[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 “Caring for our Heroes in the 21st Century Act”.
5 (b) Table of Contents.—The table of contents for 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 authorities.
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.

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 ACCOUNTABLE CARE ORGANIZATION AND HEALTH INSURANCE SUPPORT

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

6 (a) Establishment.—

7 (1) In general.—Chapter 3 of title 38, United States Code, is amended by adding at the end the following new section:
§ 323. Veterans Accountable Care Organization

(a) Establishment.—(1) There is established the Veterans Accountable Care Organization (in this section referred to as the ‘Corporation’).

(2) The Corporation is a federally chartered corporation.

(3) The Corporation shall be incorporated and domiciled in the District of Columbia, or another nearby State, as determined by the board of directors of the Corporation.

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

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

(b) Purpose.—The purpose of the Corporation is to furnish high quality hospital care, medical services, and other health care (excluding nursing home care and domiciliary care) to individuals eligible for such care and services under laws administered by the Secretary.

(c) Board of Directors.—(1) The powers of the Corporation shall be vested in a Board of Directors that governs the Corporation.

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

(A) The Secretary of Veterans Affairs.
“(A) Two members appointed by the Speaker of the House of Representatives, at least one of whom shall be a veteran.

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

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

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

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

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

“(4)(A) A member of the Board of Directors shall serve for a term of five years, except that the members first appointed shall be appointed for staggered terms as the President considers appropriate to ensure that the terms of no more than three members expire in the same year.
“(B) Any member appointed to fill a vacancy occurring before the expiration of the term for which the member’s predecessor was appointed shall be appointed only for the remainder of that term. A member may serve after the expiration of that member’s term until a successor has taken office. A vacancy on the Board shall not affect its powers, but shall be filled in the same manner in which the original appointment was made.

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

“(D) During the absence or disability of the Secretary of Veterans Affairs or in the event of a vacancy in the office of Secretary, the Acting Secretary of Veterans Affairs shall serve as the member of the Board of Directors specified in paragraph (2)(A).

“(d) Duties.—In carrying out subsection (b), the Corporation shall—

“(1) transfer personnel and assets of the Department of Veterans Affairs to the Corporation pursuant to subsection (b) of section 101 of the Caring for our Heroes in the 21st Century Act;

“(2) establish priorities, milestones, and timelines, in consultation with the Secretary of Vet-
erans Affairs, for the termination of functions of the Veterans Health Administration directly related to the furnishing of hospital care, medical services, and other health care (excluding nursing home care and domiciliary care) pursuant to subsection (e) of such section 101;

“(3) with respect to centers of excellence relating to service-connected injuries and other medical issues—

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

“(B) establish and administer additional such centers as the Board of Directors determines appropriate.

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

“(e) Powers.—The Corporation shall—

“(1) appoint employees; and

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

“(f) Duty to Maintain Corporate and Tax-Exempt Status.—(1) The Corporation shall maintain its status as a corporation incorporated under the laws of the
District of Columbia or another nearby State, as determined by the Board of Directors.

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

“(g) Veterans Accountable Care Organization Fund.—(1) There is in the Treasury a fund to be known as the Veterans Accountable Care Organization Fund (in this subsection referred to as the ‘Fund’).

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

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

(2) Clerical Amendment.—The table of sections at the beginning of chapter 3 of such title is amended by inserting after the item relating to section 322 the following new item:

“323. Veterans Accountable Care Organization.”.

(b) Transfer of Personnel and Assets.—

(1) Transfer.—All of the personnel, property, records, and unexpended balances of appropriations, allocations, and other funds employed, used, held,
available, or to be made available in connection with
the direct furnishing of hospital care, medical serv-
ices, and other health care (excluding nursing home
care and domiciliary care) to individuals eligible for
such care and services under laws administered by
the Secretary of Veterans Affairs are transferred to
the Veterans Accountable Care Organization estab-
lished under section 323 of title 38, United States
Code, as added by subsection (a).

(2) Reduction in force.—The Secretary may
implement a reduction in force in carrying out para-
graph (1).

(c) Termination of Functions.—

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

(2) Extensions.—The Secretary of Veterans
Affairs may make not more than two 90-day exten-
sions to the termination date specified in paragraph
(1) if the Secretary notifies Congress of such extensions.

(3) CERTIFICATION OF TERMINATION DATE.—
The Secretary shall certify to Congress the date on which paragraph (1) is carried out.

(d) RECOMMENDATIONS FOR STATUTORY AMENDMENTS.—Not later than 180 days after the date of the enactment of this Act, the Secretary shall submit to Congress a report that contains recommendations for technical and conforming amendments to Federal statutes to carry out this Act.

SEC. 102. ESTABLISHMENT OF VETERANS HEALTH INSURANCE PROGRAM.

