

S 2372

VA MISSION Act of 2018

Congress: 115 (2017–2019, Ended)

Chamber: Senate

Policy Area: Armed Forces and National Security

Introduced: Feb 5, 2018

Current Status: Became Public Law No: 115-182.

Latest Action: Became Public Law No: 115-182. (Jun 6, 2018)

Law: 115-182 (Enacted Jun 6, 2018)

Official Text: <https://www.congress.gov/bill/115th-congress/senate-bill/2372>

Sponsor

Name: Sen. Isakson, Johnny [R-GA]

Party: Republican • **State:** GA • **Chamber:** Senate

Cosponsors (10 total)

Cosponsor	Party / State	Role	Date Joined
Sen. Alexander, Lamar [R-TN]	R · TN		Feb 5, 2018
Sen. Daines, Steve [R-MT]	R · MT		Feb 5, 2018
Sen. Heller, Dean [R-NV]	R · NV		Feb 5, 2018
Sen. Tester, Jon [D-MT]	D · MT		Feb 5, 2018
Sen. Tillis, Thomas [R-NC]	R · NC		Feb 5, 2018
Sen. Rubio, Marco [R-FL]	R · FL		Feb 6, 2018
Sen. Hatch, Orrin G. [R-UT]	R · UT		Feb 15, 2018
Sen. Blumenthal, Richard [D-CT]	D · CT		May 21, 2018
Sen. Jones, Doug [D-AL]	D · AL		May 21, 2018
Sen. Fischer, Deb [R-NE]	R · NE		May 22, 2018

Committee Activity

Committee	Chamber	Activity	Date
Natural Resources Committee	House	Referred to	Mar 6, 2018
Veterans' Affairs Committee	Senate	Discharged From	Mar 1, 2018
Veterans' Affairs Committee	House	Referred to	Mar 5, 2018

Subjects & Policy Tags

Policy Area:

Armed Forces and National Security

Related Bills

Bill	Relationship	Last Action
115 HR 4910	Related bill	Jun 15, 2018: Became Public Law No: 115-184.
115 HCONRES 121	Procedurally related	May 24, 2018: Message on Senate action sent to the House.
115 HR 3832	Related bill	May 22, 2018: Received in the Senate and Read twice and referred to the Committee on Veterans' Affairs.
115 S 2906	Related bill	May 22, 2018: Read twice and referred to the Committee on Veterans' Affairs.
115 HRES 891	Related bill	May 16, 2018: Motion to reconsider laid on the table Agreed to without objection.
115 HR 5830	Related bill	May 15, 2018: Referred to the House Committee on Veterans' Affairs.
115 HR 5674	Related bill	May 11, 2018: Placed on the Union Calendar, Calendar No. 516.
115 S 2807	Related bill	May 9, 2018: Read twice and referred to the Committee on Veterans' Affairs.
115 S 1873	Related bill	Jan 29, 2018: Referred to the House Committee on Veterans' Affairs.
115 S 925	Related bill	Jan 5, 2018: Held at the desk.
115 S 2134	Related bill	Nov 15, 2017: Read twice and referred to the Committee on Veterans' Affairs.
115 HR 1133	Related bill	Nov 8, 2017: Received in the Senate and Read twice and referred to the Committee on Veterans' Affairs.
115 HR 2123	Related bill	Nov 8, 2017: Received in the Senate and Read twice and referred to the Committee on Veterans' Affairs.
115 HR 4132	Related bill	Oct 25, 2017: Referred to the House Committee on Veterans' Affairs.
115 HR 1058	Related bill	Jul 25, 2017: Received in the Senate and Read twice and referred to the Committee on Veterans' Affairs.
115 HR 1848	Related bill	Jul 25, 2017: Received in the Senate and Read twice and referred to the Committee on Veterans' Affairs.
115 S 115	Related bill	Jul 11, 2017: Committee on Veterans' Affairs. Hearings held. Hearings printed: S.Hrg. 115-320.
115 S 1319	Related bill	Jun 8, 2017: Read twice and referred to the Committee on Veterans' Affairs.

