

114TH CONGRESS
1ST SESSION

S. 1676

To increase the number of graduate medical education positions treating veterans, to improve the compensation of health care providers, medical directors, and directors of Veterans Integrated Service Networks of the Department of Veterans Affairs, and for other purposes.

IN THE SENATE OF THE UNITED STATES

JUNE 24, 2015

Mr. TESTER (for himself and Mrs. McCASKILL) introduced the following bill;
which was read twice and referred to the Committee on Veterans' Affairs

A BILL

To increase the number of graduate medical education positions treating veterans, to improve the compensation of health care providers, medical directors, and directors of Veterans Integrated Service Networks of the Department of Veterans Affairs, 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
5 “Delivering Opportunities for Care and Services for Vet-
6 erans Act of 2015” or the “DOCs for Veterans Act of
7 2015”.

1 (b) TABLE OF CONTENTS.—The table of contents for
 2 this Act is as follows:

Sec. 1. Short title; table of contents.

TITLE I—MEDICAL EDUCATION AND TRAINING

- Sec. 101. Disregard of resident slots that include VA training against the Medicare graduate medical education limitations.
- Sec. 102. Extension of period for increase in graduate medical education residency positions at medical facilities of the Department of Veterans Affairs.
- Sec. 103. Pilot program on graduate medical education residency programs in behavioral medicine in underserved areas.
- Sec. 104. Inclusion of mental health professionals in education and training program for health personnel of the Department of Veterans Affairs.
- Sec. 105. Expansion of qualifications for licensed mental health counselors of the Department of Veterans Affairs to include doctoral degrees.

TITLE II—HEALTH CARE PROVIDERS OF THE DEPARTMENT OF VETERANS AFFAIRS

- Sec. 201. Requirement that physician assistants employed by the Department of Veterans Affairs receive competitive pay.
- Sec. 202. Modification of education debt reduction program of Department of Veterans Affairs to require a certain amount to be spent in rural and highly rural areas.
- Sec. 203. Report on medical workforce of the Department of Veterans Affairs.

TITLE III—LEADERSHIP OF THE VETERANS HEALTH ADMINISTRATION

- Sec. 301. Establishment of positions of Directors of Veterans Integrated Service Networks in Office of Under Secretary for Health of Department of Veterans Affairs and modification of qualifications for Medical Directors.
- Sec. 302. Pay for Medical Directors and Directors of Veterans Integrated Service Networks.

TITLE IV—OTHER HEALTH CARE MATTERS

- Sec. 401. Pilot program on providing nurse advice line for veterans in rural and highly rural areas.

1 **TITLE I—MEDICAL EDUCATION**
2 **AND TRAINING**

3 **SEC. 101. DISREGARD OF RESIDENT SLOTS THAT INCLUDE**
4 **VA TRAINING AGAINST THE MEDICARE GRAD-**
5 **UATE MEDICAL EDUCATION LIMITATIONS.**

6 (a) DIRECT GME.—Section 1886(h)(4)(F) of the So-
7 cial Security Act (42 U.S.C. 1395ww(h)(4)(F)) is amend-
8 ed by adding at the end the following new clause:

9 “(iii) DISREGARD OF CERTAIN RESI-
10 DENT SLOTS THAT INCLUDE VA TRAIN-
11 ING.—For portions of cost reporting peri-
12 ods beginning on or after July 1, 2016, in
13 applying the limitations regarding the total
14 number of full-time equivalent residents in
15 the field of allopathic or osteopathic medi-
16 cine under clause (i) in a hospital’s ap-
17 proved medical residency training program,
18 the Secretary shall not take into account
19 any resident within such program that
20 counts towards meeting the obligation of
21 the Secretary of Veterans Affairs under
22 section 301(b)(2) of the Veterans Access,
23 Choice, and Accountability Act of 2014
24 (Public Law 113–146; 38 U.S.C. 7302
25 note).”.

1 (b) INDIRECT GME.—Section 1886(d)(5)(B)(v) of
 2 the Social Security Act (42 U.S.C. 1395ww(d)(5)(B)(v))
 3 is amended, in the second sentence, by striking “sub-
 4 section (h)(4)(F)(ii)” and inserting “clauses (ii) and (iii)
 5 of subsection (h)(4)(F)”.