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

"§ 7309A. Veterans Health Insurance Program

(a) ESTABLISHMENT.—There is established in the Veterans Health Administration the Veterans Health Insurance Program (in this section referred to as the ‘Program’).

(b) DUTIES.—Under the Program, the Secretary shall administer the provision of health insurance support to veterans under chapter 26 of this title."
(b) CLERICAL AMENDMENT.—The table of sections at the beginning of chapter 73 of such title is amended by inserting after the item relating to section 7309 the following new item:

“7309A. Veterans Health Insurance Program.”.

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

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

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

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

“(b) DESIGNATION OF RECIPIENTS.—Effective as of the date described in section 101(c)(3) of the Caring for our Heroes in the 21st Century Act, any eligible individual
who receives hospital care, medical services, and other health care (excluding nursing home care and domiciliary care) in accordance with the authorities referred to in subsection (a) after such date may be referred to in the receipt of such care or services as participating in the ‘VetsCare Federal program’.

“(c) SECONDARY PAYER.—

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

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

“(d) Treatment of Employer Sponsored Health Plans.—

“(1) In general.—The provisions of section 1862(b)(3)(C) of the Social Security Act (42 U.S.C. 1395y(b)(3)(C)) shall apply with respect to financial or other incentives for an employee who is an eligible individual not to enroll (or to terminate enrollment) under a health plan that would (in the case of such enrollment) be responsible under subsection (c) for the payment of costs for hospital care, medical services, or other health care received by the eligible individual for a non-service connected disability in the same manner as such section 1862(b)(3)(C) applies to financial or other incentives for an individual entitled to benefits under title XVIII of the Social Security Act (42 U.S.C. 1395 et seq.) not to enroll (or to terminate enrollment) under a group health plan or a large group health plan which would (in the case of enrollment) be a primary plan (as defined in section 1862(b)(2)(A) of such Act).

“(2) Regulations.—The Secretary may by regulation adopt such additional exceptions to the prohibition described in paragraph (1) as the Sec-
retary considers appropriate and such paragraph shall be implemented taking into account the adoption of such exceptions.

“(3) AGREEMENTS.—The Veterans Accountable Care Organization and the Secretary of Health and Human Services may enter into agreements to carry out this subsection. Any such agreement shall provide that any expenses incurred by the Secretary of Health and Human Services pertaining to carrying out this subsection shall be reimbursed by the Veterans Accountable Care Organization.

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

“(e) ELIGIBLE INDIVIDUALS.—An individual is eligible to participate in the VetsCare Federal program if such individual was enrolled in the system of annual patient enrollment established and operated by the Secretary under section 1705(a) of this title as of the date described in section 101(c)(3) of the Caring for our Heroes in the 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.
“Subchapter I—Veterans Generally

§ 2601. VetsCare Choice program: designation of recipients

(a) In General.—The authorities for the provision of health insurance support under this subchapter may be referred to as the ‘VetsCare Choice program’.

(b) Designation of Recipients.—Any veteran who receives health insurance support under this subchapter may be referred to in the receipt of support as participating in the ‘VetsCare Choice program’.

(c) Relationship to Care by Veterans Accountable Care Organization.—Health insurance support under this subchapter is in addition to any health care or medical services furnished to a veteran at a facility operated by the Veterans Accountable Care Organization.

§ 2602. Eligibility

(a) In General.—Except as provided in subsections (c) and (d), the following veterans shall be provided health insurance support under this subchapter:

(1) Veterans who first enroll in the system of annual patient enrollment established and operated by the Secretary under section 1705(a) of this title on or after the date described in section 101(c)(3) of the Caring for our Heroes in the 21st Century Act.
“(2) Veterans enrolled in such system as of the date described in section 101(c)(3) of the Caring for our Heroes in the 21st Century Act who elect health insurance support under this subchapter in lieu of eligibility for hospital care, medical services, and other health care (excluding nursing home care and domiciliary care) under the VetsCare Federal program under chapter 17 of this title or any other law administered by the Secretary.

“(b) Enrollment.—The Secretary shall administer—

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

“(2) special enrollment periods based on qualifying life events of veterans similar to such events under the Federal Employees Health Benefits Program, except that the change of priority group shall also be treated as a qualifying life event.

“(c) Effect of Election.—While an election under subsection (a)(2) of a veteran described in that subsection is in effect, the veteran is not eligible for hospital care, medical services, and other health care (excluding
nursing home care and domiciliary care) under chapter 17
of this title or any other law administered by the Sec-
retary.

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

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

“(2) Any veteran who—

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

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

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

“(1) With respect to veterans in priority group
1, 2, or 3, on the first day of the first month that
begins on or after the date described in section
101(c)(3) of the Caring for our Heroes in the 21st Century Act.

