

[DISCUSSION DRAFT]114TH CONGRESS
2D SESSION**H. R.** _____

To amend title 38, United States Code, to establish the Veterans Accountable Care Organization and to provide veterans access to private health insurance plans, and for other purposes.

IN THE HOUSE OF REPRESENTATIVES

Mrs. MCMORRIS RODGERS introduced the following bill; which was referred to the Committee on _____

A BILL

To amend title 38, United States Code, to establish the Veterans Accountable Care Organization and to provide veterans access to private health insurance plans, 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 “Caring for our Heroes in the 21st Century Act”.

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

Sec. 1. Short title; table of contents.

TITLE I—VETERANS ACCOUNTABLE CARE ORGANIZATION AND
HEALTH INSURANCE SUPPORT

Sec. 101. Establishment of Veterans Accountable Care Organization.

Sec. 102. Establishment of Veterans Health Insurance Program.

Sec. 103. Designation of existing authorities for hospital care, medical services,
and other health care.

Sec. 104. Health insurance support for new veterans and veterans electing
health insurance support in lieu of eligibility for hospital care,
medical services, and other health care under existing authori-
ties.

Sec. 105. Coordination between VetsCare Choice program and eligibility to
make contributions to health savings accounts.

Sec. 106. Publication of health care information.

TITLE II—REALIGNMENT OF MEDICAL CENTERS OF
DEPARTMENT OF VETERANS AFFAIRS

Sec. 201. Realignment of medical centers.

Sec. 202. Congressional consideration of Commission report.

TITLE III—IMPLEMENTATION OF HEALTH CARE REFORMS

Sec. 301. VetsCare Advisory Commission.

TITLE IV—LONG-TERM CARE INSURANCE FOR VETERANS

Sec. 401. Veterans' eligibility for long-term care insurance.

1 **TITLE I—VETERANS ACCOUNT-**
2 **ABLE CARE ORGANIZATION**
3 **AND HEALTH INSURANCE**
4 **SUPPORT**

5 **SEC. 101. ESTABLISHMENT OF VETERANS ACCOUNTABLE**
6 **CARE ORGANIZATION.**

7 (a) ESTABLISHMENT.—

8 (1) IN GENERAL.—Chapter 3 of title 38, United
9 States Code, is amended by adding at the end the
10 following new section:

1 **“§ 323. Veterans Accountable Care Organization**

2 “(a) ESTABLISHMENT.—(1) There is established the
3 Veterans Accountable Care Organization (in this section
4 referred to as the ‘Corporation’).

5 “(2) The Corporation is a federally chartered cor-
6 poration.

7 “(3) The Corporation shall be incorporated and domi-
8 ciled in the District of Columbia, or another nearby State,
9 as determined by the board of directors of the Corpora-
10 tion.

11 “(4) The Corporation shall be a charitable and non-
12 profit corporation.

13 “(5) Except as otherwise provided, the Corporation
14 shall have perpetual existence.

15 “(b) PURPOSE.—The purpose of the Corporation is
16 to furnish high quality hospital care, medical services, and
17 other health care (excluding nursing home care and domi-
18 ciliary care) to individuals eligible for such care and serv-
19 ices under laws administered by the Secretary.

20 “(c) BOARD OF DIRECTORS.—(1) The powers of the
21 Corporation shall be vested in a Board of Directors that
22 governs the Corporation.

23 “(2) The Board of Directors shall be composed of the
24 following members:

25 “(A) The Secretary of Veterans Affairs.

1 “(A) Two members appointed by the Speaker of
2 the House of Representatives, at least one of whom
3 shall be a veteran.

4 “(B) Two members appointed by the Minority
5 Leader of the House of Representatives, at least one
6 of whom shall be a veteran.

7 “(C) Two members appointed by the Majority
8 Leader of the Senate, at least one of whom shall be
9 a veteran.

10 “(D) Two members appointed by the Minority
11 Leader of the Senate, at least one of whom shall be
12 a veteran.

13 “(E) Two members appointed by the President,
14 at least one of whom shall be veterans.

15 “(3) The President shall designate a member of the
16 Board of Directors to serve as Chairperson of the Board.
17 The Board shall select a Vice Chairperson from among
18 its members.

19 “(4)(A) A member of the Board of Directors shall
20 serve for a term of five years, except that the members
21 first appointed shall be appointed for staggered terms as
22 the President considers appropriate to ensure that the
23 terms of no more than three members expire in the same
24 year.

1 “(B) Any member appointed to fill a vacancy occur-
2 ring before the expiration of the term for which the mem-
3 ber’s predecessor was appointed shall be appointed only
4 for the remainder of that term. A member may serve after
5 the expiration of that member’s term until a successor has
6 taken office. A vacancy on the Board shall not affect its
7 powers, but shall be filled in the same manner in which
8 the original appointment was made.

9 “(C) The term of each member may be renewed for
10 an additional term, except that in no case shall any mem-
11 ber serve more than two consecutive terms exceeding ten
12 years.

13 “(D) During the absence or disability of the Sec-
14 retary of Veterans Affairs or in the event of a vacancy
15 in the office of Secretary, the Acting Secretary of Veterans
16 Affairs shall serve as the member of the Board of Direc-
17 tors specified in paragraph (2)(A).

18 “(d) DUTIES.—In carrying out subsection (b), the
19 Corporation shall—

20 “(1) transfer personnel and assets of the De-
21 partment of Veterans Affairs to the Corporation
22 pursuant to subsection (b) of section 101 of the Car-
23 ing for our Heroes in the 21st Century Act;

24 “(2) establish priorities, milestones, and
25 timelines, in consultation with the Secretary of Vet-

1 erans Affairs, for the termination of functions of the
2 Veterans Health Administration directly related to
3 the furnishing of hospital care, medical services, and
4 other health care (excluding nursing home care and
5 domiciliary care) pursuant to subsection (c) of such
6 section 101;

7 “(3) with respect to centers of excellence relat-
8 ing to service-connected injuries and other medical
9 issues—

10 “(A) continue to administer such centers
11 previously established by the Secretary; and

12 “(B) establish and administer additional
13 such centers as the Board of Directors deter-
14 mines appropriate.

15 “(4) in consultation with the Secretary, carry
16 out such other actions necessary to carry out this
17 section.

18 “(e) POWERS.—The Corporation shall—

19 “(1) appoint employees; and

20 “(2) adopt a Constitution and bylaws consistent
21 with the purpose set forth under subsection (b).

22 “(f) DUTY TO MAINTAIN CORPORATE AND TAX-EX-
23 EMPT STATUS.—(1) The Corporation shall maintain its
24 status as a corporation incorporated under the laws of the

1 District of Columbia or another nearby State, as deter-
2 mined by the Board of Directors.

3 “(2) The Corporation shall maintain its status as an
4 organization exempt from the Internal Revenue Code of
5 1986.

6 “(g) VETERANS ACCOUNTABLE CARE ORGANIZATION
7 FUND.—(1) There is in the Treasury a fund to be known
8 as the Veterans Accountable Care Organization Fund (in
9 this subsection referred to as the ‘Fund’).

10 “(2) Amounts recovered or collected under chapter 26
11 of this title shall be deposited in the Fund.

12 “(3) Amounts in the Fund shall be available, without
13 further appropriation and without fiscal year limitation,
14 to establish and administer centers of excellence described
15 in subsection (d)(3) and for health care or medical services
16 furnished to a veteran at a facility operated by the Cor-
17 poration.”.

18 (2) CLERICAL AMENDMENT.—The table of sec-
19 tions at the beginning of chapter 3 of such title is
20 amended by inserting after the item relating to sec-
21 tion 322 the following new item:

“323. Veterans Accountable Care Organization.”.

22 (b) TRANSFER OF PERSONNEL AND ASSETS.—

23 (1) TRANSFER.—All of the personnel, property,
24 records, and unexpended balances of appropriations,
25 allocations, and other funds employed, used, held,

1 available, or to be made available in connection with
2 the direct furnishing of hospital care, medical serv-
3 ices, and other health care (excluding nursing home
4 care and domiciliary care) to individuals eligible for
5 such care and services under laws administered by
6 the Secretary of Veterans Affairs are transferred to
7 the Veterans Accountable Care Organization estab-
8 lished under section 323 of title 38, United States
9 Code, as added by subsection (a).

