

119TH CONGRESS
1ST SESSION

H. R. 6583

To amend title 38, United States Code, to establish a centralized research data system for the Department of Veterans Affairs and to make certain improvements to processes applicable to major research projects of the Department, and for other purposes.

IN THE HOUSE OF REPRESENTATIVES

DECEMBER 10, 2025

Mr. MURPHY introduced the following bill; which was referred to the
Committee on Veterans' Affairs

A BILL

To amend title 38, United States Code, to establish a centralized research data system for the Department of Veterans Affairs and to make certain improvements to processes applicable to major research projects of the Department, and for other purposes.

1 *Be it enacted by the Senate and House of Representa-*
2 *tives of the United States of America in Congress assembled,*

3 **SECTION 1. SHORT TITLE.**

4 This Act may be cited as the “VA Research Reform
5 Act of 2025”.

1 **SEC. 2. ESTABLISHMENT OF CENTRALIZED VA RESEARCH**
2 **DATA SYSTEM; STANDARDS WITH RESPECT**
3 **TO MAJOR RESEARCH PROGRAMS OF THE**
4 **DEPARTMENT.**

5 Subchapter V of chapter 73 of title 38, United States
6 Code, is amended by adding at the end the following new
7 sections (and conforming the table of sections at the be-
8 ginning of such chapter accordingly):

9 **“§ 7383. VA Centralized Research Data System**

10 “(a) **ESTABLISHMENT.**—The Secretary shall estab-
11 lish and maintain a centralized research data system for
12 the Department (to be known as the ‘VA Centralized Re-
13 search Data System’), to collect and manage information
14 on all research activities of the Department. Such system
15 shall include data with respect to all programs of medical
16 research conducted under section 7303 of this title, includ-
17 ing biomedical research, clinical research, mental health
18 research, health services and policy research, and any
19 other category of research supported by the Department.

20 “(b) **ELEMENTS OF SYSTEM.**—The VA Centralized
21 Research Data System shall include, for each research
22 project conducted by or supported by the Department the
23 following information:

24 “(1) A summary of the objectives, scope, and
25 study design of the project.

1 “(2) An identification of Department funding,
2 and any non-Department funding, supporting the
3 project, including amounts and funding mechanisms.

4 “(3) The name and affiliation of the principal
5 investigator and key staff or collaborators involved
6 in the research.

7 “(4) The status and dates of all required ap-
8 provals, including institutional review board approv-
9 als or exemptions, other regulatory approvals (in-
10 cluding safety or ethical reviews), and associated as-
11 surances of compliance.

12 “(5) Periodic updates on the progress of the
13 project, including—

14 “(A) the initiation date;

15 “(B) the completion of key milestones or
16 phases; and

17 “(C) the anticipated and actual completion
18 dates of the research.

19 “(6) The results and products of the research,
20 including any findings, publications in peer-reviewed
21 journals, presentations, patents or inventions, and
22 noted impacts on clinical care or policy arising from
23 the project.

1 “(c) USE AND INTEGRATION.—The Secretary shall
2 ensure that the VA Centralized Research Data System
3 is—

4 “(1) used to facilitate oversight and coordina-
5 tion of Department research;

6 “(2) designed to—

7 “(A) allow authorized personnel of the De-
8 partment, including the Office of Research and
9 Development and officials at Veterans Health
10 Administration facilities, to track research
11 progress and outcomes, avoid unnecessary du-
12 plication of research efforts, and identify oppor-
13 tunities for translating research findings into
14 clinical practice; and

15 “(B) protect personally identifiable infor-
16 mation, in accordance with applicable laws and
17 regulations; and

18 “(3) compatible with the electronic health
19 record system of the Department.

20 “(d) REGULATIONS.—Not later than 180 days after
21 the date of the enactment of this section, the Secretary
22 shall prescribe such regulations or guidance as the Sec-
23 retary determines necessary to implement this section, in-
24 cluding—

1 “(1) policies for the submission of information
2 by investigators into the Centralized Research Data
3 System; and

4 “(2) protocols for maintaining the accuracy and
5 security of data in the system.

6 **“§ 7384. Research proposal review and approval pro-**
7 **esses**

8 “(a) TIERED REVIEW BASED ON RISK AND IM-
9 PACT.—The Secretary shall develop and implement a
10 tiered system for the ethical and scientific review and ap-
11 proval of research proposals conducted by the Department
12 or using Department facilities, data, or resources. Under
13 such system, the level of review and applicable require-
14 ments shall be commensurate with the projected risk to
15 human subjects (or to animal subjects, as applicable) and
16 the expected effect or significance of the research.