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

“(f) PRIORITY GROUP DEFINED.—In this section, the term ‘priority group’ means the priority groups established by the Secretary for purposes of the enrollment of veterans in the patient enrollment system under section 1705(a) of this title.

“§ 2603. Qualifying health insurance

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

“(2) provide such additional elements of coverage as the Secretary shall prescribe for purposes of this subchapter.

“§ 2604. Health insurance support

“(a) IN GENERAL.—The Secretary shall provide health insurance support to veterans eligible for such support under this subchapter through premium support
under subsections (b) and (c), cost-sharing support under subsection (d), and alternative support under subsection (e) by paying or reimbursing such veterans for the costs associated with such health insurance support. The Secretary shall make such payments or reimbursements in a manner similar to the manner in which the Centers for Medicare & Medicaid Services make similar payments and reimbursements.

“(b) PREMIUM SUPPORT GENERALLY.—The premium support provided by the Secretary under this subsection is as follows:

“(1) TIER 1.—To any veteran with a service-connected disability rated as 100 percent disabling, health insurance support sufficient to provide benefits to the veteran under a health plan that are actuarially equivalent to 100 percent of the full actuarial value of the benefits provided under the health plan. A health plan under this paragraph may be referred to as a ‘Tier 1 Plan’.

“(2) TIER 2.—To any veteran in priority group 1 not covered by paragraph (1) and any veteran in priority group 2, health insurance support sufficient to provide benefits to the veteran under a health plan that are actuarially equivalent to 90 percent of the full actuarial value of the benefits provided under the health plan.
under the health plan. A health plan under this paragraph may be referred to as a ‘Tier 2 Plan’.

“(3) Tier 3.—To any veteran in priority group 3 or priority group 4, health insurance support sufficient to provide benefits to the veteran under a health plan that are actuarially equivalent to 80 percent of the full actuarial value of the benefits provided under the health plan. A health plan under this paragraph may be referred to as a ‘Tier 3 Plan’.

“(4) Tier 4.—To any veteran in priority group 5 or priority group 6, health insurance support sufficient to provide benefits to the veteran under a health plan that are actuarially equivalent to 70 percent of the full actuarial value of the benefits provided under the health plan. A health plan under this paragraph may be referred to as a ‘Tier 4 Plan’.

“(5) Tier 5.—To any veteran not in a priority group covered by paragraphs (1) through (4) and not ineligible for such support under section 2602(d)(2) of this title, health insurance support sufficient to provide benefits to the veteran under a health plan that are actuarially equivalent to 60 percent of the full actuarial value of the benefits pro-
vided under the health plan. A health plan under this paragraph may be referred to as a ‘Tier 5 Plan’.

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

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

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

“(3) To any veteran with an annual gross household income that is between 150 percent and 200 percent of the poverty line, health insurance support sufficient to cover any costs of such monthly premium that are more than 4 percent of the monthly gross household income of the veteran.
“(4) To any veteran with an annual gross household income that is between 200 percent and 250 percent of the poverty line, health insurance support sufficient to cover any costs of such monthly premium that are more than 6.3 percent of the monthly gross household income of the veteran.

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

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

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

“(1) To any veteran with an annual gross household income that is less than 150 percent of the poverty line, health insurance support sufficient to cover cost-sharing in order to ensure that the ef-
effective minimum actuarial value of the benefits provided under the health plan of the veteran is not less than 94 percent.

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

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

“(e) Alternative Support for Veterans With Certain Health Insurance.—

“(1) In general.—Notwithstanding any other provision of this section, upon the election of a veteran eligible for health insurance support under this subchapter who obtains a high deductible health plan that includes a health savings account under section 223 of the Internal Revenue Code of 1986,
the Secretary shall contribute an amount calculated under paragraph (2) into such health savings account on behalf of the veteran.

“(2) AMOUNT CALCULATED.—The amount calculated under this paragraph is an amount equal to the difference between—

“(A) the amount of health insurance support the veteran would otherwise have received under the subsection of this section applicable to the veteran; and

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

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

“(g) DEFINITIONS.—In this section:

“(1) The term ‘cost-sharing’, in connection with the receipt of health care and treatment under a health plan, means any copayments, deductibles, or other charges imposed, collected, or otherwise re-
quired by a health insurance provider or health care provider in connection with the receipt of health care and treatment under such health plan.

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

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

“(4) The term ‘priority group’ means the priority groups established by the Secretary for purposes of the enrollment of veterans in the patient enrollment system under section 1705(a) of this title.

