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119TH CONGRESS
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# H. R. 11017

To amend title 38, United States Code, to establish decision clocks for certain veterans' disability claims and administrative appeals, to strengthen accountability for claims adjudication, to improve clinical performance pay, to require benefits-system records interoperability and public reporting, and for other purposes.

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IN THE HOUSE OF REPRESENTATIVES

NOVEMBER 12, 2026

Mr. FULLER introduced the following bill; which was referred to the Committee on Veterans' Affairs

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# A BILL

To amend title 38, United States Code, to establish decision clocks for certain veterans' disability claims and administrative appeals, to strengthen accountability for claims adjudication, to improve clinical performance pay, to require benefits-system records interoperability and public reporting, and for other purposes.

*Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled,*

**SECTION 1. SHORT TITLE; TABLE OF CONTENTS.**

(a) SHORT TITLE.—This Act may be cited as the "Veterans Claims Timeliness, Accountability, and Care Act".

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

Sec. 1. Short title; table of contents.

TITLE I—INITIAL DISABILITY RATING DECISION CLOCK

Sec. 101. Decision clock for complete initial compensation rating claims.
"Sec. 5104D. Decision clock for complete initial compensation rating claims.
Sec. 102. Complexity-tiered timeliness benchmarks.

TITLE II—ADMINISTRATIVE APPEALS DECISION CLOCK

Sec. 201. Decision clock for higher-level review and board direct review.
"Sec. 7115. Decision clock for certain administrative reviews.

TITLE III—CLAIMS ADJUDICATOR ACCOUNTABILITY

Sec. 301. Quality-validated entitlement errors and removal under section 714.
"Sec. 5109C. Quality-validated entitlement errors; accountability.

TITLE IV—CLINICIAN PERFORMANCE PAY

Sec. 401. Amendment of section 7431 performance pay authority.
Sec. 402. Performance pay for physician assistants and nurse practitioners.
"Sec. 7431A. Performance pay for physician assistants and nurse practitioners.
Sec. 403. Incentive pay documentation and recovery.
"Sec. 7431B. Recruitment, relocation, and retention incentive documentation and recovery.
Sec. 404. Implementation and reporting.

TITLE V—RECORDS, INTEROPERABILITY, AND PUBLIC DASHBOARD

Sec. 501. Veterans benefits administration–veterans health administration electronic records exchange.
Sec. 502. Public dashboard.
Sec. 503. Inspector general reporting on benefits-enterprise modernization.
Sec. 504. Sense of congress regarding companion compensation and pension contractor oversight.

# TITLE I—INITIAL DISABILITY RATING DECISION CLOCK

## SEC. 101. DECISION CLOCK FOR COMPLETE INITIAL COMPENSATION RATING CLAIMS.

(a) IN GENERAL.—Subchapter I of chapter 51 of title 38, United States Code, is amended by inserting after section 5104C the following new section:

### "§ 5104D. Decision clock for complete initial compensation rating claims

''(a) REQUIREMENT.—Except as provided in subsection (c), the Secretary shall issue a decision on a covered claim not later than 60 days after the date on which the claim becomes a complete claim.

''(b) COVERED CLAIM; COMPLETE CLAIM.—In this section:

''(1) COVERED CLAIM.—The term 'covered claim' means an initial claim for disability compensation under chapter 11 of this title that requires a rating of disability (including a claim for an increased rating), and does not include a claim solely for dependency and indemnity compensation or pension.

''(2) COMPLETE CLAIM.—A claim becomes a 'complete claim' on the date on which—

''(A) the claimant has submitted the information and evidence required under sections 5101 and 5103 of this title (or the Secretary has determined that further information from the claimant is not required);

''(B) each medical examination or medical opinion ordered by the Secretary in connection with the claim has been returned to the Department or cancelled in writing with a statement of reason; and

''(C) Federal records identified under section 5103A of this title have been retrieved or certified in writing as unavailable.