John S. McCain III, Daniel K. Akaka, and Samuel R. Johnson VA Maintaining Internal Systems and Strengthening Integrated Outside Networks Act of 2018 or the VA MISSION Act of 2018

TITLE I--CARING FOR OUR VETERANS

Caring for Our Veterans Act of 2018

Subtitle A--Developing an Integrated High-Performing Network

Chapter 1--Establishing Community Care Programs

(Sec. 101) This bill revises current provisions relating to veterans' health care to establish a new Veterans Community Care Program (VCCP). This program provides hospital care, medical services, and extended care services to eligible veterans through non-Veteran Administration (VA) health care providers. The VA must coordinate health care to such veterans by: (1) ensuring timely scheduling of medical appointments, (2) ensuring the continuity of care and services, (3) coordinating among regional networks, and (4) ensuring that eligible veterans do not experience a lapse in care or an unusual or excessive burden in accessing care due to errors or delays by the VA or its contractors.

The VA shall provide an eligible veteran with health care through the VCCP if: (1) the VA does not offer the care or services the veteran requires, (2) the VA does not operate a full-service VA medical facility in the veteran's state, or (3) the veteran was eligible for care under Veterans Choice Program criteria.

The VA must report on the types and frequency of care provided under the VCCP.

(Sec. 102) The VA may enter into agreements known as Veterans Care Agreements (VCAs) if health care for veterans is not feasibly available from a VA facility. In authorizing care pursuant to a VCA, the VA must consider factors that would make the use of a VA facility or a community care network facility impracticable, such as the veteran's medical condition, the travel involved, or the nature of the care or services required.

(Sec. 103) The VA may enter into VCAs with state veterans homes. Such homes are subject to all provisions of law regarding integrity, ethics, or fraud and all provisions of law that protect against employment discrimination.

(Sec. 104) The VA must develop access and quality standards for furnishing hospital care, medical services, or extended care services to eligible veterans under the VCCP.

(Sec. 105) The VA must develop procedures to allow certain veterans to access walk-in care through community providers.

(Sec. 106) The VA must conduct a quadrennial market area assessment regarding VHA health care services. Such assessment must consider the demand for VA health care, the VA's health care capacity, the capacity of VCCP providers, and the capacity of academic affiliates and other federal partners that provide health care to veterans.

(Sec. 107) The Office of Federal Contract Compliance Programs' moratorium shall be applicable to VCAs throughout the duration of the moratorium.

(Sec. 108) The VA must deny or revoke the eligibility of certain health care providers who violated VA policies pertaining to the safe delivery of health care to veterans to provide services to veterans.

(Sec. 109) The VA must take steps to improve a medical service line that fails to meet quality standards by increasing personnel, utilizing special hiring incentives and direct hiring authority, providing improved training, and purchasing improved equipment.

Chapter 2--Paying Providers and Improving Collections

(Sec. 111) The VA must adopt prompt payment standards for care provided to eligible veterans. Health care providers must submit claims within a certain time frame and are subject to penalties for fraudulent claims.

(Sec. 112) The VA may compensate a provider for care provided to a veteran, even if the provider does not have a contract or agreement with the VA. The VA must take steps to enter into a contract or agreement with such a provider to cover future costs for care.

(Sec. 113) The VA may recover the cost of care furnished by the VA to nonveterans requiring emergency services. The VA may also recover the cost of care of a nonservice-connected disability incurred by an individual entitled to care under a private health insurance plan.

(Sec. 114) The VA may enter into an agreement with a third party to process medical claims using an electronic interface.

Chapter 3--Education and Training Programs

(Sec. 121) The VA must: (1) conduct an education program to teach veterans about their health care options through the VA health care system, as well as VCCP eligibility criteria and other financial obligations; (2) educate veterans about the interaction between Medicare, Medicaid, TRICARE, tribal health programs, and VA health care; and (3) inform veterans about the process for filing complaints about health care received from the VA.

(Sec. 122) The VA must develop and implement a training program to educate VA employees and contractors about the VCCP, reimbursement for non-VA community emergency room services, and safe opioid prescription management.

(Sec. 123) The VA must establish a continuing medical education program for non-VA medical professionals. The program must provide the same materials to such professionals as is provided to VA medical professionals

Chapter 4--Other Matters Relating to Non-Department of Veterans Affairs Providers

(Sec. 131) The VA must ensure that all non-VA, nonfederal, community providers are knowledgeable about opioid-prescribing practices described in the VA "Opioid Safety Initiative."

(Sec. 132) The VA may share a veteran's medical records with non-VA entities to provide health care and with third-party insurance providers to recover charges for care provided to a veteran with a nonservice-connected condition.

(Sec. 133) The VA must establish standards and requirements for non-VA community providers when providing care to eligible veterans. Such standards and requirements must focus on clinical areas for which the VA has special expertise, including post-traumatic stress disorder, military sexual trauma-related conditions, and traumatic brain injuries.

