

119TH CONGRESS  
1ST SESSION

# S. 275

To improve the provision of care and services under the Veterans Community Care Program of the Department of Veterans Affairs, and for other purposes.

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## IN THE SENATE OF THE UNITED STATES

JANUARY 28, 2025

Mr. MORAN introduced the following bill; which was read twice and referred to the Committee on Veterans' Affairs

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## A BILL

To improve the provision of care and services under the Veterans Community Care Program of the 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,*

3 **SECTION 1. SHORT TITLE; TABLE OF CONTENTS.**

4 (a) SHORT TITLE.—This Act may be cited as the  
5 “Veterans’ Assuring Critical Care Expansions to Support  
6 Servicemembers (ACCESS) Act of 2025”.

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

Sec. 1. Short title; table of contents.

TITLE I—IMPROVEMENT OF VETERANS COMMUNITY CARE  
PROGRAM

- Sec. 101. Codification of requirements for eligibility standards for access to community care from Department of Veterans Affairs.
- Sec. 102. Requirement that Secretary notify veterans of eligibility for care under Veterans Community Care Program.
- Sec. 103. Consideration under Veterans Community Care Program of veteran preference for care, continuity of care, and need for caregiver or attendant.
- Sec. 104. Notification of denial of request for care under Veterans Community Care Program.
- Sec. 105. Discussion of telehealth options under Veterans Community Care Program.
- Sec. 106. Extension of deadline for submittal of claims by health care entities and providers under prompt payment standard.

TITLE II—MENTAL HEALTH TREATMENT PROGRAMS

- Sec. 201. Definitions.
- Sec. 202. Standardized process to determine eligibility of covered veterans for participation in certain mental health treatment programs.
- Sec. 203. Improvements to Department of Veterans Affairs Mental Health Residential Rehabilitation Treatment Program.

TITLE III—OTHER HEALTH CARE MATTERS

- Sec. 301. Plan on establishment of interactive, online self-service module for care.
- Sec. 302. Modification of requirements for Center for Innovation for Care and Payment of the Department of Veterans Affairs and requirement for pilot program.
- Sec. 303. Reports.

**1 TITLE I—IMPROVEMENT OF VET-**  
**2 ERANS COMMUNITY CARE**  
**3 PROGRAM**

**4 SEC. 101. CODIFICATION OF REQUIREMENTS FOR ELIGI-**  
**5 BILITY STANDARDS FOR ACCESS TO COMMU-**  
**6 NITY CARE FROM DEPARTMENT OF VET-**  
**7 ERANS AFFAIRS.**

**8 (a) ELIGIBILITY ACCESS STANDARDS.—**Section  
**9 1703B of title 38, United States Code, is amended—**

1           (1) by striking subsections (a) through (e) and  
2           inserting the following:

3           “(a) ELIGIBILITY STANDARDS FOR ACCESS TO COM-  
4           MUNITY CARE.—(1) A covered veteran shall be eligible to  
5           elect to receive non-Department hospital care, medical  
6           services, or extended care services, excluding nursing home  
7           care, through the Veterans Community Care Program  
8           under section 1703 of this title pursuant to subsection  
9           (d)(1)(D) of such section using the following eligibility ac-  
10          cess standards:

11           “(A) With respect to primary care, mental  
12          health care, or extended care services, excluding  
13          nursing home care, if the Department cannot sched-  
14          ule an appointment for the covered veteran with a  
15          health care provider of the Department who can pro-  
16          vide the needed service—

17           “(i) within 30 minutes average driving  
18          time (or such shorter average driving time as  
19          the Secretary may prescribe) from the residence  
20          of the veteran unless a longer average driving  
21          time has been agreed to by the veteran in con-  
22          sultation with a health care provider of the vet-  
23          eran; and

24           “(ii) within 20 days (or such shorter pe-  
25          riod as the Secretary may prescribe) of the date

1 of request for such an appointment unless a  
2 later date has been agreed to by the veteran in  
3 consultation with a health care provider of the  
4 veteran.

5 “(B) With respect to specialty care, if the De-  
6 partment cannot schedule an appointment for the  
7 covered veteran with a health care provider of the  
8 Department who can provide the needed service—

9 “(i) within 60 minutes average driving  
10 time (or such shorter average driving time as  
11 the Secretary may prescribe) from the residence  
12 of the veteran unless a longer average driving  
13 time has been agreed to by the veteran in con-  
14 sultation with a health care provider of the vet-  
15 eran; and

16 “(ii) within 28 days (or such shorter pe-  
17 riod as the Secretary may prescribe) of the date  
18 of request for such an appointment unless a  
19 later date has been agreed to by the veteran in  
20 consultation with a health care provider of the  
21 veteran.

22 “(2) For the purposes of determining the eligibility  
23 of a covered veteran for care or services under paragraph  
24 (1), the Secretary shall not take into consideration the  
25 availability of telehealth appointments from the Depart-

1 ment when determining whether the Department is able  
2 to furnish such care or services in a manner that complies  
3 with the eligibility access standards under such paragraph.

4 “(3) In the case of a covered veteran who has had  
5 an appointment with a health care provider of the Depart-  
6 ment canceled by the Department for a reason other than  
7 the request of the veteran, in calculating a wait time for  
8 a subsequent appointment under paragraph (1), the Sec-  
9 retary shall calculate such wait time from the date of the  
10 request for the original, canceled appointment.

11 “(4) If a veteran agrees to a longer average drive  
12 time or a later date under subparagraph (A) or (B) of  
13 paragraph (1), the Secretary shall document the agree-  
14 ment to such longer average drive time or later date in  
15 the electronic health record of the veteran and provide the  
16 veteran a copy of such documentation. Such copy may be  
17 provided electronically.

18 “(b) APPLICATION.—The Secretary shall ensure that  
19 the eligibility access standards established under sub-  
20 section (a) apply—

21 “(1) to all care and services within the medical  
22 benefits package of the Department to which a cov-  
23 ered veteran is eligible under section 1703 of this  
24 title, excluding nursing home care; and

1 “(2) to all covered veterans, regardless of  
 2 whether a veteran is a new or established patient.

