and Ms. SINEMA) introduced the following bill; which was read twice and referred to the Committee on Veterans' Affairs

A BILL

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

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

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

4 (a) SHORT TITLE.—This Act may be cited as the
5 “Veterans’ Health Empowerment, Access, Leadership,
6 and Transparency for our Heroes (HEALTH) Act of
7 2023”.

8 (b) TABLE OF CONTENTS.—The table of contents for
9 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. Finality of decision by veteran and veteran's referring provider.
- Sec. 107. Outreach regarding care and services under Veterans Community Care Program.
- Sec. 108. Plan to improve administration of care under Veterans Community Care Program.
- Sec. 109. Use of value-based reimbursement models under Veterans Community Care Program.
- Sec. 110. Extension of deadline for submittal of claims by health care entities and providers under prompt payment standard.
- Sec. 111. Inspector General assessment of implementation of Veterans Community Care Program.

TITLE II—OTHER HEALTH CARE MATTERS

- Sec. 201. Strategic plan on transition of Veterans Health Administration to value-based health care model.
- Sec. 202. Plan on establishment of interactive, online self-service module for care.
- Sec. 203. Publication of wait times for care at medical centers of Department of Veterans Affairs.
- Sec. 204. Documentation of preferences of veterans for scheduling of appointments for care.
- Sec. 205. Staffing model and performance metrics for certain employees of the Department of Veterans Affairs.
- Sec. 206. Modification of requirements for Center for Innovation for Care and Payment of the Department of Veterans Affairs and requirement for pilot program.
- Sec. 207. Online health education portal for veterans enrolled in patient enrollment system of Department of Veterans Affairs.
- Sec. 208. 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
14 elect to receive non-Department hospital care, medical
15 services, or extended care services, excluding nursing home
16 care, through the Veterans Community Care Program
17 under section 1703 of this title pursuant to subsection
18 (d)(1)(D) of such section using the following eligibility ac-
19 cess standards:

20 “(A) With respect to primary care, mental
21 health care, or extended care services, excluding
22 nursing home care, if the Department cannot sched-
23 ule an appointment for the covered veteran with a
24 health care provider of the Department who can pro-
25 vide the needed service—

1 “(i) within 30 minutes average driving
2 time (or such shorter average driving time as
3 the Secretary may prescribe) from the residence
4 of the veteran unless a longer average driving
5 time has been agreed to by the veteran in con-
6 sultation with a health care provider of the vet-
7 eran; and

8 “(ii) within 20 days (or such shorter pe-
9 riod as the Secretary may prescribe) of the date
10 of request for such an appointment unless a
11 later date has been agreed to by the veteran in
12 consultation with a health care provider of the
13 veteran.

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

18 “(i) within 60 minutes average driving
19 time (or such shorter average driving time as
20 the Secretary may prescribe) from the residence
21 of the veteran unless a longer average driving
22 time has been agreed to by the veteran in con-
23 sultation with a health care provider of the vet-
24 eran; and

1 “(ii) within 28 days (or such shorter pe-
2 riod as the Secretary may prescribe) of the date
3 of request for such an appointment unless a
4 later date has been agreed to by the veteran in
5 consultation with a health care provider of the
6 veteran.

7 “(2) For the purposes of determining the eligibility
8 of a covered veteran for care or services under paragraph
9 (1), the Secretary shall not take into consideration the
10 availability of telehealth appointments from the Depart-
11 ment when determining whether the Department is able
12 to furnish such care or services in a manner that complies
13 with the eligibility access standards under such paragraph.

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

21 “(4) If a veteran agrees to a longer average drive
22 time or a later date under subparagraph (A) or (B) of
23 paragraph (1), the Secretary shall document the agree-
24 ment to such longer average drive time or later date in
25 the electronic health record of the veteran and provide the

1 veteran a copy of such documentation. Such copy may be
2 provided electronically.

3 “(b) APPLICATION.—The Secretary shall ensure that
4 the eligibility access standards established under sub-
5 section (a) apply—

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

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

12 “(c) PERIODIC REVIEW OF ACCESS STANDARDS.—
13 Not later than three years after the date of the enactment
14 of the Veterans’ Health Empowerment, Access, Leader-
15 ship, and Transparency for our Heroes (HEALTH) Act
16 of 2023, and not less frequently than once every three
17 years thereafter, the Secretary shall—

18 “(1) conduct a review of the eligibility access
19 standards under subsection (a) in consultation
20 with—

21 “(A) such Federal entities as the Secretary
22 considers appropriate, including the Depart-
23 ment of Defense, the Department of Health and
24 Human Services, and the Centers for Medicare
25 & Medicaid Services;

1 “(B) entities and individuals in the private
2 sector, including—

3 “(i) veteran patients;

4 “(ii) veterans service organizations;

5 and

6 “(iii) health care providers partici-
7 pating in the Veterans Community Care
8 Program under section 1703 of this title;

9 and

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

12 “(2) submit to the appropriate committees of
13 Congress a report on—

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

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

20 (2) by striking subsection (g);

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

23 (4) in subsection (d), as redesignated by para-
24 graph (3)—

1 (A) by striking “established” each place it
2 appears; and

3 (B) in paragraph (1), by striking “(1)
4 Subject to” and inserting “COMPLIANCE BY
5 COMMUNITY CARE PROVIDERS WITH ACCESS
6 STANDARDS.—(1) Subject to”;

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

8 (A) in paragraph (1)—

9 (i) by striking “(1) Consistent with”
10 and inserting “DETERMINATION REGARD-
11 ING ELIGIBILITY.—(1) Consistent with”;
12 and

13 (ii) by striking “designated access
14 standards established under this section”
15 and inserting “eligibility access standards
16 under subsection (a)”;

17 (B) in paragraph (2)(B), by striking “des-
18 ignated access standards established under this
19 section” and inserting “eligibility access stand-
20 ards under subsection (a)”;

21 (6) in subsection (f), as redesignated by para-
22 graph (2)—

23 (A) in the matter preceding paragraph (1),
24 by striking “In this section” and inserting
25 “DEFINITIONS.—In this section”; and

1 (B) in paragraph (2)—

2 (i) by striking “covered veterans” and
3 inserting “covered veteran”; and

4 (ii) by striking “veterans described”
5 and inserting “a veteran described”.