6 **SEC. 102. EXTENSION OF PERIOD FOR INCREASE IN GRAD-**
 7 **UATE MEDICAL EDUCATION RESIDENCY PO-**
 8 **SITIONS AT MEDICAL FACILITIES OF THE DE-**
 9 **PARTMENT OF VETERANS AFFAIRS.**

10 (a) IN GENERAL.—Paragraph (2) of section 301(b)
 11 of the Veterans Access, Choice, and Accountability Act of
 12 2014 (Public Law 113–146; 38 U.S.C. 7302 note) is
 13 amended—

14 (1) in the paragraph heading, by striking
 15 “FIVE-YEAR” and inserting “TEN-YEAR”; and

16 (2) in subparagraph (A), by striking “5-year
 17 period” and inserting “10-year period”.

18 (b) REPORT.—Paragraph (3)(A) of such section is
 19 amended by striking “until 2019” and inserting “until
 20 2024”.

21 **SEC. 103. PILOT PROGRAM ON GRADUATE MEDICAL EDU-**
 22 **CATION RESIDENCY PROGRAMS IN BEHAV-**
 23 **IORAL MEDICINE IN UNDERSERVED AREAS.**

24 (a) PILOT PROGRAM.—Commencing not later than
 25 one year after the date of the enactment of this Act, the

1 Secretary of Veterans Affairs and the Secretary of Health
2 and Human Services shall jointly conduct a six-year pilot
3 program to establish not less than three graduate medical
4 education residency programs in behavioral medicine in
5 underserved areas in the United States.

6 (b) ELEMENTS.—Each graduate medical education
7 residency program established under the pilot program
8 shall—

9 (1) provide residents participating in the grad-
10 uate medical education residency program with an
11 opportunity to work with a diverse patient popu-
12 lation through a rotation between medical facilities
13 of the Department of Veterans Affairs, facilities of
14 the Indian Health Service, and facilities partici-
15 pating under the Medicare program under title
16 XVIII of the Social Security Act (42 U.S.C. 1395 et
17 seq.);

18 (2) include graduate medical education in the
19 field of behavioral medicine;

20 (3) be carried out in a manner consistent with
21 graduate medical education residency programs sup-
22 ported and funded by the Department of Veterans
23 Affairs and the Department of Health and Human
24 Services;

25 (4) be located in a community that—

1 (A) is designated as a medically under-
2 served area under section 330(b)(3)(A) of the
3 Public Health Service Act (42 U.S.C.
4 254b(b)(3)(A));

5 (B) is in a State with a per capita popu-
6 lation of veterans of more than 9 percent ac-
7 cording to the National Center for Veterans
8 Analysis and Statistics and the United States
9 Census Bureau; and

10 (C) is within 100 miles of a Reservation
11 (as defined in Section 3(d) of the Indian Fi-
12 nancing Act of 1974 (25 U.S.C. 1452)).

13 (c) REPORT.—

14 (1) IN GENERAL.—Not later than 180 days
15 after the date of the commencement of the pilot pro-
16 gram and not less frequently than once each year
17 thereafter while the pilot program is being carried
18 out, the Secretary of Veterans Affairs and the Sec-
19 retary of Health and Human Services shall, in con-
20 sultation with representatives from facilities partici-
21 pating under the Medicare program under title
22 XVIII of the Social Security Act (42 U.S.C. 1395 et
23 seq.) that are participating in the pilot program,
24 jointly submit to Congress a report on the imple-
25 mentation of the pilot program.

1 (2) ELEMENTS.—Each report required by para-
2 graph (1) shall include the following:

3 (A) A description of the patient population
4 served by the residents participating in a grad-
5 uate medical education residency program
6 under the pilot program.

7 (B) A description of the behavioral medi-
8 cine services provided under the pilot program,
9 including the extent to which those services
10 were provided using telemedicine services.

11 (C) The academic affiliation of each resi-
12 dent participating in a graduate medical edu-
13 cation residency program under the pilot pro-
14 gram.

15 (D) A description of any impediments
16 faced in carrying out the pilot program and ac-
17 tions taken by the Secretary of Veterans Affairs
18 and the Secretary of Health and Human Serv-
19 ices to address those impediments.

20 **SEC. 104. INCLUSION OF MENTAL HEALTH PROFESSIONALS**
21 **IN EDUCATION AND TRAINING PROGRAM FOR**
22 **HEALTH PERSONNEL OF THE DEPARTMENT**
23 **OF VETERANS AFFAIRS.**

24 (a) IN GENERAL.—In carrying out the education and
25 training program required under section 7302(a)(1) of

1 title 38, United States Code, the Secretary of Veterans
 2 Affairs shall include education and training of marriage
 3 and family therapists and licensed professional mental
 4 health counselors.