17 “(b) LEVEL OF REVIEW.—(1) Under the tiered sys-
18 tem required by subsection (a), the Secretary shall ensure
19 that research proposals the Secretary determines pose—

20 “(A) a minimal risk (as defined by Secretary in
21 regulations) to subjects or are of a small scope or
22 short duration are eligible for an expedited or abbrevi-
23 ated review process that is consistent with the pro-
24 tection of human subjects and sound research prac-
25 tice; and

1 “(B) a greater than minimal risk to subjects,
2 involve invasive procedures, or have broad potential
3 impact (including as large clinical trials or multi-site
4 studies) undergo a full review process.

5 “(2) The Secretary may establish intermediate levels
6 of review for—

7 “(A) categories of research the Secretary deter-
8 mines fall between minimal risk and high risk; or

9 “(B) projects deemed of high scientific impor-
10 tance, to ensure appropriate scrutiny without unnec-
11 essary delay.

12 “(c) STANDARDIZED NATIONAL TIMELINES.—For
13 each tier of research review under subsection (b), the Sec-
14 retary shall establish standardized, Department-wide tar-
15 get timelines for completion of the review and approval
16 or disapproval of research proposals. Such timelines shall
17 be designed to expedite the initiation of valuable research
18 while maintaining standards for safety and ethics. The
19 Secretary shall ensure that these review processes and
20 timelines are applied uniformly across all facilities of the
21 Veterans Health Administration, notwithstanding any
22 local policies.

23 “(d) OFFICE OF RESEARCH AND DEVELOPMENT
24 OVERRIDE AUTHORITY.—(1) The Under Secretary for
25 Health, acting through the Chief Research and Develop-

1 ment Officer of the Office of Research and Development
2 established under section 7381 of this title, shall monitor
3 the research proposal review process nationwide to identify
4 any undue delays or barriers to timely approval. If a re-
5 search proposal subject to Department review is not ap-
6 proved, conditionally approved, or disapproved within the
7 applicable timeline established under subsection (c), the
8 Under Secretary, through the Office of Research and De-
9 velopment, may intervene to ensure a timely decision with
10 respect to the research proposal.

11 “(2)(A) In exercising the authority under paragraph
12 (1), the Under Secretary for Health may, as appro-
13 priate—

14 “(i) assume responsibility for or reassign
15 the review of the proposal to an alternative duly
16 constituted institutional review board or other
17 research review body that meets applicable
18 standards; or

19 “(ii) issue an approval or disapproval of
20 the proposal after such additional expedited re-
21 view as the Under Secretary determines nec-
22 essary.

23 “(B) The Under Secretary shall notify the chief
24 research officer of the affected facility and the Office
25 of Research Oversight under section 7307 of this

1 title of any intervention under subparagraph (A) and
2 the rationale for such intervention.

3 “(C) Any action by the Under Secretary under
4 this subsection shall ensure that all requisite ethical
5 and safety reviews are completed.

6 “(3) Nothing in this subsection shall be construed to
7 waive or override any law or regulation protecting human
8 subjects, animal welfare, or research integrity.

9 “(e) GUIDANCE AND OVERSIGHT.—The Secretary
10 shall—

11 “(1) issue policies or guidance to implement the
12 tiered review system under this section, including—

13 “(A) definitions of risk and impact cat-
14 egories;

15 “(B) specific timeframes for review at each
16 tier; and

17 “(C) procedures for centralized monitoring
18 of compliance with these timelines;

19 “(2) oversee adherence to these processes
20 through the Office of Research and Development;
21 and

22 “(3) provide training to members of institu-
23 tional review boards and other research review com-
24 mittees on the new requirements to ensure con-
25 sistent application.

1 prove veteran health care or quality of life (in this section
2 referred to as ‘high-impact research’).

3 “(2) The Secretary shall utilize funds allocated pur-
4 suant to subsection (a) to accelerate the transfer of such
5 high-impact research findings into clinical practice, sys-
6 tems of care, or programmatic improvements.

