113TH CONGRESS
2D SESSION

S. _____

To improve the access of veterans to medical services from the Department of Veterans Affairs, and for other purposes.

IN THE SENATE OF THE UNITED STATES

Mr. SANDERS (for himself, Mr. MCCAIN, Mr. MERKLEY, Mr. KAINE, and Mr. BURR) introduced the following bill; which was read twice and referred to the Committee on _____

A BILL

To improve the access of veterans to medical services from the Department of Veterans Affairs, and for other purposes.

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled,

SECTION 1. SHORT TITLE; TABLE OF CONTENTS.

(a) SHORT TITLE.—This Act may be cited as the ''Veterans' Access to Care through Choice, Accountability, and Transparency Act of 2014''.

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

Sec. 1. Short title; table of contents.

TITLE I—IMPROVEMENT OF SCHEDULING SYSTEM FOR HEALTH CARE APPOINTMENTS

Sec. 101. Independent assessment of the scheduling of appointments and other health care management processes of the Department of Veterans Affairs.
Sec. 102. Technology task force on review of scheduling system and software of the Department of Veterans Affairs.

TITLE II—TRAINING AND HIRING OF HEALTH CARE STAFF

Sec. 201. Treatment of staffing shortage and biannual report on staffing of medical facilities of the Department of Veterans Affairs.
Sec. 202. Clinic management training for managers and health care providers of the Department of Veterans Affairs.
Sec. 203. Use of unobligated amounts to hire additional health care providers for the Veterans Health Administration.

TITLE III—IMPROVEMENT OF ACCESS TO CARE FROM NON-DEPARTMENT OF VETERANS AFFAIRS PROVIDERS

Sec. 301. Expanded availability of hospital care and medical services for veterans through the use of contracts.
Sec. 302. Transfer of authority for payments for hospital care, medical services, and other health care from non-Department providers to the Chief Business Office of the Veterans Health Administration of the Department.
Sec. 303. Enhancement of collaboration between Department of Veterans Affairs and Indian Health Service.
Sec. 304. Enhancement of collaboration between Department of Veterans Affairs and Native Hawaiian health care systems.
Sec. 305. Sense of Congress on prompt payment by Department of Veterans Affairs.

TITLE IV—HEALTH CARE ADMINISTRATIVE MATTERS

Sec. 401. Improvement of access of veterans to mobile vet centers of the Department of Veterans Affairs.
Sec. 402. Commission on construction projects of the Department of Veterans Affairs.
Sec. 403. Commission on Access to Care.
Sec. 404. Improved performance metrics for health care provided by Department of Veterans Affairs.
Sec. 405. Improved transparency concerning health care provided by Department of Veterans Affairs.
Sec. 406. Information for veterans on the credentials of Department of Veterans Affairs physicians.
Sec. 407. Information in annual budget of the President on hospital care and medical services furnished through expanded use of contracts for such care.
Sec. 408. Prohibition on falsification of data concerning wait times and quality measures at Department of Veterans Affairs.
Sec. 409. Removal of Senior Executive Service employees of the Department of Veterans Affairs for performance.

TITLE V—HEALTH CARE RELATED TO SEXUAL TRAUMA

Sec. 501. Expansion of eligibility for sexual trauma counseling and treatment to veterans on inactive duty training.

Sec. 502. Provision of counseling and treatment for sexual trauma by the Department of Veterans Affairs to members of the Armed Forces.
Sec. 503. Reports on military sexual trauma.

TITLE VI—MAJOR MEDICAL FACILITY LEASES

Sec. 601. Authorization of major medical facility leases.
Sec. 602. Budgetary treatment of Department of Veterans Affairs major medical facilities leases.

TITLE VII—VETERANS BENEFITS MATTERS

Sec. 701. Expansion of Marine Gunnery Sergeant John David Fry Scholarship.
Sec. 702. Approval of courses of education provided by public institutions of higher learning for purposes of All-Volunteer Force Educational Assistance Program and Post-9/11 Educational Assistance conditional on in-State tuition rate for veterans.

TITLE VIII—APPROPRIATION AND EMERGENCY DESIGNATIONS

Sec. 801. Appropriation of emergency amounts.
Sec. 802. Emergency designations.

TITLE I—IMPROVEMENT OF SCHEDULING SYSTEM FOR HEALTH CARE APPOINTMENTS

SEC. 101. INDEPENDENT ASSESSMENT OF THE SCHEDULING OF APPOINTMENTS AND OTHER HEALTH CARE MANAGEMENT PROCESSES OF THE DEPARTMENT OF VETERANS AFFAIRS.

(a) INDEPENDENT ASSESSMENT.—

(1) ASSESSMENT.—Not later than 30 days after the date of the enactment of this Act, the Secretary of Veterans Affairs shall enter into a contract with an independent third party to assess the following:

(A) The process at each medical facility of the Department of Veterans Affairs for sched-

uling appointments for veterans to receive hospital care, medical services, or other health care from the Department.

(B) The staffing level and productivity of each medical facility of the Department, including the following:

(i) The case load of each health care provider of the Department.

(ii) The time spent by each health care provider of the Department on matters other than the case load of such health care provider, including time spent by such health care provider as follows:

(I) At a medical facility that is affiliated with the Department.

(II) Conducting research.

(III) Training or overseeing other health care professionals of the Department.

(C) The organization, processes, and tools used by the Department to support clinical documentation and the subsequent coding of inpatient services.

(D) The purchasing, distribution, and use of pharmaceuticals, medical and surgical sup-

plies, and medical devices by the Department, including the following:

(i) The prices paid for, standardization of, and use by the Department of the following:

(I) High-cost pharmaceuticals.

(II) Medical and surgical supplies.

(III) Medical devices.

(ii) The use by the Department of group purchasing arrangements to purchase pharmaceuticals, medical and surgical supplies, medical devices, and health care related services.

(iii) The strategy used by the Department to distribute pharmaceuticals, medical and surgical supplies, and medical devices to Veterans Integrated Service Networks and medical facilities of the Department.

(E) The performance of the Department in paying amounts owed to third parties and collecting amounts owed to the Department with respect to hospital care, medical services, and

other health care, including any recommendations of the independent third party as follows:

(i) To avoid the payment of penalties to vendors.

(ii) To increase the collection of amounts owed to the Department for hospital care, medical services, or other health care provided by the Department for which reimbursement from a third party is authorized.

(iii) To increase the collection of any other amounts owed to the Department.

(2) ELEMENTS OF SCHEDULING ASSESSMENT.—In carrying out the assessment required by paragraph (1)(A), the independent third party shall do the following:

(A) Review all training materials pertaining to scheduling of appointments at each medical facility of the Department.

(B) Assess whether all employees of the Department conducting tasks related to scheduling are properly trained for conducting such tasks.

(C) Assess whether changes in the technology or system used in scheduling appoint-

ments are necessary to limit access to the system to only those employees that have been properly trained in conducting such tasks.

(D) Assess whether health care providers of the Department are making changes to their schedules that hinder the ability of employees conducting such tasks to perform such tasks.

(E) Assess whether the establishment of a centralized call center throughout the Department for scheduling appointments at medical facilities of the Department would improve the process of scheduling such appointments.

(F) Assess whether booking templates for each medical facility or clinic of the Department would improve the process of scheduling such appointments.

(G) Recommend any actions to be taken by the Department to improve the process for scheduling such appointments, including the following:

(i) Changes in training materials provided to employees of the Department with respect to conducting tasks related to scheduling such appointments.

(ii) Changes in monitoring and assessment conducted by the Department of wait times of veterans for such appointments.

(iii) Changes in the system used to schedule such appointments, including changes to improve how the Department—

(I) measures wait times of veterans for such appointments;

(II) monitors the availability of health care providers of the Department; and

(III) provides veterans the ability to schedule such appointments.

(iv) Such other actions as the independent third party considers appropriate.

(3) TIMING.—The independent third party carrying out the assessment required by paragraph (1) shall complete such assessment not later than 180 days after entering into the contract described in such paragraph.

(b) REPORT.—

(1) IN GENERAL.—Not later than 90 days after the date on which the independent third party completes the assessment under this section, the Secretary shall submit to the Committee on Veterans'

Affairs of the Senate and the Committee on Veterans' Affairs of the House of Representatives a report on the results of such assessment.

(2) PUBLICATION.—Not later than 30 days after submitting the report under paragraph (1), the Secretary shall publish such report in the Federal Register and on an Internet website of the Department accessible to the public.

SEC. 102. TECHNOLOGY TASK FORCE ON REVIEW OF SCHEDULING SYSTEM AND SOFTWARE OF THE DEPARTMENT OF VETERANS AFFAIRS.

(a) TASK FORCE REVIEW.—

(1) IN GENERAL.—The Secretary of Veterans Affairs shall, through the use of a technology task force, conduct a review of the needs of the Department of Veterans Affairs with respect to the scheduling system and scheduling software of the Department of Veterans Affairs that is used by the Department to schedule appointments for veterans for hospital care, medical services, and other health care from the Department.

(2) AGREEMENT.—

(A) IN GENERAL.—The Secretary shall seek to enter into an agreement with a technology organization or technology organizations

to carry out the review required by paragraph (1).

(B) PROHIBITION ON USE OF FUNDS.—No Federal funds may be used to assist the technology organization or technology organizations under subparagraph (A) in carrying out the review required by paragraph (1).

(b) REPORT.—

(1) IN GENERAL.—Not later than 45 days after the date of the enactment of this Act, the technology task force required under subsection (a)(1) shall submit to the Secretary, the Committee on Veterans' Affairs of the Senate, and the Committee on Veterans' Affairs of the House of Representatives a report setting forth the findings and recommendations of the technology task force regarding the needs of the Department with respect to the scheduling system and scheduling software of the Department described in such subsection.

(2) ELEMENTS.—The report required by paragraph (1) shall include the following:

(A) Proposals for specific actions to be taken by the Department to improve the scheduling system and scheduling software of the Department described in subsection (a)(1).

(B) A determination as to whether an existing off-the-shelf system would—

(i) meet the needs of the Department to schedule appointments for veterans for hospital care, medical services, and other health care from the Department; and

(ii) improve the access of veterans to such care and services.

(3) PUBLICATION.—Not later than 30 days after the receipt of the report required by paragraph (1), the Secretary shall publish such report in the Federal Register and on an Internet website of the Department accessible to the public.

(c) IMPLEMENTATION OF TASK FORCE RECOMMENDATIONS.—Not later than one year after the receipt of the report required by subsection (b)(1), the Secretary shall implement the recommendations set forth in such report that the Secretary considers are feasible, advisable, and cost-effective.

TITLE II—TRAINING AND HIRING OF HEALTH CARE STAFF

SEC. 201. TREATMENT OF STAFFING SHORTAGE AND BIANNUAL REPORT ON STAFFING OF MEDICAL FACILITIES OF THE DEPARTMENT OF VETERANS AFFAIRS.

(a) STAFFING SHORTAGE.—

(1) IN GENERAL.—Not later than 180 days after the date of the enactment of this Act, and not later than September 30 each year thereafter, the Inspector General of the Department of Veterans Affairs shall determine, and the Secretary of Veterans Affairs shall publish in the Federal Register, the five occupations of health care providers of the Department of Veterans Affairs for which there is the largest staffing shortage throughout the Department.

