

AMENDMENT TO RULES COMMITTEE PRINT 117-

13

OFFERED BY MR. BERGMAN OF MICHIGAN

Insert after title LIII the following new title:

1 **TITLE LIV—GUARANTEEING**
2 **HEALTH CARE ACCESS TO**
3 **PERSONNEL WHO SERVED**
4 **Subtitle A—MISSION Act**
5 **Protection**

6 **PART 1—ACCESS TO COMMUNITY CARE**

7 **SEC. 5401. MODIFICATIONS TO ACCESS STANDARDS FOR**
8 **CARE FURNISHED THROUGH COMMUNITY**
9 **CARE PROGRAM OF DEPARTMENT OF VET-**
10 **ERANS AFFAIRS.**

11 (a) ACCESS STANDARDS.—

12 (1) IN GENERAL.—Section 1703B of title 38,
13 United States Code, is amended—

14 (A) by striking subsections (a) through (g)
15 and inserting the following:

16 “(a) THRESHOLD ELIGIBILITY STANDARDS FOR AC-
17 CESS TO COMMUNITY CARE.—(1) A covered veteran shall
18 receive non-Department hospital care, medical services, or
19 extended care services through the Veterans Community

1 Care Program under section 1703 of this title pursuant
2 to subsection (d)(1)(D) of such section using the following
3 eligibility access standards:

4 “(A) With respect to primary care, mental
5 health care, or non-institutional extended care serv-
6 ices, if the Department cannot schedule an appoint-
7 ment for the covered veteran with a health care pro-
8 vider of the Department—

9 “(i) within 30 minutes average driving
10 time from the residence of the veteran; and

11 “(ii) within 20 days of the date of request
12 for such an appointment unless a later date has
13 been agreed to by the veteran in consultation
14 with the health care provider.

15 “(B) With respect to specialty care or specialty
16 services, if the Department cannot schedule an ap-
17 pointment for the covered veteran with a health care
18 provider of the Department—

19 “(i) within 60 minutes average driving
20 time from the residence of the veteran; and

21 “(ii) within 28 days of the date of request
22 for such an appointment, unless a later date
23 has been agreed to by the veteran in consulta-
24 tion with the health care provider.

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

8 “(b) ACCESS TO CARE STANDARDS FOR COMMUNITY
9 CARE.—(1) Subject to subsection (c), the Secretary shall
10 meet the following access to care standards when fur-
11 nishing non-Department hospital care, medical services, or
12 extended care services to a covered veteran through the
13 Veterans Community Care Program under section 1703
14 of this title:

15 “(A) With respect to an appointment for pri-
16 mary care, mental health care, or non-institutional
17 extended care services—

18 “(i) within 30 minutes average driving
19 time from the residence of the veteran unless a
20 longer driving time has been agreed to by the
21 veteran; and

22 “(ii) within 20 days of the date of request
23 for such an appointment unless a later date has
24 been agreed to by the veteran.

1 “(B) With respect to an appointment for spe-
2 cialty care or specialty services—

3 “(i) within 60 minutes average driving
4 time from the residence of the veteran unless a
5 longer driving time has been agreed to by the
6 veteran; and

7 “(ii) within 28 days of the date of request
8 for such an appointment unless a later date has
9 been agreed to by the veteran.

10 “(2) The Secretary shall ensure that health care pro-
11 viders specified under section 1703(c) of this title are able
12 to comply with the applicable access to care standards
13 under paragraph (1) for such providers.

14 “(c) WAIVERS TO ACCESS TO CARE STANDARDS FOR
15 COMMUNITY CARE PROVIDERS.—(1) A Third Party Ad-
16 ministrators may request a waiver to the access to care
17 standards under subsection (b) if—

18 “(A)(i) the scarcity of available providers or fa-
19 cilities in the region precludes the Third Party Ad-
20 ministrators from meeting those access to care stand-
21 ards; or

22 “(ii) the landscape of providers or facilities has
23 changed, and certain providers or facilities are not
24 available such that the Third Party Administrator is
25 not able to meet those access to care standards; and

1 “(B) to address the scarcity of available pro-
2 viders or the change in the provider or facility land-
3 scape, as the case may be, the Third Party Adminis-
4 trator has contracted with other providers or facili-
5 ties that may not meet those access to care stand-
6 ards but are the currently available providers or fa-
7 cilities most accessible to veterans within the region
8 of responsibility of the Third Party Administrator.

9 “(2) Any waiver requested by a Third Party Adminis-
10 trator under paragraph (1) must be requested in writing
11 and submitted to the Office of Community Care of the
12 Department for approval by that office.

13 “(3) As part of any waiver request under paragraph
14 (1), a Third Party Administrator must include conclusive
15 evidence and documentation that the access to care stand-
16 ards under subsection (b) cannot be met because of scar-
17 city of available providers or changes to the landscape of
18 providers or facilities.

19 “(4) In evaluating a waiver request under paragraph
20 (1), the Secretary shall consider the following:

21 “(A) The number and geographic distribution
22 of eligible health care providers available within the
23 geographic area and specialty referenced in the wai-
24 ver request.

1 “(B) The prevailing market conditions within
2 the geographic area and specialty referenced in the
3 waiver request, which shall include the number and
4 distribution of health care providers contracting with
5 other health care plans (including commercial plans
6 and the Medicare program under title XVIII of the
7 Social Security Act (42 U.S.C. 1395 et seq.)) oper-
8 ating in the geographic area and specialty referenced
9 in the waiver request.

10 “(C) Whether the service area is comprised of
11 highly rural, rural, or urban areas or some combina-
12 tion of such areas.

13 “(D) How significantly the waiver request dif-
14 fers from the relevant access to care standards
15 under subsection (b).

16 “(5) The Secretary shall not consider inability to con-
17 tract as a valid sole rationale for granting a waiver under
18 paragraph (1).

19 “(d) CALCULATION OF DRIVING TIME.—For pur-
20 poses of calculating average driving time from the resi-
21 dence of the veteran under subsections (a) and (b), the
22 Secretary shall use geographic information system soft-
23 ware.

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

1 of the Guaranteeing Healthcare Access to Personnel Who
2 Served Act, and not less frequently than once every three
3 years thereafter, the Secretary shall—

4 “(1) conduct a review of the eligibility access
5 standards under subsection (a) and the access to
6 care standards under subsection (b), in consultation
7 with—

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

13 “(B) entities in the private sector; and

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

16 “(2) submit to the appropriate committees of
17 Congress a report on—

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

21 “(B) such recommendations as the Sec-
22 retary may have with respect to the eligibility
23 access standards under subsection (a) and the
24 access to care standards under subsection (b).

1 “(f) PUBLICATION OF ELIGIBILITY ACCESS STAND-
2 ARDS AND WAIT TIMES.—(1) The Secretary shall publish
3 on a publicly available internet website of the Department
4 the eligibility access standards under subsection (a).

5 “(2)(A) The Secretary shall publish on a publicly
6 available internet website of the Department the average
7 wait time for a veteran to schedule an appointment at each
8 medical center of the Department for the receipt of pri-
9 mary care and specialty care, measured from the date of
10 request for the appointment to the date on which the care
11 was provided.