7 “(3) Activities funded with such amounts may in-
8 clude—

9 “(A) implementation and dissemination studies;

10 “(B) the development or updating of clinical
11 practice guidelines;

12 “(C) training of health care providers in new
13 evidence-based practices;

14 “(D) modification of health information tech-
15 nology or equipment to accommodate new treat-
16 ments or diagnostic;

17 “(E) patient outreach and education regarding
18 new standards of care; and

19 “(F) other actions necessary to integrate re-
20 search discoveries into routine veterans care.

21 “(c) COORDINATION AND AVOIDANCE OF DUPLICA-
22 TION.—(1) The Secretary shall ensure that the allocation
23 and use of funds for implementation activities under this
24 section are coordinated with other Department initiatives
25 in implementation science and quality improvement, in-

1 cluding the Quality Enhancement Research Initiative and
2 other translational research programs within the Depart-
3 ment to leverage existing expertise and avoid duplicative
4 efforts.

5 “(2) The Office of Research and Development shall
6 consult regularly with Veterans Health Administration
7 program offices responsible for clinical operations to iden-
8 tify priority areas where research findings are ready to
9 be adopted on a wider scale within the Department.

10 “(d) ACCOUNTABILITY.—The Secretary shall include,
11 in the annual report required by section 7388 of this
12 title—

13 “(1) the amount of research funding devoted to
14 implementation activities and the outcomes of such
15 investments; and

16 “(2) an analysis of compliance with the funding
17 allocation in subsection (a) and a description of
18 major implementation projects undertaken, the sta-
19 tus of such projects, and the effect of such projects
20 on health care for veterans.

21 **“§ 7386. Veteran impact forecast and translation plan**
22 **for major research projects required**

23 “(a) REQUIREMENT FOR MAJOR RESEARCH
24 PROJECTS.—The Secretary shall ensure that any major
25 research project of the Department includes, as part of

1 the research protocol and application for funding sub-
2 mitted to the Secretary—

3 “(1) a veteran impact forecast described in sub-
4 section (b); and

5 “(2) a translation plan described in subsection
6 (c).

7 “(b) VETERAN IMPACT FORECAST.—A veteran im-
8 pact forecast described in this subsection is a written as-
9 sessment, prepared by the investigators or sponsors of a
10 major research project at the time of proposal, that de-
11 scribes the anticipated benefits and outcomes of the re-
12 search for veterans and the health care system of the De-
13 partment. The veteran impact forecast shall, to the max-
14 imum extent practicable, quantify or describe the fol-
15 lowing:

16 “(1) How the findings or results of successful
17 research is successful are expected to improve health
18 outcomes among veterans, including—

19 “(A) reductions in morbidity or mortality;

20 “(B) improvements to functional status;

21 and

22 “(C) enhancements to the quality of life
23 for veterans from the condition or conditions
24 subject to the research.

1 “(2) The ways in which the research results
2 could—

3 “(A) be integrated into the clinical practice
4 of the Veterans Health Administration; or

5 “(B) lead to changes in health care policy
6 or programs for veterans (including adoption of
7 new treatments, diagnostics, preventive meas-
8 ures, or care delivery models) and an estimate
9 of the magnitude of the veteran population like-
10 ly to be affected by such changes.

11 “(3) An explanation of the urgency of the re-
12 search question for veterans and an estimate of the
13 time frame within which positive findings could be
14 implemented into clinical practice, given the nature
15 of the study design and any necessary regulatory ap-
16 provals.

17 “(c) TRANSLATION PLAN.—A translation plan de-
18 scribed in this subsection is a proactive plan for how posi-
19 tive findings from the research will be disseminated and
20 implemented in the Department to benefit veterans that
21 includes the following:

22 “(1) An identification of steps and resources
23 needed to move any successful outcomes of the re-
24 search into general Department use.

1 “(2) A description of how and to whom the re-
2 search results will be communicated upon comple-
3 tion, including identification of the relevant entities
4 that should be informed of such results, including—

5 “(A) program offices;

6 “(B) clinical practice leaders;

7 “(C) policymakers within the Department
8 in a position to act on such results;

9 “(D) external partners (including academic
10 affiliates); and

11 “(E) the heads of relevant Federal agen-
12 cies.

13 “(3) Specific actions to be taken if the study
14 yields positive results, including—

15 “(A) the development or revision of clinical
16 protocols and guidelines;

17 “(B) pursuing regulatory approvals for
18 new therapies, if applicable;

19 “(C) training clinicians in new practices;

20 “(D) updating health information tech-
21 nology systems or decision support tools; or

22 “(E) initiating pilot programs to imple-
23 ment the findings in one or more medical cen-
24 ters of the Department.

