

S 1676

DOCs for Veterans Act of 2015

Congress: 114 (2015–2017, Ended)

Chamber: Senate

Policy Area: Armed Forces and National Security

Introduced: Jun 24, 2015

Current Status: Committee on Veterans' Affairs. Hearings held. Hearings printed: S.Hrg. 114-242.

Latest Action: Committee on Veterans' Affairs. Hearings held. Hearings printed: S.Hrg. 114-242. (Oct 6, 2015)

Official Text: <https://www.congress.gov/bill/114th-congress/senate-bill/1676>

Sponsor

Name: Sen. Tester, Jon [D-MT]

Party: Democratic • **State:** MT • **Chamber:** Senate

Cosponsors (7 total)

Cosponsor	Party / State	Role	Date Joined
Sen. McCaskill, Claire [D-MO]	D · MO		Jun 24, 2015
Sen. Schatz, Brian [D-HI]	D · HI		Jun 25, 2015
Sen. Udall, Tom [D-NM]	D · NM		Jun 25, 2015
Sen. Durbin, Richard J. [D-IL]	D · IL		Jul 15, 2015
Sen. Brown, Sherrod [D-OH]	D · OH		Jul 16, 2015
Sen. Bennet, Michael F. [D-CO]	D · CO		Sep 10, 2015
Sen. Blumenthal, Richard [D-CT]	D · CT		Oct 8, 2015

Committee Activity

Committee	Chamber	Activity	Date
Veterans' Affairs Committee	Senate	Hearings By (full committee)	Oct 6, 2015

Subjects & Policy Tags

Policy Area:

Armed Forces and National Security

Related Bills

Bill	Relationship	Last Action
114 HR 4011	Related bill	Nov 20, 2015: Referred to the Subcommittee on Health.
114 HR 3755	Related bill	Oct 21, 2015: Referred to the Subcommittee on Health.

Delivering Opportunities for Care and Services for Veterans Act of 2015 or the DOCs for Veterans Act of 2015

This bill amends title XVIII (Medicare) of the Social Security Act with respect to determining the number of full-time-equivalent (FTE) residents for payments to hospitals for direct graduate medical education (GME) costs, in particular the limitation on the total number of FTE residents in the field of allopathic or osteopathic medicine in a hospital's approved medical residency training program. In applying this limitation, the Department of Health and Human Services (HHS) shall not take into account any such resident who counts towards meeting the Department of Veterans Affairs (VA) obligation under the Veterans Access, Choice, and Accountability Act of 2014 to increase the number of GME residency positions at VA medical facilities by up to 1,500 positions.

The period for increasing GME residency positions at VA medical facilities is extended to 10 years.

The VA and HHS shall jointly conduct a six-year pilot program to establish at least three graduate behavioral medicine residency programs in underserved areas in the United States.

Education and training of marriage and family therapists and licensed professional mental health counselors shall be included in VA health personnel education and training programs.

Persons with a doctoral degree in mental health counseling are eligible for appointment to a VA mental health counselor position.

Physician assistants in VA facilities must receive pay competitive with pay for similar positions in non-VA facilities in the same labor market.

At least 30% of debt reduction payments paid under the education debt reduction program each year shall be paid to individuals who practice medicine in a rural or highly rural area.

The positions (and pay) of Directors of Veterans Integrated Service Networks are established.

The VA shall conduct a two-year pilot program to assess the feasibility of implementing in rural and highly rural areas with a large percentage of veterans a nurse advice line to provide veterans with medical advice, appointment and cancellation services, and information on the availability of VA benefits.

Actions Timeline

- **Oct 6, 2015:** Committee on Veterans' Affairs. Hearings held. Hearings printed: S.Hrg. 114-242.
- **Jun 24, 2015:** Introduced in Senate
- **Jun 24, 2015:** Read twice and referred to the Committee on Veterans' Affairs.