6 (b) CONFORMING AMENDMENTS.—Section 1703(d)
7 of such title is amended—

8 (1) in paragraph (1)(D), by striking “des-
9 igned access standards developed by the Secretary
10 under section 1703B of this title” and inserting “eli-
11 gibility access standards under section 1703B(a) of
12 this title”; and

13 (2) in paragraph (3), by striking “designated
14 access standards developed by the Secretary under
15 section 1703B of this title” and inserting “eligibility
16 access standards under section 1703B(a) of this
17 title”.

18 **SEC. 102. REQUIREMENT THAT SECRETARY NOTIFY VET-**
19 **ERANS OF ELIGIBILITY FOR CARE UNDER**
20 **VETERANS COMMUNITY CARE PROGRAM.**

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

24 “(5)(A) The Secretary shall notify each covered vet-
25 eran in writing of the eligibility of such veteran for care

1 or services under this section as soon as possible, but not
2 later than two business days, after the date on which the
3 Secretary is aware that the veteran is seeking care or serv-
4 ices and is eligible for such care or services under this
5 section.

6 “(B) With respect to each covered veteran eligible for
7 care or services under subsection (d), the Secretary shall
8 provide such veteran periodic reminders, as the Secretary
9 determines appropriate, of their ongoing eligibility under
10 such subsection.

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

13 **SEC. 103. CONSIDERATION UNDER VETERANS COMMUNITY**
14 **CARE PROGRAM OF VETERAN PREFERENCE**
15 **FOR CARE AND NEED FOR CAREGIVER OR AT-**
16 **TENDANT.**

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

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

23 “(G) Whether the covered veteran requests or
24 requires the assistance of a caregiver or attendant

1 when seeking hospital care, medical services, or ex-
2 tended care services.”.

3 **SEC. 104. NOTIFICATION OF DENIAL OF REQUEST FOR**
4 **CARE UNDER VETERANS COMMUNITY CARE**
5 **PROGRAM.**

6 Section 1703 of title 38, United States Code, is
7 amended—

8 (1) by redesignating subsection (o) as sub-
9 section (p); and

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

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

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

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

22 “(2) If a denial under paragraph (1) is due to not
23 meeting the eligibility access standards under section
24 1703B(a) of this title, notice under such paragraph shall

1 include an explanation for why the Secretary does not con-
2 sider the veteran to have met such standards.

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

5 **SEC. 105. DISCUSSION OF TELEHEALTH OPTIONS UNDER**
6 **VETERANS COMMUNITY CARE PROGRAM.**

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

9 (1) by redesignating subsection (p) as sub-
10 section (q); and

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

13 “(p) DISCUSSION OF OPTIONS FOR TELEHEALTH.—

14 When discussing options for care or services for a covered
15 veteran under this section, the Secretary shall ensure that
16 the veteran is informed of the ability of the veteran to
17 seek care or services via telehealth, either through a med-
18 ical facility of the Department or under this section, if
19 telehealth—

20 “(1) is available to the veteran;

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

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

1 **SEC. 106. FINALITY OF DECISION BY VETERAN AND VET-**
2 **ERAN'S REFERRING PROVIDER.**

3 (a) IN GENERAL.—Section 1703 of title 38, United
4 States Code, as amended by sections 104 and 105, is fur-
5 ther amended—

6 (1) by redesignating subsection (q) as sub-
7 section (r); and

8 (2) by inserting after subsection (p) the fol-
9 lowing new subsection (q):

10 “(q) FINALITY OF DECISION BY VETERAN AND RE-
11 FERRING PROVIDER.—An agreement by a covered veteran
12 and the covered veteran’s referring provider under this
13 section regarding the best medical interest of the covered
14 veteran or regarding eligibility for care or services under
15 this section, including an agreement under subsection
16 (d)(1)(E), is final and may not be changed by the Depart-
17 ment without the knowledge and consent, documented in
18 writing, of the covered veteran and the provider unless
19 there is a statutory or regulatory barrier preventing the
20 Department from providing the care or services in ques-
21 tion.”.

22 (b) CONFORMING AMENDMENT.—Section
23 1703(d)(1)(E) of title 38, United States Code, is amended
24 by striking “referring clinician” and inserting “referring
25 provider”.