12 “(B) The Secretary shall update the wait times pub-
13 lished under subparagraph (A) not less frequently than
14 monthly.”;

15 (B) by redesignating subsections (h) and
16 (i) as subsections (g) and (h), respectively;

17 (C) in subsection (g), as redesignated by
18 subparagraph (B)—

19 (i) in paragraph (1), by striking “des-
20 ignated access standards established under
21 this section” and inserting “eligibility ac-
22 cess standards under subsection (a)”;

23 (ii) in paragraph (2)(B), by striking
24 “designated access standards established
25 under this section” and inserting “eligi-

1 bility access standards under subsection
2 (a)”; and
3 (D) in subsection (h), as so redesignated,
4 by adding at the end the following new para-
5 graphs:

6 “(3) The term ‘inability to contract’, with re-
7 spect to a Third Party Administrator, means the in-
8 ability of the Third Party Administrator to success-
9 fully negotiate and establish a community care net-
10 work contract with a provider or facility.

11 “(4) The term ‘Third Party Administrator’
12 means an entity that manages a provider network
13 and performs administrative services related to such
14 network within the Veterans Community Care Pro-
15 gram under section 1703 of this title.”.

16 (2) CONFORMING AMENDMENTS.—Section
17 1703(d) of such title is amended—

18 (A) in paragraph (1)(D), by striking “des-
19 ignated access standards developed by the Sec-
20 retary under section 1703B of this title” and
21 inserting “eligibility access standards under sec-
22 tion 1703B(a) of this title”; and

23 (B) in paragraph (3), by striking “des-
24 ignated access standards developed by the Sec-
25 retary under section 1703B of this title” and

1 inserting “eligibility access standards under sec-
2 tion 1703B(a) of this title”.

3 (b) PREVENTION OF SUSPENSION OF VETERANS
4 COMMUNITY CARE PROGRAM.—Section 1703(a) of such
5 title is amended by adding at the end the following new
6 paragraph:

7 “(4) Nothing in this section shall be construed to au-
8 thorize the Secretary to suspend the program established
9 under paragraph (1).”.

10 **SEC. 5402. STRATEGIC PLAN TO ENSURE CONTINUITY OF**
11 **CARE IN THE CASE OF THE REALIGNMENT OF**
12 **A MEDICAL FACILITY OF THE DEPARTMENT.**

13 (a) SENSE OF CONGRESS.—It is the sense of Con-
14 gress that the Veterans Health Administration should
15 work closely with Third Party Administrators to ensure
16 that veterans do not experience a lapse of care when
17 transitioning to receiving care or services under the Com-
18 munity Care Program due to the realignment of a medical
19 facility of the Department of Veterans Affairs.

20 (b) DEVELOPMENT OF STRATEGIC PLAN.—

21 (1) IN GENERAL.—The Secretary of Veterans
22 Affairs, acting through the Office of Community
23 Care and the Office of Veterans Access to Care of
24 the Department, shall develop and periodically up-
25 date a strategic plan to ensure continuity of health

1 care under the Community Care Program for vet-
2 erans impacted by the realignment of a medical fa-
3 cility of the Department.

4 (2) ELEMENTS.—The strategic plan required
5 under paragraph (1) shall include, at a minimum,
6 the following:

7 (A) An assessment of the progress of the
8 Department in identifying impending realign-
9 ments of medical facilities of the Department
10 and the impact of such realignments on the net-
11 work of health care providers under the Com-
12 munity Care Program within the catchment
13 area of such facilities.

14 (B) An outline of collaborative actions and
15 processes the Office of Community Care and
16 the Office of Veterans Access to Care of the
17 Department can take to address potential gaps
18 in health care created by the realignment of a
19 medical facility of the Department.

20 (C) A description of how the Department
21 can identify to Third Party Administrators
22 changes in the catchment areas of medical fa-
23 cilities to be realigned and develop a process
24 with Third Party Administrators to strengthen

1 provider coverage in advance of such realign-
2 ments.

3 (3) SUBMITTAL TO CONGRESS.—Not later than
4 180 days after the date of the enactment of this Act,
5 the Under Secretary for Health of the Department
6 shall submit to the Committee on Veterans’ Affairs
7 of the Senate and the Committee on Veterans’ Af-
8 fairs of the House of Representatives the plan devel-
9 oped under paragraph (1).

10 (c) DEFINITIONS.—In this section:

11 (1) COMMUNITY CARE PROGRAM.—The term
12 “Community Care Program” means the Veterans
13 Community Care Program under section 1703 of
14 title 38, United States Code.

15 (2) REALIGNMENT.—The term “realignment”,
16 with respect to a facility of the Department of Vet-
17 erans Affairs, includes—

18 (A) any action that changes the number of
19 facilities or relocates services, functions, or per-
20 sonnel positions; and

21 (B) strategic collaborations between the
22 Department and non-Federal Government enti-
23 ties, including tribal organizations.

24 (3) THIRD PARTY ADMINISTRATOR.—The term
25 “Third Party Administrator” means an entity that

1 manages a provider network and performs adminis-
2 trative services related to such network within the
3 Veterans Community Care Program under section
4 1703 of title 38, United States Code.

5 (4) TRIBAL ORGANIZATION.—The term “tribal
6 organization” has the meaning given that term in
7 section 4 of the Indian Self-Determination and Edu-
8 cation Assistance Act (25 U.S.C. 5304).

9 **PART 2—COMMUNITY CARE SELF-SCHEDULING**

10 **PILOT PROGRAM**

11 **SEC. 5403. DEFINITIONS.**

12 In this part:

13 (1) APPROPRIATE CONGRESSIONAL COMMIT-
14 TEES.—The term “appropriate congressional com-
15 mittees” means—

16 (A) the Committee on Veterans’ Affairs
17 and the Committee on Appropriations of the
18 Senate; and

19 (B) the Committee on Veterans’ Affairs
20 and the Committee on Appropriations of the
21 House of Representatives.

22 (2) COVERED VETERAN.—The term “covered
23 veteran” means a covered veteran under section
24 1703(b) of title 38, United States Code.

1 (3) PILOT PROGRAM.—The term “pilot pro-
2 gram” means the pilot program required under sec-
3 tion 5404(a).

4 (4) VETERANS COMMUNITY CARE PROGRAM.—
5 The term “Veterans Community Care Program”
6 means the program to furnish hospital care, medical
7 services, and extended care services to covered vet-
8 erans under section 1703 of title 38, United States
9 Code.

10 **SEC. 5404. PILOT PROGRAM ESTABLISHING A COMMUNITY**
11 **CARE SELF-SCHEDULING APPOINTMENT SYS-**
12 **TEM.**

13 (a) PILOT PROGRAM.—Not later than 120 days after
14 the date of the enactment of this Act, the Secretary of
15 Veterans Affairs shall commence a pilot program under
16 which covered veterans eligible for hospital care, medical
17 services, or extended care services under subsection (d)(1)
18 of section 1703 of title 38, United States Code, may use
19 an internet website or mobile application that has the ca-
20 pabilities specified in section 5405(a) to request, schedule,
21 and confirm medical appointments with health care pro-
22 viders participating in the Veterans Community Care Pro-
23 gram.

24 (b) SYSTEM EXPANSION OR DEVELOPMENT OF NEW
25 SYSTEM.—In carrying out the pilot program, the Sec-

1 retary may expand capabilities of an existing self-sched-
2 uling appointment system of the Department of Veterans
3 Affairs or develop a new self-scheduling system mobile ap-
4 plication or internet website.