§ 2605. Treatment of other health plans

“(a) SECONDARY PAYER.—

“(1) IN GENERAL.—Notwithstanding any other provision of law, any health plan (including a State plan under title XIX of the Social Security Act (42 U.S.C. 1396 et seq.) and the TRICARE program under chapter 55 of title 10) under which a veteran is covered that is not a health plan for which health insurance support is provided under this subchapter shall be responsible for the payment of costs for any health care received by an eligible individual for a
non-service connected disability up to the maximum amount allowable under such plan before any health plan for which health insurance support is provided under this subchapter is responsible for any such costs, if applicable.

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

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

“(1) IN GENERAL.—The provisions of section 1862(b)(3)(C) of the Social Security Act (42 U.S.C. 1395y(b)(3)(C)) shall apply with respect to financial or other incentives for an employee who is a veteran not to enroll (or to terminate enrollment) under a health plan that is not a health plan for which health insurance support is provided under this subchapter and that would (in the case of such enrollment) be responsible under subsection (a) for the payment of costs for health care received by the veteran in the same manner as such section
1862(b)(3)(C) applies to financial or other incentives for an individual entitled to benefits under title XVIII of the Social Security Act (42 U.S.C. 1395 et seq.) not to enroll (or to terminate enrollment) under a group health plan or a large group health plan which would (in the case of enrollment) be a primary plan (as defined in section 1862(b)(2)(A) of such Act).

“(2) REGULATIONS.—The Secretary may by regulation adopt such additional exceptions to the prohibition described in paragraph (1) as the Secretary considers appropriate and such paragraph shall be implemented taking into account the adoption of such exceptions.

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

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

§ 2606. Receipt of health care through the Department

(a) Contracts.—Any health insurance provider that provides a health plan for which health insurance support may be provided under this subchapter or subchapter II may enter into a contract with the Veterans Accountable Care Organization under which the medical personnel and facilities of the Veterans Accountable Care Organization may be treated as a designated provider for purposes of such health plan.

(b) Cost of Care.—The cost, including any copayments, of any health care or treatment provided to a veteran by the Veterans Accountable Care Organization under a contract under subsection (a) shall be determined by the Veterans Accountable Care Organization.

(c) Mechanism.—The Board of Directors of the Veterans Accountable Care Organization shall establish a mechanism through which the Veterans Accountable Care Organization enters into contracts with health insurance providers under subsection (a).
“§ 2607. Pharmacy benefits

“A veteran who is enrolled in the VetsCare Choice program or the VetsCare Senior program may fill prescriptions at pharmacies of the Department.

“SUBCHAPTER II—MEDICARE-ELIGIBLE VETERANS

“§ 2611. VetsCare Senior program: designation of recipients

“(a) In General.—The authorities for the provision of health insurance support under this subchapter may be referred to as the ‘VetsCare Senior program’.

“(b) Designation of Recipients.—Any veteran who receives health insurance support under this subchapter may be referred to in the receipt of support as participating in the ‘VetsCare Senior program’.

“(c) Relationship to Care by Veterans Accountable Care Organization.—Health insurance support under this subchapter is in addition to any health care or medical services furnished to a veteran at a facility operated by the Veterans Accountable Care Organization.

“§ 2612. Medicare support

“(a) In General.—The Secretary shall provide health insurance support to each covered veteran equal to the costs incurred by such veteran for Medicare premiums and cost-sharing under parts A, B, C, and D of title XVIII of the Social Security Act (42 U.S.C. 1395 et seq.) and
for premiums and cost-sharing for medicare supplemental policies under section 1882 of such Act (42 U.S.C. 1395ss).

“(b) Relationship With VetsCare Federal.—Notwithstanding any other provision of law, if a covered veteran is enrolled in the VetsCare Federal program under section 1701A of this title, the Medicare program under title XVIII of the Social Security Act (42 U.S.C. 1395 et seq.) (or a medicare supplemental policy under section 1882 of such Act (42 U.S.C. 1395ss)) shall be responsible for the payment of costs for any health care received by an eligible individual for a non-service connected disability up to the maximum amount allowable under such program (or supplemental policy) for such health care before the VetsCare Federal program is responsible for any such costs, if applicable.

“(c) Availability of Payment or Reimbursement.—

“(1) Commencement.—Health insurance support under this subchapter shall commence being available as follows:

“(A) With respect to covered veterans in priority group 1, 2, or 3, on the first day of the first month that begins on or after the date de-
scribed in section 101(c)(3) of the Caring for

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

“(2) Exclusion of Certain Veterans.—A
covered veteran is not eligible for health insurance
support under this section if such veteran—

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

“(B) is in priority group 7 or 8.

“(d) Definitions.—In this section:

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

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

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

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

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

(c) Conforming Amendments.—

(1) Minimum Essential Coverage.—Section
5000A(f)(1)(A)(v) of the Internal Revenue Code of
1986 is amended by striking “or 18” and inserting
“, 18, or 26”.

