House Amendment to S. 2372 — VA Maintaining Internal Systems and Strengthening Integrated Outside Networks Act of 2018 (MISSION Act) (Rep. Roe, R-TN)

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FLOOR SCHEDULE:

Scheduled for consideration on May 16, 2018, subject to a closed rule. The rule provides that amendment in the nature of a substitute to S. 2372 consisting of the text of H.R. 5674, the VA MISSION Act, be considered as adopted. The rule provides that the managers amendment modifying H.R. 5674 described below also be considered as adopted.

The rule also provides for consideration of H.R. 5698 – Protect and Serve Act of 2018, and the beginning of consideration of H.R. 2, the 2018 Farm Bill.

TOPLINE SUMMARY:

The VA MISSION Act would provide $5.2 billion in mandatory funding for the VA Choice program, an amount that should be sufficient to last for at least one year. The bill would establish a permanent community care program for veterans and would modify how the Department of Veterans Affairs (VA) procures services for veterans from health care providers in the private sector, which would be funded by discretionary appropriations subject to the spending caps. The bill would also establish an Asset and Infrastructure Review Commission to make recommendations regarding the closure, modernization, or realignment of VA facilities.

COST:

The Congressional Budget Office (CBO) estimates that implementing H.R. 5674, the VA MISSION Act, would increase direct spending by $4.5 billion over the 2018-2028 period.

CBO further estimates that implementing the aspects of the bill that would be funded by discretionary appropriations subject to the spending caps would cost $46.5 billion over the 2018 - 2023 period, assuming the appropriation of the necessary amounts.

CONSERVATIVE VIEWS:

Some conservatives may be pleased that the bill would establish a permanent community care program for veterans which would be funded by discretionary appropriations subjected to the spending caps rather than through increased mandatory spending.

Some conservatives may be concerned that the $5.2 billion in mandatory funding for the VA Choice program is not fully offset.

Some conservatives may be concerned that Title II of the bill creates or expands several federal scholarship and student loan repayment programs for students agreeing to work at the VA. Others may argue such programs are necessary to recruiting and retaining medical professionals to provide adequate care to veterans.

Considering historically poor performance of the VA in recent years, some conservatives may be concerned that the bill would increase the amount of overall bonuses the VA is authorized to award on an annual basis.

- **Expand the Size and Scope of the Federal Government?** The bill would extend community care for veterans. The bill would require an asset and infrastructure review of VA facilities.
- **Encroach into State or Local Authority?** No.
- **Delegate Any Legislative Authority to the Executive Branch?** The bill would allow the VA to take such action as may be necessary to modernize or realign any VHA facility.
- **Contain Earmarks/Limited Tax Benefits/Limited Tariff Benefits?** No.

DETAILED SUMMARY AND ANALYSIS:

A fact sheet from the House Veterans' Affairs Committee can be found here. The House report (H. Rept. 115-671) accompanying H.R. 5674 can be found here. A section-by-section from the committee can be found here. Highlights of the major provisions of note are included below:

Title I: Community Care Programs

Section 101 would establish a program to furnish hospital care, medical services, and extended care services to covered veterans through health care providers. The Secretary of Veterans Affairs would coordinate the furnishing of hospital care, medical services, and extended care services to covered veterans: ensuring the scheduling of medical appointments in a timely manner and the establishment of a mechanism to receive medical records from non-Department providers; ensuring continuity of care and services; ensuring coordination among regional networks if the covered veteran accesses care and services in a different network than the regional network in which the covered veteran resides; ensuring that covered veterans do not experience a lapse in care resulting from errors or delays by the Department or its contractors or an unusual or excessive burden in accessing hospital care, medical services, or extended care services.

The bill defines a covered veteran to mean any veteran who is enrolled in the system of annual patient enrollment established and operated under section 1705, title 38, U.S. Code, or is not enrolled in such system but is otherwise entitled to hospital care, medical services, or extended care services.

The Secretary would be directed to furnish hospital care, medical services, and extended care services to a covered veteran through health care providers if the Department does not offer the care or services the veteran requires; the Department of Veterans Affairs does not operate a full-service medical facility in the State in which the covered veteran resides; the covered veteran was an eligible veteran; the covered veteran has contacted the Department to request care or services and the Department is not able to furnish such care or services in a manner that complies with designated access standards developed by the Secretary.