10 (2) REDUCTION IN FORCE.—The Secretary may
11 implement a reduction in force in carrying out para-
12 graph (1).

13 (c) TERMINATION OF FUNCTIONS.—

14 (1) IN GENERAL.—Except as provided by para-
15 graph (2), all of the functions of the Veterans
16 Health Administration directly relating to the fur-
17 nishing of hospital care, medical services, and other
18 health care (excluding nursing home care and domi-
19 ciliary care) to individuals eligible for such care and
20 services under laws administered by the Secretary
21 shall terminate one year after the date of the enact-
22 ment of this Act.

23 (2) EXTENSIONS.—The Secretary of Veterans
24 Affairs may make not more than two 90-day exten-
25 sions to the termination date specified in paragraph

1 (1) if the Secretary notifies Congress of such exten-
2 sions.

3 (3) CERTIFICATION OF TERMINATION DATE.—

4 The Secretary shall certify to Congress the date on
5 which paragraph (1) is carried out.

6 (d) RECOMMENDATIONS FOR STATUTORY AMEND-
7 MENTS.—Not later than 180 days after the date of the
8 enactment of this Act, the Secretary shall submit to Con-
9 gress a report that contains recommendations for tech-
10 nical and conforming amendments to Federal statutes to
11 carry out this Act.

12 **SEC. 102. ESTABLISHMENT OF VETERANS HEALTH INSUR-**
13 **ANCE PROGRAM.**

14 (a) ESTABLISHMENT.—Chapter 73 of title 38,
15 United States Code, is amended by adding at the end the
16 following new section:

17 **“§ 7309A. Veterans Health Insurance Program**

18 “(a) ESTABLISHMENT.—There is established in the
19 Veterans Health Administration the Veterans Health In-
20 surance Program (in this section referred to as the ‘Pro-
21 gram’).

22 “(b) DUTIES.—Under the Program, the Secretary
23 shall administer the provision of health insurance support
24 to veterans under chapter 26 of this title.”.

1 (b) CLERICAL AMENDMENT.—The table of sections
2 at the beginning of chapter 73 of such title is amended
3 by inserting after the item relating to section 7309 the
4 following new item:

“7309A. Veterans Health Insurance Program.”.

5 **SEC. 103. DESIGNATION OF EXISTING AUTHORITIES FOR**
6 **HOSPITAL CARE, MEDICAL SERVICES, AND**
7 **OTHER HEALTH CARE.**

8 (a) DESIGNATION.—Subchapter I of chapter 17 of
9 title 38, United States Code, is amended by inserting after
10 section 1701 the following new section:

11 **“§ 1701A. VetsCare Federal program: designation of**
12 **authorities for hospital care, medical**
13 **services, and other health care as pro-**
14 **gram**

15 “(a) IN GENERAL.—Effective as of the date de-
16 scribed in section 101(c)(3) of the Caring for our Heroes
17 in the 21st Century Act, the authorities for the provision
18 of hospital care, medical services, and other health care
19 (other than nursing home care and domiciliary care) in
20 subchapter II of this chapter and under any other law ad-
21 ministered by the Secretary may be referred to as the
22 ‘VetsCare Federal program’.

23 “(b) DESIGNATION OF RECIPIENTS.—Effective as of
24 the date described in section 101(c)(3) of the Caring for
25 our Heroes in the 21st Century Act, any eligible individual

1 who receives hospital care, medical services, and other
2 health care (excluding nursing home care and domiciliary
3 care) in accordance with the authorities referred to in sub-
4 section (a) after such date may be referred to in the re-
5 ceipt of such care or services as participating in the
6 ‘VetsCare Federal program’.

7 “(c) SECONDARY PAYER.—

8 “(1) IN GENERAL.—Notwithstanding any other
9 provision of law, any health plan (including the
10 Medicare program under title XVIII of the Social
11 Security Act (42 U.S.C. 1395 et seq.) or a State
12 plan under title XIX of such Act (42 U.S.C. 1396
13 et seq.) and the TRICARE program under chapter
14 55 of title 10) under which an eligible individual is
15 covered shall be responsible for the payment of costs
16 for any health care received by an eligible individual
17 for a non-service connected disability up to the max-
18 imum amount allowable under such plan before the
19 VetsCare Federal program is responsible for any
20 such costs, if applicable.

21 “(2) NOTIFICATION.—The Secretary of Health
22 and Human Services, the Secretary of Defense, or
23 any other head of a relevant department or agency
24 of the Federal Government shall notify the Secretary
25 of Veterans Affairs of an eligible individual being

1 covered under a health plan described in paragraph
2 (1).

3 “(d) TREATMENT OF EMPLOYER SPONSORED
4 HEALTH PLANS.—

5 “(1) IN GENERAL.—The provisions of section
6 1862(b)(3)(C) of the Social Security Act (42 U.S.C.
7 1395y(b)(3)(C)) shall apply with respect to financial
8 or other incentives for an employee who is an eligible
9 individual not to enroll (or to terminate enrollment)
10 under a health plan that would (in the case of such
11 enrollment) be responsible under subsection (c) for
12 the payment of costs for hospital care, medical serv-
13 ices, or other health care received by the eligible in-
14 dividual for a non-service connected disability in the
15 same manner as such section 1862(b)(3)(C) applies
16 to financial or other incentives for an individual enti-
17 tled to benefits under title XVIII of the Social Secu-
18 rity Act (42 U.S.C. 1395 et seq.) not to enroll (or
19 to terminate enrollment) under a group health plan
20 or a large group health plan which would (in the
21 case of enrollment) be a primary plan (as defined in
22 section 1862(b)(2)(A) of such Act).

23 “(2) REGULATIONS.—The Secretary may by
24 regulation adopt such additional exceptions to the
25 prohibition described in paragraph (1) as the Sec-

1 retary considers appropriate and such paragraph
2 shall be implemented taking into account the adop-
3 tion of such exceptions.

4 “(3) AGREEMENTS.—The Veterans Accountable
5 Care Organization and the Secretary of Health and
6 Human Services may enter into agreements to carry
7 out this subsection. Any such agreement shall pro-
8 vide that any expenses incurred by the Secretary of
9 Health and Human Services pertaining to carrying
10 out this subsection shall be reimbursed by the Vet-
11 erans Accountable Care Organization.

12 “(4) GROUP HEALTH PLAN DEFINED.—In this
13 subsection, the term ‘group health plan’ means a
14 group health plan (as that term is defined in section
15 5000(b)(1) of the Internal Revenue Code of 1986
16 without regard to section 5000(d) of the Internal
17 Revenue Code of 1986).

18 “(e) ELIGIBLE INDIVIDUALS.—An individual is eligi-
19 ble to participate in the VetsCare Federal program if such
20 individual was enrolled in the system of annual patient
21 enrollment established and operated by the Secretary
22 under section 1705(a) of this title as of the date described
23 in section 101(c)(3) of the Caring for our Heroes in the
24 21st Century Act.”.

(b) CLERICAL AMENDMENT.—The table of sections at the beginning of such chapter is amended by inserting after the item relating to section 1701 the following new item:

“1701A. VetsCare Federal program: designation of authorities for hospital care, medical services, and other health care as program.”.

SEC. 104. HEALTH INSURANCE SUPPORT FOR NEW VETERANS AND VETERANS ELECTING HEALTH INSURANCE SUPPORT IN LIEU OF ELIGIBILITY FOR HOSPITAL CARE, MEDICAL SERVICES, AND OTHER HEALTH CARE UNDER EXISTING AUTHORITIES.