3 “(c) PERIODIC REVIEW OF ACCESS STANDARDS.—  
 4 Not later than three years after the date of the enactment  
 5 of the Veterans’ Assuring Critical Care Expansions to  
 6 Support Servicemembers (ACCESS) Act of 2025, and not  
 7 less frequently than once every three years thereafter, the  
 8 Secretary shall—

9 “(1) conduct a review of the eligibility access  
 10 standards under subsection (a) in consultation  
 11 with—

12 “(A) such Federal entities as the Secretary  
 13 considers appropriate, including the Depart-  
 14 ment of Defense, the Department of Health and  
 15 Human Services, and the Centers for Medicare  
 16 & Medicaid Services;

17 “(B) entities and individuals in the private  
 18 sector, including—

19 “(i) veteran patients;

20 “(ii) veterans service organizations;

21 and

22 “(iii) health care providers partici-  
 23 pating in the Veterans Community Care  
 24 Program under section 1703 of this title;  
 25 and

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

3 “(2) submit to the appropriate committees of  
4 Congress a report on—

5 “(A) the findings of the Secretary with re-  
6 spect to the review conducted under paragraph  
7 (1); and

8 “(B) such recommendations as the Sec-  
9 retary may have with respect to the eligibility  
10 access standards under subsection (a).”;

11 (2) by striking subsection (g);

12 (3) by redesignating subsections (f), (h), and (i)  
13 as subsections (d), (e), and (f), respectively;

14 (4) in subsection (d), as redesignated by para-  
15 graph (3)—

16 (A) by striking “established” each place it  
17 appears; and

18 (B) in paragraph (1), by striking “(1)  
19 Subject to” and inserting “COMPLIANCE BY  
20 COMMUNITY CARE PROVIDERS WITH ACCESS  
21 STANDARDS.—(1) Subject to”;

22 (5) in subsection (e), as so redesignated—

23 (A) in paragraph (1)—

24 (i) by striking “(1) Consistent with”  
25 and inserting “DETERMINATION REGARD-

1                   ING ELIGIBILITY.—(1) Consistent with”;  
2                   and

3                   (ii) by striking “designated access  
4                   standards established under this section”  
5                   and inserting “eligibility access standards  
6                   under subsection (a)””; and

7                   (B) in paragraph (2)(B), by striking “des-  
8                   ignated access standards established under this  
9                   section” and inserting “eligibility access stand-  
10                  ards under subsection (a)””; and

11                  (6) in subsection (f), as redesignated by para-  
12                  graph (2)—

13                   (A) in the matter preceding paragraph (1),  
14                   by striking “In this section” and inserting  
15                   “DEFINITIONS.—In this section”; and

16                   (B) in paragraph (2)—

17                   (i) by striking “covered veterans” and  
18                   inserting “covered veteran”; and

19                   (ii) by striking “veterans described”  
20                   and inserting “a veteran described”.

21                  (b) CONFORMING AMENDMENTS.—Section 1703(d)  
22                  of such title is amended—

23                   (1) in paragraph (1)(D), by striking “des-  
24                   ignated access standards developed by the Secretary  
25                   under section 1703B of this title” and inserting “eli-



1       gibility access standards under section 1703B(a) of  
2       this title”; and

3               (2) in paragraph (3), by striking “designated  
4       access standards developed by the Secretary under  
5       section 1703B of this title” and inserting “eligibility  
6       access standards under section 1703B(a) of this  
7       title”.

8   **SEC. 102. REQUIREMENT THAT SECRETARY NOTIFY VET-**  
9                               **ERANS OF ELIGIBILITY FOR CARE UNDER**  
10                              **VETERANS COMMUNITY CARE PROGRAM.**

11       Section 1703(a) of title 38, United States Code, is  
12   amended by adding at the end the following new para-  
13   graph:

14       “(5)(A) The Secretary shall notify each covered vet-  
15   eran in writing of the eligibility of such veteran for care  
16   or services under this section as soon as possible, but not  
17   later than two business days, after the date on which the  
18   Secretary is aware that the veteran is seeking care or serv-  
19   ices and is eligible for such care or services under this  
20   section.

21       “(B) With respect to each covered veteran eligible for  
22   care or services under subsection (d), the Secretary shall  
23   provide such veteran periodic reminders, as the Secretary  
24   determines appropriate, of their ongoing eligibility under  
25   such subsection.

1 “(C) Any notification or reminder under this para-  
 2 graph may be provided electronically.”.

3 **SEC. 103. CONSIDERATION UNDER VETERANS COMMUNITY**  
 4 **CARE PROGRAM OF VETERAN PREFERENCE**  
 5 **FOR CARE, CONTINUITY OF CARE, AND NEED**  
 6 **FOR CAREGIVER OR ATTENDANT.**

7 Section 1703(d)(2) of title 38, United States Code,  
 8 is amended by adding at the end the following new sub-  
 9 paragraphs:

10 “(F) The preference of the covered veteran for  
 11 where, when, and how to seek hospital care, medical  
 12 services, or extended care services.

13 “(G) Continuity of care.

14 “(H) Whether the covered veteran requests or  
 15 requires the assistance of a caregiver or attendant  
 16 when seeking hospital care, medical services, or ex-  
 17 tended care services.”.

18 **SEC. 104. NOTIFICATION OF DENIAL OF REQUEST FOR**  
 19 **CARE UNDER VETERANS COMMUNITY CARE**  
 20 **PROGRAM.**

21 Section 1703 of title 38, United States Code, is  
 22 amended—

23 (1) by redesignating subsection (o) as sub-  
 24 section (p); and

1           (2) by inserting after subsection (n) the fol-  
 2           lowing new subsection (o):

3           “(o) NOTIFICATION OF DENIAL OF REQUEST FOR  
 4 CARE AND HOW TO APPEAL.—(1) If a request by a vet-  
 5 eran for care or services under this section is denied, the  
 6 Secretary shall notify the veteran in writing as soon as  
 7 possible, but not later than two business days, after the  
 8 denial is made—

9           “(A) of the reason for the denial; and

10           “(B) with instructions on how to appeal such  
 11 denial using the clinical appeals process of the Vet-  
 12 erans Health Administration.

13           “(2) If a denial under paragraph (1) is due to not  
 14 meeting the eligibility access standards under section  
 15 1703B(a) of this title, notice under such paragraph shall  
 16 include an explanation for why the Secretary does not con-  
 17 sider the veteran to have met such standards.

18           “(3) Any notification under this subsection may be  
 19 provided electronically.”.