(Sec. 134) The VA must enter into an agreement with a national network of prescription drug-monitoring programs or any state or regional drug prescription monitoring programs to allow licensed VA health care providers to question controlled substance prescriptions written in participating states or regions.

Chapter 5--Other Non-Department Health Care Matters

(Sec. 141) If the VA requests supplemental appropriations outside the annual appropriations process, it must submit a justification detailing how it will use such funds and the expected duration of the supplemental appropriations.

(Sec. 142) The VA may, beginning on March 1, 2019, use the remaining funds in the VCF for care in the community programs provided at non-VA facilities, but the VA may not use remaining VCF funds for the VCCP.

(Sec. 143) The VA may not authorize care under the VCP one year after the enactment of the Caring for Our Veterans Act of 2018 (i.e., on June 6, 2019).

Subtitle B--Improving Department of Veterans Affairs Health Care Delivery

(Sec. 151) This section removes all geographic barriers to telemedicine and protects VA providers against liability stemming from state licensure laws. The VA must report to Congress on the effectiveness of its use of telemedicine.

(Sec. 152) This section establishes within the VA a Center for Innovation for Care and Payment. The VA may implement pilot programs to develop innovative approaches to testing payment and service delivery models for the purpose of reducing expenditures and enhancing the quality of care for veterans.

(Sec. 153) The VA may furnish live donors any care or services required to provide transplants for eligible veterans.

Subtitle C--Family Caregivers

(Sec. 161) The VA family caregiver program is expanded to pre-9/11 veterans. The types of assistance available to family caregivers are also expanded to include financial planning services and legal services for injured veterans and their caregivers.

The VA must periodically evaluate the needs of veterans and the skills of their caregivers to determine if additional support is necessary. The definition of "personal care services" is modified to include services that provide a veteran with: (1) supervision or protection based on symptoms or residuals of neurological or other impairment or injury, and (2) regular instruction or supervision necessary to enable the veteran to function in daily life.

(Sec. 162) The VA must, not later than October 1, 2018, implement an IT system that fully supports the Comprehensive Caregiver Program and allows for data assessment and program monitoring. The VA must also report on the status of the planning, development, and deployment of the IT system.

(Sec. 163) The VA must expand its reporting requirements for caregiver programs to describe any barriers to accessing and receiving care and services under such programs and to evaluate the sufficiency and consistency of the training provided to family caregivers.

TITLE II--VA ASSET AND INFRASTRUCTURE REVIEW

Subtitle A--Asset and Infrastructure Review

VA Asset and Infrastructure Review Act of 2018

(Sec. 202) This title establishes the Asset and Infrastructure Review Commission. The commission shall terminate on December 31, 2023.

(Sec. 203) The VA shall publish, not later than February 21, 2021, criteria in the Federal Register and transmit it to the

congressional veterans' affairs committees for the modernization or realignment of facilities of the Veterans Health Administration.

(Sec. 204) The VA must begin to implement the recommended modernizations and realignments not later than three years after the President reports to Congress on approval or disapproval of the commission's recommendations.

(Sec. 205) The VA may take certain actions to modernize or realign a facility of the Veterans Health Administration, including environmental mitigation, abatement, or restoration.

(Sec. 206) The bill establishes the Department of Veterans Affairs Asset and Infrastructure Review Account to carry out asset and infrastructure review activities.

(Sec. 207) The bill provides for congressional approval or disapproval of the recommendations of the VHA Asset and Infrastructure Review Commission.

(Sec. 208) The bill requires online publication of communications received by the VA, the commission, or the President.

(Sec. 209) The bill defines terms relevant to asset and infrastructure review, including "modernization" and "realignment."

Subtitle B--Other Infrastructure Matters

(Sec. 211) The bill requires the VA to implement a training curriculum and certification program for construction personnel.

(Sec. 212) The bill requires the Office of Management and Budget to review each enhanced-use lease before it goes into effect. An "enhanced-use lease" is a lease for real property under the jurisdiction or control of the Department of the Army.

(Sec. 213) The VA must submit to the congressional veterans' affairs committees a report on health care furnished by the VA to veterans living in the Pacific territories (i.e., American Samoa, Guam, and the Northern Mariana Islands).

TITLE III--IMPROVEMENTS TO RECRUITMENT OF HEALTH CARE PROFESSIONALS

(Sec. 301) The VA shall ensure that at least 50 scholarships are awarded to individuals in a program of education or training leading to employment as a physician or dentist until the VA determines that the staffing shortage of physicians and dentists in the VA is less than 500. The scholarship program is extended through 2033.

