

veterans, the VA should establish support networks for women veterans to assist in accessing healthcare, employment services, financial counseling, and housing.

None of the VA's partnerships is more important than that with the DOD. High priority collaboration and resource sharing between the VA and the DOD are governed by the Joint Executive Committee (JEC). The JEC allows senior leadership at both Departments a forum to develop policies and programs to address overlapping priorities, including transition programs for veterans. While the JEC, through its subordinate committees and working groups, has made tremendous progress in addressing several pressing issues facing active duty military and veterans, there is currently no working group focused solely on the transition of women from active duty to veteran status. The VA, in consultation with the DOD, is encouraged to establish a women's working group within the JEC aimed at creating or strengthening transition programs which address female concerns and cultural roadblocks so that more women veterans access VA benefits and services.

Recent studies have shown that servicewomen who experience sexual assault while serving in the military are far more likely to develop post-traumatic stress disorder (PTSD) compared to other female veterans. The VA must be prepared to provide these veterans with mental health services designed to treat the effects of military sexual trauma (MST). The Department is directed to maximize the availability of mental health services available to veterans who were victims of MST.

Physician Ambassadors Helping Veterans Program.--In some communities non-VA physicians have encountered difficulties when seeking to volunteer

time at VA medical facilities. Under existing authority, Section 7405(a)(1) of title 38, United States Code, the Secretary may appoint on a without compensation basis such personnel found necessary for the provision of healthcare for veterans. At medical facilities exhibiting staffing shortages and appointment backlogs due to waiting time issues, the VA is urged to utilize this existing authority to appoint physicians on a volunteer basis to serve veterans' healthcare needs at VA medical facilities.

To further understand the benefit to the Department of the utilization of volunteer physicians, the VA is directed to establish a three-year pilot program, under the authorities contained in Section 7405(a)(1) of title 38, United States Code, entitled the "Physician Ambassadors Helping Veterans Program." The Secretary is directed to establish this pilot program in no fewer than two medical facilities in two distinct VISNs. The Secretary is urged to select medical facilities for this pilot program that have a demonstrated need for additional physicians in any practice area or specialty, yet have been unable to expeditiously fill such vacancies and/or continue to exceed VA's appointment waiting time goals in any area of practice.

Each pilot location shall establish a volunteer coordinator who shall develop relationships with local medical associations to educate non-VA physicians in the area about the program. The volunteer coordinator shall be the initial point of contact for physicians seeking to volunteer at the medical facility.

Due to the cost and effort exerted to credential and educate physicians for such volunteer opportunities, the Department, as part of this pilot program, shall establish a required number of hours per year physician ambassadors must

commit to serving at a facility that is cost beneficial to the Department. This metric should be no fewer than 60 hours a year and no more than 100 hours a year, though there is no limit to the total number of hours a physician ambassador may volunteer a year. The medical facility shall enter into agreement with the physician ambassadors regarding the minimum number of hours required before beginning the credentialing or privilege granting process.

The Department is directed to provide a report no later than 90 days after enactment of this Act to the Committees on Appropriations and the Veterans Affairs Committees of both Houses of Congress detailing the current credentialing process for volunteer physicians, the current cost of credentialing volunteer physicians, and the current utilization rate of volunteer physicians. This report shall also outline the parameters of the pilot program and the reasons for choosing the participating VISNs and facilities.

The Department is also directed to report quarterly, beginning with the first quarter after enactment of this Act, to the Committees on Appropriations and the Veterans Affairs Committees of both Houses of Congress the number of physician ambassadors participating in the pilot program; the number of hours per week physician ambassadors volunteer; the process of bringing on board physician volunteers, to include the amount of time elapsed from the date a physician contacts the facility expressing interest in volunteering, to the time the volunteer and the medical facility enter into an agreement regarding the minimum number of hours required, to the date of completion of the credentialing process; and the appointment waiting times and staffing shortages at each facility. This report shall also include a comparison to an equal number of medical facilities not participating in the pilot program to determine if mandating a minimum

number of hours required improves volunteer participation and increases the cost-benefit to the Department.

The agreement reiterates the language in the Senate report directing the VA to provide regular updates on its efforts to rebalance institutional and home-based care, including what metrics have been developed to track implementation.

The agreement incorporates the direction in the Senate report for the VA to provide more detailed explanations within its budget justifications about data that have been modified for the updated actuarial model. The agreement also incorporates the House direction to the VA to provide a healthcare expenditure plan within 20 days of receiving a full-year appropriation.

MEDICAL SUPPORT AND COMPLIANCE

The agreement provides \$6,144,000,000 in advance for fiscal year 2016 for Medical Support and Compliance.

The Office of the Medical Inspector (OMI) of the Veterans Health Administration (VHA) is directed to provide the Committees a semi-annual report describing the problems or deficiencies in the VHA identified by the OMI; whether the General Counsel of the Department has reviewed these OMI findings; any violations of law by an employee of the Department identified in the OMI review, with identity redacted; and what legal or administrative action was taken.

MEDICAL FACILITIES