(2) RECRUITMENT AND APPOINTMENT.—Notwithstanding sections 3304 and 3309 through 3318 of title 5, United States Code, the Secretary may, upon a determination by the Inspector General under paragraph (1) that there is a staffing shortage throughout the Department with respect to a particular occupation of health care provider, recruit and directly appoint highly qualified health care pro-

viders to serve as health care providers in that particular occupation for the Department.

(3) PRIORITY IN HEALTH PROFESSIONALS EDUCATIONAL ASSISTANCE PROGRAM TO CERTAIN PROVIDERS.—Section 7612(b)(5) of title 38, United States Code, is amended—

(A) in subparagraph (A), by striking ''and'' at the end;

(B) by redesignating subparagraph (B) as subparagraph (C); and

(C) by inserting after subparagraph (A) the following new subparagraph (B):

''(B) shall give priority to applicants pursuing a course of education or training towards a career in an occupation for which the Secretary has, in the most current determination published in the Federal Register pursuant to section 201(a)(1) of the Veterans' Access to Care through Choice, Accountability, and Transparency Act of 2014, determined that there is one of the largest staffing shortages throughout the Department with respect to such occupation; and''.

(b) REPORTS.—

(1) IN GENERAL.—Not later than 180 days after the date of the enactment of this Act, and not

later than December 31 of each even numbered year thereafter until 2024, the Secretary of Veterans Affairs shall submit to the Committee on Veterans' Affairs of the Senate and the Committee on Veterans' Affairs of the House of Representatives a report assessing the staffing of each medical facility of the Department of Veterans Affairs.

(2) ELEMENTS.—Each report submitted under paragraph (1) shall include the following:

(A) The results of a system-wide assessment of all medical facilities of the Department to ensure the following:

(i) Appropriate staffing levels for health care providers to meet the goals of the Secretary for timely access to care for veterans.

(ii) Appropriate staffing levels for support personnel, including clerks.

(iii) Appropriate sizes for clinical panels.

(iv) Appropriate numbers of full-time staff, or full-time equivalents, dedicated to direct care of patients.

(v) Appropriate physical plant space to meet the capacity needs of the Department in that area.

(vi) Such other factors as the Secretary considers necessary.

(B) A plan for addressing any issues identified in the assessment described in subparagraph (A), including a timeline for addressing such issues.

(C) A list of the current wait times and workload levels for the following clinics in each medical facility:

(i) Mental health.

(ii) Primary care.

(iii) Gastroenterology.

(iv) Women's health.

(v) Such other clinics as the Secretary considers appropriate.

(D) A description of the results of the most current determination of the Inspector General under paragraph (1) of subsection (a) and a plan to use direct appointment authority under paragraph (2) of such subsection to fill staffing shortages, including recommendations for improving the speed at which the

credentialing and privileging process can be conducted.

(E) The current staffing models of the Department for the following clinics, including recommendations for changes to such models:

(i) Mental health.

(ii) Primary care.

(iii) Gastroenterology.

(iv) Women's health.

(v) Such other clinics as the Secretary considers appropriate.

(F) A detailed analysis of succession planning at medical facilities of the Department, including the following:

(i) The number of positions in medical facilities throughout the Department that are not filled by a permanent employee.

(ii) The length of time each position described in clause (i) remained vacant or filled by a temporary or acting employee.

(iii) A description of any barriers to filling the positions described in clause (i).

(iv) A plan for filling any positions that are vacant or filled by a temporary or acting employee for more than 180 days.

(v) A plan for handling emergency circumstances, such as administrative leave or sudden medical leave for senior officials.

(G) The number of health care providers of the Department who have been removed from their positions, have retired, or have left their positions for another reason, disaggregated by provider type, during the two-year period preceding the submittal of the report.

(H) Of the health care providers specified in subparagraph (G) who have been removed from their positions, the following:

(i) The number of such health care providers who were reassigned to other positions in the Department.

(ii) The number of such health care providers who left the Department.

(iii) The number of such health care providers who left the Department and were subsequently rehired by the Department.

SEC. 202. CLINIC MANAGEMENT TRAINING FOR MANAGERS AND HEALTH CARE PROVIDERS OF THE DEPARTMENT OF VETERANS AFFAIRS.

(a) CLINIC MANAGEMENT TRAINING PROGRAM.—

(1) IN GENERAL.—Not later than 180 days after the date of the enactment of this Act, the Secretary of Veterans Affairs shall commence a clinic management training program to provide in-person, standardized education on health care management to all managers of, and health care providers at, medical facilities of the Department of Veterans Affairs.

(2) ELEMENTS.—The clinic management training program required by paragraph (1) shall include the following:

(A) Training on how to manage the schedules of health care providers of the Department, including the following:

(i) Maintaining such schedules in a manner that allows appointments to be booked at least eight weeks in advance.

(ii) Proper planning procedures for vacation, leave, and graduate medical education training schedules.

(B) Training on the appropriate number of appointments that a health care provider should conduct on a daily basis, based on specialty.

(C) Training on how to determine whether there are enough available appointment slots to

manage demand for different appointment types and mechanisms for alerting management of insufficient slots.

(D) Training on how to properly use the appointment scheduling system of the Department, including any new scheduling system implemented by the Department.

(E) Training on how to optimize the use of technology, including the following:

(i) Telemedicine.

(ii) Electronic mail.

(iii) Text messaging.

(iv) Such other technologies as specified by the Secretary.

(F) Training on how to properly use physical plant space at medical facilities of the Department to ensure efficient flow and privacy for patients and staff.

(3) SUNSET.—The clinic management training program required by paragraph (1) shall terminate on the date that is two years after the date on which the Secretary commences such program.

(b) TRAINING MATERIALS.—

(1) IN GENERAL.—After the termination of the clinic management training program required by

subsection (a), the Secretary shall provide training materials on health care management to each of the following employees of the Department upon the commencement of employment of such employee:

(A) Any manager of a medical facility of the Department.

(B) Any health care provider at a medical facility of the Department.

(C) Such other employees of the Department as the Secretary considers appropriate.

(2) UPDATE.—The Secretary shall regularly update the training materials required under paragraph (1).

SEC. 203. USE OF UNOBLIGATED AMOUNTS TO HIRE ADDITIONAL HEALTH CARE PROVIDERS FOR THE VETERANS HEALTH ADMINISTRATION.

(a) IN GENERAL.—At the end of each of fiscal years 2014 and 2015, all covered amounts shall be made available to the Secretary of Veterans Affairs to hire additional health care providers for the Veterans Health Administration of the Department of Veterans Affairs, or to carry out any provision of this Act or the amendments made by this Act, and shall remain available until expended.

(b) PRIORITY IN HIRING.—The Secretary shall prioritize hiring additional health care providers under

subsection (a) at medical facilities of the Department and in geographic areas in which the Secretary identifies the greatest shortage of health care providers.

(c) COVERED AMOUNTS DEFINED.—In this section, the term ''covered amounts'' means amounts—

(1) that are made available to the Veterans Health Administration of the Department for an appropriations account—

(A) under the heading ''MEDICAL SERVICES'';

(B) under the heading ''MEDICAL SUPPORT AND COMPLIANCE''; or

(C) under the heading ''MEDICAL FACILITIES''; and

(2) that are unobligated at the end of the applicable fiscal year.

TITLE III—IMPROVEMENT OF ACCESS TO CARE FROM NON-DEPARTMENT OF VETERANS AFFAIRS PROVIDERS

SEC. 301. EXPANDED AVAILABILITY OF HOSPITAL CARE AND MEDICAL SERVICES FOR VETERANS THROUGH THE USE OF CONTRACTS.

(a) EXPANSION OF AVAILABLE CARE AND SERVICES.—

(1) FURNISHING OF CARE.—

(A) IN GENERAL.—Hospital care and medical services under chapter 17 of title 38, United States Code, shall be furnished to an eligible veteran described in subsection (b), at the election of such veteran, through contracts authorized under subsection (d), or any other law administered by the Secretary of Veterans Affairs, with entities specified in subparagraph (B) for the furnishing of such care and services to veterans.

(B) ENTITIES SPECIFIED.—The entities specified in this subparagraph are the following:

(i) Any health care provider that is participating in the Medicare program under title XVIII of the Social Security Act (42 U.S.C. 1395 et seq.).

(ii) Any Federally-qualified health center (as defined in section 1905(l)(2)(B) of the Social Security Act (42 U.S.C. 1396d(l)(2)(B))).

(iii) The Department of Defense.

(iv) The Indian Health Service.

(2) CHOICE OF PROVIDER.—An eligible veteran who elects to receive care and services under this

section may select the provider of such care and services from among any source of provider of such care and services through an entity specified in paragraph (1)(B) that is accessible to the veteran.

(3) COORDINATION OF CARE AND SERVICES.—The Secretary shall coordinate, through the Non-VA Care Coordination Program of the Department of Veterans Affairs, the furnishing of care and services under this section to eligible veterans, including by ensuring that an eligible veteran receives an appointment for such care and services within the current wait-time goals of the Veterans Health Administration for the furnishing of hospital care and medical services.

(b) ELIGIBLE VETERANS.—A veteran is an eligible veteran for purposes of this section if—

(1)(A) the veteran is enrolled in the patient enrollment system of the Department of Veterans Affairs established and operated under section 1705 of title 38, United States Code; or

(B) the veteran is enrolled in such system, has not received hospital care or medical services from the Department, and has contacted the Department seeking an initial appointment from the Department for the receipt of such care or services; and

(2) the veteran—

(A)(i) attempts, or has attempted under paragraph (1)(B), to schedule an appointment for the receipt of hospital care or medical services under chapter 17 of title 38, United States Code, but is unable to schedule an appointment within the current wait-time goals of the Veterans Health Administration for the furnishing of such care or services; and

(ii) elects, and is authorized, to be furnished such care or services pursuant to subsection (c)(2);

(B) resides more than 40 miles from the nearest medical facility of the Department, including a community-based outpatient clinic, that is closest to the residence of the veteran; or

(C) resides—

(i) in a State without a medical facility of the Department that provides—

(I) hospital care;

(II) emergency medical services; and

(III) surgical care rated by the Secretary as having a surgical complexity of standard; and

(ii) more than 20 miles from a medical facility of the Department described in clause (i).

(c) ELECTION AND AUTHORIZATION.—

(1) IN GENERAL.—If the Secretary confirms that an appointment for an eligible veteran described in subsection (b)(2)(A) for the receipt of hospital care or medical services under chapter 17 of title 38, United States Code, is unavailable within the current wait-time goals of the Department for the furnishing of such care or services, the Secretary shall, at the election of the eligible veteran—

(A) place such eligible veteran on an electronic waiting list described in paragraph (2) for such an appointment; or

(B)(i) authorize that such care and services be furnished to the eligible veteran under this section for a period of time specified by the Secretary; and

(ii) send a letter to the eligible veteran describing the care and services the eligible veteran is eligible to receive under this section.

