

H.R. XXXX

SECTION-BY-SECTION SUMMARY

Section 1: Short Title; Table of Contents.

- Would establish the short title as the “Senator Elizabeth Dole 21st Century Veterans Healthcare and Benefits Improvement Act”.

TITLE I – MATTERS RELATING TO HEALTHCARE

Subtitle A - Veterans Community Care Program Matters

Sec. 101. Finality of decisions by veteran and referring clinician under veterans community care program.

- Would prohibit the Secretary during a two-year period beginning 180 days after the date of enactment from overriding an agreement based on best medical interest between a veteran and the referring provider unless a statutory or regulatory barrier exists that prevents the provision of such care and services.
- Would require the Secretary to submit a report not later than one year and not later than two years after the commencement to include the number of instances of care provided, the type of care provided, and the cost of such care.

Based on H.R. 3520, Veteran Care Improvement Act of 2023 (Rep. Mariannette Miller-Meeks R-IA); S. 1315, Veterans’ Health Empowerment, Access, Leadership, and Transparency for our Heroes (HEALTH) Act of 2023 (Sen. Jerry Moran R-KS); S. 2649, Making Community Care Work for Veterans Act of 2023 (Sen. Jon Tester D-MT)

Sec. 102. Outreach regarding care and services under veterans community care program.

- Would require the Secretary to conduct outreach to inform veterans of the conditions needed for community care eligibility, how to request such care and services, and how to appeal denial of requests upon enrollment in the VA healthcare system and continue to do so every two years thereafter.
- Would require the Secretary ensure that information regarding care and services under the community care program is publicly displayed in each medical facility, on the website of VA, and included in other outreach campaigns.
- Would require the inclusion of information on how to enroll in the system of annual patient enrollment in the transition assistance program established under Title 10.
- Would include this information in the Solid Start Program.
- Would require the Comptroller General submit a report to Congress no later than two years after enactment on the efforts of the Secretary in ensuring veterans are informed of the conditions for eligibility for care and service under the community care program.

Based on H.R. 3520, Veteran Care Improvement Act of 2023 (Rep. Mariannette Miller-Meeks R-IA); S. 1315, Veterans’ Health Empowerment, Access, Leadership, and Transparency for our Heroes (HEALTH) Act of 2023 (Sen. Jerry Moran R-KS)

Sec. 103. Annual review and report on waivers of certain payment rates under veterans community care program.

- Would require the Secretary to conduct an annual review of waivers of payment rates for Third Party Administrators to identify if such waivers help alleviate community specific challenges such as scarcity of medical services associated with access to health care.
- Would require the Secretary to submit an in-depth report to Congress on the results no later than 180 days after enactment.

Based on S. 2649, Making Community Care Work for Veterans Act of 2023 (Sen. Jon Tester D-MT)

Sec. 104. Modification of requirements for standards for quality of care from Department of Veterans Affairs.

- Would require that the Secretary ensures that quality standards are established comparable to industry standards to ensure adequate data transfers between care provided by the Department and Non-Department providers.
- Would require that no metric is being over or under analyzed.
- Would require the Secretary, in establishing quality standards, utilizes current practices for extracting and analyzing relevant data, all relevant data is utilized, the use of time and resources is used efficiently, and collaboration occurs between non-governmental entities including Third Party Administrators.
- Would require the Secretary to update standards for quality not less frequently than once every five years and would require a report to Congress no later than 30 days after the Secretary makes any such standard updates.
- Would require the Secretary make the first update to the standard for quality not later than five years after the summary report of initial quality standards implementation is submitted to Congress.
- Would require the Secretary to publish the quality ratings on CMMS' Hospital Compare website not later than three years after establishing the quality standards.
- Would require the Secretary to submit a report to Congress one year after enactment on how specific entities were and continue to be consulted and how the VA intends to leverage data sciences to improve standards for quality care.
- Would require the Secretary no later than two years after enactment to implement the amendments made including by updating the standards for quality in Section 1703C USC 38 and submit a report to Congress detailing the standards for quality updated to such amendments.
- Would require the Secretary no later than 180 days after enactment to enter one of more contracts with a non-department entity to conduct an audit on quality of care to include assessments of methodology used, assessments of accuracy and reliability of data sources, the extent to which standards are compatible with industry and easily accessible, and any recommendations for improvements.
- Would require the Secretary to report to Congress no later than 60 days after the audit is complete to include audit findings and recommendations and planned improvements.

Based on S. 2649, Making Community Care Work for Veterans Act of 2023 (Sen. Jon Tester D-MT)

Sec. 105. Standardized process to determine eligibility of covered veterans for participation in mental health residential treatment programs of the Department of Veterans Affairs.

- Would require the Secretary not later than one year after enactment to establish a standardized screening process to determine based on clinical need whether a veteran satisfies criteria for priority or routine admission to a residential treatment program for mental health or substance abuse disorders.

- Would require eligibility criteria for priority admission to include symptoms that: affect activities of daily living, increase the risk of adverse outcomes, veterans living in unsafe situations, veterans at high risk for suicide, a risk for overdose, or veterans who have been non-responsive, relapsed, or unable to find recovery from one other course of treatment, and any other criteria the Secretary may deem appropriate.
- Would require the Secretary to screen veterans no later than 48 hours after the veteran or provider makes a request for treatment screening.
- Would require the Secretary admit veterans determined eligible for priority admission to the program no later than 48 hours after the date of determination.
- Would require the Secretary to include the Mental Health Residential Rehabilitation Treatment Program in the wait time access standards for eligibility for outpatient mental health care.
- Would require the Secretary to offer a veteran, if a clinically appropriate covered treatment program within the veteran's state of residence is not available within the wait time standards, the choice to receive care at another Department facility or at a non-Department care facility that can admit within the wait time standards and has established or enters into a contract or agreement with the Department.
- Would sunset the authority of the Secretary to make a determination two years after the date of implementation.

Based on H.R. 3520, Veteran Care Improvement Act of 2023 (Rep. Mariannette Miller-Meeks R-IA); S. 1315, Veterans' Health Empowerment, Access, Leadership, and Transparency for our Heroes (HEALTH) Act of 2023 (Sen. Jerry Moran R-KS); S. 2649, Making Community Care Work for Veterans Act of 2023 (Sen. Jon Tester D-MT)

Sec. 106. Improvements to Department of Veterans Affairs mental health residential rehabilitation treatment program.

- Would require the Secretary to fulfill the requirements of this section no later than one year after enactment and to update operational guidance on the Mental Health Residential Rehabilitation Treatment Program (Program).
- Would require the Secretary to develop metrics to track facility and VISN performance regarding screening and both routine and priority timely admission to the Program.
- Would require the Secretary to provide eligible veterans with a list of residential rehabilitation locations that meet the care needs of the veterans, including familial and occupational considerations, and provide or pay for transportation for eligible veterans from their residence to and back from the Program.
- Would require the Secretary to consider input preferences from the veteran with respect to program specialty, subtype, treatment track, and geographic placement.
- Would require the Secretary to develop a national policy and associated procedures for a veteran or representative/provider of a veteran to file a clinical appeal if denied admission or not placed in a timely manner.
 - Would require the development of timeliness standards and would require the Secretary to review and respond to all appeals no later than 72 hours after receiving.
 - Would require the Secretary to develop and make public guidance on the appeals process by a veteran or provider.
- Would require the Secretary to create a method to track availability and wait times of the Program across VA facilities, VISNs, and non-Department providers and make the information available in real time to the extent practical to facility mental health coordinators, Medical Center and VISN leadership, and the Undersecretary for Health.

- Would require the Secretary to update, implement, and track annual training for staff in the Program regarding referrals, screening, admission, placement decisions and appeals, as well as include training within 60 days of beginning employment on procedures for care of veterans waiting admission.
- Would require the Secretary provide care options for veterans waiting between the time of screening and admission into the program.
- Would require the Secretary ensure care plans are in place during the period between detoxification services or inpatient services and admission and communicate that plan to the veteran, primary care provider and facility of the Program where the veteran will be residing.
 - Would require the Secretary ensure completion of a care plan prior to the veteran being discharged from the program to include follow-up treatment of care.
 - Would require non-Department Programs to share all care records and work in consultation with the Department on any required care plans.
- Would require the Secretary to issue a report to Congress within two years of enactment on the changes to guidance, operation, and oversight of the Program and make recommendations for administrative or legislative actions on funding constraints or disincentives to use of the Program.
- Would require the Secretary to report annually on the operation of the program including veteran demographics, wait times, locations and capacities, average cost of stay, staffing needs and gaps, locations and beds added or removed, disaggregated by facility, VISN, and non-department facility, and recommendations for changes to the program. However, the Secretary shall not include any data which could compromise the anonymity of a covered veteran.
- Would require the Comptroller General review access to care under the Program no later than two years after the date of enactment and report to Congress.
- Would require the Secretary to sunset this section two years after the date on which the Secretary completes carrying out each requirement.

