

119<sup>TH</sup> CONGRESS  
2<sup>D</sup> SESSION

# H. R. 7558

To direct the Secretary of Defense and the Secretary of Veterans Affairs to jointly adopt and use interoperable image-sharing software technology for the purpose of sharing medical images and related data at medical facilities of the Department of Defense and Department of Veterans Affairs, and for other purposes.

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## IN THE HOUSE OF REPRESENTATIVES

FEBRUARY 12, 2026

Mr. SCHWEIKERT introduced the following bill; which was referred to the Committee on Armed Services, and in addition to the Committee on Veterans' Affairs, for a period to be subsequently determined by the Speaker, in each case for consideration of such provisions as fall within the jurisdiction of the committee concerned

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## A BILL

To direct the Secretary of Defense and the Secretary of Veterans Affairs to jointly adopt and use interoperable image-sharing software technology for the purpose of sharing medical images and related data at medical facilities of the Department of Defense and Department of Veterans Affairs, 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,*

1 **SECTION 1. SHORT TITLE.**

2 This Act may be cited as the “Achieving Interoper-  
3 ability of Medical Systems Act of 2025” or the “AIMS  
4 Act of 2025”.

5 **SEC. 2. FINDINGS.**

6 Congress finds the following:

7 (1) Section 1635 of the National Defense Au-  
8 thorization Act for Fiscal Year 2008 (Public Law  
9 110–181; 10 U.S.C. 1071 note) directed the Sec-  
10 retary of Defense and the Secretary of Veterans Af-  
11 fairs to jointly—

12 (A) develop and implement electronic  
13 record systems that allow full interoperability of  
14 personal health care information between the  
15 Department of Defense and the Department of  
16 Veterans Affairs; and

17 (B) accelerate the exchange of such infor-  
18 mation between the two departments.

19 (2) Such section established the Department of  
20 Defense-Department of Veterans Affairs Interagency  
21 Program Office (with a Director and Deputy Direc-  
22 tor) for such purposes and authorized the Secre-  
23 taries to carry out pilot projects to assess the feasi-  
24 bility and advisability of various technological ap-  
25 proaches to the development of the record systems.

26 (3) Such section also requires—

1 (A) the Director of the Interagency Pro-  
2 gram Office to submit to the Secretaries and to  
3 Congress annual reports on the activities of the  
4 Office;

5 (B) the Secretaries to make such reports  
6 available to the public; and

7 (C) the Comptroller General of the United  
8 States to conduct semiannual assessments of  
9 the progress of the Secretaries in carrying out  
10 the requirements of such section.

11 **SEC. 3. DEPARTMENT OF DEFENSE AND DEPARTMENT OF**  
12 **VETERANS AFFAIRS INTEROPERABILITY OF**  
13 **MEDICAL IMAGES AND RELATED DATA.**

14 (a) IN GENERAL.—The Secretary of Veterans Affairs  
15 and the Secretary of Defense shall jointly adopt and use  
16 interoperable image-sharing software technology—

17 (1) accessible by facilities of the military health  
18 service, as well as the GENESIS platform of the  
19 military health service and the Federal Electronic  
20 Health Record platform of the Department of Vet-  
21 erans Affairs; and

22 (2) at each Department of Veterans Affairs and  
23 Department of Defense medical facility.

1 (b) SCOPE.—The technology adopted and used under  
2 subsection (a) shall provide for interoperability between all  
3 of the following:

4 (1) Military medical centers included in the  
5 Military Health System.

6 (2) Department of Veterans Affairs medical fa-  
7 cilities and clinics.

8 (3) Non-Department providers that have en-  
9 tered into agreements with the Secretary of Veterans  
10 Affairs under section 1703 of title 38, United States  
11 Code.

12 (c) PLAN.—Not later than 180 days after the date  
13 of the enactment of this Act, the Secretary of Defense and  
14 the Secretary of Veterans Affairs shall provide to the  
15 Committees on Armed Services and the Committees on  
16 Veterans' Affairs of the House of Representatives and the  
17 Senate a briefing and submit to such committees a report  
18 on the plan of the Secretaries, and an associated timeline,  
19 for achieving the full interoperability of medical images  
20 and related data between the Department of Defense and  
21 Department of Veterans Affairs in accordance with sub-  
22 section (a). The plan shall include each of the following:

23 (1) The expansion of the services provided pur-  
24 suant to contracts entered into between the Sec-  
25 retary of Defense, the Secretary of Veterans Affairs,

1 and application-based vendors that meet interoper-  
2 ability standards.