The Secretary would be directed to ensure that the criteria developed include consideration of the following: the distance between the covered veteran and the facility that provides the hospital care, medical services, or extended care services the veteran needs; the nature of the hospital care, medical services, or extended care services required; the frequency that the hospital care, medical services, or extended care services needs to be furnished; the timeliness of available appointments for the hospital care, medical services, or extended care services the veteran needs; or whether the covered veteran faces an unusual or excessive burden to access hospital care.

If the Secretary has determined that the Department does not offer the care or services the covered veteran requires, that the Department does not operate a full-service medical facility in the State in which the covered veteran resides, then the decision to receive hospital care, medical services, or extended care services from a health care provider would be at the election of the veteran.

The Secretary may furnish hospital care, medical services, or extended care services through a health care provider to a covered veteran served by a medical service line of the Department that the Secretary has determined is not providing care that complies with the standards for quality established by the Department.

The Secretary may not concurrently furnish hospital care, medical services, or extended care services with respect to more than 36 medical service lines nationally. The Secretary may limit the types of hospital care, medical services, or extended care services covered veterans may receive in terms of the length of time such care and services will be available, the location at which such care and services will be available, and the clinical care and services that will be available.

To promote the provision of high-quality and high-value hospital care, medical services, and extended care services under this section, the Secretary may develop a tiered provider network of eligible providers based on Department-created criteria.

The Secretary would be authorized to enter into consolidated, competitively bid contracts to establish networks of health care providers specified to provide sufficient access to hospital care, medical services, or extended care services, and ensure that covered veterans are able to make their own appointments using advanced technology. The Secretary would be responsible for the scheduling of appointments for hospital care, medical services, and extended care services.

The Secretary would be directed to establish a system or systems for monitoring the quality of care provided to covered veterans through a network under this subsection and for assessing the quality of hospital care, medical services, and extended care services furnished through such network before the renewal of a contract.

The rate paid for hospital care, medical services, or extended care services under any provision in the bill may not exceed the rate paid by the United States to a provider of services or a supplier under the Medicare program for the same care or services.

In any case in which a covered veteran is furnished hospital care, medical services, or extended care services under this section for a non-service-connected disability, the Secretary would recover or collect reasonable charges for such care or services from a contracted health plan. A covered veteran would not pay a greater amount for receiving care or services than the amount the veteran would pay for receiving the same or comparable care or services at a medical facility of the Department or from a health care provider of the Department.

The provision would require the Secretary to consider authorization of an organ or bone marrow transplant at a non-Department facility, if the veteran is eligible for and requires a transplant, and has a medically compelling reason to travel outside the region of the Organ Procurement and Transplantation Network in the opinion of the primary care provider of the veteran.

The Secretary would not limit the types of hospital care, medical services, or extended care services covered veterans may receive under this section if it is in the best medical interest of the veteran to receive such hospital care, medical services, or extended care services, as determined by the veteran and the veteran's health care provider.

The Secretary of Veterans Affairs would continue all contracts, memorandums of understanding, memorandums of agreements, and other arrangements that were in effect on the day before the bill's enactment between the Department of Veterans Affairs and the American Indian and Alaska Native health care systems.

Section 102 would authorize the Department to enter into Veterans Care Agreements (VCAs) that are not subject to competition or other requirements associated with federal contracts, so that they can more easily meet veterans' demands for care in the community. A medical service, or an extended care service may be considered not feasibly available to a veteran from a facility of the Department or through a contract or sharing agreement described in such subparagraph when the Secretary determines the veteran's medical condition, the travel involved, the nature of the care or services required, or a combination of these factors make the use of a facility of the Department or a contract or sharing agreement impracticable or inadvisable. The Secretary would review each Veterans Care Agreement of material size that has been in effect for at least six months within the first two years of its taking effect, and not less frequently than once every four years thereafter.

In fiscal year 2019 and in each fiscal year thereafter, a Veterans Care Agreement for the purchase of extended care services that exceeds $5,000,000 annually would be considered of material size. The Secretary would establish by regulation a process for the certification of eligible entities or providers or recertification of eligible entities or providers. The Department would be responsible for development of a certification process for VCAs and a system for monitoring the quality of care. The provision would also establish the terms VCAs must agree to in order to become a provider in the Community Care program.

Section 104 would direct the Secretary to establish access standards for furnishing hospital care, medical services, or extended care services to covered veterans. The provision would allow a covered veteran to request a determination regarding whether the veteran is eligible to receive care or services from a community provider due to the Department being unable to meet certain designated access standards.