1 “(4) An identification of potential obstacles to
2 implementation, including resource needs, training
3 gaps, or interoperability issues.

4 “(5) A description of how the investigators or
5 the Department might address such obstacles to fa-
6 cilitate timely translation of the research into prac-
7 tice.

8 “(6) As appropriate, to ensure that the trans-
9 lation of findings is feasible and sustainable within
10 the Department, plans for engaging relevant stake-
11 holders in the implementation process, including—

12 “(A) the Under Secretary for Health;

13 “(B) veterans who would be affected by
14 the change;

15 “(C) caregivers; or

16 “(D) external regulatory bodies.

17 “(d) INCORPORATION INTO APPROVAL AND FUND-
18 ING.—(1) The Secretary shall ensure that no major re-
19 search project is approved or funded by the Department
20 unless the proposal includes a veteran impact forecast and
21 translation plan meeting the requirements of this section.

22 “(2) The Office of Research and Development shall
23 review the adequacy of the veteran impact forecast and
24 translation plan during the scientific review or funding de-
25 cision process, and may provide feedback or require modi-

1 fications as necessary to strengthen the likelihood that the
2 research, if successful, can be readily applied to improve
3 care for veterans.

4 “(e) GUIDANCE AND WAIVER.—(1) The Secretary,
5 through the Office of Research and Development, shall
6 issue guidance defining the classes of research projects
7 subject to the requirements of this section and detailing
8 the format and content expectations for veteran impact
9 forecasts and translation plans.

10 “(2) The Secretary may exempt a particular project
11 or class of projects from one or both of these requirements
12 only if the Secretary determines that such project is of
13 a nature for which these planning documents would not
14 be practicable or meaningful. Any such exemption shall
15 be documented in writing with a justification and sub-
16 mitted to the Committees on Veterans’ Affairs of the
17 House of Representatives and the Senate as part of the
18 annual report under section 7388 of this title.

19 “(f) UPDATES AND POST-STUDY REVIEW.—(1) The
20 Secretary shall establish a mechanism to revisit and up-
21 date the translation plan as necessary during the course
22 of the research project and immediately following its com-
23 pletion, in light of the actual findings. Investigators con-
24 ducting a covered project shall, at the conclusion of the
25 project, report on how the findings compare to the veteran

1 impact forecast and propose any adjustments to the ac-
2 tions in the translation plan.

3 “(2) The Office of Research and Development, in
4 conjunction with relevant clinical operations officials, shall
5 evaluate these post-study reports to determine what imple-
6 mentation steps will be taken by the Department and shall
7 track the outcomes of major research projects in terms
8 of uptake into clinical practice or policy.

9 “(g) MAJOR RESEARCH PROJECT DEFINED.—In this
10 section, a ‘major research project’ means—

11 “(1) a research study or program, including a
12 clinical trial or multisite study, that meets criteria
13 indicating substantial size, scope, or significance, as
14 shall be defined by the Secretary; and

15 “(2) includes—

16 “(A) research projects with projected De-
17 partment funding above a threshold amount set
18 by the Secretary; and

19 “(B) any other research initiatives des-
20 ignated by the Office of Research and Develop-
21 ment as having high potential impact on vet-
22 erans health or health care systems.

1 **“§ 7387. Department of Veterans Affairs regional re-**
2 **search hubs**

3 “(a) ESTABLISHMENT.—(1) The Secretary shall es-
4 tablish a system of regional research hubs of the Depart-
5 ment (in this section referred to as ‘research hubs’) within
6 the Veterans Health Administration to support and co-
7 ordinate the research activities of the Department across
8 multiple medical centers and clinics. The number and loca-
9 tions of such research hubs shall be determined by the
10 Secretary to ensure that all medical facilities of the De-
11 partment with active research programs may access the
12 services of a research hub. In establishing research hubs
13 pursuant to this section, the Secretary may consider Vet-
14 eran Integrated Services Networks, or other appropriate
15 regional groupings of facilities.

16 “(2) Each research hub shall be organizationally es-
17 tablished under the Office of Research and Development,
18 and shall operate under the direction of a Regional Re-
19 search Hub Director appointed by the Under Secretary
20 for Health, or a designee of the Under Secretary. The Di-
21 rector of each research hub shall be an individual with
22 experience in managing biomedical or health services re-
23 search and knowledge of regulatory compliance, who shall
24 report to the Office of Research and Development with
25 respect to activities of the hub.