(a) IN GENERAL.—Part II of title 38, United States Code, is amended by inserting after chapter 24 the following new chapter:

**“CHAPTER 26—VETERANS
INDEPENDENCE IN HEALTH CARE**

“SUBCHAPTER I—VETERANS GENERALLY

- “2601. VetsCare Choice program: designation of recipients.
- “2602. Eligibility.
- “2603. Qualifying health insurance.
- “2604. Health insurance support.
- “2605. Treatment of other health plans.
- “2606. Receipt of health care through the Department.
- “2607. Pharmacy benefits.

“SUBCHAPTER II—MEDICARE-ELIGIBLE VETERANS

- “2611. VetsCare Senior program: designation of recipients.
- “2612. Medicare support.

1 **“Subchapter I—Veterans Generally**

2 **“§ 2601. VetsCare Choice program: designation of re-**
3 **ciipients**

4 “(a) IN GENERAL.—The authorities for the provision
5 of health insurance support under this subchapter may be
6 referred to as the ‘VetsCare Choice program’.

7 “(b) DESIGNATION OF RECIPIENTS.—Any veteran
8 who receives health insurance support under this sub-
9 chapter may be referred to in the receipt of support as
10 participating in the ‘VetsCare Choice program’.

11 “(c) RELATIONSHIP TO CARE BY VETERANS AC-
12 COUNTABLE CARE ORGANIZATION.—Health insurance
13 support under this subchapter is in addition to any health
14 care or medical services furnished to a veteran at a facility
15 operated by the Veterans Accountable Care Organization.

16 **“§ 2602. Eligibility**

17 “(a) IN GENERAL.—Except as provided in sub-
18 sections (c) and (d), the following veterans shall be pro-
19 vided health insurance support under this subchapter:

20 “(1) Veterans who first enroll in the system of
21 annual patient enrollment established and operated
22 by the Secretary under section 1705(a) of this title
23 on or after the date described in section 101(c)(3)
24 of the Caring for our Heroes in the 21st Century
25 Act.

1 “(2) Veterans enrolled in such system as of the
2 date described in section 101(c)(3) of the Caring for
3 our Heroes in the 21st Century Act who elect health
4 insurance support under this subchapter in lieu of
5 eligibility for hospital care, medical services, and
6 other health care (excluding nursing home care and
7 domiciliary care) under the VetsCare Federal pro-
8 gram under chapter 17 of this title or any other law
9 administered by the Secretary.

10 “(b) ENROLLMENT.—The Secretary shall admin-
11 ister—

12 “(1) an open enrollment period for the
13 VetsCare Choice program that corresponds to the
14 open enrollment period for the Federal Employees
15 Health Benefits program described in section
16 8905(g); and

17 “(2) special enrollment periods based on quali-
18 fying life events of veterans similar to such events
19 under the Federal Employees Health Benefits Pro-
20 gram, except that the change of priority group shall
21 also be treated as a qualifying life event.

22 “(c) EFFECT OF ELECTION.—While an election
23 under subsection (a)(2) of a veteran described in that sub-
24 section is in effect, the veteran is not eligible for hospital
25 care, medical services, and other health care (excluding

1 nursing home care and domiciliary care) under chapter 17
2 of this title or any other law administered by the Sec-
3 retary.

4 “(d) EXCEPTIONS.—The following veterans are not
5 eligible for health insurance support under this sub-
6 chapter:

7 “(1) Any veteran eligible for care under the
8 Medicare program under title XVIII of the Social
9 Security Act (42 U.S.C. 1395 et seq.).

10 “(2) Any veteran who—

11 “(A) first enrolls in the system of annual
12 patient enrollment established and operated by
13 the Secretary under section 1705(a) of this title
14 on or after the date described in section
15 101(c)(3) of the Caring for our Heroes in the
16 21st Century Act.; and

17 “(B) is in priority group 7 or priority
18 group 8.

19 “(e) COMMENCEMENT OF AVAILABILITY OF SUP-
20 PORT.—Health insurance support under this subchapter
21 shall commence being available as follows:

22 “(1) With respect to veterans in priority group
23 1, 2, or 3, on the first day of the first month that
24 begins on or after the date described in section

1 101(c)(3) of the Caring for our Heroes in the 21st
2 Century Act.

3 “(2) With respect to veterans in a priority
4 group other than 1, 2, or 3, on the first day of the
5 first month that begins on or after the date that is
6 180 days after the commencement date under para-
7 graph (1).

8 “(f) PRIORITY GROUP DEFINED.—In this section,
9 the term ‘priority group’ means the priority groups estab-
10 lished by the Secretary for purposes of the enrollment of
11 veterans in the patient enrollment system under section
12 1705(a) of this title.

13 **“§ 2603. Qualifying health insurance**

14 “Health insurance support may be provided under
15 this subchapter only for health plans that—

16 “(1) include the types of health care authorized
17 under section 1079 of title 10, United States Code;
18 and

19 “(2) provide such additional elements of cov-
20 erage as the Secretary shall prescribe for purposes
21 of this subchapter.

22 **“§ 2604. Health insurance support**

23 “(a) IN GENERAL.—The Secretary shall provide
24 health insurance support to veterans eligible for such sup-
25 port under this subchapter through premium support

1 under subsections (b) and (c), cost-sharing support under
2 subsection (d), and alternative support under subsection
3 (e) by paying or reimbursing such veterans for the costs
4 associated with such health insurance support. The Sec-
5 retary shall make such payments or reimbursements in a
6 manner similar to the manner in which the Centers for
7 Medicare & Medicaid Services make similar payments and
8 reimbursements.

9 “(b) PREMIUM SUPPORT GENERALLY.—The pre-
10 mium support provided by the Secretary under this sub-
11 section is as follows:

12 “(1) TIER 1.—To any veteran with a service-
13 connected disability rated as 100 percent disabling,
14 health insurance support sufficient to provide bene-
15 fits to the veteran under a health plan that are actu-
16 arially equivalent to 100 percent of the full actuarial
17 value of the benefits provided under the health plan.
18 A health plan under this paragraph may be referred
19 to as a ‘Tier 1 Plan’.

20 “(2) TIER 2.—To any veteran in priority group
21 1 not covered by paragraph (1) and any veteran in
22 priority group 2, health insurance support sufficient
23 to provide benefits to the veteran under a health
24 plan that are actuarially equivalent to 90 percent of
25 the full actuarial value of the benefits provided

1 under the health plan. A health plan under this
2 paragraph may be referred to as a ‘Tier 2 Plan’.

3 “(3) TIER 3.—To any veteran in priority group
4 3 or priority group 4, health insurance support suffi-
5 cient to provide benefits to the veteran under a
6 health plan that are actuarially equivalent to 80 per-
7 cent of the full actuarial value of the benefits pro-
8 vided under the health plan. A health plan under
9 this paragraph may be referred to as a ‘Tier 3
10 Plan’.

11 “(4) TIER 4.—To any veteran in priority group
12 5 or priority group 6, health insurance support suffi-
13 cient to provide benefits to the veteran under a
14 health plan that are actuarially equivalent to 70 per-
15 cent of the full actuarial value of the benefits pro-
16 vided under the health plan. A health plan under
17 this paragraph may be referred to as a ‘Tier 4
18 Plan’.

19 “(5) TIER 5.—To any veteran not in a priority
20 group covered by paragraphs (1) through (4) and
21 not ineligible for such support under section
22 2602(d)(2) of this title, health insurance support
23 sufficient to provide benefits to the veteran under a
24 health plan that are actuarially equivalent to 60 per-
25 cent of the full actuarial value of the benefits pro-

1 vided under the health plan. A health plan under
2 this paragraph may be referred to as a ‘Tier 5
3 Plan’.

4 “(c) ADDITIONAL PREMIUM SUPPORT BASED ON
5 NEED.—The premium support provided by the Secretary
6 under this subsection is as follows:

7 “(1) To any veteran with an annual gross
8 household income that is less than 133 percent of
9 the poverty line, health insurance support sufficient
10 to cover any costs of such monthly premium that are
11 more than 2 percent of the monthly gross household
12 income of the veteran.