The Secretary would also establish standards for quality regarding hospital care, medical services, and extended care services furnished by the Department pursuant to this title, including through

non-Department health care providers. The Secretary would consider existing health quality measures that are applied to public and privately sponsored health care systems with the purpose of providing covered veterans relevant comparative information to make informed decisions regarding their health care. The Secretary would collect and consider data for purposes of establishing the standards. The bill would direct the VA to collect measures on the following: veterans' satisfaction with service and the quality of care at VA medical facilities within the past two years; timely care; effective care; safety – including at a minimum: complications, readmissions, and death; efficiency.

The Secretary would be directed to publish the quality rating of medical facilities of the Department in the publicly available Hospital Compare website through the Centers for Medicare & Medicaid Services for the purpose of providing veterans with information that allows them to compare performance measure information among Department and non-Department health care providers.

Section 105 would authorize access to walk-in care for enrolled veterans who have used VA health care services in the 24-month period before seeking walk-in services. Veterans who are not required to make a copayment at VA would be entitled to two visits without a copayment and then VA would be authorized to charge an adjustable copayment determined in regulations by VA. Veterans who are required to make a copayment at VA could pay that copayment for the first two visits and then VA would be authorized to charge an adjusted copayment after those two visits.

Section 106 would require VA to perform market area assessments at least once every four years. Each market area assessment would include: an assessment of the demand for health care from the Department, disaggregated by geographic market areas as determined by the Secretary, including the number of requests for health care services under the laws administered by the Secretary; an inventory of the health care capacity of the Department of Veterans Affairs across the Department's system of facilities; as well as other matters.

Section 107 would apply the same affirmative action moratorium on VCA contractors and subcontractors as is applied to TRICARE contractors and subcontractors in Directive 2014–01 of the Office of Federal Contract Compliance Programs of the Department of Labor.

Section 108 would allow VA to deny, suspend, or revoke the eligibility of a non-Department health care provider to participate in the community care program if that the provider was previously removed from VA employment or had their medical license revoked.

Section 111 would direct the Secretary to pay for hospital care, medical services, or extended care services furnished by health care entities or providers under this chapter within 45 calendar days upon receipt of a clean paper claim or 30 calendar days upon receipt of a clean electronic claim. If a claim is denied, the Secretary would, within 45 calendar days of denial for a paper claim and 30 calendar days of denial for an electronic claim, notify the health care entity or provider of the reason for denying the claim and what, if any, additional information is required to process the claim. Upon the receipt of the additional information, the Secretary would ensure that the claim is paid, denied, or otherwise adjudicated within 30 calendar days from the receipt of the requested information.

A health care entity or provider that furnishes hospital care, a medical service, or an extended care service would submit a claim to the Secretary for payment for furnishing the hospital care, medical service, or extended care service not later than 180 days after the date on which the entity or provider furnished the hospital care, medical service, or extended care service.

Any claim that has not been denied, made pending, or paid within the specified time periods would be considered overdue and subject to interest payment penalties. VA would also be directed to report annually on the number of and the amount paid in overdue claims. VA would be authorized to deduct the amount of any overpayment from payments due to an entity or provider under certain conditions.

Section 112 would authorize VA to pay for services not subject to a contract or agreement. It would also give VA the flexibility to pay for services deemed necessary and would direct VA to take reasonable efforts to enter into a formal agreement and contract, or other legal arrangement, to ensure that future care and services are covered.

Section 121 would require VA to develop and administer an education program to inform veterans about their VA health care options, the interaction between health insurance and VA health care, and how to utilize the access and quality standards.

Section 131 would direct the Secretary of Veterans Affairs to ensure that all covered health care providers are provided a copy of and certify that they have reviewed the evidence-based guidelines for prescribing opioids set forth by the Opioid Safety Initiative of the Department of Veterans Affairs.

The Secretary would implement a process to ensure that, if care of a veteran by a covered health care provider is authorized under the laws administered by the Secretary, the document authorizing such care includes the available and relevant medical history of the veteran and a list of all medications prescribed to the veteran as known by the Department.

Section 133 would require VA to establish competency standards for non-Department providers in treating veterans for injuries and illnesses that VA has a special expertise in, such as post-traumatic stress disorder, traumatic brain injury, and military sexual trauma. The provision would also direct that all non-Department providers, to the extent practicable as determined by VA, meet these standards before furnishing care.

Section 141 would require the VA to submit a justification to Congress for any new supplemental appropriations request submitted outside of the standard budget process no later than 45 days before the date on which a budgetary issue would start affecting a program or service. It would also require a detailed strategic plan on how the VA intends to use the requested appropriation and for how long the requested funds are expected to meet the need.

