

114TH CONGRESS
2D SESSION

H. R. 5286

To make certain improvements in the laws administered by the Secretary of Veterans Affairs, and for other purposes.

IN THE HOUSE OF REPRESENTATIVES

MAY 19, 2016

Mr. MILLER of Florida introduced the following bill; which was referred to the Committee on Veterans' Affairs, and in addition to the Committee on Armed Services, 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

A BILL

To make certain improvements in the laws administered by the Secretary 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 “VA Construction and Lease Authorization, Health, and
6 Benefits Enhancement Act”.

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

- Sec. 1. Short title; table of contents.
- Sec. 2. References to title 38, United States Code.

TITLE I—HEALTH CARE MATTERS

Subtitle A—Non-Department Care

- Sec. 101. Veterans Care Agreements.
- Sec. 102. Payment of health care providers.

Subtitle B—Patient Advocacy

- Sec. 111. Community meetings on improving care furnished by Department of Veterans Affairs.
- Sec. 112. Improvement of awareness of Patient Advocacy Program and patient bill of rights of Department of Veterans Affairs.
- Sec. 113. Comptroller General report on Patient Advocacy Program of Department of Veterans Affairs.

Subtitle C—Complementary and Integrative Health

- Sec. 121. Pilot program on integration of complementary alternative medicines and related issues for veterans and family members of veterans.

Subtitle D—Fitness of Health Care Providers

- Sec. 131. Additional requirements for hiring of health care providers by Department of Veterans Affairs.
- Sec. 132. Provision of information on health care providers of Department of Veterans Affairs to State Medical Boards.
- Sec. 133. Report on compliance by Department of Veterans Affairs with reviews of health care providers leaving the Department or transferring to other facilities.

Subtitle E—Other Matters

- Sec. 141. Audit of Veterans Health Administration programs of Department of Veterans Affairs.

TITLE II—CONSTRUCTION AND FACILITIES MATTERS

- Sec. 201. Authorization of certain major medical facility projects of the Department of Veterans Affairs.
- Sec. 202. Submission of information.
- Sec. 203. Authorization of major medical facility leases.
- Sec. 204. Authorization of sale of Pershing Hall.
- Sec. 205. Authority to enter into certain leases at the Department of Veterans Affairs West Los Angeles Campus.

TITLE III—MATTERS RELATING TO TOXIC EXPOSURE

- Sec. 301. Definitions.
- Sec. 302. National center for research on the diagnosis and treatment of health conditions of the descendants of individuals exposed to toxic substances during service in the Armed Forces that are related to such service.
- Sec. 303. Advisory Board.
- Sec. 304. Declassification review by Department of Defense of certain incidents of exposure of members of the Armed Forces to toxic substances.

Sec. 305. National outreach campaign on potential long-term health effects of exposure to toxic substances by members of the Armed Forces and their descendants.

TITLE IV—OTHER MATTERS

Sec. 401. Special compensation for loss or loss of use of creative organs.

Sec. 402. Information technology system to assess and improve the family caregiver program; authority to expand program.

Sec. 403. Extension of cost-of-living adjustments for disability compensation.

1 **SEC. 2. REFERENCES TO TITLE 38, UNITED STATES CODE.**

2 Except as otherwise specifically provided, whenever in
3 this Act an amendment or repeal is expressed in terms
4 of an amendment to, or repeal of, a section or other provi-
5 sion, the reference shall be considered to be made to a
6 section or other provision of title 38, United States Code.

7 **TITLE I—HEALTH CARE** 8 **MATTERS**

9 **Subtitle A—Non-Department Care**

10 **SEC. 101. VETERANS CARE AGREEMENTS.**

11 (a) IN GENERAL.—Subchapter I of chapter 17 is
12 amended by inserting after section 1703 the following new
13 section:

14 **“§ 1703A. Veterans Care Agreements with certain** 15 **health care providers**

16 “(a) VETERANS CARE AGREEMENTS.—(1) In addi-
17 tion to furnishing hospital care, medical services, or ex-
18 tended care under this chapter at facilities of the Depart-
19 ment or under contracts or sharing agreements entered
20 into pursuant to provisions of law other than this section,
21 the Secretary may furnish such care and services to eligi-

1 ble veterans through the use of agreements entered into
2 under this section by the Secretary with eligible providers.

3 “(2) The Secretary may enter into Veterans Care
4 Agreements under this section with eligible providers to
5 furnish hospital care, medical services, and extended care
6 to veterans whom the Secretary determines that fur-
7 nishing such care and services at facilities of the Depart-
8 ment or under contracts or sharing agreements under pro-
9 visions of law other than this section is impracticable or
10 inadvisable because of the medical condition of the vet-
11 eran, the travel involved, or the nature of the care or serv-
12 ices required, or a combination of such factors.

13 “(3) The Secretary may enter into Veterans Care
14 Agreements under this section with eligible providers if the
15 Secretary determines that the hospital care or medical
16 services to be furnished under the agreement is not avail-
17 able to be furnished by a non-Department health care pro-
18 vider under a contract or sharing agreement entered into
19 pursuant to provisions of law other than this section.

20 “(b) VETERAN ELIGIBILITY.—Eligibility of a veteran
21 for care and services under this section shall be deter-
22 mined as if such care or services were furnished in a facil-
23 ity of the Department, and provisions of this title applica-
24 ble to veterans receiving such care and services in a facility

1 of the Department shall apply to veterans receiving care
2 and services under this section.

3 “(c) PROVIDER ELIGIBILITY.—Subject to the certifi-
4 cation process pursuant to subsection (d)(1), a provider
5 of hospital care, medical services, or extended care is eligi-
6 ble to enter into a Veterans Care Agreement under this
7 section if the Secretary determines that the provider meets
8 each of the following criteria:

9 “(1) The gross annual revenue of the provider
10 in the year preceding the year in which the provider
11 enters into the Veterans Care Agreement does not
12 exceed \$11,000,000 (as adjusted in a manner simi-
13 lar to amounts adjusted pursuant to section 5312 of
14 this title) or, with respect to a provider that is a
15 nursing care facility (skilled nursing facility),
16 \$27,500,000 (as so adjusted).

17 “(2) The provider does not otherwise provide
18 such care or services to patients pursuant to a con-
19 tract entered into with a department or agency of
20 the Federal Government.

21 “(3) The provider is—

22 “(A) a provider of services that has en-
23 rolled and entered into a provider agreement
24 under section 1866(a) of the Social Security
25 Act (42 U.S.C. 1395cc(a));

1 “(B) a physician or supplier that has en-
2 rolled and entered into a participation agree-
3 ment under section 1842(h) of such Act (42
4 U.S.C. 1395u(h));

5 “(C) a provider of items and services re-
6 ceiving payment under a State plan under title
7 XIX of such Act (42 U.S.C. 1396 et seq.) or
8 a waiver of such a plan;

9 “(D) an Aging and Disability Resource
10 Center, an area agency on aging, or a State
11 agency (as defined in section 102 of the Older
12 Americans Act of 1965 (42 U.S.C. 3002)); or

13 “(E) a center for independent living (as
14 defined in section 702 of the Rehabilitation Act
15 of 1973 (29 U.S.C. 796a)).

16 “(4) Any additional criteria determined appro-
17 priate by the Secretary.

18 “(d) PROVIDER CERTIFICATION.—(1) The Secretary
19 shall establish a process for the certification of eligible
20 providers to enter into Veterans Care Agreements under
21 this section that shall, at a minimum, set forth the fol-
22 lowing:

23 “(A) Procedures for the submission of applica-
24 tions for certification and deadlines for actions taken
25 by the Secretary with respect to such applications.

1 “(B) Standards and procedures for the ap-
2 proval and denial of certifications and the revocation
3 of certifications.

4 “(C) Procedures for assessing eligible providers
5 based on the risk of fraud, waste, and abuse of such
6 providers similar to the level of screening under sec-
7 tion 1866(j)(2)(B) of the Social Security Act (42
8 U.S.C. 1395(j)(2)(B)) and the standards set forth
9 under section 9.104 of title 48, Code of Federal
10 Regulations, or any successor regulation.

11 “(D) Requirement for denial or revocation of
12 certification if the Secretary determines that the
13 otherwise eligible provider is—

14 “(i) excluded from participation in a Fed-
15 eral health care program (as defined in section
16 1128B(f) of the Social Security Act (42 U.S.C.
17 1320a–7b(f))) under section 1128 or 1128A of
18 the Social Security Act (42 U.S.C. 1320a–7
19 and 1320a–7a); or

20 “(ii) identified as an excluded source on
21 the list maintained in the System for Award
22 Management, or any successor system.

23 “(E) Procedures by which a provider whose cer-
24 tification is denied or revoked under the procedures
25 established under this subsection will be identified as

1 an excluded source on the list maintained in the Sys-
2 tem for Award Management, or successor system, if
3 the Secretary determines that such exclusion is ap-
4 propriate.

5 “(2) To the extent practicable, the Secretary shall es-
6 tablish the procedures under paragraph (1) in a manner
7 that takes into account any certification process adminis-
8 tered by another department or agency of the Federal
9 Government that an eligible provider has completed by
10 reason of being a provider described in any of subpara-
11 graphs (A) through (E) of subsection (c)(3).

12 “(e) TERMS OF AGREEMENTS.—(1) The Secretary
13 shall ensure that each Veterans Care Agreement include
14 provisions requiring the eligible provider to do the fol-
15 lowing:

16 “(A) To accept payment for care and services
17 furnished under this section in accordance with
18 paragraph (2).

19 “(B) To accept payment under subparagraph
20 (A) as payment in full for care and services fur-
21 nished under this section and to not seek any pay-
22 ment for such care and services from the recipient
23 of such care.

24 “(C) To furnish under this section only the care
25 and services authorized by the Department under

1 this section unless the eligible provider receives prior
2 written consent from the Department to furnish care
3 and services outside the scope of such authorization.

4 “(D) To bill the Department for care and serv-
5 ices furnished under this section in accordance with
6 a methodology established by the Secretary for pur-
7 poses of this section.