Based on S. 2649, Making Community Care Work for Veterans Act of 2023 (Sen. Jon Tester D-MT)

Sec. 107. Pilot program to improve administration of care under veterans community care program.

- Would require the Secretary to establish a pilot program and implement a plan that would:
 - Provide monetary and non-monetary incentives to allow TPA access to the scheduling system of community care providers, to complete professional education through VA TRAIN or successor program regarding veteran cultural competency and the opioid safety initiative, to include methods of accounting for similar non-Department training, to improve the timely return of medical record documentation, and to improve the timeliness and quality of the delivery of care and services.
 - Would serve to decrease the rate of no-show appointments.
- Would require annual reports to Congress no later than one year after enactment during the term of the pilot program to include assessments of scheduling system improvements, rate of timely medical record return, timeliness and quality of care, and frequency of no-shows, as well as include a list of continuing professional education training courses and rate of participation, and any other matters the Secretary deems appropriate.

Based on H.R. 3520, Veteran Care Improvement Act of 2023 (Rep. Mariannette Miller-Meeks R-IA); S. 1315, Veterans' Health Empowerment, Access, Leadership, and Transparency for our Heroes (HEALTH) Act of 2023 (Sen. Jerry Moran R-KS)

Sec. 108. Pilot program on consolidating approval process of Department of Veterans Affairs for covered dental care.

- Would require the Secretary to establish a pilot program no later than 180 days after enactment in no less than two VISNs to hire general dentists to manage approval of treatment plans at medical facilities and dental specialists to manage specialty dental care at the VISN level located.
- Would require an initial report to Congress no later than one year after enactment and a final report no later than 90 days before the date of completion of the pilot program.
- The pilot program authority sunsets two years after enactment.

Based on S. 2649, Making Community Care Work for Veterans Act of 2023 (Sen. Jon Tester D-MT)

Sec. 109. Strategic plan on value-based health care system for Veterans Health Administration; pilot program.

- Would require the Secretary to establish a working group no later than one year after enactment, to include the Undersecretary for Health, multiple VHA Directors, and designated individuals from the Center for Innovation for Care and Payment of the Department, the Center for Medicaid and Medicare Innovation of CMS, and the Office of Rural Health Policy of HHS, as well as other optional members as listed and determined by the Secretary.
- Would require that the working group not be subject to FACA.
- Would require the working group to develop a strategic plan to implement value-based care that would include an identification of current state as compared to a value-based care system, analysis of leadership ability to implement change management and care coordination, identification of goals, identification and classification of current capabilities and gaps, an analysis of the four main types of value-based care models, a definition quality and value, a system for measuring and analyzing value, an assessment of IT infrastructure, workforce challenges, and a description of how a value-based care system would apply to primary care, inpatient/outpatient mental health care and inpatient/outpatient substance abuse.
- Would require the Secretary to commence a three-year pilot program no later than 180 days after submission of the strategic plan in four geographically dispersed VISNs, to implement the elements of the strategic plan relating to the delivery by VHA of primary care, inpatient and outpatient mental health treatment and substance abuse treatment, spinal cord injury disorder care, and polytrauma care.
 - Would require the selected VISNs to include the following, predominantly serves veterans in rural, highly rural areas, and urban areas, that has a high rate of suicide and substance use disorders among veterans, and that has access or productivity challenges.
- Would require the Secretary to report to Congress annually and 90 days before the completion of the pilot program.

Based on S. 1315, Veterans' Health Empowerment, Access, Leadership, and Transparency for our Heroes (HEALTH) Act of 2023 (Sen. Jerry Moran R-KS)

Sec. 110. Plan on adoption of certain Health Information Standards for Department of Veterans Affairs and certain health care providers.

- Would require the Secretary in consultation with the Secretary of HHS, the Administrator of CMS, and the National Coordinator for Health Information Technology at HHS, to create and implement a plan to adopt national health information interoperability standards between VA and community health care

providers in the areas of care and benefits coordination, patient identity matching, quality measurement and reporting, and population and public health.

- Would require the Secretary to submit a plan to Congress not later than one year after enactment, to provide at no cost to community providers, a capability to facilitate the electronic direct exchange of veteran health records and documents related to veteran health care.
- Would require the Secretary to provide an initial report to Congress, as well as a biannual report for the next four years, on gaps in national health interoperability standards, analysis of participation of community care providers in the Trusted Exchange Framework and Common Agreement, recommendations for further improvement of health interoperability standards, timelines to implement an interoperability plan, and any legislative authorities needed.

Based on S. 2649, Making Community Care Work for Veterans Act of 2023 (Sen. Jon Tester D-MT)

Sec. 111. Report on use of value-based reimbursement models under veterans community care program.

- Would require the Secretary not later than one year after enactment, in consultation with the Center for Innovation for Care and Payment, the Office of Integrated Veteran Care, and Third-Party Administrators, to report to Congress on value-based reimbursement models, to include an assessment of the efforts to promote high-quality care and recommendations for legislative or administrative action.

Based on H.R. 3520, Veteran Care Improvement Act of 2023 (Rep. Mariannette Miller-Meeks R-IA); S. 1315, Veterans' Health Empowerment, Access, Leadership, and Transparency for our Heroes (HEALTH) Act of 2023 (Sen. Jerry Moran R-KS)

Sec. 112. Inspector General assessment of implementation of veterans community care program.

- Would require the Inspector General to conduct an assessment no later than two years after enactment and periodically thereafter to assess the performance of a representative sample of medical centers in each VISN on the identification of veterans eligible for community care, the informing of veterans of their eligibility, and the delivery of care and services in a timely manner.
- Would require the Inspector General to provide a briefing, no later than six months before the initial assessment, on the plan with regards to frequency of methodology relating to the assessments under this section.

Based on H.R. 3520, Veteran Care Improvement Act of 2023 (Rep. Mariannette Miller-Meeks R-IA); S. 1315, Veterans' Health Empowerment, Access, Leadership, and Transparency for our Heroes (HEALTH) Act of 2023 (Sen. Jerry Moran R-KS)

Sec. 113. Comptroller General report on dentistry under veterans community care program.

- Would require the Comptroller General not later than one year after enactment to submit to Congress a report on dental care furnished by the Secretary under the Community Care Program to include a review of the impact of reimbursements, the satisfaction of dental providers with the process for approving dental care, and the current process for approving emergent dental care.

Based on S. 2649, Making Community Care Work for Veterans Act of 2023 (Sen. Jon Tester D-MT)

Subtitle B – Matters Relating to Nursing Home and Other Long Term Care and Family Caregivers

Sec. 120. Increase of expenditure cap for non-institutional care alternatives to nursing home care.

- Would increase the coverage total cost of providing services or in-kind assistance from 65% to 100% of the cost of nursing home care for veterans seeking non-institutional alternatives to that care and the cost of that care may exceed 100% if the Secretary determines certain factors require the higher cost in the best interest of the veterans or if that veteran has amyotrophic lateral sclerosis, a spinal cord injury, or a condition the Secretary determines to be similar.
- Would apply this increase to fiscal years beginning on or after the date of enactment.
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Based on H.R. 542, Elizabeth Dole Home Care Act of 2023 (Rep. Julia Brownley D-CA and Rep. Jack Bergman R-MI); S. 141, Elizabeth Dole Home Care Act of 2023 (Sen. Jerry Moran R-KS)

Sec. 121. Coordination with Program of All-inclusive Care for the Elderly.

- Would require the Secretary to enter into an agreement with a PACE program if it is operating in a geographical region where the veteran is seeking those services.

Based on H.R. 542, Elizabeth Dole Home Care Act of 2023 (Rep. Julia Brownley D-CA and Rep. Jack Bergman R-MI); S. 141, Elizabeth Dole Home Care Act of 2023 (Sen. Jerry Moran R-KS)

Sec. 122. Authority for Secretary of Veterans Affairs to award contracts or grants to entities to improve provision of mental health support to family caregivers of veterans.