20 **SEC. 105. DISCUSSION OF TELEHEALTH OPTIONS UNDER**  
 21 **VETERANS COMMUNITY CARE PROGRAM.**

22           Section 1703 of title 38, United States Code, as  
 23 amended by section 104, is further amended—

24           (1) by redesignating subsection (p) as sub-  
 25 section (q); and

1 (2) by inserting after subsection (o) the fol-  
 2 lowing new subsection (p):

3 “(p) DISCUSSION OF OPTIONS FOR TELEHEALTH.—  
 4 When discussing options for care or services for a covered  
 5 veteran under this section, the Secretary shall ensure that  
 6 the veteran is informed of the ability of the veteran to  
 7 seek care or services via telehealth, either through a med-  
 8 ical facility of the Department or under this section, if  
 9 telehealth—

10 “(1) is available to the veteran;

11 “(2) is appropriate for the type of care or serv-  
 12 ices the veteran is seeking, as determined by the  
 13 Secretary; and

14 “(3) is acceptable to the veteran.”.

15 **SEC. 106. EXTENSION OF DEADLINE FOR SUBMITTAL OF**  
 16 **CLAIMS BY HEALTH CARE ENTITIES AND**  
 17 **PROVIDERS UNDER PROMPT PAYMENT**  
 18 **STANDARD.**

19 Section 1703D(b) of title 38, United States Code, is  
 20 amended by striking “180 days” and inserting “one year”.

21 **TITLE II—MENTAL HEALTH**  
 22 **TREATMENT PROGRAMS**

23 **SEC. 201. DEFINITIONS.**

24 In this title:

1           (1) COVERED TREATMENT PROGRAM.—The  
2       term “covered treatment program”—

3           (A) means—

4               (i) a mental health residential reha-  
5       bilitation treatment program of the De-  
6       partment of Veterans Affairs; or

7               (ii) a program of the Department for  
8       residential care for mental health and sub-  
9       stance abuse disorders;

10          (B) includes—

11               (i) the programs designated as of the  
12       date of the enactment of this Act as domi-  
13       ciliary residential rehabilitation treatment  
14       programs; and

15               (ii) any programs designated as domi-  
16       ciliary residential rehabilitation treatment  
17       programs on or after such date of enact-  
18       ment; and

19          (C) does not include Compensated Work  
20       Therapy Transition Residence programs of the  
21       Department.

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

1           (3) SOCIAL SUPPORT SYSTEMS.—The term “so-  
2       cial support systems”, with respect to a covered vet-  
3       eran—

4                   (A) means—

5                           (i) a member of the family of the cov-  
6                           ered veteran, including a parent, spouse,  
7                           child, step-family member, or extended  
8                           family member; or

9                           (ii) an individual who lives with the  
10                          veteran but is not a member of the family  
11                          of the veteran; and

12                       (B) does not include a facility-organized  
13       peer support program.

14           (4) TREATMENT TRACK.—The term “treatment  
15       track” means a specialized treatment program that  
16       is provided to a subset of covered veterans in a cov-  
17       ered treatment program who receive the same or  
18       similar intensive treatment and rehabilitative serv-  
19       ices.

20       **SEC. 202. STANDARDIZED PROCESS TO DETERMINE ELIGI-**  
21                       **BILITY OF COVERED VETERANS FOR PAR-**  
22                       **TICIPATION IN CERTAIN MENTAL HEALTH**  
23                       **TREATMENT PROGRAMS.**

24           (a) STANDARDIZED SCREENING PROCESS.—Not  
25       later than one year after the date of the enactment of this

1 Act, the Secretary of Veterans Affairs shall establish a  
 2 standardized screening process to determine, based on  
 3 clinical need, whether a covered veteran satisfies criteria  
 4 for priority or routine admission to a covered treatment  
 5 program.

6 (b) ELIGIBILITY CRITERIA FOR PRIORITY ADMIS-  
 7 SION.—

8 (1) IN GENERAL.—Under the standardized  
 9 screening process required by subsection (a), a cov-  
 10 ered veteran shall be eligible for priority admission  
 11 to a covered treatment program if the covered vet-  
 12 eran meets criteria established by the Secretary that  
 13 include any of the following:

14 (A) Symptoms that—

15 (i) significantly affect activities of  
 16 daily life; and

17 (ii) increase the risk of such veteran  
 18 for adverse outcomes.

19 (B) An unsafe living situation.

20 (C) A high-risk flag for suicide.

21 (D) A determination of being a high risk  
 22 for suicide.

23 (E) Risk factors for overdose.

24 (F) Non-responsive, relapsed, or unable to  
 25 find recovery from one other course of treat-

1           ment, such as outpatient or intensive outpatient  
2           treatment.

3           (G) Such other criteria as the Secretary  
4           determines appropriate.

5           (2) CONSIDERATION.—In making a determina-  
6           tion that a covered veteran meets criteria established  
7           by the Secretary under paragraph (1) for priority  
8           admission to a covered treatment program, the Sec-  
9           retary shall consider any referral of a health care  
10          provider of a covered veteran.

11          (c) TIME FOR SCREENING AND ADMISSION.—Under  
12          the standardized screening process required by subsection  
13          (a), the Secretary shall ensure a covered veteran—

14               (1) is screened not later than 48 hours after the  
15               date on which the covered veteran, or a relevant  
16               health care provider, makes a request for the cov-  
17               ered veteran to be admitted to a covered treatment  
18               program;

19               (2) if determined eligible for priority admission  
20               to a covered treatment program, is admitted to such  
21               covered treatment program not later than 48 hours  
22               after the date of such determination; and

23               (3) is screened at an appropriate time for po-  
24               tential mild, moderate, or severe traumatic brain in-  
25               jury.



1 (d) CONSIDERATIONS.—In making placement deci-  
2 sions in a covered treatment program for veterans who  
3 meet criteria for priority admission, the Secretary shall—

4 (1) consider the input of the covered veteran  
5 with respect to the—

6 (A) program specialty, subtype, and treat-  
7 ment track offered to the covered veteran; and

8 (B) geographic placement of the covered  
9 veteran; and

10 (2) maximize the proximity of the covered vet-  
11 eran to social support systems.

12 (e) CONDITIONS UNDER WHICH CARE SHALL BE  
13 FURNISHED THROUGH NON-DEPARTMENT PROVIDERS.—

14 (1) PRIORITY ADMISSION.—If the Secretary de-  
15 termines a covered veteran is eligible for priority ad-  
16 mission to a covered treatment program pursuant to  
17 the standardized screening process required by sub-  
18 section (a) and the Secretary is unable to admit  
19 such covered veteran to a covered treatment pro-  
20 gram at a facility of the Department of Veterans Af-  
21 fairs in a manner that complies with the require-  
22 ments under subsections (c) and (d), the Secretary  
23 shall offer the covered veteran the option to receive  
24 care at a non-Department facility that—

1 (A) can admit the covered veteran within  
2 the period required by subsection (c);

3 (B) is party to a contract or agreement  
4 with the Department or enters into such a con-  
5 tract or agreement under which the Department  
6 furnishes a program that is equivalent to a cov-  
7 ered treatment program to a veteran through  
8 such non-Department facility;

9 (C) is licensed by a State; and

10 (D) is accredited by the Commission on  
11 Accreditation of Rehabilitation Facilities or the  
12 Joint Commission.