5 (c) CONTRACT AUTHORITY FOR DEVELOPING A NEW
6 SYSTEM.—

7 (1) IN GENERAL.—If the Secretary elects to de-
8 velop a new self-scheduling system under subsection
9 (b), the Secretary shall seek to enter into a contract
10 using competitive procedures with one or more con-
11 tractors to provide the capabilities specified in sec-
12 tion 5405(a).

13 (2) NOTICE OF COMPETITION.—

14 (A) IN GENERAL.—If the Secretary elects
15 to develop a new system under subsection (b),
16 not later than 60 days after the date of the en-
17 actment of this Act, the Secretary shall issue a
18 request for proposals to provide the capabilities
19 specified in section 5405(a).

20 (B) OPEN TO ANY CONTRACTOR.—A re-
21 quest for proposals under subparagraph (A)
22 shall be full and open to any contractor that
23 has an existing commercially available, off-the-
24 shelf, online patient self-scheduling system that

1 includes the capabilities specified in section
2 5405(a).

3 (3) SELECTION.—If the Secretary elects to de-
4 velop a new self-scheduling system under subsection
5 (b), not later than 120 days after the date of the en-
6 actment of this Act, the Secretary shall award a con-
7 tract to one or more contractors pursuant to the re-
8 quest for proposals under paragraph (2)(A).

9 (d) SELECTION OF LOCATIONS.—The Secretary shall
10 select not fewer than five Veterans Integrated Services
11 Networks of the Department in which to carry out the
12 pilot program.

13 (e) DURATION OF PILOT PROGRAM.—

14 (1) IN GENERAL.—Except as provided in para-
15 graph (2), the Secretary shall carry out the pilot
16 program for an 18-month period.

17 (2) EXTENSION.—The Secretary may extend
18 the duration of the pilot program and may expand
19 the selection of Veterans Integrated Services Net-
20 works under subsection (d) if the Secretary deter-
21 mines that the pilot program is reducing the wait
22 times of veterans seeking hospital care, medical serv-
23 ices, or extended care services under the Veterans
24 Community Care Program.

1 (f) OUTREACH.—The Secretary shall ensure that vet-
2 erans participating in the Veterans Community Care Pro-
3 gram in Veterans Integrated Services Networks in which
4 the pilot program is being carried out are informed about
5 the pilot program.

6 (g) MOBILE APPLICATION DEFINED.—In this sec-
7 tion, the term “mobile application” means a software pro-
8 gram that runs on the operating system of a cellular tele-
9 phone, tablet computer, or similar portable computing de-
10 vice that transmits data over a wireless connection.

11 **SEC. 5405. CAPABILITIES OF SELF-SCHEDULING APPOINT-**
12 **MENT SYSTEM.**

13 (a) MINIMUM CAPABILITIES.—The Secretary of Vet-
14 erans Affairs shall ensure that the self-scheduling appoint-
15 ment system used in the pilot program includes, at a min-
16 imum, the following capabilities:

17 (1) Capability to request, schedule, modify, and
18 cancel appointments for primary care, specialty care,
19 and mental health care under the Veterans Commu-
20 nity Care Program with regard to each category of
21 eligibility under section 1703(d)(1) of title 38,
22 United States Code.

23 (2) Capability to support appointments for the
24 provision of health care under the Veterans Commu-

1 nity Care Program regardless of whether such care
2 is provided in person or through telehealth services.

3 (3) Capability to view appointment availability
4 in real time to the extent practicable.

5 (4) Capability to load relevant patient informa-
6 tion from the Decision Support Tool of the Depart-
7 ment or any other information technology system of
8 the Department used to determine the eligibility of
9 veterans for health care under section 1703(d)(1) of
10 title 38, United States Code.

11 (5) Capability to search for providers and facili-
12 ties participating in the Veterans Community Care
13 Program based on distance from the residential ad-
14 dress of a veteran.

15 (6) Capability to provide telephonic and elec-
16 tronic contact information for all such providers that
17 do not offer online scheduling at the time.

18 (7) Capability to store and print authorization
19 letters for veterans for health care under the Vet-
20 erans Community Care Program.

21 (8) Capability to provide prompts or reminders
22 to veterans to schedule initial appointments or fol-
23 low-up appointments.

24 (9) Capability to be used 24 hours per day,
25 seven days per week.

1 (10) Capability to integrate with the Veterans
2 Health Information Systems and Technology Archi-
3 tecture of the Department, or any successor infor-
4 mation technology system of the Department.

5 (11) Capability to integrate with information
6 technology systems of Third Party Administrators.

7 (b) INDEPENDENT VALIDATION AND
8 VERIFICATION.—

9 (1) INDEPENDENT ENTITY.—

10 (A) IN GENERAL.—The Secretary shall
11 seek to enter into an agreement with an appro-
12 priate nongovernmental, not-for-profit entity
13 with expertise in health information technology
14 to independently validate and verify that the
15 self-scheduling appointment system used in the
16 pilot program includes the capabilities specified
17 in subsection (a).

18 (B) TIMING.—The independent validation
19 and verification conducted under subparagraph
20 (A) shall be completed before the fielding of the
21 self-scheduling appointment system used in the
22 pilot program to the first Veterans Integrated
23 Services Network of the Department in which
24 the pilot program is to be carried out.

25 (2) GAO EVALUATION.—

1 (A) IN GENERAL.—The Comptroller Gen-
2 eral of the United States shall evaluate the vali-
3 dation and verification conducted under para-
4 graph (1).

5 (B) REPORT.—Not later than 30 days
6 after the date on which the Comptroller General
7 completes the evaluation under paragraph (1),
8 the Comptroller General shall submit to the ap-
9 propriate congressional committees a report on
10 such evaluation.

11 (c) CERTIFICATION.—

12 (1) CAPABILITIES INCLUDED.—Not later than
13 May 31, 2022, the Secretary shall certify to the
14 Committee on Veterans' Affairs of the Senate and
15 the Committee on Veterans' Affairs of the House of
16 Representatives that the self-scheduling appointment
17 system used in the pilot program and any other pa-
18 tient self-scheduling appointment system developed
19 or used by the Department of Veterans Affairs as of
20 the date of the certification to schedule appoint-
21 ments under the Veterans Community Care Pro-
22 gram includes the capabilities specified in subsection
23 (a).

24 (2) NEW SYSTEMS.—If the Secretary develops a
25 new self-scheduling appointment system to schedule

1 appointments under the Veterans Community Care
2 Program that is not covered by a certification made
3 under paragraph (1), the Secretary shall certify to
4 the Committee on Veterans' Affairs of the Senate
5 and the Committee on Veterans' Affairs of the
6 House of Representatives that such new system in-
7 cludes the capabilities specified in subsection (a) by
8 not later than the date that is 30 days after the date
9 on which the Secretary determines to replace the
10 previous self-scheduling appointment system.

11 (3) REPLACEMENT OF SYSTEMS NOT CER-
12 TIFIED.—If the Secretary does not make a timely
13 certification under paragraph (1) or paragraph (2),
14 as the case may be, the Secretary shall replace any
15 self-scheduling appointment system used by the Sec-
16 retary to schedule appointments under the Veterans
17 Community Care Program that is in use with a com-
18 mercially available, off-the-shelf, online self-sched-
19 uling appointment system that includes the capabili-
20 ties specified in subsection (a).