8 “(E) Not to seek to recover or collect from a
9 health-plan contract or third party (as those terms
10 are defined in section 1729 of this title) for any care
11 or services for which payment is made by the De-
12 partment under this section.

13 “(F) To provide medical records for veterans
14 furnished care and services under this section to the
15 Department in a timeframe and format specified by
16 the Secretary for purposes of this section, except the
17 Secretary may not require that any payment by the
18 Secretary to the eligible provider be contingent on
19 such provision of medical records.

20 “(G) To meet other such terms and conditions,
21 including quality of care assurance standards, as the
22 Secretary may specify for purposes of this section.

23 “(2)(A) Except as provided in subparagraphs (B)
24 through (G), rates negotiated for care and services fur-
25 nished under a Veterans Care Agreement shall not be

1 more than the rates paid by the United States to a pro-
2 vider of services (as defined in section 1861(u) of the So-
3 cial Security Act (42 U.S.C. 1395x(u))) or a supplier (as
4 defined in section 1861(d) of such Act (42 U.S.C.
5 1395x(d))) under the Medicare program under title XVIII
6 of the Social Security Act (42 U.S.C. 1395 et seq.) for
7 the same care or services.

8 “(B) With respect to the furnishing of care or serv-
9 ices under this section to an eligible veteran who resides
10 in a highly rural area (as defined under the rural-urban
11 commuting area codes developed by the Secretary of Agri-
12 culture and the Secretary of Health and Human Services),
13 the Secretary of Veterans Affairs may negotiate a rate
14 that is more than the rate paid by the United States as
15 described in subparagraph (B).

16 “(C) With respect to furnishing care or services
17 under a Veterans Care Agreement in Alaska, the Alaska
18 Fee Schedule of the Department of Veterans Affairs will
19 be followed, except for when another payment agreement,
20 including a contract or provider agreement, is in place.

21 “(D) With respect to furnishing care or services
22 under a Veterans Care Agreement in a State with an All-
23 Payer Model Agreement under the Social Security Act
24 that became effective on or after January 1, 2014, the
25 Medicare payment rates under clause (i) shall be cal-

1 culated based on the payment rates under such agreement,
2 or any such successor agreement.

3 “(E) With respect to furnishing care or services
4 under a Veterans Care Agreement in a region in which
5 the Secretary determines that adjusting the rate paid by
6 the United States as described in subparagraph (A) is ap-
7 propriate, the Secretary may negotiate such an adjusted
8 rate.

9 “(F) With respect to furnishing care or services
10 under a Veterans Care Agreement in a location or in a
11 situation in which an exception to the rates paid by the
12 United States under the Medicare program under title
13 XVIII of the Social Security Act (42 U.S.C. 1395 et seq.)
14 for the same care or services applies, the Secretary shall
15 follow such exception.

16 “(G) With respect to furnishing care or services
17 under a Veterans Care Agreement for care or services not
18 covered under the Medicare program under title XVIII of
19 the Social Security Act (42 U.S.C. 1395 et seq.), the Sec-
20 retary shall establish a schedule of fees for such care or
21 services.

22 “(f) EXCLUSION OF CERTAIN FEDERAL CON-
23 TRACTING PROVISIONS.—(1) Notwithstanding any other
24 provision of law, the Secretary may enter into a Veterans

1 Care Agreement using procedures other than competitive
2 procedures.

3 “(2)(A) Except as provided in subparagraph (B) and
4 unless otherwise provided in this section, an eligible pro-
5 vider that enters into a Veterans Care Agreement under
6 this section is not subject to, in the carrying out of the
7 agreement, any provision of law that providers of services
8 and suppliers under the original Medicare fee-for-service
9 program under parts A and B of title XVIII of the Social
10 Security Act (42 U.S.C. 1395 et seq.) or the Medicaid pro-
11 gram under title XIX of such Act (42 U.S.C. 1396 et seq.)
12 are not subject to.

13 “(B) In addition to the provisions of laws covered by
14 subparagraph (A), an eligible provider shall be subject to
15 the following provisions of law:

16 “(i) Any applicable law regarding integrity, eth-
17 ics, or fraud, or that subject a person to civil or
18 criminal penalties.

19 “(ii) Section 431 of title 18.

20 “(iii) Section 1352 of title 31, except for the fil-
21 ing requirements under subsection (b) of such sec-
22 tion.

23 “(iv) Section 4705 or 4712 of title 41, and any
24 other applicable law regarding the protection of
25 whistleblowers.

1 “(v) Section 4706(d) of title 41.

2 “(vi) Title VII of the Civil Rights Act of 1964
3 (42 U.S.C. 2000e et seq.) to the same extent as
4 such title applies with respect to the eligible provider
5 in providing care or services through an agreement
6 or arrangement other than under a Veterans Care
7 Agreement.

8 “(C) An eligible provider that receives a payment
9 from the Federal Government pursuant to a Veterans
10 Care Agreement shall not be treated as a Federal con-
11 tractor or subcontractor by the Office of Federal Contract
12 Compliance Programs of the Department of Labor based
13 on the work performed or actions taken by such eligible
14 provider that resulted in the receipt of such payments.

15 “(g) TERMINATION OF A VETERANS CARE AGREE-
16 MENT.—(1) An eligible provider may terminate a Veterans
17 Care Agreement with the Secretary under this section at
18 such time and upon such notice to the Secretary as the
19 Secretary may specify for purposes of this section.

20 “(2) The Secretary may terminate a Veterans Care
21 Agreement with an eligible provider under this section at
22 such time and upon such notice to the eligible provider
23 as the Secretary may specify for the purposes of this sec-
24 tion, if the Secretary—

1 “(A) determines that the eligible provider failed
2 to comply with the provisions of the agreement or
3 this section or other applicable provision of law;

4 “(B) makes a revocation pursuant to subsection
5 (d)(1)(4);

6 “(C) ascertains that the eligible provider has
7 been convicted of a felony or other serious offense
8 under Federal or State law and determines that the
9 continued participation of the eligible provider would
10 be detrimental to the best interests of veterans of
11 the Department; or

12 “(D) determines that it is reasonable to termi-
13 nate the agreement based on the health care needs
14 of veterans.

15 “(h) DISPUTES.—(1) The Secretary shall establish
16 administrative procedures for eligible providers with which
17 the Secretary has entered into a Veterans Care Agreement
18 to present any dispute arising under or related to the
19 agreement.

20 “(2) Before using any dispute resolution mechanism
21 under chapter 71 of title 41 with respect to a dispute aris-
22 ing under a Veterans Care Agreement under this section,
23 an eligible provider must first exhaust the administrative
24 procedures established by the Secretary under paragraph
25 (1).

1 “(i) ANNUAL REPORTS.—Not later than October 1
2 of the year following the fiscal year in which the Secretary
3 first enters into a Veterans Care Agreement, and each
4 year thereafter, the Secretary shall submit to the appro-
5 priate congressional committees an annual report that in-
6 cludes—

7 “(1) a list of all Veterans Care Agreements en-
8 tered into as of the date of the report; and

9 “(2) summaries of each determination made by
10 the Secretary under subsection (h)(2) during the fis-
11 cal year covered by the report.

12 “(j) QUALITY OF CARE.—In carrying out this sec-
13 tion, the Secretary shall use the quality of care standards
14 set forth or used by the Centers for Medicare & Medicaid
15 Services.

16 “(k) DELEGATION.—The Secretary may delegate the
17 authority to enter into or terminate a Veterans Care
18 Agreement, or to make a determination described in sub-
19 section (h)(2), at a level not below the Assistant Deputy
20 Under Secretary for Health for Community Care.

21 “(l) SUNSET.—The Secretary may not enter into or
22 renew a Veterans Care Agreement under this section after
23 September 30, 2017.

24 “(m) DEFINITIONS.—In this section:

1 “(1) The term ‘appropriate congressional com-
2 mittees’ means—

3 “(A) the Committees on Veterans’ Affairs
4 of the House of Representatives and the Sen-
5 ate; and

6 “(B) the Committees on Appropriations of
7 the House of Representatives and the Senate.

8 “(2) The term ‘eligible provider’ means a pro-
9 vider of hospital care, medical services, or extended
10 care that the Secretary determines is eligible to
11 enter into Veterans Care Agreements under sub-
12 section (c).

13 “(3) The term ‘Veterans Care Agreement’
14 means an agreement entered into by the Secretary
15 with an eligible provider under subsection (a)(1).”.

16 (b) CLERICAL AMENDMENT.—The table of sections
17 at the beginning of chapter 17 is amended by inserting
18 after the item relating to section 1703 the following new
19 item:

 “1703A. Veterans Care Agreements with certain health care providers.”.

20 **SEC. 102. PAYMENT OF HEALTH CARE PROVIDERS.**

21 (a) IN GENERAL.—Chapter 17 is amended by insert-
22 ing after section 1703A, as added by section 101, the fol-
23 lowing new section:

1 **“§ 1703B. Payment of health care providers**

2 “(a) PROMPT PAYMENT.—If, in making payments to
3 non-Department health care providers under contracts or
4 sharing agreements entered into pursuant to this chapter
5 or any other provision of law, the Secretary is required
6 to pay any fees or penalties by reason of not fully com-
7 plying with chapter 39 of title 31 (commonly referred to
8 as the ‘Prompt Payment Act’), such fees or penalties shall
9 be derived from the Medical Services account of the De-
10 partment.

11 “(b) QUARTERLY REPORTS.—On a quarterly basis
12 during fiscal years 2018 through 2022, the Secretary shall
13 submit to the Committees on Veterans Affairs of the
14 House of Representatives and the Senate a report, with
15 respect to the quarter covered by the report, identifying
16 each fee or penalty paid by the Secretary for not fully com-
17 plying with chapter 39 of title 31 as described in sub-
18 section (a) and including an explanation of the reason the
19 Secretary did not fully comply with such chapter 39.”.

20 (b) CLERICAL AMENDMENT.—The table of sections
21 at the beginning of chapter 17 is amended by inserting
22 after the item relating to section 1703A, as added by sec-
23 tion 101, the following new item:

“1703B. Payment of health care providers.”.