1 **SEC. 107. OUTREACH REGARDING CARE AND SERVICES**
2 **UNDER VETERANS COMMUNITY CARE PRO-**
3 **GRAM.**

4 (a) IN GENERAL.—Section 1703 of title 38, United
5 States Code, as amended by sections 104, 105, and 106,
6 is further amended—

7 (1) by redesignating subsection (r) as sub-
8 section (s); and

9 (2) by inserting after subsection (q) the fol-
10 lowing new subsection (r):

11 “(r) OUTREACH REGARDING AVAILABILITY OF CARE
12 AND SERVICES.—(1) The Secretary shall—

13 “(A) conduct public outreach to inform veterans
14 of—

15 “(i) the conditions for eligibility for care or
16 services under subsections (d) and (e);

17 “(ii) how to request such care or services;
18 and

19 “(iii) how to appeal a denial of a request
20 for such care or services using the clinical ap-
21 peals process of the Veterans Health Adminis-
22 tration; and

23 “(B) ensure that information about eligibility
24 for care or services under subsections (d) and (e) is
25 prominently displayed on the website of the Depart-

1 ment and included in other outreach campaigns and
 2 activities conducted by the Secretary.

3 “(2) Upon enrollment of a veteran in the system of
 4 annual patient enrollment established and operated under
 5 section 1705 of this title, and not less frequently than
 6 every two years thereafter, the Secretary shall directly in-
 7 form the veteran of—

8 “(A) the conditions for eligibility for care or
 9 services under subsections (d) and (e);

10 “(B) how to request such care or services; and

11 “(C) how to appeal a denial of a request for
 12 such care or services using the clinical appeals proc-
 13 ess of the Veterans Health Administration.

14 “(3) The Secretary shall ensure that each medical fa-
 15 cility of the Department publicly displays information re-
 16 garding—

17 “(A) the conditions for eligibility of veterans for
 18 care or services under subsections (d) and (e);

19 “(B) how to request such care or services; and

20 “(C) how to appeal a denial of a request for
 21 such care or services using the clinical appeals proc-
 22 ess of the Veterans Health Administration.”.

23 (b) TRANSITIONAL SERVICES UPON SEPARATION
 24 FROM ARMED FORCES.—Section 1144(f)(1)(B)(i) of title
 25 10, United States Code, is amended by inserting “, includ-

1 ing how to enroll in the system of annual patient enroll-
2 ment established and operated under section 1705 of title
3 38, the ability to seek care and services under sections
4 1703 and 1710 of such title” before the semicolon.

5 (c) SOLID START PROGRAM.—Section 6320(a)(2)(A)
6 of title 38, United States Code, is amended by inserting
7 “, including how to enroll in the system of annual patient
8 enrollment established and operated under section 1705
9 of this title and the ability to seek care and services under
10 sections 1703 and 1710 of this title” before the semicolon.

11 (d) COMPTROLLER GENERAL REPORT ON OUT-
12 REACH.—Not later than two years after the date of the
13 enactment of this Act, the Comptroller General of the
14 United States shall submit to Congress a report on the
15 efforts of the Department of Veterans Affairs to ensure
16 that veterans are informed of the conditions for eligibility
17 for care and services under section 1703 of title 38,
18 United States Code, including outreach conducted under
19 subsection (r) of such section, as added by subsection (a)
20 of this section.

21 **SEC. 108. PLAN TO IMPROVE ADMINISTRATION OF CARE**
22 **UNDER VETERANS COMMUNITY CARE PRO-**
23 **GRAM.**

24 (a) IN GENERAL.—The Secretary of Veterans Af-
25 fairs, working with Third Party Administrators and acting

1 through the Center for Innovation for Care and Payment
2 of the Department of Veterans Affairs under section
3 1703E of title 38, United States Code, shall develop and
4 implement a plan—

5 (1) to provide monetary and non-monetary in-
6 centives to health care providers specified in sub-
7 section (c) of section 1703 of title 38, United States
8 Code, furnishing care or services under the Veterans
9 Community Care Program under such section pursu-
10 ant to an agreement with a Third Party Adminis-
11 trator—

12 (A) to allow the Secretary and Third Party
13 Administrators to see the scheduling system of
14 the provider for purposes of assessing avail-
15 ability and assisting with scheduling appoint-
16 ments for veterans under such program, includ-
17 ing through synchronous, asynchronous, and
18 asynchronous assisted digital scheduling;

19 (B) to complete training for continuing
20 professional education credit regarding veteran
21 cultural competency and other subjects as de-
22 termined appropriate by the Secretary and to
23 better account for equivalent or similar non-De-
24 partment training;

1 (C) to improve the rate of the timely re-
2 turn to the Department of medical record docu-
3 mentation for care or services provided under
4 such program;

5 (D) to improve the timeliness and quality
6 of the delivery of care and services to veterans
7 under such program; and

8 (E) to achieve such other objectives as de-
9 termined appropriate by the Secretary in con-
10 sultation with Third Party Administrators;

11 (2) to decrease the rate of no-show appoint-
12 ments under such program and consider the feasi-
13 bility and advisability of appropriately compensating
14 such health care providers for no-show appointments
15 under such program; and

16 (3) within each region in which such program
17 is carried out, to assess needed specialties and
18 incentivize community providers in those specialties
19 to participate in such program.

20 (b) VALUE-BASED REIMBURSEMENT MODELS.—In
21 developing the plan under subsection (a), the Secretary
22 and Third Party Administrators shall explore value-based
23 reimbursement models authorized to be used under section
24 1703(i)(5) of title 38, United States Code, to achieve the
25 goals under such subsection.

1 (c) SUBMITTAL OF PLAN.—

2 (1) INITIAL PLAN.—Not later than 180 days
3 after the date of the enactment of this Act, the Sec-
4 retary shall submit to the Committee on Veterans'
5 Affairs of the Senate and the Committee on Vet-
6 erans' Affairs of the House of Representatives the
7 plan developed under subsection (a).

