



UNITED STATES SENATE COMMITTEE ON VETERANS' AFFAIRS

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The Veterans First Act.

Expanding and Improving VA Health Care Services

Bipartisan bill will strengthen existing programs to ensure veterans have access to quality care

The bipartisan *Veterans First Act* makes comprehensive improvements to the Department of Veterans Affairs (VA) health care programs across the board by addressing mental health care, opioid addiction, family caregivers for veterans, services for homeless veterans, and health care administration at the VA. Specifically, the *Veterans First Act* contains provisions that do the following:

Title II, *Jason Simcakoski Memorial Act:*

Improves the administration of the Veterans Choice Card and other care provided outside the VA system:

- Implements prompt payment standards at the VA for medical providers participating in the Veterans Choice program.
- Allows the VA to more easily enter into FAR-based contracts with non-VA providers to provide care.
- Allows the VA to enter into FAR-based contracts to provide nursing home care.
- Designates the VA as the primary payer for the treatment of non-service-connected conditions provided through the Veterans Choice Program.

Expands and improves the VA's Program of Comprehensive Assistance for Family Caregivers:

- Expands eligibility for the VA's Program of Comprehensive Assistance for Family Caregivers to all generations of veterans.
- Provides family caregivers with financial planning services and legal services.
- Requires the VA to implement improvements to the caregivers program, as recommended by the Government Accountability Office, including implementing an information technology system that fully supports the program.
- Establishes a VA Advisory Committee on Caregiver policy to evaluate the program and requires the VA to contract with an independent entity to conduct a comprehensive study on caregivers.

Addresses mental health care for veterans:

- Accommodates the mental health care needs of veterans who participated in classified missions.
- Requires the VA to include certain mental health care professionals in its education and training programs.
- Cuts down on VA bureaucracy to make it easier to hire qualified mental health care professionals.

Addresses the VA's opioid prescription crisis:

- Requires the VA and Department of Defense (DoD) to update the VA/DoD Clinical Practice Guideline for Management of Opioid Therapy for Chronic Pain and improves the VA/DoD Pain Management Working Group.
- Expands the VA's Opioid Safety Initiative to include all VA medical facilities and expands pain management education and training.
- Requires the GAO to conduct an independent review of the Opioid Safety Initiative and the opioid prescribing practices of VA health care providers.
- Eliminates copayment requirements for veterans receiving medication to counter effects of opioid overdoses.

Improves the medical workforce at the Veterans Health Administration (VHA):

- Allows VA physicians and physician assistants to work more flexible hours and allows the VA to competitively pay physicians assistants.
- Requires the VA to increase the number of medical education residency positions at VA medical facilities.
- Requires the VA to consider medical licensure violations when hiring health care providers and notify state medical boards if a health care provider has violated a requirement of their medical license.

Streamlines health care administration at the VA:

- Authorizes funding for the VA to partner with institutions of higher education to expand programs of advanced degrees in prosthetics and orthotics.
- Revives the Intermediate Care Technician Pilot Program.
- Makes it easier for the VA to hire health care providers who worked at the Department of Defense.
- Allows the VA to provide nursing home care for eligible veterans through medical foster homes. Codifies the VA's current policy of requiring VA emergency rooms to provide medical screenings and treatment to individuals requesting it, including women in labor.
- Requires the GAO to conduct periodic audits of the VHA budget.

Increases patient outreach at the VA:

- Establishes an Office of Patient Advocacy within the Office of Under Secretary for Health.
- Requires each VA medical center to host an annual community meeting on improving VA health care.
- Requires the VA to conduct outreach to inform veterans of how to resolve credit issues caused by delayed payment of a claim for medical services.

Expands research on toxic exposures:

- Requires the VA to enter into an agreement with the National Academy of Medicine (NAM) to conduct an assessment on scientific research relating to the descendants of individuals with toxic exposure.
- Authorizes future research on health effects from toxic exposure on descendants of veterans.

Addresses other outstanding health care issues at VA:

- Authorizes certain major medical facility projects for Fiscal Year 2016.
- Directs the VA to adopt a standardized identification and tracking system for biological implants.
- Requires the VA to develop a plan to expand the scope of the delivery of complementary and integrative health services into the health care provided to veterans.
- Increases public access to scientific publications and digital data from research funded by the VA.
- Increases chiropractic care services to veterans at VA medical facilities.
- Prioritizes Medal of Honor recipients in the VA's patient enrollment system.

Title VI – Homeless Veterans

- Expands VA's definition of homeless to include those fleeing domestic violence.
- Expands eligibility for the Department of Labor's Homeless Veterans' Reintegration Program.
- Establishes a program to provide case management for veterans most at-risk for becoming homeless, including those who were previously homeless and transitioning to permanent housing.
- Codifies the existing National Center on Homelessness Among Veterans.
- Authorizes the VA to partner with entities to provide legal services to homeless veterans.
- Requires a GAO study of VA programs that provide assistance to homeless veterans.