1 **Subtitle B—Patient Advocacy**

2 **SEC. 111. COMMUNITY MEETINGS ON IMPROVING CARE** 3 **FURNISHED BY DEPARTMENT OF VETERANS** 4 **AFFAIRS.**

5 (a) COMMUNITY MEETINGS.—

6 (1) MEDICAL CENTERS.—Not later than 90
7 days after the date of the enactment of this Act, and
8 not less frequently than once every 90 days there-
9 after, the Secretary shall ensure that each medical
10 facility of the Department of Veterans Affairs hosts
11 a community meeting open to the public on improv-
12 ing health care furnished by the Secretary.

13 (2) COMMUNITY BASED OUTPATIENT CLIN-
14 ICS.—Not later than one year after the date of the
15 enactment of this Act, and not less frequently than
16 annually thereafter, the Secretary shall ensure that
17 each community based outpatient clinic of the De-
18 partment hosts a community meeting open to the
19 public on improving health care furnished by the
20 Secretary.

21 (b) ATTENDANCE BY DIRECTOR OF VETERANS INTE-
22 GRATED SERVICE NETWORK OR DESIGNEE.—

23 (1) IN GENERAL.—Each community meeting
24 hosted by a medical facility or community based out-
25 patient clinic under subsection (a) shall be attended

1 by the Director of the Veterans Integrated Service
2 Network in which the medical facility or community
3 based outpatient clinic, as the case may be, is lo-
4 cated. Subject to paragraph (2), the Director may
5 delegate such attendance only to an employee who
6 works in the Office of the Director.

7 (2) ATTENDANCE BY DIRECTOR.—Each Direc-
8 tor of a Veterans Integrated Service Network shall
9 personally attend not less than one community meet-
10 ing under subsection (a) hosted by each medical fa-
11 cility located in the Veterans Integrated Service Net-
12 work each year.

13 (c) NOTICE.—The Secretary shall notify the Com-
14 mittee on Veterans' Affairs of the Senate, the Committee
15 on Veterans' Affairs of the House of Representatives, and
16 each Member of Congress (as defined in section 104) who
17 represents the area in which the medical facility is located
18 of a community meeting under subsection (a) by not later
19 than 10 days before such community meeting occurs.

20 **SEC. 112. IMPROVEMENT OF AWARENESS OF PATIENT AD-**
21 **VOCACY PROGRAM AND PATIENT BILL OF**
22 **RIGHTS OF DEPARTMENT OF VETERANS AF-**
23 **FAIRS.**

24 Not later than 90 days after the date of the enact-
25 ment of this Act, the Secretary of Veterans Affairs shall,

1 in as many prominent locations as the Secretary deter-
2 mines appropriate to be seen by the largest percentage of
3 patients and family members of patients at each medical
4 facility of the Department of Veterans Affairs—

5 (1) display the purposes of the Patient Advoca-
6 cacy Program of the Department and the contact in-
7 formation for the patient advocate at such medical
8 facility; and

9 (2) display the rights and responsibilities of—

10 (A) patients and family members and pa-
11 tients at such medical facility; and

12 (B) with respect to community living cen-
13 ters and other residential facilities of the De-
14 partment, residents and family members of resi-
15 dents at such medical facility.

16 **SEC. 113. COMPTROLLER GENERAL REPORT ON PATIENT**
17 **ADVOCACY PROGRAM OF DEPARTMENT OF**
18 **VETERANS AFFAIRS.**

19 (a) IN GENERAL.—Not later than two years after the
20 date of the enactment of this Act, the Comptroller General
21 of the United States shall submit to the Committee on
22 Veterans' Affairs of the Senate and the Committee on Vet-
23 erans' Affairs of the House of Representatives a report
24 on the Patient Advocacy Program of the Department of

1 Veterans Affairs (in this section referred to as the “Pro-
2 gram”).

3 (b) ELEMENTS.—The report required by subsection
4 (a) shall include the following:

5 (1) A description of the Program, including—

6 (A) the purpose of the Program;

7 (B) the activities carried out under the
8 Program; and

9 (C) the sufficiency of the Program in
10 achieving the purpose of the Program.

11 (2) An assessment of the sufficiency of staffing
12 of employees of the Department responsible for car-
13 rying out the Program.

14 (3) An assessment of the sufficiency of the
15 training of such employees.

16 (4) An assessment of—

17 (A) the awareness of the Program among
18 veterans and family members of veterans; and

19 (B) the use of the Program by veterans
20 and family members of veterans.

21 (5) Such recommendations and proposals for
22 improving or modifying the Program as the Comp-
23 troller General considers appropriate.

1 (6) Such other information with respect to the
2 Program as the Comptroller General considers ap-
3 propriate.

4 **Subtitle C—Complementary and**
5 **Integrative Health**

6 **SEC. 121. PILOT PROGRAM ON INTEGRATION OF COM-**
7 **PLEMENTARY ALTERNATIVE MEDICINES AND**
8 **RELATED ISSUES FOR VETERANS AND FAM-**
9 **ILY MEMBERS OF VETERANS.**

10 (a) PILOT PROGRAM.—

11 (1) IN GENERAL.—Not later than two years
12 after the date of the enactment of this Act, the Sec-
13 retary of Veterans Affairs shall commence a pilot
14 program to assess the feasibility and advisability of
15 using wellness-based programs (as defined by the
16 Secretary) to complement the provision of pain man-
17 agement and related health care services, including
18 mental health care services, to veterans.

19 (2) MATTERS ADDRESSED.—In carrying out the
20 pilot program, the Secretary shall assess the fol-
21 lowing:

22 (A) Means of improving coordination be-
23 tween Federal, State, local, and community pro-
24 viders of health care in the provision of pain

1 management and related health care services to
2 veterans.

3 (B) Means of enhancing outreach, and co-
4 ordination of outreach, by and among providers
5 of health care referred to in subparagraph (A)
6 on the pain management and related health
7 care services available to veterans.

8 (C) Means of using wellness-based pro-
9 grams of providers of health care referred to in
10 subparagraph (A) as complements to the provi-
11 sion by the Department of pain management
12 and related health care services to veterans.

13 (D) Whether wellness-based programs de-
14 scribed in subparagraph (C)—

15 (i) are effective in enhancing the qual-
16 ity of life and well-being of veterans;

17 (ii) are effective in increasing the ad-
18 herence of veterans to the primary pain
19 management and related health care serv-
20 ices provided such veterans by the Depart-
21 ment;

22 (iii) have an effect on the sense of
23 well-being of veterans who receive primary
24 pain management and related health care
25 services from the Department; and

1 (iv) are effective in encouraging vet-
2 erans receiving health care from the De-
3 partment to adopt a more healthy lifestyle.

4 (b) DURATION.—The Secretary shall carry out the
5 pilot program under subsection (a)(1) for a period of three
6 years.

7 (c) LOCATIONS.—

8 (1) FACILITIES.—The Secretary shall carry out
9 the pilot program under subsection (a)(1) at facili-
10 ties of the Department providing pain management
11 and related health care services, including mental
12 health care services, to veterans. In selecting such
13 facilities to carry out the pilot program, the Sec-
14 retary shall select not fewer than 15 medical centers
15 of the Department, of which not fewer than two
16 shall be polytrauma rehabilitation centers of the De-
17 partment.

18 (2) MEDICAL CENTERS WITH PRESCRIPTION
19 RATES OF OPIOIDS THAT CONFLICT WITH CARE
20 STANDARDS.—In selecting the medical centers under
21 paragraph (1), the Secretary shall give priority to
22 medical centers of the Department at which there is
23 a prescription rate of opioids that conflicts with or
24 is otherwise inconsistent with the standards of ap-
25 propriate and safe care.

1 (d) PROVISION OF SERVICES.—Under the pilot pro-
2 gram under subsection (a)(1), the Secretary shall provide
3 covered services to covered veterans by integrating com-
4 plementary and alternative medicines and integrative
5 health services with other services provided by the Depart-
6 ment at the medical centers selected under subsection (c).

7 (e) COVERED VETERANS.—For purposes of the pilot
8 program under subsection (a)(1), a covered veteran is any
9 veteran who—

10 (1) has a mental health condition diagnosed by
11 a clinician of the Department;

12 (2) experiences chronic pain;

13 (3) has a chronic condition being treated by a
14 clinician of the Department; or

15 (4) is not described in paragraph (1), (2), or
16 (3) and requests to participate in the pilot program
17 or is referred by a clinician of the Department who
18 is treating the veteran.

19 (f) COVERED SERVICES.—

20 (1) IN GENERAL.—For purposes of the pilot
21 program, covered services are services consisting of
22 complementary and integrative health services as se-
23 lected by the Secretary.

1 (2) ADMINISTRATION OF SERVICES.—Covered
2 services shall be administered under the pilot pro-
3 gram as follows:

4 (A) Covered services shall be administered
5 by professionals or other instructors with ap-
6 propriate training and expertise in complemen-
7 tary and integrative health services who are em-
8 ployees of the Department or with whom the
9 Department enters into an agreement to pro-
10 vide such services.

11 (B) Covered services shall be included as
12 part of the Patient Aligned Care Teams initia-
13 tive of the Office of Patient Care Services, Pri-
14 mary Care Program Office, in coordination with
15 the Office of Patient Centered Care and Cul-
16 tural Transformation.

17 (C) Covered services shall be made avail-
18 able to—

19 (i) covered veterans who have received
20 conventional treatments from the Depart-
21 ment for the conditions for which the cov-
22 ered veteran seeks complementary and in-
23 tegrative health services under the pilot
24 program; and

1 (ii) covered veterans who have not re-
2 ceived conventional treatments from the
3 Department for such conditions.

4 (g) REPORTS.—

5 (1) IN GENERAL.—Not later than 30 months
6 after the date on which the Secretary commences the
7 pilot program under subsection (a)(1), the Secretary
8 shall submit to the Committee on Veterans' Affairs
9 of the Senate and the Committee on Veterans' Af-
10 fairs of the House of Representatives a report on the
11 pilot program.