13 (2) ROUTINE ADMISSION.—If the Secretary de-  
14 termines a covered veteran is eligible for routine ad-  
15 mission to a covered treatment program pursuant to  
16 the standardized screening process required by sub-  
17 section (a) and the Secretary is unable to admit  
18 such covered veteran to a covered treatment pro-  
19 gram at a facility of the Department of Veterans Af-  
20 fairs in a manner that complies with the access  
21 standards for mental health care established pursu-  
22 ant to section 1703B of title 38, United States  
23 Code, the Secretary shall offer the covered veteran  
24 the option to receive care at a non-Department facil-  
25 ity that—

1 (A) is party to a contract or agreement  
 2 with the Department or enters into such a con-  
 3 tract or agreement under which the Department  
 4 furnishes a program that is equivalent to a cov-  
 5 ered treatment program to a veteran through  
 6 such non-Department facility;

7 (B) is licensed by a State; and

8 (C) is accredited by the Commission on Ac-  
 9 creditation of Rehabilitation Facilities or the  
 10 Joint Commission.

11 (3) RULE OF CONSTRUCTION.—This subsection  
 12 shall not be construed to affect a covered veteran in  
 13 a covered treatment program pursuant to a deter-  
 14 mination made on or before the date of the enact-  
 15 ment of this Act.

16 **SEC. 203. IMPROVEMENTS TO DEPARTMENT OF VETERANS**

17 **AFFAIRS MENTAL HEALTH RESIDENTIAL RE-**  
 18 **HABILITATION TREATMENT PROGRAM.**

19 (a) PERFORMANCE METRICS.—

20 (1) IN GENERAL.—The Secretary of Veterans  
 21 Affairs shall develop metrics to track, and shall sub-  
 22 sequently track, the performance of medical facilities  
 23 and Veterans Integrated Service Networks of the  
 24 Department of Veterans Affairs in meeting the re-  
 25 quirements for—

1 (A) screening, under section 202, for a  
2 covered treatment program; and

3 (B) timely admission to a covered treat-  
4 ment program under such screening.

5 (2) ELEMENTS.—The metrics developed under  
6 paragraph (1) shall include metrics for tracking the  
7 performance of medical facilities and Veterans Inte-  
8 grated Service Networks with respect to routine and  
9 priority admission under a covered treatment pro-  
10 gram.

11 (b) OVERSIGHT.—

12 (1) IN GENERAL.—The Secretary shall develop  
13 a process for systematically assessing the quality of  
14 care delivered by Department and non-Department  
15 providers treating covered veterans under this sec-  
16 tion, which shall include assessments of—

17 (A) the extent to which the provider is de-  
18 livering evidence-based treatments to covered  
19 veterans;

20 (B) clinical outcomes for covered veterans;

21 (C) the ratio of licensed independent prac-  
22 titioners per resident;

23 (D) the rate of completion of training on  
24 military cultural competence by licensed inde-  
25 pendent practitioners; and

1 (E) potentially wasteful, fraudulent, or in-  
 2 appropriate referral or billing practices.

3 (c) PLACEMENT; TRANSPORTATION.—

4 (1) LOCATIONS.—If the Secretary determines  
 5 that a covered veteran is in need of residential care  
 6 under a covered treatment program, the Secretary  
 7 shall provide to the covered veteran a list of loca-  
 8 tions at which such covered veteran can receive such  
 9 residential care that meets—

10 (A) the standards for screening under sec-  
 11 tion 202; and

12 (B) the care needs of the covered veteran,  
 13 including applicable treatment tracks.

14 (2) TRANSPORTATION COVERAGE.—The Sec-  
 15 retary shall provide transportation or pay for or re-  
 16 imburse the costs of transportation for any covered  
 17 veteran who is admitted into a covered treatment  
 18 program and needs transportation assistance—

19 (A) from the residence of the covered vet-  
 20 eran or a facility of the Department or author-  
 21 ized non-Department facility that does not pro-  
 22 vide such care to another such facility that pro-  
 23 vides residential care covered under a covered  
 24 treatment program; and

1 (B) back to the residence of the covered  
2 veteran after the conclusion of a covered treat-  
3 ment program, if applicable.

4 (d) APPEALS.—

5 (1) IN GENERAL.—The Secretary shall develop  
6 a national policy and associated procedures under  
7 which a covered veteran, a representative of a cov-  
8 ered veteran, or a provider who requests a covered  
9 veteran be admitted to a covered treatment program,  
10 including a provider of the Department or a non-De-  
11 partment provider, may file a clinical appeal pursu-  
12 ant to this subsection if the covered veteran is—

13 (A) denied admission into a covered treat-  
14 ment program; or

15 (B) accepted into a covered treatment pro-  
16 gram but is not offered bed placement in a  
17 timely manner.

18 (2) TIMELINESS STANDARDS FOR REVIEW.—

19 (A) IN GENERAL.—The national policy and  
20 procedures developed under paragraph (1) for  
21 appeals described in such paragraph shall in-  
22 clude timeliness standards for the Department  
23 to review and make a decision on such an ap-  
24 peal.

1 (B) DECISION.—The Secretary shall re-  
2 view and respond to any appeal under para-  
3 graph (1) not later than 72 hours after the Sec-  
4 retary receives such appeal.

5 (3) PUBLIC GUIDANCE.—The Secretary shall  
6 develop, and make available to the public, guidance  
7 on how a covered veteran, a representative of the  
8 covered veteran, or a provider of the covered veteran  
9 can file a clinical appeal pursuant to this sub-  
10 section—

11 (A) if the covered veteran is denied admis-  
12 sion into a covered treatment program;

13 (B) if the first date on which the covered  
14 veteran may enter a covered treatment program  
15 does not comply with the standards established  
16 by the Department under section 1703B of title  
17 38, United States Code, for purposes of deter-  
18 mining eligibility for mental health care under  
19 subsections (d) and (e) of section 1703 of such  
20 title; or

21 (C) with respect to such other factors as  
22 the Secretary may specify.