(2) Medicare Part B.—

(A) Non-Application of Late Enroll-
ment Penalty.—Section 1839(b) of the Social
Security Act (42 U.S.C. 1395r(b)) is amended,
in the second sentence, by inserting “or months
for which the individual can demonstrate that
the individual was enrolled in the VetsCare Senior program under subchapter II of chapter 26 of title 38, United States Code” after “an individual described in section 1837(k)(3)”.

(B) SPECIAL ENROLLMENT PERIOD.—Section 1837 of the Social Security Act (42 U.S.C. 1395p) is amended by adding at the end the following new subsection:

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

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

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

“(4) The Secretary of Veterans Affairs shall collaborate with the Secretary of Health and Human Services
and the Commissioner of Social Security to provide for the accurate identification of individuals described in paragraph (1). The Secretary of Veterans Affairs shall provide such individuals with notification with respect to this subsection. The Secretary of Veterans Affairs shall collaborate with the Secretary of Health and Human Services and the Commissioner of Social Security to ensure appropriate follow up pursuant to any notification provided under the preceding sentence.”

SEC. 105. COORDINATION BETWEEN VETSCARE CHOICE PROGRAM AND ELIGIBILITY TO MAKE CONTRIBUTIONS TO HEALTH SAVINGS ACCOUNTS.

(a) In General.—Section 223(c)(1)(B) of the Internal Revenue Code of 1986 is amended by striking “and” at the end of clause (ii), by striking the period at the end of clause (iii) and inserting “, and”, and by adding at the end the following new clause:

“(iv) coverage for health insurance support under the VetsCare Choice program under subchapter I of chapter 26 of title 38, United States Code.”.

(b) Denial of Deduction for Amounts Not Includible in Gross Income.—Subsection (b) of section
223 of the Internal Revenue Code of 1986 is amended by adding at the end the following new paragraph:

“(9) Amounts not includible in gross income.—No amount paid to a health savings account of an individual shall be taken into account under subsection (a) if (without regard to this section) such amount, when paid to or on behalf of such individual, is excluded from gross income of the individual or exempt from taxation under any provision of Federal law.”.

(c) Effective Date.—The amendments made by this section shall apply to amounts paid to a health savings account (as defined in section 223(d) of the Internal Revenue Code of 1986) after the date of the enactment of this Act.

SEC. 106. PUBLICATION OF HEALTH CARE INFORMATION.

(a) In General.—The Secretary of Veterans Affairs shall make available to the public on an ongoing basis information about the operations of the Veterans Health Administration in a manner similar to publication of information under the Medicare Accountable Care Organization program to better monitor and support continuous improvement in the Veterans Health Administration.

(b) Elements.—The information published under subsection (a) shall include information about the oper-
ations of the Veterans Health Administration, including
metrics regarding quality, safety, patient experience, time-
liness, and cost-effectiveness.

**TITLE II—REALIGNMENT OF**
**MEDICAL CENTERS OF DE-
PARTMENT OF VETERANS AF-
FAIRS**

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

(a) **REALIGNMENT.**—

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

(A) close all medical centers recommended
for closure by the VetsCare Advisory Commiss-
ion in each report submitted under section
301(b)(2); and

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

(2) **MAINTENANCE OF HEALTH CARE SER-
VICES.**—In carrying out paragraph (1), the Veterans
Accountable Care Organization shall ensure that the
availability of health care services for veterans in the
area in which a medical center is closed or realigned
under paragraph (1) is not decreased as a result of such closure or realignment.

(b) CONGRESSIONAL DISAPPROVAL.—

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

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

(B) the adjournment of Congress sine die for the session during which such report is submitted.

(2) CALCULATION OF DAYS.—For purposes of paragraph (1) of this subsection and subsections (a) and (c) of section 202, the days on which either House of Congress is not in session because of an adjournment of more than three days to a day certain shall be excluded in the computation of a period.

(c) RESOLUTION OF DISAPPROVAL DEFINED.—In this section, the term “resolution of disapproval” means a resolution of disapproval under section 202.
SEC. 202. CONGRESSIONAL CONSIDERATION OF COMMISSION REPORT.

(a) RESOLUTION OF DISAPPROVAL.—For purposes of section 201 and this section, the term “resolution of disapproval” means only a joint resolution—

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

(2) that does not have a preamble;

(3) the sole matter after the resolving clause of which is as follows: “That Congress disapproves the recommendations of the VetsCare Advisory Commission as submitted to Congress on ________,” with the blank space being filled in with the date on which the report was transmitted to Congress; and

(4) the title of which is as follows: “Joint resolution disapproving the recommendations of the VetsCare Advisory Commission.”.

(b) REFERRAL.—

(1) IN THE SENATE.—A resolution of disapproval introduced in the Senate shall be referred to the Committee on Veterans’ Affairs of the Senate.