21 (d) THIRD PARTY ADMINISTRATOR DEFINED.—In
22 this section, the term “Third Party Administrator” means
23 an entity that manages a provider network and performs
24 administrative services related to such network within the

1 Veterans Community Care Program under section 1703
2 of title 38, United States Code.

3 **SEC. 5406. REPORT.**

4 Not later than 180 days after the date of the enact-
5 ment of this Act, and every 180 days thereafter, the Sec-
6 retary of Veterans Affairs shall submit to the appropriate
7 congressional committees a report that includes—

8 (1) an assessment by the Secretary of the pilot
9 program during the 180-day period preceding the
10 date of the report, including—

11 (A) the cost of the pilot program;

12 (B) the volume of usage of the self-sched-
13 uling appointment system under the pilot pro-
14 gram;

15 (C) the quality of the pilot program;

16 (D) patient satisfaction with the pilot pro-
17 gram;

18 (E) benefits to veterans of using the pilot
19 program;

20 (F) the feasibility of allowing self-sched-
21 uling for different specialties under the pilot
22 program;

23 (G) participating in the pilot program by
24 health care providers under the Veterans Com-
25 munity Care Program; and

1 (H) such other findings and conclusions
2 with respect to the pilot program as the Sec-
3 retary considers appropriate; and

4 (2) such recommendations as the Secretary con-
5 siders appropriate regarding—

6 (A) extension of the pilot program to other
7 or all Veterans Integrated Service Networks of
8 the Department of Veterans Affairs; and

9 (B) making the pilot program permanent.

10 **PART 3—NON-DEPARTMENT OF VETERANS**

11 **AFFAIRS PROVIDERS**

12 **SEC. 5407. CREDENTIALING VERIFICATION REQUIREMENTS**

13 **FOR PROVIDERS OF NON-DEPARTMENT OF**
14 **VETERANS AFFAIRS HEALTH CARE SERV-**
15 **ICES.**

16 (a) CREDENTIALING VERIFICATION REQUIRE-
17 MENTS.—

18 (1) IN GENERAL.—Subchapter I of chapter 17
19 of title 38, United States Code, is amended by in-
20 sserting after section 1703E the following new sec-
21 tion:

1 **“§ 1703F. Credentialing verification requirements for**
2 **providers of non-Department health care**
3 **services**

4 “(a) IN GENERAL.—The Secretary shall ensure that
5 Third Party Administrators and credentials verification
6 organizations comply with the requirements specified in
7 subsection (b) to help ensure certain health care providers
8 are excluded from providing non-Department health care
9 services.

10 “(b) REQUIREMENTS SPECIFIED.—The Secretary
11 shall require Third Party Administrators and credentials
12 verification organizations to carry out the following:

13 “(1) Hold and maintain an active credential
14 verification accreditation from a national health care
15 accreditation body.

16 “(2) Conduct initial verification of provider his-
17 tory and license sanctions for all States and United
18 States territories for a period of time—

19 “(A) that includes the period before the
20 provider began providing non-Department
21 health care services; and

22 “(B) dating back not less than 10 years.

23 “(3) Not less frequently than every three years,
24 perform recredentialing, including verifying provider
25 history and license sanctions for all States and
26 United States territories.

1 “(4) Implement continuous monitoring of each
2 provider through the National Practitioner Data
3 Bank established pursuant to the Health Care Quality
4 Improvement Act of 1986 (42 U.S.C. 11101 et
5 seq.).

6 “(c) DEFINITIONS.—In this section:

7 “(1) The term ‘credentials verification organiza-
8 tion’ means an entity that manages the provider
9 credentialing process and performs credentialing
10 verification for non-Department providers that par-
11 ticipate in the Veterans Community Care Program
12 under section 1703 of this title through a Veterans
13 Care Agreement.

14 “(2) The term ‘Third Party Administrator’
15 means an entity that manages a provider network
16 and performs administrative services related to such
17 network within the Veterans Community Care Pro-
18 gram under section 1703 of this title.

19 “(3) The term ‘Veterans Care Agreement’
20 means an agreement for non-Department health
21 care services entered into under section 1703A of
22 this title.

23 “(4) The term ‘non-Department health care
24 services’ means services—

1 “(A) provided under this subchapter at
2 non-Department facilities (as defined in section
3 1701 of this title);

4 “(B) provided under section 101 of the
5 Veterans Access, Choice, and Accountability Act
6 of 2014 (Public Law 113–146; 38 U.S.C. 1701
7 note);

8 “(C) purchased through the Medical Com-
9 munity Care account of the Department; or

10 “(D) purchased with amounts deposited in
11 the Veterans Choice Fund under section 802 of
12 the Veterans Access, Choice, and Accountability
13 Act of 2014 (Public Law 113–146; 38 U.S.C.
14 1701 note).”.

15 (2) CLERICAL AMENDMENT.—The table of sec-
16 tions at the beginning of such subchapter is amend-
17 ed by inserting after the item relating to section
18 1703E the following new item:

“1703F. Credentialing verification requirements for providers of non-Depart-
ment health care services.”.

19 (b) DEADLINE FOR IMPLEMENTATION.—Not later
20 than 180 days after the date of the enactment of this Act,
21 the Secretary of Veterans Affairs shall commence the im-
22 plementation of section 1703F of title 38, United States
23 Code, as added by subsection (a)(1).

1 **SEC. 5408. INAPPLICABILITY OF CERTAIN PROVIDERS TO**
2 **PROVIDE NON-DEPARTMENT OF VETERANS**
3 **AFFAIRS CARE.**

4 Section 108 of the VA MISSION Act of 2018 (Public
5 Law 115–182; 38 U.S.C. 1701 note) is amended—

6 (1) by redesignating subsections (d) and (e) as
7 subsections (e) and (f), respectively; and

8 (2) by inserting after subsection (c) the fol-
9 lowing new subsection (d):

10 “(d) APPLICATION.—The requirement to deny or re-
11 voke the eligibility of a health care provider to provide
12 non-Department health care services to veterans under
13 subsection (a) shall apply to any removal under paragraph
14 (1) of such subsection or violation under paragraph (2)
15 of such subsection that occurred on or after the date that
16 is five years before the date of the enactment of this Act.”.

17 **Subtitle B—Improvement of Rural**
18 **Health and Telehealth**

19 **SEC. 5411. ESTABLISHMENT OF STRATEGIC PLAN REQUIRE-**
20 **MENT FOR OFFICE OF CONNECTED CARE OF**
21 **DEPARTMENT OF VETERANS AFFAIRS.**

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

24 (1) The COVID–19 pandemic caused the De-
25 partment of Veterans Affairs to exponentially in-
26 crease telehealth and virtual care modalities, includ-

1 ing VA Video Connect, to deliver health care services
2 to veteran patients.

3 (2) Between January 2020 and January 2021,
4 the number of telehealth appointments offered by
5 the Department increased by 1,831 percent.

6 (3) The Department maintains strategic part-
7 nerships, such as the Digital Divide Consult, with a
8 goal of ensuring veterans who reside in rural, highly
9 rural, or medically underserved areas have access to
10 high-quality telehealth services offered by the De-
11 partment.

