

**AMENDMENT TO SENATE AMENDMENT TO H.R.**

**3230**

In lieu of the matter proposed to be inserted by the amendment of the Senate to the text of the bill, insert the following:

**1 SECTION 1. SHORT TITLE.**

2 This Act may be cited as the “Veteran Access to Care  
3 Act of 2014”.

**4 SEC. 2. PROVISION OF HOSPITAL CARE AND MEDICAL  
5 SERVICES AT NON-DEPARTMENT OF VET-  
6 ERANS AFFAIRS FACILITIES FOR DEPART-  
7 MENT OF VETERANS AFFAIRS PATIENTS  
8 WITH EXTENDED WAITING TIMES FOR AP-  
9 POINTMENTS AT DEPARTMENT FACILITIES.**

10 (a) IN GENERAL.—As authorized by section 1710 of  
11 title 38, United States Code, the Secretary of Veterans  
12 Affairs (in this Act referred to as the “Secretary”) shall  
13 enter into contracts with such non-Department facilities  
14 as may be necessary in order to furnish hospital care and  
15 medical services to covered veterans who are eligible for  
16 such care and services under chapter 17 of title 38, United  
17 States Code. To the greatest extent possible, the Secretary

1 shall carry out this section using contracts entered into  
2 before the date of the enactment of this Act.

3 (b) COVERED VETERANS.—For purposes of this sec-  
4 tion, the term “covered veteran” means a veteran—

5 (1) who is enrolled in the patient enrollment  
6 system under section 1705 of title 38, United States  
7 Code;

8 (2) who—

9 (A) has waited longer than the wait-time  
10 goals of the Veterans Health Administration (as  
11 of June 1, 2014) for an appointment for hos-  
12 pital care or medical services in a facility of the  
13 Department;

14 (B) has been notified by a facility of the  
15 Department that an appointment for hospital  
16 care or medical services is not available within  
17 such wait-time goals; or

18 (C) resides more than 40 miles from the  
19 medical facility of the Department of Veterans  
20 Affairs, including a community-based outpatient  
21 clinic, that is closest to the residence of the vet-  
22 eran; and

23 (3) who makes an election to receive such care  
24 or services in a non-Department facility.

1           (c) FOLLOW-UP CARE.—In carrying out this section,  
2 the Secretary shall ensure that, at the election of a covered  
3 veteran who receives hospital care or medical services at  
4 a non-Department facility in an episode of care under this  
5 section, the veteran receives such hospital care and med-  
6 ical services at such non-Department facility through the  
7 completion of the episode of care (but for a period not  
8 exceeding 60 days), including all specialty and ancillary  
9 services deemed necessary as part of the treatment rec-  
10 ommended in the course of such hospital care or medical  
11 services.

12           (d) REPORT.—The Secretary shall submit to Con-  
13 gress a quarterly report on hospital care and medical serv-  
14 ices furnished pursuant to this section. Such report shall  
15 include information, for the quarter covered by the report,  
16 regarding—

17           (1) the number of veterans who received care or  
18 services at non-Department facilities pursuant to  
19 this section;

20           (2) the number of veterans who were eligible to  
21 receive care or services pursuant to this section but  
22 who elected to continue waiting for an appointment  
23 at a Department facility;

24           (3) the purchase methods used to provide the  
25 care and services at non-Department facilities, in-

1 including the rate of payment for individual authoriza-  
2 tions for such care and services; and

3 (4) any other matters the Secretary determines  
4 appropriate.

5 (e) DEFINITIONS.—For purposes of this section, the  
6 terms “facilities of the Department”, “non-Department  
7 facilities”, “hospital care”, and “medical services” have  
8 the meanings given such terms in section 1701 of title 38,  
9 United States Code.

10 (f) IMPLEMENTATION.—The Secretary shall begin  
11 implementing this section on the date of the enactment  
12 of this Act.

13 (g) CONSTRUCTION.—Nothing in this section shall be  
14 construed to authorize payment for care or services not  
15 otherwise covered under chapter 17 of title 38, United  
16 States Code.

17 (h) TERMINATION.—The authority of the Secretary  
18 under this section shall terminate with respect to any hos-  
19 pital care or medical services furnished after the end of  
20 the 2-year period beginning on the date of the enactment  
21 of this Act, except that in the case of an episode of care  
22 for which hospital care or medical services is furnished in  
23 a non-Department facility pursuant to this section before  
24 the end of such period, such termination shall not apply  
25 to such care and services furnished during the remainder

1 of such episode of care but not to exceed a period of 60  
2 days.