''(c) TOLLING.—

''(1) IN GENERAL.—The 60-day period under subsection (a) shall be tolled during any period in which—

''(A) the Secretary is awaiting return of an ordered medical examination or medical opinion;

''(B) the Secretary is awaiting a claimant response under section 5103 of this title for which a deadline has been set; or

''(C) the Secretary is awaiting Federal records under section 5103A of this title after a documented request.

''(2) DOCUMENTATION AND OUTER BOUND.—

''(A) DOCUMENTATION.—For each tolling period, the Secretary shall record in the claims file—

''(i) the specific reason for tolling;

''(ii) the date tolling began; and

''(iii) the date the file regained the status of a complete claim (or the date the examination, response, or record was cancelled or certified unavailable).

''(B) OUTER BOUND.—The Secretary may not toll the period under subsection (a) for more than 90 consecutive days for any single reason described in paragraph (1) unless the Secretary certifies in writing to the Committees on Veterans' Affairs of the Senate and House of Representatives the reason the file remains incomplete and the expected date of completion.

''(3) NO CIRCUMVENTION OF DUTY TO ASSIST.—Nothing in this section shall be construed to authorize the Secretary to decline to order a medical examination or to otherwise fail to satisfy section

5103A of this title in order to meet the period under subsection (a).

''(4) UNIFORM CLOCK.—One 60-day rule applies to all covered claims under this section.

''(d) REMEDIES FOR MISSED CLOCK.—If the Secretary fails to issue a decision within the period required under subsection (a) (as tolled under subsection (c)), the Secretary shall—

''(1) not later than 30 days after the end of the calendar quarter in which the failure occurred, submit to the Committees on Veterans' Affairs of the Senate and House of Representatives a report identifying, by regional office, the number and age of covered claims that missed the clock and the VA-controlled causes of delay;

''(2) include a surge-capacity plan for each regional office with a material miss rate; and

''(3) treat sustained VA-controlled delay as a performance matter under existing removal, demotion, and suspension authorities, including section 714 of this title, as applicable.

''(e) CONSTRUCTION.—Nothing in this section—

''(1) deems a claim granted at any claimed rating or otherwise creates an entitlement by reason of a missed clock;

''(2) authorizes grant or denial quotas; or

''(3) limits review on appeal under chapter 71 of this title or higher-level review under section 5104B of this title.''

(b) CLERICAL AMENDMENT.—The table of sections at the beginning of chapter 51 of such title is amended by inserting after the item relating to section 5104C the following new item:

''5104D. Decision clock for complete initial compensation rating claims.''.

(c) EFFECTIVE DATE.—Section 5104D of title 38, United States Code, as added by this section, shall apply to covered claims that become complete claims on or after the date that is 180 days after the date of the enactment of this Act.

**SEC. 102. COMPLEXITY-TIERED TIMELINESS BENCHMARKS.**

(a) IN GENERAL.—Not later than 180 days after the date of the enactment of this Act, the Secretary shall, acting through the Under Secretary for Benefits and in consultation with the Board of Veterans' Appeals, enter into an agreement with the National Academies of Sciences, Engineering, and Medicine, the MITRE Corporation, or another federally funded research and development center, to publish proposed timeliness benchmarks for initial disability compensation rating claims differentiated by claim complexity (including contention count and such other factors as the Secretary specifies), taking into account histor-

ical targets (including the former 125-day agency target) and recent average processing times.

(b) NO DELAY OF CLOCK.—The study under subsection (a) shall not delay or suspend the decision clock under section 5104D of title 38, United States Code, as added by section 101.

(c) TRANSMISSION.—The Secretary shall transmit the published benchmarks and any recommended conforming amendments to the Committees on Veterans' Affairs of the Senate and House of Representatives.