(2) IN THE HOUSE OF REPRESENTATIVES.—A resolution of disapproval that is introduced in the House of Representatives shall be referred to the
Committee on Veterans’ Affairs of the House of Representatives.

(c) DISCHARGE.—If the committee to which a resolution of disapproval is referred has not reported such resolution (or an identical resolution) by the end of the 20-day period beginning on the date on which the Congress receives the report under section 301(b)(2), such committee shall be, at the end of such period, discharged from further consideration of such resolution, and such resolution shall be placed on the appropriate calendar of the House involved.

(d) CONSIDERATION.—

(1) MOTION TO PROCEED.—On or after the third day after the date on which the committee to which a resolution of disapproval is referred has reported, or has been discharged (under subsection (c)) from further consideration of, such a resolution, it is in order (even though a previous motion to the same effect has been disagreed to) for any Member of the respective House to move to proceed to the consideration of the resolution. A Member may make such a motion only on the day after the calendar day on which the Member announces to the House concerned the Member’s intention to make the motion, except that, in the case of the House of Representa-
tives, the motion may be made without such prior announcement if the motion is made by direction of the committee to which the resolution was referred. All points of order against the resolution of disapproval (and against consideration of the resolution) are waived. The motion is highly privileged in the House of Representatives and is privileged in the Senate and is not debatable. The motion is not subject to amendment, or to a motion to postpone, or to a motion to proceed to the consideration of other business. A motion to reconsider the vote by which the motion is agreed to or disagreed to shall not be in order. If a motion to proceed to the consideration of the resolution of disapproval is agreed to, the respective House shall immediately proceed to consideration of the resolution of disapproval without intervening motion, order, or other business, and the resolution of disapproval shall remain the unfinished business of the respective House until disposed of.

(2) FURTHER CONSIDERATION.—Debate on the resolution of disapproval, and on all debatable motions and appeals in connection therewith, shall be limited to not more than two hours, which shall be divided equally between those favoring and those opposing the resolution of disapproval. An amendment
to the resolution of disapproval is not in order. A motion further to limit debate is in order and not debatable. A motion to postpone, or a motion to proceed to the consideration of other business, or a motion to recommit the resolution of disapproval is not in order. A motion to reconsider the vote by which the resolution of disapproval is agreed to or disagreed to is not in order.

(3) **Final Passage.**—Immediately following the conclusion of the debate on the resolution of disapproval and a single quorum call at the conclusion of the debate if requested in accordance with the rules of the appropriate House, the vote on final passage of the resolution of disapproval shall occur.

(4) **Appeals.**—Appeals from the decisions of the Chair relating to the application of the rules of the Senate or the House of Representatives, as the case may be, to the procedure relating to a resolution of disapproval shall be decided without debate.

(e) **Consideration by Other House.**—

(1) **In General.**—If, before the passage by one House of a resolution of disapproval of that House, that House receives from the other House a resolution of disapproval, the following procedures shall apply:
(A) The resolution of disapproval of the other House shall not be referred to a committee and may not be considered in the House receiving it except in the case of final passage as provided in subparagraph (B)(ii).

(B) With respect to a resolution of disapproval of the House receiving the resolution—

(i) the procedure in that House shall be the same as if no resolution of disapproval had been received from the other House; but

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

(2) Disposition of Resolution.—Upon disposition of the resolution of disapproval received from the other House, it shall no longer be in order to consider the resolution that originated in the receiving House.

(f) Rules of the Senate and House.—This section is enacted by Congress—

(1) as an exercise of the rulemaking power of the Senate and the House of Representatives, respectively, and as such it is deemed a part of the
rules of each House, respectively, but applicable only
with respect to the procedure to be followed in that
House in the case of a resolution of disapproval, and
it supersedes other rules only to the extent that it
is inconsistent with such rules; and

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

TITLE III—IMPLEMENTATION OF
HEALTH CARE REFORMS

SEC. 301. VETSCARE ADVISORY COMMISSION.

(a) Establishment of Commission.—There is es-

tablished a permanent independent commission to be
known as the “VetsCare Advisory Commission” (in this
section referred to as the “Commission”).

(b) Duties.—

(1) Policies on access to and quality of
care.—The Commission shall—

(A) review the policies of the Veterans Ac-
countable Care Organization and the Veterans
Health Insurance Program that affect the ac-
cess of veterans to health care and the quality
of the health care, including with respect to the
VetsCare Federal program, the VetsCare Choice program, and the VetsCare Senior program; and

(B) make recommendations to Congress concerning such access and quality policies, including by identifying cost savings required to offset such recommendations.

(2) REALIGNMENT OF MEDICAL CENTERS.—

(A) IN GENERAL.—The Commission shall determine the medical centers of the Veterans Accountable Care Organization for which closure or realignment would be feasible and advisable.