5 (b) APPORTIONMENT OF FUNDING.—The Secretary
 6 shall apportion funding for the education and training
 7 program described in subsection (a) equally among the
 8 professions included in the program.

9 **SEC. 105. EXPANSION OF QUALIFICATIONS FOR LICENSED**
 10 **MENTAL HEALTH COUNSELORS OF THE DE-**
 11 **PARTMENT OF VETERANS AFFAIRS TO IN-**
 12 **CLUDE DOCTORAL DEGREES.**

13 Section 7402(b)(11)(A) of title 38, United States
 14 Code, is amended by inserting “or doctoral degree” after
 15 “master’s degree”.

16 **TITLE II—HEALTH CARE PRO-**
 17 **VIDERS OF THE DEPART-**
 18 **MENT OF VETERANS AFFAIRS**

19 **SEC. 201. REQUIREMENT THAT PHYSICIAN ASSISTANTS EM-**
 20 **PLOYED BY THE DEPARTMENT OF VETERANS**
 21 **AFFAIRS RECEIVE COMPETITIVE PAY.**

22 Section 7451(a)(2) of title 38, United States Code,
 23 is amended—

24 (1) by redesignating subparagraph (B) as sub-
 25 paragraph (C);

1 (2) by inserting after subparagraph (A) the fol-
 2 lowing new subparagraph (B):

3 “(B) Physician assistant.”; and

4 (3) in subparagraph (C), as redesignated by
 5 paragraph (1), by striking “and registered nurse”
 6 and inserting “registered nurse, and physician as-
 7 sistant”.

8 **SEC. 202. MODIFICATION OF EDUCATION DEBT REDUCTION**
 9 **PROGRAM OF DEPARTMENT OF VETERANS**
 10 **AFFAIRS TO REQUIRE A CERTAIN AMOUNT**
 11 **TO BE SPENT IN RURAL AND HIGHLY RURAL**
 12 **AREAS.**

13 Section 7681 of title 38, United States Code, is
 14 amended by adding at the end the following new sub-
 15 sections:

16 “(c) **LIMITATION ON AMOUNTS.**—Not less than 30
 17 percent of the amount of debt reduction payments paid
 18 under the Education Debt Reduction Program each year
 19 shall be paid to individuals who practice medicine in a
 20 rural area or highly rural area or demonstrate a commit-
 21 ment to practice medicine in such an area.

22 “(d) **DEFINITIONS.**—In this section:

23 “(1) The term ‘highly rural area’ means an
 24 area located in a county or similar community that

1 has less than seven individuals residing in that coun-
2 ty or community per square mile.

3 “(2) The term ‘rural area’ means an area that
4 is not an urbanized area or a highly rural area.

5 “(3) The term ‘urbanized area’ has the mean-
6 ing given that term by the Director of the Bureau
7 of the Census.”.

8 **SEC. 203. REPORT ON MEDICAL WORKFORCE OF THE DE-**
9 **PARTMENT OF VETERANS AFFAIRS.**

10 (a) IN GENERAL.—Not later than 120 days after the
11 date of the enactment of this Act, the Secretary of Vet-
12 erans Affairs shall submit to the Committee on Veterans
13 Affairs of the Senate and the Committee on Veterans Af-
14 fairs of the House of Representatives a report on the med-
15 ical workforce of the Department of Veterans Affairs.

16 (b) ELEMENTS.—The report required by subsection
17 (a) shall include the following:

18 (1) With respect to licensed professional mental
19 health counselors and marriage and family thera-
20 pists of the Department—

21 (A) how many such counselors and thera-
22 pists are currently enrolled in the mental health
23 professionals trainee program of the Depart-
24 ment;

1 (B) how many such counselors and thera-
2 pists are expected to enroll in the mental health
3 professionals trainee program of the Depart-
4 ment during the 180-day period beginning on
5 the date of the submittal of the report;

6 (C) a description of the eligibility criteria
7 for such counselors and therapists as compared
8 to other behavioral health professions in the
9 Department;

10 (D) a description of the objectives, goals,
11 and timing of the Department with respect to
12 increasing the representation of such counselors
13 and therapists in the behavioral health work-
14 force of the Department; and

15 (E) a description of the actions taken by
16 the Secretary, in consultation with the Director
17 of the Office of Personnel Management, to cre-
18 ate an occupational series for such counselors
19 and therapists and a timeline for the creation
20 of such an occupational series.