# TITLE II—ADMINISTRATIVE APPEALS DECISION CLOCK

## SEC. 201. DECISION CLOCK FOR HIGHER-LEVEL REVIEW AND BOARD DIRECT REVIEW.

(a) IN GENERAL.—Subchapter II of chapter 71 of title 38, United States Code, is amended by adding at the end the following new section:

### "§ 7115. Decision clock for certain administrative reviews

''(a) 180-DAY ENVELOPE.—Except as provided in subsections (c) and (d), the Secretary shall ensure that a covered review is completed not later than 180 days after the date on which the request for review is received.

''(b) COVERED REVIEW.—In this section, the term 'covered review' means—

''(1) a higher-level review under section 5104B of this title; or

''(2) a review by the Board of Veterans' Appeals in the direct review lane (no new evidence; no hearing).

''(c) EVIDENCE LANE.—For a Board appeal in which the claimant elects the submission of evidence, the 180-day period under subsection (a) shall begin on the earlier of—

''(1) the day after the end of the 90-day evidence window under section 7113 of this title; or

''(2) the date on which the claimant certifies in writing that the evidentiary submission is complete.

''(d) HEARING ELECTION; INFORMAL CONFERENCE.—

''(1) HEARING.—If a claimant elects a hearing before a member of the Board (commonly referred to as a Veterans Law Judge), the 180-day period under subsection (a)—

''(A) shall pause beginning on the date of such election; and

''(B) shall resume on the date the hearing is held or the claimant withdraws the hearing request in writing.

″Nothing in this paragraph limits the right of a claimant to a hearing. Hearing inventory shall be reported separately under section 502 of the Veterans Claims Timeliness, Accountability, and Care Act and shall not be forced inside the 180-day envelope.

''(2) HIGHER-LEVEL REVIEW INFORMAL CONFERENCE.—If a claimant requests an informal conference in connection with a higher-level review, the time required to schedule and hold the conference shall run inside the 180-day period under subsection (a) and shall not pause that period.

''(e) REMEDIES.—If a covered review is not completed within the applicable period, the Secretary shall—

''(1) report quarterly to the Committees on Veterans' Affairs of the Senate and House of Representatives, by lane (higher-level review; Board direct; Board evidence), the number and age of matters that missed the clock and VA-controlled causes;

''(2) submit a surge plan for each lane with a material miss rate; and

''(3) apply existing accountability authorities to sustained VA-controlled delay.

''(f) CONSTRUCTION.—Nothing in this section—

''(1) deems an appeal granted by reason of a missed clock;

''(2) limits remands for correction of duty-to-assist errors under section 5103A(f) of this title;

''(3) applies to review by the United States Court of Appeals for Veterans Claims; or

''(4) authorizes referring to a member of the Board as an administrative law judge.''.

(b) CLERICAL AMENDMENT.—The table of sections at the beginning of chapter 71 of such title is amended by inserting after the item relating to section 7114 the following new item:

''7115. Decision clock for certain administrative reviews.''.

(c) EFFECTIVE DATE.—Section 7115 of title 38, United States Code, as added by this section, shall apply to requests for covered review received on or after the date that is 180 days after the date of the enactment of this Act.

# TITLE III—CLAIMS ADJUDICATOR ACCOUNTABILITY

## SEC. 301. QUALITY-VALIDATED ENTITLEMENT ERRORS AND REMOVAL UNDER SECTION 714.

(a) IN GENERAL.—Subchapter I of chapter 51 of title 38, United States Code, is amended by inserting after section 5109B the following new section:

**"§ 5109C. Quality-validated entitlement errors; accountability**

''(a) COVERED EMPLOYEES.—This section applies to employees of the Veterans Benefits Administration who make or authorize rating decisions on claims for disability compensation as veterans service representatives, rating veterans service representatives, or equivalent claims decision-makers of the agency of original jurisdiction (generally including positions in the GS-0996 series), and does not apply to title 38 clinicians subject to subchapter V of chapter 74 of this title.

