

Manager's Package
FY19 Military Construction, Veterans Affairs, and Related Agencies

Report Language

1. Report language for Senator Rubio on Medical Disability Examinations.
2. Report language for Senator Murphy on VA facility assessments.
3. Report language for Senator Baldwin on colorectal cancer screening.
4. Report language for Senator Alexander on VA high-performance computing partnerships
5. Report language for Senator Murkowski on VA participation in State Prescription Drug Monitoring Programs.
6. Report language for Senator Daines on State Extended Care Facilities.
7. Report language for Senator Durbin on the Captain James A. Lovell Federal Health Care Center.
8. Report language for Senator Tester on VA facility requirements for women veterans.
9. Report language for Senator Tester on local information technology needs.
10. Report language for Senator Manchin on the Grant Per Diem program.

Medical Disability Exams

At the appropriate place in the **report**, insert the following:

Medical Disability Exams.--The Committee is concerned by recent reports indicating that contract physicians with revoked medical licenses have been performing medical disability examinations on behalf of the Department. Consistent with statute, the Committee directs the Department to ensure that any non-VA physician contracted to conduct medical disability examinations must have a current unrestricted license to practice as a physician, and is not barred from practicing in any State, the District of Columbia, or a Commonwealth, Territory, or possession of the United States.

VA Facility Assessments

At the appropriate place in the **report**, insert the following:

Facility Assessments.—The Committee supports VA’s efforts to obtain analysis that provides a more holistic view of VA facilities and thereby allows the Department to make more informed, data driven decisions about its facilities and buildings. The Committee recognizes that annual analysis and benchmarking across the Department’s facilities will provide an invaluable tool for long-term system-wide planning, needs identification, and cost management for the Department. The Committee, therefore, encourages the Department to utilize an independent, third-party to provide facilities analysis, benchmarking and recommendations for all VHA hospitals, nursing homes, domiciliary facilities, and other necessary facilities.

Colorectal Cancer Screening

At the appropriate place in the **report**, insert the following:

Colorectal cancer screening. –In the explanatory statement accompanying Public Law 115-141, the Department was directed to offer all 7 colorectal cancer screening strategies recommended by the United States Preventive Services Task Force and adopted by the National Committee for Quality Assurance Healthcare Effectiveness Data and Information Set measures, which are used by more than 90 percent of U.S. health plans to measure performance. The Committee reminds the Department that it is to report to the Committees on Appropriations no later than June 23, 2018 if it determines that it is unable to comply with this directive.

VA/Department of Energy Computing Collaboration

At the appropriate place in the **report**, insert the following:

VA/Department of Energy Computing Collaboration.-- As requested, the Committee includes \$27,000,000 for VA to collaborate with the Department of Energy through the Advanced Computational and Translational Initiatives for Veterans and the Million Veterans Program Cohort - Computational Health Analytics for Medical Precision to Improve Outcomes Now [MVP-CHAMPION] programs. The committee encourages VA to take advantage of the unique high-performance resources offered by the Department of Energy Laboratories to address their most pressing issues in veteran health data. Important research collaborations, such as the MVP-CHAMPION project, have already collected protected health care data for 23 million veterans and is helping researchers better understand the role genes play in our health. The committee encourages VA to continue leveraging the high performance computer facilities available through its partnership with the Department of Energy.

VA Participation in State Prescription Drug Monitoring Programs

At the appropriate place in the **report**, insert the following:

Implementation of VA Participation in State Prescription Drug Monitoring Programs. – Within 90 days of enactment, VA shall submit a report to the Committees on Appropriations of both Houses of Congress regarding implementation of the VA Prescription Data Accountability Act of 2017 (Public Law 115-144) that requires VA to participate in State Prescription Drug Monitoring Programs. The report shall indicate progress in participation broken out by VISN and healthcare system, identify with specificity impediments to participation in particular State Prescription Drug Monitoring Programs and establish benchmarks and timeframes for full participation. Not later than February 1, 2020, VA shall submit an update report to the Committees identifying progress toward full participation during calendar year 2019. The committee also encourages VA, to the maximum extent permitted by law, to share prescription drug information with other federal medical facilities that may serve veterans, including DOD medical facilities and Indian Health Service facilities.

Grants for Construction of State Extended Care Facilities

At the appropriate place in the **report**, insert the following:

State Extended Care Facility Construction.— The committee is concerned that VA continues to approve new grants for state home construction projects without adequate resources to fulfill the federal cost share. In FY2018, VA budgeted only \$90 million towards an outstanding list of 57 approved projects in 25 states valued at \$639 million. Recognizing this disparity, the Congress provided a one-time appropriation of \$575 million in FY 2018 to assist VA in resolving its backlog. The Committee directs VA to provide an update within 180 days of enactment of this Act on the execution of those funds, that specifically addresses the projected schedule of execution by priority group, including estimated completion dates for each project, as well as, actions the Department will take to prevent future backlogs.

Captain James A. Lovell Federal Health Care Center

At the appropriate place in the **report**, insert the following:

Lovell FHCC.--The Committee recognizes the innovative collaboration between VA and DOD at the Captain James A. Lovell Federal Health Care Center Demonstration Project, established in 2010 under Public Law 111-84. Given the unique nature of this joint facility, the Committee notes that the Lovell Federal Health Care Center has significant potential to improve access, quality, and cost-effectiveness of health care delivery to veterans, service members, and their families. The Committee also recognizes that the important work of this integration effort must go on even as the two Departments continue to roll out their respective EHR programs. Therefore, the Committee directs the Department to provide, within 90 days of enactment, a comprehensive assessment of the status of integration efforts at Lovell FHCC, including an update on how to address ongoing challenges related to workforce planning and electronic health record and information technology systems integration, as well as an assessment of whether the model of a joint facility can be replicated in other parts of the country.

Facility Improvements for Women Veterans

At the appropriate place in the **report**, insert the following:

Retrofitting Facilities to Eliminate Barriers to Care for Women Veterans. – The Committee is concerned about VA’s lack of progress in addressing privacy and environment of care issues for women veterans, as highlighted in a 2016 GAO report. Therefore, not later than 180 days after enactment, the Committee directs VA to submit a report to the Committees on Appropriations and the Committees on Veterans Affairs of both Houses of Congress on the expenditures, including fixtures, materials, and other outfitting measures funded by major construction, minor construction, non-recurring maintenance, or other facilities accounts that provide for and enhance the privacy and environment of care for women veterans being treated. The report should further include a plan to address deficiencies in the environment of care for women veterans that serve as barriers to accessing the care that they have earned.

Local Information Technology Needs

At the appropriate place in the **report**, insert the following:

Enhancing Local Control of Information Technology Needs.—The Committee is concerned that local facilities and VISN leadership do not have the ability to quickly address IT issues causing the disruption of patient care. Further, that they do not have the ability to utilize the technologies they have identified as enhancing patient experience, due to centralization of IT resources. VA is therefore directed to produce a report on the methods by which information technology funds are allocated to the VISNs and to facilities, and any plans to increase local control.

Grant Per Diem Program

At the appropriate place on Page 44 in the **report**, insert the following:

The Department is directed to submit a report to the Committees on Appropriations of both Houses of Congress no later than 180 days after enactment of this act on the contingency and remediation plan for veterans impacted by changes in availability or losses of awards of Grant Per Diem Program funds for current providers that serve rural or highly rural areas that would result in the loss of veterans' access to transitional housing assistance.