1 “(b) FUNCTIONS.—Each research hub shall, in co-
2 ordination with the Office of Research and Development,
3 carry out the following functions in support of Department
4 research within the applicable area of geographic responsi-
5 bility:

6 “(1) Facilitating the efficient and timely review
7 of research protocols by coordinating institutional
8 review board approvals for multi-site studies, includ-
9 ing—

10 “(A) establishing or utilizing regional or
11 central institutional review boards to serve mul-
12 tiple facilities;

13 “(B) harmonizing institutional review
14 board submission requirements; and

15 “(C) ensuring that a single institutional re-
16 view board of record can be used for multi-site
17 projects when feasible and in accordance with
18 applicable regulations.

19 “(2) Providing technical assistance and support
20 to investigators and research staff at facilities in the
21 region. Such support shall include—

22 “(A) guidance on research proposal devel-
23 opment;

24 “(B) study design and methodology con-
25 sultation;

1 “(C) assistance with regulatory compli-
2 ance, including human subjects protections, ani-
3 mal care, and safety regulations; and

4 “(D) training or education programs for
5 new investigators and research coordinators to
6 build research capacity.

7 “(3) Coordinating research efforts among the
8 Department facilities in the region and with affili-
9 ated academic institutions or other partners. Such
10 research efforts shall identify opportunities for
11 multi-site research projects, promote sharing of re-
12 sources (including research equipment, specialized
13 laboratories, or data resources), and encourage col-
14 laboration on studies that address veteran health
15 priorities. Pursuant to such research efforts, the re-
16 search hub may organize regular regional research
17 meetings or consortia to foster information exchange
18 and partnership among investigators and clinicians.

19 “(4) Assisting investigators in developing strat-
20 egies for recruitment and enrollment of veteran par-
21 ticipants in research studies, especially for multi-site
22 clinical trials or studies requiring large sample sizes.
23 The hub shall facilitate outreach to veterans in the
24 region who might be eligible for ongoing studies, in
25 accordance with privacy rules, and coordinate with

1 local clinical staff to improve awareness and engage-
2 ment in research opportunities.

3 “(5) Offering centralized administrative support
4 for research projects, such as budget and grant
5 management assistance, data management and bio-
6 statistical support, and guidance on using Depart-
7 ment data systems, including the VA Centralized
8 Research Data System under section 7383 of this
9 title and other information tools, for research pur-
10 poses.

11 “(6) Performing such other research-supporting
12 functions consistent with the goal of enhancing the
13 productivity, efficiency, and effects of the research
14 enterprise of the Department in service of veterans,
15 as the Secretary or Under Secretary for Health de-
16 termine appropriate.

17 “(c) EVALUATION AND OVERSIGHT.—(1) The Chief
18 Research and Development Officer of the Office of Re-
19 search and Development of the Department shall oversee
20 the performance of the research hubs and ensure such re-
21 search hubs are meeting the needs of the respective re-
22 gions in which such research hubs are located.

23 “(2) The Under Secretary for Health shall establish
24 metrics and goals for the hubs, including metrics related
25 to institutional review board review times, number of

1 multi-site studies supported, training activities conducted,
2 and improvements in veteran research enrollment.

3 “(3) The Under Secretary shall—

4 “(A) require each research hub to submit peri-
5 odic reports to the Under Secretary with respect to
6 the activities carried out by the research hub and
7 the outcomes of such activities; and

8 “(B) include such periodic reports into the an-
9 nual report under section 7388 of this title.

10 “(d) CONSULTATION AND PARTNERSHIPS.—In estab-
11 lishing and operating the research hubs, the Secretary
12 may collaborate with Federal partners, including the De-
13 partment of Defense and the National Institutes of
14 Health, and academic affiliates to co-locate or jointly sup-
15 port resources that benefit both Department and non-De-
16 partment research endeavors. The Secretary may also seek
17 input from investigators, veterans, and other stakeholders
18 in each region in which a research hub is located with re-
19 spect to the research priorities and support needs the re-
20 search hubs should address.