Section 142 would amend section 802 of the Choice Act to authorize the VA to use the remaining Veterans Choice Fund beginning on March 1, 2019, to pay for any health care services under Chapter 17 of Title 38 at non-Department facilities or through non-Department providers furnishing care in VA facilities.

Section 143 would provide a sunset date for the Veterans Choice Program one year after the bill's enactment.

Section 151 would authorize a covered health care professional to practice the health care profession of the health care professional at any location in any State, regardless of where the covered health care professional or the patient is located, if the covered health care professional is using telemedicine to provide treatment to an individual.

Section 152 would establish a VA Center for Innovation for Care and Payment. The Department, acting through the center, would be authorized to carry out pilot programs to develop new,

innovative approaches to testing payment and service delivery models to reduce expenditures while preserving or enhancing the quality of and access to care furnished by VA.

Section 161 would expand eligibility for VA's Program of Comprehensive Assistance for Family Caregivers to veterans with a serious injury incurred or aggravated in the line of duty in the active military, naval, or air service on or before May 7, 1975, under specified conditions.

Title II: VA Asset and Infrastructure (AIR) Review Act

Section 202 would establish a nine-member Asset and Infrastructure Review (AIR) Commission. The Commission would meet during calendar years 2022 and 2023 and be terminated on December 31, 2023. The President would be directed to appoint AIR Commissioners with the advice and consent of the Senate, and to transmit nominations to the Senate by May 31, 2021; consult with the Speaker and Minority Leader of the House of Representatives, and the Majority and Minority Leaders of the Senate in selecting individuals for Commission nomination and congressionally chartered, membership-based veterans service organizations (VSOs) specifically concerning the appointment of three members.

Section 203 would direct the Secretary to, not later than February 1, 2021, and after consulting with veterans service organizations, publish in the Federal Register and transmit to Congress the criteria proposed to be used by the Department of Veterans Affairs in assessing and making recommendations regarding the modernization or realignment of facilities of the Veterans Health Administration (VHA). Such criteria would include the preferences of veterans regarding health care furnished by the Department. Not later than May 31, 2021 - VA would be required to publish in the Federal Register and transmit to Congress, the final criteria to be used in making recommendations regarding the modernization or realignment of VHA facilities.

The President would be required to transmit to the Commission and to Congress not later than February 15, 2023, a report containing the President's approval or disapproval of the Commission's recommendations. If the President approves of the Commission's recommendations, the President would be required to transmit a copy of the Commission's recommendations together with a certification of approval. If the President disapproves of the Commission's recommendations in whole or in part, the President would be required to transmit to the Commission and the Congress the reasons for that disapproval and require the Commission to transmit a report containing the its findings and conclusions based on a review and analysis of those reasons for disapproval provided by the President. The process for modernization or realignment of VHA facilities would terminate if the President does not transmit a certification of approval to Congress by March 30, 2023.

Section 204 would require the VA to initiate or begin the planning of all actions recommended by the Commission in the report transmitted to Congress by the President no later than three years after the date in which the President transmits such report.

Section 205 would authorize the VA to: take such action as may be necessary to modernize or realign any VHA facility (including the acquisition of land, construction of replacement facilities, the performance of such activities, and the conduct of such advance planning and design as may be required to transfer functions from a VHA facility to another facility) and may use funds in the account or funds appropriated to the VA; carry out such activities for the purposes of environmental restoration and mitigation at any VHA facilities; and reimburse other Federal agencies for actions

performed at VA's request with respect to a closure or realignment and use for such funds in the appropriated to the VA and available.

The VA would be authorized to transfer the title of a VA medical facility approved for closure or realignment, which will be retained by the VA or another Federal agency, to a redevelopment authority who agrees to lease, directly upon transfer and without requiring rental payments, one or more portions of the transferred property to the VA or the head of another Federal department or agency for a term not to exceed 50 years. The VA would be authorized to close or realign VA medical facilities under this title without regard to any provision of law restricting the use of funds for such actions included in any appropriations or authorization Act. The VA would also be authorized to enter into an agreement to transfer by deed a VA medical facility with any person who agrees to perform all environmental restoration, waste management, and environmental compliance activities that are required under Federal and State laws, administrative decisions, agreements, and concurrences.

Section 206 would establish a VA AIR Account to be administered by the Department.