(2) ELECTRONIC WAITING LIST.—The electronic waiting list described in this paragraph shall be maintained by the Department and allow access by each eligible veteran via www.myhealth.va.gov or any successor website for the following purposes:

(A) To determine the place of such eligible veteran on the waiting list.

(B) To determine the average length of time an individual spends on the waiting list, disaggregated by medical facility of the Department and type of care or service needed, for purposes of allowing such eligible veteran to make an informed election under paragraph (1).

(d) CARE AND SERVICES THROUGH CONTRACTS.—

(1) IN GENERAL.—The Secretary shall enter into contracts with health care providers that are participating in the Medicare program under title XVIII of the Social Security Act (42 U.S.C. 1395 et seq.) to furnish care and services to eligible veterans under this section.

(2) RATES AND REIMBURSEMENT.—

(A) IN GENERAL.—In entering into a contract under this subsection, the Secretary shall—

(i) negotiate rates for the furnishing of care and services under this section; and

(ii) reimburse the health care provider for such care and services at the rates negotiated pursuant to clause (i) as provided in such contract.

(B) LIMIT ON RATES.—

(i) IN GENERAL.—Except as provided in clause (ii), rates negotiated under subparagraph (A)(i) shall not be more than the rates paid by the United States to a provider of services (as defined in section 1861(u) of the Social Security Act (42 U.S.C. 1395x(u))) or a supplier (as defined in section 1861(d) of such Act (42 U.S.C. 1395x(d))) under the Medicare program under title XVIII of the Social Security Act (42 U.S.C. 1395 et seq.) for the same care and services.

(ii) EXCEPTION.—The Secretary may negotiate a rate that is more than the rate paid by the United States as described in clause (i) with respect to the furnishing of care or services under this section to an eligible veteran if the Secretary determines

that there is no health care provider that will provide such care or services to such eligible veteran at the rate required under such clause—

(I) within the current wait-time goals of the Veterans Health Administration for the furnishing of such care or services; and

(II) at a location not more than 40 miles from the residence of such eligible veteran.

(C) LIMIT ON COLLECTION.—For the furnishing of care and services pursuant to a contract under this section, a health care provider may not collect any amount that is greater than the rate negotiated pursuant to subparagraph (A)(i).

(3) INFORMATION ON POLICIES AND PROCEDURES.—The Secretary shall provide to any health care provider with which the Secretary has entered into a contract under paragraph (1) the following:

(A) Information on applicable policies and procedures for submitting bills or claims for authorized care and services furnished to eligible veterans under this section.

(B) Access to a telephone hotline maintained by the Department that such health care provider may call for information on the following:

(i) Procedures for furnishing care and services under this section.

(ii) Procedures for submitting bills or claims for authorized care and services furnished to eligible veterans under this section and being reimbursed for furnishing such care and services.

(iii) Whether particular care or services under this section are authorized, and the procedures for authorization of such care or services.

(e) CHOICE CARD.—

(1) IN GENERAL.—For purposes of receiving care and services under this section, the Secretary shall issue to each eligible veteran a card that the eligible veteran shall present to a health care provider that is eligible to furnish care and services under this section before receiving such care and services.

(2) NAME OF CARD.—Each card issued under paragraph (1) shall be known as a ''Choice Card''.

(3) DETAILS OF CARD.—Each Choice Card issued to an eligible veteran under paragraph (1) shall include the following:

(A) The name of the eligible veteran.

(B) An identification number for the eligible veteran that is not the social security number of the eligible veteran.

(C) The contact information of an appropriate office of the Department for health care providers to confirm that care and services under this section are authorized for the eligible veteran.

(D) Contact information and other relevant information for the submittal of claims or bills for the furnishing of care and services under this section.

(E) The following statement: ''This card is for qualifying medical care outside the Department of Veterans Affairs. Please call the Department of Veterans Affairs phone number specified on this card to ensure that treatment has been authorized.''.

(4) INFORMATION ON USE OF CARD.—Upon issuing a Choice Card to an eligible veteran, the Secretary shall provide the eligible veteran with infor-

mation clearly stating the circumstances under which the veteran may be eligible for care and services under this section.

(f) INFORMATION ON AVAILABILITY OF CARE.—The Secretary shall provide information to a veteran about the availability of care and services under this section in the following circumstances:

(1) When the veteran enrolls in the patient enrollment system of the Department under section 1705 of title 38, United States Code.

(2) When the veteran attempts to schedule an appointment for the receipt of hospital care or medical services from the Department but is unable to schedule an appointment within the current wait-time goals of the Veterans Health Administration for delivery of such care or services.

(g) PROVIDERS.—To be eligible to furnish care and services under this section, a health care provider must—

(1) maintain at least the same or similar credentials and licenses as those credentials and licenses that are required of health care providers of the Department, as determined by the Secretary for purposes of this section; and

(2) submit, not less frequently than once each year, verification of such licenses and credentials maintained by such health care provider.

(h) COST-SHARING.—

(1) IN GENERAL.—The Secretary shall require an eligible veteran to pay a copayment to the Department for the receipt of care and services under this section only if such eligible veteran would be required to pay such copayment for the receipt of such care and services at a medical facility of the Department.

(2) LIMITATION.—The copayment required under paragraph (1) shall not be greater than the copayment required of such eligible veteran by the Department for the receipt of such care and services at a medical facility of the Department.

(i) CLAIMS PROCESSING SYSTEM.—

(1) IN GENERAL.—The Secretary shall provide for an efficient nationwide system for processing and paying bills or claims for authorized care and services furnished to eligible veterans under this section.

(2) REGULATIONS.—Not later than 90 days after the date of the enactment of this Act, the Secretary of Veterans Affairs shall prescribe regulations for the implementation of such system.

(3) OVERSIGHT.—The Chief Business Office of the Veterans Health Administration shall oversee the implementation and maintenance of such system.

(4) ACCURACY OF PAYMENT.—

(A) IN GENERAL.—The Secretary shall ensure that such system meets such goals for accuracy of payment as the Secretary shall specify for purposes of this section.

(B) ANNUAL REPORT.—

(i) IN GENERAL.—Not later than one year after the date of the enactment of this Act, and annually thereafter until the termination date specified in subsection (n), the Secretary shall submit to the Committee on Veterans' Affairs of the Senate and the Committee on Veterans' Affairs of the House of Representatives a report on the goals for accuracy of such system.

(ii) ELEMENTS.—Each report required by clause (i) shall include the following:

(I) A description of the goals for accuracy for such system specified by the Secretary under subparagraph (A).

(II) An assessment of the success of the Department in meeting such goals during the year preceding the submittal of the report.

(j) MEDICAL RECORDS.—The Secretary shall ensure that any health care provider that furnishes care and services under this section to an eligible veteran submits to the Department any medical record related to the care and services provided to such eligible veteran by such health care provider for inclusion in the electronic medical record of such eligible veteran maintained by the Department upon the completion of the provision of such care and services to such eligible veteran.

(k) TRACKING OF MISSED APPOINTMENTS.—The Secretary shall implement a mechanism to track any missed appointments for care and services under this section by eligible veterans to ensure that the Department does not pay for such care and services that were not furnished to an eligible veteran.

(l) IMPLEMENTATION.—Not later than 90 days after the date of the enactment of this Act, the Secretary shall prescribe interim final regulations on the implementation of this section and publish such regulations in the Federal Register.

(m) INSPECTOR GENERAL REPORT.—Not later than 540 days after the publication of the interim final regulations under subsection (l), the Inspector General of the Department shall submit to the Secretary a report on the results of an audit of the care and services furnished under this section to ensure the accuracy and timeliness of payments by the Department for the cost of such care and services, including any findings and recommendations of the Inspector General.

(n) TERMINATION.—The requirement of the Secretary to furnish care and services under this section terminates on the date that is two years after the date on which the Secretary publishes the interim final regulations under subsection (l).

(o) REPORTS.—

(1) INITIAL REPORT.—Not later than 90 days after the publication of the interim final regulations under subsection (l), the Secretary shall submit to the Committee on Veterans' Affairs of the Senate and the Committee on Veterans' Affairs of the House of Representatives a report on the furnishing of care and services under this section that includes the following:

(A) The number of eligible veterans who have received care and services under this section.

(B) A description of the type of care and services furnished to eligible veterans under this section.

(2) FINAL REPORT.—Not later than 540 days after the publication of the interim final regulations under subsection (l), the Secretary shall submit to the Committee on Veterans' Affairs of the Senate and the Committee on Veterans' Affairs of the House of Representatives a report on the furnishing of care and services under this section that includes the following:

(A) The total number of eligible veterans who have received care and services under this section, disaggregated by—

(i) eligible veterans described in subsection (b)(2)(A); and

(ii) eligible veterans described in subsection (b)(2)(B).

(B) A description of the type of care and services furnished to eligible veterans under this section.

(C) An accounting of the total cost of furnishing care and services to eligible veterans under this section.

(D) The results of a survey of eligible veterans who have received care or services under this section on the satisfaction of such eligible veterans with the care or services received by such eligible veterans under this section.

(E) An assessment of the effect of furnishing care and services under this section on wait times for an appointment for the receipt of hospital care and medical services from the Department.

(F) An assessment of the feasibility and advisability of continuing furnishing care and services under this section after the termination date specified in subsection (n).

(p) RULES OF CONSTRUCTION.—

(1) NO MODIFICATION OF CONTRACTS.—Nothing in this section shall be construed to require the Secretary to renegotiate contracts for the furnishing of hospital care or medical services to veterans entered into by the Department before the date of the enactment of this Act.

(2) FILLING AND PAYING FOR PRESCRIPTION MEDICATIONS.—Nothing in this section shall be construed to alter the process of the Department for filling and paying for prescription medications.

SEC. 302. TRANSFER OF AUTHORITY FOR PAYMENTS FOR HOSPITAL CARE, MEDICAL SERVICES, AND OTHER HEALTH CARE FROM NON-DEPARTMENT PROVIDERS TO THE CHIEF BUSINESS OFFICE OF THE VETERANS HEALTH ADMINISTRATION OF THE DEPARTMENT.

(a) TRANSFER OF AUTHORITY.—

(1) IN GENERAL.—Effective on October 1, 2014, the Secretary of Veterans Affairs shall transfer the authority to pay for hospital care, medical services, and other health care through non-Department providers to the Chief Business Office of the Veterans Health Administration of the Department of Veterans Affairs from the Veterans Integrated Service Networks and medical centers of the Department of Veterans Affairs.

(2) MANNER OF CARE.—The Chief Business Office shall work in consultation with the Office of Clinical Operations and Management of the Department of Veterans Affairs to ensure that care and

services described in paragraph (1) are provided in a manner that is clinically appropriate and effective.

(3) NO DELAY IN PAYMENT.—The transfer of authority under paragraph (1) shall be carried out in a manner that does not delay or impede any payment by the Department for hospital care, medical services, or other health care provided through a non-Department provider under the laws administered by the Secretary.

(b) BUDGETARY EFFECT.—The Secretary shall, for each fiscal year that begins after the date of the enactment of this Act—

(1) include in the budget for the Chief Business Office of the Veterans Health Administration amounts to pay for hospital care, medical services, and other health care provided through non-Department providers, including any amounts necessary to carry out the transfer of authority to pay for such care and services under subsection (a), including any increase in staff; and

(2) not include in the budget of each Veterans Integrated Service Network and medical center of the Department amounts to pay for such care and services.