21 **“§ 7388. Research performance metrics; annual re-**
22 **port**

23 “(a) ESTABLISHMENT OF METRICS; BENCHMARKING
24 PROGRAM.—The Secretary shall develop and implement a
25 standardized program of metrics to assess the perform-

1 ance, productivity, and impact of research activities at
2 each facility of the Veterans Health Administration (in-
3 cluding Department medical centers and affiliated clinics)
4 that conducts research. Such metrics shall be used to
5 benchmark Veterans Health Administration facilities
6 against each other and against Departmental goals to
7 identify best practices and areas for improvement. At a
8 minimum, such metrics shall include measures of the fol-
9 lowing:

10 “(1) The volume of research projects under-
11 taken and completed, and the efficiency of research
12 processes at the facility, including—

13 “(A) the number of research proposals
14 submitted, approved, and initiated each year;

15 “(B) the average or median time from pro-
16 posal submission to institutional review board
17 approval and project start; and

18 “(C) the number of studies completed or
19 publications produced per year, normalized to
20 the research staff or funding level.

21 “(2) The extent of veteran engagement in re-
22 search at the facility, including—

23 “(A) the total number of veteran partici-
24 pants enrolled in clinical trials or other research
25 studies;

1 “(B) and the percentage of the facility’s
2 patient population or eligible population in-
3 volved in research.

4 “(3) The degree to which research findings are
5 implemented into clinical care or inform improve-
6 ments to health care delivery at the facility. This
7 may include—

8 “(A) the number of evidence-based inter-
9 ventions or new clinical practices adopted by
10 the facility that originated from research
11 (whether Department-funded or external re-
12 search);

13 “(B) the period of time between research
14 discovery and implementation at the facility;
15 and

16 “(C) qualitative examples of significant
17 changes in patient care driven by research find-
18 ings.

19 “(4) If determined relevant by the Secretary—

20 “(A) the level of collaboration and external
21 support, including the number of partnerships
22 with academic or industry researchers;

23 “(B) the amount of non-Department re-
24 search funding (including grants from the Na-

1 tional Institutes of Health or the Department
2 of Defense) managed through the facility; and

3 “(C) the extent of participation in multi-
4 site or nationwide studies.

5 “(5) Any other quantifiable measure that the
6 Secretary considers appropriate to evaluate research
7 program effectiveness, including—

8 “(A) compliance with research safety and
9 ethics requirements;

10 “(B) training and career development of
11 researchers; and

12 “(C) innovation in research operations.

13 “(b) ANNUAL REPORT.—(1) Not later than 180 days
14 after the end of each fiscal year, and on an annual basis
15 thereafter, the Secretary shall submit to the Committees
16 on Veterans’ Affairs of the House of Representatives and
17 the Senate a report on the performance of the research
18 program of the Department, with specific emphasis on the
19 facility-level metrics described in subsection (a). The re-
20 port shall include, for the fiscal year during which the re-
21 port is submitted, the following:

22 “(A) A table or summary displaying each med-
23 ical center of the Department, and any other major
24 research site, and values of such research site for
25 each of the performance metrics in subsection (a)

1 for the fiscal year and, for context, for at least one
2 prior year.

3 “(B) An analysis by the Secretary identifying
4 which facilities represent the highest performers in
5 various categories (including shortest research ap-
6 proval times, highest veteran participation rates,
7 most implementations of findings, and which facili-
8 ties are lagging behind benchmarks or averages).
9 The analysis should discuss factors contributing to
10 strong performance, as well as challenges faced by
11 lower-performing sites.

12 “(C) A description of efforts of the Department
13 to improve research performance and address any
14 identified deficiencies. This should include any initia-
15 tives to share best practices from high-performing
16 facilities, targeted support or corrective actions for
17 under-performing facilities, and progress updates on
18 any ongoing Department-wide research improvement
19 efforts.

20 “(D) Highlights of significant research accom-
21 plishments from the year, especially instances where
22 research conducted by the Department led to im-
23 provements in veteran care, new treatments or tech-
24 nologies, or notable scientific publications, as well as

1 recognition of any researchers or teams for excep-
2 tional contributions.

3 “(2) The first annual report under this subsection
4 shall be submitted not later than 18 months after the date
5 of the enactment of this section.

6 “(c) PUBLIC AVAILABILITY.—(1) The Secretary shall
7 make each annual report under subsection (b) publicly
8 available on an internet website of the Department, in a
9 format that is readily accessible to veterans, researchers,
10 and other stakeholders.

11 “(2) The publicly released version of the report may
12 aggregate or anonymize data as the Secretary determines
13 necessary to protect personal privacy and to safeguard
14 confidential research project details.

