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(Original Signature of Member)

115TH CONGRESS
1ST SESSION

H. R.

To direct the Secretary of Veterans Affairs to submit to Congress certain documents relating to the Electronic Health Record Modernization Program of the Department of Veterans Affairs.

IN THE HOUSE OF REPRESENTATIVES

Mr. WALZ (for himself, Mr. ROE of Tennessee, Ms. KUSTER of New Hampshire, and Mr. BERGMAN) introduced the following bill; which was referred to the Committee on _____

A BILL

To direct the Secretary of Veterans Affairs to submit to Congress certain documents relating to the Electronic Health Record Modernization Program of the Department of Veterans Affairs.

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.**

4 This Act may be cited as the “Veterans’ Electronic
5 Health Record Modernization Oversight Act of 2017”.

1 **SEC. 2. OVERSIGHT OF ELECTRONIC HEALTH RECORD**
2 **MODERNIZATION PROGRAM.**

3 (a) PROGRAM DOCUMENTS.—Not later than 30 days
4 after the date of the enactment of this Act, the Secretary
5 of Veterans Affairs shall submit to the appropriate con-
6 gressional committees the following documents concerning
7 the Electronic Health Record Modernization Program:

- 8 (1) Integrated Master Plan.
- 9 (2) Integrated Master Schedule.
- 10 (3) Program Management Plan.
- 11 (4) Annual and lifecycle cost estimates, includ-
12 ing, at a minimum, cost elements relating to—
 - 13 (A) Federal Government labor;
 - 14 (B) contractor labor;
 - 15 (C) hardware;
 - 16 (D) software; and
 - 17 (E) testing and evaluation.
- 18 (5) Cost baseline.
- 19 (6) Risk Management Plan.
- 20 (7) Health IT Strategic Architecture Plan.
- 21 (8) Transition Plan for implementing updated
22 architecture.
- 23 (9) Data Migration Plan.
- 24 (10) System and Data Security Plan.
- 25 (11) Application Implementation Plan.
- 26 (12) System Design Documents.

1 (13) Legacy Veterans Information Systems and
2 Technology Architecture Standardization, Security
3 Enhancement, and Consolidation Project Plan.

4 (14) Health Data Interoperability Management
5 Plan.

6 (15) Community Care Vision and Implementa-
7 tion Plan, including milestones and a detailed de-
8 scription of how complete interoperability with non-
9 Department health care providers will be achieved.

10 (b) QUARTERLY UPDATES.—Not later than 30 days
11 after the end of each fiscal quarter during the period be-
12 ginning with the fiscal quarter in which this Act is enacted
13 and ending on the date on which the Electronic Health
14 Record Modernization Program is completed, the Sec-
15 retary shall submit to the appropriate congressional com-
16 mittees the most recent updated versions, if any exist, of
17 the following documents:

18 (1) Integrated Master Schedule.

19 (2) Program Management Plan, including any
20 written Program Management Review material de-
21 veloped for the Program Management Plan during
22 the fiscal quarter covered by the submission.

23 (3) Each document described in section (a)(4).

24 (4) Performance Baseline Report for the fiscal
25 quarter covered by the submission or for the fiscal

1 quarter ending the fiscal year prior to the submis-
2 sion.

3 (5) Budget Reconciliation Report.

4 (6) Risk Management Plan and Risk Register.

5 (c) CONTRACTS.—Not later than five days after
6 awarding a contract, order, or agreement, including any
7 modifications thereto, under the Electronic Health Record
8 Modernization Program, the Secretary shall submit to the
9 appropriate congressional committees a copy of the entire
10 such contract, order, agreement, or modification.

11 (d) NOTIFICATION.—

12 (1) REQUIREMENT.—Not later than 10 days
13 after an event described in paragraph (2) occurs, the
14 Secretary shall notify the appropriate congressional
15 committees of such occurrence, including a descrip-
16 tion of the event and an explanation for why such
17 event occurred.

18 (2) EVENT DESCRIBED.—An event described in
19 this paragraph is any of the following events regard-
20 ing the Electronic Health Record Modernization
21 Program:

22 (A) The delay of any milestone or deliver-
23 able by 30 or more days.

24 (B) A request for equitable adjustment, eq-
25 uitable adjustment, or change order exceeding

1 \$1,000,000 (as such terms are defined in the
2 Federal Acquisition Regulation).

3 (C) The submission of any protest, claim,
4 or dispute, and the resolution of any protest,
5 claim, or dispute (as such terms are defined in
6 the Federal Acquisition Regulation).

7 (D) A loss of clinical or other data.

8 (E) A breach of patient privacy, including
9 any—

10 (i) disclosure of protected health in-
11 formation that is not permitted under reg-
12 ulations promulgated under section 264(c)
13 of the Health Insurance Portability and
14 Accountability Act of 1996 (Public Law
15 104–191; 42 U.S.C. 1320d-2 note); and

16 (ii) breach of sensitive personal infor-
17 mation (as defined in section 5727 of title
18 38, United States Code).

19 (e) DEFINITIONS.—In this section:

20 (1) The term “appropriate congressional com-
21 mittees” means—

22 (A) the Committees on Veterans’ Affairs of
23 the House of Representatives and the Senate;
24 and

1 (B) the Committees on Appropriations of
2 the House of Representatives and the Senate.

3 (2) The term “Electronic Health Record Mod-
4 ernization Program” means—

5 (A) any activities by the Department of
6 Veterans Affairs to procure or implement an
7 electronic health or medical record system to re-
8 place any or all of the Veterans Information
9 Systems and Technology Architecture, the Com-
10 puterized Patient Record System, the Joint
11 Legacy Viewer, or the Enterprise Health Man-
12 agement Platform; and

13 (B) any contracts or agreements entered
14 into by the Secretary of Veterans Affairs to
15 carry out, support, or analyze the activities
16 under subparagraph (A).