12 (2) ELEMENTS.—The report under paragraph
13 (1) shall include the following:

14 (A) The findings and conclusions of the
15 Secretary with respect to the pilot program
16 under subsection (a)(1), including with respect
17 to—

18 (i) the use and efficacy of the com-
19 plementary and integrative health services
20 established under the pilot program;

21 (ii) the outreach conducted by the
22 Secretary to inform veterans and commu-
23 nity organizations about the pilot program;
24 and

1 (iii) an assessment of the benefit of
2 the pilot program to covered veterans in
3 mental health diagnoses, pain manage-
4 ment, and treatment of chronic illness.

5 (B) Identification of any unresolved bar-
6 riers that impede the ability of the Secretary to
7 incorporate complementary and integrative
8 health services with other health care services
9 provided by the Department.

10 (C) Such recommendations for the continu-
11 ation or expansion of the pilot program as the
12 Secretary considers appropriate.

13 (h) COMPLEMENTARY AND INTEGRATIVE HEALTH
14 DEFINED.—In this section, the term “complementary and
15 integrative health” shall have the meaning given that term
16 by the National Institutes of Health.

17 **Subtitle D—Fitness of Health Care** 18 **Providers**

19 **SEC. 131. ADDITIONAL REQUIREMENTS FOR HIRING OF** 20 **HEALTH CARE PROVIDERS BY DEPARTMENT** 21 **OF VETERANS AFFAIRS.**

22 As part of the hiring process for each health care pro-
23 vider considered for a position at the Department of Vet-
24 erans Affairs after the date of the enactment of the Act,
25 the Secretary of Veterans Affairs shall require from the

1 medical board of each State in which the health care pro-
2 vider has a medical license—

3 (1) information on any violation of the require-
4 ments of the medical license of the health care pro-
5 vider during the 20-year period preceding the con-
6 sideration of the health care provider by the Depart-
7 ment; and

8 (2) information on whether the health care pro-
9 vider has entered into any settlement agreement for
10 the disciplinary charge relating to the practice of
11 medicine by the health care provider.

12 **SEC. 132. PROVISION OF INFORMATION ON HEALTH CARE**
13 **PROVIDERS OF DEPARTMENT OF VETERANS**
14 **AFFAIRS TO STATE MEDICAL BOARDS.**

15 Notwithstanding section 552a of title 5, United
16 States Code, with respect to each health care provider of
17 the Department of Veterans Affairs who has violated a
18 requirement of the medical license of the health care pro-
19 vider, the Secretary of Veterans Affairs shall provide to
20 the medical board of each State in which the health care
21 provider is licensed detailed information with respect to
22 such violation, regardless of whether such board has for-
23 mally requested such information.

1 **SEC. 133. REPORT ON COMPLIANCE BY DEPARTMENT OF**
2 **VETERANS AFFAIRS WITH REVIEWS OF**
3 **HEALTH CARE PROVIDERS LEAVING THE DE-**
4 **PARTMENT OR TRANSFERRING TO OTHER**
5 **FACILITIES.**

6 Not later than 180 days after the date of the enact-
7 ment of this Act, the Secretary of Veterans Affairs shall
8 submit to the Committee on Veterans' Affairs of the Sen-
9 ate and the Committee on Veterans' Affairs of the House
10 of Representatives a report on the compliance by the De-
11 partment of Veterans Affairs with the policy of the De-
12 partment—

13 (1) to conduct a review of each health care pro-
14 vider of the Department who transfers to another
15 medical facility of the Department, retires, or is ter-
16 minated to determine whether there are any con-
17 cerns, complaints, or allegations of violations relat-
18 ing to the medical practice of the health care pro-
19 vider; and

20 (2) to take appropriate action with respect to
21 any such concern, complaint, or allegation.

1 **Subtitle E—Other Matters**

2 **SEC. 141. AUDIT OF VETERANS HEALTH ADMINISTRATION** 3 **PROGRAMS OF DEPARTMENT OF VETERANS** 4 **AFFAIRS.**

5 (a) **AUDIT.**—The Secretary of Veterans Affairs shall
6 seek to enter into a contract with a nongovernmental enti-
7 ty under which the entity shall conduct audits of the pro-
8 grams of the Veterans Health Administration of the De-
9 partment of Veterans Affairs to identify ways to improve
10 the furnishing of benefits and health care administered by
11 the Veterans Health Administration to veterans and fami-
12 lies of veterans.

13 (b) **AUDIT REQUIREMENTS.**—In carrying out each
14 audit under subsection (a), the entity shall perform the
15 following:

16 (1) Five-year risk assessments to identify the
17 functions, staff organizations, and staff offices of the
18 Veterans Health Administration that would lead to-
19 wards the greatest improvement in furnishing of
20 benefits and health care to veterans and families of
21 veterans.

22 (2) Development of plans that are informed by
23 the risk assessment under paragraph (1) to conduct
24 audits of the functions, staff organizations, and staff
25 offices identified under paragraph (1).

1 (3) Conduct audits in accordance with the plans
2 developed pursuant to paragraph (2).

3 (c) REPORTS.—Not later than 90 days after the date
4 on which each audit is completed under subsection (a),
5 the Secretary shall submit to the Committees on Veterans’
6 Affairs of the House of Representatives and the Senate
7 a report that includes—

8 (1) a summary of the audit;

9 (2) the findings of the entity that conducted the
10 audit with respect to the audit; and

11 (3) such recommendations as the Secretary de-
12 termines appropriate for legislative or administrative
13 action to improve the furnishing of benefits and
14 health care to veterans and families of veterans.

15 **TITLE II—CONSTRUCTION AND** 16 **FACILITIES MATTERS**

17 **SEC. 201. AUTHORIZATION OF CERTAIN MAJOR MEDICAL** 18 **FACILITY PROJECTS OF THE DEPARTMENT** 19 **OF VETERANS AFFAIRS.**

20 (a) AUTHORIZATION.—The Secretary of Veterans Af-
21 fairs may carry out the following major medical facility
22 projects, with each project to be carried out in an amount
23 not to exceed the amount specified for that project:

24 (1) Seismic corrections to buildings, including
25 retrofitting and replacement of high-risk buildings,

1 in San Francisco, California, in an amount not to
2 exceed \$175,880,000.

3 (2) Seismic corrections to facilities, including
4 facilities to support homeless veterans, at the med-
5 ical center in West Los Angeles, California, in an
6 amount not to exceed \$100,250,000.

7 (3) Seismic corrections to the mental health
8 and community living center in Long Beach, Cali-
9 fornia, in an amount not to exceed \$282,100,000.

10 (4) Construction of an outpatient clinic, admin-
11 istrative space, cemetery, and columbarium in Ala-
12 meda, California, in an amount not to exceed
13 \$83,782,000.

14 (5) Realignment of medical facilities in Liver-
15 more, California, in an amount not to exceed
16 \$188,650,000.

17 (6) Construction of a replacement community
18 living center in Perry Point, Maryland, in an
19 amount not to exceed \$92,700,000.

20 (7) Seismic corrections and other renovations to
21 several buildings and construction of a specialty care
22 building in American Lake, Washington, in an
23 amount not to exceed \$13,830,000.

24 (b) AUTHORIZATION OF APPROPRIATIONS FOR CON-
25 STRUCTION.—There is authorized to be appropriated to

1 the Secretary of Veterans Affairs for fiscal year 2016 or
2 the year in which funds are appropriated for the Construc-
3 tion, Major Projects, account, \$937,192,000 for the
4 projects authorized in subsection (a).

5 (c) LIMITATION.—The projects authorized in sub-
6 section (a) may only be carried out using—

7 (1) funds appropriated for fiscal year 2016 pur-
8 suant to the authorization of appropriations in sub-
9 section (b);

10 (2) funds available for Construction, Major
11 Projects, for a fiscal year before fiscal year 2016
12 that remain available for obligation;

13 (3) funds available for Construction, Major
14 Projects, for a fiscal year after fiscal year 2016 that
15 remain available for obligation;

16 (4) funds appropriated for Construction, Major
17 Projects, for fiscal year 2016 for a category of activ-
18 ity not specific to a project;

19 (5) funds appropriated for Construction, Major
20 Projects, for a fiscal year before fiscal year 2016 for
21 a category of activity not specific to a project; and

22 (6) funds appropriated for Construction, Major
23 Projects, for a fiscal year after fiscal year 2016 for
24 a category of activity not specific to a project.

1 **SEC. 202. SUBMISSION OF INFORMATION.**

2 Not later than 90 days after the date of the enact-
3 ment of this Act, for each project authorized in section
4 2(a), the Secretary of Veterans Affairs shall submit to the
5 Committees on Veterans' Affairs of the House of Rep-
6 resentatives and the Senate the following information:

7 (1) A line item accounting of expenditures re-
8 lating to construction management carried out by
9 the Department of Veterans Affairs for such project.

10 (2) The future amounts that are budgeted to be
11 obligated for construction management carried out
12 by the Department for such project.

13 (3) A justification for the expenditures de-
14 scribed in paragraph (1) and the future amounts de-
15 scribed in paragraph (2).

16 (4) Any agreement entered into by the Sec-
17 retary regarding the Army Corps of Engineers pro-
18 viding services relating to such project, including re-
19 imbursement agreements and the costs to the De-
20 partment of Veterans Affairs for such services.

21 **SEC. 203. AUTHORIZATION OF MAJOR MEDICAL FACILITY**
22 **LEASES.**

23 The Secretary of Veterans Affairs may carry out the
24 following major medical facility leases at the locations
25 specified, and in an amount for each lease not to exceed

1 the amount shown for such location (not including any es-
2 timated cancellation costs):

3 (1) For an outpatient clinic, Ann Arbor, Michi-
4 gan, an amount not to exceed \$17,093,000.

5 (2) For an outpatient mental health clinic, Bir-
6 mingham, Alabama, an amount not to exceed
7 \$6,971,000.

