

Suspend the Rules and Pass the Bill, HR. 4626

(The amendment strikes all after the enacting clause and inserts a new text)

117TH CONGRESS
1ST SESSION

H. R. 4626

To amend title 38, United States Code, to require an independent assessment of health care delivery systems and management processes of the Department of Veterans Affairs be conducted once every 10 years, and for other purposes.

IN THE HOUSE OF REPRESENTATIVES

JULY 22, 2021

Mr. BERGMAN (for himself and Mr. BOST) introduced the following bill; which was referred to the Committee on Veterans' Affairs

A BILL

To amend title 38, United States Code, to require an independent assessment of health care delivery systems and management processes of the Department of Veterans Affairs be conducted once every 10 years, 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.**

4 This Act may be cited as the “VA Assessment by
5 Independent Measures Act” or the “VA AIM Act”.

1 **SEC. 2. REQUIREMENT FOR ONGOING INDEPENDENT AS-**
2 **SESSMENTS OF HEALTH CARE DELIVERY SYS-**
3 **TEMS AND MANAGEMENT PROCESSES OF**
4 **THE DEPARTMENT OF VETERANS AFFAIRS.**

5 (a) ONGOING ASSESSMENTS.—Chapter 17 of title 38,
6 United States Code, is amended by inserting after section
7 1704 the following new section:

8 **“§ 1704A. Independent assessments of health care de-**
9 **livery systems and management proc-**
10 **esses**

11 “(a) INDEPENDENT ASSESSMENTS.—Not less fre-
12 quently than once every 10 years, the Secretary of Vet-
13 erans Affairs shall enter into one or more contracts with
14 a private sector entity or entities described in subsection
15 (d) to conduct an independent assessment of the hospital
16 care, medical services, and other health care furnished by
17 the Department of Veterans Affairs. Such assessment
18 shall address each of the following:

19 “(1) Current and projected demographics and
20 unique health care needs of the patient population
21 served by the Department.

22 “(2) The accuracy of models and forecasting
23 methods used by the Department to project health
24 care demand, including with respect to veteran de-
25 mographics, rates of use of health care furnished by
26 the Department, the inflation of health care costs,

1 and such other factors as may be determined rel-
2 evant by the Secretary.

3 “(3) The reliability and accuracy of models and
4 forecasting methods used by the Department to
5 project the budgetary needs of the Veterans Health
6 Administration and how such models and forecasting
7 methods inform budgetary trends.

8 “(4) The authorities and mechanisms under
9 which the Secretary may furnish hospital care, med-
10 ical services, and other health care at Department
11 and non-Department facilities, including through
12 Federal and private sector partners and at joint
13 medical facilities, and the effect of such authorities
14 and mechanisms on eligibility and access to care.

15 “(5) The organization, workflow processes, and
16 tools used by the Department to support clinical
17 staffing, access to care, effective length-of-stay man-
18 agement and care transitions, positive patient expe-
19 rience, accurate documentation, and subsequent cod-
20 ing of inpatient services.

21 “(6) The efforts of the Department to recruit
22 and retain staff at levels necessary to carry out the
23 functions of the Veterans Health Administration and
24 the process used by the Department to determine
25 staffing levels necessary for such functions.

1 “(7) The staffing level at each medical facility
2 of the Department and the productivity of each
3 health care provider at the medical facility, com-
4 pared with health care industry performance
5 metrics, which may include the following:

6 “(A) An assessment of the case load of,
7 and number of patients treated by, each health
8 care provider at such medical facility during an
9 average week.

10 “(B) An assessment of the time spent by
11 each such health care provider on matters other
12 than the case load of the health care provider,
13 including time spent by the health care provider
14 as follows:

15 “(i) At a medical facility that is affili-
16 ated with the Department.

17 “(ii) Conducting research.

18 “(iii) Training or supervising other
19 health care professionals of the Depart-
20 ment.

21 “(8) The information technology strategies of
22 the Department with respect to furnishing and man-
23 aging health care, including an identification of any
24 weaknesses or opportunities with respect to the tech-
25 nology used by the Department, especially those

1 strategies with respect to clinical documentation of
2 hospital care, medical services, and other health
3 care, including any clinical images and associated
4 textual reports, furnished by the Department in De-
5 partment or non-Department facilities.

6 “(9) Business processes of the Veterans Health
7 Administration, including processes relating to fur-
8 nishing non-Department health care, insurance iden-
9 tification, third-party revenue collection, and vendor
10 reimbursement, including an identification of mecha-
11 nisms as follows:

12 “(A) To avoid the payment of penalties to
13 vendors.

14 “(B) To increase the collection of amounts
15 owed to the Department for hospital care, med-
16 ical services, or other health care provided by
17 the Department, for which reimbursement from
18 a third party is authorized and to ensure that
19 such amounts collected are accurate.

20 “(C) To increase the collection of any
21 other amounts owed to the Department with re-
22 spect to hospital care, medical services, or other
23 health care and to ensure that such amounts
24 collected are accurate.

1 “(D) To increase the accuracy and timeli-
2 ness of Department payments to vendors and
3 providers.