(Sec. 302) The bill increases the maximum amount of debt that may be reduced under the VA education debt reduction program.

(Sec. 303) The VA may carry out the student loan repayment program known as the Department of Veterans Affairs Specialty Education Loan Repayment Program. The purpose of the program is to assist in meeting the staffing needs of the Veterans Health Administration for physicians in medical specialties for which the VA determines recruitment or retention of qualified personnel is difficult.

(Sec. 304) The VA must carry out a pilot program to fund the medical education of 18 eligible veterans. Such veterans shall: (1) have been discharged not more than 10 years before the date of application to a specified medical school, and (2) not been entitled to educational assistance under other specified VA or Department of Defense (DOD) programs

(Sec. 305) The bill increases amounts available for bonuses for recruitment, reallocation, and retention for VA health care professionals.

(Sec. 306) The VA must ensure that clinical staff working at Vet Centers are eligible to participate in the VA Education Debt Reduction Program.

TITLE IV--HEALTH CARE IN UNDERSERVED AREAS

(Sec. 401) The VA must develop criteria to designate medical centers, ambulatory care facilities, and community based outpatient VA clinics as underserved facilities, and must submit to Congress a plan to address the problem of underserved facilities of the VA.

(Sec. 402) The VA must carry out a three-year pilot program to furnish mobile deployment teams of medical personnel to underserved facilities.

(Sec. 403) The VA must establish a pilot program to establish medical residency positions at the VA, the Indian Health Service, and DOD health care facilities.

TITLE V--OTHER MATTERS

(Sec. 501) The VA must submit to the congressional veterans' affairs and appropriations committees an annual report on performance awards or bonuses awarded to: (1) a Regional Office Director, (2) a Director of a Medical Center, (3) a Director of a Veterans Integrated Service Network, and (4) a senior executive of the VA.

(Sec. 502) A doctor of podiatry is eligible for any supervisory position in the Veterans Health Administration to the same degree that a physician is eligible.

(Sec. 503) The bill revises the definition of "major medical facility project."

(Sec. 504) The bill authorizes the VA to carry out specified major medical facility projects.

(Sec. 505) The VA must make publicly available on its website, and update quarterly, information on: (1) the number of personnel encumbering positions; (2) the number of accessions and separation actions processed in the preceding quarter; (3) the number of vacancies, by occupation; and (4) the percentage of new hires for the VA who were hired within the time-to-hire target of the Office of Personnel Management. The VA must report to Congress annually on steps it is taking to achieve full staffing capacity.

(Sec. 506) The bill requires the VA to carry out a program to establish at least two peer specialists in patient-aligned care teams at VA medical centers to promote the use and integration of services for mental health, substance use disorder, and behavioral health in a primary care setting.

(Sec. 507) The bill requires the VA to carry out a two-year pilot program to increase the use of medical scribes at VA medical centers. A "medical scribe" is an unlicensed individual hired to enter information into the electronic health record or chart at the direction of a physician or licensed practitioner. The VA and the Government Accountability Office must report to Congress on the pilot program.

(Sec. 508) The bill extends through 2028 the requirement to collect fees for housing loans guaranteed by the VA.

(Sec. 509) The bill extends until September 30, 2028, the reduction in VA pensions for certain veterans covered by

Medicaid plans for services furnished by nursing facilities.

(Sec. 510) The bill authorizes a certain amount to be deposited in the Veterans Choice Fund under the Veterans Access, Choice, and Accountability Act of 2014.

(Sec. 512) The budgetary effects of this bill shall not be entered on statutory or Senate PAYGO scorecards.