8 (3) For an outpatient specialty clinic, Bir-
9 mingham, Alabama, an amount not to exceed
10 \$10,479,000.

11 (4) For research space, Boston, Massachusetts,
12 an amount not to exceed \$5,497,000.

13 (5) For research space, Charleston, South
14 Carolina, an amount not to exceed \$6,581,000.

15 (6) For an outpatient clinic, Daytona Beach,
16 Florida, an amount not to exceed \$12,664,000.

17 (7) For Chief Business Office Purchased Care
18 office space, Denver, Colorado, an amount not to ex-
19 ceed \$17,215,000.

20 (8) For an outpatient clinic, Gainesville, Flor-
21 ida, an amount not to exceed \$4,686,000.

22 (9) For an outpatient clinic, Hampton Roads,
23 Virginia, an amount not to exceed \$18,124,000.

24 (10) For research space Mission Bay, Cali-
25 fornia, an amount not to exceed \$23,454,000.

1 (11) For an outpatient clinic, Missoula, Mon-
2 tana, an amount not to exceed \$7,130,000.

3 (12) For an outpatient clinic, Northern Colo-
4 rado, Colorado, an amount not to exceed
5 \$8,776,000.

6 (13) For an outpatient clinic, Ocala, Florida,
7 an amount not to exceed \$5,279,000.

8 (14) For an outpatient clinic, Oxnard, Cali-
9 fornia, an amount not to exceed \$6,297,000.

10 (15) For an outpatient clinic, Pike County,
11 Georgia, an amount not to exceed \$5,757,000.

12 (16) For an outpatient clinic, Portland, Maine,
13 an amount not to exceed \$6,846,000.

14 (17) For an outpatient clinic, Raleigh, North
15 Carolina, an amount not to exceed \$21,607,000.

16 (18) For an outpatient clinic, Santa Rosa, Cali-
17 fornia, an amount not to exceed \$6,498,000.

18 **SEC. 204. AUTHORIZATION OF SALE OF PERSHING HALL.**

19 Section 403 of the Veterans' Benefits Programs Im-
20 provement Act of 1991 (Public Law 102–86; 38 U.S.C.
21 2400 note) is amended by adding at the end the following
22 new subsection:

23 “(f) AUTHORIZATION OF SALE.—(1) The Secretary
24 may sell for fair market value Pershing Hall and transfer
25 and convey to the purchaser all right, title, and interest

1 of the United States in or to such property. The Secretary
2 shall determine fair market value based on an independent
3 assessment conducted by another department or agency
4 of the Federal Government or a nongovernmental entity.
5 The Secretary may only accept money as consideration for
6 such sale.

7 “(2) If the Secretary sells Pershing Hall pursuant to
8 paragraph (1), the Secretary shall return to the entity
9 from which the United States acquired Pershing Hall pur-
10 suant to the Act of June 28, 1935 (Chapter 323; 49 Stat.
11 426), any personal property (including memorabilia re-
12 garding General Pershing and the American Expedi-
13 tionary Forces in France during World War I) in the pos-
14 session of the Department of Veterans Affairs as of the
15 date of the enactment of this subsection that was located
16 in Pershing Hall (or otherwise associated with Pershing
17 Hall) on the date of such acquisition.

18 “(3) The funds received by the Secretary pursuant
19 to the sale of Pershing Hall under paragraph (1) shall
20 be deposited in the ‘Construction, Major Projects’ account
21 of the Department and be made available, without fiscal
22 year limitation, for the purposes of such account.

23 “(4)(A) Effective on the day after the date of the sale
24 of Pershing Hall authorized under paragraph (1), the au-
25 thority of the Secretary to carry out subsections (a), (b),

1 (c), and (e) shall terminate except for purposes of carrying
2 out paragraph (2) of this subsection.

3 “(B) Effective on the date that is one year after the
4 date of the sale of Pershing Hall authorized under para-
5 graph (1), the Pershing Hall Revolving Fund shall be
6 abolished and the corpus of the fund, including accrued
7 interest, shall be deposited in the ‘Construction, Major
8 Projects’ account of the Department and be made avail-
9 able, without fiscal year limitation, for the purposes of
10 such account.”.

11 **SEC. 205. AUTHORITY TO ENTER INTO CERTAIN LEASES AT**
12 **THE DEPARTMENT OF VETERANS AFFAIRS**
13 **WEST LOS ANGELES CAMPUS.**

14 (a) IN GENERAL.—The Secretary of Veterans Affairs
15 may carry out leases described in subsection (b) at the
16 Department of Veterans Affairs West Los Angeles Cam-
17 pus in Los Angeles, California (hereinafter in this section
18 referred to as the “Campus”).

19 (b) LEASES DESCRIBED.—Leases described in this
20 subsection are the following:

21 (1) Any enhanced-use lease of real property
22 under subchapter V of chapter 81 of title 38, United
23 States Code, for purposes of providing supportive
24 housing, as that term is defined in section 8161(3)

1 of such title, that principally benefit veterans and
2 their families.

3 (2) Any lease of real property for a term not to
4 exceed 50 years to a third party to provide services
5 that principally benefit veterans and their families
6 and that are limited to one or more of the following
7 purposes:

8 (A) The promotion of health and wellness,
9 including nutrition and spiritual wellness.

10 (B) Education.

11 (C) Vocational training, skills building, or
12 other training related to employment.

13 (D) Peer activities, socialization, or phys-
14 ical recreation.

15 (E) Assistance with legal issues and Fed-
16 eral benefits.

17 (F) Volunteerism.

18 (G) Family support services, including
19 child care.

20 (H) Transportation.

21 (I) Services in support of one or more of
22 the purposes specified in subparagraphs (A)
23 through (H).

24 (3) A lease of real property for a term not to
25 exceed 10 years to The Regents of the University of

1 California, a corporation organized under the laws of
2 the State of California, on behalf of its University of
3 California, Los Angeles (UCLA) campus (herein-
4 after in this section referred to as “The Regents”),
5 if—

6 (A) the lease is consistent with the master
7 plan described in subsection (g);

8 (B) the provision of services to veterans is
9 the predominant focus of the activities of The
10 Regents at the Campus during the term of the
11 lease;

12 (C) The Regents expressly agrees to pro-
13 vide, during the term of the lease and to an ex-
14 tent and in a manner that the Secretary con-
15 siders appropriate, additional services and sup-
16 port (for which The Regents is not compensated
17 by the Secretary or through an existing medical
18 affiliation agreement) that—

19 (i) principally benefit veterans and
20 their families, including veterans that are
21 severely disabled, women, aging, or home-
22 less; and

23 (ii) may consist of activities relating
24 to the medical, clinical, therapeutic, die-
25 tary, rehabilitative, legal, mental, spiritual,

1 physical, recreational, research, and coun-
2 seling needs of veterans and their families
3 or any of the purposes specified in any of
4 subparagraphs (A) through (I) of para-
5 graph (1); and

6 (D) The Regents maintains records docu-
7 menting the value of the additional services and
8 support that The Regents provides pursuant to
9 subparagraph (C) for the duration of the lease
10 and makes such records available to the Sec-
11 retary.

12 (c) LIMITATION ON LAND-SHARING AGREEMENTS.—
13 The Secretary may not carry out any land-sharing agree-
14 ment pursuant to section 8153 of title 38, United States
15 Code, at the Campus unless such agreement—

16 (1) provides additional health care resources to
17 the Campus; and

18 (2) benefits veterans and their families other
19 than from the generation of revenue for the Depart-
20 ment of Veterans Affairs.

21 (d) REVENUES FROM LEASES AT THE CAMPUS.—
22 Any funds received by the Secretary under a lease de-
23 scribed in subsection (b) shall be credited to the applicable
24 Department medical facilities account and shall be avail-
25 able, without fiscal year limitation and without further ap-

1 appropriation, exclusively for the renovation and mainte-
2 nance of the land and facilities at the Campus.

3 (e) EASEMENTS.—

4 (1) IN GENERAL.—Notwithstanding any other
5 provision of law (other than Federal laws relating to
6 environmental and historic preservation), pursuant
7 to section 8124 of title 38, United States Code, the
8 Secretary may grant easements or rights-of-way on,
9 above, or under lands at the Campus to—

10 (A) any local or regional public transpor-
11 tation authority to access, construct, use, oper-
12 ate, maintain, repair, or reconstruct public
13 mass transit facilities, including, fixed guideway
14 facilities and transportation centers; and

15 (B) the State of California, County of Los
16 Angeles, City of Los Angeles, or any agency or
17 political subdivision thereof, or any public util-
18 ity company (including any company providing
19 electricity, gas, water, sewage, or telecommuni-
20 cation services to the public) for the purpose of
21 providing such public utilities.

22 (2) IMPROVEMENTS.—Any improvements pro-
23 posed pursuant to an easement or right-of-way au-
24 thorized under paragraph (1) shall be subject to

1 such terms and conditions as the Secretary considers
2 appropriate.

3 (3) TERMINATION.—Any easement or right-of-
4 way authorized under paragraph (1) shall be termi-
5 nated upon the abandonment or nonuse of the ease-
6 ment or right-of-way and all right, title, and interest
7 in the land covered by the easement or right-of-way
8 shall revert to the United States.

9 (f) PROHIBITION ON SALE OF PROPERTY.—Notwith-
10 standing section 8164 of title 38, United States Code, the
11 Secretary may not sell or otherwise convey to a third party
12 fee simple title to any real property or improvements to
13 real property made at the Campus.

14 (g) CONSISTENCY WITH MASTER PLAN.—The Sec-
15 retary shall ensure that each lease carried out under this
16 section is consistent with the draft master plan approved
17 by the Secretary on January 28, 2016, or successor mas-
18 ter plans.