12 (4) As of 2019, veterans who reside in rural
13 and highly rural areas make up approximately $\frac{1}{3}$ of
14 veteran enrollees in the patient enrollment system,
15 and are on average, older than their veteran peers
16 in urban areas, experience higher degrees of finan-
17 cial instability, and live with a greater number of
18 complex health needs and comorbidities.

19 (5) The Federal Communications Commission
20 estimated in 2020 that 15 percent of veteran house-
21 holds do not have an internet connection.

22 (6) Under the Coronavirus Aid, Relief, and
23 Economic Security Act (Public Law 116–136), Con-
24 gress granted the Department additional authority
25 to enter into short-term agreements or contracts

1 with private sector telecommunications companies to
2 provide certain broadband services for the purposes
3 of providing expanded mental health services to iso-
4 lated veterans through telehealth or VA Video Con-
5 nect during a public health emergency.

6 (7) The authority described in paragraph (6)
7 was not utilized to the fullest extent by the Depart-
8 ment.

9 (8) Though the Department has made signifi-
10 cant progress in expanding telehealth services of-
11 fered to veterans who are enrolled in the patient en-
12 rollment system, significant gaps still exist to ensure
13 all veterans receive equal and high-quality access to
14 virtual care.

15 (9) Questions regarding the efficacy of using
16 telehealth for certain health care services and speci-
17 alities remain, and should be further studied.

18 (10) The Department continues to expand tele-
19 health and virtual care offerings for primary care,
20 mental health care, specialty care, urgent care, and
21 even remote intensive care units.

22 (b) SENSE OF CONGRESS.—It is the sense of Con-
23 gress that the telehealth services offered by the Depart-
24 ment of Veterans Affairs should be routinely measured
25 and evaluated to ensure the telehealth technologies and

1 modalities delivered to veteran patients to treat a wide va-
2 riety of health conditions are as effective as in-person
3 treatment for primary care, mental health care, and other
4 forms of specialty care.

5 (c) DEVELOPMENT OF STRATEGIC PLAN.—

6 (1) IN GENERAL.—Not later than one year
7 after the date of the enactment of this Act, the Sec-
8 retary of Veterans Affairs, acting through the Office
9 of Connected Care of the Department of Veterans
10 Affairs, shall develop a strategic plan to ensure the
11 effectiveness of the telehealth technologies and mo-
12 dalities delivered by the Department to veterans who
13 are enrolled in the patient enrollment system.

14 (2) UPDATE.—

15 (A) IN GENERAL.—The Secretary shall up-
16 date the strategic plan required under para-
17 graph (1) not less frequently than once every
18 three years following development of the plan.

19 (B) CONSULTATION.—The Secretary shall
20 prepare any update required under subpara-
21 graph (A) in consultation with the following:

22 (i) The Chief Officer of the Office of
23 Connected Care of the Department.

1 (ii) The Executive Director of Tele-
2 health Services of the Office of Connected
3 Care.

4 (iii) The Executive Director of Con-
5 nected Health of the Office of Connected
6 Care.

7 (iv) The Executive Director of the Of-
8 fice of Rural Health of the Department.

9 (v) The Executive Director of Solution
10 Delivery, IT Operations and Services of
11 the Office of Information and Technology
12 of the Department.

13 (3) ELEMENTS.—The strategic plan required
14 under paragraph (1), and any update to that plan
15 under paragraph (2), shall include, at a minimum,
16 the following:

17 (A) A comprehensive list of all health care
18 specialities the Department is currently deliv-
19 ering by telehealth or virtual care.

20 (B) An assessment of the effectiveness and
21 patient outcomes for each type of health care
22 speciality delivered by telehealth or virtual care
23 by the Department.

24 (C) An assessment of satisfaction of vet-
25 erans in receiving care through telehealth or

1 virtual care disaggregated by age group and by
2 Veterans Integrated Service Network.

3 (D) An assessment of the percentage of
4 virtual visits delivered by the Department
5 through each modality including standard tele-
6 phone telehealth, VA Video Connect, and the
7 Accessing Telehealth through Local Area Sta-
8 tions program of the Department.

9 (E) An outline of all current partnerships
10 maintained by the Department to bolster tele-
11 health or virtual care services for veterans.

12 (F) An assessment of the barriers faced by
13 the Department in delivering telehealth or vir-
14 tual care services to veterans residing in rural
15 and highly rural areas, and the strategies the
16 Department is deploying beyond purchasing
17 hardware for veterans who are enrolled in the
18 patient enrollment system.

19 (G) A detailed plan illustrating how the
20 Department is working with other Federal
21 agencies, including the Department of Health
22 and Human Services, the Department of Agri-
23 culture, the Federal Communications Commis-
24 sion, and the National Telecommunications and
25 Information Administration, to enhance

1 connectivity in rural, highly rural, and medi-
2 cally underserved areas to better reach all vet-
3 erans.

4 (H) The feasibility and advisability of
5 partnering with Federally qualified health cen-
6 ters, rural health clinics, and critical access hos-
7 pitals to fill the gap for health care services
8 that exists for veterans who reside in rural and
9 highly rural areas.

10 (I) An evaluation of the number of vet-
11 erans who are enrolled in the patient enrollment
12 system who have previously received care under
13 the Veterans Community Care Program under
14 section 1703 of title 38, United States Code.

15 (d) SUBMITTAL TO CONGRESS.—Not later than 180
16 days after the development of the strategic plan under
17 paragraph (1) of subsection (c), and not later than 180
18 days after each update under paragraph (2) of such sub-
19 section thereafter, the Secretary shall submit to the Com-
20 mittee on Veterans' Affairs of the Senate and the Com-
21 mittee on Veterans' Affairs of the House of Representa-
22 tives a report that includes the following:

23 (1) The completed strategic plan or update, as
24 the case may be.

1 (2) An identification of areas of improvement
2 by the Department in the delivery of telehealth and
3 virtual care services to veterans who are enrolled in
4 the patient enrollment system, with a timeline for
5 improvements to be implemented.

6 (e) DEFINITIONS.—

7 (1) PATIENT ENROLLMENT SYSTEM.—The term
8 “patient enrollment system” means the system of
9 annual patient enrollment of the Department of Vet-
10 erans Affairs established and operated under section
11 1705(a) of title 38, United States Code.

12 (2) RURAL; HIGHLY RURAL.—The terms
13 “rural” and “highly rural” have the meanings given
14 those terms in the Rural-Urban Commuting Areas
15 coding system of the Department of Agriculture.

16 (3) VA VIDEO CONNECT.—The term “VA Video
17 Connect” means the program of the Department of
18 Veterans Affairs to connect veterans with their
19 health care team from anywhere, using encryption to
20 ensure a secure and private connection.

21 (4) VETERAN.—The term “veteran” has the
22 meaning given that term in section 101(2) of title
23 38, United States Code.

1 **SEC. 5412. COMPTROLLER GENERAL REPORT ON TRANS-**
2 **PORTATION SERVICES BY THIRD PARTIES**
3 **FOR RURAL VETERANS.**

4 (a) REPORT REQUIRED.—Not later than one year
5 after the date of the enactment of this Act, the Comp-
6 troller General of the United States shall submit to the
7 Committee on Veterans' Affairs of the Senate and the
8 Committee on Veterans' Affairs of the House of Rep-
9 resentatives a report on the program established under
10 section 111A(b) of title 38, United States Code.

11 (b) CONTENTS.—The report submitted under sub-
12 section (a) shall include the following:

13 (1) A description of the program described in
14 such subsection, including descriptions of the fol-
15 lowing:

16 (A) The purpose of the program.