13 “(2) To any veteran with an annual gross
14 household income that is between 133 percent and
15 150 percent of the poverty line, health insurance
16 support sufficient to cover any costs of such monthly
17 premium that are more than 3 percent of the
18 monthly gross household income of the veteran.

19 “(3) To any veteran with an annual gross
20 household income that is between 150 percent and
21 200 percent of the poverty line, health insurance
22 support sufficient to cover any costs of such monthly
23 premium that are more than 4 percent of the
24 monthly gross household income of the veteran.

1 “(4) To any veteran with an annual gross
2 household income that is between 200 percent and
3 250 percent of the poverty line, health insurance
4 support sufficient to cover any costs of such monthly
5 premium that are more than 6.3 percent of the
6 monthly gross household income of the veteran.

7 “(5) To any veteran with an annual gross
8 household income that is between 250 percent and
9 300 percent of the poverty line, health insurance
10 support sufficient to cover any costs of such monthly
11 premium that are more than 8.05 percent of the
12 monthly gross household income of the veteran.

13 “(6) To any veteran with an annual gross
14 household income that is between 300 percent and
15 400 percent of the poverty line, health insurance
16 support sufficient to cover any costs of such monthly
17 premium that are more than 9.5 percent of the
18 monthly gross household income of the veteran.

19 “(d) COST-SHARING SUPPORT.—The cost-sharing
20 support provided by the Secretary under this subsection
21 is as follows:

22 “(1) To any veteran with an annual gross
23 household income that is less than 150 percent of
24 the poverty line, health insurance support sufficient
25 to cover cost-sharing in order to ensure that the ef-

1 fective minimum actuarial value of the benefits pro-
2 vided under the health plan of the veteran is not less
3 than 94 percent.

4 “(2) To any veteran with an annual gross
5 household income that is between 150 percent and
6 200 percent of the poverty line, health insurance
7 support sufficient to cover cost-sharing in order to
8 ensure that the effective minimum actuarial value of
9 the benefits provided under the health plan of the
10 veteran is not less than 87 percent.

11 “(3) To any veteran with an annual gross
12 household income that is between 200 percent and
13 250 percent of the poverty line, health insurance
14 support sufficient to cover cost-sharing in order to
15 ensure that the effective minimum actuarial value of
16 the benefits provided under the health plan of the
17 veteran is not less than 73 percent.

18 “(e) ALTERNATIVE SUPPORT FOR VETERANS WITH
19 CERTAIN HEALTH INSURANCE.—

20 “(1) IN GENERAL.—Notwithstanding any other
21 provision of this section, upon the election of a vet-
22 eran eligible for health insurance support under this
23 subchapter who obtains a high deductible health
24 plan that includes a health savings account under
25 section 223 of the Internal Revenue Code of 1986,

1 the Secretary shall contribute an amount calculated
2 under paragraph (2) into such health savings ac-
3 count on behalf of the veteran.

4 “(2) AMOUNT CALCULATED.—The amount cal-
5 culated under this paragraph is an amount equal to
6 the difference between—

7 “(A) the amount of health insurance sup-
8 port the veteran would otherwise have received
9 under the subsection of this section applicable
10 to the veteran; and

11 “(B) the amount payable by the veteran in
12 connection with the high deductible health plan
13 described in paragraph (1).

14 “(f) DETERMINATIONS BASED ON COST OF
15 PLANS.—In making determinations under this section
16 with respect to the amount of health insurance support
17 to provide to a veteran, the Secretary shall make such de-
18 terminations based on the costs associated with the sec-
19 ond-least-costly health plan available to the veteran in the
20 area in which the veteran resides.

21 “(g) DEFINITIONS.—In this section:

22 “(1) The term ‘cost-sharing’, in connection with
23 the receipt of health care and treatment under a
24 health plan, means any copayments, deductibles, or
25 other charges imposed, collected, or otherwise re-

1 quired by a health insurance provider or health care
2 provider in connection with the receipt of health care
3 and treatment under such health plan.

4 “(2) The term ‘poverty line’ means the poverty
5 line (as defined in section 673(2) of the Community
6 Services Block Grant Act (42 U.S.C. 9902(2)) appli-
7 cable to a family of the size involved.

8 “(3) The term ‘high deductible health plan’ has
9 the meaning given that term in section 223(c)(2) of
10 the Internal Revenue Code of 1986.

11 “(4) The term ‘priority group’ means the pri-
12 ority groups established by the Secretary for pur-
13 poses of the enrollment of veterans in the patient en-
14 rollment system under section 1705(a) of this title.

15 **“§ 2605. Treatment of other health plans**

16 “(a) SECONDARY PAYER.—

17 “(1) IN GENERAL.—Notwithstanding any other
18 provision of law, any health plan (including a State
19 plan under title XIX of the Social Security Act (42
20 U.S.C. 1396 et seq.) and the TRICARE program
21 under chapter 55 of title 10) under which a veteran
22 is covered that is not a health plan for which health
23 insurance support is provided under this subchapter
24 shall be responsible for the payment of costs for any
25 health care received by an eligible individual for a

1 non-service connected disability up to the maximum
2 amount allowable under such plan before any health
3 plan for which health insurance support is provided
4 under this subchapter is responsible for any such
5 costs, if applicable.

6 “(2) NOTIFICATION.—The Secretary of Health
7 and Human Services, the Secretary of Defense, or
8 any other head of a relevant department or agency
9 of the Federal Government shall notify the Secretary
10 of Veterans Affairs of an eligible individual being
11 covered under a health plan described in paragraph
12 (1).

13 “(b) TREATMENT OF EMPLOYER SPONSORED
14 HEALTH PLANS.—

15 “(1) IN GENERAL.—The provisions of section
16 1862(b)(3)(C) of the Social Security Act (42 U.S.C.
17 1395y(b)(3)(C)) shall apply with respect to financial
18 or other incentives for an employee who is a veteran
19 not to enroll (or to terminate enrollment) under a
20 health plan that is not a health plan for which
21 health insurance support is provided under this sub-
22 chapter and that would (in the case of such enroll-
23 ment) be responsible under subsection (a) for the
24 payment of costs for health care received by the vet-
25 eran in the same manner as such section

1 1862(b)(3)(C) applies to financial or other incentives
2 for an individual entitled to benefits under title
3 XVIII of the Social Security Act (42 U.S.C. 1395 et
4 seq.) not to enroll (or to terminate enrollment)
5 under a group health plan or a large group health
6 plan which would (in the case of enrollment) be a
7 primary plan (as defined in section 1862(b)(2)(A) of
8 such Act).

9 “(2) REGULATIONS.—The Secretary may by
10 regulation adopt such additional exceptions to the
11 prohibition described in paragraph (1) as the Sec-
12 retary considers appropriate and such paragraph
13 shall be implemented taking into account the adop-
14 tion of such exceptions.

15 “(3) AGREEMENTS.—The Secretary of Veterans
16 Affairs and the Secretary of Health and Human
17 Services may enter into agreements to carry out this
18 subsection. Any such agreement shall provide that
19 any expenses incurred by the Secretary of Health
20 and Human Services pertaining to carrying out this
21 subsection shall be reimbursed by the Secretary of
22 Veterans Affairs.

23 “(4) GROUP HEALTH PLAN DEFINED.—In this
24 subsection, the term ‘group health plan’ means a
25 group health plan (as that term is defined in section

1 5000(b)(1) of the Internal Revenue Code of 1986
2 without regard to section 5000(d) of the Internal
3 Revenue Code of 1986).

4 **“§ 2606. Receipt of health care through the Depart-**
5 **ment**

6 “(a) CONTRACTS.—Any health insurance provider
7 that provides a health plan for which health insurance
8 support may be provided under this subchapter or sub-
9 chapter II may enter into a contract with the Veterans
10 Accountable Care Organization under which the medical
11 personnel and facilities of the Veterans Accountable Care
12 Organization may be treated as a designated provider for
13 purposes of such health plan.

14 “(b) COST OF CARE.—The cost, including any copay-
15 ments, of any health care or treatment provided to a vet-
16 eran by the Veterans Accountable Care Organization
17 under a contract under subsection (a) shall be determined
18 by the Veterans Accountable Care Organization.