19 (h) COMPLIANCE WITH CERTAIN LAWS.—

20 (1) LAWS RELATING TO LEASES AND LAND
21 USE.—If the Inspector General of the Department of
22 Veterans Affairs determines, as part of an audit re-
23 port or evaluation conducted by the Inspector Gen-
24 eral, that the Department is not in compliance with
25 all Federal laws relating to leases and land use at

1 the Campus, or that significant mismanagement has
2 occurred with respect to leases or land use at the
3 Campus, the Secretary may not enter into any lease
4 or land-sharing agreement at the Campus, or renew
5 any such lease or land-sharing agreement that is not
6 in compliance with such laws, until the Secretary
7 certifies to the Committee on Veterans' Affairs of
8 the Senate, the Committee on Veterans' Affairs of
9 the House of Representatives, and each Member of
10 the Senate and the House of Representatives who
11 represents the area in which the Campus is located
12 that all recommendations included in the audit re-
13 port or evaluation have been implemented.

14 (2) COMPLIANCE OF PARTICULAR LEASES.—
15 Except as otherwise expressly provided by this sec-
16 tion, no lease may be entered into or renewed under
17 this section unless the lease complies with chapter
18 33 of title 41, United States Code, and all Federal
19 laws relating to environmental and historic preserva-
20 tion.

21 (i) VETERANS AND COMMUNITY OVERSIGHT AND EN-
22 GAGEMENT BOARD.—

23 (1) IN GENERAL.—Not later than 180 days
24 after the date of the enactment of this Act, the Sec-
25 retary shall establish a Veterans and Community

1 Oversight and Engagement Board (in this sub-
2 section referred to as the “Board”) for the Campus
3 to coordinate locally with the Department of Vet-
4 erans Affairs to—

5 (A) identify the goals of the community
6 and veteran partnership;

7 (B) provide advice and recommendations
8 to the Secretary to improve services and out-
9 comes for veterans, members of the Armed
10 Forces, and the families of such veterans and
11 members; and

12 (C) provide advice and recommendations
13 on the implementation of the draft master plan
14 approved by the Secretary on January 28,
15 2016, and on the creation and implementation
16 of any successor master plans.

17 (2) MEMBERS.—The Board shall be comprised
18 of a number of members that the Secretary deter-
19 mines appropriate, of which not less than 50 percent
20 shall be veterans. The nonveteran members shall be
21 family members of veterans, veteran advocates, serv-
22 ice providers, real estate professionals familiar with
23 housing development projects, or other stakeholders.

24 (3) COMMUNITY INPUT.—In carrying out para-
25 graph (1), the Board shall—

1 (A) provide the community opportunities to
2 collaborate and communicate with the Board,
3 including by conducting public forums on the
4 Campus; and

5 (B) focus on local issues regarding the De-
6 partment that are identified by the community,
7 including with respect to health care, benefits,
8 and memorial services at the Campus and im-
9 plementation of the draft master plan and any
10 subsequent plans.

11 (j) NOTIFICATION AND REPORTS.—

12 (1) CONGRESSIONAL NOTIFICATION.—With re-
13 spect to each lease or land-sharing agreement in-
14 tended to be entered into or renewed at the Campus,
15 the Secretary shall notify the Committee on Vet-
16 erans' Affairs of the Senate, the Committee on Vet-
17 erans' Affairs of the House of Representatives, and
18 each Member of the Senate and the House of Rep-
19 resentatives who represents the area in which the
20 Campus is located of the intent of the Secretary to
21 enter into or renew the lease or land-sharing agree-
22 ment not later than 45 days before entering into or
23 renewing the lease or land-sharing agreement.

24 (2) ANNUAL REPORT.—Not later than one year
25 after the date of the enactment of this Act, and not

1 less frequently than annually thereafter, the Sec-
2 retary shall submit to the Committee on Veterans'
3 Affairs of the Senate, the Committee on Veterans'
4 Affairs of the House of Representatives, and each
5 Member of the Senate and the House of Representa-
6 tives who represents the area in which the Campus
7 is located an annual report evaluating all leases and
8 land-sharing agreements carried out at the Campus,
9 including—

10 (A) an evaluation of the management of
11 the revenue generated by the leases; and

12 (B) the records described in subsection
13 (b)(3)(D).

14 (3) INSPECTOR GENERAL REPORT.—

15 (A) IN GENERAL.—Not later than each of
16 two years and five years after the date of the
17 enactment of this Act, and as determined nec-
18 essary by the Inspector General of the Depart-
19 ment of Veterans Affairs thereafter, the Inspec-
20 tor General shall submit to the Committee on
21 Veterans' Affairs of the Senate, the Committee
22 on Veterans' Affairs of the House of Represent-
23 atives, and each Member of the Senate and the
24 House of Representatives who represents the
25 area in which the Campus is located a report on

1 all leases carried out at the Campus and the
2 management by the Department of the use of
3 land at the Campus, including an assessment of
4 the efforts of the Department to implement the
5 master plan described in subsection (g) with re-
6 spect to the Campus.

7 (B) CONSIDERATION OF ANNUAL RE-
8 PORT.—In preparing each report required by
9 subparagraph (A), the Inspector General shall
10 take into account the most recent report sub-
11 mitted to Congress by the Secretary under
12 paragraph (2).

13 (k) RULE OF CONSTRUCTION.—Nothing in this sec-
14 tion shall be construed as a limitation on the authority
15 of the Secretary to enter into other agreements regarding
16 the Campus that are authorized by law and not incon-
17 sistent with this section.

18 (l) PRINCIPALLY BENEFIT VETERANS AND THEIR
19 FAMILIES DEFINED.—In this section the term “prin-
20 cipally benefit veterans and their families”, with respect
21 to services provided by a person or entity under a lease
22 of property or land-sharing agreement—

23 (1) means services—

24 (A) provided exclusively to veterans and
25 their families; or

1 (B) that are designed for the particular
2 needs of veterans and their families, as opposed
3 to the general public, and any benefit of those
4 services to the general public is ancillary to the
5 intended benefit to veterans and their families;
6 and

7 (2) excludes services in which the only benefit
8 to veterans and their families is the generation of
9 revenue for the Department of Veterans Affairs.

10 (m) CONFORMING AMENDMENTS.—

11 (1) PROHIBITION ON DISPOSAL OF PROP-
12 erty.—Section 224(a) of the Military Construction
13 and Veterans Affairs and Related Agencies Appro-
14 priations Act, 2008 (Public Law 110–161; 121 Stat.
15 2272) is amended by striking “The Secretary of
16 Veterans Affairs” and inserting “Except as author-
17 ized under the VA Construction and Lease Author-
18 ization, Health, and Benefits Enhancement Act, the
19 Secretary of Veterans Affairs”.

20 (2) ENHANCED-USE LEASES.—Section 8162(c)
21 is amended by inserting “, other than an enhanced-
22 use lease under the VA Construction and Lease Au-
23 thorization, Health, and Benefits Enhancement
24 Act,” before “shall be considered”.

1 **TITLE III—MATTERS RELATING**
2 **TO TOXIC EXPOSURE**

3 **SEC. 301. DEFINITIONS.**

4 In this title:

5 (1) **ARMED FORCE.**—The term “Armed Force”
6 means the United States Army, Navy, Marine
7 Corps, Air Force, or Coast Guard, including the re-
8 serve components thereof.

9 (2) **DESCENDANT.**—The term “descendant”
10 means, with respect to an individual, the biological
11 child or grandchild of that individual.

12 (3) **EXPOSED.**—The term “exposed” means,
13 with respect to a toxic substance, that an individual
14 came into contact with that toxic substance in a
15 manner that could be hazardous to the health of
16 that individual, that may include if that toxic sub-
17 stance was inhaled, ingested, or touched the skin or
18 eyes.

19 (4) **EXPOSURE.**—The term “exposure” means,
20 with respect to a toxic substance, an event during
21 which an individual was exposed to that toxic sub-
22 stance.

23 (5) **TOXIC SUBSTANCE.**—The term “toxic sub-
24 stance” means any substance determined by the Ad-
25 ministrator of the Environmental Protection Agency

1 to be harmful to the environment or hazardous to
2 the health of an individual if inhaled or ingested by
3 or absorbed through the skin of that individual.

4 (6) VETERAN.—The term “veteran” has the
5 meaning given that term in section 101 of title 38,
6 United States Code.

7 **SEC. 302. NATIONAL CENTER FOR RESEARCH ON THE DIAG-**
8 **NOSIS AND TREATMENT OF HEALTH CONDI-**
9 **TIONS OF THE DESCENDANTS OF INDIVID-**
10 **UALS EXPOSED TO TOXIC SUBSTANCES DUR-**
11 **ING SERVICE IN THE ARMED FORCES THAT**
12 **ARE RELATED TO SUCH SERVICE.**

13 (a) NATIONAL CENTER.—

14 (1) IN GENERAL.—Not later than one year
15 after the date of the enactment of this title, the Sec-
16 retary of Veterans Affairs shall, in consultation with
17 the Advisory Board established under section 303,
18 select a medical center of the Department of Vet-
19 erans Affairs to serve as the national center for re-
20 search on the diagnosis and treatment of health con-
21 ditions of descendants of individuals exposed to toxic
22 substances while serving as members of the Armed
23 Forces that are related to such exposure (in this
24 title referred to as the “National Center”).

25 (2) CRITERIA FOR SELECTION.—

1 (A) IN GENERAL.—The National Center
2 shall be selected under paragraph (1) from
3 among medical centers of the Department with
4 expertise described in subparagraph (B), or
5 that are affiliated with research medical centers
6 or teaching hospitals with such expertise, that
7 seek to be selected under this section.

8 (B) EXPERTISE DESCRIBED.—The exper-
9 tise described in this subparagraph is—

10 (i) expertise in diagnosing and treat-
11 ing functional and structural birth defects;

12 or

13 (ii) expertise in caring for individuals
14 exposed to toxic substances and diagnosing
15 and treating any health conditions result-
16 ing from such exposure.

17 (C) PREFERENCE.—Preference for selec-
18 tion under paragraph (1) shall be given to med-
19 ical centers of the Department with expertise
20 described in clauses (i) and (ii) of subparagraph
21 (B), or that are affiliated with research medical
22 centers or teaching hospitals with such exper-
23 tise.