Title III: Improvements to the Recruitment of Health Care Professionals

Section 301 would provide that at least 50 scholarships are awarded to medical and dental students under the existing VA scholarship program for health professionals. The amount of required scholarships would be reduced when the current medical professional shortage drops below 500. Recipients would have to agree to work for the VA for 18 months for every year they receive a scholarship. Veterans could receive preference in the awarding of scholarships. The bill would also require that the VA advertise the scholarships at educational institutions. The bill would extend the current authority for the VA to furnish scholarships to new participants in the scholarship program from its current sunset date of December 31, 2019 to December, 31 2033.

Section 302 would increase the amount of student loan payments that can be reimbursed by the existing Education Debt Reduction Program. According to the VA, the program provides student loan reimbursement to employees with qualifying loans who are in difficult to recruit and retain direct patient care positions. The amounts would be increased from $120,000 to $200,000 over five years and $24,000 to $40,000 annually.

Section 303 would create a new loan repayment program – the "Specialty Education Loan Repayment Program" - for the student loans of M.D. and D.O. degree recipients that have recently graduated or entered residency and that are going to practice in specialties for which the VA has a shortage. Payments could be up to $160,000 over four years of participation and $40,000 annually. These limits are waivable. Recipients would have to agree to work at the VA for a year for every $40,000 in benefits. Preference could be given to those located in rural areas, within an Indian tribe, organization or the Indian Health Service, or with an underserved facility of the VA. Assistance under the Specialty Education Loan Repayment Program may be in addition to other assistance available to individuals under the Educational Assistance Program

Section 304 would direct the VA to carry out a pilot program designed to give scholarships to 18 veterans that enter school in 2019. They would cover four years of medical school and would be awarded to two veterans attending each of the five Teague-Cranston Schools and at four historically black colleges and universities. According to the House Committee Report, these include the following: The covered medical schools would include Texas A&M College of Medicine, Quillen College of Medicine at East Tennessee State University, Boonshoft School of Medicine at Wright State

University, Edwards School Medicine at Marshall University, the University of South Carolina School of Medicine, Drew University of Medicine and Science, Howard University of Medicine, Meharry Medical College, and Morehouse School of Medicine. Recipients would have to work for the VA for four years – the same length as the scholarship covers.

Section 305 would increase the amount of overall bonuses the VA is authorized to award on an annual basis. For FY 2018, it would increase the cap from $230 million to $250 million. For FY 2019 to 2021, it would increase the cap from $225 million to $290 million. Of these sums, the bill would require that at least $20 million be used for recruitment, retention, and relocation purposes.

Section 306 would allow Vet Center employees to be eligible for the VA's Education Debt Reduction Program (EDRP).

Title IV: Health Care in Underserved Areas

Section 401 of the bill would direct the VA to develop criteria for VA designating medical centers, ambulatory care facilities, and community based outpatient clinics as "underserved facilities." The bill sets forth a number of factors to be integrated into the criteria, including whether or not the VA determines that the facilities are adequately serving area veterans. The bill would call for the VA to come up with a plan to address the underserved facilities.

Section 402 would direct the VA to create a pilot program that would deploy teams of medical professionals to underserved facilities. The pilot program would be authorized for 3 years. The bill would require an interim and final report to Congress on the program.

Section 403, the Veterans Access, Choice, and Accountability Act authorized the VA to increase the number of graduate medical education residency positions at medical facilities of the VA by up to 1,500 positions. This section of the bill would direct the VA to establish medical residency positions at VA and non-VA health care facilities including those operated by an Indian tribe or a tribal organization, facilities operated by the Indian Health Service, federally-qualified health centers, Department of Defense facilities, and any other as the VA deems appropriate. This section sets forth factors for the VA to consider when determining where to set up programs, including those facilities that are not adequately serving residents. The VA would be directed to reimburse a facility at which it establishes a residency program for certain costs, including curriculum development, faculty recruitment and retention, accreditation certain faculty salaries, and resident education.

Title V: Other Matters

Section 501 would require a report on bonuses paid to senior VA employees.

Section 502 would allow podiatrists to be appointed as supervisory positions to the same degree as other physicians.

Section 503 would raise the threshold for requiring Congressional authorization for major medical facilities to $20 million from $10 million.

Section 504 would authorize up to $117.3 million for a major VA medical project in Livermore, California.

Section 505 would require the VA to make information about VHA vacancies, new hires, accessions and separation actions publicly available.

Section 506 would require the VA to carry out a program to establish at least two peer specialists at Medical centers "to promote the use and integration of services for mental health, substance use disorder, and behavioral health in a primary care setting." The bill would require the program to be at not fewer than 15 medical centers by June 2019 and not fewer than 30 medical centers by June 2020.