17 (B) The activities carried out under the
18 program.

19 (2) An assessment of the sufficiency of the pro-
20 gram with respect to the purpose of the program.

21 (3) An assessment of the cost effectiveness of
22 the program in comparison to alternatives.

23 (4) An assessment of the health benefits for
24 veterans who have participated in the program.

25 (5) An assessment of the sufficiency of staffing
26 of employees of the Department of Veterans Affairs

1 who are responsible for facilitating the maintenance
2 of the program.

3 (6) An assessment, with respect to the purpose
4 of the program, of the number of vehicles owned by
5 and operating in conjunction with the program.

6 (7) An assessment of the awareness and usage
7 of the program by veterans and their families.

8 (8) An assessment of other options for trans-
9 portation under the program, such as local taxi com-
10 panies and ridesharing programs such as Uber and
11 Lyft.

12 **SEC. 5413. COMPTROLLER GENERAL REPORT ON TELE-**
13 **HEALTH SERVICES OF THE DEPARTMENT OF**
14 **VETERANS AFFAIRS.**

15 (a) IN GENERAL.—Not later than 18 months after
16 the date of the enactment of this Act, the Comptroller
17 General of the United States shall submit to the Com-
18 mittee on Veterans' Affairs of the Senate and the Com-
19 mittee on Veterans' Affairs of the House of Representa-
20 tives a report on telehealth services provided by the De-
21 partment of Veterans Affairs.

22 (b) ELEMENTS.—The report required by subsection
23 (a) shall include an assessment of the following:

1 (1) The telehealth and virtual health care pro-
2 grams of the Department of Veterans Affairs, in-
3 cluding VA Video Connect.

4 (2) The challenges faced by the Department in
5 delivering telehealth and virtual health care to vet-
6 erans who reside in rural and highly rural areas due
7 to lack of connectivity in many rural areas.

8 (3) Any mitigation strategies used by the De-
9 partment to overcome connectivity barriers for vet-
10 erans who reside in rural and highly rural areas.

11 (4) The partnerships entered into by the Office
12 of Connected Care of the Department in an effort to
13 bolster telehealth services.

14 (5) The extent to which the Department has ex-
15 amined the effectiveness of health care services pro-
16 vided to veterans through telehealth in comparison
17 to in-person treatment.

18 (6) Satisfaction of veterans with respect to the
19 telehealth services provided by the Department.

20 (7) The use by the Department of telehealth
21 appointments in comparison to referrals to care
22 under the Veterans Community Care Program under
23 section 1703 of title 38, United States Code.

24 (8) Such other areas as the Comptroller Gen-
25 eral considers appropriate.

1 **Subtitle C—Foreign Medical**
2 **Program**

3 **SEC. 5421. ANALYSIS OF FEASIBILITY AND ADVISABILITY**
4 **OF EXPANDING ASSISTANCE AND SUPPORT**
5 **TO CAREGIVERS TO INCLUDE CAREGIVERS**
6 **OF VETERANS IN THE REPUBLIC OF THE**
7 **PHILIPPINES.**

8 (a) FINDINGS.—Congress makes the following find-
9 ings:

10 (1) Although section 161 of the VA MISSION
11 Act of 2018 (Public Law 115–182; 132 Stat. 1438)
12 expanded the program of comprehensive assistance
13 for family caregivers of the Department of Veterans
14 Affairs under section 1720G(a) of title 38, United
15 States Code, to veterans of all eras, it did not ex-
16 pand the program to family caregivers for veterans
17 overseas.

18 (2) Although caregivers for veterans overseas
19 can access online resources as part of the program
20 of support services for caregivers of veterans under
21 subsection (b) section 1720G of such title, those
22 caregivers miss out on all of the comprehensive serv-
23 ices and benefits provided under subsection (a) of
24 such section.

1 (3) The Department has an outpatient clinic
2 and a regional benefits office in Manila, Republic of
3 the Philippines, and the Foreign Medical Program of
4 the Department under section 1724 of such title is
5 used heavily in the Republic of the Philippines by
6 veterans who live in that country.

7 (4) Due to the presence of facilities of the De-
8 partment in the Republic of the Philippines and the
9 number of veterans who reside there, that country is
10 a suitable test case to analyze the feasibility and ad-
11 visability of expanding caregiver support to care-
12 givers of veterans overseas.

13 (b) ANALYSIS.—Not later than 180 days after the
14 date of the enactment of this Act, the Secretary of Vet-
15 erans Affairs shall complete an analysis of the feasibility
16 and advisability of making assistance and support under
17 section 1720G(a) of title 38, United States Code, available
18 to caregivers of veterans in the Republic of the Phil-
19 ippines.

20 (c) REPORT.—Not later than 180 days after the con-
21 clusion of the analysis conducted under subsection (b), the
22 Secretary shall submit to the Committee on Veterans' Af-
23 fairs of the Senate and the Committee on Veterans' Af-
24 fairs of the House of Representatives a report that in-
25 cludes the following:

1 (1) The results of such analysis.

2 (2) An assessment of the number of veterans
3 who are enrolled in the patient enrollment system
4 and reside in the Republic of the Philippines.

5 (3) An assessment of the number of veterans
6 who are enrolled in the patient enrollment system
7 and reside in the Republic of the Philippines that
8 have a caregiver to provide them personal care serv-
9 ices described in section 1720G(a)(C) of title 38,
10 United States Code.

11 (4) An assessment of the staffing needs and as-
12 sociated cost of making assistance and support to
13 available to caregivers of veterans in the Republic of
14 the Philippines.

15 (d) DEFINITIONS.—In this section:

16 (1) CAREGIVER.—The term “caregiver” has the
17 meaning given that term in section 1720G(d) of title
18 38, United States Code.

19 (2) PATIENT ENROLLMENT SYSTEM.—The term
20 “patient enrollment system” means the system of
21 annual patient enrollment of the Department of Vet-
22 erans Affairs established and operated under section
23 1705(a) of such title.

1 (3) VETERAN.—The term “veteran” has the
2 meaning given that term in section 101(2) of such
3 title.

4 **SEC. 5422. COMPTROLLER GENERAL REPORT ON FOREIGN**
5 **MEDICAL PROGRAM OF DEPARTMENT OF**
6 **VETERANS AFFAIRS.**

7 (a) IN GENERAL.—Not later than two years after the
8 date of the enactment of this Act, the Comptroller General
9 of the United States shall submit to the Committee on
10 Veterans’ Affairs of the Senate and the Committee on Vet-
11 erans’ Affairs of the House of Representatives a report
12 on the Foreign Medical Program.

13 (b) ELEMENTS.—The report required by subsection
14 (a) shall include, for the most recent five fiscal years for
15 which data are available, an assessment of the following:

16 (1) The number of veterans who live overseas
17 and are eligible for the Foreign Medical Program.

18 (2) The number of veterans who live overseas,
19 are registered for the Foreign Medical Program, and
20 use such program.

21 (3) The number of veterans who live overseas,
22 are registered for the Foreign Medical Program, and
23 do not use such program.

24 (4) The number of veterans who are eligible for
25 care furnished by the Department of Veterans Af-

1 fairs, live in the United States, including territories
2 of the United States, and make use of such care, in-
3 cluding through the Veterans Community Care Pro-
4 gram under section 1703 of title 38, United States
5 Code.