15 “(3) The Secretary is encouraged to include on the
16 website user-friendly visualizations or dashboards that il-
17 lustrate the performance of the applicable research pro-
18 gram on key metrics over time and by facility.

19 “(d) SUNSET OR MODIFICATION OF METRICS.—(1)
20 The Secretary shall continuously evaluate the relevance
21 and effectiveness of the performance metrics established
22 under subsection (a). The Secretary may modify the
23 metrics or benchmarking methods under subsection (a),
24 as the Secretary determines appropriate, to better meas-
25 ure research impact and efficiency.

1 “(2) Any such modifications shall be described in the
2 annual report under subsection (b).

3 **“§ 7389. Integration of research data and interagency**
4 **collaboration**

5 “(a) IMPROVEMENT OF DATA SHARING FOR RE-
6 SEARCH.—(1) The Secretary may include, in the plan re-
7 quired under section 108(a)(1) of the Senator Elizabeth
8 Dole 21st Century Veterans Healthcare and Benefits Im-
9 provement Act (Public Law 118–210; 38 U.S.C. note prec.
10 5701), such actions as may be necessary to facilitate the
11 secure integration and sharing of data for research pur-
12 poses between the Department and key research partners,
13 including other Federal agencies and academic institu-
14 tions.

15 “(2) For purposes of this subsection, the Secretary
16 shall ensure that any data in the custody, possession, or
17 control of the Department, (without regard to the original
18 ownership of such data), may be shared to the extent per-
19 mitted under applicable privacy, security, and ethical
20 standards.

21 “(3) The Secretary may include a description of any
22 actions taken pursuant to this subsection in the reports
23 required under subsection (c)(2) of such section.

1 “(4) In carrying out this subsection, the Secretary
2 shall seek to improve interoperability of data systems and
3 ease of collaboration with the following:

4 “(A) The Department of Defense, to—

5 “(i) facilitate research on—

6 “(I) members of the Armed Forces
7 assigned to active duty; and

8 “(II) veterans across the continuum
9 of military service and post-service life;
10 and

11 “(ii) support joint research initiatives of
12 the Department and the Department of De-
13 fense.

14 “(B) The Department of Health and Human
15 Services, including the National Institutes of Health
16 and other components engaged in biomedical and
17 health services research, to facilitate—

18 “(i) mutually beneficial sharing of health
19 data and research results; and

20 “(ii) participation of the Department in
21 national research efforts, such as clinical trials
22 networks and observational study consortia.

23 “(C) Affiliated universities and other academic
24 research institutions that partner with the Depart-
25 ment or receive research funding from the Depart-

1 ment, to ensure that researchers can collaborate ef-
2 fectively while maintaining appropriate data security
3 and patient privacy.

4 “(D) Other public or private research entities
5 as determined appropriate by the Secretary, includ-
6 ing nonprofit research organizations or industry
7 partners, especially in contexts where cooperation
8 can accelerate the development of treatments or
9 technologies for the benefit of veterans.

10 “(c) PRIVACY AND SECURITY.—(1) All activities
11 under this section shall be carried out in compliance with
12 applicable Federal privacy laws, including the Health In-
13 surance Portability and Accountability Act of 1996
14 (HIPAA, Public Law 104–191; 110 Stat. 1936) and the
15 Privacy Act of 1974 (5 U.S.C. 552a), and with regulations
16 governing human subjects research confidentiality.

17 “(2) In carrying out this section, the Secretary shall
18 ensure that robust safeguards are in place to protect per-
19 sonally identifiable information and personal health infor-
20 mation of veterans. Such safeguards shall include user au-
21 thentication, role-based access controls, encryption of data
22 in transit and at rest, continuous monitoring for unau-
23 thorized access or anomalies, and regular cybersecurity
24 audits.

1 “(3) When sharing data with the Department of De-
2 fense or other agencies, the Secretary shall, to the max-
3 imum extent practicable, use secure Federal health data
4 exchange frameworks and reciprocal data access agree-
5 ments that uphold the same or higher standards of privacy
6 and security as those used within the Department.

7 “(d) CONSULTATION.—In carrying out the provisions
8 of this section, the Secretary shall consult with relevant
9 Federal officials and outside experts, including the Chief
10 Information Officer of the Department of Defense or des-
11 ignee, the Director of the National Institutes of Health
12 or designee, and representatives of academic institutions
13 with expertise in health information tools and data shar-
14 ing.”.

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