21 (2) A breakdown of spending by the Depart-
22 ment in connection with the education debt reduc-
23 tion program of the Department under subchapter
24 VII of chapter 76 of title 38, United States Code,
25 including—

1 (A) the amount spent by the Department
2 in debt reduction payments during the three-
3 year period preceding the submittal of the re-
4 port disaggregated by the medical profession of
5 the individual receiving the payments;

6 (B) a description of how the Department
7 prioritizes such spending by medical profession,
8 including an assessment of whether such pri-
9 ority reflects the five occupations identified in
10 the most recent determination by the Inspector
11 General of the Department of Veterans Affairs
12 as having the largest staffing shortages in the
13 Veterans Health Administration; and

14 (C) a description of the actions taken by
15 the Secretary to increase the effectiveness of
16 such spending for purposes of recruitment of
17 health care providers to the Department, in-
18 cluding efforts to more consistently include eli-
19 gibility for the education debt reduction pro-
20 gram in vacancy announcements of positions for
21 health care providers at the Department.

22 (3) A description of any impediments to the de-
23 livery by the Department of telemedicine services to
24 veterans and any actions taken by the Department

1 to address such impediments, including with respect
2 to—

3 (A) restrictions under Federal or State
4 laws;

5 (B) licensing or credentialing issues for
6 health care providers, including non-Depart-
7 ment health care providers, practicing telemedi-
8 cine with a veteran located in a different State;

9 (C) the effect of limited broadband access
10 or limited information technology capabilities on
11 the delivery of health care;

12 (D) the distance a veteran is required to
13 travel to access a facility or clinic with telemedi-
14 cine capabilities;

15 (E) the effect on the provision of telemedi-
16 cine services to veterans of policies of and lim-
17 ited liability protection for certain entities; and

18 (F) issues relating to reimbursement and
19 travel limitations for veterans that affect the
20 participation of non-Department health care
21 providers in the telemedicine program.

22 (4) An update on the efforts of the Secretary
23 to offer training opportunities in telemedicine to
24 medical residents in medical facilities of the Depart-
25 ment that use telemedicine, consistent with medical

1 residency program requirements established by the
2 Accreditation Council for Graduate Medical Edu-
3 cation, as required in section 108(b) of the Honoring
4 America’s Veterans and Caring for Camp Lejeune
5 Families Act of 2012 (Public Law 112–154; 38
6 U.S.C. 7406 note).

7 (5) An assessment of the development and im-
8 plementation by the Secretary of succession planning
9 policies to address the prevalence of vacancies in po-
10 sitions in the Veterans Health Administration of
11 more than 180 days, including the development of
12 an enterprise position management system to more
13 effectively identify, track, and resolve such vacan-
14 cies.

15 (6) A description of the actions taken by the
16 Secretary, in consultation with the Director of the
17 Office of Personnel Management, to address any im-
18 pediments to the timely appointment and determina-
19 tion of qualifications for Directors of Veterans Inte-
20 grated Service Networks and Medical Directors of
21 the Department.

1 **TITLE III—LEADERSHIP OF THE**
2 **VETERANS HEALTH ADMINIS-**
3 **TRATION**

4 **SEC. 301. ESTABLISHMENT OF POSITIONS OF DIRECTORS**
5 **OF VETERANS INTEGRATED SERVICE NET-**
6 **WORKS IN OFFICE OF UNDER SECRETARY**
7 **FOR HEALTH OF DEPARTMENT OF VETERANS**
8 **AFFAIRS AND MODIFICATION OF QUALIFICA-**
9 **TIONS FOR MEDICAL DIRECTORS.**

10 Section 7306(a)(4) of title 38, United States Code,
11 is amended—

12 (1) by inserting “and Directors of Veterans In-

13 tegrated Service Networks” after “Such Medical Di-

14 rectors”; and

15 (2) by striking “, who shall be either a qualified

16 doctor of medicine or a qualified doctor of dental

17 surgery or dental medicine”.