3 (2) An assessment and comparison of the base-  
4 line medical image interoperability that exists, as of  
5 the date of the enactment of this Act, between the  
6 Department of Defense and the Department of Vet-  
7 erans Affairs and external partners of such depart-  
8 ments, including—

9 (A) non-Department of Veterans Affairs  
10 imaging providers described in section 1703(c)  
11 of title 38, United States Code; and

12 (B) imagining providers who are described  
13 in section 199.6 of title 32 of the Code of Fed-  
14 eral Regulations, or any successor regulation.

15 (3) An identification of one or more licensed  
16 interoperability software technology solutions of  
17 choice that—

18 (A) is shared by hospitals and health care  
19 providers to benefit patients before and after  
20 discharge from provider care and that is acces-  
21 sible to current and future providers, in compli-  
22 ance with applicable accessibility requirements,  
23 including mobile user interface, as established  
24 in the Information and Communication Tech-  
25 nology and Software portions of the Revised

1 508 Standards under part 1194 of title 36 of  
2 the Code of Federal Regulations, or any suc-  
3 cessor regulation, and in adherence with the  
4 Web Content Accessibility Guidelines 2.1AA, as  
5 established by the World Wide Web Consortium  
6 and in effect on the date of the enactment of  
7 this Act;

8 (B) enables the electronic medical records  
9 system of a hospital, or in the case of a Depart-  
10 ment of Veterans Affairs facility, the Federal  
11 Electronic Health Record of the Department, to  
12 interface with interoperability technology and  
13 other electronic medical records systems and  
14 providers to promote mobile connectivity be-  
15 tween hospital systems and facilitate increased  
16 communication between hospital staff and pro-  
17 viders that use different or distinctive online  
18 and mobile platforms and information systems  
19 when treating acute patients;

20 (C) captures and forwards clinical data, in-  
21 cluding laboratory results and images, provider  
22 notes, historical clinical conditions, procedures,  
23 medications, cardiology testing results, and vital  
24 signs, and provides synchronous patient clinical

1 data to health care providers regardless of geo-  
2 graphic location;

3 (D) provides a synchronous data exchange  
4 that is not batched or delayed, at the point the  
5 clinical data is captured and available in the  
6 electronic record system of a hospital;

7 (E) is capable of providing proactive alerts  
8 to health care providers on their smartphones  
9 or a smart device;

10 (F) allows both synchronous and asyn-  
11 chronous communication using a native  
12 smartphone application;

13 (G) is mobile, can be used on multiple elec-  
14 tronic devices, and includes the industry stand-  
15 ard 39 built-in application for the two most  
16 popular operating systems and a built-in appli-  
17 cation available to all users;

18 (H) as patient-centric communication and  
19 is tracked with date and time stamping;

20 (I) provides interoperability to include im-  
21 aging-related workflows of image exchange,  
22 sharing, and collaboration;

23 (J) provides enterprise-wide deployment  
24 that is comparable to the size and complexity of

1 the largest integrated health care system in the  
2 country;

3 (K) allows a patient to manage their own  
4 health using a mobile application in alignment  
5 with wearable technology devices or the function  
6 referred to as the “Share My Health Data”  
7 available through the Veterans Health Adminis-  
8 tration;

9 (L) adheres to integration standards for  
10 software applications to connect to an electronic  
11 health record system, or in the case of a De-  
12 partment of Veterans Affairs medical facility or  
13 a Military Health System facility, use a Federal  
14 Electronic Health Record system, as established  
15 by the Office of the National Coordinator for  
16 Health Information Technology of the Depart-  
17 ment of Health and Human Services, includ-  
18 ing—

