

119TH CONGRESS
2D SESSION

S. 4131

To require the Secretary of Veterans Affairs to carry out a pilot program to provide market-based rate adjustments to certain providers for furnishing qualifying specialized surgical services to veterans under the Veterans Community Care Program, and for other purposes.

IN THE SENATE OF THE UNITED STATES

MARCH 18, 2026

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

A BILL

To require the Secretary of Veterans Affairs to carry out a pilot program to provide market-based rate adjustments to certain providers for furnishing qualifying specialized surgical services to veterans under the Veterans Community Care Program, 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 “Veteran Access to Neu-
5 rosurgery Act of 2026”.

1 **SEC. 2. PILOT PROGRAM FOR MARKET-BASED RATE AD-**
2 **JUSTMENTS FOR QUALIFYING SPECIALIZED**
3 **SURGICAL SERVICES UNDER THE VETERANS**
4 **COMMUNITY CARE PROGRAM.**

5 (a) IN GENERAL.—Commencing not later than one
6 year after the date of the enactment of this Act, the Sec-
7 retary of Veterans Affairs shall carry out a pilot program
8 to permit qualified providers to negotiate market-based
9 rate adjustments for furnishing qualifying specialized sur-
10 gical services to veterans under the Veterans Community
11 Care Program (in this section referred to as the “pilot
12 program”).

13 (b) DURATION.—The Secretary may carry out the
14 pilot program for the five-year period beginning on the
15 commencement of the pilot program.

16 (c) LOCATIONS.—The Secretary shall carry out the
17 pilot program in not less than two Veterans Integrated
18 Service Networks of the Department of Veterans Affairs
19 with a large number of veterans residing in locations that
20 are in rural or highly rural areas.

21 (d) DETERMINATION OF MARKET-BASED RATE AD-
22 JUSTMENTS.—In carrying out the pilot program, the Sec-
23 retary shall provide a market-based rate adjustment to a
24 qualified provider in furnishing qualified specialized sur-
25 gical services to a veteran if—

1 (1) the provider demonstrates that the rate ad-
2 justment is necessary to furnish such services;

3 (2) the rate otherwise applicable to such serv-
4 ices under the Veterans Community Care Program
5 is insufficient to cover the cost of furnishing such
6 services; and

7 (3) the veteran lives in a geographical area
8 where there are no other qualifying specialized sur-
9 gical services furnished by the Department of Vet-
10 erans Affairs, either direct care or through the Vet-
11 erans Community Care Program, available within ei-
12 ther a 60-day wait-time or distance of 100 miles.

13 (e) REGULATIONS.—Not later than 180 days after
14 the date of the enactment of this Act, the Secretary shall
15 prescribe, through notice and comment rulemaking, regu-
16 lations necessary to implement this section.

17 (f) INSPECTOR GENERAL REVIEW.—Not later than
18 one year after the date of the enactment of this Act, and
19 not less frequently than annually thereafter for the dura-
20 tion of the pilot program, the Inspector General of the
21 Department of Veterans Affairs shall—

22 (1) conduct a review of the pilot program to en-
23 sure compliance by the Secretary with requirements
24 under the pilot program and to ensure the efficiency
25 and effectiveness of the pilot program; and

1 (2) submit to the Secretary and the appropriate
2 committees of Congress a report containing the find-
3 ings from such review.

4 (g) ANNUAL REPORT.—Not later than one year after
5 the date of the enactment of this Act, and not less fre-
6 quently than annually thereafter for the duration of the
7 pilot program, the Secretary shall submit to the appro-
8 priate committees of Congress a report on the pilot pro-
9 gram that includes, for the year covered by the report,
10 the following:

11 (1) The number of patients served under the
12 pilot program.

13 (2) The different types of qualifying specialized
14 surgical services furnished under the pilot program
15 and the number of veterans furnished each such
16 service.

17 (3) The total costs incurred in furnishing serv-
18 ices under the pilot program.

19 (4) A description of any measurable outcomes
20 in terms of health results for patients under the
21 pilot program.

22 (5) Any policy recommendations for improve-
23 ment of the pilot program or recommendations as to
24 whether the pilot program should be extended or
25 made permanent.

1 (6) Such other information as the Secretary de-
2 termines relevant to include.

3 (h) DEFINITIONS.—In this section:

4 (1) APPROPRIATE COMMITTEES OF CON-
5 GRESS.—The term “appropriate committees of Con-
6 gress” means—

7 (A) the Committee on Veterans’ Affairs of
8 the Senate; and

9 (B) the Committee on Veterans’ Affairs of
10 the House of Representatives.

11 (2) QUALIFIED PROVIDER.—The term “quali-
12 fied provider” means a board-certified surgeon.

13 (3) QUALIFYING SPECIALIZED SURGICAL SERV-
14 ICES.—The term “qualifying specialized surgical
15 services” means services relating to neurosurgery.

16 (4) VETERANS COMMUNITY CARE PROGRAM.—
17 The term “Veterans Community Care Program”
18 means the program under section 1703 of title 38,
19 United States Code.

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