23 (4) RULE OF CONSTRUCTION.—Nothing in this  
24 subsection may be construed as granting a covered  
25 veteran the right to appeal a decision of the Sec-

retary with respect to admission to a covered treatment program to the Board of Veterans' Appeals under chapter 71 of title 38, United States Code.

(e) TRACKING OF AVAILABILITY AND WAIT TIMES.—

(1) IN GENERAL.—The Secretary shall, to the extent practicable, create a method for tracking availability and wait times under a covered treatment program across all facilities of the Department, Veterans Integrated Service Networks of the Department, and non-Department providers throughout the United States.

(2) AVAILABILITY OF INFORMATION.—The Secretary shall, to the extent practicable, make the information tracked under paragraph (1) available in real time to—

(A) the mental health treatment coordinators at each facility of the Department;

(B) the leadership of each medical center of the Department;

(C) the leadership of each Veterans Integrated Service Network; and

(D) the Office of the Under Secretary for Health of the Department.

(f) TRAINING AND OVERSIGHT.—

(1) TRAINING.—



1 (A) IN GENERAL.—The Secretary shall up-  
2 date and implement training for staff of the  
3 Department directly involved in a covered treat-  
4 ment program regarding referrals, screening,  
5 admission, placement decisions, and appeals for  
6 such program, including all changes to proc-  
7 esses and guidance under such program re-  
8 quired by this section and section 202.

9 (B) COVERED VETERANS AWAITING ADMIS-  
10 SION.—The training under subparagraph (A)  
11 shall include procedures for the care of covered  
12 veterans awaiting admission into a covered  
13 treatment program and communication with  
14 such covered veterans and the providers of such  
15 covered veterans.

16 (C) TIMING OF TRAINING.—

17 (i) IN GENERAL.—The Secretary shall  
18 require the training under subparagraph  
19 (A) to be completed by staff required to  
20 complete such training—

21 (I) not later than 60 days after  
22 beginning employment at the Depart-  
23 ment in a position that includes work  
24 directly involving a covered treatment  
25 program; and

1 (II) not less frequently than an-  
2 nually.

3 (ii) TRACKING.—The Secretary shall  
4 track completion of training required  
5 under clause (i) by staff required to com-  
6 plete such training.

7 (2) OVERSIGHT STANDARDS.—The Secretary  
8 shall review and revise oversight standards for the  
9 leadership of the Veterans Integrated Service Net-  
10 works and the Veterans Health Administration to  
11 ensure that facilities and staff of the Department  
12 are adhering to the policy on access to care of each  
13 covered treatment program.

14 (g) CARE COORDINATION AND FOLLOW-UP CARE.—

15 (1) CONTINUITY OF CARE.—The Secretary shall  
16 ensure each covered veteran who is screened for ad-  
17 mission to a covered treatment program is offered,  
18 and provided if agreed upon, care options during the  
19 period between screening of the covered veteran and  
20 admission of the covered veteran to such program to  
21 ensure the covered veteran does not experience any  
22 lapse in care.

23 (2) CARE COORDINATION FOR SUBSTANCE USE  
24 DISORDER.—For a covered veteran being treated for  
25 substance use disorder, the Secretary shall—

(A) ensure there is a care plan in place during the period between any detoxification services or inpatient care received by the covered veteran and admission of the covered veteran to a covered treatment program; and

(B) communicate that care plan to the covered veteran, the primary care provider of the covered veteran, and the facility where the covered veteran is or will be residing under such program.

(3) CARE PLANNING PRIOR TO DISCHARGE.—

(A) IN GENERAL.—The Secretary, in consultation with the covered veteran and the treating providers of the covered veteran in a covered treatment program, shall ensure the completion of a care plan prior to the covered veteran being discharged from such program.

(B) MATTERS TO BE INCLUDED.—The care plan required under subparagraph (A) for a covered veteran shall include details on the course of treatment for the covered veteran following completion of treatment under the covered treatment program, including any necessary follow-up care.

1 (C) SHARING OF CARE PLAN.—The care  
 2 plan required under subparagraph (A) shall be  
 3 shared with the covered veteran, the primary  
 4 care provider of the covered veteran, and any  
 5 other providers with which the covered veteran  
 6 consents to sharing the plan.

7 (D) DISCHARGE FROM NON-DEPARTMENT  
 8 FACILITY.—Upon discharge of a covered vet-  
 9 eran under a covered treatment program from  
 10 a non-Department facility, the facility shall  
 11 share with the Department all care records  
 12 maintained by the facility with respect to the  
 13 covered veteran and shall work in consultation  
 14 with the Department on the care plan of the  
 15 covered veteran required under subparagraph  
 16 (A).

17 (h) REPORTS TO CONGRESS.—

18 (1) REPORT ON MODIFICATIONS TO PRO-  
 19 GRAMS.—

20 (A) IN GENERAL.—Not later than two  
 21 years after the date of the enactment of this  
 22 Act, the Secretary shall submit to the Com-  
 23 mittee on Veterans' Affairs of the Senate and  
 24 the Committee on Veterans' Affairs of the  
 25 House of Representatives a report on modifica-

1           tions made to the guidance, operation, and  
2           oversight of covered treatment programs to ful-  
3           fill the requirements of this section.

4           (B) ELEMENTS.—The report required by  
5           subparagraph (A) shall include—

6                   (i) an assessment of whether costs of  
7                   covered treatment programs, including for  
8                   residential care provided through facilities  
9                   of the Department and non-Department  
10                  facilities, serve as a disincentive to place-  
11                  ment in the such a program;

12                  (ii) a description of actions taken by  
13                  the Department to address the findings  
14                  and recommendations by the Secretary  
15                  contained in the report under section  
16                  503(c) of the STRONG Veterans Act of  
17                  2022 (division V of Public Law 117–328;  
18                  136 Stat. 5515), including—

19                   (I) such actions with respect to—

20                           (aa) any new locations  
21                           added for covered treatment pro-  
22                           grams;

23                           (bb) any beds added at ex-  
24                           isting facilities of such programs;  
25                           and

1 (cc) any additional treat-  
 2 ment tracks or sex-specific pro-  
 3 grams created or added at facili-  
 4 ties of the Department; and

5 (II) a breakdown of the number  
 6 and percentage of covered veterans  
 7 who are determined eligible for pri-  
 8 ority placement into a covered treat-  
 9 ment program and the number and  
 10 percentage of covered veterans who  
 11 are determined eligible for routine  
 12 placement into a covered treatment  
 13 program; and

14 (iii) such recommendations as the  
 15 Secretary may have for legislative or ad-  
 16 ministrative action to address any funding  
 17 constraints or disincentives for use of a  
 18 covered treatment program.