- Would authorize the Secretary to award grants for mental health care to family caregivers participating in the family caregiver program.
- Would require an application for the grant to include a detailed plan for use of the grant, a description of the programs and efforts to meet outcome measures, a description of how grants will be distributed equitably among areas of varying urbanization, and a plan for how grants will meet the unique needs of certain veterans in underserved communities.
- Would require the Secretary to distribute grants equitably across varying levels of urbanization.
- Would require the Secretary to prioritize grants that would serve areas with high rates of veterans enrolled in the family caregiver program and areas with high rates of veteran suicides or referrals to the Veteran Crisis Line.
- Would require grants to be used to expand or to establish new or additional programs, activities, and services.
- Would require the Secretary provide written guidance on outcome measures and Department policies and to consider the goals of increasing utilization of mental health services and reducing barriers to participation.
- Would require the Secretary to establish tracking requirements and report those requirements to Congress annually.
- Would require the Secretary to review the performance of each entity receiving a grant and make that information publicly available.
- Would require an entity who does not meet the outcome measures to submit a remediation plan and would not allow the award of a subsequent grant unless the Secretary approves that plan.
- Would limit the amount of a grant to no more than 10% of the total amounts available for these grants and any funding would supplement not supplant any funding otherwise available to provide mental health support I the program.
- Would require the inclusion of grant recipient information in any regularly mailed outreach materials.

- Would require funds be budgeted and appropriated in a separate appropriations account and authorized at \$10M for FYs 2025 through 2026.

Based on H.R. 3581, COPE Act (Rep. Jen Kiggins R-VA); S. 216, RESPECT Act of 2023 (Sen. Jerry Moran R-KS)

Sec. 123. Home- and community-based services: programs.

- Would require the Secretary to carry out a Veteran-Directed Care Program to provide eligible veterans with funds to obtain in-home care services and related items, to include hiring individuals to provide such services and items.
 - Would authorize the Secretary to enter into agreements with Aging and Disability Resource Centers, area agencies on aging, or State agencies, as well as centers for independent living, Indian Tribes or Tribal organizations receiving certain assistance, and other entities as determined appropriate.
 - Would require the Secretary to administer the program through each medical center of VA and ensure availability in the U.S. territories or possessions and through the Indian Health Service, tribal health programs, Urban Indian organizations, or the Native American health care system, to the extent practicable.
 - Would enable catastrophically disabled veterans to continue to use the funds of this program during a period of their hospitalization.
- Would require the Secretary to carry out a Homemaker and Home Health Aide Program which would authorize agreements with home health agencies to provide home health aide services for eligible veterans.
- Would require the Secretary to carry out a Home-Based Primary Care Program under which in-home health care is authorized and overseen by a provider of the Department.
- Would require the Secretary to carry out a Purchased Skilled Home Care Program under which in-home care services may be provided as determined appropriate.
- Would require the Secretary to provide resident eligible caregivers participating in any of these programs the option to enroll in the general caregiver support program, covered respite of no less than 30 days annually with an option to extend if medically appropriate, and an annual wellness contact.
- Would require that the Veteran-Directed Care program and the Homemaker and Home Health aide program are administered at each medical center of the department not later than two years after enactment.
- Would require the Secretary establish procedures to identify the staffing needs and the roles and responsibilities for personnel responsible for administering the Veteran -Directed Care program, while also requiring the establishment of a staffing model and report to Congress no later than two years after enactment.

Based on H.R. 542, Elizabeth Dole Home Care Act of 2023 (Rep. Julia Brownley D-CA and Rep. Jack Bergman R-MI); S. 141, Elizabeth Dole Home Care Act of 2023 (Sen. Jerry Moran R-KS)

Sec. 124. Coordination with assistance and support services for caregivers.

- Would require the Secretary to provide a veteran or caregiver who has been denied services under or discharged from under the Program of Comprehensive Assistance for Family Caregivers: the option of

enrolling in the program of general caregiver support, if eligible; an assessment for participation in other home-or community-based services with written information about those services.

- Would require the Secretary provide clinically appropriate services under other available programs prior to discharging a veteran or family caregiver from the Program of Comprehensive Assistance for Family Caregivers Program.
- Would require the Secretary to assign a caregiver support coordinator to provide a smooth and personalized transition to each veteran or family caregiver discharged from this program.
- Would require the Secretary to conduct a review on the capacity of the Department to establish a system to contact all caregivers enrolled in the program of general caregiver support services.

Based on H.R. 542, Elizabeth Dole Home Care Act of 2023 (Rep. Julia Brownley D-CA and Rep. Jack Bergman R-MI); S. 141, Elizabeth Dole Home Care Act of 2023 (Sen. Jerry Moran R-KS)

Sec. 125. Improvements to Program of Comprehensive Assistance for Family Caregivers.

- Would require the Secretary include all criteria used to evaluate determinations of eligibility when notifying individuals regarding decisions affecting the furnishing of assistance under this program.
- Would require the Secretary to submit to Congress an annual report containing information that details the number of applications received, number of approvals and denials, number of reassessments, and appeals, all with details regarding demographics, assessment tools, procedures for determining eligibility, and injury specifics.

Based on S. 1792, CARE Act of 2023 (Sen. Jon Tester D-MT and Sen. Mike Braun R-IN)

Sec. 126. Improvements relating to Homemaker and Home Health Aide programs.

- Would require the Secretary no later than 18 months after enactment to establish a three-year pilot program for communities with shortages of home health aides in five geographic locations and authorize the Secretary to hire nursing assistants for in-home care services.
- Would authorize nursing assistants to provide services while part of a health care team under the Home-Based Primary Care program.
- Would require a report to Congress on the pilot as well as a report on the use of funds in this program and the identification of number of veterans and number of hours home health aide was authorized.
- Would require updated guidance no later than one year after enactment on the process for transitioning veterans from the Homemaker and Home Health Aide Program to other programs and the requirement for medical center directors to complete such process when veterans are denied service from home health aide agencies due to clinical needs or behavioral issues.
- Would require the Secretary to submit a report to Congress no later than one year before the date of the termination of the pilot program to include, the results of the program, and an assessment of the feasibility and advisability of extending the program or making it permanent.

Based on H.R. 542, Elizabeth Dole Home Care Act of 2023 (Rep. Julia Brownley D-CA and Rep. Jack Bergman R-MI); S. 141, Elizabeth Dole Home Care Act of 2023 (Sen. Jerry Moran R-KS)

Sec. 127. Pilot program to furnish assisted living services for certain veterans.

- Would require the Secretary to carry out a three-year pilot program, no later than two years after enactment for 60 eligible veterans in two Veterans Integrated Service Networks (VISNs) to assess the effectiveness of providing assisted living services to eligible veterans and assess the satisfaction of the program.
- Would require the Secretary to pilot facilities in geographically diverse regions, at least one of which serves veterans in rural or highly rural areas and include at least one State home.
- Would require the Secretary to enter into agreements with providers participating in a State plan or a recognized State veteran home both of which must meet the standards for community residential care or State veteran home standards.
- Would require the Secretary to pay a facility participating in the pilot program that is a community assisted living facility an amount that is less than the average rate paid by the VA for placement in a community nursing home in the same VISN and re-evaluate payment rates annually to account for current economic conditions and current costs of assisted living.
- Would require the Secretary upon termination of the pilot program to provide all veterans participating in the pilot program at the time of termination the option to continue to receive assisted living services at the site they were assigned to under the program at the expense of the VA.
- Would require the Secretary to report to Congress annually on the specifics of the pilot program to include barriers and challenges, costs, and veteran feedback and provide a final report that also include recommendations for continuation.
- Would require the Inspector General of the Department to assess the quality of care provided and the oversight conducted at such facilities and report to Congress on their findings.
- Would require the Secretary to sunset the program on September 30, 2026 unless the Secretary extends the duration of the pilot program based on the results of the reports submitted, determining such an extension is appropriate.
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Based on H.R. 1815, Expanding Veterans' Options for Long Term Care Act (Rep. Elissa Slotkin D-MI); S. 495, Expanding Veterans' Options for Long Term Care Act (Sen. Jon Tester D-MT and Sen. Jerry Moran R-KS)

Sec. 128. Provision of medicine, equipment, and supplies available to Department of Veterans Affairs to State Homes.

- Would authorize the Secretary to provide medicine, personal protective equipment, medical supplies, and any other equipment, supplies, and assistance to State homes.