''(b) METRIC.—The Secretary, jointly with the Inspector General of the Department of Veterans Affairs, shall establish a quality metric that measures—

''(1) denial-side benefit-entitlement errors validated by quality review (not mere Board grants or remands standing alone);

''(2) a peer-relative pattern of such errors over a rolling period of 12 months; and

''(3) scienter or gross incompetence, as defined by the Secretary by regulation consistent with section 714 of this title.

''(c) PUBLICATION OF THRESHOLD AND MINIMUM CASE COUNT.—Not later than 270 days after the date of the enactment of the Veterans Claims Timeliness, Ac-

countability, and Care Act, the Secretary and the Inspector General shall jointly—

''(1) publish the numeric threshold (or thresholds) at which the pattern described in subsection (b) supports action under section 714 of this title after documented remediation opportunity;

''(2) publish, in the same publication, the minimum number of quality-reviewed cases a covered employee must have within the rolling period under subsection (b)(2) before the employee's error rate may be the basis of any action under section 714 of this title;

''(3) transmit the threshold, the minimum case count, and the methodology to the Committees on Veterans' Affairs of the Senate and House of Representatives; and

''(4) update the threshold and the minimum case count not less frequently than once every 3 years, with notice to such Committees.

''(d) SECOND LOOK; ATTRIBUTION.—

''(1) VALIDATING UNIT.—Before reliance on a denial-side entitlement error for purposes of subsection (b), the Department shall obtain a second-look quality validation from a Systematic Technical Accuracy Review or Integrated Quality Review unit

(or successor quality-review unit of the Veterans Benefits Administration) that is organizationally walled off from the originating regional office.

''(2) INSPECTOR GENERAL AUDIT.—The Inspector General shall periodically audit the validation process of the unit described in paragraph (1) and shall report the results of each such audit to the Committees on Veterans' Affairs of the Senate and House of Representatives.

''(3) ATTRIBUTION.—In validating an error under paragraph (1), the reviewing unit shall classify each validated error as—

''(A) attributable to the individual covered employee; or

''(B) attributable to Department forms, systems, guidance, or other factors outside the covered employee's control.

Only errors classified under subparagraph (A) shall count toward the threshold under subsection (c).

''(e) EXCLUSIONS.—The following shall not, standing alone, constitute a denial-side entitlement error under this section:

''(1) A Board grant or remand.

''(2) A remand or return solely to correct a duty-to-assist error under section 5103A(f) of this title.

''(3) A grant on the basis of new and relevant evidence not of record at the prior decision.

''(4) A pure technical or notification error that does not change entitlement.

''(f) SAFE HARBOR.—Documented application of a reasonable range of interpretation under part 4 of title 38, Code of Federal Regulations, or the Department's adjudication procedures manual, shall not constitute gross incompetence solely because a later adjudicator disagrees.

''(g) TWO-SIDED QUALITY; NO QUOTAS.—Quality review under this section shall examine grant-side and denial-side entitlement accuracy. Nothing in this section authorizes quotas for grants or denials.

''(h) DISCRETIONARY ACTION; REPORT.—If, after remediation opportunity, a covered employee meets the published threshold with the scienter or gross-incompetence element under subsection (b), and has at least the minimum number of quality-reviewed cases published under subsection (c)(2), the Secretary may remove, demote, or suspend the employee under section 714 of this title, as appropriate. Not later than 30 days after the end of any calendar quarter in which a covered employee meets such

threshold and minimum case count, the Secretary shall report to the Committees on Veterans' Affairs of the Senate and House of Representatives whether action under section 714 was taken and, if not, the reasons therefor.''.

(b) CLERICAL AMENDMENT.—The table of sections at the beginning of chapter 51 of such title is amended by inserting after the item relating to section 5109B the following new item:

''5109C. Quality-validated entitlement errors; accountability.''.