19 “(c) MECHANISM.—The Board of Directors of the
20 Veterans Accountable Care Organization shall establish a
21 mechanism through which the Veterans Accountable Care
22 Organization enters into contracts with health insurance
23 providers under subsection (a).

1 for premiums and cost-sharing for medicare supplemental
2 policies under section 1882 of such Act (42 U.S.C.
3 1395ss).

4 “(b) RELATIONSHIP WITH VETSCARE FEDERAL.—
5 Notwithstanding any other provision of law, if a covered
6 veteran is enrolled in the VetsCare Federal program under
7 section 1701A of this title, the Medicare program under
8 title XVIII of the Social Security Act (42 U.S.C. 1395
9 et seq.) (or a medicare supplemental policy under section
10 1882 of such Act (42 U.S.C. 1395ss)) shall be responsible
11 for the payment of costs for any health care received by
12 an eligible individual for a non-service connected disability
13 up to the maximum amount allowable under such program
14 (or supplemental policy) for such health care before the
15 VetsCare Federal program is responsible for any such
16 costs, if applicable.

17 “(c) AVAILABILITY OF PAYMENT OR REIMBURSE-
18 MENT.—

19 “(1) COMMENCEMENT.—Health insurance sup-
20 port under this subchapter shall commence being
21 available as follows:

22 “(A) With respect to covered veterans in
23 priority group 1, 2, or 3, on the first day of the
24 first month that begins on or after the date de-

1 scribed in section 101(c)(3) of the Caring for
2 our Heroes in the 21st Century Act.

3 “(B) With respect to covered veterans in a
4 priority group other than 1, 2, or 3, on the first
5 day of the first month that begins on or after
6 the date that is 180 days after the commence-
7 ment date under paragraph (1).

8 “(2) EXCLUSION OF CERTAIN VETERANS.—A
9 covered veteran is not eligible for health insurance
10 support under this section if such veteran—

11 “(A) first enrolls in the system of annual
12 patient enrollment established and operated by
13 the Secretary under section 1705(a) of this title
14 on or after the date of the enactment of this
15 Act; and

16 “(B) is in priority group 7 or 8.

17 “(d) DEFINITIONS.—In this section:

18 “(1) The term ‘cost-sharing’, in connection with
19 the receipt of health care and treatment under the
20 Medicare program under title XVIII of the Social
21 Security Act (42 U.S.C. 1395 et seq.) or medicare
22 supplemental policies under section 1882 of such Act
23 (42 U.S.C. 1395ss), means any copayments,
24 deductibles, or other charges imposed, collected, or
25 otherwise required by a health insurance provider or

1 health care provider in connection with receipt of
2 health care and treatment under such program or
3 supplemental policies.

4 “(2) The term ‘covered veteran’ means a vet-
5 eran receiving benefits under the Medicare program
6 under title XVIII of the Social Security Act.

7 “(3) The term ‘priority group’ means the pri-
8 ority groups established by the Secretary for pur-
9 poses of the enrollment of veterans in the patient en-
10 rollment system under section 1705(a) of this title.”.

11 (b) CLERICAL AMENDMENT.—The table of chapters
12 at the beginning title 38, United States Code, is amended
13 by inserting after the item relating to chapter 24 the fol-
14 lowing new item:

“Chapter 26 .Veterans Independence in Health Care 2601”.

15 (c) CONFORMING AMENDMENTS.—

16 (1) MINIMUM ESSENTIAL COVERAGE.—Section
17 5000A(f)(1)(A)(v) of the Internal Revenue Code of
18 1986 is amended by striking “or 18” and inserting
19 “, 18, or 26”.

20 (2) MEDICARE PART B.—

21 (A) NON-APPLICATION OF LATE ENROLL-
22 MENT PENALTY.—Section 1839(b) of the Social
23 Security Act (42 U.S.C. 1395r(b)) is amended,
24 in the second sentence, by inserting “or months
25 for which the individual can demonstrate that

1 the individual was enrolled in the VetsCare Sen-
2 ior program under subchapter II of chapter 26
3 of title 38, United States Code” after “an indi-
4 vidual described in section 1837(k)(3)”.

5 (B) SPECIAL ENROLLMENT PERIOD.—Sec-
6 tion 1837 of the Social Security Act (42 U.S.C.
7 1395p) is amended by adding at the end the
8 following new subsection:

9 “(m)(1) In the case of any individual who is enrolled
10 in the VetsCare Senior program under subchapter II of
11 chapter 26 of title 38, United States Code at the time
12 the individual is entitled to part A under section 226 or
13 section 226A and who is eligible to enroll but who has
14 elected not to enroll (or to be deemed enrolled) during the
15 individual’s initial enrollment period, there shall be a spe-
16 cial enrollment period as specified by the Secretary.

17 “(2) In the case of an individual who enrolls during
18 the special enrollment period provided under paragraph
19 (1), the coverage period under this part shall begin on
20 such date specified by the Secretary.

21 “(3) An individual may only enroll during the special
22 enrollment period provided under paragraph (1) one time
23 during the individual’s lifetime.

24 “(4) The Secretary of Veterans Affairs shall collabo-
25 rate with the Secretary of Health and Human Services

1 and the Commissioner of Social Security to provide for
2 the accurate identification of individuals described in para-
3 graph (1). The Secretary of Veterans Affairs shall provide
4 such individuals with notification with respect to this sub-
5 section. The Secretary of Veterans Affairs shall collabo-
6 rate with the Secretary of Health and Human Services
7 and the Commissioner of Social Security to ensure appro-
8 priate follow up pursuant to any notification provided
9 under the preceding sentence.”.

10 **SEC. 105. COORDINATION BETWEEN VETSCARE CHOICE**
11 **PROGRAM AND ELIGIBILITY TO MAKE CON-**
12 **TRIBUTIONS TO HEALTH SAVINGS AC-**
13 **COUNTS.**

14 (a) IN GENERAL.—Section 223(c)(1)(B) of the Inter-
15 nal Revenue Code of 1986 is amended by striking “and”
16 at the end of clause (ii), by striking the period at the end
17 of clause (iii) and inserting “, and”, and by adding at the
18 end the following new clause:

19 “(iv) coverage for health insurance
20 support under the VetsCare Choice pro-
21 gram under subchapter I of chapter 26 of
22 title 38, United States Code.”.

23 (b) DENIAL OF DEDUCTION FOR AMOUNTS NOT IN-
24 CLUDIBLE IN GROSS INCOME.—Subsection (b) of section

1 223 of the Internal Revenue Code of 1986 is amended by
2 adding at the end the following new paragraph:

3 “(9) AMOUNTS NOT INCLUDIBLE IN GROSS IN-
4 COME.—No amount paid to a health savings account
5 of an individual shall be taken into account under
6 subsection (a) if (without regard to this section)
7 such amount, when paid to or on behalf of such indi-
8 vidual, is excluded from gross income of the indi-
9 vidual or exempt from taxation under any provision
10 of Federal law.”.

11 (c) EFFECTIVE DATE.—The amendments made by
12 this section shall apply to amounts paid to a health sav-
13 ings account (as defined in section 223(d) of the Internal
14 Revenue Code of 1986) after the date of the enactment
15 of this Act.

16 **SEC. 106. PUBLICATION OF HEALTH CARE INFORMATION.**

17 (a) IN GENERAL.—The Secretary of Veterans Affairs
18 shall make available to the public on an ongoing basis in-
19 formation about the operations of the Veterans Health Ad-
20 ministration in a manner similar to publication of infor-
21 mation under the Medicare Accountable Care Organiza-
22 tion program to better monitor and support continuous
23 improvement in the Veterans Health Administration.

24 (b) ELEMENTS.—The information published under
25 subsection (a) shall include information about the oper-

1 ations of the Veterans Health Administration, including
2 metrics regarding quality, safety, patient experience, time-
3 liness, and cost-effectiveness.