Based on S. 1436, CHARGE Act of 2023 (Sen. Jon Tester D-MT)

Sec. 129. Recognition of organizations and individuals to assist veterans, family members, and caregivers navigating programs and services of Veterans Health Administration

- Would require that the Secretary establish a process to recognize organizations and individuals able to assist a veteran, family member, or caregiver navigate programs and services of VHA.
- Would require the Secretary to solicit feedback and recommendations in the creation of this process.
- Would prohibit the recognition for an organization or individual who has not certified that no fee or compensation would be charged for such services.

Based on S. 1792, CARE Act of 2023 (Sen. Jon Tester D-MT and Sen. Mike Braun R-IN)

Sec. 130. Reviews and other improvements relating to home- and community-based services.

- Would require the Undersecretary of Health to conduct a review of each program administered by the Office of Geriatric and Extended Care and the Caregiver Support Program Office to ensure consistency in program management, eliminate service gaps at medical centers, ensure availability of and access to home and community care-based services, and to ensure proper coordination.
- Would require the Secretary to conduct an assessment of staffing for the Office of Geriatric and Extended Care and the Caregiver Support Program Office.
- Would require the Director of the Office of Geriatric and Extended Care to establish quantitative goals to enable veterans not located near medical centers to access extended care services.
- Would require the Director of the Office of Geriatric and Extended Care to establish quantitative goals to address specialty in-home care and education on care for dementia, spinal cord injuries, and ventilator care.
- Would require the Secretary to report to Congress on the findings of the review, results of the assessments, and the establishment of goals for geriatric programs.
- Would require the Secretary to conduct a review of and report to Congress on financial and organizational incentives or disincentives for medical center directors to establish or expand covered programs, provide home- and community-based care, shift spending from institutional to home- and community-based care, and match the progress of CMS for extended care spending.
- Would require the Secretary to conduct a review of the use, availability, and effectiveness of respite care services.
- Would require the Secretary develop recommendations and report to Congress regarding home- and community-based services and the shortage of home health aides in collaboration with the Secretaries of HHS and Labor.
- Would require the Secretary to solicit feedback and recommendations regarding opportunities to enhance home- and community-based services for caregivers.
- Would require the Secretary to collaborate with the Director of Indian Affairs, tribal health programs, and Urban Indian organizations to ensure the availability of home- and community-based services for Native American veterans.

Based on H.R. 542, Elizabeth Dole Home Care Act of 2023 (Rep. Julia Brownley D-CA and Rep. Jack Bergman R-MI); S. 141 Elizabeth Dole Home Care Act of 2023 (Sen. Jerry Moran R-KS)

Sec. 131. GAO report on mental health support for caregivers.

- Would require GAO to submit a report to Congress on the provision of mental health support to caregivers of veterans that assesses the need for mental health support, options for mental health support in VA facilities and in the community, the availability and accessibility of mental health support, and awareness among caregivers of such services as well as barriers.

Based on H.R. 3581, COPE Act (Rep. Jen Kiggins R-VA); S. 216, RESPECT Act of 2023 (Sen. Jerry Moran R-KS)

Sec. 132. Development of centralized website for program information.

- Would require the Secretary to develop and maintain a periodically updated, centralized website as a clearinghouse for information on caregiver programs, that contains an informational assessment tool that explains eligibility, and lists required procedures for directors of medical centers to follow in determining eligibility and suitability for program participation.

Based on H.R. 542, Elizabeth Dole Home Care Act of 2023 (Rep. Julia Brownley D-CA and Rep. Jack Bergman R-MI); S. 141 Elizabeth Dole Home Care Act of 2023 (Sen. Jerry Moran R-KS)

Sec. 133. Definitions.

- Contains definitions used in this title.

Subtitle C – Medical Treatment and Other Matters

Sec. 140. Quarterly report on referrals for non-Department of Veterans Affairs health care.

- Would require the Secretary to submit a quarterly report to Congress regarding referrals for non-Department health care that originate from a medical facility of the Department, to include various time periods between dates when referrals originated, dates when referrals were sent to and accepted by a non-Department provider, and dates referrals are completed.

Based on S. 2649, Making Community Care Work for Veterans Act of 2023 (Sen. Jon Tester D-MT)

Sec. 141. Elimination of certain requirement for certain Department of Veterans Affairs Assistant Under Secretaries

- Would eliminate certain medical career requirements for the positions of some Assistant Undersecretaries.

Based on H.R. 1256, Veterans Health Administration Leadership Transformation Act (Rep. Frank Mvran D-IN)

Sec. 142. Modification of pay limitation for physicians, podiatrists, optometrists, and dentists of Department of Veterans Affairs.

- Would amend Section 7431 of title 38 USC to include optometrists in various stipulations related to pay, expanding the coverage of certain rules and benefits to optometrists as well.
- Would require the Secretary to ensure each physician, podiatrist, optometrist, and dentist, in VHA is advised annually of specific criteria for their compensation, evaluated accordingly, and compensated based on applicable assignment and pay levels, considering relevant pay limitations and how well they meet the set criteria.
- Would require the Secretary to report to Congress no later than 120 days after the end of each fiscal year, to include a list of each facility and specialty that conducted a pay evaluation, outcomes of these evaluations, market pay adjustments made, and a list of facilities that have not conducted an evaluation of market pay within an 18-month period preceding the report's submission.

- Would authorize the Secretary to have some flexibility in compensating the specified professionals, notwithstanding certain pay limitations. This includes the ability to pay awards, recruitment or relocation bonuses, retention allowances, incentives or bonuses, and earning from fee-basis appointments.
- Would allow the Secretary authority to waive pay limitations if deemed necessary for the recruitment or retention of critical health care personnel, with a priority for certain positions, locations, and contracted care. There are also procedural stipulations for reviewing these waivers and the Secretary may not issue more than 300 waivers.
- Would give the Secretary authority to pay retroactive compensation to covered employees for periods where compensation was deferred due to exceeding caps on annual compensation between January 8, 2006, and ending December 31, 2017.
 - Compensation authorized under this subsection shall not be included in the calculation of any aggregate limit on compensation for a covered employee for the year in which it is paid.

Based on S. 10, VA Clinician Appreciation, Recruitment, Education, Expansion, and Retention Support (CAREERS) Act of 2023 (Sen. Jon Tester D-MT and Sen. John Boozman R-AR)

Sec. 143 Reimbursement of ambulance cost for care for certain rural veterans.

- Would require the Secretary to pay or reimburse a covered veteran for the cost of transportation via ambulance from a covered location to a VA facility, a non-Department provider, or the nearest hospital that can meet the needs of the covered veteran.
- Would ensure that if a veteran is covered by a health plan contract any benefit under this section is secondary to that benefit provided by the health plan contract.
- Would ensure that the maximum amount covered under this section for a covered veteran is \$46,000 with a covered veteran and location defined as a veteran with a service-connected disability rated by the Secretary between 0 and 30 percent and is not eligible for payments or reimbursements for beneficiary travel or other transportation, and covered location is defined as a state that is 100 miles or more from the nearest medical center of the VA and in area rated 10 or higher under the rural-urban commuting areas coding system of the Department of Agriculture.
- This section will sunset on September 30, 2026.

Based on S. 2263 The Rural Vital Emergency Transportation Services (VETS) Act (Sen. Dan Sullivan R-AK)

Sec. 144. Pilot program to furnish dental care from the Department of Veterans Affairs to certain veterans diagnosed with ischemic heart disease.

- Would require the Secretary to carry out a two-year dental care pilot program in no more than four states that would furnish dental care to enrolled veterans, who are not eligible for dental services and treatment and have a diagnosis for ischemic heart disease.
- Would require the Secretary to select no fewer than two states and prioritize states with a high proportion of veteran residing in rural or highly rural areas, with clinics utilizing teledentistry, in states without a Department dental clinic, an in states where veterans seek emergency dental services at a high rate.
- Would limit the pilot program to covered veterans who receive health care in facilities in these states.
- Would require the Secretary to test efficacy of mobile dental clinics and portable dental care units.

- Would require the Secretary to work with Third Party Administrators to review the network of dental providers, identifying those who are no longer accepting referrals or not being sent referrals, and those capable of receiving new patients.
- Would require the Secretary to remove any veteran participating in the program who ceases to be a covered veteran on the date that is 90 days after the Secretary determines the participant is no longer covered.
- Would require the Secretary to offer participants, upon pilot termination, continuation of services under the program to complete a treatment plan information on how to enroll in the Department dental insurance plan, information on the VETSmile program or any successor program, or information on those local providers who offer veterans low- or no-cost dental care.
- Would require the Secretary to report to Congress annually and in a final report analyzing various aspects of the pilot and the impact on overall participant health.