# TITLE IV—CLINICIAN PERFORMANCE PAY

## SEC. 401. AMENDMENT OF SECTION 7431 PERFORMANCE PAY AUTHORITY.

Section 7431(d)(5) of title 38, United States Code, is amended to read as follows:

''(5)(A) The amount of performance pay paid to a physician, podiatrist, or dentist under this subsection in a calendar year may not exceed such amount as the Secretary determines appropriate to support a competitive, state-market, outcomes-linked pool, except that such amount shall exceed the limitation in effect under this paragraph on the day before the date of the enactment of the Veterans Claims Timeliness, Accountability, and Care Act.

''(B) The Secretary shall determine the at-risk share of compensation under this sub-

section by State or labor-market area, which share shall be not less than 8 percent and not more than 15 percent unless the Secretary determines that a share outside that range is necessary and reports the determination and rationale to the Committees on Veterans' Affairs of the Senate and House of Representatives, and shall reevaluate such determinations not less frequently than once every 2 years.

''(C) Performance pay under this subsection shall be based on a scorecard that includes—

''(i) productivity measured in work relative value units (or successor clinical productivity measures) per clinical full-time equivalent employee;

''(ii) risk-adjusted chronic-disease outcomes on a short list of measures the Department already collects or can collect from systems the Department operates; and

''(iii) patient experience measured at the team or clinic level.

''(D) The Secretary shall operate a shadow scorecard period of not less than 6 months be-

fore any change in performance-pay dollars under this paragraph takes effect pursuant to the amendments made by the Veterans Claims Timeliness, Accountability, and Care Act, and thereafter shall make payouts not less frequently than every 6 months.

''(E) Compensation and pension disability examiners shall not participate in the clinical performance-pay pool under this paragraph. The Secretary shall protect teaching and research full-time equivalent allocations from adverse redistribution solely to maximize work relative value units.

''(F) The Secretary shall adjust performance pay determinations under this paragraph for rural and community-based outpatient clinic practice, in an amount determined by the Secretary by regulation, so that productivity measures under subparagraph (C)(i) do not undercount clinicians serving such facilities. The Secretary shall report annually to the Committees on Veterans' Affairs of the Senate and House of Representatives on the application of such adjustment.''.

**SEC. 402. PERFORMANCE PAY FOR PHYSICIAN ASSISTANTS AND NURSE PRACTITIONERS.**

(a) IN GENERAL.—Subchapter III of chapter 74 of title 38, United States Code, is amended by inserting after section 7431 the following new section:

**"§ 7431A. Performance pay for physician assistants and nurse practitioners**

''(a) AUTHORITY.—The Secretary may pay performance pay to physician assistants and nurse practitioners of the Veterans Health Administration under this section, in parallel pools separate from performance pay under section 7431(d) of this title.

''(b) CAP.—The amount of performance pay paid to a physician assistant or nurse practitioner under this section in a calendar year may not exceed such amount as the Secretary determines appropriate to support a competitive, state-market, outcomes-linked pool for such employees. Performance pay under this section shall not reduce amounts available for performance pay under section 7431(d) of this title.

''(c) SCORECARD; SHADOW PERIOD; EXCLUSIONS.—Subparagraphs (B), (C), (D), and (E) of section 7431(d)(5) of this title shall apply to performance pay under this section in the same manner as to performance pay under that section, except that references to physicians, podiatrists, and dentists shall be treated as ref-

erences to physician assistants and nurse practitioners, as applicable.

''(d) RURAL AND COMMUNITY-BASED OUTPATIENT CLINIC ADJUSTMENT.—The Secretary shall adjust performance pay determinations under this section for rural and community-based outpatient clinic (CBOC) practice, in an amount determined by the Secretary by regulation, so that productivity measures do not undercount clinicians serving such facilities. The Secretary shall include application of such adjustment in the annual report under section 7431(d)(5)(F) of this title.

''(e) CONSTRUCTION.—Nothing in this section alters pay authorities under section 7451 of this title or hybrid title 38 pay systems except as expressly provided for performance pay under this section.''.

(b) CLERICAL AMENDMENT.—The table of sections at the beginning of chapter 74 of such title is amended by inserting after the item relating to section 7431 the following new item:

''7431A. Performance pay for physician assistants and nurse practitioners.''.

