SEC. 713. ELECTRONIC HEALTH RECORDS OF THE DEPARTMENT OF DEFENSE AND THE DEPARTMENT OF VETERANS AFFAIRS.

(a) SENSE OF CONGRESS.—It is the sense of Congress that—

(1) the Secretary of Defense and the Secretary of Veterans Affairs have failed to implement a solution that allows for seamless electronic sharing of medical health care data; and

(2) despite the significant amount of read-only information shared between the Department of Defense and Department of Veterans Affairs, most of the information shared as of the date of the enactment of this Act is not standardized or available in real time to support all clinical decisions.

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

(1) shall each ensure that the electronic health record systems of the Department of Defense and the Department of Veterans Affairs are interoperable with an integrated display of data, or a single electronic health record, by complying with the national standards and architectural requirements identified by the Interagency Program Office of the Departments (in this section referred to as the ''Office''), in collaboration with the Office of the Na-

tional Coordinator for Health Information Technology of the Department of Health and Human Services; and

(2) shall each deploy modernized electronic health record software supporting clinicians of the Departments by no later than December 31, 2016, while ensuring continued support and compatibility with the interoperability platform and full standards-based interoperability.

(c) DESIGN PRINCIPLES.—The interoperable electronic health records with integrated display of data, or a single electronic health record, established under subsection (b) shall adhere to the following principles:

(1) To the extent practicable, efforts to establish such records shall be based on objectives, activities, and milestones established by the Joint Executive Committee Joint Strategic Plan Fiscal Years 2013–2015, as well as future addendums or revisions.

(2) Transition the current data exchanges between the Departments and private sector health care providers where practical to modern, open-architecture frameworks that use computable data mapped to national standards to make data available

for determining medical trends and for enhanced clinician decision support.

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

(A) adoption of national data standards;

(B) if such national standards do not exist as of the date on which the record is being established, adoption of the articulation of data of the Health Data Dictionary until such national standards are established;

(C) use of enterprise investment strategies that maximize the use of commercial best practices to ensure robust competition and best value;

(D) aggressive life-cycle sustainment planning that uses proven technology insertion strategies and product upgrade techniques;

(E) enforcement of system design transparency, continuous design disclosure and improvement, and peer reviews that align with the requirements of the Federal Acquisition Regulation; and

(F) strategies for data management rights to ensure a level competitive playing field and

access to alternative solutions and sources across the life-cycle of the programs.

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

(5) To the extent the Secretaries consider feasible and advisable, principles with respect to—

(A) the creation of a health data authoritative source by the Department of Defense and the Department of Veterans Affairs that can be accessed by multiple providers and standardizes the input of new medical information;

(B) the ability of patients of both the Department of Defense and the Department of Veterans Affairs to download, or otherwise receive electronically, the medical records of the patient; and

(C) the feasibility of establishing a secure, remote, network-accessible computer storage system to provide members of the Armed Forces and veterans the ability to upload the health care records of the member or veteran if the member or veteran elects to do so and allow medical providers of the Department of Defense and the Department of Veterans Affairs to ac-

cess such records in the course of providing care to the member or veteran.

(d) PROGRAMS PLAN.—Not later than January 31, 2014, the Secretaries shall prepare and brief the appropriate congressional committees with a detailed programs plan for the oversight and execution of the interoperable electronic health records with an integrated display of data, or a single electronic health record, established under subsection (b). This briefing and supporting documentation shall include—

(1) programs objectives;

(2) organization;

(3) responsibilities of the Departments;

(4) technical objectives and design principles;

(5) milestones, including a schedule for the development, acquisition, or industry competitions for capabilities needed to satisfy the technical system requirements;

(6) data standards being adopted by the programs;

(7) outcome-based metrics proposed to measure the performance and effectiveness of the programs; and

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

(e) LIMITATION ON FUNDS.—Not more than 25 percent of the amounts authorized to be appropriated by this Act or otherwise made available for development, procurement, modernization, or enhancement of the interoperable electronic health records with an integrated display of data, or a single electronic health record, established under subsection (b) for the Department of Defense or the Department of Veterans Affairs may be obligated or expended until the date on which the Secretaries brief the appropriate congressional committees of the programs plan under subsection (d).

(f) REPORTING.—

(1) QUARTERLY REPORTING.—On a quarterly basis, the Secretaries shall submit to the appropriate congressional committees a detailed financial summary.

(2) NOTIFICATION.—The Secretary of Defense and Secretary of Veterans Affairs shall submit to the appropriate congressional committees written notification prior to obligating funds for any contract or task order for electronic health record system modernization efforts that is in excess of $5,000,000.

(g) REQUIREMENTS.—

(1) IN GENERAL.—Not later than October 1, 2014, all health care data contained in the Department of Defense AHLTA and the Department of Veterans Affairs VistA systems shall be computable in real time and comply with the existing national data standards and have a process in place to ensure data is standardized as national standards continue to evolve. On a quarterly basis, the Secretaries shall submit to the appropriate congressional committees updates on the progress of data sharing.