19 (2) ANNUAL REPORT ON OPERATION OF PRO-  
 20 GRAMS.—

21 (A) IN GENERAL.—Not later than one year  
 22 after the submission of the report under para-  
 23 graph (1), and not less frequently than annu-  
 24 ally thereafter during the period in which a cov-  
 25 ered treatment program is carried out, the Sec-

1           retary shall submit to the Committee on Vet-  
2           erans' Affairs of the Senate and the Committee  
3           on Veterans' Affairs of the House of Represent-  
4           atives a report on the operation of such pro-  
5           grams.

6           (B) ELEMENTS.—Subject to subparagraph  
7           (C), each report required by subparagraph (A)  
8           shall include the following:

9           (i) The number of covered veterans  
10          served by a covered treatment program,  
11          disaggregated by—

12               (I) Veterans Integrated Service  
13               Network in which the covered veteran  
14               receives care;

15               (II) facility, including facilities of  
16               the Department and non-Department  
17               facilities, at which the covered veteran  
18               receives care;

19               (III) type of residential rehabili-  
20               tation treatment care received by the  
21               covered veteran under such program;

22               (IV) sex of the covered veteran;  
23               and

24               (V) race or ethnicity of the cov-  
25               ered veteran.

1 (ii) Wait times under a covered treat-  
2 ment program for the most recent year  
3 data is available, disaggregated by—

4 (I) treatment track or specificity  
5 of residential rehabilitation treatment  
6 care sought by the covered veteran;

7 (II) sex of the covered veteran;

8 (III) State or territory in which  
9 the covered veteran is located;

10 (IV) Veterans Integrated Service  
11 Network in which the covered veteran  
12 is located; and

13 (V) facility of the Department at  
14 which the covered veteran seeks care.

15 (iii) A list of all locations of a covered  
16 treatment program and number of bed  
17 spaces at each such location, disaggregated  
18 by residential rehabilitation treatment care  
19 or treatment track provided under such  
20 program at such location.

21 (iv) A list of any new locations of cov-  
22 ered treatment programs added or removed  
23 and any bed spaces added or removed dur-  
24 ing the one-year period preceding the date  
25 of the report.



1 (v) Average cost of a stay under a  
2 covered treatment program, including total  
3 stay average and daily average, at facilities  
4 of the Department compared to non-De-  
5 partment facilities.

6 (vi) A review of staffing needs and  
7 gaps with respect to covered treatment  
8 programs.

9 (vii) Any recommendations for  
10 changes to the operation of covered treat-  
11 ment programs, including any policy  
12 changes, guidance changes, training  
13 changes, or other changes.

14 (C) ANONYMITY.—To ensure that the data  
15 provided under this paragraph, or some portion  
16 of that data, will not undermine the anonymity  
17 of a veteran, the Secretary shall provide such  
18 data pursuant to applicable Federal law and in  
19 a manner that is wholly consistent with applica-  
20 ble Federal privacy and confidentiality laws, in-  
21 cluding—

22 (i) section 552a of title 5, United  
23 States Code (commonly known as the “Pri-  
24 vacy Act of 1974”);

1 (ii) the Health Insurance Portability  
2 and Accountability Act of 1996 (Public  
3 Law 104–191);

4 (iii) parts 160 and 164 of title 45,  
5 Code of Federal Regulations, or successor  
6 regulations; and

7 (iv) sections 5701, 5705, and 7332 of  
8 title 38, United States Code.

9 (i) REVISION OF GUIDANCE.—The Secretary shall  
10 update the guidance of the Department on the operation  
11 of covered treatment programs to reflect each of the re-  
12 quirements under subsections (b) through (h).

13 (j) DEADLINE.—The Secretary shall carry out each  
14 requirement under this section by not later than one year  
15 after the date of the enactment of this Act, unless other-  
16 wise specified.

17 (k) COMPTROLLER GENERAL REVIEW.—

18 (1) IN GENERAL.—Not later than two years  
19 after the date of the enactment of this Act, the  
20 Comptroller General of the United States shall re-  
21 view access to care under a covered treatment pro-  
22 gram for covered veterans in need of residential  
23 mental health care and substance use disorder care.

24 (2) ELEMENTS.—The review required by para-  
25 graph (1) shall include the following:

1 (A) A review of wait times under a covered  
 2 treatment program, disaggregated by—

3 (i) treatment track or specificity of  
 4 residential rehabilitation treatment care  
 5 needed;

6 (ii) sex of the covered veteran;

7 (iii) home State of the covered vet-  
 8 eran;

9 (iv) home Veterans Integrated Service  
 10 Network of the covered veteran; and

11 (v) wait times for—

12 (I) facilities of the Department;

13 and

14 (II) non-Department facilities.

15 (B) A review of policy and training of the  
 16 Department on screening, admission, and place-  
 17 ment under a covered treatment program.

18 (C) A review of the rights of covered vet-  
 19 erans and providers to appeal admission deci-  
 20 sions under a covered treatment program and  
 21 how the Department adjudicates appeals.

22 (D) When determining the facility at which  
 23 a covered veteran admitted to a covered treat-  
 24 ment program will be placed in such program,

1 a review of how the input of the covered veteran  
2 is taken into consideration with respect to—

3 (i) program specialty, subtype, or  
4 treatment track offered to the covered vet-  
5 eran; and

6 (ii) the geographic placement of the  
7 covered veteran, including family- or occu-  
8 pation-related preferences or cir-  
9 cumstances.

10 (E) A review of staffing and staffing needs  
11 and gaps of covered treatment programs, in-  
12 cluding with respect to—

13 (i) mental health providers and coor-  
14 dinators at the facility level;

15 (ii) staff of facilities of such pro-  
16 grams;

17 (iii) staff of Veterans Integrated Serv-  
18 ice Networks; and

19 (iv) overall administration of such  
20 programs at the national level.

21 (F) Recommendations for improvement of  
22 access by covered veterans to care under a cov-  
23 ered treatment program, including with respect  
24 to—

- 1 (i) any new sites or types of programs
- 2 needed or in development;
- 3 (ii) changes in training or policy;
- 4 (iii) changes in communications with
- 5 covered veterans; and
- 6 (iv) oversight of covered treatment
- 7 programs by the Department.