3 **SEC. 3. EXPANDED ACCESS TO HOSPITAL CARE AND MED-**  
4 **ICAL SERVICES.**

5 (a) IN GENERAL.—To the extent that appropriations  
6 are available for the Veterans Health Administration of  
7 the Department of Veterans Affairs for medical services,  
8 to the extent that the Secretary of Veterans Affairs is un-  
9 able to provide access, within the wait-time goals of the  
10 Veterans Health Administration (as of June 1, 2014), to  
11 hospital care or medical services to a covered veteran who  
12 is eligible for such care or services under chapter 17 of  
13 title 38, United States Code, under contracts described in  
14 section 2, the Secretary shall reimburse any non-Depart-  
15 ment facility with which the Secretary has not entered into  
16 a contract to furnish hospital care or medical services for  
17 furnishing such hospital care or medical services to such  
18 veteran, if the veteran elects to receive such care or serv-  
19 ices from the non-Department facility. The Secretary shall  
20 reimburse the facility for the care or services furnished  
21 to the veteran at the greatest of the following rates:

22 (1) VA PAYMENT RATE.—The rate of reim-  
23 bursement for such care or services established by  
24 the Secretary of Veterans Affairs.

1           (2) **MEDICARE PAYMENT RATE.**—The payment  
2 rate for such care or services or comparable care or  
3 services under the Medicare program under title  
4 XVIII of the Social Security Act.

5           (3) **TRICARE PAYMENT RATE.**—The reim-  
6 bursement rate for such care or services furnished to  
7 a member of the Armed Forces under chapter 55 of  
8 title 10, United States Code.

9           (b) **COVERED VETERANS.**—For purposes of this sec-  
10 tion, the term “covered veteran” means a veteran—

11           (1) who is enrolled in the patient enrollment  
12 system under section 1705 of title 38, United States  
13 Code; and

14           (2) who—

15           (A) has waited longer than the wait-time  
16 goals of the Veterans Health Administration (as  
17 of June 1, 2014) for an appointment for hos-  
18 pital care or medical services in a facility of the  
19 Department;

20           (B) has been notified by a facility of the  
21 Department that an appointment for hospital  
22 care or medical services is not available within  
23 such wait-time goals after the date for which  
24 the veteran requests the appointment; or

1 (C) who resides more than 40 miles from  
2 the medical facility of the Department of Vet-  
3 erans Affairs, including a community-based out-  
4 patient clinic, that is closest to the residence of  
5 the veteran.

6 (c) DEFINITIONS.—For purposes of this section, the  
7 terms “facilities of the Department”, “non-Department  
8 facilities”, “hospital care”, and “medical services” have  
9 the meanings given such terms in section 1701 of title 38,  
10 United States Code.

11 (d) IMPLEMENTATION.—The Secretary shall begin  
12 implementing this section on the date of the enactment  
13 of this Act.

14 (e) CONSTRUCTION.—Nothing in this section shall be  
15 construed to authorize payment for care or services not  
16 otherwise covered under chapter 17 of title 38, United  
17 States Code.

18 (f) TERMINATION.—The authority of the Secretary  
19 under this section shall terminate with respect to care or  
20 services furnished after the date that is 2 years after the  
21 date of the enactment of this Act.

22 **SEC. 4. INDEPENDENT ASSESSMENT OF VETERANS HEALTH**  
23 **ADMINISTRATION PERFORMANCE.**

24 (a) INDEPENDENT ASSESSMENT REQUIRED.—Not  
25 later than 120 days after the date of the enactment of

1 this Act, the Secretary of Veterans Affairs shall enter into  
2 a contract or contracts with a private sector entity or enti-  
3 ties with experience in the delivery systems of the Veterans  
4 Health Administration and the private sector and in  
5 health care management to conduct an independent as-  
6 sessment of hospital care and medical services furnished  
7 in medical facilities of the Department of Veterans Af-  
8 fairs. Such assessment shall address each of the following:

9           (1) The current and projected demographics  
10           and unique care needs of the patient population  
11           served by the Department of Veterans Affairs.

12           (2) The current and projected health care capa-  
13           bilities and resources of the Department, including  
14           hospital care and medical services furnished by non-  
15           Department facilities under contract with the De-  
16           partment, to provide timely and accessible care to el-  
17           igible veterans.

18           (3) The authorities and mechanisms under  
19           which the Secretary may furnish hospital care and  
20           medical services at non-Department facilities, includ-  
21           ing an assessment of whether the Secretary should  
22           have the authority to furnish such care and services  
23           at such facilities through the completion of episodes  
24           of care.

1           (4) The appropriate system-wide access stand-  
2           ard applicable to hospital care and medical services  
3           furnished by and through the Department of Vet-  
4           erans Affairs and recommendations relating to ac-  
5           cess standards specific to individual specialties and  
6           standards for post-care rehabilitation.

7           (5) The current organization, processes, and  
8           tools used to support clinical staffing and docu-  
9           mentation.

10          (6) The staffing levels and productivity stand-  
11          ards, including a comparison with industry perform-  
12          ance percentiles.

13          (7) Information technology strategies of the  
14          Veterans Health Administration, including an identi-  
15          fication of technology weaknesses and opportunities,  
16          especially as they apply to clinical documentation of  
17          hospital care and medical services provided in non-  
18          Department facilities.

19          (8) Business processes of the Veterans Health  
20          Administration, including non-Department care, in-  
21          surance identification, third-party revenue collection,  
22          and vendor reimbursement.

23          (b) ASSESSMENT OUTCOMES.—The assessment con-  
24          ducted pursuant to subsection (a) shall include the fol-  
25          lowing:

1           (1) An identification of improvement areas out-  
2 lined both qualitatively and quantitatively, taking  
3 into consideration Department of Veterans Affairs  
4 directives and industry benchmarks from outside the  
5 Federal Government.