24 (b) RESEARCH.—

1 (1) IN GENERAL.—The National Center shall
2 conduct research on the diagnosis and treatment of
3 health conditions of descendants of individuals ex-
4 posed to toxic substances while serving as members
5 of the Armed Forces that are related to that expo-
6 sure.

7 (2) STUDIES.—In conducting research under
8 paragraph (1), the National Center shall study indi-
9 viduals, at the election of the individual, for whom
10 the Secretary has made one of the following deter-
11 minations:

12 (A)(i) The individual is a descendant of an
13 individual who served as a member of the
14 Armed Forces;

15 (ii) such member was exposed to a toxic
16 substance while serving as a member of the
17 Armed Forces; and

18 (iii) such descendant is afflicted with a
19 health condition that is related to the exposure
20 of such member to such toxic substance.

21 (B)(i) The individual was exposed to a
22 toxic substance while serving as a member of
23 the Armed Forces; and

1 (ii) such individual is afflicted with a
2 health condition that is related to the exposure
3 of such individual to such toxic substance.

4 (3) USE OF RECORDS.—

5 (A) IN GENERAL.—The Secretary of De-
6 fense or the head of a Federal agency shall
7 make available to the Secretary of Veterans Af-
8 fairs for review records held by the Department
9 of Defense, an Armed Force, or that Federal
10 agency, as appropriate, that might assist the
11 Secretary of Veterans Affairs in making the de-
12 terminations required by paragraph (2).

13 (B) MECHANISM.—The Secretary of Vet-
14 erans Affairs and the Secretary of Defense or
15 the head of the appropriate Federal agency
16 shall jointly establish a mechanism for the
17 availability and review of records by the Sec-
18 retary of Veterans Affairs under subparagraph

19 (A).

20 (c) SOCIAL WORKERS.—The National Center shall
21 employ not less than one licensed clinical social worker to
22 coordinate access of individuals to appropriate Federal,
23 State, and local social and health care programs and to
24 handle case management.

1 (d) REIMBURSEMENT FOR NECESSARY TRAVEL AND
2 ROOM AND BOARD.—The National Center shall reimburse
3 any individual participating in a study pursuant to sub-
4 section (b), and any parent, guardian, spouse, or sibling
5 who accompanies such individual, for the reasonable cost
6 of—

7 (1) travel to the National Center for participa-
8 tion in such study; and

9 (2) room and board during the period in which
10 such individual is participating in such study at the
11 National Center.

12 (e) REPORTS.—

13 (1) ANNUAL REPORT.—

14 (A) IN GENERAL.—Not less frequently
15 than annually, the National Center shall submit
16 to Congress and the Advisory Board established
17 under section 4 a report on the functions of the
18 National Center during the year preceding the
19 submittal of the report that includes a sum-
20 mary of the research efforts of the National
21 Center that have been completed during such
22 year and that are ongoing as of the date of the
23 submittal of the report.

24 (B) UPON REQUEST.—Upon the request of
25 any organization exempt from taxation under

1 section 501(c)(19) of the Internal Revenue
2 Code of 1986, the National Center shall submit
3 a copy of a report submitted under subpara-
4 graph (A) to such organization.

5 (2) QUARTERLY REPORT TO ADVISORY
6 BOARD.—Not less frequently than quarterly, the Na-
7 tional Center shall submit to the Advisory Board a
8 report on the functions of the National Center dur-
9 ing the quarter preceding the submittal of the report
10 that includes the following:

11 (A) A summary of the research efforts of
12 the National Center during such quarter.

13 (B) A description of any determinations
14 made by the National Center pursuant to such
15 research efforts regarding whether health condi-
16 tions of descendants of individuals exposed to
17 toxic substances while serving as members of
18 the Armed Forces are related to that exposure.

19 **SEC. 303. ADVISORY BOARD.**

20 (a) ESTABLISHMENT.—Not later than 180 days after
21 the date of the enactment of this title, the Secretary of
22 Veterans Affairs shall establish an advisory board (in this
23 section referred to as the “Advisory Board”) to oversee
24 and assess the National Center established under section

1 302 and to advise the Secretary of Veterans Affairs with
2 respect to the work of the National Center.

3 (b) MEMBERSHIP.—

4 (1) COMPOSITION.—Not later than 120 days
5 after the date of the enactment of this title, the Sec-
6 retary of Veterans Affairs, in consultation with the
7 Secretary of Health and Human Services, the Direc-
8 tor of the National Institute of Environmental
9 Health Sciences, and other heads of Federal agen-
10 cies as the Secretary of Veterans Affairs determines
11 appropriate—

12 (A) shall select not less than 13 voting
13 members of the Advisory Board, of whom—

14 (i) not less than three shall be mem-
15 bers of organizations exempt from taxation
16 under section 501(c)(19) of the Internal
17 Revenue Code of 1986;

18 (ii) not less than one shall be—

19 (I) a descendant of an individual
20 who was exposed to toxic substances
21 while serving as a member of the
22 Armed Forces and the descendant has
23 manifested a structural or functional
24 birth defect or a health condition that

1 is related to the exposure of such indi-
2 vidual to such toxic substance; or

3 (II) a parent or child of that de-
4 scendant;

5 (iii) not less than six shall be health
6 professionals, scientists, or academics who
7 are not employees of the Federal Govern-
8 ment and have expertise in—

9 (I) birth defects;

10 (II) developmental disabilities;

11 (III) epigenetics;

12 (IV) public health;

13 (V) the science of environmental
14 exposure or environmental exposure
15 assessment;

16 (VI) the science of toxic sub-
17 stances; or

18 (VII) medical and research eth-
19 ics; and

20 (iv) additional members may be se-
21 lected from among social workers and ad-
22 vocates for veterans or members of the
23 Armed Forces who are not employees of
24 the Federal Government; and

1 (B) may select nonvoting members from
2 among individuals described in clause (iii) or
3 (iv) of subparagraph (A) who are employees of
4 the Federal Government.

5 (2) CHAIRPERSON.—The Secretary shall select
6 a Chairperson from among the members of the Advi-
7 sory Board.

8 (3) TERMS.—

9 (A) IN GENERAL.—Each member of the
10 Advisory Board shall serve a term of two or
11 three years as determined by the Secretary.

12 (B) REAPPOINTMENT.—At the end of the
13 term of a member of the Advisory Board, the
14 Secretary may reselect the member for another
15 term, except that no member may serve more
16 than four consecutive terms.

17 (c) DUTIES.—The Advisory Board shall—

18 (1) oversee and assess the work of the National
19 Center;

20 (2) not less frequently than quarterly, meet
21 with the director or another representative of the
22 National Center on the work conducted at the Na-
23 tional Center, including the research efforts of the
24 National Center;

1 (3) review the annual report submitted by the
2 National Center to Congress and the Advisory Board
3 under section 302(e)(1); and

4 (4) advise the Secretary of Veterans Affairs
5 on—

6 (A) issues related to the research con-
7 ducted at the National Center;

8 (B) health conditions of descendants of in-
9 dividuals exposed to toxic substances while serv-
10 ing as members of the Armed Forces that are
11 related to the exposure of such individual to
12 such toxic substance;

13 (C) health care services that are needed by
14 the descendants of individuals exposed to toxic
15 substances while serving as members of the
16 Armed Forces for health conditions that are re-
17 lated to the exposure of such individual to such
18 toxic substance; and

19 (D) any determinations or recommenda-
20 tions that the Advisory Board may have with
21 respect to the feasibility and advisability of the
22 Department providing health care services de-
23 scribed in subparagraph (C) to descendants de-
24 scribed in such subparagraph, including a de-
25 scription of changes to existing policy.

1 (d) REPORT.—

2 (1) IN GENERAL.—Not later than one year
3 after the establishment of the Advisory Board under
4 subsection (a), and not less frequently than once
5 each year thereafter, the Advisory Board shall sub-
6 mit to the Committee on Veterans' Affairs of the
7 Senate, the Committee on Veterans' Affairs of the
8 House of Representatives, and the Secretary of Vet-
9 erans Affairs a report on the recommendations of
10 the Advisory Board.

11 (2) ELEMENTS.—Each report submitted under
12 paragraph (1) shall include recommendations for ad-
13 ministrative or legislative action, including rec-
14 ommendations for further research by the National
15 Center, with respect to each health condition of a
16 descendant of an individual exposed to a toxic sub-
17 stance while serving as a member of the Armed
18 Forces for which the National Center has made one
19 of the following determinations in conducting re-
20 search under section 302(b):

21 (A) The health condition is related to the
22 exposure of such individual to such toxic sub-
23 stance.

1 (B) It is unclear whether the health condi-
2 tion is related to the exposure of such individual
3 to such toxic substance.

4 (C) The health condition is not related to
5 the exposure of such individual to such toxic
6 substance.

7 (e) MEETINGS.—The Advisory Board shall meet at
8 the call of the Chair, but not less frequently than quar-
9 terly.

10 (f) COMPENSATION.—The members of the Advisory
11 Board shall serve without compensation.

12 (g) EXPENSES.—The Secretary of Veterans Affairs
13 shall determine the appropriate expenses of the Advisory
14 Board.

15 (h) PERSONNEL.—

16 (1) IN GENERAL.—The Chairperson may, with-
17 out regard to the civil service laws and regulations,
18 appoint an executive director of the Advisory Board,
19 who shall be a civilian employee of the Department
20 of Veterans Affairs, and such other personnel as
21 may be necessary to enable the Advisory Board to
22 perform its duties.

23 (2) APPROVAL.—The appointment of an execu-
24 tive director under paragraph (1) shall be subject to
25 approval by the Advisory Board.

1 (3) COMPENSATION.—The Chairperson may fix
2 the compensation of the executive director and other
3 personnel without regard to the provisions of chapter
4 51 and subchapter III of chapter 53 of title 5,
5 United States Code, except that the rate of pay for
6 the executive director and other personnel may not
7 exceed the rate payable for level V of the Executive
8 Schedule under section 5316 of such title.