Actions Timeline

- **Jun 6, 2018:** Signed by President.
- **Jun 6, 2018:** Became Public Law No: 115-182.
- **Jun 5, 2018:** Presented to President.
- **May 24, 2018:** Message on Senate action sent to the House.
- **May 23, 2018:** Considered by Senate (Message from the House considered). (consideration: CR S2865-2866)
- **May 23, 2018:** Resolving differences -- Senate actions: Senate agreed to the House amendment to S. 2372 by Yea-Nay Vote. 92 - 5. Record Vote Number: 106.
- **May 23, 2018:** Senate agreed to the House amendment to S. 2372 by Yea-Nay Vote. 92 - 5. Record Vote Number: 106.
- **May 22, 2018:** Cloture on the motion to concur in the House amendment to S. 2372 invoked in Senate by Yea-Nay Vote. 91 - 4. Record Vote Number: 104. (CR S2815)
- **May 22, 2018:** Considered by Senate (Message from the House considered). (consideration: CR S2815-2827)
- **May 22, 2018:** Motion by Senator McConnell to refer to Senate Committee on Veterans' Affairs the House message to accompany S. 2372 with instructions to report back forthwith with the following amendment (SA 2248) fell when cloture invoked on the motion to concur in the House amendment to S. 2372 in Senate.
- **May 18, 2018:** Pursuant to the provisions of H. Con. Res. 121, enrollment corrections on S. 2372 have been made.
- **May 17, 2018:** Message on House action received in Senate and at desk: House amendment to Senate bill.
- **May 17, 2018:** Motion to proceed to consideration of the House message to accompany S. 2372 agreed to in Senate by Voice Vote.
- **May 17, 2018:** Measure laid before Senate by motion. (consideration: CR S2761-2762, S2762-2768)
- **May 17, 2018:** Motion by Senator McConnell to concur in the House amendment to S. 2372 made in Senate. (CR S2761)
- **May 17, 2018:** Cloture motion on the motion to concur in the House amendment to S. 2372 presented in Senate. (CR S2761)
- **May 17, 2018:** Motion by Senator McConnell to concur in the House amendment to S. 2372 with an amendment (SA 2246) made in Senate.
- **May 17, 2018:** Motion by Senator McConnell to refer to Senate Committee on Veterans' Affairs the House message to accompany S. 2372 with instructions to report back forthwith with the following amendment (SA 2248) made in Senate.
- **May 16, 2018:** Considered under the provisions of rule H. Res. 891. (consideration: CR H4014-4046; text of amendment in the nature of a substitute: CR H4014-4038)
- **May 16, 2018:** The resolution provides for 1 hour of general on all three bills. For H.R. 5698 and H.R. 2, the resolution provides for consideration under a structured rule. For S. 2372, the resolution provides for consideration under a closed rule. Finally, the resolution provides for one motion to recommit with or without instructions on all three bills.
- **May 16, 2018:** DEBATE - The House proceeded with one hour of debate on S. 2372.
- **May 16, 2018:** The previous question was ordered pursuant to the rule.
- **May 16, 2018:** POSTPONED PROCEEDINGS - At the conclusion of debate on S. 2372, the Chair put the question on passage of the bill and by voice vote announced the ayes had prevailed. Mr. Roe (TN) demanded a recorded vote and the Chair postponed further proceedings on passage of S. 2372 until later in the legislative day.
- **May 16, 2018:** Considered as unfinished business. (consideration: CR H4057-4058)
- **May 16, 2018:** Passed/agreed to in House: On passage Passed by recorded vote: 347 - 70 (Roll no. 189).
- **May 16, 2018:** On passage Passed by recorded vote: 347 - 70 (Roll no. 189).
- **May 16, 2018:** Motion to reconsider laid on the table Agreed to without objection.
- **May 15, 2018:** Rules Committee Resolution H. Res. 891 Reported to House. The resolution provides for 1 hour of general on all three bills. For H.R. 5698 and H.R. 2, the resolution provides for consideration under a structured rule. For S. 2372, the resolution provides for consideration under a closed rule. Finally, the resolution provides for one motion to recommit with or without instructions on all three bills.
- **Mar 6, 2018:** Referred to the Subcommittee on Federal Lands.
- **Mar 5, 2018:** Message on Senate action sent to the House.
- **Mar 5, 2018:** Referred to the Subcommittee on Disability Assistance and Memorial Affairs.
- **Mar 5, 2018:** Received in the House.
- **Mar 5, 2018:** Referred to the Committee on Veterans' Affairs, and in addition to the Committee on Natural Resources, 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.

- **Mar 1, 2018:** Senate Committee on Veterans' Affairs discharged by Unanimous Consent.(consideration: CR S1321)
- **Mar 1, 2018:** Senate Committee on Veterans' Affairs discharged by Unanimous Consent. (consideration: CR S1321)
- **Mar 1, 2018:** Passed/agreed to in Senate: Passed Senate without amendment by Unanimous Consent.(text: CR S1321)
- **Mar 1, 2018:** Passed Senate without amendment by Unanimous Consent. (text: CR S1321)
- **Feb 5, 2018:** Introduced in Senate
- **Feb 5, 2018:** Read twice and referred to the Committee on Veterans' Affairs.