8 (2) QUARTERLY UPDATE.—Not less frequently
9 than quarterly during the five-year period following
10 the submittal of the plan under paragraph (1), the
11 Secretary shall submit to the Committee on Vet-
12 erans' Affairs of the Senate and the Committee on
13 Veterans' Affairs of the House of Representatives a
14 report containing any updates on the implementa-
15 tion of such plan.

16 (3) USE OF VALUE-BASED REIMBURSEMENT
17 MODELS.—The Secretary shall include with the plan
18 submitted under paragraph (1) and any report sub-
19 mitted under paragraph (2)—

20 (A) a complete list of the value-based reim-
21 bursement models considered under the plan;

22 (B) an indication of whether any such
23 model has been put into practice; and

24 (C) with respect to any such model that
25 was considered but not put into practice, a de-

1 description of the reasons such model was not put
2 into practice.

3 (d) NO PENALTY FOR NOT MEETING OBJECTIVES.—
4 Health care providers specified in section 1703(c) of title
5 38, United States Code, shall not be penalized for not
6 meeting an objective under paragraph (1) of subsection
7 (a) included in the plan required under such subsection.

8 (e) RULE OF CONSTRUCTION.—This section shall not
9 be construed to be a pilot program subject to the require-
10 ments of section 1703E of title 38, United States Code.

11 (f) THIRD PARTY ADMINISTRATOR DEFINED.—In
12 this section, the term “Third Party Administrator” means
13 an entity that manages a provider network and performs
14 administrative services related to such network under sec-
15 tion 1703 of title 38, United States Code.

16 **SEC. 109. USE OF VALUE-BASED REIMBURSEMENT MODELS**
17 **UNDER VETERANS COMMUNITY CARE PRO-**
18 **GRAM.**

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

22 (b) NEGOTIATION OF TERMS.—The Secretary of Vet-
23 erans Affairs shall negotiate with Third Party Administra-
24 tors to establish the use of value-based reimbursement
25 models under the Veterans Community Care Program

1 under section 1703 of title 38, United States Code, pursu-
2 ant to the amendment made by subsection (a).

3 (c) REPORT ON VALUE-BASED REIMBURSEMENT
4 MODELS.—Not later than one year after negotiating
5 under subsection (b) terms to establish the use of value-
6 based reimbursement models under the Veterans Commu-
7 nity Care Program under section 1703 of title 38, United
8 States Code, the Secretary, in consultation with the Cen-
9 ter for Innovation for Care and Payment of the Depart-
10 ment of Veterans Affairs under section 1703E of title 38,
11 United States Code, and the Office of Integrated Veteran
12 Care of the Department, or successor office, shall submit
13 to the Committee on Veterans' Affairs of the Senate and
14 the Committee on Veterans' Affairs of the House of Rep-
15 resentatives a report containing—

16 (1) an assessment of the efforts of the Depart-
17 ment pursuant to section 1703(i)(5) of such title, as
18 amended by subsection (a), to incorporate value-
19 based reimbursement models to promote the provi-
20 sion of high-quality care to veterans; and

21 (2) such recommendations for legislative or ad-
22 ministrative action as the Secretary considers appro-
23 priate to increase the use of value-based reimburse-
24 ment models throughout the Veterans Community
25 Care Program under section 1703 of such title.

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

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

9 **SEC. 110. EXTENSION OF DEADLINE FOR SUBMITTAL OF**
 10 **CLAIMS BY HEALTH CARE ENTITIES AND**
 11 **PROVIDERS UNDER PROMPT PAYMENT**
 12 **STANDARD.**

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

15 **SEC. 111. INSPECTOR GENERAL ASSESSMENT OF IMPLE-**
 16 **MENTATION OF VETERANS COMMUNITY**
 17 **CARE PROGRAM.**

18 (a) IN GENERAL.—Not later than three years after
 19 the date of the enactment of this Act, and periodically
 20 thereafter as the Inspector General of the Department of
 21 Veterans Affairs considers appropriate, the Inspector Gen-
 22 eral shall assess the performance of each medical center
 23 of the Department of Veterans Affairs in—

1 (1) appropriately identifying veterans eligible
2 for care and services under section 1703 of title 38,
3 United States Code;

4 (2) informing veterans of their eligibility for
5 such care and services, including, if appropriate and
6 applicable, the availability of such care and services
7 via telehealth;

8 (3) delivering such care and services in a timely
9 manner; and

10 (4) appropriately coordinating such care and
11 services.

12 (b) COMMENCEMENT OF ASSESSMENT.—Not later
13 than one year after the date of the enactment of this Act,
14 the Inspector General of the Department shall commence
15 the initial assessment required by subsection (a).

16 **TITLE II—OTHER HEALTH CARE**
17 **MATTERS**

18 **SEC. 201. STRATEGIC PLAN ON TRANSITION OF VETERANS**
19 **HEALTH ADMINISTRATION TO VALUE-BASED**
20 **HEALTH CARE MODEL.**

21 (a) FINDINGS.—Congress makes the following find-
22 ings:

23 (1) The final report of the Creating Options for
24 Veterans' Expedited Recovery Commission (com-
25 monly referred to as the "COVER Commission") es-

1 tablished under section 931 of the Jason Simcakoski
2 Memorial and Promise Act (title IX of Public Law
3 114–198; 38 U.S.C. 1701 note) submitted under
4 subsection (e)(2) of such section made a key rec-
5 ommendation to transform the current health care
6 delivery model of the Department of Veterans Af-
7 fairs into one that is person-centered, relationship-
8 based, and recovery-focused, and to support that
9 transformation with a system that is value-based
10 and incentivized for continuous innovation and qual-
11 ity improvement.