19 (i) Substitutable Medical Applications,  
20 Reusable Technologies on Fast Healthcare  
21 Interoperability Resources, known as  
22 “SMART on FHIR”, which allows third-  
23 party applications to integrate directly with  
24 electronic health records and patient por-  
25 tals;

1 (ii) open authorization protocol 2.0  
2 (OAuth2) for session authentication, which  
3 bolsters security and patient safety by only  
4 allowing authorized users with validated  
5 access to view, share, and import images  
6 and related data; and

7 (iii) Digital Imaging and Communica-  
8 tions in Medicine, which is the regulated  
9 standard for medical images; and

10 (M) is cost-effective with a high return on  
11 investment that is supported by the use of arti-  
12 ficial intelligence in the image sharing  
13 workflow.

14 (d) REQUIREMENTS FOR PLAN.—In developing the  
15 plan required under subsection (b), the Secretaries shall  
16 ensure that—

17 (1) the software used for interoperable medical  
18 images and related data of the Departments is de-  
19 signed to—

20 (A) improve health care delivery and qual-  
21 ity by addressing the increased costs, delays,  
22 and patient burden of repeat images caused by  
23 the couriering of compact discs and DVD-  
24 ROMs as the primary mechanism for sharing

1 patients' medical images in the continuum of  
2 care;

3 (B) the plan includes the development, by  
4 not later than two years after the date of the  
5 enactment of this Act, of a robust data storage  
6 platform capable of storing health data from  
7 the Department of Veterans Affairs, the mili-  
8 tary health service, and health information ex-  
9 changes used by non-Department providers that  
10 have entered into agreements with the Sec-  
11 retary of Veterans Affairs under section 1703  
12 of title 38, United States Code;

13 (C) provide patient-centered care by facili-  
14 tating faster diagnoses, enabling more informed  
15 decision-making and promoting better commu-  
16 nication;

17 (D) support more efficient use of the time  
18 of clinical and support staff and improve reten-  
19 tion by helping to prevent burnout; and

20 (E) promote the effective use of shared  
21 services between the Departments, including  
22 joint facilities and military treatment facilities  
23 that provide clinic space for the Department of  
24 Veterans Affairs, and in coordination with non-  
25 Department providers that have entered into

1 agreements with the Secretary of Veterans Af-  
2 fairs under section 1703 of title 38, United  
3 States Code; and

4 (2) the plan includes an implementation  
5 timeline and associated milestones, and an identi-  
6 fication of the projected total cost.

7 (e) REPORTS.—Not later than six months after the  
8 date of the submission of the report required under sub-  
9 section (b), and annually months thereafter, the Secretary  
10 of Defense and the Secretary of Veterans Affairs shall  
11 jointly provide a briefing and submit to the Committees  
12 on Armed Services and the Committees on Veterans' Af-  
13 fairs of the House of Representatives and the Senate on—

14 (1) any updates to the plan included in the re-  
15 port required under subsection (b); and

16 (2) metrics and quantified cost and time sav-  
17 ings associated with using an interoperable software  
18 solution in health care that complies with the health  
19 insurance portability and accountability act privacy  
20 standards under part 160 and part 164, subpart of  
21 title 4 of the Code of Federal Regulations, as in ef-  
22 fect on the date of the enactment of this Act.

23 (f) DEFINITIONS.—In this section:

1           (1) The term “GENESIS” means the electronic  
2 health record system known as “MHS GENESIS”  
3 that is used by the military health service.

4           (2) The term “military treatment facility” has  
5 the meaning given such term in section 1073c of  
6 title 10, United States Code.

7           (3) The term “electronic health record” means  
8 an electronic version of a patient’s medical history,  
9 that—

10                   (A) is maintained by the provider over  
11 time, and may include all of the key administra-  
12 tive clinical data relevant to that person’s care  
13 under a particular provider, including demo-  
14 graphics, progress notes, problems, medications,  
15 vital signs, past medical history, immunizations,  
16 laboratory data and radiology reports;

17                   (B) automates access to information and  
18 has the potential to streamline the clinician’s  
19 workflow; and

20                   (C) has the ability to support other care-  
21 related activities directly or indirectly through  
22 various interfaces, including evidence-based de-  
23 cision support, quality management, and out-  
24 comes reporting.

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