Based on H.R. 4150, Improving Whole Health for Veterans with Chronic Conditions Act (Rep. Julia Brownley D-CA); S. 1954, Improving Whole Health for Veterans with Chronic Conditions Act (Sen. Bernie Sanders D-VT)

Sec. 145. Documentation of preferences of veterans for scheduling of appointments for health care under laws administered by Secretary of Veterans Affairs.

- Would require the Secretary not later than one year after enactment to develop a mechanism to solicit information regarding veteran preference for scheduling health care appointments and related services which would include preference for scheduling through non-Department providers.
- Would require that preferences be provided voluntarily and documented in My HealtheVet or another designated system with view and change options for the veteran.
- Would require the inclusion of certain preferences as a minimum and make the preferences easily accessible to staff who assist in the appointment scheduling process.
- Would require the Secretary to solicit feedback from various stakeholders in three geographically diverse VISNs before implementing any mechanism.

Based on S. 1315, Veterans' Health Empowerment, Access, Leadership, and Transparency for our Heroes (HEALTH) Act of 2023 (Sen. Jerry Moran R-KS)

Sec. 146. Staffing model and performance metrics for certain employees of the Department of Veterans Affairs.

- Would require the Secretary to develop and implement a staffing model for the Office of Integrated Veteran Care, or successor office, Veterans Integrated Services Networks, and medical centers which includes target staffing levels to ensure timely access to care and to effectively oversee the provision of care.
- Would require the Secretary to provide Congress with a briefing on the staffing model to include metrics and measurements, and comparisons to staffing models of other relevant health care systems.
- Would require the Secretary to submit a report to Congress and the Comptroller General within one year on the progress on the implementation of and outcomes yielded by of the staffing model.
- Would require the Secretary to develop and implement a plan to incorporate performance metrics and accountability measures within performance appraisal systems for those employees responsible for providing timely access to care.
- Would require the Secretary to submit a report to Congress and the Comptroller General within one year on the implementation of and outcomes yielded by performance metrics.

- Would require GAO to submit a report on the assessment of the performance of the Office of Integrated Care on improving access to care and recommendations on improving that access.

Based on S. 1315, Veterans' Health Empowerment, Access, Leadership, and Transparency for our Heroes (HEALTH) Act of 2023 (Sen. Jerry Moran R-KS)

Sec. 147. Online health education portal for veterans enrolled in patient enrollment system of Department of Veterans Affairs.

- Would require the Secretary to establish a health education portal that includes interactive education modules to ensure veterans understand basic health care eligibilities and entitlements not later than one year after enactment.

Based on S. 1315, Veterans' Health Empowerment, Access, Leadership, and Transparency for our Heroes (HEALTH) Act of 2023 (Sen. Jerry Moran R-KS)

Sec. 148. Limitation on detail of directors of medical centers of Department of Veterans Affairs to different positions.

- Would require the Secretary to notify Congress of a medical center director's detail to another position in VA if it is greater than 90 days in time, the location to which the director has been detailed, the position title of the detail, the estimated time the director is expected to be absent from their duties at the medical center.
- Would require the Department to appoint an acting director to such medical center if the detail is longer than 120 days, and update Congress every 30 days thereafter of the ongoing detail.
- Would require the Secretary to reappoint or reassign the medical center director no later than 180 days after the detail unless there is an ongoing investigation or administrative action.
- Would authorize the Secretary to waive these requirements, with Congressional notification, in successive 90-day increments for no more than 540 days.

Based on H.R. 693, VACANT (Rep. Steve Womack R-AR); S. 55, VACANT Act (Sen. John Boozman R-AR)

Sec. 149. National Veteran Suicide Prevention Annual Report.

- Would require the Secretary, no later than 180 after enactment and not later than September 30 each year thereafter, to submit a report to Congress and on a publicly available website a report known as the "National Veteran Suicide Prevention Annual Report."
- Would require the Secretary, should an extension of these deadlines be required, to submit a request to Congress with the rationale for the delay, an explanation of the need for a delay, and a proposed amended date for submission and publication.
- Would require each report and briefing to Congress include findings of the national analysis of veteran suicide rates, identification of trends, and comparison of rate data to data of preceding years.
- Would require each report to also include the suicide rates disaggregated by age, gender, race and ethnicity, trends compared to engagement with VHA, Vet Centers, and VBA.
- Would require the Secretary, in collaboration the Director of the CDC and the Secretary of Defense, to provide in the initial report, strategy and recommendations for improving data collection at various levels of government, improving timeliness of identification and analysis of suicide deaths by veterans, and on any other necessary process improvements.

- Would require the Secretary to enter into one or more contracts with a private sector entity to conduct an independent assessment of the National Veteran Suicide Prevention Report not later than 240 days after entering into the contract and no less than frequently than every five years thereafter.
- Would require the Secretary to report on the findings and recommendations of the independent assessment to Congress, as well as report on planned improvements.
- Would require the Secretary to report to Congress on additional Department services and benefits that would have an impact on suicide prevention as well as an assessment of the Solid Start Program.
- Would require the Secretary, in collaboration with the Director of the CDC, to develop a toolkit for State and local coroners and medical examiners that contains best practices identifying and reporting suicide deaths of veterans.

Based on S. 928, Not Just a Number Act (Sen. Jon Tester D-MT and Sen. John Boozman R-AR); H.R. 4157, Not Just a Number Act (Rep. Gerald Connolly D-VA)

Sec. 150. Report on physical infrastructure required by medical facilities of Department of Veterans Affairs to provide dental care services.

- Would require the Secretary to report to Congress, on each medical center or relevant health care facility, identifying infrastructure requirements needed to support veterans eligible for dental service and on requirements needed should that number of eligible be increased.

Based on H.R. 4150, Improving Whole Health for Veterans with Chronic Conditions Act (Rep. Julia Brownley D-CA); S. 1954, Improving Whole Health for Veterans with Chronic Conditions Act (Sen. Bernie Sanders D-VT).

Sec. 151. Comptroller General report on certain oral health care programs under laws administered by Secretary of Veterans Affairs.

- Would require the Comptroller General report to Congress on the status of oral health care programs in the Department to include an assessment of current procedures for approving emergent dental care, IT issues, the implementation of the dental insurance plan and the VETSmile program of the Department, satisfaction with community care providers and adequacy of the network, any barriers to eligibility extension or use of teledentistry, and demographic information on eligible veterans.

Based on H.R. 4150, Improving Whole Health for Veterans with Chronic Conditions Act (Rep. Julia Brownley D-CA); S. 1954, Improving Whole Health for Veterans with Chronic Conditions Act (Sen. Bernie Sanders D-VT)

Sec. 152. Review of workflows associated with processing referrals between facilities of the Veterans Health Administration.

- Would require the Secretary to review workflows directly associated with processing referrals of patients between facilities to identify delays or bottlenecks.
- Would require the Secretary to review, and report to Congress, interfacility consult management guidance and the roles and responsibilities of the individuals involved in the process.

Based on S.2649, Making Community Care Work for Veterans Act of 2023 (Sen. Jon Tester D-MT)

Sec. 153. Plan for timely scheduling of appointments at medical facilities of Department of Veterans Affairs.

- Would require the Secretary to develop a plan to improve same day scheduling when a veteran calls to make an appointment in hospital care or at medical facilities.
- Would require the Secretary to report to Congress, no later than one year after enactment, on the plan.

Based on H.R. 41, VA Same-Day Scheduling Act of 2023 (Rep. Jim Baird R-IN)

Sec. 154 Authorization of appropriations to support initiatives for mobile mammography services for veterans.

- Would appropriate \$5 million for FY25 to the Office of Women's Health for the Secretary to expand access of women veterans to mobile mammography initiatives, advanced mammography equipment, and for outreach activities to publicize those initiatives and equipment.

Based on Amendment 0224 to S. 2226 FY24 NDAA (Sen. Marsha Blackburn R-TN and Sen. Jacky Rosen D-NV)

Economic Opportunity
Section-by-Section Summary

Sec. 201. Temporary Expansion of Eligibility for Marine Gunnery Sergeant John David Fry Scholarship

- This section would expand the Fry Scholarship benefits for surviving spouses and those who remarry by including veterans who die in the line of duty or because of a service-connected disability.

Based on H.R. 3651, Love Lives On Act (Rep. Dean Phillips D-MN); S. 1266, Love Lives On Act (Sen. Jerry Moran R-KS)

Sec. 202. Removal of Expiration on Entitlement to Marine Gunnery Sergeant John David Fry Scholarship for Surviving Spouses

- This section would expand the Fry Scholarship benefits for surviving spouses and those who remarry by removing the expiration date for entitlement.

