

**AMENDMENT TO THE RULES COMMITTEE PRINT  
OF H.R. 1960  
OFFERED BY MR. MCKEON OF CALIFORNIA AND  
MR. SMITH OF WASHINGTON**

Page 308, after line 21, insert the following:

1 **SEC. 726. INTEGRATED ELECTRONIC HEALTH RECORD OF**  
2 **THE DEPARTMENTS OF DEFENSE AND VET-**  
3 **ERANS AFFAIRS.**

4 (a) SENSE OF CONGRESS.—It is the sense of Con-  
5 gress that—

6 (1) despite repeated attempts at cooperation  
7 over the past 20 years, the Department of Defense  
8 and the Department of Veterans Affairs have failed  
9 to implement a solution that allows for seamless  
10 electronic sharing of medical health care data;

11 (2) the recent decision by the Secretary of De-  
12 fense and the Secretary of Veterans Affairs to aban-  
13 don their earlier agreement and pursue separate  
14 paths to integration jeopardizes the stated goal of  
15 providing “a patient-centered health care system  
16 that delivers excellent quality, access, satisfaction,  
17 and value, consistently across the Departments”;

1           (3) despite the repeated concerns and objections  
2           of the congressional committees of jurisdiction, the  
3           Department of Defense and the Department of Vet-  
4           erans Affairs seem to be on a continued path to fail  
5           in achieving the goal of creating a seamless health  
6           record that integrates data across the Departments;  
7           and

8           (4) the President should make the necessary  
9           leadership changes to assure timely completion of  
10          this requirement.

11          (b) IMPLEMENTATION.—The Secretary of Defense  
12          and the Secretary of Veterans Affairs shall—

13               (1) implement an integrated electronic health  
14               record to be used by each of the Secretaries; and

15               (2) deploy such record by not later than Octo-  
16               ber 1, 2016.

17          (c) DESIGN PRINCIPLES.—The integrated electronic  
18          health record established under subsection (b) shall adhere  
19          to the following principles:

20               (1) To the extent practicable, efforts to estab-  
21               lish such record shall be based on objectives, activi-  
22               ties, and milestones established by the Joint Execu-  
23               tive Committee Joint Strategic Plan Fiscal Years  
24               2013–2015, including any requirements, definition,

1 documents, or analyses previously developed to sat-  
2 isfy said Joint Strategic Plan.

3 (2) Principles with respect to open architecture  
4 standards, including—

5 (A) modular designs based on standards  
6 with loose coupling and high cohesion that allow  
7 for independent acquisition of system compo-  
8 nents;

9 (B) if existing national standards do not  
10 exist as of the date on which the record is being  
11 established, the Secretaries shall agree upon  
12 and adopt a standard for purposes of the record  
13 until such time as national standards are estab-  
14 lished;

15 (C) enterprise investment strategies that  
16 maximize reuse of proven system designs;

17 (D) implementation of aggressive life-cycle  
18 sustainment planning that uses proven tech-  
19 nology insertion strategies and product upgrade  
20 techniques;

21 (E) enforcement of system design trans-  
22 parency, continuous design disclosure and im-  
23 provement, and peer reviews that include gov-  
24 ernment, academia, and industry; and

1 (F) strategies for data-use rights to ensure  
2 a level competitive playing field and access to  
3 alternative solutions and sources across the life-  
4 cycle of the program.

5 (3) By the point of full deployment decision,  
6 such record must be at a generation 3 level or better  
7 for a health information technology system.

8 (d) PROGRAM PLAN.—Not later than January 31,  
9 2014, the Secretaries shall jointly develop and submit to  
10 the appropriate congressional committees a program plan  
11 for the oversight and execution of the integrated electronic  
12 health record program established under this section. This  
13 plan shall include—

14 (1) program objectives;

15 (2) organization;

16 (3) responsibilities of the Departments;

17 (4) technical system requirements;

18 (5) milestones, including a schedule for industry  
19 competitions for capabilities needed to satisfy the  
20 technical system requirements;

21 (6) technical system standards being adopted  
22 by the program;

23 (7) outcome-based metrics proposed to measure  
24 the performance and effectiveness of the program;  
25 and

1           (8) level of funding for fiscal years 2014  
2 through 2017.

3           (e) ASSESSMENT.—

4           (1) IN GENERAL.—The Secretaries shall jointly  
5 commission an independent assessment of the pro-  
6 gram plan under subsection (d).

7           (2) SUBMISSION.—Not later than 60 days after  
8 the date on which the program plan under sub-  
9 section (d) is submitted to the appropriate congres-  
10 sional committees, the Secretaries shall jointly sub-  
11 mit to such committees the independent assessment  
12 conducted under paragraph (1).

13          (f) LIMITATION OF FUNDS.—Not more than 25 per-  
14 cent of the amounts authorized to be appropriated by this  
15 Act or otherwise made available for development , mod-  
16 ernization, or enhancement of the integrated electronic  
17 health record within the Department of Veterans Affairs  
18 or for operation and maintenance for the Defense Health  
19 Agency of the Department of Defense may be obligated  
20 or expended until the date on which the program plan  
21 under subsection (d) is submitted to the appropriate con-  
22 gressional committees.