6 (5) Any challenges faced by the Department in
7 administering the Foreign Medical Program, includ-
8 ing—

9 (A) outreach to veterans on eligibility for
10 such program and ensuring veterans who live
11 overseas are aware of such program;

12 (B) executing timely reimbursements of
13 claims by veterans under such program; and

14 (C) need for and use of translation serv-
15 ices.

16 (6) Any trends relating to—

17 (A) the timeliness of processing by the De-
18 partment of claims under the Foreign Medical
19 Program and reimbursement of veterans under
20 such program;

21 (B) types of care or treatment sought by
22 veterans who live overseas that is reimbursed
23 under such program; and

1 (C) types of care or treatment eligible for
2 reimbursement under such program that vet-
3 erans have difficulty accessing overseas.

4 (7) Any barriers or obstacles cited by veterans
5 who live overseas who are registered for the Foreign
6 Medical Program, including any differences between
7 veterans who use the program and veterans who do
8 not.

9 (8) Satisfaction of veterans who live overseas
10 with the Foreign Medical Program.

11 (9) Such other areas as the Comptroller Gen-
12 eral considers appropriate.

13 (c) FOREIGN MEDICAL PROGRAM DEFINED.—In this
14 section, the term “Foreign Medical Program” means the
15 program under which the Secretary of Veterans Affairs pro-
16 vides hospital care and medical services under section
17 1724 of title 38, United States Code.

18 **Subtitle D—Mental Health Care**

19 **SEC. 5431. ANALYSIS OF FEASIBILITY AND ADVISABILITY** 20 **OF DEPARTMENT OF VETERANS AFFAIRS** 21 **PROVIDING EVIDENCE-BASED TREATMENTS** 22 **FOR THE DIAGNOSIS OF TREATMENT-RESIST-** 23 **ANT DEPRESSION.**

24 (a) FINDINGS.—Congress makes the following find-
25 ings:

1 (1) A systematic review in 2019 of the econom-
2 ics and quality of life relating to treatment-resistant
3 depression summarized that major depressive dis-
4 order (in this subsection referred to as “MDD”) is
5 a global public health concern and that treatment-
6 resistant depression in particular represents a key
7 unmet need. The findings of that review highlighted
8 the need for improved therapies for treatment-resist-
9 ant depression to reduce disease burden, lower med-
10 ical costs, and improve the quality of life of patients.

11 (2) The Clinical Practice Guideline for the
12 Management of MDD (in this subsection referred to
13 as the “CPG”) developed jointly by the Department
14 of Veterans Affairs and the Department of Defense
15 defines treatment-resistant depression as at least
16 two adequate treatment trials and lack of full re-
17 sponse to each.

18 (3) The CPG recommends electro-convulsive
19 therapy (in this subsection referred to as “ECT”) as
20 a treatment strategy for patients who have failed
21 multiple other treatment strategies.

22 (4) The CPG recommends offering repetitive
23 transcranial magnetic stimulation (in this subsection
24 referred to as “rTMS”), an intervention that is indi-
25 cated by the Food and Drug Administration, for

1 treatment during a major depressive episode in pa-
2 tients with treatment-resistant MDD.

3 (5) The final report of the Creating Options for
4 Veterans' Expedited Recovery Commission (com-
5 monly referred to as the "COVER Commission") es-
6 tablished under section 931 of the Jason Simcakoski
7 Memorial and Promise Act (title IX of Public Law
8 114–198; 38 U.S.C. 1701 note) found that treat-
9 ment-resistant depression is a major issue through-
10 out the mental health treatment system, and that an
11 estimated 50 percent of depressed patients are inad-
12 equately treated by available interventions.

13 (6) The COVER Commission also reported data
14 collected from the Department of Veterans Affairs
15 that found that only approximately 1,166 patients
16 throughout the Department were referred for ECT
17 in 2018 and only approximately 772 patients were
18 referred for rTMS during that year.

19 (b) ANALYSIS.—Not later than 180 days after the
20 date of the enactment of this Act, the Secretary of Vet-
21 erans Affairs shall complete an analysis of the feasibility
22 and advisability of making repetitive transcranial mag-
23 netic stimulation available at all medical facilities of the
24 Department of Veterans Affairs and electro-convulsive
25 therapy available at one medical center located within each

1 Veterans Integrated Service Network for the treatment of
2 veterans who are enrolled in the patient enrollment system
3 and have a diagnosis of treatment-resistant depression.

4 (c) INCLUSION OF ASSESSMENT OF REPORT.—The
5 analysis conducted under subsection (b) shall include an
6 assessment of the final report of the COVER Commission
7 submitted under section 931(e)(2) of the Jason
8 Simcakoski Memorial and Promise Act (title IX of Public
9 Law 114–198; 38 U.S.C. 1701 note).

10 (d) REPORT.—Not later than 180 days after the con-
11 clusion of the analysis conducted under subsection (b), the
12 Secretary shall submit to the Committee on Veterans' Af-
13 fairs of the Senate and the Committee on Veterans' Af-
14 fairs of the House of Representatives a report that in-
15 cludes the following:

16 (1) The results of such analysis.

17 (2) An assessment of the number of veterans
18 who are enrolled in the patient enrollment system
19 and who have a diagnosis of treatment-resistant de-
20 pression per Veterans Integrated Service Network
21 during the two-year period preceding the date of the
22 report.

23 (3) An assessment of the number of the vet-
24 erans who are enrolled in the patient enrollment sys-
25 tem who have a diagnosis of treatment-resistant de-

1 pression and who have received or are currently re-
2 ceiving repetitive transcranial magnetic stimulation
3 or electro-convulsive therapy as a treatment modality
4 during the two-year period preceding the date of the
5 report.

6 (4) An assessment of the number and locations
7 of medical centers of the Department that currently
8 provide repetitive transcranial magnetic stimulation
9 to veterans who are enrolled in the patient enroll-
10 ment system and who have a diagnosis of treatment-
11 resistant depression.

12 (5) An assessment of the number and locations
13 of medical centers of the Department that currently
14 provide electro-convulsive therapy to veterans who
15 are enrolled in the patient enrollment system and
16 who have a diagnosis of treatment-resistant depres-
17 sion.

18 (e) DEFINITIONS.—In this section:

19 (1) PATIENT ENROLLMENT SYSTEM.—The term
20 “patient enrollment system” means the system of
21 annual patient enrollment of the Department of Vet-
22 erans Affairs established and operated under section
23 1705(a) of title 38, United States Code.

1 (2) VETERAN.—The term “veteran” has the
2 meaning given that term in section 101(2) of title
3 38, United States Code.

4 **SEC. 5432. MODIFICATION OF RESOURCE ALLOCATION SYS-**
5 **TEM TO INCLUDE PEER SPECIALISTS.**

6 (a) IN GENERAL.—Not later than one year after the
7 date of the enactment of this Act, the Secretary of Vet-
8 erans Affairs shall modify the Veterans Equitable Re-
9 source Allocation system, or successor system, to ensure
10 that resource allocations under such system, or successor
11 system, include peer specialists appointed under section
12 7402(b)(13) of title 38, United States Code.