## 8 **TITLE III—OTHER HEALTH CARE**

## 9 **MATTERS**

### 10 **SEC. 301. PLAN ON ESTABLISHMENT OF INTERACTIVE, ON-**

### 11 **LINE SELF-SERVICE MODULE FOR CARE.**

12 (a) IN GENERAL.—The Secretary of Veterans Af-  
 13 fairs, working with Third Party Administrators and acting  
 14 through the Center for Innovation for Care and Payment  
 15 of the Department of Veterans Affairs under section  
 16 1703E of title 38, United States Code, shall develop and  
 17 implement a plan to establish an interactive, online self-  
 18 service module—

19 (1) to allow veterans to request appointments,  
 20 track referrals for health care under the laws admin-  
 21 istered by the Secretary, whether at a facility of the  
 22 Department or through a non-Department provider,  
 23 and receive appointment reminders;

24 (2) to allow veterans to appeal and track deci-  
 25 sions relating to—

1 (A) denials of requests for care or services  
2 under section 1703 of title 38, United States  
3 Code; or

4 (B) denials of requests for care or services  
5 at facilities of the Department, including under  
6 section 1710 of such title; and

7 (3) to implement such other matters as deter-  
8 mined appropriate by the Secretary in consultation  
9 with Third Party Administrators.

10 (b) SUBMITTAL OF PLAN.—

11 (1) INITIAL PLAN.—Not later than 180 days  
12 after the date of the enactment of this Act, the Sec-  
13 retary shall submit to the Committee on Veterans'  
14 Affairs of the Senate and the Committee on Vet-  
15 erans' Affairs of the House of Representatives the  
16 plan developed under subsection (a).

17 (2) QUARTERLY UPDATE.—Not less frequently  
18 than quarterly following the submittal of the plan  
19 under paragraph (1) and for two years thereafter,  
20 the Secretary shall submit to the Committee on Vet-  
21 erans' Affairs of the Senate and the Committee on  
22 Veterans' Affairs of the House of Representatives a  
23 report containing any updates on the implementa-  
24 tion of such plan.

1 (c) RULE OF CONSTRUCTION.—This section shall not  
 2 be construed to be a pilot program subject to the require-  
 3 ments of section 1703E of title 38, United States Code.

4 (d) THIRD PARTY ADMINISTRATOR DEFINED.—In  
 5 this section, the term “Third Party Administrator” means  
 6 an entity that manages a provider network and performs  
 7 administrative services related to such network under sec-  
 8 tion 1703 of title 38, United States Code.

9 **SEC. 302. MODIFICATION OF REQUIREMENTS FOR CENTER**  
 10 **FOR INNOVATION FOR CARE AND PAYMENT**  
 11 **OF THE DEPARTMENT OF VETERANS AF-**  
 12 **FAIRS AND REQUIREMENT FOR PILOT PRO-**  
 13 **GRAM.**

14 (a) IN GENERAL.—Section 1703E of title 38, United  
 15 States Code, is amended—

16 (1) in subsection (a)—

17 (A) in paragraph (1), by striking “within  
 18 the Department” and inserting “within the Of-  
 19 fice of the Secretary”;

20 (B) in paragraph (2), by striking “may”  
 21 and inserting “shall”; and

22 (C) in paragraph (3)—

23 (i) in subparagraph (A), by striking “;  
 24 and” and inserting a semicolon;

1 (ii) in subparagraph (B), by striking  
 2 the period at the end and inserting “; or”;  
 3 and

4 (iii) by adding at the end the fol-  
 5 lowing new subparagraph:

6 “(C) increase productivity, efficiency, and mod-  
 7 ernization throughout the Department.”;

8 (2) by striking subsection (d) and inserting the  
 9 following new subsection (d):

10 “(d) BUDGETARY LINE ITEM.—The Secretary shall  
 11 include in the budget justification materials submitted to  
 12 Congress in support of the budget of the Department of  
 13 Veterans Affairs for a fiscal year (as submitted with the  
 14 budget of the President under section 1105(a) of title 31)  
 15 specific identification, as a budgetary line item, of the  
 16 amounts required to carry out this section.”;

17 (3) in subsection (f)—

18 (A) in paragraph (1), by striking “in sub-  
 19 chapters I, II, and III of this chapter” and in-  
 20 serting “of this title, of title 38, Code of Fed-  
 21 eral Regulations, and of any handbooks, direc-  
 22 tives, or policy documents of the Department”;  
 23 and

24 (B) in paragraph (2), in the matter pre-  
 25 ceding subparagraph (A), by striking “waiving



1           any authority” and inserting “waiving any pro-  
2           vision of this title”;

3           (4) in subsection (g)(1), by inserting “fewer  
4           than three or” before “more than 10”;

5           (5) in subsection (i)—

6                 (A) in paragraph (1), by striking “the  
7           Under Secretary for Health and the Special  
8           Medical Advisory Group established pursuant to  
9           section 7312 of this title” and inserting “the  
10          Under Secretary for Health, the Special Med-  
11          ical Advisory Group established pursuant to  
12          section 7312 of this title, the Office of Inte-  
13          grated Veteran Care (or successor office), the  
14          Office of Finance (or successor office), the Vet-  
15          eran Experience Office (or successor office), the  
16          Office of Enterprise Integration (or successor  
17          office), and the Office of Information and Tech-  
18          nology (or successor office)”; and

19                (B) in paragraph (2), by striking “rep-  
20          resentatives of relevant Federal agencies, and  
21          clinical and analytical experts with expertise in  
22          medicine and health care management” and in-  
23          serting “representatives of relevant Federal  
24          agencies, nonprofit organizations, and other  
25          public and private sector entities, including

1           those with clinical and analytical experts with  
 2           expertise in medicine and health care manage-  
 3           ment”; and

4           (6) by adding at the end the following new sub-  
 5           section:

6           “(k) REPORT ON ACTIVITIES OF CENTER FOR INNO-  
 7           VATION FOR CARE AND PAYMENT.—Not less frequently  
 8           than annually, the Secretary shall submit to Congress a  
 9           report that contains, for the one-year period preceding the  
 10          date of the report—

11           “(1) a full accounting of the activities, staff,  
 12          budget, and other resources and efforts of the Cen-  
 13          ter; and

14           “(2) an assessment of the outcomes of the ef-  
 15          forts of the Center.”.

16          (b) COMPTROLLER GENERAL REPORT.—Not later  
 17          than 18 months after the date of the enactment of this  
 18          Act, the Comptroller General of the United States shall  
 19          submit to Congress a report—

20           (1) on the efforts of the Center for Innovation  
 21          for Care and Payment of the Department of Vet-  
 22          erans Affairs in fulfilling the objectives and require-  
 23          ments under section 1703E of title 38, United  
 24          States Code, as amended by subsection (a); and

1           (2) containing such recommendations as the  
2   Comptroller General considers appropriate.

