Insert after section 713 the following new section:

SEC. 713A. COMPREHENSIVE ENTERPRISE INTEROPERABILITY STRATEGY FOR THE ARMED FORCES AND THE DEPARTMENT OF VETERANS AFFAIRS.

(a) IN GENERAL.—The Secretary of Defense and the Secretary of Veterans Affairs, acting through the office established by section 1635(b) of the Wounded Warrior Act (title XVI of Public Law 110–181; 10 U.S.C. 1071 note), shall jointly develop and implement a comprehensive interoperability strategy to—

(1) improve the delivery of health care by the Armed Forces and the Department of Veterans Affairs by taking advantage of advances in the health information technology marketplace;

(2) achieve interoperability capabilities that are more adaptable and farther reaching than those achievable through bidirectional information exchange between electronic health records or the exchange of read-only data alone;
(3) establish an environment that will enable and encourage the adoption of innovative technologies for health care delivery;

(4) leverage data integration to advance health research and develop an evidence base for the health care programs of both Departments;

(5) prioritize open systems architecture;

(6) ensure ownership and control by patients of their health data;

(7) protect patient privacy and enhance opportunities for innovation by preventing contractors of the Departments or other non-Department entities from owning or exclusively controlling patient health data;

(8) make maximum use of open-application program interfaces and the Fast Healthcare Interoperability Resources standard, or successor standard; and

(9) achieve—

(A) a single lifetime longitudinal personal health record between the Armed Forces and the Department of Veterans Affairs; and

(B) interoperability capabilities sufficient to enable the provision of seamless health care relating to—
(i) the Armed Forces and private-sector health care providers under the TRICARE program; and

(ii) the Department of Veterans Affairs and community health care providers pursuant to sections 1703 and 1703A of title 38, United States Code, and other provisions of law administered by the Secretary of Veterans Affairs.

(b) CONTENT.—The strategy under subsection (a) shall—

(1) include, but shall not be limited to, the Electronic Health Record Modernization Program and the Healthcare Management System Modernization Program of the Armed Forces; and

(2) consist of—

(A) elements formulated and implemented jointly by the Secretary of Defense and the Secretary of Veterans Affairs; and

(B) elements that are unique to either Department and are formulated and implemented separately by either Secretary.

(e) SUBMISSION OF STRATEGY.—

(1) STRATEGY.—Not later than 180 days after the date of the enactment of this Act, the Director
shall submit to each Secretary concerned, and to the appropriate congressional committees, the strategy under subsection (a), including any accompanying or associated implementation plans and supporting information.

(2) Updated Strategy.—Not later than December 31, 2024, the Director shall submit to each Secretary concerned, and to the appropriate congressional committees, an update to the strategy under subsection (a), including any accompanying or associated implementation plans and supporting information.

(3) Availability.—The Secretaries concerned shall make available to the public the strategy submitted under paragraphs (1) and (2), including by posting such strategy on the internet websites of the Secretaries that is available to the public.

(d) Definitions.—In this section:

(1) The term “appropriate congressional committees” means the following:

(A) The congressional defense committees.

(B) The Committees on Veterans’ Affairs of the House of Representatives and the Senate.
(2) The term “Director” means the Director of the office established by section 1635(b) of the Wounded Warrior Act (title XVI of Public Law 110–181; 10 U.S.C. 1071 note).

(3) The term “Electronic Health Record Modernization Program” has the meaning given that term in section 503 of the Veterans Benefits and Transition Act of 2018 (Public Law 115–407; 132 Stat. 5376).

(4) The term “interoperability” means the ability of different information systems, devices, or applications to connect in a coordinated and secure manner, within and across organizational boundaries, across the complete spectrum of care, including all applicable care settings, and with relevant stakeholders, including the person whose information is being shared, to access, exchange, integrate, and use computable data regardless of the data’s origin or destination or the applications employed, and without additional intervention by the end user, including—

(A) the capability to reliably exchange information without error;

(B) the ability to interpret and to make effective use of the information so exchanged; and
(C) the ability for information that can be used to advance patient care to move between health care entities, regardless of the technology platform in place or the location where care was provided.

(5) The term “seamless health care” means health care which is optimized through access by patients and clinicians to integrated, relevant, and complete information about the patient’s clinical experiences, social and environmental determinants of health, and health trends over time in order to enable patients and clinicians to move from task to task and encounter to encounter, within and across organizational boundaries, such that high-quality decisions may be formed easily and complete plans of care may be carried out smoothly.

(6) The term “Secretary concerned” means—

(A) the Secretary of Defense, with respect to matters concerning the Department of Defense;

(B) the Secretary of Veterans Affairs, with respect to matters concerning the Department of Veterans Affairs; and

(C) the Secretary of Homeland Security, with respect to matters concerning the Coast
Guard when it is not operating as a service in the Department of the Navy.

(7) The term “TRICARE program” has the meaning given that term in section 1072 of title 10, United States Code.