4 **TITLE II—REALIGNMENT OF**
5 **MEDICAL CENTERS OF DE-**
6 **PARTMENT OF VETERANS AF-**
7 **FAIRS**

8 **SEC. 201. REALIGNMENT OF MEDICAL CENTERS.**

9 (a) REALIGNMENT.—

10 (1) IN GENERAL.—Except as provided in sub-
11 section (b), the Veterans Accountable Care Organi-
12 zation shall—

13 (A) close all medical centers recommended
14 for closure by the VetsCare Advisory Commis-
15 sion in each report submitted under section
16 301(b)(2); and

17 (B) realign all medical centers rec-
18 ommended for realignment by the Commission
19 in each such report.

20 (2) MAINTENANCE OF HEALTH CARE SERV-
21 ICES.—In carrying out paragraph (1), the Veterans
22 Accountable Care Organization shall ensure that the
23 availability of health care services for veterans in the
24 area in which a medical center is closed or realigned

1 under paragraph (1) is not decreased as a result of
2 such closure or realignment.

3 (b) CONGRESSIONAL DISAPPROVAL.—

4 (1) IN GENERAL.—The Veterans Accountable
5 Care Organization may not carry out any closure or
6 realignment recommended by the Commission in a
7 report submitted under section 301(b)(2) if a resolu-
8 tion of disapproval is enacted before the earlier of—

9 (A) the end of the 45-day period beginning
10 on the date on which the report is submitted;
11 or

12 (B) the adjournment of Congress sine die
13 for the session during which such report is sub-
14 mitted.

15 (2) CALCULATION OF DAYS.—For purposes of
16 paragraph (1) of this subsection and subsections (a)
17 and (c) of section 202, the days on which either
18 House of Congress is not in session because of an
19 adjournment of more than three days to a day cer-
20 tain shall be excluded in the computation of a pe-
21 riod.

22 (c) RESOLUTION OF DISAPPROVAL DEFINED.—In
23 this section, the term “resolution of disapproval” means
24 a resolution of disapproval under section 202.

1 **SEC. 202. CONGRESSIONAL CONSIDERATION OF COMMIS-**
2 **SION REPORT.**

3 (a) RESOLUTION OF DISAPPROVAL.—For purposes of
4 section 201 and this section, the term “resolution of dis-
5 approval” means only a joint resolution—

6 (1) that is introduced during the 10-day period
7 beginning on the date on which Congress receives
8 the report under section 301(b)(2);

9 (2) that does not have a preamble;

10 (3) the sole matter after the resolving clause of
11 which is as follows: “That Congress disapproves the
12 recommendations of the VetsCare Advisory Commis-
13 sion as submitted to Congress on _____”, with
14 the blank space being filled in with the date on
15 which the report was transmitted to Congress; and

16 (4) the title of which is as follows: “Joint reso-
17 lution disapproving the recommendations of the
18 VetsCare Advisory Commission.”.

19 (b) REFERRAL.—

20 (1) IN THE SENATE.—A resolution of dis-
21 approval introduced in the Senate shall be referred
22 to the Committee on Veterans’ Affairs of the Senate.

23 (2) IN THE HOUSE OF REPRESENTATIVES.—A
24 resolution of disapproval that is introduced in the
25 House of Representatives shall be referred to the

1 Committee on Veterans' Affairs of the House of
2 Representatives.

3 (c) DISCHARGE.—If the committee to which a resolu-
4 tion of disapproval is referred has not reported such reso-
5 lution (or an identical resolution) by the end of the 20-
6 day period beginning on the date on which the Congress
7 receives the report under section 301(b)(2), such com-
8 mittee shall be, at the end of such period, discharged from
9 further consideration of such resolution, and such resolu-
10 tion shall be placed on the appropriate calendar of the
11 House involved.

12 (d) CONSIDERATION.—

13 (1) MOTION TO PROCEED.—On or after the
14 third day after the date on which the committee to
15 which a resolution of disapproval is referred has re-
16 ported, or has been discharged (under subsection
17 (c)) from further consideration of, such a resolution,
18 it is in order (even though a previous motion to the
19 same effect has been disagreed to) for any Member
20 of the respective House to move to proceed to the
21 consideration of the resolution. A Member may make
22 such a motion only on the day after the calendar day
23 on which the Member announces to the House con-
24 cerned the Member's intention to make the motion,
25 except that, in the case of the House of Representa-

1 tives, the motion may be made without such prior
2 announcement if the motion is made by direction of
3 the committee to which the resolution was referred.
4 All points of order against the resolution of dis-
5 approval (and against consideration of the resolu-
6 tion) are waived. The motion is highly privileged in
7 the House of Representatives and is privileged in the
8 Senate and is not debatable. The motion is not sub-
9 ject to amendment, or to a motion to postpone, or
10 to a motion to proceed to the consideration of other
11 business. A motion to reconsider the vote by which
12 the motion is agreed to or disagreed to shall not be
13 in order. If a motion to proceed to the consideration
14 of the resolution of disapproval is agreed to, the re-
15 spective House shall immediately proceed to consid-
16 eration of the resolution of disapproval without in-
17 tervening motion, order, or other business, and the
18 resolution of disapproval shall remain the unfinished
19 business of the respective House until disposed of.

20 (2) FURTHER CONSIDERATION.—Debate on the
21 resolution of disapproval, and on all debatable mo-
22 tions and appeals in connection therewith, shall be
23 limited to not more than two hours, which shall be
24 divided equally between those favoring and those op-
25 posing the resolution of disapproval. An amendment

1 to the resolution of disapproval is not in order. A
2 motion further to limit debate is in order and not
3 debatable. A motion to postpone, or a motion to pro-
4 ceed to the consideration of other business, or a mo-
5 tion to recommit the resolution of disapproval is not
6 in order. A motion to reconsider the vote by which
7 the resolution of disapproval is agreed to or dis-
8 agreed to is not in order.

9 (3) FINAL PASSAGE.—Immediately following
10 the conclusion of the debate on the resolution of dis-
11 approval and a single quorum call at the conclusion
12 of the debate if requested in accordance with the
13 rules of the appropriate House, the vote on final
14 passage of the resolution of disapproval shall occur.

15 (4) APPEALS.—Appeals from the decisions of
16 the Chair relating to the application of the rules of
17 the Senate or the House of Representatives, as the
18 case may be, to the procedure relating to a resolu-
19 tion of disapproval shall be decided without debate.

20 (e) CONSIDERATION BY OTHER HOUSE.—

21 (1) IN GENERAL.—If, before the passage by one
22 House of a resolution of disapproval of that House,
23 that House receives from the other House a resolu-
24 tion of disapproval, the following procedures shall
25 apply:

1 (A) The resolution of disapproval of the
2 other House shall not be referred to a com-
3 mittee and may not be considered in the House
4 receiving it except in the case of final passage
5 as provided in subparagraph (B)(ii).

6 (B) With respect to a resolution of dis-
7 approval of the House receiving the resolu-
8 tion—

9 (i) the procedure in that House shall
10 be the same as if no resolution of dis-
11 approval had been received from the other
12 House; but

13 (ii) the vote on final passage shall be
14 on the resolution of disapproval of the
15 other House.

16 (2) DISPOSITION OF RESOLUTION.—Upon dis-
17 position of the resolution of disapproval received
18 from the other House, it shall no longer be in order
19 to consider the resolution that originated in the re-
20 ceiving House.

21 (f) RULES OF THE SENATE AND HOUSE.—This sec-
22 tion is enacted by Congress—

23 (1) as an exercise of the rulemaking power of
24 the Senate and the House of Representatives, re-
25 spectively, and as such it is deemed a part of the

1 rules of each House, respectively, but applicable only
2 with respect to the procedure to be followed in that
3 House in the case of a resolution of disapproval, and
4 it supersedes other rules only to the extent that it
5 is inconsistent with such rules; and

6 (2) with full recognition of the constitutional
7 right of either House to change the rules (so far as
8 relating to the procedure of that House) at any time,
9 in the same manner, and to the same extent as in
10 the case of any other rule of that House.

