

MANAGER'S PACKAGE
MILITARY CONSTRUCTION, DEPARTMENT OF VETERANS AFFAIRS,
AND RELATED AGENCIES

Bill Language

1. Bill language for Senators Moran, Tester and Johanns to require the Medical Inspector of the Department of Veterans Affairs to submit to Congress reports on the programs and operations of the Veterans Health Administration

2. Bill language for Senator Landrieu allowing for the transfer of funds from Medical Facilities to Medical Services to be used for the provision of health care to veterans until certain major medical facility leases are authorized by Congress

Report Language

1. Report language for Senators Collins and Merkley regarding Agent Orange exposure

2. Report language for Senator Udall regarding training for rural medical professionals serving veterans communities

3. Report language for Senator Cochran regarding the establishment of a process for the VA to review progress made on implementing IG findings

4. Report language for Senator Pryor regarding leveraging technology to reduce drug diversion

5. Report language for Senator Landrieu regarding major medical facility leases

6. Report language for Senator Shaheen requiring a report on New Hampshire veterans who are required to go out of state to receive VA care

7. Report language for Senator Graham regarding the use of magnetic resonance therapy in the treatment of post-traumatic stress disorder

8. Report language for Senator Feinstein regarding VA's antimicrobial programs

9. Report language for Senator Udall regarding implementation of open air burn pits registry

10. Report language for Senator Hoeven regarding safety needles for diabetic veterans

Bill Amendments

Amendment by Senators Moran, Tester and Johanns

On page 123 of the bill, between lines 4 and 5, insert the following:

“Sec. ____ (a) Reports.—Not later than 30 days after the date of the enactment of this Act, and not less frequently than once every 180 days thereafter, the Medical Inspector of the Department of Veterans Affairs shall submit to Congress a report on the programs and activities of the Veterans Health Administration.

(b) Elements.—

(1) IN GENERAL.—Each report submitted under subsection (a) shall include the following:

(A) A description of such problems or deficiencies as the Medical Inspector may identify in programs and activities of the Veterans Health Administration.

(B) An indication of whether the General Counsel of the Department of Veterans Affairs has reviewed the findings of the Medical Inspector with respect to such problems or deficiencies.

(C) A description of any findings by the General Counsel of any violation of law committed by an employee of the Department resulting from the review under subparagraph (B).

(D) A description of any legal or administrative action taken with respect to any such employee.

(2) INITIAL REPORT.—The initial report required by subsection (a) shall include the following:

(A) The findings and recommendations for corrective action contained in reports submitted to the Secretary by the Medical Inspector during the four-year period ending on the day before the date of the enactment of this Act relating to the quality of health care provided to veterans by the Veterans Health Administration and the access of veterans to such health care.

(B) A description of any legal or administrative action taken with respect to any employee of the Department of Veterans Affairs resulting from the findings and recommendations contained in the reports of the Medical Inspector described in subparagraph (A).

(C) The status of any legal or administrative action described in subparagraph (B) as of the date of the submittal of the initial report under subsection (a).

(c) Available to the Public.—The Secretary of Veterans Affairs shall ensure that each report submitted under subsection (a) is available to the public on an Internet website of the Department not later than 30 days after the submittal of the report to Congress.

(d) Other Reports.—In carrying out the functions of the Office of the Medical Inspector of the Department of Veterans Affairs, the Medical Inspector shall—

- (1) submit to Congress any other report prepared by the Medical Inspector; and
- (2) make such report available to the public on an Internet website of the Department.

(e) Privacy Matters.—Any medical or other personal information contained in any report under this section shall be protected from disclosure or misuse in accordance with the laws on privacy applicable to such information.”

Amendment by Senator Landrieu (SEE FOLLOWING PAGE FOR TEXT)

On page 123 of the bill, between lines 4 and 5, insert the following:

Report Amendments

Amendment by Senators Collins and Merkley

On page 36, before the header VETERANS BENEFITS ADMINISTRATION, insert the following new paragraph:

*“Agent Orange Registry.—*The VA maintains an Agent Orange Registry for Veterans who served in Vietnam. The Committee is aware, however, of a number of instances where U.S. veterans may have been exposed to chemicals including Agent Orange during training activities and missions outside of Vietnam. The Committee urges the Secretary of Veterans Affairs to explore the feasibility of establishing a registry of U.S. veterans who served or trained outside of Vietnam and have subsequently experienced health issues, which may have resulted from exposure to these chemicals, and directs the Secretary to provide a report to the Committees on Appropriations of both Houses of Congress no later than 180 days after enactment of this act detailing any plans the Department may be considering on establishing a policy regarding presumed exposure for these veterans.”