13 (b) VETERANS EQUITABLE RESOURCE ALLOCATION
14 SYSTEM DEFINED.—In this section, the term “Veterans
15 Equitable Resource Allocation system” means the re-
16 source allocation system established pursuant to section
17 429 of the Departments of Veterans Affairs and House
18 and Urban Development, and Independent Agencies Ap-
19 propriations Act, 1997 (Public Law 104–204; 110 Stat.
20 2929).

21 **SEC. 5433. GAP ANALYSIS OF PSYCHOTHERAPEUTIC INTER-**
22 **VENTIONS OF THE DEPARTMENT OF VET-**
23 **ERANS AFFAIRS.**

24 (a) IN GENERAL.—Not later than 270 days after the
25 date of the enactment of this Act, the Secretary of Vet-

1 erans Affairs shall complete a gap analysis throughout the
2 entire health care system of the Veterans Health Adminis-
3 tration on the use and availability of psychotherapeutic
4 interventions recommended in widely used clinical practice
5 guidelines as recommended in the final report of the
6 COVER Commission submitted under section 931(e)(2) of
7 the Jason Simcakoski Memorial and Promise Act (title IX
8 of Public Law 114–198; 38 U.S.C. 1701 note).

9 (b) ELEMENTS.—The gap analysis required under
10 subsection (a) shall include the following:

11 (1) An assessment of the psychotherapeutic
12 interventions available and routinely delivered to vet-
13 erans at medical centers of the Department of Vet-
14 erans Affairs within each Veterans Integrated Serv-
15 ice Network of the Department.

16 (2) An assessment of the barriers faced by med-
17 ical centers of the Department in offering certain
18 psychotherapeutic interventions and why those inter-
19 ventions are not widely implemented or are excluded
20 from implementation throughout the entire health
21 care system of the Veterans Health Administration.

22 (c) REPORT AND PLAN.—Not later than 180 days
23 after completing the gap analysis under subsection (a), the
24 Secretary shall submit to the Committee on Veterans' Af-

1 fairs of the Senate and the Committee on Veterans' Af-
2 fairs of the House of Representatives—

3 (1) a report on the results of the analysis; and

4 (2) a plan with measurable, time-limited steps
5 for the Department to implement—

6 (A) to address the gaps that limit access of
7 veterans to care; and

8 (B) to treat various mental health condi-
9 tions across the entire health care system of the
10 Veterans Health Administration.

11 **Subtitle E—Other Matters**

12 **SEC. 5441. ONLINE HEALTH CARE EDUCATION PORTAL.**

13 (a) IN GENERAL.—Not later than 180 days after the
14 date of the enactment of this Act, the Secretary of Vet-
15 erans Affairs shall establish an online health care edu-
16 cation portal to ensure veterans enrolled in the patient en-
17 rollment system of the Department of Veterans Affairs
18 under section 1705(a) of title 38, United States Code, are
19 aware of the health care services provided by the Depart-
20 ment and understand their basic health care entitlements
21 under the laws administered by the Secretary.

22 (b) INTERACTIVE MODULES.—

23 (1) IN GENERAL.—The health care education
24 portal established under subsection (a) shall include,

1 at a minimum, interactive online educational mod-
2 ules on the following:

3 (A) Health care from the Veterans Health
4 Administration in the community, including
5 under the Veterans Community Care Program
6 under section 1703 of title 38, United States
7 Code.

8 (B) Telehealth services.

9 (C) The appeals process for the Veterans
10 Health Administration.

11 (D) Patient aligned care teams.

12 (E) Mental health care services.

13 (F) Suicide prevention services.

14 (G) Specialty care services.

15 (H) Dental health services.

16 (I) Women's health services.

17 (J) Navigating the publicly accessible
18 internet websites and mobile applications of the
19 Veterans Health Administration.

20 (K) Vaccinations offered through the Vet-
21 erans Health Administration.

22 (L) Toxic exposure.

23 (M) Military sexual trauma.

1 (N) Topics set forth under section 121(b)
2 of the VA MISSION Act of 2018 (Public Law
3 115–182; 38 U.S.C. 1701 note).

4 (2) MODULE UPDATES.—The Secretary shall
5 update the curriculum content of the modules de-
6 scribed in paragraph (1) not less frequently than an-
7 nually to ensure such modules contain the most cur-
8 rent information on the module topic.

9 (c) HEALTH CARE EDUCATION PORTAL REQUIRE-
10 MENTS.—The Secretary shall ensure that the health care
11 education portal established under subsection (a) meets
12 the following requirements:

13 (1) The portal is directly accessible from—

14 (A) the main home page of the publicly ac-
15 cessible internet website of the Department;
16 and

17 (B) the main home page of the publicly ac-
18 cessible internet website of each medical center
19 of the Department.

20 (2) The portal is easily understandable and usa-
21 ble by the general public.

22 (d) PRINT MATERIAL.—In developing the health care
23 education portal established under subsection (a), the Sec-
24 retary shall ensure that materials included in such portal
25 are accessible in print format at each medical center of

1 the Department to veterans who may not have access to
2 the internet.

3 (e) CONSULTATION AND CONTRACT AUTHORITY.—In
4 carrying out the health care education portal established
5 under subsection (a), the Secretary—

6 (1) shall consult with organizations recognized
7 by the Secretary for the representation of veterans
8 under section 5902 of title 38, United States Code;
9 and

10 (2) may enter into a contract with a company,
11 non-profit entity, or other entity specializing in de-
12 velopment of educational programs to design the
13 portal and the curriculum for modules under sub-
14 section (b).

15 (f) REPORT.—Not later than one year after the es-
16 tablishment of the health care education portal under sub-
17 section (a), and annually thereafter, the Secretary shall
18 submit to the Committee on Veterans' Affairs of the Sen-
19 ate and the Committee on Veterans' Affairs of the House
20 of Representatives a report—

21 (1) assessing the use by veterans of the portal,
22 including—

23 (A) overall usage of the portal; and

24 (B) use of each module under subsection

25 (b);

1 (2) assessing the effectiveness of the education
2 program contained in such portal;

3 (3) evaluating the curriculum contained in such
4 portal;

5 (4) providing such recommendations on modi-
6 fications to the curriculum contained in such portal
7 as the Secretary considers appropriate; and

8 (5) including such other elements the Secretary
9 considers appropriate.

10 **SEC. 5442. EXCLUSION OF APPLICATION OF PAPERWORK**
11 **REDUCTION ACT TO RESEARCH ACTIVITIES**
12 **OF THE VETERANS HEALTH ADMINISTRA-**
13 **TION.**

14 (a) IN GENERAL.—Subchapter II of chapter 73 of
15 title 38, United States Code, is amended by adding at the
16 end the following new section:

17 **“SEC. 7330D. INAPPLICABILITY OF PAPERWORK REDUC-**
18 **TION ACT TO RESEARCH ACTIVITIES.**

19 “Subchapter I of chapter 35 of title 44 (commonly
20 referred to as the ‘Paperwork Reduction Act’) shall not
21 apply to the voluntary collection of information during the
22 conduct of research by the Veterans Health Administra-
23 tion, including the Office of Research and Development,
24 or individuals or entities affiliated with the Veterans
25 Health Administration.”.

1 (b) CLERICAL AMENDMENT.—The table of sections
2 at the beginning of such subchapter is amended by insert-
3 ing after the item relating to section 7330C the following
4 new item:

“7330D. Inapplicability of Paperwork Reduction Act to research activities.”.