SEC. 303. ENHANCEMENT OF COLLABORATION BETWEEN DEPARTMENT OF VETERANS AFFAIRS AND INDIAN HEALTH SERVICE.

(a) OUTREACH TO TRIBAL-RUN MEDICAL FACILITIES.—The Secretary of Veterans Affairs shall, in consultation with the Director of the Indian Health Service, conduct outreach to each medical facility operated by an Indian tribe or tribal organization through a contract or compact with the Indian Health Service under the Indian Self-Determination and Education Assistance Act (25 U.S.C. 450 et seq.) to raise awareness of the ability of such facilities, Indian tribes, and tribal organizations to enter into agreements with the Department of Veterans Affairs under which the Secretary reimburses such facilities, Indian tribes, or tribal organizations, as the case may be, for health care provided to veterans eligible for health care at such facilities.

(b) METRICS FOR MEMORANDUM OF UNDERSTANDING PERFORMANCE.—The Secretary of Veterans Affairs shall implement performance metrics for assessing the performance by the Department of Veterans Affairs and the Indian Health Service under the memorandum of understanding entitled ''Memorandum of Understanding between the Department of Veterans Affairs (VA) and the Indian Health Service (IHS)'' in increasing access to health care, improving quality and coordination of health

care, promoting effective patient-centered collaboration and partnerships between the Department and the Service, and ensuring health-promotion and disease-prevention services are appropriately funded and available for beneficiaries under both health care systems.

(c) REPORT.—Not later than 180 days after the date of the enactment of this Act, the Secretary of Veterans Affairs and the Director of the Indian Health Service shall jointly submit to Congress a report on the feasibility and advisability of the following:

(1) Entering into agreements for the reimbursement by the Secretary of the costs of direct care services provided through organizations receiving amounts pursuant to grants made or contracts entered into under section 503 of the Indian Health Care Improvement Act (25 U.S.C. 1653) to veterans who are otherwise eligible to receive health care from such organizations.

(2) Including the reimbursement of the costs of direct care services provided to veterans who are not Indians in agreements between the Department and the following:

(A) The Indian Health Service.

(B) An Indian tribe or tribal organization operating a medical facility through a contract

or compact with the Indian Health Service under the Indian Self-Determination and Education Assistance Act (25 U.S.C. 450 et seq.).

(C) A medical facility of the Indian Health Service.

(d) DEFINITIONS.—In this section:

(1) INDIAN.—The terms ''Indian'' and ''Indian tribe'' have the meanings given those terms in section 4 of the Indian Health Care Improvement Act (25 U.S.C. 1603).

(2) MEDICAL FACILITY OF THE INDIAN HEALTH SERVICE.—The term ''medical facility of the Indian Health Service'' includes a facility operated by an Indian tribe or tribal organization through a contract or compact with the Indian Health Service under the Indian Self-Determination and Education Assistance Act (25 U.S.C. 450 et seq.).

(3) TRIBAL ORGANIZATION.—The term ''tribal organization'' has the meaning given the term in section 4 of the Indian Self-Determination and Education Assistance Act (25 U.S.C. 450b).

SEC. 304. ENHANCEMENT OF COLLABORATION BETWEEN DEPARTMENT OF VETERANS AFFAIRS AND NATIVE HAWAIIAN HEALTH CARE SYSTEMS.

(a) IN GENERAL.—The Secretary of Veterans Affairs shall, in consultation with Papa Ola Lokahi and such other organizations involved in the delivery of health care to Native Hawaiians as the Secretary considers appropriate, enter into contracts or agreements with Native Hawaiian health care systems that are in receipt of funds from the Secretary of Health and Human Services pursuant to grants awarded or contracts entered into under section 6(a) of the Native Hawaiian Health Care Improvement Act (42 U.S.C. 11705(a)) for the reimbursement of direct care services provided to eligible veterans as specified in such contracts or agreements.

(b) DEFINITIONS.—In this section, the terms ''Native Hawaiian'', ''Native Hawaiian health care system'', and ''Papa Ola Lokahi'' have the meanings given those terms in section 12 of the Native Hawaiian Health Care Improvement Act (42 U.S.C. 11711).

SEC. 305. SENSE OF CONGRESS ON PROMPT PAYMENT BY DEPARTMENT OF VETERANS AFFAIRS.

It is the sense of Congress that the Secretary of Veterans Affairs shall comply with section 1315 of title 5, Code of Federal Regulations (commonly known as the ''prompt payment rule''), or any corresponding similar

regulation or ruling, in paying for health care pursuant to contracts entered into with non-Department of Veterans Affairs providers to provide health care under the laws administered by the Secretary.

TITLE IV—HEALTH CARE ADMINISTRATIVE MATTERS

SEC. 401. IMPROVEMENT OF ACCESS OF VETERANS TO MOBILE VET CENTERS OF THE DEPARTMENT OF VETERANS AFFAIRS.

(a) IMPROVEMENT OF ACCESS.—

(1) IN GENERAL.—The Secretary of Veterans Affairs shall improve the access of veterans to telemedicine and other health care through the use of mobile vet centers of the Department of Veterans Affairs by providing standardized requirements for the operation of such centers.

(2) REQUIREMENTS.—The standardized requirements required by paragraph (1) shall include the following:

(A) The number of days each mobile vet center of the Department is expected to travel per year.

(B) The number of locations each center is expected to visit per year.

(C) The number of appointments each center is expected to conduct per year.

(D) The method and timing of notifications given by each center to individuals in the area to which such center is traveling, including notifications informing veterans of the availability to schedule appointments at the center.

(3) USE OF TELEMEDICINE.—The Secretary shall ensure that each mobile vet center of the Department has the capability to provide telemedicine services.

(b) REPORTS.—Not later than one year after the date of the enactment of this Act, and not later than September 30 each year thereafter, the Secretary of Veterans Affairs shall submit to the Committee on Veterans' Affairs of the Senate and the Committee on Veterans' Affairs of the House of Representatives a report on the following:

(1) The use of mobile vet centers to provide telemedicine services to veterans during the year preceding the submittal of the report, including the following:

(A) The number of days each mobile vet center was open to provide such services.

(B) The number of days each mobile vet center traveled to a location other than the

headquarters of the mobile vet center to provide such services.

(C) The number of appointments each center conducted to provide such services on average per month and in total during such year.

(2) An analysis of the effectiveness of using mobile vet centers to provide health care services to veterans through the use of telemedicine.

(3) Any recommendations for an increase in the number of mobile vet centers of the Department.

(4) Any recommendations for an increase in the telemedicine capabilities of each mobile vet center.

(5) The feasibility and advisability of using temporary health care providers, including locum tenens, to provide direct health care services to veterans at mobile vet centers.

(6) Such other recommendations on improvement of the use of mobile vet centers by the Department as the Secretary considers appropriate.

SEC. 402. COMMISSION ON CONSTRUCTION PROJECTS OF THE DEPARTMENT OF VETERANS AFFAIRS.

(a) ESTABLISHMENT OF COMMISSION.—

(1) ESTABLISHMENT.—There is established an Independent Commission on Department of Vet-

erans Affairs Construction Projects (in this section referred to as the ''Commission'').

(2) MEMBERSHIP.—

(A) VOTING MEMBERS.—The Commission shall be composed of 10 voting members as follows:

(i) Three members to be appointed by the President from among members of the National Academy of Engineering who are nominated under subparagraph (B).

(ii) Three members to be appointed by the President from among members of the National Institute of Building Sciences who are nominated under subparagraph (B).

(iii) Four members to be appointed by the President from among veterans enrolled in the patient enrollment system of the Department of Veterans Affairs under section 1705 of title 38, United States Code, who are nominated under subparagraph (B).

(B) NOMINATION OF VOTING MEMBERS.—The majority leader of the Senate, the minority leader of the Senate, the speaker of the House

of Representatives, and the minority leader of the House of Representatives shall jointly nominate not less than 24 individuals to be considered by the President for appointment under subparagraph (A).

(C) NONVOTING MEMBERS.—The Commission shall be composed of the following nonvoting members:

(i) The Comptroller General of the United States, or designee.

(ii) The Secretary of Veterans Affairs, or designee.

(iii) The Inspector General of the Department of Veterans Affairs, or designee.

(D) DATE OF APPOINTMENT OF MEMBERS.—The appointments of the members of the Commission under subparagraph (A) shall be made not later than 14 days after the date of the enactment of this Act.

(3) PERIOD OF APPOINTMENT; VACANCIES.—Members shall be appointed for the life of the Commission. Any vacancy in the Commission shall not affect its powers, but shall be filled in the same manner as the original appointment.

(4) INITIAL MEETING.—Not later than five days after the date on which all members of the Commission have been appointed, the Commission shall hold its first meeting.

(5) MEETINGS.—The Commission shall meet at the call of the Chairperson.

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

(7) CHAIRPERSON AND VICE CHAIRPERSON.—The Commission shall select a Chairperson and Vice Chairperson from among its members.

(b) DUTIES OF COMMISSION.—

(1) REVIEW.—The Commission shall review current construction and maintenance projects and the medical facility leasing program of the Department of Veterans Affairs to identify any problems experienced by the Department in carrying out such projects and program.

(2) REPORTS.—

(A) COMMISSION REPORT.—Not later than 120 days after the date of the enactment of this Act, the Commission shall submit to the Secretary of Veterans Affairs, the Committee on Veterans' Affairs of the Senate, and the Com-

mittee on Veterans' Affairs of the House of Representatives a report setting forth recommendations, if any, for improving the manner in which the Secretary carries out the projects and program specified in paragraph (1).

(B) DEPARTMENT REPORT.—Not later than 60 days after the submittal of the report under subparagraph (A), the Secretary of Veterans Affairs shall submit to the Committee on Veterans' Affairs of the Senate and the Committee on Veterans' Affairs of the House of Representatives a report on the feasibility and advisability of implementing the recommendations of the Commission, if any, included in the report submitted under such subparagraph, including a timeline for the implementation of such recommendations.

(c) POWERS OF COMMISSION.—

(1) HEARINGS.—The Commission may hold such hearings, sit and act at such times and places, take such testimony, and receive such evidence as the Commission considers advisable to carry out this section.

(2) INFORMATION FROM FEDERAL AGENCIES.—The Commission may secure directly from any Federal agency such information as the Commission considers necessary to carry out this section. Upon request of the Chairperson of the Commission, the head of such agency shall furnish such information to the Commission.

(d) COMMISSION PERSONNEL MATTERS.—

(1) COMPENSATION OF MEMBERS.—Each member of the Commission who is not an officer or employee of the Federal Government shall be compensated at a rate equal to the daily equivalent of the annual rate of basic pay prescribed for level IV of the Executive Schedule under section 5315 of title 5, United States Code, for each day (including travel time) during which such member is engaged in the performance of the duties of the Commission. All members of the Commission who are officers or employees of the United States shall serve without compensation in addition to that received for their services as officers or employees of the United States.