23          (g) MONTHLY REPORTING.—On a monthly basis, the  
24 Secretary of Defense and the Secretary of Veterans affairs  
25 shall each submit to the appropriate congressional com-

1 mitted a report on the expenditures incurred by the Sec-  
2 retary in the development of an integrated electronic  
3 health record under this section. Such reports shall include  
4 obligations by major categories of spending and by sup-  
5 port of milestones identified in the program plan required  
6 under subsection (d).

7 (h) REQUIREMENTS.—

8 (1) IN GENERAL.—Not later than October 1,  
9 2014, all health care information contained in the  
10 Department of Defense AHLTA and the Depart-  
11 ment of Veterans Affairs VistA systems shall be  
12 available and actionable in real-time to health care  
13 providers in each Department through shared tech-  
14 nology.

15 (2) CERTIFICATION.—At such time as the oper-  
16 ational capability described in paragraph (1) is  
17 achieved, the Secretaries shall jointly certify to the  
18 appropriate congressional committees that the Secre-  
19 taries have implemented such operational capability.

20 (3) LIMITATION OF FUNDS.—Neither the Sec-  
21 retary of Defense or the Secretary of Veterans Af-  
22 fairs may obligate or expend more than 10 percent  
23 of the amounts authorized to be appropriated by this  
24 Act or otherwise made available for the research, de-  
25 velopment, test, and evaluation, or procurement for

1 the Virtual Lifetime Electronic Record until the date  
2 on which the certification is made under paragraph  
3 (2).

4 (4) RESPONSIBLE OFFICIAL.—The Secretary of  
5 Defense and the Secretary of Veterans Affairs shall  
6 each identify a senior official to be responsible for  
7 the electronic health record established under this  
8 section, including the operational capability de-  
9 scribed in paragraph (1). Such official shall have in-  
10 cluded within their performance evaluation perform-  
11 ance metrics related to the execution of the respon-  
12 sibilities under this paragraph. Not later than 30  
13 days after the date of the enactment of this Act,  
14 each Secretary shall submit to the appropriate con-  
15 gressional committees the name of the senior official  
16 selected under this paragraph.

17 (5) ACCOUNTABILITY REVIEW.—If the Sec-  
18 retary of Defense and the Secretary of Veterans Af-  
19 fairs fail to meet the requirements under paragraph  
20 (1), the Secretaries shall jointly conduct an account-  
21 ability review to identify the following:

22 (A) The root cause of the failure and if the  
23 failure is a result of technology or human per-  
24 formance.

1 (B) The work sections responsible for the  
2 failure.

3 (C) The milestones and resource invest-  
4 ment required to achieve such requirements.

5 (D) The recommendations for corrective  
6 actions, to include personnel actions, to achieve  
7 such requirements.

8 (6) SUBMISSION OF ACCOUNTABILITY RE-  
9 VIEW.—If the Secretaries conduct a review under  
10 paragraph (5), the Secretaries shall jointly submit to  
11 the appropriate congressional committees a report of  
12 the results of the review by not later than November  
13 30, 2014.

14 (i) ADVISORY PANEL.—

15 (1) ESTABLISHMENT.—Not later than 60 days  
16 after the date of the enactment of this Act, the Sec-  
17 retaries shall jointly establish an advisory panel to  
18 support the development and validation of require-  
19 ments, programmatic assessment, and other actions,  
20 as needed by the Secretaries, with respect to the in-  
21 tegrated electronic health record established under  
22 subsection (b). The panel shall certify to the appro-  
23 priate congressional committees that such record  
24 meets the definition of “integrated” as specified in  
25 subsection (j)(4).



1           (2) MEMBERSHIP.—The panel established  
2           under paragraph (1) shall consist of not more than  
3           14 members, appointed by the Secretaries as follows:

4                   (A) Two co-chairs, one appointed by each  
5                   of the Secretaries.

6                   (B) The chief information officer of the  
7                   Department of Defense and the chief informa-  
8                   tion officer of the Department of Veterans Af-  
9                   fairs.

10                   (C) One member from the acquisition com-  
11                   munity of the Department of Defense and one  
12                   member from such community of the Depart-  
13                   ment of Veterans Affairs.

14                   (D) Two members from the academic com-  
15                   munity appointed by the Secretary of Defense.

16                   (E) Two members from the academic com-  
17                   munity appointed by the Secretary of Veterans  
18                   Affairs.

19                   (F) Two members from industry appointed  
20                   by the Secretary of Defense.

21                   (G) Two members from industry appointed  
22                   by the Secretary of Veterans Affairs.

23           (3) REPORTING.—The Advisory panel estab-  
24           lished under paragraph (1) shall submit to the ap-  
25           propriate congressional committees a quarterly re-

1 port on the activities of the panel. The panel shall  
2 submit the first report by not later than December  
3 31, 2013.

4 (j) DEFINITIONS.—In this section:

5 (1) The term “actionable” means information  
6 that is directly useful to customers for immediate  
7 use in clinical decision making.

8 (2) The term “appropriate congressional com-  
9 mittees” means—

10 (A) the congressional defense committees;

11 and

12 (B) the Committees on Veterans’ Affairs of  
13 the Senate and the House of Representatives.

14 (3) The term “generation 3” means, with re-  
15 spect to an electronic health systems, a system that  
16 has the technical capability to bring evidence-based  
17 medicine to the point of care and provide  
18 functionality for multiple care venues.

19 (4) The term “integrated” means one single  
20 core technology or an inherent cross-platform capa-  
21 bility without the need for additional patch develop-  
22 ment to accomplish this capability.