6           (2) Recommendations for how to address the  
7 improvement areas identified under paragraph (1)  
8 relating to structure, accountability, process  
9 changes, technology, and other relevant drivers of  
10 performance.

11           (3) The business case associated with making  
12 the improvements and recommendations identified in  
13 paragraphs (1) and (2).

14           (4) Findings and supporting analysis on how  
15 credible conclusions were established.

16           (c) PROGRAM INTEGRATOR.—If the Secretary enters  
17 into contracts with more than one private sector entity  
18 under subsection (a), the Secretary shall designate one  
19 such entity as the program integrator. The program inte-  
20 grator shall be responsible for coordinating the outcomes  
21 of the assessments conducted by the private entities pur-  
22 suant to such contracts.

23           (d) SUBMITTAL OF REPORTS TO CONGRESS.—

24           (1) REPORT ON INDEPENDENT ASSESSMENT.—

25           Not later than 10 months after entering into the

1 contract under subsection (a), the Secretary shall  
2 submit to the Committees on Veterans' Affairs of  
3 the Senate and House of Representatives the find-  
4 ings and recommendations of the independent as-  
5 sessment required by such subsection.

6 (2) REPORT ON VA ACTION PLAN TO IMPLE-  
7 MENT RECOMMENDATIONS IN ASSESSMENT.—Not  
8 later than 120 days after the date of submission of  
9 the report under paragraph (1), the Secretary shall  
10 submit to such Committees on the Secretary's re-  
11 sponse to the findings of the assessment and shall  
12 include an action plan, including a timeline, for fully  
13 implementing the recommendations of the assess-  
14 ment.

15 **SEC. 5. LIMITATION ON AWARDS AND BONUSES TO EM-**  
16 **PLOYEES OF DEPARTMENT OF VETERANS AF-**  
17 **FAIRS.**

18 For each of fiscal years 2014 through 2016, the Sec-  
19 retary of Veterans Affairs may not pay awards or bonuses  
20 under chapter 45 or 53 of title 5, United States Code,  
21 or any other awards or bonuses authorized under such  
22 title.

1 **SEC. 6. OMB ESTIMATE OF BUDGETARY EFFECTS AND**  
2 **NEEDED TRANSFER AUTHORITY.**

3 Not later than 30 days after the date of the enact-  
4 ment of this Act, the Director of the Office of Manage-  
5 ment and Budget shall transmit to the Committees on Ap-  
6 propriations, the Budget, and Veterans' Affairs of the  
7 House of Representatives and of the Senate—

8 (1) an estimate of the budgetary effects of sec-  
9 tions 2 and 3;

10 (2) any transfer authority needed to utilize the  
11 savings from section 5 to satisfy such budgetary ef-  
12 fects; and

13 (3) if necessary, a request for any additional  
14 budgetary resources, or transfers or reprogramming  
15 of existing budgetary resources, necessary to provide  
16 funding for sections 2 and 3.

17 **SEC. 7. REMOVAL OF SENIOR EXECUTIVE SERVICE EM-**  
18 **PLOYEES OF THE DEPARTMENT OF VET-**  
19 **ERANS AFFAIRS FOR PERFORMANCE.**

20 (a) IN GENERAL.—Chapter 7 of title 38, United  
21 States Code, is amended by adding at the end the fol-  
22 lowing new section:

23 **“§ 713. Senior Executive Service: removal based on**  
24 **performance**

25 “(a) IN GENERAL.—Notwithstanding any other pro-  
26 vision of law, the Secretary may remove any individual

1 from the Senior Executive Service if the Secretary deter-  
2 mines the performance of the individual warrants such re-  
3 moval. If the Secretary so removes such an individual, the  
4 Secretary may—

5           “(1) remove the individual from Federal serv-  
6           ice; or

7           “(2) transfer the individual to a General Sched-  
8           ule position at any grade of the General Schedule  
9           the Secretary determines appropriate.

10          “(b) NOTICE TO CONGRESS.—Not later than 30 days  
11 after removing an individual from the Senior Executive  
12 Service under paragraph (1), the Secretary shall submit  
13 to the Committees on Veterans’ Affairs of the Senate and  
14 House of Representatives notice in writing of such removal  
15 and the reason for such removal.

16          “(c) MANNER OF REMOVAL.—A removal under this  
17 section shall be done in the same manner as the removal  
18 of a professional staff member employed by a Member of  
19 Congress.”.

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

“713. Senior Executive Service: removal based on performance.”.

23 **SEC. 8. BUDGETARY EFFECTS OF ACT.**

24          The budgetary effects of this Act, for the purpose of  
25 complying with the Statutory Pay-As-You-Go-Act of 2010,

1 shall be determined by reference to the latest statement  
2 titled “Budgetary Effects of PAYGO Legislation” for this  
3 Act, submitted for printing in the Congressional Record  
4 by the Chairman of the House Budget Committee, pro-  
5 vided that such statement has been submitted prior to the  
6 vote on passage.