11 **TITLE III—IMPLEMENTATION OF** 12 **HEALTH CARE REFORMS**

13 **SEC. 301. VETSCARE ADVISORY COMMISSION.**

14 (a) ESTABLISHMENT OF COMMISSION.—There is es-
15 tablished a permanent independent commission to be
16 known as the “VetsCare Advisory Commission” (in this
17 section referred to as the “Commission”).

18 (b) DUTIES.—

19 (1) POLICIES ON ACCESS TO AND QUALITY OF
20 CARE.—The Commission shall—

21 (A) review the policies of the Veterans Ac-
22 countable Care Organization and the Veterans
23 Health Insurance Program that affect the ac-
24 cess of veterans to health care and the quality
25 of the health care, including with respect to the

1 VetsCare Federal program, the VetsCare
2 Choice program, and the VetsCare Senior pro-
3 gram; and

4 (B) make recommendations to Congress
5 concerning such access and quality policies, in-
6 cluding by identifying cost savings required to
7 offset such recommendations.

8 (2) REALIGNMENT OF MEDICAL CENTERS.—

9 (A) IN GENERAL.—The Commission shall
10 determine the medical centers of the Veterans
11 Accountable Care Organization for which clo-
12 sure or realignment would be feasible and ad-
13 visable.

14 (B) RECOMMENDATIONS.—Not later than
15 180 days after the date of the enactment of the
16 Act, the Commission shall submit to the Presi-
17 dent, the Secretary of Veterans Affairs, and the
18 appropriate congressional committees, such rec-
19 ommendations for closure and realignment of
20 medical centers described in subparagraph (A)
21 as the Commission considers appropriate.

22 (C) MAINTENANCE OF HEALTH CARE
23 SERVICES.—In carrying out the duties of the
24 Commission under this paragraph, the Commis-
25 sion shall ensure that the availability of health

1 care services for veterans in areas in which clo-
2 sure or realignment is recommended under sub-
3 paragraph (B) is not decreased as a result of
4 any such closure or realignment.

5 (c) REPORTS.—

6 (1) ANNUAL REPORTS ON POLICIES.—Not later
7 than March 1, 2018, and each year thereafter, the
8 Commission shall submit to the President, the Sec-
9 retary of Veterans Affairs, and the appropriate con-
10 gressional committees a report on the policies re-
11 viewed under subparagraph (A) of subsection (b)(1),
12 including any recommendations regarding such poli-
13 cies pursuant to subparagraph (B) of such sub-
14 section.

15 (2) ANNUAL REPORTS ON ISSUES.—Not later
16 than June 1, 2018, and each year thereafter, the
17 Commission shall submit to the President, the Sec-
18 retary of Veterans Affairs, and the appropriate con-
19 gressional committees a report containing an exam-
20 ination of issues affecting the health care programs
21 for veterans under title 38, United States Code, in-
22 cluding implications of changes in health care deliv-
23 ery in the United States and in the market for
24 health care services under such programs.

1 (3) REPORT ON IMPLEMENTATION.—Not later
2 than 90 days after the date described in section
3 101(c)(3), the Commission shall submit to the Presi-
4 dent, the Secretary of Veterans Affairs, and the ap-
5 propriate congressional committees a report on the
6 implementation by the Secretary of this Act and the
7 amendments made by this Act.

8 (4) COMMENTS ON CERTAIN SECRETARIAL RE-
9 PORTS.—If the Secretary of Veterans Affairs sub-
10 mits to Congress (or a committee of Congress) a re-
11 port that is required by law and that relates to the
12 provision of health care to veterans pursuant to title
13 38, United States Code, the Secretary shall transmit
14 a copy of the report to the Commission. The Com-
15 mission shall review the report and, not later than
16 six months after the date of the submittal of the
17 Secretary's report to Congress, shall submit to the
18 appropriate congressional committees written com-
19 ments on such report. Such comments may include
20 such recommendations as the Commission deter-
21 mines appropriate.

22 (5) AGENDA AND ADDITIONAL REVIEWS.—The
23 Commission shall consult periodically with the chair-
24 men and ranking minority members of the appro-
25 priate congressional committees regarding the agen-

1 da of the Commission and progress towards achiev-
2 ing the agenda. The Commission may conduct addi-
3 tional reviews, and submit additional reports to the
4 appropriate congressional committees, from time to
5 time on such topics relating to the program under
6 this title as may be requested by such chairmen and
7 members as the Committee determines appropriate.

8 (6) AVAILABILITY OF REPORTS.—Each report
9 submitted by the Commission under this subsection
10 shall be made publicly available.

11 (d) MEMBERSHIP.—

12 (1) NUMBER AND APPOINTMENT.—The Com-
13 mission shall be composed of 15 members appointed
14 by the Comptroller General of the United States, at
15 least six of whom shall be veterans. The Comptroller
16 General shall make the initial appointment of a
17 member not later than 60 days after the date of the
18 enactment of this Act.

19 (2) QUALIFICATIONS.—

20 (A) IN GENERAL.—The membership of the
21 Commission shall include individuals with na-
22 tional recognition for having expertise in health
23 finance and economics, actuarial science, health
24 facility management, health plans and inte-
25 grated delivery systems, reimbursement of

1 health facilities, allopathic and osteopathic med-
2 icine and kinds of medical treatment, and other
3 related fields, who provide a mix of different
4 professionals, broad geographic representation,
5 and a balance between urban and rural rep-
6 resentatives, including individuals described in
7 subparagraph (B);

8 (B) SPECIFIC INDIVIDUALS TO BE AP-
9 POINTED.—Of the members appointed under
10 paragraph (1)—

11 (i) at least one member shall rep-
12 resent an organization recognized by the
13 Secretary of Veterans Affairs for the rep-
14 resentation of veterans under section 5902
15 of title 38, United States Code;

16 (ii) at least one member shall have ex-
17 perience as senior management for a pri-
18 vate integrated health care system with an
19 annual gross revenue of more than
20 \$500,000,000;

21 (iii) at least one member shall be fa-
22 miliar with Federal Government health
23 care systems, including such systems of the
24 Department of Defense, the Indian Health
25 Service, and Federally-qualified health cen-

1 ters (as defined in section 1905(l)(2)(B) of
2 the Social Security Act (42 U.S.C.
3 1396d(l)(2)(B)));

4 (iv) at least one member shall be fa-
5 miliar with the Veterans Health Adminis-
6 tration but shall not be currently employed
7 by the Department of Veterans Affairs;

8 (v) at least one member shall have ex-
9 perience as senior management for a pri-
10 vate health plan with an annual gross rev-
11 enue of more than \$500,000,000; and

12 (vi) at least one member shall have
13 experience as senior management for a pri-
14 vate health care accountable care organiza-
15 tion with an annual gross revenue of more
16 than \$500,000,000.

17 (C) MAJORITY NONPROVIDERS.—Individ-
18 uals who are directly involved in the provision,
19 or management of the delivery, of items and
20 services covered under this Act or the amend-
21 ments made by this Act shall not constitute a
22 majority of the membership of the Commission.

23 (D) ETHICAL DISCLOSURE.—The Comp-
24 troller General shall establish a system for pub-
25 lic disclosure by members of the Commission of

1 financial and other potential conflicts of interest
2 relating to such members.

3 (3) TERMS.—

4 (A) IN GENERAL.—A member of the Com-
5 mission shall serve for a term of three years,
6 except the members first appointed shall be ap-
7 pointed for staggered terms as the Comptroller
8 General considers appropriate to ensure that
9 the terms of no more than five members expire
10 in the same year.

11 (B) VACANCIES.—Any member appointed
12 to fill a vacancy occurring before the expiration
13 of the term for which the member's predecessor
14 was appointed shall be appointed only for the
15 remainder of that term. A member may serve
16 after the expiration of that member's term until
17 a successor has taken office. A vacancy in the
18 Commission shall not affect its powers, but
19 shall be filled in the same manner in which the
20 original appointment was made.