(B) RECOMMENDATIONS.—Not later than 180 days after the date of the enactment of the Act, the Commission shall submit to the President, the Secretary of Veterans Affairs, and the appropriate congressional committees, such recommendations for closure and realignment of medical centers described in subparagraph (A) as the Commission considers appropriate.

(C) MAINTENANCE OF HEALTH CARE SERVICES.—In carrying out the duties of the Commission under this paragraph, the Commission shall ensure that the availability of health
care services for veterans in areas in which closure or realignment is recommended under subparagraph (B) is not decreased as a result of any such closure or realignment.

(c) Reports.—

(1) Annual reports on policies.—Not later than March 1, 2018, and each year thereafter, the Commission shall submit to the President, the Secretary of Veterans Affairs, and the appropriate congressional committees a report on the policies reviewed under subparagraph (A) of subsection (b)(1), including any recommendations regarding such policies pursuant to subparagraph (B) of such subsection.

(2) Annual reports on issues.—Not later than June 1, 2018, and each year thereafter, the Commission shall submit to the President, the Secretary of Veterans Affairs, and the appropriate congressional committees a report containing an examination of issues affecting the health care programs for veterans under title 38, United States Code, including implications of changes in health care delivery in the United States and in the market for health care services under such programs.
(3) Report on Implementation.—Not later than 90 days after the date described in section 101(c)(3), the Commission shall submit to the President, the Secretary of Veterans Affairs, and the appropriate congressional committees a report on the implementation by the Secretary of this Act and the amendments made by this Act.

(4) Comments on Certain Secretarial Reports.—If the Secretary of Veterans Affairs submits to Congress (or a committee of Congress) a report that is required by law and that relates to the provision of health care to veterans pursuant to title 38, United States Code, the Secretary shall transmit a copy of the report to the Commission. The Commission shall review the report and, not later than six months after the date of the submittal of the Secretary’s report to Congress, shall submit to the appropriate congressional committees written comments on such report. Such comments may include such recommendations as the Commission determines appropriate.

(5) Agenda and Additional Reviews.—The Commission shall consult periodically with the chairmen and ranking minority members of the appropriate congressional committees regarding the agen-
da of the Commission and progress towards achieving the agenda. The Commission may conduct additional reviews, and submit additional reports to the appropriate congressional committees, from time to time on such topics relating to the program under this title as may be requested by such chairmen and members as the Committee determines appropriate.

(6) Availability of reports.—Each report submitted by the Commission under this subsection shall be made publicly available.

(d) Membership.—

(1) Number and appointment.—The Commission shall be composed of 15 members appointed by the Comptroller General of the United States, at least six of whom shall be veterans. The Comptroller General shall make the initial appointment of a member not later than 60 days after the date of the enactment of this Act.

(2) Qualifications.—

(A) In general.—The membership of the Commission shall include individuals with national recognition for having expertise in health finance and economics, actuarial science, health facility management, health plans and integrated delivery systems, reimbursement of
health facilities, allopathic and osteopathic medicine and kinds of medical treatment, and other related fields, who provide a mix of different professionals, broad geographic representation, and a balance between urban and rural representatives, including individuals described in subparagraph (B);

(B) SPECIFIC INDIVIDUALS TO BE APPOINTED.—Of the members appointed under paragraph (1)—

(i) at least one member shall represent an organization recognized by the Secretary of Veterans Affairs for the representation of veterans under section 5902 of title 38, United States Code;

(ii) at least one member shall have experience as senior management for a private integrated health care system with an annual gross revenue of more than $500,000,000;

(iii) at least one member shall be familiar with Federal Government health care systems, including such systems of the Department of Defense, the Indian Health Service, and Federally-qualified health cen-
ters (as defined in section 1905(l)(2)(B) of the Social Security Act (42 U.S.C. 1396d(l)(2)(B)));

(iv) at least one member shall be familiar with the Veterans Health Administration but shall not be currently employed by the Department of Veterans Affairs;

(v) at least one member shall have experience as senior management for a private health plan with an annual gross revenue of more than $500,000,000; and

(vi) at least one member shall have experience as senior management for a private health care accountable care organization with an annual gross revenue of more than $500,000,000.

(C) MAJORITY NONPROVIDERS.—Individuals who are directly involved in the provision, or management of the delivery, of items and services covered under this Act or the amendments made by this Act shall not constitute a majority of the membership of the Commission.

(D) ETHICAL DISCLOSURE.—The Comptroller General shall establish a system for public disclosure by members of the Commission of
financial and other potential conflicts of interest relating to such members.

(3) TERMS.—

(A) IN GENERAL.—A member of the Commission shall serve for a term of three years, except the members first appointed shall be appointed for staggered terms as the Comptroller General considers appropriate to ensure that the terms of no more than five members expire in the same year.