(2) TRAVEL EXPENSES.—The members of the Commission shall be allowed travel expenses, including per diem in lieu of subsistence, at rates authorized for employees of agencies under subchapter I of

chapter 57 of title 5, United States Code, while away from their homes or regular places of business in the performance of services for the Commission.

(3) STAFF.—

(A) IN GENERAL.—The Chairperson of the Commission may, without regard to the civil service laws and regulations, appoint and terminate an executive director and such other additional personnel as may be necessary to enable the Commission to perform its duties. The employment of an executive director shall be subject to confirmation by the Commission.

(B) COMPENSATION.—The Chairperson of the Commission may fix the compensation of the executive director and other personnel without regard to chapter 51 and subchapter III of chapter 53 of title 5, United States Code, relating to classification of positions and General Schedule pay rates, except that the rate of pay for the executive director and other personnel may not exceed the rate payable for level V of the Executive Schedule under section 5316 of such title.

(4) DETAIL OF GOVERNMENT EMPLOYEES.—Any Federal Government employee may be detailed

to the Commission without reimbursement, and such detail shall be without interruption or loss of civil service status or privilege.

(5) PROCUREMENT OF TEMPORARY AND INTERMITTENT SERVICES.—The Chairperson of the Commission may procure temporary and intermittent services under section 3109(b) of title 5, United States Code, at rates for individuals that do not exceed the daily equivalent of the annual rate of basic pay prescribed for level V of the Executive Schedule under section 5316 of such title.

(e) TERMINATION OF COMMISSION.—The Commission shall terminate 30 days after the date on which the Commission submits its report under subsection (b)(2)(A).

SEC. 403. COMMISSION ON ACCESS TO CARE.

(a) ESTABLISHMENT OF COMMISSION.—

(1) IN GENERAL.—There is established the Commission on Access to Care (in this section referred to as the ''Commission'') to examine the access of veterans to health care from the Department of Veterans Affairs and strategically examine how best to organize the Veterans Health Administration, locate health care resources, and deliver health care to veterans during the 10- to 20-year period beginning on the date of the enactment of this Act.

(2) MEMBERSHIP.—

(A) VOTING MEMBERS.—The Commission shall be composed of 10 voting members who are appointed by the President as follows:

(i) At least two members who represent an organization recognized by the Secretary of Veterans Affairs for the representation of veterans under section 5902 of title 38, United States Code.

(ii) At least one member from among persons who have experience as senior management for a private integrated health care system with an annual gross revenue of more than $50,000,000.

(iii) At least one member from among persons who are familiar with government health care systems, including those systems of the Department of Defense, the Indian Health Service, and Federally-qualified health centers (as defined in section 1905(l)(2)(B) of the Social Security Act (42 U.S.C. 1396d(l)(2)(B))).

(iv) At least two members from among persons who are familiar with the Veterans Health Administration but are

not current employees of the Veterans Health Administration.

(v) At least two members from among persons who are veterans or eligible for hospital care, medical services, or other health care under the laws administered by the Secretary of Veterans Affairs.

(B) NONVOTING MEMBERS.—

(i) IN GENERAL.—In addition to members appointed under subparagraph (A), the Commission shall be composed of 10 nonvoting members who are appointed by the President as follows:

(I) At least two members who represent an organization recognized by the Secretary of Veterans Affairs for the representation of veterans under section 5902 of title 38, United States Code.

(II) At least one member from among persons who have experience as senior management for a private integrated health care system with an annual gross revenue of more than $50,000,000.

(III) At least one member from among persons who are familiar with government health care systems, including those systems of the Department of Defense, the Indian Health Service, and Federally-qualified health centers (as defined in section 1905(l)(2)(B) of the Social Security Act (42 U.S.C. 1396d(l)(2)(B))).

(IV) At least two members from among persons who are familiar with the Veterans Health Administration but are not current employees of the Veterans Health Administration.

(V) At least two members from among persons who are veterans or eligible for hospital care, medical services, or other health care under the laws administered by the Secretary of Veterans Affairs.

(ii) ADDITIONAL NONVOTING MEMBERS.—In addition to members appointed under subparagraph (A) and clause (i), the Commission shall be composed of the following nonvoting members:

(I) The Comptroller General of the United States, or designee.

(II) The Inspector General of the Department of Veterans Affairs, or designee.

(C) DATE.—The appointments of members of the Commission shall be made not later than 60 days after the date of the enactment of this Act.

(3) PERIOD OF APPOINTMENT; VACANCIES.—Members shall be appointed for the life of the Commission. Any vacancy in the Commission shall not affect its powers, but shall be filled in the same manner as the original appointment.

(4) INITIAL MEETING.—Not later than 15 days after the date on which seven voting members of the Commission have been appointed, the Commission shall hold its first meeting.

(5) MEETINGS.—The Commission shall meet at the call of the Chairperson.

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

(7) CHAIRPERSON AND VICE CHAIRPERSON.—The Commission shall select a Chairperson and Vice Chairperson from among its members.

(b) DUTIES OF COMMISSION.—

(1) EVALUATION AND ASSESSMENT.—The Commission shall undertake a comprehensive evaluation and assessment of access to health care at the Department of Veterans Affairs.

(2) MATTERS EVALUATED AND ASSESSED.—The matters evaluated and assessed by the Commission shall include the following:

(A) The appropriateness of current standards of the Department of Veterans Affairs concerning access to health care.

(B) The measurement of such standards.

(C) The appropriateness of performance standards and incentives in relation to standards described in subparagraph (A).

(D) Staffing levels throughout the Veterans Health Administration and whether they are sufficient to meet current demand for health care from the Administration.

(E) The results of the assessment conducted by an independent third party under

section 101(a), including any data or recommendations included in such assessment.

(3) REPORTS.—The Commission shall submit to the President, through the Secretary of Veterans Affairs, reports as follows:

(A) Not later than 90 days after the date of the initial meeting of the Commission, an interim report on—

(i) the findings of the Commission with respect to the evaluation and assessment required by this subsection; and

(ii) such recommendations as the Commission may have for legislative or administrative action to improve access to health care through the Veterans Health Administration.

(B) Not later than 180 days after the date of the initial meeting of the Commission, a final report on—

(i) the findings of the Commission with respect to the evaluation and assessment required by this subsection; and

(ii) such recommendations as the Commission may have for legislative or administrative action to improve access to

health care through the Veterans Health Administration.

(c) POWERS OF THE COMMISSION.—

(1) HEARINGS.—The Commission may hold such hearings, sit and act at such times and places, take such testimony, and receive such evidence as the Commission considers advisable to carry out this section.

(2) INFORMATION FROM FEDERAL AGENCIES.—The Commission may secure directly from any Federal department or agency such information as the Commission considers necessary to carry out this section. Upon request of the Chairperson of the Commission, the head of such department or agency shall furnish such information to the Commission.

(d) COMMISSION PERSONNEL MATTERS.—

(1) COMPENSATION OF MEMBERS.—Each member of the Commission who is not an officer or employee of the Federal Government shall be compensated at a rate equal to the daily equivalent of the annual rate of basic pay prescribed for level IV of the Executive Schedule under section 5315 of title 5, United States Code, for each day (including travel time) during which such member is engaged in the performance of the duties of the Commission. All

members of the Commission who are officers or employees of the United States shall serve without compensation in addition to that received for their services as officers or employees of the United States.

(2) TRAVEL EXPENSES.—The members of the Commission shall be allowed travel expenses, including per diem in lieu of subsistence, at rates authorized for employees of agencies under subchapter I of chapter 57 of title 5, United States Code, while away from their homes or regular places of business in the performance of services for the Commission.

(3) STAFF.—

(A) IN GENERAL.—The Chairperson of the Commission may, without regard to the civil service laws and regulations, appoint and terminate an executive director and such other additional personnel as may be necessary to enable the Commission to perform its duties. The employment of an executive director shall be subject to confirmation by the Commission.

(B) COMPENSATION.—The Chairperson of the Commission may fix the compensation of the executive director and other personnel without regard to chapter 51 and subchapter III of chapter 53 of title 5, United States Code, relat-

ing to classification of positions and General Schedule pay rates, except that the rate of pay for the executive director and other personnel may not exceed the rate payable for level V of the Executive Schedule under section 5316 of such title.

(4) DETAIL OF GOVERNMENT EMPLOYEES.—Any Federal Government employee may be detailed to the Commission without reimbursement, and such detail shall be without interruption or loss of civil service status or privilege.

(5) PROCUREMENT OF TEMPORARY AND INTERMITTENT SERVICES.—The Chairperson of the Commission may procure temporary and intermittent services under section 3109(b) of title 5, United States Code, at rates for individuals that do not exceed the daily equivalent of the annual rate of basic pay prescribed for level V of the Executive Schedule under section 5316 of such title.

(e) TERMINATION OF THE COMMISSION.—The Commission shall terminate 30 days after the date on which the Commission submits its report under subsection (b)(3)(B).

(f) FUNDING.—The Secretary of Veterans Affairs shall make available to the Commission from amounts ap-

propriated or otherwise made available to the Secretary such amounts as the Secretary and the Chairperson of the Commission jointly consider appropriate for the Commission to perform its duties under this section.

(g) EXECUTIVE ACTION.—

(1) ACTION ON RECOMMENDATIONS.—The President shall require the Secretary of Veterans Affairs and such other heads of relevant Federal departments and agencies to implement each recommendation set forth in a report submitted under subsection (b)(3) that the President—

(A) considers feasible and advisable; and

(B) determines can be implemented without further legislative action.

(2) REPORTS.—Not later than 60 days after the date on which the President receives a report under subsection (b)(3), the President shall submit to the Committee on Veterans' Affairs of the Senate and the Committee on Veterans' Affairs of the House of Representatives and such other committees of Congress as the President considers appropriate a report setting forth the following:

(A) An assessment of the feasibility and advisability of each recommendation contained in the report received by the President.

(B) For each recommendation assessed as feasible and advisable under subparagraph (A) the following:

(i) Whether such recommendation requires legislative action.

(ii) If such recommendation requires legislative action, a recommendation concerning such legislative action.

(iii) A description of any administrative action already taken to carry out such recommendation.

(iv) A description of any administrative action the President intends to be taken to carry out such recommendation and by whom.

SEC. 404. IMPROVED PERFORMANCE METRICS FOR HEALTH CARE PROVIDED BY DEPARTMENT OF VETERANS AFFAIRS.

(a) PROHIBITION ON USE OF SCHEDULING AND WAIT-TIME METRICS IN DETERMINATION OF PERFORMANCE AWARDS.—The Secretary of Veterans Affairs shall ensure that scheduling and wait-time metrics or goals are not used as factors in determining the performance of the following employees for purposes of determining whether to pay performance awards to such employees:

(1) Directors, associate directors, assistant directors, deputy directors, chiefs of staff, and clinical leads of medical centers of the Department of Veterans Affairs.

(2) Directors, assistant directors, and quality management officers of Veterans Integrated Service Networks of the Department of Veterans Affairs.

(b) MODIFICATION OF PERFORMANCE PLANS.—

(1) IN GENERAL.—Not later than 30 days after the date of the enactment of this Act, the Secretary shall modify the performance plans of the directors of the medical centers of the Department and the directors of the Veterans Integrated Service Networks to ensure that such plans are based on the quality of care received by veterans at the health care facilities under the jurisdictions of such directors.