Based on H.R. 3651, Love Lives On Act (Rep. Dean Phillips D-MN); S. 1266, Love Lives On Act (Sen. Jerry Moran R-KS)

Sec. 203. Sole Liability Transferred Educational Assistance by an Individual who Fails to Complete a Service Agreement

- This section would make the servicemember solely liable for overpayments of education benefits that arise from their failure to complete the service obligation that allows the transferring of the G.I. Bill or obtain an honorable discharge.

Based on H.R. 1798, Protect Military Dependents Act (Rep. Derrick Van Orden R-WI)

Sec. 204. Notice to Educational Institutions to Risk-Based Surveys

- This proposal would increase the number of days of notice that is provided to educational institutions when a Risk-Based Survey occurs.

Based on H.R. 3874, Veterans Education Assistance Improvement Act (Rep. Matt Rosendale R-MT)

Sec. 205. Relationship of Participation by an Educational Institution in Certain Federal Student Financial Aid Programs to Approval of Such Institution for Purposes of Department of Veterans Affairs Educational Assistance Program

- This proposal would amend Section 3675(b) of Title 38 and allow accredited educational institutions not participating in Title IV, either because they cannot, choose not to, or are currently trying to get compliant with Title IV, to receive and participate in the G.I. Bill.
- Under this new language, educational institutions would not be required to become Title IV compliant and would be able to apply for and receive a waiver as long as they meet the other required criteria.

Based on H.R. 3874, Veterans Education Assistance Improvement Act (Rep. Matt Rosendale R-MT)

Sec. 206. Expansion of Department of Veterans Affairs Oversight of Certain Educational Institutions

- This section would require schools to self-report to SAA and VA any adverse actions within 30 days of the school becoming subject to an action.
- This section would also require VA to create their Risk-Based Survey database within 180 days of enactment of the proposal.

Based on H.R. 3981, Isakson Roe Education Oversight Expansion Act (Rep. Morgan McGarvey D-KY)

Sec. 207. Requirement that Educational Institutions Approved for Purposes of Department of Veterans Affairs Educational Assistance Programs Provide Digital Official Transcripts

- This proposal would require that all educational institutions participating in the G.I. Bill to make available a copy of an official transcript in a digital format for each eligible veteran or dependent.

Based on H.R. 3898, Transcript Assurance for Heroes Act (Rep. Eli Crane R-AZ)

Sec. 208. Payment of Full Monthly Housing Stipend for Veterans Enrolled in Final Semester using Educational Assistant under Post 9/11 Educational Assistance Program

- This section would allow beneficiaries of the GI Bill to take less than full-time classes if they don't need full-time enrollment to graduate, while still receiving the full Monthly Housing Allowance (MHA).

Based on H.R. 3874, Veterans Education Assistance Improvement Act (Rep. Matt Rosendale R-MT)

Sec. 209. Modification of Rules for Approval of Commercial Driver Education Programs for Purposes of Educational Assistance Programs of the Department of Veteran Affairs

- This section would allow VA to approve certain commercial driver education programs for participation in the GI bill more efficiently if they meet certain requirements.

- An approved school that has been in business for at least two years without issues could establish a second location that would be allowed to enroll veterans more quickly. The proposal would also increase reporting requirements for schools that are allowed to immediately enroll GI Bill beneficiaries in CDL schools.

Based on H.R. 2830, Veteran Improvement Commercial Driver License Act (Rep. Chuck Edwards R-NC); S.656, Veteran Improvement Commercial Driver License Act (Sen. Deb Fischer R-NE)

Sec. 210. Provision of Certificates of Eligibility and Award Letters Using Electronic Means

- This section would allow VA to provide a certificate of eligibility or an award letter to individuals electronically. An individual may also opt to elect out of electronic notification. Committee staff believes that this legislation would benefit VA and individuals by increasing the notification speed of eligibility and reducing the loss of mail.

Based on H.R. 1169, VA-E Notification Enhancement Act (Rep. Jodey Arrington R-TX)

Sec. 211. Retroactive Effective Date of Law Regarding Charge to Entitlement to Educational Assistance for Individuals who do not Transfer Credits from Certain Closed or Disapproved Programs of Education

- This would make a technical edit to H.R.6604 the *Veterans Eligible to Transfer School (VETS) Credit Act* passed into law during the 117th Congress. This would allow veterans who transferred with fewer than 12 credits because of a school closure between August 1, 2021, and December 27, 2022, to not be charged entitlement.

Based on H.R. 4850, To provide for a retroactive effective date of law regarding charge to entitlement to Department of Veterans Affairs for certain educational assistance (Rep. Vern Buchanan R-FL)

Sec. 212. Department of Veterans Affairs High Technology Program

- This section would extend the VET-TEC pilot program to September 30, 2026 and make needed improvements to how the program runs. It would allow 4,000 veterans to enroll in the program yearly.
- It would also allow institutions of higher education to participate in the program under the same guidelines as current VET-TEC providers. Veterans using the program would also still receive many of the benefits student veterans have under the Post-9/11 GI Bill, such as monthly housing allowances, and tuition assistance to ensure that they have the resources they need to successfully complete.

Based on H.R. 1669, VET TEC Authorization Act (Rep. Juan Ciscomani R-AZ); S. 1678, VET TEC (Sen. Angus King I-ME)

Sec. 213. Notice of Changes to Department of Veterans Affairs Policies and Guidance Affecting the Educational Assistance Programs of the Department

- When the Secretary makes a rule related to educational assistance programs and not related to section 553(b)(A) of Title 5, the Secretary would be required to notify student veterans, educational institutions, and the House and Senate Committees on Veterans' Affairs of the change and the justification. VA would also need to then wait for 90 days before implementing any changes.

Based on H.R. 3874, Veterans Education Assistance Improvement Act (Rep. Matt Rosendale R-MT)

Sec. 214. Payment of VA Educational Assistant Via Electronic Fund Transfer to a Foreign Institution of Higher Education

- This section would direct the Secretary of Veterans Affairs to update the payment system of the Department of Veterans Affairs to allow for electronic fund transfer of educational assistance, administered by the Secretary, to a foreign institution of higher education, and for other purposes.

Based on S. 1090, Directs the VA to update the payment system to allow for electronic fund transfer of educational assistance to a foreign institution of higher education (Sen. Bob Menendez D-NJ)

Sec. 215. Improving Transparency and Accountability of Educational Institutions for Purposes of Veterans Educational Assistance

- This section would modernize the GI Bill Comparison Tool by updating information and statistics, such as graduation rates and average salary after graduation, available to beneficiaries of VA education benefits. This section would also create due process for complaints in the GI Bill Comparison Tool.

Based on H.R. 5956, Transparency for Student Veterans Act (Rep. Jen Kiggans R-VA); S. 1309, Student Veterans Transparency and Protection Act of 2023 (Sen. Brian Schatz D-HI)

Subtitle B—Employment and Training

Sec. 221. Improvements to Reemployment Rights of Members of the Armed Forces

- This section would improve the reemployment rights of members and Armed Services by modernizing the USERRA law. This proposal would also reimburse fees for successful claims and include a GAO report on the use of USERRA in the intelligence services.

Based on HR. 3943, Servicemember Employment Protection Act (Rep. Scott Franklin R-FL)

Sec. 222. Review of Investigations Manual of Veterans' Employment and Training Service

- One year after the enactment of the section, and every two years after, the Secretary of Labor would be required to review the “Veterans’ Employment and Training Service Investigations Manual: USERRA, VEOA, and VP” and make any necessary changes. The Secretary would also be required to notify Congress of any changes made, and provide an unredacted addendum, as well as a redacted copy of the manual.

Based on HR. 3943, Servicemember Employment Protection Act (Rep. Scott Franklin R-FL)

Sec. 223. Warrior Training Advancement Course

- This provision would direct the Secretary of Veterans Affairs to submit to Congress a report on the Warrior Training Advancement Course. It would also direct the Secretary of the Interior to administer a pilot program to employ veterans in positions that relate to conservation and resource management activities of the Department of the Interior, and for other purposes.