**SEC. 403. INCENTIVE PAY DOCUMENTATION AND RECOVERY.**

(a) IN GENERAL.—Subchapter III of chapter 74 of title 38, United States Code, is amended by inserting after section 7431A (as added by section 402) the following new section:

**"§ 7431B. Recruitment, relocation, and retention incentive documentation and recovery**

''(a) DOCUMENTATION REQUIRED.—The Secretary may not pay a recruitment, relocation, or retention incentive to a covered employee of the Veterans Health Administration unless—

''(1) a written justification for the incentive is on file; and

''(2) a signed service agreement covering the period of service required in connection with the incentive is on file.

''(b) REQUIRED RECOVERY.—

''(1) IN GENERAL.—Except as provided in paragraph (2), if a covered employee who received an incentive described in subsection (a) separates from the Department before completing the service agreement, the Secretary shall recover a prorated amount of the incentive, consistent with section 575.111 of title 5, Code of Federal Regulations (or any successor regulation), and applicable Federal debt-collection authorities.

''(2) SEPARATION FOR REASONS BEYOND THE EMPLOYEE'S CONTROL.—No amount is recoverable under paragraph (1) if the covered employee separates from the Department by reason of—

''(A) death;

''(B) disability;

''(C) a layoff or other involuntary separation;

''(D) the Department abolishing or closing the position held by the covered employee; or

''(E) a relocation or move required because the covered employee is a military spouse.

''(3) WAIVER.—In a case not covered by paragraph (2), the Secretary may waive recovery under paragraph (1) only if the Secretary determines that collection would be against equity and good conscience (the standard under section 575.111 of title 5, Code of Federal Regulations, or any successor regulation). The Secretary shall report each such waiver to the Committees on Veterans' Affairs of the Senate and House of Representatives.

''(c) ANNUAL REPORT.—Not less frequently than annually, the Secretary shall submit to the Committees on Veterans' Affairs of the Senate and House of Representatives a report on—

''(1) the number and amount of incentives described in subsection (a) paid without the documentation required under that subsection; and

''(2) amounts recovered under subsection (b) and amounts waived under subsection (b)(2).

''(d) COVERED EMPLOYEE.—In this section, the term 'covered employee' means an employee of the Veterans Health Administration eligible for a recruitment, relocation, or retention incentive under applicable law or regulation.''.

(b) CLERICAL AMENDMENT.—The table of sections at the beginning of chapter 74 of such title is amended by inserting after the item relating to section 7431A the following new item:

''7431B. Recruitment, relocation, and retention incentive documentation and recovery.''.

**SEC. 404. IMPLEMENTATION AND REPORTING.**

(a) IN GENERAL.—The Secretary shall implement section 7431(d)(5) as amended, section 7431A as added by this title, and section 7431B as added by this title, together with policies that advance same-day and acute access, scheduling accountability, community-based outpatient clinic–first (CBOC-first) where clinically appropriate, practice at the top of license, and existing customer-experience frameworks, and shall report to Congress not later than 1 year after enactment and annually thereafter for 3 years. Each such report shall include emergency-room wait times, urgent-care access metrics, and primary-care wait times, and shall not condition clinical performance pay on those metrics alone.

(b) SYSTEMS.—Scorecard data shall be drawn from systems the Department operates. Nothing in this title requires a nationwide clinical electronic health record (EHR) go-live as a condition of performance pay.

(c) SECURE MESSAGING.—Nothing in this title alters the national 3-business-day secure-messaging response standard.

(d) CRITICAL-PAY WAIVERS.—Nothing in this title modifies section 142 of the Sergeant First Class Heath Robinson Honoring our Promise to Address Comprehensive Toxics Act of 2022 (commonly known as the PACT Act) critical-pay waiver authorities.