(2) FACTORS.—In modifying performance plans under paragraph (1), the Secretary shall ensure that assessment of the quality of care provided at health care facilities under the jurisdiction of a director described in paragraph (1) includes consideration of the following:

(A) Recent reviews by the Joint Commission (formerly known as the ''Joint Commission

on Accreditation of Healthcare Organizations'') of such facilities.

(B) The number and nature of recommendations concerning such facilities by the Inspector General of the Department in reviews conducted through the Combined Assessment Program (CAP), in the reviews by the Inspector General of community based outpatient clinics and primary care clinics, and in reviews conducted through the Office of Healthcare Inspections during the two most recently completed fiscal years.

(C) The number of recommendations described in subparagraph (B) that the Inspector General of the Department determines have not been carried out satisfactorily with respect to such facilities.

(D) Reviews of such facilities by the Commission on Accreditation of Rehabilitation Facilities.

(E) The number and outcomes of administrative investigation boards, root cause analysis, and peer reviews conducted at such facilities during the fiscal year for which the assessment is being conducted.

(F) The effectiveness of any remedial actions or plans resulting from any Inspector General recommendations in the reviews and analyses described in subparagraphs (A) through (E).

(3) ADDITIONAL LEADERSHIP POSITIONS.—To the degree practicable, the Secretary shall assess the performance of other employees of the Department in leadership positions at Department medical centers, including associate directors, assistant directors, deputy directors, chiefs of staff, and clinical leads, and in Veterans Integrated Service Networks, including assistant directors and quality management officers, using factors and criteria similar to those used in the performance plans modified under paragraph (1).

(c) REMOVAL OF CERTAIN PERFORMANCE GOALS.—For each fiscal year that begins after the date of the enactment of this Act, the Secretary shall not include in the performance goals of any employee of a Veterans Integrated Service Network or medical center of the Department any performance goal that might disincentivize the payment of Department amounts to provide hospital care, medical services, or other health care through a non-Department provider.

SEC. 405. IMPROVED TRANSPARENCY CONCERNING HEALTH CARE PROVIDED BY DEPARTMENT OF VETERANS AFFAIRS.

(a) PUBLICATION OF WAIT TIMES.—

(1) GOALS.—

(A) INITIAL.—Not later than 90 days after the date of the enactment of this Act, the Secretary of Veterans Affairs shall publish in the Federal Register, and on an Internet website accessible to the public of each medical center of the Department of Veterans Affairs, the wait-time goals of the Department for the scheduling of an appointment by a veteran for the receipt of health care from the Department.

(B) SUBSEQUENT CHANGES.—

(i) IN GENERAL.—If the Secretary modifies the wait-time goals described in subparagraph (A), the Secretary shall publish the new wait-times goals—

(I) on an Internet website accessible to the public of each medical center of the Department not later than 30 days after such modification; and

(II) in the Federal Register not later than 90 days after such modification.

(ii) EFFECTIVE DATE.—Any modification under clause (i) shall take effect on the date of publication in the Federal Register.

(C) GOALS DESCRIBED.—Wait-time goals published under this paragraph shall include goals for primary care appointments, specialty care appointments, and appointments based on the general severity of the condition of the veteran.

(2) WAIT TIMES AT MEDICAL CENTERS OF THE DEPARTMENT.—Not later than one year after the date of the enactment of this Act, the Secretary of Veterans Affairs shall publish on an Internet website accessible to the public of each medical center of the Department the current wait time for an appointment for primary care and specialty care at the medical center.

(b) PUBLICLY AVAILABLE DATABASE OF PATIENT SAFETY, QUALITY OF CARE, AND OUTCOME MEASURES.—

(1) IN GENERAL.—Not later than 180 days after the date of the enactment of this Act, the Secretary shall develop and make available to the public a comprehensive database containing all applicable patient safety, quality of care, and outcome measures for health care provided by the Department that are tracked by the Secretary.

(2) UPDATE FREQUENCY.—The Secretary shall update the database required by paragraph (1) not less frequently than once each year.

(3) UNAVAILABLE MEASURES.—For all measures that the Secretary would otherwise publish in the database required by paragraph (1) but has not done so because such measures are not available, the Secretary shall publish notice in the database of the reason for such unavailability and a timeline for making such measures available in the database.

(4) ACCESSIBILITY.—The Secretary shall ensure that the database required by paragraph (1) is accessible to the public through the primary Internet website of the Department and through each primary Internet website of a Department medical center.

(c) HOSPITAL COMPARE WEBSITE OF DEPARTMENT OF HEALTH AND HUMAN SERVICES.—

(1) AGREEMENT REQUIRED.—Not later than 180 days after the date of the enactment of this Act, the Secretary of Veterans Affairs shall enter into an agreement with the Secretary of Health and Human Services for the provision by the Secretary of Veterans Affairs of such information as the Secretary of Health and Human Services may require to report and make publicly available patient quality and outcome information concerning Department of Veterans Affairs medical centers through the Hospital Compare Internet website of the Department of Health and Human Services or any successor Internet website.

(2) INFORMATION PROVIDED.—The information provided by the Secretary of Veterans Affairs to the Secretary of Health and Human Services under paragraph (1) shall include the following:

(A) Measures of timely and effective health care.

(B) Measures of readmissions, complications of death, including with respect to 30-day mortality rates and 30-day readmission rates, surgical complication measures, and health care related infection measures.

(C) Survey data of patient experiences, including the Hospital Consumer Assessment of Healthcare Providers and Systems or any similar successor survey developed by the Department of Health and Human Services.

(D) Any other measures required of or reported with respect to hospitals participating in the Medicare program under title XVIII of the Social Security Act (42 U.S.C. 1395 et seq.).

(3) UNAVAILABLE INFORMATION.—For any applicable metric collected by the Department of Veterans Affairs or required to be provided under paragraph (2) and withheld from or unavailable in the Hospital Compare Internet website, the Secretary of Veterans Affairs shall publish a notice in the Federal Register stating the reason why such metric was withheld from public disclosure and a timeline for making such metric available, if applicable.

(d) COMPTROLLER GENERAL REVIEW OF PUBLICLY AVAILABLE SAFETY AND QUALITY METRICS.—Not later than three years after the date of the enactment of this Act, the Comptroller General of the United States shall conduct a review of the safety and quality metrics made publicly available by the Secretary of Veterans Affairs

under this section to assess the degree to which the Secretary is complying with the provisions of this section.

SEC. 406. INFORMATION FOR VETERANS ON THE CREDENTIALS OF DEPARTMENT OF VETERANS AFFAIRS PHYSICIANS.

(a) IMPROVEMENT OF ''OUR PROVIDERS'' INTERNET WEBSITE LINKS.—

(1) AVAILABILITY THROUGH DEPARTMENT OF VETERANS AFFAIRS HOMEPAGE.—A link to the ''Our Providers'' health care providers database of the Department of Veterans Affairs, or any successor database, shall be available on and through the homepage of the Internet website of the Department that is accessible to the public.

(2) INFORMATION ON LOCATION OF RESIDENCY TRAINING.—The Internet website of the Department that is accessible to the public shall include under the link to the ''Our Providers'' health care providers database of the Department, or any successor database, the location of residency training of each licensed physician of the Department.

(3) INFORMATION ON PHYSICIANS AT PARTICULAR FACILITIES.—The ''Our Providers'' health care providers database of the Department, or any successor database, shall identify whether each li-

censed physician of the Department is a physician in residency.

(b) INFORMATION ON CREDENTIALS OF PHYSICIANS FOR VETERANS UNDERGOING SURGICAL PROCEDURES.—

(1) IN GENERAL.—Each veteran who is undergoing a surgical procedure by or through the Department shall be provided information on the credentials of the surgeon to be performing such procedure at such time in advance of the procedure as is appropriate to permit such veteran to evaluate such information.

(2) OTHER INDIVIDUALS.—If a veteran is unable to evaluate the information provided under paragraph (1) due to the health or mental competence of the veteran, such information shall be provided to an individual acting on behalf of the veteran.

(c) COMPTROLLER GENERAL REPORT AND PLAN.—

(1) REPORT.—Not later than two years after the date of the enactment of this Act, the Comptroller General of the United States shall submit to the Committee on Veterans' Affairs of the Senate and the Committee on Veterans' Affairs of the House of Representatives a report setting forth an

assessment by the Comptroller General of the following:

(A) The manner in which contractors under the Patient-Centered Community Care initiative of the Department perform oversight of the credentials of physicians within the networks of such contractors under the initiative.

(B) The oversight by the Department of the contracts under the Patient-Centered Community Care initiative.

(C) The verification by the Department of the credentials and licenses of health care providers furnishing hospital care and medical services under section 301.

(2) PLAN.—

(A) IN GENERAL.—Not later than 30 days after the submittal of the report under paragraph (1), the Secretary shall—

(i) submit to the Comptroller General, the Committee on Veterans' Affairs of the Senate, and the Committee on Veterans' Affairs of the House of Representatives a plan to address any findings and recommendations of the Comptroller General included in such report; and

(ii) submit to the Committee on Veterans' Affairs of the Senate and the Committee on Veterans' Affairs of the House of Representatives a request for additional amounts, if any, that may be necessary to carry out such plan.

(B) IMPLEMENTATION.—Not later than 90 days after the submittal of the report under paragraph (1), the Secretary shall carry out such plan.

SEC. 407. INFORMATION IN ANNUAL BUDGET OF THE PRESIDENT ON HOSPITAL CARE AND MEDICAL SERVICES FURNISHED THROUGH EXPANDED USE OF CONTRACTS FOR SUCH CARE.

The materials on the Department of Veterans Affairs in the budget of the President for a fiscal year, as submitted to Congress pursuant to section 1105(a) of title 31, United States Code, shall set forth the following:

(1) The number of veterans who received hospital care and medical services under section 301 during the fiscal year preceding the fiscal year in which such budget is submitted.

(2) The amount expended by the Department on furnishing care and services under such section

during the fiscal year preceding the fiscal year in which such budget is submitted.

(3) The amount requested in such budget for the costs of furnishing care and services under such section during the fiscal year covered by such budget, set forth in aggregate and by amounts for each account for which amounts are so requested.

(4) The number of veterans that the Department estimates will receive hospital care and medical services under such section during the fiscal years covered by the budget submission.

(5) The number of employees of the Department on paid administrative leave at any point during the fiscal year preceding the fiscal year in which such budget is submitted.

SEC. 408. PROHIBITION ON FALSIFICATION OF DATA CONCERNING WAIT TIMES AND QUALITY MEASURES AT DEPARTMENT OF VETERANS AFFAIRS.

Not later than 60 days after the date of the enactment of this Act, and in accordance with title 5, United States Code, the Secretary of Veterans Affairs shall establish policies whereby any employee of the Department of Veterans Affairs who knowingly submits false data concerning wait times for health care or quality measures

with respect to health care to another employee of the Department or knowingly requires another employee of the Department to submit false data concerning such wait times or quality measures to another employee of the Department is subject to a penalty the Secretary considers appropriate after notice and an opportunity for a hearing, including civil penalties, unpaid suspensions, or termination.