Based on H.R. 1786, Get Rewarding Outdoor Work for our Veterans (Rep. Mike Levin D-CA)

Subtitle C—Home Loans

Sec. 231. Improvements to Program for Direct Housing Loans Made to Native American Veterans by the Secretary of Veterans Affairs

- This section would revise the Native American Direct Loan (NADL) program, which is administered by the Department of Veterans Affairs (VA). Under the NADL program, the VA would make loans directly to Native American veterans to purchase, construct, improve, or refinance their homes located on federal trust land.
- This section would also allow the Secretary to make direct loans to Native American veterans with the purpose of refinancing existing mortgage loans.

Based on S. 185, Native American Direct Loan Improvement Act (Sen. Mike Rounds R-SD)

Sec. 232. Native Community Development Financial Institution Relending Program

- This would allow the Secretary to make loans to Native community development financial institutions for the purpose of providing loans to qualified Native American veterans.

Based on S. 185, Native American Direct Loan Improvement Act (Sen. Mike Rounds R-SD)

TITLE III – DISABILITY AND MEMORIAL AFFAIRS MATTERS

Sec. 301: Burial Allowance for Certain Veterans Who Die at Home While in Receipt of Hospice Care Furnished by Department of Veterans Affairs

- Would allow the survivors of certain veterans who choose to die at home or other setting while in receipt of VA hospice care, to receive a burial and funeral allowance.

Based on H.R. 234, Gerald’s Law (Rep. Jack Bergman R-MI); S. 1266, Gerald’s Law Act (Sen. John Boozman R-AR)

Sec. 302. Authority For Secretary of Veterans Affairs to Award Grants to States and Indian Tribes to Improve Outreach to Veterans

- Would authorize VA to provide grants to state and Indian Tribes to support county VSOs and tribal VSOs in order to provide outreach and assistance to veterans regarding VA benefits.
- Would require the Secretary to develop outcome and performance measures and report to Congress the findings.

Based on H.R. 984, Commitment to Veteran Support and Outreach Act (Rep. Mike Levin D-CA); S. 106, Commitment to Veteran Support and Outreach Act (Sen. Tammy Baldwin D-WI)

Sec. 303: Definition of Surviving Spouse

- Would define surviving spouse as someone who lived continuously with the veteran until their death and who has not remarried.

Based on section 7 of H.R. 3651, Love Lives On Act (Rep. Dean Phillips D-MN); section 7 of S. 1266, Love Lives On Act (Sen. Jerry Moran R-KS)

Sec. 304: Ensuring Only Licensed Health Care Professionals Perform Medical Disability Examinations Under Certain Department of Veterans Affairs Pilot Program

- Would ensure that only health care professionals with certain medical specialties can conduct disability exams in a state other than that which they are license under the temporary license portability authority pilot program for contracted disability examiners.
- Would require an annual report to Congress on the conduct of the pilot program and the actions of the Secretary to ensure compliance with the program’s requirement that only certain healthcare professionals are authorized to use the license portability authority.

Based on S. 280, Better Examiner Standards and Transparency for Veterans Act of 2023 (Sen. Marco Rubio R-FL)

Sec. 305: Provision of Information Regarding an Agent or Attorney to a Licensed Health Care Professional Who Performs a Medical Disability Examination Under Certain Department of Veterans Affairs Pilot Program

- Would require that VA provide contracted disability examiners the contact information of the veteran’s authorized agent or attorney so that contracted examiners can provide them information about exams.

Based on section 203 of S. 2513, Veterans Benefits Improvement Act (Sen. Jon Tester D-MT)

Sec. 306: Modernization of Department of Veterans Affairs Disability Benefit Questionnaires

- Would standardize the Disability Benefits Questionnaire (DBQ) information provided to VA by disability exam vendors. This section would give VA 90 days to issue new standards requiring contractors to submit DBQs in a machine-readable format.
- Would require VA to provide a plan to modify its IT systems and processes accordingly. This section would require VA to post updated information regarding the standards for contractors submitting DBQ forms and the above plan on the VA website.

Based on H.R. 4461, Modernization of Department of Veterans Affairs Disability Benefits Questionnaires Act (Rep. Morgan Luttrell R-TX)

Sec. 307: Department of Veterans Affairs Automatic Processing of Certain Claims for Temporary Disability Ratings

- Would require VA to utilize automation tools to automatically process claims for temporary disability ratings for veterans whose VA records show entitlement to such temporary disability ratings.
- Would require VA to ensure that (1) medical evidence is obtained from its corporate data warehouse and other appropriate sources, (2) VA employees continue to determine entitlement to a temporary disability rating for specified veterans, and (3) claims may be processed manually if the evidence of record is not sufficient to decide the claim or if the medical evidence is provided in a format incompatible with the above IT systems.

Based on H.R. 196, Expediting Temporary Ratings for Veterans Act (Rep. Matt Rosendale R-MT)

Title IV: Homelessness Matters

Sec. 401: Short Title

This section establishes the short title as “Housing our Military Veterans Effectively Act of 2023”, or the “HOME” Act of 2023.

Section 402: Per Diem Payments Provided by the Secretary of Veterans Affairs for Services Furnished to Homeless Veterans

- This section would increase the GPD rate from 115% to 133% to account for inflationary costs and allow the Secretary to provide an additional increase to the GPD up to 200% in especially high-cost areas.
- The increase in the GPD rate would sunset on September 30, 2026.
- This section would also require VA to develop a strategy for providing grants for transitional housing that would not be based upon the state domiciliary rate.

Based on H.R. 3848, Housing our Military Veterans Effectively Act of 2023 (Rep. Lori Chavez Deremer R-OR); S. 1436, “Critical Health Access Resource and Grant Extensions Act (CHARGE) of 2023 (Sen. Jon Tester D-MT)

Section 403: Authorization for Secretary of Veterans Affairs for Improved Flexibility in Assistance to Homeless Veterans.

- This section would allow the VA Program Office to provide bedding, shelter, food, hygiene items, blankets, and rideshare to medical appointments. This section would also include additional reporting requirements and oversight of the program including information on the funds requested and the total amount of assistance provided.

Based on H.R. 3848, Housing our Military Veterans Effectively Act of 2023 (Rep. Lori Chavez Deremer R-OR); S. 1436, “Critical Health Access Resource and Grant Extensions Act (CHARGE) of 2023 (Sen. Jon Tester D-MT)

Section 404: Access to Department of Veterans Affairs Telehealth Services

- This section would allow community providers to receive funds from the Department of Veterans Affairs through grants and contracts to provide telehealth services for homeless veterans.

Based on H.R. 3848, Housing our Military Veterans Effectively Act of 2023 (Rep. Lori Chavez Deremer R-OR); S. 1436, “Critical Health Access Resource and Grant Extensions Act (CHARGE) of 2023 (Sen. Jon Tester D-MT)

Technology Modernization **Section-by-Section Summary**

TITLE V – ELECTRONIC HEALTH RECORD

Sec. 501 Short Title

Sec. 502 Definitions

SUBTITLE A – ELECTRONIC HEALTH RECORD SYSTEM AND HEALTH INFORMATION TECHNOLOGY MODERNIZATION

Sec. 511. Modernization of Department of Veterans Affairs Electronic Health Record System and Health Information Technology

- This section would authorize the Secretary of Veterans Affairs to carry out a program to modernize the electronic health record system *and* other health information technology activities and systems of the Department to fulfill specified purposes, including improving the quality of care, employee satisfaction, patient experience, data quality, interoperability, and other purposes.

Based on H.R. 2809, EHR Program RESET Act of 2023 (Rep. Mark Takano D-CA); S. 1125, EHR Program RESET Act of 2023 (Sen. Jon Tester D-MT)

Sec. 512. Responsibility for Electronic Health Record Program and Health Information Technology

- This section would establish responsibilities within the Department of Veterans Affairs for different aspects of the program to modernize the electronic health record system and other health information technology activities and systems.

Based on H.R. 2809, EHR Program RESET Act of 2023 (Rep. Mark Takano D-CA); S. 1125, EHR Program RESET Act of 2023 (Sen. Jon Tester D-MT)

Sec. 513. Protection of Personal Information

- This section would require a new clause to be placed in all contracts, under which protected health information or personally identifiable information is handled, prohibiting such information from being monetized, sold, or otherwise misused by any contractor or other non-VA entity.

Based on H.R. 2809, EHR Program RESET Act of 2023 (Rep. Mark Takano D-CA); S. 1125, EHR Program RESET Act of 2023 (Sen. Jon Tester D-MT)

SUBTITLE B - IMPLEMENTATION REQUIREMENTS

Sec. 521. Veterans Health Administration Workflow Baseline

- This section would require the Under Secretary for Health to establish a baseline of clinical and operational practices including workflows to be used by the electronic health record modernization effort and as a precursor to developing an alternative modernization plan. Establishing the baseline includes conducting an enterprise audit of existing processes, evaluating and comparing workflows to industry best practices, and establishing a process to monitor and control variances from the baseline.