# TITLE V—RECORDS, INTEROPERABILITY, AND PUBLIC DASHBOARD

## SEC. 501. VETERANS BENEFITS ADMINISTRATION–VETERANS HEALTH ADMINISTRATION ELECTRONIC RECORDS EXCHANGE.

(a) IN GENERAL.—The Secretary shall ensure usable electronic exchange between the Veterans Benefits Administration (VBA) and the Veterans Health Administration (VHA) of medical and claims records needed to rate covered claims under section 5104D of title 38, United States Code, and to operate the section 7431(d)(5) and section 7431A scorecards.

(b) PAPER-ONLY FAILURES.—If a medical chart exists electronically and a claims decision is developed paper-only solely because of a failure of electronic exchange, that failure is reportable under sections 502 and 503.

(c) COMMUNITY CARE; SEPARATION FROM CLINICAL EHRM.—The Secretary shall prioritize electronic import of community-care records needed for rating and care (see Department of Veterans Affairs Office of Inspector General report 24-02154-154), without treating clinical electronic health record modernization (EHRM) waves as a substitute for the Benefits Enterprise Platform findings in section 503.

**SEC. 502. PUBLIC DASHBOARD.**

Not less frequently than monthly, the Secretary shall publish a public dashboard including: (1) 60-day complete-claim clock by regional office (RO); (2) 180-day envelope by lane (higher-level review (HLR); Board direct; Board evidence); (3) Board hearing inventory and average days pending (ADP), separate from the 180-day envelope; (4) grant- and denial-side quality by regional office (RO); (5) clinician performance-pay pool status by Veterans Integrated Service Network (VISN) (including pools under sections 7431(d)(5) and 7431A of title 38, United States Code); (6) open Inspector General (IG) recommendations on benefits-enterprise and appeals IT under section 503;

and (7) emergency-room wait times, urgent-care access metrics, and primary-care wait times (reported for transparency and not as a sole basis for clinical performance pay).

**SEC. 503. INSPECTOR GENERAL REPORTING ON BENEFITS-ENTERPRISE MODERNIZATION.**

(a) ANCHOR.—Congress recognizes Department of Veterans Affairs Office of Inspector General report 25-01098-103 (August 11, 2026), Audit of Program Management for the Benefits Enterprise Platform Modernization, as the primary oversight anchor for benefits-IT under this title. The Benefits Enterprise Platform (BEP) is not clinical electronic health record modernization (EHRM).

(b) COMPANIONS.—Inspector General oversight shall address open recommendations from, as appropriate: 24-01457-114 (Caseflow); 25-00630-89 (Veterans Benefits Management System overrides); 24-01083-112 (special monthly compensation calculator); 25-02228-172 (unidentifiable mail); 25-01781-71 (Patient Advocate Tracking System–Replacement); 25-01698-70 (Federal Information Security Modernization Act audit for fiscal year 2025).

(c) SEMIANNUAL REPORT.—Not less than semiannually, the Inspector General (not Secretary self-certification) shall report to the Committees on Veterans' Affairs of the Senate and House of Representatives on sus-

tained VA-controlled clock misses and failure to close or substantial regression on open recommendations from subsections (a) and (b).

(d) OVERSIGHT CONSEQUENCE.—A finding under subsection (c) is legislative noncompliance for oversight and shall inform use of existing removal authorities for responsible officials.

(e) ELECTRONIC HEALTH RECORD MODERNIZATION SEPARATION.—Nothing in this title requires a nationwide clinical electronic health record go-live or treats Oracle/Cerner site waves as the measure of compliance with subsections (a) through (d).

**SEC. 504. SENSE OF CONGRESS REGARDING COMPANION COMPENSATION AND PENSION CONTRACTOR OVERSIGHT.**

It is the sense of Congress that compensation and pension (C&P) exam falsification, contractor descheduling, mandatory Inspector General referral, and related enforcement should be considered as companion legislation, and that sections 1001, 1035, and 1347 of title 18, United States Code, and civil False Claims Act (FCA) remedies remain available.

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