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

(4) CHAIRPERSON AND VICE CHAIRPERSON.—The Comptroller General shall designate a member of the commission, at the time of appointment of the member, to serve as Chairperson of the Commission, except that in the case of vacancy the Comptroller
General may designate another member for the remainder of that Chairperson’s term. The Commission shall select a Vice Chairperson from among its members by a majority vote.

(5) COMPENSATION.—

(A) IN GENERAL.—Members of the Commission shall be compensated at a rate equal to the daily equivalent of the annual rate of basic pay prescribed for level IV of the Executive Schedule under section 5315 of title 5, United States Code, for each day (including travel time) during which such member is engaged in the performance of the duties of the Commission.

(B) OFFICERS OR EMPLOYEES OF THE UNITED STATES.—All members of the Commission who are officers or employees of the United States shall serve without compensation in addition to that received for their services as officers or employees of the United States.

(C) TRAVEL EXPENSES.—The members of the Commission shall be allowed travel expenses, including per diem in lieu of subsistence, at rates authorized for employees of agencies under subchapter I of chapter 57 of title 5,
United States Code, while away from their homes or regular places of business in the performance of services for the Commission.

(6) MEETINGS.—

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

(B) INITIAL MEETING.—Not later than 15 days after the date on which eight voting members of the Commission have been appointed, the Commission shall hold its first meeting.

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

(d) POWERS.—

(1) OBTAINING OFFICIAL DATA.—The Commission may secure directly from any Federal agency such information as the Commission considers necessary to carry out this section. Upon request of the Chairperson of the Commission, the head of that department or agency shall furnish such information to the Commission on an agreed upon schedule.

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

(A) use existing information, both published and unpublished, where possible, collected and assessed either by its own staff or under
other arrangements made in accordance with
this section;

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

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

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

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

(c) PERSONNEL.—

(1) STAFF.—

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

(B) COMPENSATION.—The Chairperson of
the Commission may fix the compensation of
personnel without regard to chapter 51 and
subchapter III of chapter 53 of title 5, United
States Code, relating to classification of posi-
tions and General Schedule pay rates, except
that the rate of pay for the executive director
and other personnel may not exceed the rate
payable for level V of the Executive Schedule
under section 5316 of such title.

(2) **Detail of Government Employees.**—
Any Federal Government employee may be detailed
to the Commission without reimbursement, and such
detail shall be without interruption or loss of civil
service status or privilege.

(3) **Procurement of Temporary and Intermittent Services.**—The Chairperson of the Com-
mission may procure temporary and intermittent
services under section 3109(b) of title 5, United
States Code, at rates for individuals that do not ex-
ceed the daily equivalent of the annual rate of basic
pay prescribed for level V of the Executive Schedule
under section 5316 of such title.

(f) **Budget Request.**—The Commission shall sub-
mit requests for appropriations in the same manner as the
Secretary of Veterans Affairs, but amounts appropriated
for the Commission shall be separate from amounts appropriated for the Secretary.

(g) DEFINITIONS.—In this section:

(1) The term “appropriate congressional committees” means the Committees on Veterans’ Affairs of the House of Representatives and the Senate.

(2) The term “Veterans Accountable Care Organization” means the corporation established by section 323 of title 38, United States Code, as added by section 101;

(3) The term “Veterans Health Insurance Program” means the program established by section 7309 of title 38, United States Code, as added by section 102.

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

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

(6) The term “VetsCare Senior program” means the program established by section 2611 of
title 38, United States Code, as added by section 104.

TITLE IV—LONG-TERM CARE INSURANCE FOR VETERANS

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

(a) In General.—Section 9001 of title 5, United States Code, is amended—

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

(2) by inserting after paragraph (4) the following:

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

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

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

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

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

(D) in subparagraph (D), by striking “or (4)” and inserting “(4), (5)”;
(4) in paragraph (7), as so redesignated, by striking “or (5).” and inserting “(5), or (6).”; and

(5) in paragraph (11), as so redesignated—

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

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

(C) by inserting after subparagraph (D):

“(E) with respect to a veteran, the Secretary of Veterans Affairs.”.

(b) TECHNICAL AND CONFORMING AMENDMENTS.—

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

(1) Section 9002 is amended—

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

(B) in subsection (e)—

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

(ii) in paragraph (4), by striking “section 9001(9)” and inserting “section 9001(10)”.

(2) Section 9004(d) is amended by inserting after “withheld under subsection (b)” the following:

“, who is an enrollee by virtue of being a veteran described in section 9001(5) of this title,”.
(3) Section 9008(c) is amended by striking “(3) or (4)” and inserting “(3), (4), or (5)”.