12 (2) The consensus study report of the Health
13 and Medicine Division of the National Academies of
14 Sciences, Engineering, and Medicine dated February
15 2022 and entitled, “Achieving Whole Health: A New
16 Approach for Veterans and the Nation” recommends
17 the Veterans Health Administration adopt a value-
18 based model to align with delivering whole health
19 care.

20 (3) The consensus study report of the National
21 Academy of Medicine dated October 2020 found that
22 a value-based care model helps reduce physician
23 burnout.

24 (4) The National Academy of Medicine has de-
25 veloped a widely accepted approach that describes

1 high-value health care as safe, timely, effective, effi-
2 cient, equitable, and patient-centered (STEEEP).
3 Further, the Institute for Healthcare Improvement
4 has translated that approach into a framework for
5 action known as the “Quadruple Aim”. The Quad-
6 ruple Aim is made up of better patient outcomes,
7 improved patient satisfaction, lower costs, and physi-
8 cian and health care professional well-being.

9 (5) Health care systems that have made the
10 transition to value-based care have seen a significant
11 decrease in suicides among their patient population,
12 and the top clinical priority of the Veterans Health
13 Administration is suicide prevention.

14 (6) Value-based care programs can encourage
15 providers to work together to deliver coordinated,
16 person-centered care, which will improve the overall
17 quality of care.

18 (7) A critical component of a successful transi-
19 tion to a value-based care delivery model is an oper-
20 ational electronic health record system in place as a
21 foundation.

22 (b) ESTABLISHMENT OF WORKING GROUP.—

23 (1) IN GENERAL.—Not later than 90 days after
24 the date of the enactment of this Act, the Secretary
25 of Veterans Affairs shall establish a working group

1 on the shift of the Veterans Health Administration
2 to a value-based care system.

3 (2) MEMBERSHIP.—

4 (A) REQUIRED MEMBERS.—The working
5 group shall include, at a minimum, the fol-
6 lowing members:

7 (i) The Under Secretary of Veterans
8 Affairs for Health.

9 (ii) The Director of the Office of Men-
10 tal Health and Suicide Prevention of the
11 Department of Veterans Affairs, or suc-
12 cessor office.

13 (iii) The Director of the Office of In-
14 tegrated Veteran Care of the Department,
15 or successor office.

16 (iv) The Director of the Office of
17 Rural Health of the Department, or suc-
18 cessor office.

19 (v) The Director of the Office of Con-
20 nected Care of the Department, or suc-
21 cessor office.

22 (vi) The Director of the Office of In-
23 formation and Technology of the Depart-
24 ment, or successor office.

1 (vii) The Chief Officer of the Office of
2 Healthcare Innovation and Learning of the
3 Office of Discovery, Education, and Affil-
4 iate Networks of the Veterans Health Ad-
5 ministration, or successor office.

6 (viii) An individual designated by the
7 Secretary from the Center for Innovation
8 for Care and Payment of the Department
9 under section 1703E of title 38, United
10 States Code.

11 (ix) An individual designated by the
12 Administrator of the Centers for Medicare
13 & Medicaid Services from the Center for
14 Medicare and Medicaid Innovation.

15 (x) An individual designated by the
16 Secretary of Health and Human Services
17 from the Federal Office of Rural Health
18 Policy of the Health Resources and Serv-
19 ices Administration.

20 (B) OPTIONAL MEMBERS.—The Secretary
21 of Veterans Affairs may appoint any of the fol-
22 lowing individuals as members of the working
23 group:

24 (i) An individual representing the
25 Health and Medicine Division of the Na-

1 tional Academies of Sciences, Engineering,
2 and Medicine.

3 (ii) An individual designated by the
4 Chairman of the Veterans' Expedited Re-
5covery Commission (commonly referred to
6 as the "COVER Commission") established
7 under section 931 of the Jason Simcakoski
8 Memorial and Promise Act (title IX of
9 Public Law 114–198; 38 U.S.C. 1701
10 note).

11 (iii) Three individuals representing a
12 private health care system that has made
13 the transition to value-based care.

14 (iv) Three individuals representing a
15 health care provider participating in the
16 Veterans Community Care Program under
17 section 1703 of title 38, United States
18 Code, that operates under a value-based
19 care model.

20 (v) An individual representing an or-
21 ganization recognized by the Secretary of
22 Veterans Affairs under section 5902 of
23 title 38, United States Code.

24 (3) EXEMPTION FROM APPLICATION OF
25 FACAs.—Chapter 10 of title 5, United States Code,

1 shall not apply to the working group established
2 under paragraph (1).

3 (c) DEVELOPMENT OF STRATEGIC PLAN.—

4 (1) IN GENERAL.—Not later than one year
5 after the establishment of the working group under
6 subsection (b), the working group shall develop a
7 strategic plan to shift the Veterans Health Adminis-
8 tration to a value-based care system.

9 (2) ELEMENTS.—The strategic plan required
10 under paragraph (1) shall contain the following ele-
11 ments:

12 (A) An identification of the current state
13 of the Veterans Health Administration, includ-
14 ing an assessment of the current model of
15 health care delivery used by the Veterans
16 Health Administration in medical facilities of
17 the Department of Veterans Affairs and
18 through the Veterans Community Care Pro-
19 gram under section 1703 of title 38, United
20 States Code, in comparison to a value-based
21 care system.