18 **SEC. 302. PAY FOR MEDICAL DIRECTORS AND DIRECTORS**
19 **OF VETERANS INTEGRATED SERVICE NET-**
20 **WORKS.**

21 (a) IN GENERAL.—Chapter 74 of title 38, United
22 States Code, is amended by adding at the end the fol-
23 lowing new subchapter:

1 **“Subchapter VII—Pay for Medical Directors**
2 **and Directors of Veterans Integrated**
3 **Service Networks**

4 **“§ 7481. Pay for Medical Directors and Directors of**
5 **Veterans Integrated Service Networks**

6 “(a) ELEMENTS OF PAY.—Pay for a Medical Direc-
7 tor or Director of a Veterans Integrated Service Network
8 appointed under section 7306(a)(4) of this title (in this
9 section referred to as a ‘Director’) shall consist of basic
10 pay set forth under section 7404(a) of this title and mar-
11 ket pay determined under subsection (b).

12 “(b) MARKET PAY.—(1) Each Director is eligible for
13 market pay determined under this subsection.

14 “(2) The amount of market pay payable to a Director
15 under this section shall be determined by the Secretary
16 on a case-by-case basis and shall consist of pay intended
17 to reflect needs of the Department with respect to the re-
18 cruitment and retention (as determined by the Secretary)
19 of such Director.

20 “(3) In determining the amount of market pay pay-
21 able to a Director under this section, the Secretary shall—

22 “(A) consult not less than two national surveys
23 on pay for hospital directors, medical facility direc-
24 tors, or other similar positions, whether prepared by
25 private, public, or quasi-public entities, to make a

1 general assessment of the range of potential pay for
2 the Director; and

3 “(B) take into account—

4 “(i) the experience of the Director in man-
5 aging facilities or program offices of the De-
6 partment, including the complexity of such fa-
7 cilities or offices;

8 “(ii) the complexity of the facility or facili-
9 ties to be managed by the Director;

10 “(iii) the labor market, in such geographic
11 area as the Secretary considers relevant, for
12 hospital directors, medical facility directors, and
13 other similar positions;

14 “(iv) the experience of the Director in
15 managing medical facilities for other Federal
16 agencies, private entities, or non-profit entities;
17 and

18 “(v) such other considerations as the Sec-
19 retary considers appropriate.

20 “(4)(A) The Secretary shall evaluate the amount of
21 market pay payable to a Director under this section not
22 less frequently than once every two years and may adjust
23 the market pay payable to such Director as a result of
24 such evaluation.

1 “(B) A Director whose market pay is evaluated under
2 subparagraph (A) shall receive written notice of the re-
3 sults of such evaluation.

4 “(c) REQUIREMENTS AND LIMITATIONS ON TOTAL
5 PAY.—(1) Not less frequently than once every two years,
6 the Secretary shall set forth a Department-wide minimum
7 and maximum amount for total annual pay under sub-
8 section (a) that may be paid to a Director and shall pub-
9 lish each such amount in the Federal Register.

10 “(2) The minimum and maximum amounts set forth
11 under paragraph (1) shall take effect not earlier than the
12 date that is 60 days after the publication of such amounts
13 under such paragraph.

14 “(3) The sum of the basic pay set forth under section
15 7404(a) of this title and market pay determined under
16 subsection (b) for a Director for a calendar year—

17 “(A) may not be less than the most recent min-
18 imum amount set forth under paragraph (1) before
19 the beginning of such calendar year; and

20 “(B) may not be more than the most recent
21 maximum amount set forth under such paragraph
22 before the beginning of such calendar year.

23 “(4) The total amount of compensation paid to a Di-
24 rector under this title in any calendar year may not exceed

1 the amount of annual compensation (excluding expenses)
 2 of the President under section 102 of title 3.

3 “(5) The Secretary may not delegate to an officer or
 4 employee of the Department the requirement of the Sec-
 5 retary to set forth a Department-wide minimum and max-
 6 imum amount under paragraph (1).

7 “(d) TREATMENT OF PAY.—Pay under this section
 8 shall be considered pay for all purposes, including retire-
 9 ment benefits under chapters 83 and 84 of title 5 and
 10 other benefits.

11 “(e) ANCILLARY EFFECTS OF DECREASES IN PAY.—
 12 (1) A decrease in pay of a Director resulting from an ad-
 13 justment in the amount of market pay of the Director
 14 under subsection (b) shall not be treated as an adverse
 15 action.

16 “(2) A decrease in the amount of pay of a Director
 17 resulting from an involuntary reassignment in connection
 18 with a disciplinary action taken against the Director is not
 19 subject to appeal or judicial review.”.