21 (4) CHAIRPERSON AND VICE CHAIRPERSON.—

22 The Comptroller General shall designate a member
23 of the commission, at the time of appointment of the
24 member, to serve as Chairperson of the Commission,
25 except that in the case of vacancy the Comptroller

1 General may designate another member for the re-
2 mainder of that Chairperson's term. The Commis-
3 sion shall select a Vice Chairperson from among its
4 members by a majority vote.

5 (5) COMPENSATION.—

6 (A) IN GENERAL.—Members of the Com-
7 mission shall be compensated at a rate equal to
8 the daily equivalent of the annual rate of basic
9 pay prescribed for level IV of the Executive
10 Schedule under section 5315 of title 5, United
11 States Code, for each day (including travel
12 time) during which such member is engaged in
13 the performance of the duties of the Commis-
14 sion.

15 (B) OFFICERS OR EMPLOYEES OF THE
16 UNITED STATES.—All members of the Commis-
17 sion who are officers or employees of the United
18 States shall serve without compensation in addi-
19 tion to that received for their services as offi-
20 cers or employees of the United States.

21 (C) TRAVEL EXPENSES.—The members of
22 the Commission shall be allowed travel ex-
23 penses, including per diem in lieu of subsist-
24 ence, at rates authorized for employees of agen-
25 cies under subchapter I of chapter 57 of title 5,

1 United States Code, while away from their
2 homes or regular places of business in the per-
3 formance of services for the Commission.

4 (6) MEETINGS.—

5 (A) IN GENERAL.—The Commission shall
6 meet at the call of the Chairperson.

7 (B) INITIAL MEETING.—Not later than 15
8 days after the date on which eight voting mem-
9 bers of the Commission have been appointed,
10 the Commission shall hold its first meeting.

11 (C) QUORUM.—A majority of the members
12 of the Commission shall constitute a quorum.

13 (d) POWERS.—

14 (1) OBTAINING OFFICIAL DATA.—The Commis-
15 sion may secure directly from any Federal agency
16 such information as the Commission considers nec-
17 essary to carry out this section. Upon request of the
18 Chairperson of the Commission, the head of that de-
19 partment or agency shall furnish such information to
20 the Commission on an agreed upon schedule.

21 (2) DATA COLLECTION.—In order to carry out
22 its functions, the Commission shall—

23 (A) use existing information, both pub-
24 lished and unpublished, where possible, collected
25 and assessed either by its own staff or under

1 other arrangements made in accordance with
2 this section;

3 (B) carry out, or award grants or con-
4 tracts for, original research where existing in-
5 formation is inadequate; and

6 (C) adopt procedures allowing any inter-
7 ested party to submit information for the Com-
8 mission's use in making reports and rec-
9 ommendations.

10 (3) ACCESS OF GAO TO INFORMATION.—The
11 Comptroller General shall have unrestricted access
12 to all deliberations, records, and nonproprietary data
13 of the Commission, immediately upon request.

14 (4) PERIODIC AUDIT.—The Commission shall
15 be subject to periodic audit by the Comptroller Gen-
16 eral.

17 (e) PERSONNEL.—

18 (1) STAFF.—

19 (A) IN GENERAL.—The Chairperson of the
20 Commission may, without regard to the civil
21 service laws and regulations, appoint and termi-
22 nate additional personnel as may be necessary
23 to enable the Commission to perform its duties.

24 (B) COMPENSATION.—The Chairperson of
25 the Commission may fix the compensation of

1 personnel without regard to chapter 51 and
2 subchapter III of chapter 53 of title 5, United
3 States Code, relating to classification of posi-
4 tions and General Schedule pay rates, except
5 that the rate of pay for the executive director
6 and other personnel may not exceed the rate
7 payable for level V of the Executive Schedule
8 under section 5316 of such title.

9 (2) DETAIL OF GOVERNMENT EMPLOYEES.—

10 Any Federal Government employee may be detailed
11 to the Commission without reimbursement, and such
12 detail shall be without interruption or loss of civil
13 service status or privilege.

14 (3) PROCUREMENT OF TEMPORARY AND INTER-

15 MITTENT SERVICES.—The Chairperson of the Com-

16 mission may procure temporary and intermittent

17 services under section 3109(b) of title 5, United

18 States Code, at rates for individuals that do not ex-

19 ceed the daily equivalent of the annual rate of basic

20 pay prescribed for level V of the Executive Schedule

21 under section 5316 of such title.

22 (f) BUDGET REQUEST.—The Commission shall sub-

23 mit requests for appropriations in the same manner as the

24 Secretary of Veterans Affairs, but amounts appropriated

1 for the Commission shall be separate from amounts appro-
2 priated for the Secretary.

3 (g) DEFINITIONS.—In this section:

4 (1) The term “appropriate congressional com-
5 mittees” means the Committees on Veterans’ Affairs
6 of the House of Representatives and the Senate.

7 (2) The term “Veterans Accountable Care Or-
8 ganization” means the corporation established by
9 section 323 of title 38, United States Code, as added
10 by section 101;

11 (3) The term “Veterans Health Insurance Pro-
12 gram” means the program established by section
13 7309 of title 38, United States Code, as added by
14 section 102.

15 (4) The term “VetsCare Choice program”
16 means the program established by section 2601 of
17 title 38, United States Code, as added by section
18 104.

19 (5) The term “VetsCare Federal program”
20 means the program established by section 1701A of
21 title 38, United States Code, as added by section
22 103.

23 (6) The term “VetsCare Senior program”
24 means the program established by section 2611 of

1 title 38, United States Code, as added by section
2 104.

3 **TITLE IV—LONG-TERM CARE**
4 **INSURANCE FOR VETERANS**

5 **SEC. 401. VETERANS' ELIGIBILITY FOR LONG-TERM CARE**
6 **INSURANCE.**

7 (a) IN GENERAL.—Section 9001 of title 5, United
8 States Code, is amended—

9 (1) by redesignating paragraphs (5) through
10 (10) as (6) through (11), respectively;

11 (2) by inserting after paragraph (4) the fol-
12 lowing:

13 “(5) VETERAN.—The term ‘veteran’ has the
14 same meaning given the term in section 101(2) of
15 title 38, United States Code.”;

16 (3) in paragraph (6), as so redesignated—

17 (A) in subparagraph (A), by striking “or
18 (4).” and inserting “(4), or (5).”;

19 (B) in subparagraph (B), by striking “(1)
20 or (3).” and inserting “(1), (3), or (5).”;

21 (C) in subparagraph (C), by striking “or
22 (4)” and inserting “(4), or (5)”; and

23 (D) in subparagraph (D), by striking “or
24 (4)” and inserting “(4), or (5)”;

1 (4) in paragraph (7), as so redesignated, by
2 striking “or (5).” and inserting “(5), or (6).”; and
3 (5) in paragraph (11), as so redesignated—

4 (A) in subparagraph (C), by striking
5 “Commerce; and” and inserting “Commerce;”;

6 (B) in subparagraph (D), by striking
7 “Services.” and inserting “Services; and”; and

8 (C) by inserting after subparagraph (D):

9 “(E) with respect to a veteran, the Sec-
10 retary of Veterans Affairs.”.

11 (b) TECHNICAL AND CONFORMING AMENDMENTS.—

12 Title 5, United States Code, is amended as follows:

13 (1) Section 9002 is amended—

14 (A) in subsection (a), by striking “or (5)”
15 and inserting “(5), or (6)”; and

16 (B) in subsection (e)—

17 (i) in paragraph (2), by striking “or
18 (4)” and inserting “(4), or (5)”; and

19 (ii) in paragraph (4), by striking “sec-
20 tion 9001(9)” and inserting “section
21 9001(10)”.

22 (2) Section 9004(d) is amended by inserting
23 after “withheld under subsection (b)” the following:
24 “, who is an enrollee by virtue of being a veteran de-
25 scribed in section 9001(5) of this title,”.

- 1 (3) Section 9008(c) is amended by striking “(3)
- 2 or (4)” and inserting “(3), (4), or (5)”.