22 (B) An analysis of the leadership of the
23 Veterans Health Administration, including an
24 assessment of leadership acumen and ability to
25 implement a shift with a clear, shared vision

1 and effective change management and care co-
2 ordination.

3 (C) An identification of goals for the fu-
4 ture of the Veterans Health Administration.

5 (D) An identification and classification of
6 the current capabilities and gaps of the health
7 care system of the Department of Veterans Af-
8 fairs.

9 (E) An analysis of the four main types of
10 value-based care models, including—

11 (i) a selection of the model that best
12 fits a successful transition for the Veterans
13 Health Administration; and

14 (ii) a thorough justification of the se-
15 lection of such model.

16 (F) A definition of what quality means
17 with respect to access to health care and deliv-
18 ery of health care.

19 (G) A definition of what value means with
20 respect to care furnished by the Veterans
21 Health Administration, a system, with metrics,
22 for measuring value within the Veterans Health
23 Administration that includes outcomes, safety,
24 service, access, and total cost of patient care,
25 and an analysis of variable value with respect to

1 patient outcomes across different health care
2 types and specialities.

3 (H) An assessment of the current informa-
4 tion technology infrastructure of the Veterans
5 Health Administration and any recommenda-
6 tions to make such infrastructure more robust.

7 (I) An assessment of the workforce chal-
8 lenges and needs of the Veterans Health Ad-
9 ministration, including with respect to recruit-
10 ment and retention and the effectiveness of the
11 ability of the performance appraisal system of
12 the Veterans Health Administration to appro-
13 priately incentivize and reward employees and
14 ensure adherence to relevant statutes, regula-
15 tions, policy directives, and treatment guide-
16 lines.

17 (J) An assessment of the current value-
18 driven framework of the Department for evalu-
19 ating health care innovations and how that
20 framework could be used to propel a shift in the
21 model of care delivery by the Department.

22 (K) A focus on value-based care for pri-
23 mary care, inpatient and outpatient mental
24 health care, and inpatient and outpatient sub-
25 stance use treatment.

1 (L) A description of the timeline, costs,
2 and legislative or administrative action nec-
3 essary to transition the Veterans Health Ad-
4 ministration to a value-based care system.

5 (d) SUBMITTAL OF STRATEGIC PLAN TO CON-
6 GRESS.—Not later than 30 days after the completion by
7 the working group established under subsection (b) of the
8 strategic plan required under subsection (c), the Secretary
9 of Veterans Affairs shall submit the strategic plan to the
10 Committee on Veterans' Affairs of the Senate and the
11 Committee on Veterans' Affairs of the House of Rep-
12 resentatives.

13 (e) PILOT PROGRAM IMPLEMENTATION OF STRA-
14 TEGIC PLAN.—

15 (1) IN GENERAL.—Not later than 180 days
16 after the submittal under subsection (d) of the stra-
17 tegic plan required under subsection (c), the Sec-
18 retary of Veterans Affairs shall commence a five-
19 year pilot program to implement the strategic plan.

20 (2) CARE INCLUDED.—The pilot program under
21 paragraph (1) shall include the implementation of
22 the strategic plan for the delivery by the Veterans
23 Health Administration of primary care, inpatient
24 and outpatient mental health treatment, and inpa-
25 tient and outpatient substance use treatment.

1 (3) LOCATIONS.—The Secretary shall carry out
2 the pilot program under paragraph (1) in four Vet-
3 erans Integrated Service Networks that are geo-
4 graphically dispersed and shall include the following:

5 (A) A Veterans Integrated Service Net-
6 work that predominately serves veterans in
7 rural and highly rural areas.

8 (B) A Veterans Integrated Service Net-
9 work that predominately serves veterans in
10 urban areas.

11 (C) A Veterans Integrated Service Net-
12 work that has a high rate of suicide among vet-
13 erans.

14 (D) A Veterans Integrated Service Net-
15 work that has a high rate of substance use dis-
16 order among veterans.

17 (E) A Veterans Integrated Service Net-
18 work with a documented issue with workforce
19 recruitment and retention.

20 (4) REPORTS TO CONGRESS.—

21 (A) ANNUAL REPORT.—Not later than one
22 year after the commencement of the pilot pro-
23 gram, and annually thereafter during the dura-
24 tion of the pilot program, the Secretary shall

1 submit to Congress a report on the pilot pro-
2 gram.

3 (B) FINAL REPORT.—Not later than 180
4 days before the conclusion of the pilot program,
5 the Secretary shall submit to Congress a final
6 report on the pilot program that includes a plan
7 and timeline for full implementation of the stra-
8 tegic plan required under subsection (c) across
9 the entire Veterans Health Administration.