Based on H.R. 2809, EHR Program RESET Act of 2023 (Rep. Mark Takano D-CA); S. 1125, EHR Program RESET Act of 2023 (Sen. Jon Tester D-MT)

Sec. 522. Requirements for Electronic Health Record System Implementation

- This section would require, not more than 90 days after enactment, that the Secretary establish health care quality metrics for evaluating the electronic health record system, taking into account relevant differences in size, complexity, and market composition of VHA facilities, incorporating the Strategic Analytics for Improvement and Learning Value Model (SAIL) or any successor methodology, and reflecting the authorized purposes.
- This section would restrict “preliminary program activities” at additional facilities until the Secretary certifies and submits supporting data demonstrating that all facilities currently using the Oracle Cerner EHR system have recovered to normal operational levels. Preliminary program activities under the Electronic Health Record Modernization Program precede activation of the EHR and include certain workshops, training, and testing.
- Furthermore, this section would restrict implementation of the EHR system at additional facilities until the Under Secretary for Health certifies that the director of such facility has confidence that the system is fully and accurately built and configured, the facility’s staff and infrastructure are prepared to receive the system, any adverse effects can be mitigated, and the system has met an uptime requirement.

Based on H.R. 592, VA Electronic Health Record Modernization Improvement Act (Rep. Mike Bost R-IL); S. 1037, EHRM Standardization and Accountability Act (Sen. Jerry Moran R-KS)

Sec. 523. Conditional Restructuring of Electronic Health Record Modernization Program

- Two years after enactment, this section would require the Secretary to end the Electronic Health Record Modernization Program by declining to exercise additional option periods of contracts under such program, *unless* the Secretary has certified that facilities using the Oracle Cerner EHR have recovered and that the health care quality metrics demonstrate improvement in each measurement period since the system became active at each facility.

Based on H.R. 608, to Terminate the Electronic Health Record Modernization Program of the Department of Veterans Affairs (Rep. Matt Rosendale R-MT)

SUBTITLE C – REPORTING

Sec. 531. Report on Additional Purposes

- This section would require the Secretary to submit a report describing any additional purposes determined under section 511.

Based on H.R. 2809, EHR Program RESET Act of 2023 (Rep. Mark Takano D-CA); S. 1125, EHR Program RESET Act of 2023 (Sen. Jon Tester D-MT)

Sec 532. Report on Baseline of Clinical Workflows

- This section would require the Secretary to submit to a report identifying the baseline established under section 521.

Based on H.R. 2809, EHR Program RESET Act of 2023 (Rep. Mark Takano D-CA); S. 1125, EHR Program RESET Act of 2023 (Sen. Jon Tester D-MT)

Sec 533. Report on Health Care Quality Metrics

- This section would require the Secretary to submit a report identifying health care quality metrics established under section 522 for purposes of evaluating the electronic health record system.

Based on H.R. 2809, EHR Program RESET Act of 2023 (Rep. Mark Takano D-CA); S. 1125, EHR Program RESET Act of 2023 (Sen. Jon Tester D-MT)

Sec. 534. Report on Support Strategy for Existing Sites

- This section would require the Secretary to submit a report on the strategy to rehabilitate each facility currently using the Oracle Cerner electronic health record system. The report shall be developed with input from the directors and VISN directors of each such facility.

Based on H.R. 2809, EHR Program RESET Act of 2023 (Rep. Mark Takano D-CA); S. 1125, EHR Program RESET Act of 2023 (Sen. Jon Tester D-MT)

Sec. 535. Report on Resources Required for Future Sites

- This section would require the Secretary to submit a report provided by the director, chief of staff, and VISN director of each facility selected to implement the Oracle Cerner electronic health record system. The report outlines the resources required by the facility to implement the system successfully.

Based on H.R. 2809, EHR Program RESET Act of 2023 (Rep. Mark Takano D-CA); S. 1125, EHR Program RESET Act of 2023 (Sen. Jon Tester D-MT)

Sec. 536. Report on Alternative Electronic Health Record Modernization Strategies

- This section would require the Secretary, after completing the baseline required by section 521, to submit a report describing two strategies as alternatives to the Electronic Health Record Modernization Program, to modernize the electronic health record system *and* other health information technology activities and systems of the Department to fulfill the purposes established in section 511. One strategy shall involve modernizing the Veterans Health Information Systems and Technology Architecture (VistA); another strategy shall involve implementing a commercial electronic health record system.

Based on H.R. 2809, EHR Program RESET Act of 2023 (Rep. Mark Takano D-CA); S. 1125, EHR Program RESET Act of 2023 (Sen. Jon Tester D-MT)

Sec. 537. Report on Health Information Technology Strategy and Roadmap

- This section would require the recently created VHA Chief Digital Health Officer to submit a report on a health information technology strategy and roadmap.

Based on H.R. 2809, EHR Program RESET Act of 2023 (Rep. Mark Takano D-CA); S. 1125, EHR Program RESET Act of 2023 (Sen. Jon Tester D-MT)

Sec. 538. Annual Report on Efforts to Maintain VistA Electronic Health Record System

- This section would require the Secretary to submit an annual report on the costs and activities to maintain and enhance VistA.

Based on H.R. 2809, EHR Program RESET Act of 2023 (Rep. Mark Takano D-CA); S. 1125, EHR Program RESET Act of 2023 (Sen. Jon Tester D-MT)

Sec. 539. Modification of Quarterly Reports

- This section would modify quarterly reports on the Electronic Health Record Modernization Program required by section 513 of the Veterans Benefits and Transition Act of 2018 (P.L. 115–407).

Based on H.R. 2809, EHR Program RESET Act of 2023 (Rep. Mark Takano D-CA); S. 1125, EHR Program RESET Act of 2023 (Sen. Jon Tester D-MT)

Sec. 540. Report on Protection of Personal Information

- This section would require the Secretary to submit a report on the contract clause and guidance regarding protecting health and personal information required in section 513.

Based on H.R. 2809, EHR Program RESET Act of 2023 (Rep. Mark Takano D-CA); S. 1125, EHR Program RESET Act of 2023 (Sen. Jon Tester D-MT)

Sec. 541 Report on Organization and Needs

- This section would require the Secretary to submit a report identifying any designations of responsibility made by the Deputy Secretary or reorganizations under section 512, as well as any legislative changes the Secretary believes are necessary.

Based on H.R. 2809, EHR Program RESET Act of 2023 (Rep. Mark Takano D-CA); S. 1125, EHR Program RESET Act of 2023 (Sen. Jon Tester D-MT)

Sec. 542 Report on Governance, Performance Criteria, and Readiness

- This section would require the Secretary to submit a report on efforts to achieve a more uniform clinical decision-making structure and the criteria or metrics used by the Secretary to measure improvements in the Electronic Health Record Modernization Program.

Based on H.R. 2809, EHR Program RESET Act of 2023 (Rep. Mark Takano D-CA); S. 1125, EHR Program RESET Act of 2023 (Sen. Jon Tester D-MT)

Title VI -Oversight and Investigations Matters

Sec. 601 Department of Veterans Affairs Employee Training Regarding Office of Inspector General

- Would require all new VA employees to receive training from the Inspector General of the Department on reporting wrongdoing and cooperating with the Inspector General of the Department.

Based on H.R. 2733, Department of Veterans Affairs Office of Inspector General Training Act (Rep. Lauren Underwood D-IL); S. 1096, Department of Veterans Affairs Office of Inspector General Training Act (Sen. Maggie Hassan D-NH)

Sec. 602 Annual Review of Security at Covered Facilities of the Department of Veterans Affairs.

- Would require the Secretary in coordination with the Director of the Office of Security and Law enforcement of the VA to conduct an annual survey of security at VA facilities. The survey data would be summarized in an annual report which would be provided to pertinent Congressional committees and would include information including equipment deficiencies, personnel vacancies, and security weaknesses at each facility.

Based on section 5 of H.R. 3581, COPE Act (Rep. Jen Kiggans R-VA)

Sec. 603 Modification of Certain Housing Loan Fees.

- Would extend the VA home loan funding fee from November 15, 2031, to September 30, 2034, to offset the legislation. This would increase a veteran's monthly mortgage cost by about \$5 for the duration of the loan and would only impact veterans that do not have a service-connected disability.