SEC. 409. REMOVAL OF SENIOR EXECUTIVE SERVICE EMPLOYEES OF THE DEPARTMENT OF VETERANS AFFAIRS FOR PERFORMANCE.

(a) REMOVAL OR TRANSFER.—

(1) IN GENERAL.—Chapter 7 of title 38, United States Code, is amended by adding at the end the following new section:

"§ 713. Senior Executive Service: removal based on performance

''(a) IN GENERAL.—The Secretary may remove any individual from the Senior Executive Service if the Secretary determines the performance of the individual warrants such removal. If the Secretary so removes such an individual, the Secretary may—

''(1) remove the individual from the civil service (as defined in section 2101 of title 5); or

''(2) transfer the individual to a General Schedule position at any grade of the General Schedule for which the individual is qualified and that the Secretary determines is appropriate.

''(b) NOTICE TO CONGRESS.—Not later than 30 days after removing or transferring an individual from the Senior Executive Service under subsection (a), the Secretary shall submit to the Committees on Veterans' Affairs of the Senate and House of Representatives notice in writing of such removal or transfer and the reason for such removal or transfer.

''(c) PROCEDURE.—(1) The procedures under section 7543 of title 5 shall not apply to a removal or transfer under this section.

''(2)(A) Subject to subparagraph (B), any removal or transfer under subsection (a) may be appealed to the Merit Systems Protection Board under section 7701 of title 5.

''(B) An appeal under subparagraph (A) of a removal or transfer may only be made if such appeal is made not later than 7 days after the date of such removal or transfer.

''(d) EXPEDITED REVIEW BY MERIT SYSTEMS PROTECTION BOARD.—(1) The Merit Systems Protection Board shall expedite any appeal under section 7701 of

title 5 of a removal or transfer under subsection (a) and, in any such case, shall issue a decision not later than 21 days after the date of the appeal.

''(2) In any case in which the Merit Systems Protection Board determines that it cannot issue a decision in accordance with the 21-day requirement under paragraph (1), the Merit Systems Protection Board shall submit to Congress a report that explains the reason why the Merit Systems Protection Board is unable to issue a decision in accordance with such requirement in such case.

''(3) There is authorized to be appropriated such sums as may be necessary for the Merit Systems Protection Board to expedite appeals under paragraph (1).

''(4) The Merit Systems Protection Board may not stay any personnel action taken under this section.

''(5) A person who appeals under section 7701 of title 5 a removal under subsection (a)(1) may not receive any pay, awards, bonuses, incentives, allowances, differentials, student loan repayments, special payments, or benefits from the Secretary until the Merit Systems Protection Board has made a final decision on such appeal.

''(6) A decision made by the Merit Systems Protection Board with respect to a removal or transfer under subsection (a) shall not be subject to any further appeal.''.

(2) CLERICAL AMENDMENT.—The table of sections at the beginning of such chapter is amended by adding at the end the following new item:

"713. Senior Executive Service: removal based on performance.".

(b) ESTABLISHMENT OF EXPEDITED REVIEW PROCESS.—

(1) IN GENERAL.—Not later than 30 days after the date of the enactment of this Act, the Merit Systems Protection Board shall establish and put into effect a process to conduct expedited reviews in accordance with section 713(d) of title 38, United States Code.

(2) INAPPLICABILITY OF CERTAIN REGULATIONS.—Section 1201.22 of title 5, Code of Federal Regulations, as in effect on the day before the date of the enactment of this Act, shall not apply to expedited reviews carried out under section 713(d) of title 38, United States Code.

(3) REPORT BY MERIT SYSTEMS PROTECTION BOARD.—Not later than 30 days after the date of the enactment of this Act, the Merit Systems Protection Board shall submit to Congress a report on the actions the Board plans to take to conduct expedited reviews under section 713(d) of title 38, United States Code, as added by subsection (a). Such report shall include a description of the re-

sources the Board determines will be necessary to conduct such reviews and a description of whether any resources will be necessary to conduct such reviews that were not available to the Board on the day before the date of the enactment of this Act.

(c) TEMPORARY EXEMPTION FROM CERTAIN LIMITATION ON INITIATION OF REMOVAL FROM SENIOR EXECUTIVE SERVICE.—During the 120-day period beginning on the date of the enactment of this Act, an action to remove an individual from the Senior Executive Service at the Department of Veterans Affairs pursuant to section 713 of title 38, United States Code, as added by subsection (a), or section 7543 of title 5, United States Code, may be initiated, notwithstanding section 3592(b) of title 5, United States Code, or any other provision of law.

(d) CONSTRUCTION.—Nothing in this section or section 713 of title 38, United States Code, as added by subsection (a), shall be construed to apply to an appeal of a removal, transfer, or other personnel action that was pending before the date of the enactment of this Act.

TITLE V—HEALTH CARE RELATED TO SEXUAL TRAUMA

SEC. 501. EXPANSION OF ELIGIBILITY FOR SEXUAL TRAUMA COUNSELING AND TREATMENT TO VETERANS ON INACTIVE DUTY TRAINING.

Section 1720D(a)(1) of title 38, United States Code, is amended by striking ''or active duty for training'' and inserting '', active duty for training, or inactive duty training''.

SEC. 502. PROVISION OF COUNSELING AND TREATMENT FOR SEXUAL TRAUMA BY THE DEPARTMENT OF VETERANS AFFAIRS TO MEMBERS OF THE ARMED FORCES.

(a) EXPANSION OF COVERAGE TO MEMBERS OF THE ARMED FORCES.—Subsection (a) of section 1720D of title 38, United States Code, is amended—

(1) by redesignating paragraph (2) as paragraph (3);

(2) by inserting after paragraph (1) the following new paragraph (2):

''(2)(A) In operating the program required by paragraph (1), the Secretary may, in consultation with the Secretary of Defense, provide counseling and care and services to members of the Armed Forces (including members of the National Guard and Reserves) on active duty

to overcome psychological trauma described in that paragraph.

''(B) A member described in subparagraph (A) shall not be required to obtain a referral before receiving counseling and care and services under this paragraph.''; and

(3) in paragraph (3), as redesignated by paragraph (1)—

(A) by striking ''a veteran'' and inserting ''an individual''; and

(B) by striking ''that veteran'' each place it appears and inserting ''that individual''.

(b) INFORMATION TO MEMBERS ON AVAILABILITY OF COUNSELING AND SERVICES.—Subsection (c) of such section is amended—

(1) by striking ''to veterans'' each place it appears; and

(2) in paragraph (3), by inserting ''members of the Armed Forces and'' before ''individuals''.

(c) INCLUSION OF MEMBERS IN REPORTS ON COUNSELING AND SERVICES.—Subsection (e) of such section is amended—

(1) in the matter preceding paragraph (1), by striking ''to veterans'';

(2) in paragraph (2)—

(A) by striking ''women veterans'' and inserting ''individuals''; and

(B) by striking ''training under subsection (d).'' and inserting ''training under subsection (d), disaggregated by—

''(A) veterans;

''(B) members of the Armed Forces (including members of the National Guard and Reserves) on active duty; and

''(C) for each of subparagraphs (A) and (B)—

''(i) men; and

''(ii) women.'';

(3) in paragraph (4), by striking ''veterans'' and inserting ''individuals''; and

(4) in paragraph (5)—

(A) by striking ''women veterans'' and inserting ''individuals'' ; and

(B) by inserting '', including specific recommendations for individuals specified in subparagraphs (A), (B), and (C) of paragraph (2)'' before the period at the end.

(d) EFFECTIVE DATE.—The amendments made by this section shall take effect on the date that is one year after the date of the enactment of this Act.

SEC. 503. REPORTS ON MILITARY SEXUAL TRAUMA.

(a) REPORT ON SERVICES AVAILABLE FOR MILITARY SEXUAL TRAUMA IN THE DEPARTMENT OF VETERANS AFFAIRS.—Not later than 630 days after the date of the enactment of this Act, the Secretary of Veterans Affairs shall submit to the Committee on Veterans' Affairs of the Senate and the Committee on Veterans' Affairs of the House of Representatives a report on the treatment and services available from the Department of Veterans Affairs for male veterans who experience military sexual trauma compared to such treatment and services available to female veterans who experience military sexual trauma.

(b) REPORTS ON TRANSITION OF MILITARY SEXUAL TRAUMA TREATMENT FROM DEPARTMENT OF DEFENSE TO DEPARTMENT OF VETERANS AFFAIRS.—Not later than 630 days after the date of the enactment of this Act, and annually thereafter for five years, the Department of Veterans Affairs-Department of Defense Joint Executive Committee established by section 320(a) of title 38, United States Code, shall submit to the appropriate committees of Congress a report on military sexual trauma that includes the following:

(1) The processes and procedures utilized by the Department of Veterans Affairs and the Department of Defense to facilitate transition of treatment of individuals who have experienced military sexual

trauma from treatment provided by the Department of Defense to treatment provided by the Department of Veterans Affairs.

(2) A description and assessment of the collaboration between the Department of Veterans Affairs and the Department of Defense in assisting veterans in filing claims for disabilities related to military sexual trauma, including permitting veterans access to information and evidence necessary to develop or support such claims.

(c) DEFINITIONS.—In this section:

(1) APPROPRIATE COMMITTEES OF CONGRESS.—The term ''appropriate committees of Congress'' means—

(A) the Committee on Veterans' Affairs and the Committee on Armed Services of the Senate; and

(B) the Committee on Veterans' Affairs and the Committee on Armed Services of the House of Representatives.

(2) MILITARY SEXUAL TRAUMA.—The term ''military sexual trauma'' means psychological trauma, which in the judgment of a mental health professional employed by the Department, resulted from a physical assault of a sexual nature, battery of a

sexual nature, or sexual harassment which occurred while the veteran was serving on active duty or active duty for training.

(3) SEXUAL HARASSMENT.—The term ''sexual harassment'' means repeated, unsolicited verbal or physical contact of a sexual nature which is threatening in character.

(4) SEXUAL TRAUMA.—The term ''sexual trauma'' shall have the meaning given that term by the Secretary of Veterans Affairs for purposes of this section.

(d) EFFECTIVE DATE.—This section shall take effect on the date that is 270 days after the date of the enactment of this Act.

TITLE VI—MAJOR MEDICAL FACILITY LEASES

SEC. 601. AUTHORIZATION OF MAJOR MEDICAL FACILITY LEASES.

The Secretary of Veterans Affairs may carry out the following major medical facility leases at the locations specified, and in an amount for each lease not to exceed the amount shown for such location (not including any estimated cancellation costs):

(1) For a clinical research and pharmacy coordinating center, Albuquerque, New Mexico, an amount not to exceed $9,560,000.

(2) For a community-based outpatient clinic, Brick, New Jersey, an amount not to exceed $7,280,000.

(3) For a new primary care and dental clinic annex, Charleston, South Carolina, an amount not to exceed $7,070,250.

(4) For the Cobb County community-based Outpatient Clinic, Cobb County, Georgia, an amount not to exceed $6,409,000.