10 **SEC. 202. PLAN ON ESTABLISHMENT OF INTERACTIVE, ON-**
11 **LINE SELF-SERVICE MODULE FOR CARE.**

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

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

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

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

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

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

10 (b) SUBMITTAL OF PLAN.—

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

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

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

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

9 **SEC. 203. PUBLICATION OF WAIT TIMES FOR CARE AT MED-**
 10 **ICAL CENTERS OF DEPARTMENT OF VET-**
 11 **ERANS AFFAIRS.**

12 (a) IN GENERAL.—Subchapter I of chapter 17 of title
 13 38, United States Code, is amended by inserting after sec-
 14 tion 1703F the following new section:

15 **“§ 1703G. Publication of wait times for care at med-**
 16 **ical centers**

17 “(a) IN GENERAL.—The Secretary shall publish on
 18 a publicly available internet website of the Department the
 19 average wait time for a veteran to schedule an appoint-
 20 ment at each medical center of the Department for the
 21 receipt of primary care, specialty care, and mental health
 22 care measured from the date of request for the appoint-
 23 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. 204. DOCUMENTATION OF PREFERENCES OF VET-**
9 **ERANS FOR SCHEDULING OF APPOINTMENTS**
10 **FOR CARE.**

11 (a) IN GENERAL.—Upon enrollment of a veteran in
12 the system of annual patient enrollment of the Depart-
13 ment of Veterans Affairs established and operated under
14 section 1705(a) of title 38, United States Code, and not
15 less frequently than annually thereafter, the Secretary of
16 Veterans Affairs shall solicit from the veteran the pref-
17 erence of the veteran for scheduling of appointments for
18 health care and related services furnished by the Depart-
19 ment, including through non-Department providers.

20 (b) DOCUMENTATION OF PREFERENCE.—Pref-
21 erences provided by a veteran pursuant to subsection (a)
22 shall be documented on My HealtheVet or another system
23 designated by the Secretary that allows the veteran to
24 change such preferences at any time.

1 (c) INCLUSION IN PREFERENCE.—Preferences solic-
2 ited under subsection (a) shall include the following:

3 (1) How and when the veteran prefers to be
4 contacted by the Department about an appointment
5 for health care.

6 (2) Whether the veteran prefers to schedule
7 their own appointments, if able.

8 (3) Whether the veteran prefers to select their
9 own provider, if able.

10 (4) Whether the veteran prefers appointments
11 to be scheduled during certain days or times.

12 (5) Whether the veteran is willing to consider
13 telehealth appointments.

14 (d) USE OF PREFERENCE.—The Secretary shall
15 make the preferences provided under subsection (a) easily
16 accessible to medical support assistants and other staff of
17 the Department assisting in the appointment scheduling
18 process to use to improve the timeliness of the scheduling
19 of appointments for health care and related services fur-
20 nished by the Department, including through non-Depart-
21 ment providers.

22 **SEC. 205. STAFFING MODEL AND PERFORMANCE METRICS**
23 **FOR CERTAIN EMPLOYEES OF THE DEPART-**
24 **MENT OF VETERANS AFFAIRS.**

25 (a) STAFFING MODEL.—

1 (1) IN GENERAL.—Not later than one year
2 after the date of the enactment of this Act, the Sec-
3 retary of Veterans Affairs shall—

4 (A) develop, validate, and implement a
5 staffing model for the Office of Integrated Vet-
6 eran Care of the Department of Veterans Af-
7 fairs, or successor office, Veterans Integrated
8 Services Networks, and medical centers of the
9 Department that includes appropriate target
10 staffing levels nationally, regionally, and locally
11 to ensure timely access to care and effectively
12 oversee the provision of care by the Depart-
13 ment, whether at a facility of the Department
14 or through a non-Department provider; and

15 (B) provide to Congress a briefing on such
16 staffing model, which shall include—

17 (i) the metrics and measures used by
18 the Secretary in developing such staffing
19 model; and

20 (ii) an analysis of how such staffing
21 model compares to the staffing models of
22 other relevant government and private sec-
23 tor health care systems.

24 (2) REPORT ON IMPLEMENTATION OF STAFF-
25 ING MODEL.—Not later than one year after imple-

1 menting the staffing model required under para-
2 graph (1), the Secretary shall submit to Congress
3 and the Comptroller General of the United States a
4 report containing—

5 (A) an update on such implementation;

6 and

7 (B) information on the outcomes yielded
8 by such staffing model in terms of improved ac-
9 cess to care for veterans and improved compli-
10 ance with relevant laws, regulations, policy di-
11 rectives, and guidance governing access to care.

12 (b) PERFORMANCE METRICS.—

13 (1) IN GENERAL.—Not later than one year
14 after the date of the enactment of this Act, the Sec-
15 retary shall develop and implement a plan to incor-
16 porate appropriate performance metrics and ac-
17 countability measures within the performance ap-
18 praisal systems for employees of the Department
19 specified in paragraph (2).

20 (2) EMPLOYEES OF THE DEPARTMENT SPECI-
21 FIED.—Employees of the Department specified in
22 this paragraph are employees who are responsible
23 for ensuring timely access to care from the Depart-
24 ment, compliance with relevant statutes and regula-
25 tions relating to the provision of care, including sec-

1 tion 1703 of title 38, United States Code, and over-
2 seeing the provision of care, whether at a facility of
3 the Department or through a non-Department pro-
4 vider, including employees within the Office of Inte-
5 grated Veteran Care of the Department, or suc-
6 cessor office, employees of a Veterans Integrated
7 Service Network, and employees of a medical center
8 of the Department.

9 (3) REPORT ON IMPLEMENTATION OF PER-
10 FORMANCE METRICS.—Not later than one year after
11 implementing the performance metrics required
12 under paragraph (1), the Secretary shall submit to
13 Congress and the Comptroller General of the United
14 States a report containing—

15 (A) an update on such implementation;

16 and

17 (B) information on the outcomes yielded
18 by such performance metrics in terms of im-
19 proved access to care for veterans and improved
20 compliance with relevant laws, policy directives,
21 and guidance governing access to care.