3   (c) PILOT PROGRAM.—

4           (1) IN GENERAL.—Not later than one year  
5   after the date of the enactment of this Act, the Cen-  
6   ter for Innovation for Care and Payment of the De-  
7   partment of Veterans Affairs under section 1703E  
8   of title 38, United States Code, shall establish a  
9   three-year pilot program in not fewer than five loca-  
10   tions to allow veterans enrolled in the system of an-  
11   nual patient enrollment of the Department estab-  
12   lished and operated under section 1705(a) of such  
13   title to access outpatient mental health and sub-  
14   stance use services through health care providers  
15   specified under section 1703(c) of such title without  
16   referral or pre-authorization.

17           (2) PRIORITY.—In selecting sites for the pilot  
18   program under paragraph (1), the Secretary shall  
19   prioritize sites in the following areas:

20           (A) Areas with varying degrees of urban-  
21   ization, including urban, rural, and highly rural  
22   areas.

23           (B) Areas with high rates of suicide among  
24   veterans.

1 (C) Areas with high rates of overdose  
2 deaths among veterans.

3 (D) Areas with high rates of calls to the  
4 Veterans Crisis Line.

5 (E) Areas with long wait times for mental  
6 health and substance use services at facilities of  
7 the Department.

8 (F) Areas with outpatient mental health  
9 and substance use programs that utilize a  
10 value-based care model, to the extent prac-  
11 ticable.

12 (3) ELEMENTS.—The Secretary, in imple-  
13 menting the pilot program under paragraph (1),  
14 shall ensure the Department has a care coordination  
15 system in place that includes—

16 (A) knowledge sharing, including the time-  
17 ly exchange of medical documentation;

18 (B) assistance with transitions of care, in-  
19 cluding the potential need for inpatient or resi-  
20 dential psychiatric services, substance use de-  
21 toxification services, post-detoxification step-  
22 down services, and residential rehabilitation  
23 programs;

24 (C) continuous assessment of patient needs  
25 and goals; and

1 (D) creating personalized, proactive care  
2 plans.

3 (4) OVERSIGHT AND OUTCOMES.—The Sec-  
4 retary shall develop appropriate metrics and meas-  
5 ures—

6 (A) to track and oversee sites at which the  
7 pilot program under paragraph (1) is carried  
8 out;

9 (B) to monitor patient safety and out-  
10 comes under the pilot program; and

11 (C) to assess and mitigate any barriers to  
12 extending the pilot program across the entire  
13 Veterans Health Administration.

14 (5) ANNUAL REPORT.—

15 (A) IN GENERAL.—Not later than one year  
16 after the commencement of the pilot program  
17 under paragraph (1), and not less frequently  
18 than annually thereafter during the duration of  
19 the pilot program, the Secretary shall submit to  
20 the Committee on Veterans' Affairs of the Sen-  
21 ate and Committee on Veterans' Affairs of the  
22 House of Representatives a report on the pilot  
23 program, which shall include the following:

24 (i) The number of unique veterans  
25 who participated in the pilot program.

1                   (ii) The number of health care pro-  
2                   viders who participated in the pilot pro-  
3                   gram.

4                   (iii) An assessment of the effective-  
5                   ness of the pilot program in increasing ac-  
6                   cess to, and improving outcomes for, men-  
7                   tal health and substance use treatment  
8                   services.

9                   (iv) The cost of the pilot program.

10                  (v) Such other matters as the Sec-  
11                  retary considers appropriate.

12                  (B) FINAL REPORT.—The Secretary shall  
13                  include in the final report submitted under sub-  
14                  paragraph (A), in addition to the requirements  
15                  under such subparagraph, the assessment by  
16                  the Secretary of the feasibility and advisability  
17                  of extending the pilot program across the entire  
18                  Veterans Health Administration, including a  
19                  plan, timeline, and required resources for such  
20                  an extension.

21                  (6) VETERANS CRISIS LINE DEFINED.—In this  
22                  subsection, the term “Veterans Crisis Line” means  
23                  the toll-free hotline for veterans established under  
24                  section 1720F(h) of title 38, United States Code.

1 **SEC. 303. REPORTS.**

2 (a) REPORT ON IMPROVEMENTS TO CLINICAL AP-  
3 PEALS PROCESS.—Not later than one year after the date  
4 of the enactment of this Act, and not less frequently than  
5 once every three years thereafter, the Secretary of Vet-  
6 erans Affairs, in consultation with veterans service organi-  
7 zations, veterans, caregivers of veterans, employees of the  
8 Department of Veterans Affairs, and other stakeholders  
9 as determined by the Secretary, shall submit to the Com-  
10 mittee on Veterans’ Affairs of the Senate and Committee  
11 on Veterans’ Affairs of the House of Representatives a  
12 report containing recommendations for legislative or ad-  
13 ministrative action to improve the clinical appeals process  
14 of the Department with respect to timeliness, trans-  
15 parency, objectivity, consistency, and fairness.

16 (b) REPORT ON REQUIRED CARE AND SERVICES  
17 UNDER COMMUNITY CARE PROGRAM.—Not later than  
18 one year after the date of the enactment of this Act, and  
19 not less frequently than annually thereafter, the Secretary  
20 shall submit to the Committee on Veterans’ Affairs of the  
21 Senate and Committee on Veterans’ Affairs of the House  
22 of Representatives a report that contains, for the one-year  
23 period preceding the date of the report, the following:

24 (1) The number of veterans eligible for care or  
25 services under section 1703 of title 38, United  
26 States Code, and the reasons for such eligibility, in-

1 including multiple such reasons for veterans eligible  
 2 under more than one eligibility criteria.

3 (2) The number of veterans who opt to seek  
 4 care or services under such section.

5 (3) The number of veterans who do not opt to  
 6 seek care or services under such section.

7 (4) An assessment of the timeliness of referrals  
 8 for care or services under such section.

9 (5) The number of times a veteran did not  
 10 show for an appointment for care or services under  
 11 such section.

12 (6) The number of requests for an appeal of a  
 13 denial of care or services under such section using  
 14 the clinical appeals process of the Veterans Health  
 15 Administration.

16 (7) The timeliness of each such appeal.

17 (8) The outcome of each such appeal.

18 (c) VETERANS SERVICE ORGANIZATION DEFINED.—  
 19 In this section, the term “veterans service organization”  
 20 means any organization recognized by the Secretary under  
 21 section 5902 of title 38, United States Code.

○