Amendment by Senator Udall

On page 43 of the report, after the paragraph entitled “Prompt Payment Rule”, insert the following new paragraph:

*“Healthcare Training and Medical Residencies Specific to Rural Healthcare.—*The Committee believes that the Veterans Health Administration would benefit from increased partnerships with university medical institutions to promote health care training and medical residencies specific to rural healthcare. The Committee urges the Secretary to increase VA partnerships with university medical centers that serve rural and highly rural areas, in order to develop courses and programs to better train professionals to meet the healthcare needs of veterans living in rural and highly rural areas. In addition, the Secretary is urged to work with university medical centers in these areas to develop continuing education programs to instill increased professionalism and opportunities for continuing education among rural medical practitioners.”

Amendment by Senator Cochran:

On page 43, after the paragraph entitled “VA Dialysis”, insert the following new paragraphs:

“Office of Inspector General Findings. – The Committee is concerned with past investigations and findings by the Office of Inspector General at the Department’s

health care facilities. In particular, past findings at the G.V. (Sonny) Montgomery VA Medical Center (VAMC) in Jackson, Mississippi, were not appropriately resolved and have caused concern among patients and families regarding the quality of care and management provided at the facility, which is not acceptable. The Committee commends the Department for establishing new leadership at the Medical Center to make necessary changes, but urges the Department to continue to oversee the implementation of the corrective action plan at the Jackson VAMC. The Committee is hopeful that past issues will not perpetuate distrust among the veterans it serves and asks the Department to work diligently with VA centers across the country to resolve cases of delay, mismanagement and inappropriate activity in an expeditious manner.

“The Committee also directs the Secretary to develop a process subsequent to any investigations by the Office of Inspector General for reviewing progress on findings through collaboration with the Office of the Undersecretary for Health. Furthermore, the Committee directs the Secretary to provide the Committee with a report detailing this process within 180 days of enactment of this Act.”

Amendment by Senator Pryor

On page 43 of the report, after the last paragraph, insert the following

“Drug Diversion.—The Committee is concerned with ensuring veterans receive adequate, but not excessive medication. Therefore the Committee directs the Department to report on how the Department is using new technology platforms and services necessary to ensure the dispensation of medication to veterans in a safe and transparent way. The report should include, but should not be limited to, how the Department currently uses or can use a unified information portal administered by the VA which would collect and hold critical patient information. The assessment should include diversion classifications and aberrancy categories. The Committee directs the Department to provide this report to the Committees on Appropriations of both Houses of Congress, within 90 days of enactment of this act, including the feasibility of implementing a pilot program to test such technology.”

Amendment by Senator Landrieu

On page 43 of the report, after the last paragraph, insert the following:

“Major Medical Facility Leases.--The Committee notes that legislation is pending before the Senate that would authorize major medical facilities leases for a total of 27 VA Community based Outpatient Clinics and other facilities. However, some of these projects have been awaiting authorization for several years due to

technical congressional scorekeeping issues. A number of the pending clinics are to be located in underserved areas of the country, where veterans are forced to either travel long distances to access VA medical care or, in some cases, to forego treatment. To address the shortfall in VA medical care available in these and other areas, the Committee urges the VA to move quickly to activate all of the requested leases once they are authorized.

“As an interim measure, the Committee has included a provision in this act that would permit the transfer of funds from VA’s Medical Facilities account to the Medical Services account to be used to provide contract care services through existing authorities for veterans living in the catchment areas of the pending clinics until the clinics are activated. This provision is in no way intended to replace planned VA clinics with contract care service, but is provided to bridge the gap in services until the major medical facility leases are authorized and the clinics activated. To ensure that the VA does not interpret this provision as a blanket endorsement of contract care, the language specifies the facilities for which the transfer authority is provided.”