20 (b) CLERICAL AMENDMENT.—The table of sections
 21 at the beginning of chapter 74 of such title is amended
 22 by adding at the end the following:

“SUBCHAPTER VII. PAY FOR MEDICAL DIRECTORS AND DIRECTORS OF
 VETERANS INTEGRATED SERVICE NETWORKS

“7481. Pay for Medical Directors and Directors of Veterans Integrated Service
 Networks.”.

1 **TITLE IV—OTHER HEALTH CARE**
2 **MATTERS**

3 **SEC. 401. PILOT PROGRAM ON PROVIDING NURSE ADVICE**
4 **LINE FOR VETERANS IN RURAL AND HIGHLY**
5 **RURAL AREAS.**

6 (a) IN GENERAL.—Commencing not later than one
7 year after the date of the enactment of this Act, the Sec-
8 retary of Veterans Affairs shall conduct a two-year pilot
9 program to assess the feasibility and advisability of imple-
10 menting in rural areas and highly rural areas with a large
11 percentage of veterans a nurse advice line to furnish to
12 veterans medical advice, appointment and cancellation
13 services, and information on the availability of benefits
14 from the Department of Veterans Affairs.

15 (b) NURSE ADVICE LINE.—In carrying out the pilot
16 program under subsection (a) the Secretary shall establish
17 a nurse advice line that—

18 (1) operates free of charge;

19 (2) is based on, and improves upon, the nurse
20 advice line implemented by the Department of De-
21 fense for beneficiaries under the TRICARE program
22 (as defined in section 1072(5) of title 10, United
23 States Code);

24 (3) complies with call center requirements set
25 forth by URAC;

1 (4) operates in close consultation with the Sec-
2 retary to—

3 (A) establish a process through which the
4 eligibility of a caller for the nurse advice line
5 can be validated;

6 (B) allow eligibility and benefit information
7 in possession of the Department of Veterans
8 Affairs to be shared with the nurse advice line;
9 and

10 (C) allow the nurse advice line to connect
11 with appropriate technology and personnel of
12 the Department for purposes of scheduling ap-
13 pointments for the receipt of health care from
14 the Department; and

15 (5) maintains quality controls to ensure that
16 calls are answered by a customer service representa-
17 tive within 30 seconds and with an abandonment
18 rate of less than 5 percent.

19 (c) SERVICES PROVIDED.—The nurse advice line es-
20 tablished under the pilot program shall provide an array
21 of services to veterans, including the following:

22 (1) Medical advice from licensed registered
23 nurses who assess the symptoms of the caller using
24 a proprietary clinical algorithm that—

1 (A) has been shown in peer-reviewed med-
2 ical journals to most closely emulate the clinical
3 decisionmaking processes of physicians; and

4 (B) triages the caller to the appropriate
5 venue at which the caller may receive the health
6 care that they need.

7 (2) Information to address basic questions re-
8 garding the eligibility of the caller for benefits from
9 the Department of Veterans Affairs and the avail-
10 ability of those benefits.

11 (3) Use of an appointment clerk to facilitate the
12 scheduling, rescheduling, and cancellation of ap-
13 pointments for health care from the Department.

14 (d) REPORT.—

15 (1) IN GENERAL.—Not later than 120 days
16 after the date of the completion of the pilot pro-
17 gram, the Secretary of Veterans Affairs shall submit
18 to Congress a report on the findings of the Secretary
19 with respect to the pilot program.

20 (2) ELEMENTS.—The report required by para-
21 graph (1) shall include the following:

22 (A) A description of the veterans who have
23 benefitted from advice through the nurse advice
24 line under the pilot program, including the loca-
25 tions of the veterans served.

1 (B) A description of any impediments to
2 the Secretary in carrying out the pilot program.

3 (C) A description of any impediments en-
4 countered by individuals in seeking advice or
5 services through the nurse advice line under the
6 pilot program.

7 (D) An assessment of the feasibility and
8 advisability of expanding the pilot program to
9 include more veterans.

10 (e) DEFINITIONS.—In this section:

11 (1) HIGHLY RURAL AREA.—The term “highly
12 rural area” means an area located in a county or
13 similar community that has less than seven individ-
14 uals residing in that county or community per
15 square mile.

16 (2) RURAL AREA.—The term “rural area”
17 means an area that is not an urbanized area or a
18 highly rural area.

19 (3) URBANIZED AREA.—The term “urbanized
20 area” has the meaning given that term by the Direc-
21 tor of the Bureau of the Census.

○