22 (c) COMPTROLLER GENERAL REPORT.—Not later
23 than two years after receiving the report under subsection
24 (a)(2) or the report under subsection (b)(3), whichever oc-

1 curs later, the Comptroller General of the United States
2 shall submit to Congress a report—

3 (1) assessing the performance of the Office of
4 Integrated Veteran Care of the Department, or suc-
5 cessor office, in improving access to care for vet-
6 erans in facilities of the Department and pursuant
7 to section 1703 of title 38, United States Code; and

8 (2) containing such recommendations as the
9 Comptroller General considers appropriate relating
10 to improving access to such care.

11 **SEC. 206. MODIFICATION OF REQUIREMENTS FOR CENTER**
12 **FOR INNOVATION FOR CARE AND PAYMENT**
13 **OF THE DEPARTMENT OF VETERANS AF-**
14 **FAIRS AND REQUIREMENT FOR PILOT PRO-**
15 **GRAM.**

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

18 (1) in subsection (a)—

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

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

24 (C) in paragraph (3)—

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

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

6 (iii) by adding at the end the fol-
7 lowing new subparagraph:

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

10 (2) by striking subsection (d) and inserting the
11 following new subsection (d):

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

19 (3) in subsection (f)—

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

1 (B) in paragraph (2), in the matter pre-
2 ceding subparagraph (A), by striking “waiving
3 any authority” and inserting “waiving any pro-
4 vision of this title”;

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

7 (5) in subsection (i)—

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

21 (B) in paragraph (2), by striking “rep-
22 resentatives of relevant Federal agencies, and
23 clinical and analytical experts with expertise in
24 medicine and health care management” and in-
25 serting “representatives of relevant Federal

1 agencies, nonprofit organizations, and other
2 public and private sector entities, including
3 those with clinical and analytical experts with
4 expertise in medicine and health care manage-
5 ment”; and

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

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

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

16 “(2) an assessment of the outcomes of the ef-
17 forts of the Center.”.

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

22 (1) on the efforts of the Center for Innovation
23 for Care and Payment of the Department of Vet-
24 erans Affairs in fulfilling the objectives and require-

1 ments under section 1703E of title 38, United
2 States Code, as amended by subsection (a); and

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

5 (c) PILOT PROGRAM.—

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

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

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

1 (B) Areas with high rates of suicide among
2 veterans.

3 (C) Areas with high rates of overdose
4 deaths among veterans.

5 (D) Areas with high rates of calls to the
6 Veterans Crisis Line.

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

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

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

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

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

1 (C) continuous assessment of patient needs
2 and goals; and

3 (D) creating personalized, proactive care
4 plans.

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

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

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

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

16 (5) ANNUAL REPORT.—

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

1 (i) The number of unique veterans
2 who participated in the pilot program.

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

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

11 (iv) The cost of the pilot program.

12 (v) Such other matters as the Sec-
13 retary considers appropriate.

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

23 (6) VETERANS CRISIS LINE DEFINED.—In this
24 subsection, the term “Veterans Crisis Line” means

1 the toll-free hotline for veterans established under
2 section 1720F(h) of title 38, United States Code.

3 **SEC. 207. ONLINE HEALTH EDUCATION PORTAL FOR VET-**
4 **ERANS ENROLLED IN PATIENT ENROLLMENT**
5 **SYSTEM OF DEPARTMENT OF VETERANS AF-**
6 **FAIRS.**

7 Not later than one year after the date of the enact-
8 ment of this Act, the Secretary of Veterans Affairs shall
9 establish an online health education portal that includes
10 interactive online educational modules to ensure veterans
11 enrolled in the patient enrollment system of the Depart-
12 ment of Veterans Affairs established and operated under
13 section 1705(a) of title 38, United States Code, under-
14 stand their basic health care eligibilities and entitlements
15 under the laws administered by the Secretary, including
16 under the Veterans Community Care Program under sec-
17 tion 1703 of such title.

18 **SEC. 208. REPORTS.**

19 (a) **REPORT ON IMPROVEMENTS TO CLINICAL AP-**
20 **PEALS PROCESS.**—Not later than one year after the date
21 of the enactment of this Act, and not less frequently than
22 once every three years thereafter, the Secretary of Vet-
23 erans Affairs, in consultation with veterans service organi-
24 zations, veterans, caregivers of veterans, employees of the
25 Department of Veterans Affairs, and other stakeholders

1 as determined by the Secretary, shall submit to the Com-
2 mittee on Veterans' Affairs of the Senate and Committee
3 on Veterans' Affairs of the House of Representatives a
4 report containing recommendations for legislative or ad-
5 ministrative action to improve the clinical appeals process
6 of the Department with respect to timeliness, trans-
7 parency, objectivity, consistency, and fairness.

8 (b) REPORT ON REQUIRED CARE AND SERVICES
9 UNDER COMMUNITY CARE PROGRAM.—Not later than
10 one year after the date of the enactment of this Act, and
11 not less frequently than annually thereafter, the Secretary
12 shall submit to the Committee on Veterans' Affairs of the
13 Senate and Committee on Veterans' Affairs of the House
14 of Representatives a report that contains, for the one-year
15 period preceding the date of the report, the following:

16 (1) The number of veterans eligible for care or
17 services under section 1703 of title 38, United
18 States Code, and the reasons for such eligibility, in-
19 cluding multiple such reasons for veterans eligible
20 under more than one eligibility criteria.

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

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

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

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

6 (6) The number of requests for an appeal of a
7 denial of care or services under such section using
8 the clinical appeals process of the Veterans Health
9 Administration.

10 (7) The timeliness of each such appeal.

11 (8) The outcome of each such appeal.

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

○