Section 507 would establish a two year pilot program to hire additional medical scribes at 10 VA medical centers.

Section 508 would extend the current law fee rates for VA-guaranteed mortgage loans through FY 2028.

Section 509 would extend the current law policy where "a veteran, or surviving spouse, has neither a spouse nor a child and is receiving Medicaid-covered nursing home care, the veteran or surviving spouse is eligible to receive no more than $90 per month in VA pension or death pension payments for any period after the end of the third full calendar month following the month of admission" through FY 2028.

Section 510 would provide $5.2 billion in mandatory for the VA Choice program. According to the Committee Report, "It is the Committee's intent that this amount will be sufficient to ensure veteran access to care until one year after enactment of the bill when the Program is fully implemented."

AMENDMENT CONSIDERED AS ADOPTED:

- Rep. Poe (R-TN) (Manager's Amendment): would make technical changes and change the name of the bill to the "John S. McCain III, Daniel K. Akaka, and Samuel R. Johnson VA Maintaining Internal Systems and Strengthening Integrated Outside Networks Act of 2018''. The amendment would modify waiver authorities in section 152 of the bill regarding the Center for Innovation for Care and Payment and require the Secretary of Veterans Affairs to report a bill to Congress to amend the provision or provisions of law that would be waived by the Department, a report on a request for waiver that describes the specific authorities to be waived; a description of the metric or metrics the Secretary will use to determine the effect of the waiver or waivers upon the access to and quality, timeliness, or patient satisfaction of care and services furnished through the pilot program; the anticipated cost savings, if any, of the pilot program; and the estimated budget of the pilot program; as well as other matters. The amendment sets up procedures for Congressional action on the waiver. The amendment clarifies that the budgetary effects of the bill would not be entered on either PAYGO scorecard.

OUTSIDE GROUPS:

- Concerned Veterans for America/Americans for Prosperity

  Veterans Service Organizations

- Air Force Association (AFA)
- Air Force Sergeants Association (AFSA)
- Air Force Women Officers Associated (AFWOA)
- American Foundation for Suicide Prevention (AFSP)
- America's Warrior Partnership
- The American Legion
- AMSUS, The Society of Federal Health Professionals
- AMVETS (American Veterans)
- Army Aviation Association of America (AAAA)
- Association of the US Navy (AUSN)
- Blinded Veterans Association (BVA)
- Code of Support Foundation (COSF)
- Commissioned Officers Association of the US Public Health Services Inc (COA)
- DAV (Disabled American Veterans)
- Elizabeth Dole Foundation (EDF)
- Enlisted Association of the National Guard of the US (EANGUS)
- Fleet Reserve Association (FRA)
- Gold Star Wives of America (GSW)
- Iraq and Afghanistan Veterans of America (IAVA)
- Jewish War Veterans (JWV)
- Marine Corps League (MCL)
- Marine Corps Reserve Association (MCRA)
- Military Chaplains Association (MCA)
- Military Officers Association of America (MOAA)
- Military Order of the Purple Heart (MOPH)
- National Military Family Association (NMFA)
- Naval Enlisted Reserve Association (NERA)
- Non Commissioned Officers Association of the USA (NCOA)
- Paralyzed Veterans of America (PVA)
- Reserve Officers Association (ROA)
- Service Women's Action Network (SWAN)
- The Retired Enlisted Association (TREA)
- Tragedy Assistance Program for Survivors (TAPS)
- US Army Warrant Officers Association (USAWOA)
- USCG Chief Petty Officers Association (CPOA)
- Veterans of Foreign Wars (VFW)
- Vietnam Veterans of America (VVA)
- Wounded Warrior Project (WWP)

COMMITTEE ACTION:

H.R. 5674 was introduced on May 3, 2018, and was referred to the House Committee on Veterans' Affairs. On May 8, 2018, the committee ordered it to be reported by the yeas and nays: 20 - 2.

ADMINISTRATION POSITION:

A Statement of Administration Policy is available here. According to the statement, if the VA MISSION Act of 2018 were presented to the President in its current form, his advisors would recommend that

he sign it into law. A statement from the White House Press Secretary Regarding H.R.5674 – the VA MISSION Act of 2018 can be found here.

CONSTITUTIONAL AUTHORITY:

According to the sponsor: "Congress has the power to enact this legislation pursuant to the following: Article 1, Section 8 of the United States Constitution." No specific enumerating clause was listed.