Amendment by Senator Shaheen

On page 47 of the report, before the paragraph entitled “Homeless Veterans”, insert the following new paragraph:

*“Access to Care for New Hampshire Veterans.—*New Hampshire is the only State that does not have a full service VHA hospital within the State, which presents a unique challenge for VA in delivering timely healthcare. For instance, if VA does not provide a particular healthcare service within the limited VHA system in New Hampshire, veterans are often directed to drive hundreds of miles to a VA hospital in another State, regardless of whether adequate healthcare may exist within New Hampshire through a local provider. The Committee remains concerned that the extensive travel requirements, coupled with lengthy delays scheduling this travel, create unusual hardships on New Hampshire veterans. The Committee therefore encourages VA to explore ways to provide in-State access to care for New Hampshire veterans, including care through local providers, and directs the Department to provide a report to the Committees on Appropriations of both Houses of Congress on the number of New Hampshire veterans who were directed to travel to a VA facility in another State for medical care in fiscal and calendar year 2014; the number of veterans who actually traveled to that facility during fiscal and calendar year 2014; and the Department’s plans and goals for reducing the number of New Hampshire veterans directed to travel to another State for medical care in fiscal years 2015 and 2016. In addition, the report should describe the criteria used in determining whether to purchase medical care for a New Hampshire veteran within the State or require the veteran to travel to a VA facility in another State to receive that care; a description of the medical conditions for which these veterans were required to travel out of New

Hampshire, and an explanation of why contract care was not provided in New Hampshire. This report shall be provided no later than February 1, 2015, and subsequently thereafter with the submission of future budget requests.”

Amendment by Senator Graham

On page 48 of the report, before the paragraph entitled “Vet Centers”, insert the following new paragraph:

*“Post-Traumatic Stress Disorder Study.—*The Committee understands that new technologies using magnetic resonance therapy have successfully treated veterans with PTSD. Recent clinical trials and pilot studies have produced promising results in the evolution of treatment for PTSD. The Committee encourages the VA to report to the Committee about whether it uses magnetic resonance therapy to treat PTSD and if not, whether it would be appropriate to conduct a study on use of the technology.”

Amendment by Senator Feinstein

On page 54 of the report, before the header “MEDICAL SUPPORT AND COMPLIANCE”, insert the following new paragraph:

*“Antimicrobial Stewardship Programs.—*The Committee strongly supports the VA’s efforts to implement antimicrobial stewardship programs at all its medical facilities. The Committee strongly recommends the VA develop consistent ways to collect and analyze data on antibiotic usage, healthcare outcomes (such as *Clostridium difficile* infections), and antimicrobial resistance trends in order to evaluate how well these programs are improving patient care and reducing inappropriate antibiotic use. The Committee also strongly encourages the VA to provide antibiotic usage and antimicrobial resistance data to the Centers for Disease Control & Prevention’s National Healthcare Safety Network.”

Amendment by Senator Udall

On page 54 of the report, after the paragraph entitled “Nursing Quality Improvements”, insert the following new paragraph:

*“Open Air Burn Pits Registry.—*The Committee is concerned over the pace of implementation of the Open Air Burn Pits Registry and urges the Secretary to expedite the implementation of the registry. The Committee notes that the Department of Veterans Affairs has fallen behind on the registry’s implementation and has not provided sufficient information regarding the nature of the delay. Furthermore, the Committee urges the Secretary to work with the Committees on Appropriations of both Houses of Congress regarding the VA’s

plan to use the data from the burn pits registry to improve the diagnosis of illnesses related to exposure to open air burn pits, and to effectively treat and care for veterans suffering from illnesses related to exposure.”

Amendment by Senator Hoeven

On page 54 of the report, after the paragraph entitled “Nursing Quality Improvements”, insert the following new paragraph:

*“Safety Needles for Diabetic Veterans.—*The Committee is concerned that the Department of Veterans Affairs is not required to provide Occupational Safety and Health Administration (OSHA) compliant safety needles to long-term care facilities that provide care to veterans who are diabetic and insulin-dependent. However, long-term care facilities are required to follow OSHA rules regarding safety needles. The Committee believes that in cases where the Department provides needles to veterans who are diabetic and insulin-dependent and are being cared for at a nursing home facility that is not a VA facility, the safety needles should be in compliance with regulations promulgated by OSHA for use in providing care to such veterans. The Committee directs the Department to provide a report to the Committees on Appropriations of both Houses of Congress no later than 60 days after enactment of this act detailing steps being taken to ensure that diabetic veterans who receive long-term care in facilities not operated by the VA receive OSHA compliant safety needles.”