(5) For the Leeward Outpatient Healthcare Access Center, Honolulu, Hawaii, including a co-located clinic with the Department of Defense and the co-location of the Honolulu Regional Office of the Veterans Benefits Administration and the Kapolei Vet Center of the Department of Veterans Affairs, an amount not to exceed $15,887,370.

(6) For a community-based outpatient clinic, Johnson County, Kansas, an amount not to exceed $2,263,000.

(7) For a replacement community-based outpatient clinic, Lafayette, Louisiana, an amount not to exceed $2,996,000.

(8) For a community-based outpatient clinic, Lake Charles, Louisiana, an amount not to exceed $2,626,000.

(9) For outpatient clinic consolidation, New Port Richey, Florida, an amount not to exceed $11,927,000.

(10) For an outpatient clinic, Ponce, Puerto Rico, an amount not to exceed $11,535,000.

(11) For lease consolidation, San Antonio, Texas, an amount not to exceed $19,426,000.

(12) For a community-based outpatient clinic, San Diego, California, an amount not to exceed $11,946,100.

(13) For an outpatient clinic, Tyler, Texas, an amount not to exceed $4,327,000.

(14) For the Errera Community Care Center, West Haven, Connecticut, an amount not to exceed $4,883,000.

(15) For the Worcester community-based Outpatient Clinic, Worcester, Massachusetts, an amount not to exceed $4,855,000.

(16) For the expansion of a community-based outpatient clinic, Cape Girardeau, Missouri, an amount not to exceed $4,232,060.

(17) For a multispecialty clinic, Chattanooga, Tennessee, an amount not to exceed $7,069,000.

(18) For the expansion of a community-based outpatient clinic, Chico, California, an amount not to exceed $4,534,000.

(19) For a community-based outpatient clinic, Chula Vista, California, an amount not to exceed $3,714,000.

(20) For a new research lease, Hines, Illinois, an amount not to exceed $22,032,000.

(21) For a replacement research lease, Houston, Texas, an amount not to exceed $6,142,000.

(22) For a community-based outpatient clinic, Lincoln, Nebraska, an amount not to exceed $7,178,400.

(23) For a community-based outpatient clinic, Lubbock, Texas, an amount not to exceed $8,554,000.

(24) For a community-based outpatient clinic consolidation, Myrtle Beach, South Carolina, an amount not to exceed $8,022,000.

(25) For a community-based outpatient clinic, Phoenix, Arizona, an amount not to exceed $20,757,000.

(26) For the expansion of a community-based outpatient clinic, Redding, California, an amount not to exceed $8,154,000.

SEC. 602. BUDGETARY TREATMENT OF DEPARTMENT OF VETERANS AFFAIRS MAJOR MEDICAL FACILITIES LEASES.

(a) FINDINGS.—Congress finds the following:

(1) Title 31, United States Code, requires the Department of Veterans Affairs to record the full cost of its contractual obligation against funds available at the time a contract is executed.

(2) Office of Management and Budget Circular A–11 provides guidance to agencies in meeting the statutory requirements under title 31, United States Code, with respect to leases.

(3) For operating leases, Office of Management and Budget Circular A–11 requires the Department of Veterans Affairs to record up-front budget authority in an ''amount equal to total payments under the full term of the lease or [an] amount sufficient to cover first year lease payments plus cancellation costs''.

(b) REQUIREMENT FOR OBLIGATION OF FULL COST.—

(1) IN GENERAL.—Subject to the availability of appropriations provided in advance, in exercising the authority of the Secretary of Veterans Affairs to enter into leases provided in this Act, the Secretary shall record, pursuant to section 1501 of title 31, United States Code, as the full cost of the contractual obligation at the time a contract is executed either—

(A) an amount equal to total payments under the full term of the lease; or

(B) if the lease specifies payments to be made in the event the lease is terminated before its full term, an amount sufficient to cover the first year lease payments plus the specified cancellation costs.

(2) SELF-INSURING AUTHORITY.—The requirements of paragraph (1) may be satisfied through the use of a self-insuring authority consistent with Office of Management and Budget Circular A–11.

(c) TRANSPARENCY.—

(1) COMPLIANCE.—Subsection (b) of section 8104 of title 38, United States Code, is amended by adding at the end the following new paragraph:

''(7) In the case of a prospectus proposing funding for a major medical facility lease, a detailed

analysis of how the lease is expected to comply with Office of Management and Budget Circular A–11 and section 1341 of title 31 (commonly referred to as the 'Anti-Deficiency Act'). Any such analysis shall include—

''(A) an analysis of the classification of the lease as a 'lease-purchase', 'capital lease', or 'operating lease' as those terms are defined in Office of Management and Budget Circular A–11;

''(B) an analysis of the obligation of budgetary resources associated with the lease; and

''(C) an analysis of the methodology used in determining the asset cost, fair market value, and cancellation costs of the lease.''.

(2) SUBMITTAL TO CONGRESS.—Such section 8104 is further amended by adding at the end the following new subsection:

''(h)(1) Not less than 30 days before entering into a major medical facility lease, the Secretary shall submit to the Committees on Veterans' Affairs of the Senate and the House of Representatives—

''(A) notice of the Secretary's intention to enter into the lease;

''(B) a detailed summary of the proposed lease;

''(C) a description and analysis of any differences between the prospectus submitted pursuant to subsection (b) and the proposed lease; and

''(D) a scoring analysis demonstrating that the proposed lease fully complies with Office of Management and Budget Circular A–11.

''(2) Each committee described in paragraph (1) shall ensure that any information submitted to the committee under such paragraph is treated by the committee with the same level of confidentiality as is required by law of the Secretary and subject to the same statutory penalties for unauthorized disclosure or use as the Secretary.

''(3) Not more than 30 days after entering into a major medical facility lease, the Secretary shall submit to each committee described in paragraph (1) a report on any material differences between the lease that was entered into and the proposed lease described under such paragraph, including how the lease that was entered into changes the previously submitted scoring analysis described in subparagraph (D) of such paragraph.''.

(d) RULE OF CONSTRUCTION.—Nothing in this section, or the amendments made by this section, shall be construed to in any way relieve the Department of Veterans Affairs from any statutory or regulatory obligations

or requirements existing prior to the enactment of this section and such amendments.

TITLE VII—VETERANS BENEFITS MATTERS

SEC. 701. EXPANSION OF MARINE GUNNERY SERGEANT JOHN DAVID FRY SCHOLARSHIP.

(a) EXPANSION OF ENTITLEMENT.—Subsection (b)(9) of section 3311 of title 38, United States Code, is amended by inserting ''or spouse'' after ''child''.

(b) LIMITATION AND ELECTION ON CERTAIN BENEFITS.—Subsection (f) of such section is amended—

(1) by redesignating paragraph (2) as paragraph (4); and

(2) by inserting after paragraph (1) the following new paragraphs:

''(2) LIMITATION.—The entitlement of an individual to assistance under subsection (a) pursuant to paragraph (9) of subsection (b) because the individual was a spouse of a person described in such paragraph shall expire on the earlier of—

''(A) the date that is 15 years after the date on which the person died; and

''(B) the date on which the individual remarries.

''(3) ELECTION ON RECEIPT OF CERTAIN BENEFITS.—A surviving spouse entitled to assistance under subsection (a) pursuant to paragraph (9) of subsection (b) who is also entitled to educational assistance under chapter 35 of this title may not receive assistance under both this section and such chapter, but shall make an irrevocable election (in such form and manner as the Secretary may prescribe) under which section or chapter to receive educational assistance.''.

(c) CONFORMING AMENDMENT.—Section 3321(b)(4) of such title is amended—

(1) by striking ''an individual'' and inserting ''a child''; and

(2) by striking ''such individual's'' each time it appears and inserting ''such child's''.

SEC. 702. APPROVAL OF COURSES OF EDUCATION PROVIDED BY PUBLIC INSTITUTIONS OF HIGHER LEARNING FOR PURPOSES OF ALL-VOLUNTEER FORCE EDUCATIONAL ASSISTANCE PROGRAM AND POST-9/11 EDUCATIONAL ASSISTANCE CONDITIONAL ON IN-STATE TUITION RATE FOR VETERANS.

(a) IN GENERAL.—Section 3679 of title 38, United States Code, is amended by adding at the end the following new subsection:

''(c)(1) Notwithstanding any other provision of this chapter and subject to paragraphs (3) through (6), the Secretary shall disapprove a course of education provided by a public institution of higher learning to a covered individual pursuing a course of education with educational assistance under chapter 30 or 33 of this title while living in the State in which the public institution of higher learning is located if the institution charges tuition and fees for that course for the covered individual at a rate that is higher than the rate the institution charges for tuition and fees for that course for residents of the State in which the institution is located, regardless of the covered individual's State of residence.

''(2) For purposes of this subsection, a covered individual is any individual as follows:

''(A) A veteran who was discharged or released from a period of not fewer than 90 days of service in the active military, naval, or air service less than three years before the date of enrollment in the course concerned.

''(B) An individual who is entitled to assistance under section 3311(b)(9) or 3319 of this title by virtue of such individual's relationship to a veteran described in subparagraph (A).

''(3) If after enrollment in a course of education that is subject to disapproval under paragraph (1) by reason of paragraph (2)(A) or (2)(B) a covered individual pursues one or more courses of education at the same public institution of higher learning while remaining continuously enrolled (other than during regularly scheduled breaks between courses, semesters or terms) at that institution of higher learning, any course so pursued by the covered individual at that institution of higher learning while so continuously enrolled shall also be subject to disapproval under paragraph (1).

''(4) It shall not be grounds to disapprove a course of education under paragraph (1) if a public institution of higher learning requires a covered individual pursuing a course of education at the institution to demonstrate an intent, by means other than satisfying a physical presence

requirement, to establish residency in the State in which the institution is located, or to satisfy other requirements not relating to the establishment of residency, in order to be charged tuition and fees for that course at a rate that is equal to or less than the rate the institution charges for tuition and fees for that course for residents of the State.

''(5) The Secretary may waive such requirements of paragraph (1) as the Secretary considers appropriate.

''(6) Disapproval under paragraph (1) shall apply only with respect to educational assistance under chapters 30 and 33 of this title.''.

(b) EFFECTIVE DATE.—Subsection (c) of section 3679 of title 38, United States Code (as added by subsection (a) of this section), shall apply with respect to educational assistance provided for pursuit of programs of education during academic terms that begin after July 1, 2015, through courses of education that commence on or after that date.

TITLE VIII—APPROPRIATION AND EMERGENCY DESIGNATIONS

SEC. 801. APPROPRIATION OF EMERGENCY AMOUNTS.

There is authorized to be appropriated, and is appropriated, to the Secretary of Veterans Affairs, out of any

funds in the Treasury not otherwise appropriated, for fiscal years 2014, 2015, and 2016, such sums as may be necessary to carry out this Act.

SEC. 802. EMERGENCY DESIGNATIONS.

(a) IN GENERAL.—This Act is designated as an emergency requirement pursuant to section 4(g) of the Statutory Pay-As-You-Go Act of 2010 (2 U.S.C. 933(g)).

(b) DESIGNATION IN SENATE.—In the Senate, this Act is designated as an emergency requirement pursuant to section 403(a) of S. Con. Res. 13 (111th Congress), the concurrent resolution on the budget for fiscal year 2010.