9 **SEC. 304. DECLASSIFICATION REVIEW BY DEPARTMENT OF**
10 **DEFENSE OF CERTAIN INCIDENTS OF EXPO-**
11 **SURE OF MEMBERS OF THE ARMED FORCES**
12 **TO TOXIC SUBSTANCES.**

13 (a) REVIEW.—The Secretary of Defense shall con-
14 duct a declassification review to determine what informa-
15 tion may be made publicly available relating to any known
16 incident in which not less than 100 members of the Armed
17 Forces were exposed to a toxic substance that resulted in
18 at least one case of a disability that a specialist in the
19 field of occupational medicine has determined to be
20 credibly associated with that toxic substance.

21 (b) RELEASE OF DECLASSIFIED INFORMATION.—To
22 the extent practicable, and subject to subsection (c) and
23 consistent with national security, the Secretary of Defense
24 shall make publicly available information declassified fol-
25 lowing the review required by subsection (a).

1 (c) LIMITATION.—Information made publicly avail-
2 able pursuant to subsection (b) shall be limited to informa-
3 tion necessary for an individual who was potentially ex-
4 posed to a toxic substance to determine the following:

5 (1) Whether that individual was exposed to that
6 toxic substance.

7 (2) The potential severity of the exposure of
8 that individual to that toxic substance.

9 (3) Any potential health conditions that may
10 have resulted from exposure to that toxic substance.

11 **SEC. 305. NATIONAL OUTREACH CAMPAIGN ON POTENTIAL**
12 **LONG-TERM HEALTH EFFECTS OF EXPOSURE**
13 **TO TOXIC SUBSTANCES BY MEMBERS OF THE**
14 **ARMED FORCES AND THEIR DESCENDANTS.**

15 (a) IN GENERAL.—The Secretary of Veterans Affairs
16 shall, in consultation with the Secretary of Health and
17 Human Services and the Secretary of Defense, conduct
18 a national outreach and education campaign directed to-
19 ward members of the Armed Forces, veterans, and their
20 family members to communicate the following informa-
21 tion:

22 (1) Information on—

23 (A) incidents of exposure of members of
24 the Armed Forces to toxic substances;

1 (B) health conditions resulting from such
2 exposure; and

3 (C) the potential long-term effects of such
4 exposure on the individuals exposed to those
5 substances and the descendants of those indi-
6 viduals.

7 (2) Information on the National Center estab-
8 lished under section 302 for individuals eligible to
9 participate in studies conducted at the National
10 Center.

11 (b) DEPARTMENT OF VETERANS AFFAIRS.—In car-
12 rying out this section, the Secretary of Veterans Affairs
13 shall design and implement the national outreach and edu-
14 cation campaign conducted under subsection (a), includ-
15 ing—

16 (1) by distributing printed materials containing
17 the information described in subsection (a) to vet-
18 erans;

19 (2) by publishing such information on an Inter-
20 net website of the Department of Veterans Affairs
21 that is available to the public;

22 (3) by presenting such information in person at
23 facilities that serve a large number of veterans or
24 members of the Armed Forces; and

1 (4) by educating employees of all medical facili-
2 ties of the Department with respect to such informa-
3 tion and providing such employees with printed ma-
4 terials containing such information.

5 (c) DEPARTMENT OF DEFENSE.—The Secretary of
6 Defense shall assist the Secretary of Veterans Affairs in
7 implementing the national outreach and education cam-
8 paign conducted under subsection (a)—

9 (1) by making the information described in sub-
10 section (a) available to all members of the Armed
11 Forces and their families;

12 (2) by notifying all members of the Armed
13 Forces of such information; and

14 (3) by publishing such information on an Inter-
15 net website of the Department of Defense that is
16 available to the public.

17 (d) DEPARTMENT OF HEALTH AND HUMAN SERV-
18 ICES.—The Secretary of Health and Human Services shall
19 assist the Secretary of Veterans Affairs in implementing
20 the national outreach and education campaign conducted
21 under subsection (a)—

22 (1) by making the information described in sub-
23 section (a) available to members of the health care
24 profession;

1 compensation paid under paragraph (1) in such form and
2 in such manner as the Secretary considers appropriate.

3 “(4) In this subsection, the term ‘covered veteran’
4 means a veteran who—

5 “(A) is paid disability compensation pursuant
6 to subsection (k) for—

7 “(i) the anatomical loss of one or more cre-
8 ative organs; or

9 “(ii) the permanent or static loss of use of
10 one or more creative organs; and

11 “(B) is eligible for payments under the trau-
12 matic servicemembers’ group life insurance program
13 under section 1980A of this title, or would be eligi-
14 ble for such payments but for the service of the vet-
15 eran occurring before the enactment of such section,
16 for qualifying losses relating to an injury described
17 in clause (i) or (ii) of subparagraph (A).”.

18 (b) APPLICATION.—Subsection (u) of section 1114 of
19 title 38, United States Code, as added by subsection (a),
20 shall apply with respect to a veteran who receives disability
21 compensation on or after the date of the enactment of this
22 Act.

23 (c) REPORT.—Not later than one year after the date
24 of the enactment of this Act, the Secretary of Veterans
25 Affairs shall submit to the Committees on Veterans’ Af-

1 fairs of the House of Representatives and the Senate a
 2 report on special compensation paid under subsection (u)
 3 of section 1114 of title 38, United States Code, as added
 4 by subsection (a). Such report shall include the following:

5 (1) The number of veterans who applied for
 6 such special compensation.

7 (2) The number of veterans whom the Sec-
 8 retary has paid such special compensation.

9 (3) A list, by frequency, of the service-con-
 10 nected disabilities for which such special compensa-
 11 tion was paid.

12 **SEC. 402. INFORMATION TECHNOLOGY SYSTEM TO ASSESS**
 13 **AND IMPROVE THE FAMILY CAREGIVER PRO-**
 14 **GRAM; AUTHORITY TO EXPAND PROGRAM.**

15 (a) IMPLEMENTATION OF NEW SYSTEM.—

16 (1) IN GENERAL.—The Secretary of Veterans
 17 Affairs shall implement an information technology
 18 system that fully supports the Program and allows
 19 for data assessment and comprehensive monitoring
 20 of the Program.

21 (2) ELEMENTS OF SYSTEM.—The information
 22 technology system required to be implemented under
 23 paragraph (1) shall include the following:

24 (A) The ability to easily retrieve data (at
 25 the medical center and at aggregate levels) that

1 will allow all aspects of the Program and the
2 workload trends for the Program to be assessed
3 and comprehensively monitored.

4 (B) The ability or capacity to manage data
5 to accommodate any degree of expansion of the
6 Program.

7 (C) The ability to integrate the system
8 with other relevant information technology sys-
9 tems of the Veterans Health Administration.

10 (3) NOTIFICATION OF IMPLEMENTATION.—Not
11 later than the date on which the Secretary com-
12 mences implementation of the system under para-
13 graph (1), the Secretary shall notify the Committee
14 on Veterans' Affairs of the Senate and the Com-
15 mittee on Veterans' Affairs of the House of Rep-
16 resentatives of the date of such implementation.

17 (b) ONGOING MONITORING OF AND MODIFICATIONS
18 TO PROGRAM.—

19 (1) MONITORING.—The Secretary shall use the
20 system implemented under subsection (a) to monitor
21 and assess the workload of the Program, including
22 monitoring and assessment of data on—

23 (A) the status of applications, appeals, and
24 home visits in connection with the Program;
25 and

1 (B) the use of support services by care-
2 givers participating both in the Program of
3 Comprehensive Assistance for Families and the
4 Program of General Caregiver Support Serv-
5 ices.

6 (2) MODIFICATIONS.—

7 (A) Based on the monitoring and assess-
8 ment conducted under paragraph (1), the Sec-
9 retary shall identify and implement such modi-
10 fications to the Program as the Secretary con-
11 siders necessary to ensure the Program is func-
12 tioning as intended and providing veterans and
13 caregivers participating in the Program with
14 services in a timely manner.

15 (B) Subparagraph (A) may not be con-
16 strued to authorize modifications to the Pro-
17 gram that expand the eligibility for the Pro-
18 gram or increase the amount of assistance fur-
19 nished under the Program.

20 (c) REPORT.—

21 (1) IN GENERAL.—Not later than 180 days
22 after the date on which the Secretary makes the no-
23 tification under subsection (a)(3), the Secretary
24 shall submit to the Committee on Veterans' Affairs
25 of the Senate, the Committee on Veterans' Affairs of

1 the House of Representatives a report on the Pro-
2 gram, including with respect to expanding the pro-
3 gram and the implementation of subsections (a) and
4 (b).

5 (2) ELEMENTS.—The report required by para-
6 graph (1) shall include the following:

7 (A) A detailed plan to expand the Program
8 to caregivers of veterans who would be eligible
9 for the Program but for the serious injury of
10 the veteran having incurred in the line of duty
11 before September 11, 2001, including—

12 (i) with respect to staffing, funding,
13 eligibility criteria, and information tech-
14 nology systems (including modifications to
15 such systems);

16 (ii) a phased implementation for such
17 expansion; and

18 (iii) estimates of the amounts required
19 to expand and sustain the program.

20 (B) A description of the modifications to
21 the Program, if any, that were identified and
22 implemented under subsection (b)(2).

23 (C) A description of—

1 (i) how the Secretary is using such
2 system to monitor the workload of the Pro-
3 gram; and

4 (ii) the subsequent effect on the per-
5 formance of the Program, including the
6 need for additional staff, resources, or in-
7 formation technology systems, or modifica-
8 tions to information technology systems.

9 (d) DEFINITIONS.—In this section:

10 (1) The term “active military, naval, or air
11 service” has the meaning given that term in section
12 101 of title 38, United States Code.

13 (2) The term “Program” means the program of
14 comprehensive assistance for family caregivers under
15 section 1720G(a) of title 38, United States Code.

16 **SEC. 403. EXTENSION OF COST-OF-LIVING ADJUSTMENTS**
17 **FOR DISABILITY COMPENSATION.**

18 Section 1104(a) of title 38, United States Code, is
19 amended by inserting “and fiscal years 2017 through
20 2027” after “through 2013”.

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