(2) CERTIFICATION.—At such time as the operational capability described in subsection (b)(1) is achieved, the Secretaries shall jointly certify to the appropriate congressional committees that the Secretaries have complied with such data standards described in paragraph (1).

(3) RESPONSIBLE OFFICIAL.—The Secretaries shall each identify a senior official to be responsible for the modern platforms supporting an interoperable electronic health record with an integrated display of data, or a single electronic health record, established under subsection (b). The Secretaries shall also each identify a senior official to be responsible for modernizing the electronic health record software of the respective Department. Such official shall

have included within their performance evaluation performance metrics related to the execution of the responsibilities under this paragraph. Not later than 30 days after the date of the enactment of this Act, each Secretary shall submit to the appropriate congressional committees the name of each senior official selected under this paragraph.

(4) COMPTROLLER GENERAL ASSESSMENT.—If both Secretaries do not meet the requirements under paragraph (1), the Comptroller General of the United States shall submit to the appropriate congressional committees an assessment of the performance of the compliance of both Secretaries of such requirements.

(h) EXECUTIVE COMMITTEE.—

(1) ESTABLISHMENT.—Not later than 60 days after the date of the enactment of this Act, the Secretaries shall jointly establish an executive committee to support the development and validation of adopted standards, required architectural platforms and structure, and the capacity to enforce such standards, platforms, and structure as the Secretaries execute requirements and develop programmatic assessment as needed by the Secretaries to ensure interoperable electronic health records with

an integrated display of data, or a single electronic health record, are established pursuant to the requirements of subsection (b). The Executive Committee shall annually certify to the appropriate congressional committees that such record meets the definition of ''integrated'' as specified in subsection (k)(4).

(2) MEMBERSHIP.—The Executive Committee established under paragraph (1) shall consist of not more than 6 members, appointed by the Secretaries as follows:

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

(B) One member from the technical community of the Department of Defense appointed by the Secretary of Defense.

(C) One member from the technical community of the Department of Veterans Affairs appointed by the Secretary of Veterans Affairs.

(D) One member from the clinical community of the Department of Defense appointed by the Secretary of Defense.

(E) One member from the clinical community of the Department of Veterans Affairs appointed by the Secretary of Veterans Affairs.

(3) REPORTING.—Not later than June 1, 2014, and on a quarterly basis thereafter, the Executive Committee shall submit to the appropriate congressional committees a report on the activities of the Committee.

(i) INDEPENDENT REVIEW.—The Secretary of Defense shall request the Defense Science Board to conduct an annual review of the progress of the Secretary toward achieving the requirements in paragraphs (1) and (2) of subsection (b). The Defense Science Board shall submit to the Secretary a report of the findings of the review. Not later than 30 days after receiving the report, the Secretary shall submit to the appropriate congressional committees the report with any comments considered appropriate by the Secretary.

(j) DEADLINE FOR COMPLETION OF IMPLEMENTATION OF THE HEALTHCARE ARTIFACT AND IMAGE MANAGEMENT SOLUTION PROGRAM.—

(1) DEADLINE.—The Secretary of Defense shall complete the implementation of the Healthcare Artifact and Image Management Solution program of the Department of Defense by not later than the date that is 180 days after the date of the enactment of this Act.

(2) REPORT.—Upon completion of the implementation of the Healthcare Artifact and Image Management Solution program, the Secretary shall submit to the appropriate congressional committees a report describing the extent of the interoperability between the Healthcare Artifact and Image Management Solution program and the Veterans Benefits Management System of the Department of Veterans Affairs.

(k) DEFINITIONS.—In this section:

(1) APPROPRIATE CONGRESSIONAL COMMITTEES.—The term ''appropriate congressional committees'' means—

(A) the congressional defense committees; and

(B) the Committees on Veterans' Affairs of the Senate and the House of Representatives.

(2) GENERATION 3.—The term ''generation 3'' means, with respect to an electronic health system, a system that has the technical capability to bring evidence-based medicine to the point of care and provide functionality for multiple care venues.

(3) INTEROPERABLE.—The term ''interoperable'' refers to the ability of different electronic health records systems or software to meaningfully

exchange information in real time and provide useful results to one or more systems.

(4) INTEGRATED.—The term ''integrated'' refers to the integration of health data from the Department of Defense and the Department of Veterans Affairs and outside providers to provide clinicians with a comprehensive medical record that allows data existing on disparate systems to be shared or accessed across functional or system boundaries in order to make the most informed decisions when treating patients.

Subtitle C—Reports and Other Matters

SEC. 721. DISPLAY OF BUDGET INFORMATION FOR EMBEDDED MENTAL HEALTH PROVIDERS OF THE RESERVE COMPONENTS.

(a) IN GENERAL.—Chapter 9 of title 10, United States Code, is amended by adding after section 236, as added by section 141 of this Act, the following new section:

''§ 237. Embedded mental health providers of the reserve components: display of budget information

''The Secretary of Defense shall submit to Congress, as a part of the documentation that supports the Presi-