4 “(E) To reduce expenditures while improv-
5 ing the quality of care furnished.

6 “(10) The purchase, distribution, and use of
7 pharmaceuticals, medical and surgical supplies, med-
8 ical devices, and health care-related services by the
9 Department, including the following:

10 “(A) The prices paid for, standardization
11 of, and use by, the Department with respect to
12 the following:

13 “(i) Pharmaceuticals.

14 “(ii) Medical and surgical supplies.

15 “(iii) Medical devices.

16 “(B) The use by the Department of group
17 purchasing arrangements to purchase pharma-
18 ceuticals, medical and surgical supplies, medical
19 devices, and health care-related services.

20 “(C) The strategy and systems used by the
21 Department to distribute pharmaceuticals, med-
22 ical and surgical supplies, medical devices, and
23 health care-related services to Veterans Inte-
24 grated Service Networks and medical facilities
25 of the Department.

1 “(11) The process of the Department for car-
2 rying out construction and maintenance projects at
3 medical facilities of the Department and the medical
4 facility leasing program of the Department.

5 “(12) The competency of Department leader-
6 ship with respect to culture, accountability, reform
7 readiness, leadership development, physician align-
8 ment, employee engagement, succession planning,
9 and performance management.

10 “(13) The effectiveness of the authorities and
11 programs of the Department to educate and train
12 health personnel pursuant to section 7302 of this
13 title.

14 “(14) The conduct of medical and prosthetic re-
15 search of the Department.

16 “(15) The provision of Department assistance
17 to Federal agencies and personnel involved in re-
18 sponding to a disaster or emergency.

19 “(16) Such additional matters as may be deter-
20 mined relevant by the Secretary.

21 “(b) TIMING.—The private sector entity or entities
22 carrying out an assessment pursuant to subsection (a)
23 shall complete such assessment not later than one year
24 after entering into the contract described in such para-
25 graph.

1 “(c) DATA.—To the extent practicable, the private
2 sector entity or entities carrying out an assessment pursu-
3 ant to subsection (a) shall make use of existing data that
4 has been compiled by the Department, including data that
5 has been collected for—

6 “(1) the performance of quadrennial market as-
7 sessments under section 7330C of this title;

8 “(2) the quarterly publication of information on
9 staffing and vacancies with respect to the Veterans
10 Health Administration pursuant to section 505 of
11 the VA MISSION Act of 2018 (Public Law 115–
12 182; 38 U.S.C. 301 note); and

13 “(3) the conduct of annual audits pursuant to
14 section 3102 of the Johnny Isakson and David P.
15 Roe, M.D. Veterans Health Care and Benefits Im-
16 provement Act of 2020 (Public Law 116–315; 38
17 U.S.C. 1701 note).

18 “(d) PRIVATE SECTOR ENTITIES DESCRIBED.—A
19 private sector entity described in this subsection is a pri-
20 vate entity that—

21 “(1) has experience and proven outcomes in op-
22 timizing the performance of the health care delivery
23 systems of the Veterans Health Administration and
24 the private sector and in health care management;
25 and

1 “(2) specializes in implementing large-scale or-
2 ganizational and cultural transformations, especially
3 with respect to health care delivery systems.

4 “(e) PROGRAM INTEGRATOR.—(1) If the Secretary
5 enters into contracts with more than one private sector
6 entity under subsection (a) with respect to a single assess-
7 ment under such subsection, the Secretary shall designate
8 one such entity that is predominately a health care organi-
9 zation as the program integrator.

10 “(2) The program integrator designated pursuant to
11 paragraph (1) shall be responsible for coordinating the
12 outcomes of the assessments conducted by the private sec-
13 tor entities pursuant to such contracts.

14 “(f) REPORTS.—(1) Not later than 60 days after
15 completing an assessment pursuant to subsection (a), the
16 private sector entity or entities carrying out such assess-
17 ment shall submit to the Secretary of Veterans Affairs and
18 the Committees on Veterans’ Affairs of the House of Rep-
19 resentatives and the Senate a report on the findings and
20 recommendations of the private sector entity or entities
21 with respect to such assessment. Such report shall include
22 an identification of the following:

23 “(A) Any changes with respect to the matters
24 included in such assessment since the date that is
25 the later of the following:

1 “(i) The date on which the independent as-
2 sessment under section 201 of the Veterans Ac-
3 cess, Choice, and Accountability Act of 2014
4 (Public Law 113–146; 38 U.S.C. 1701 note)
5 was completed.

6 “(ii) The date on which the last assess-
7 ment under subsection (a) was completed.

8 “(B) Any recommendations regarding matters
9 to be covered by subsequent assessments under sub-
10 section (a), including any additional matters to in-
11 clude for assessment or previously assessed matters
12 to exclude.

13 “(2) Not later than 30 days after receiving a report
14 under paragraph (1), the Secretary shall publish such re-
15 port in the Federal Register and on a publicly accessible
16 internet website of the Department.

17 “(3) Not later than 90 days after receiving a report
18 under paragraph (1), the Secretary shall submit to the
19 Committees on Veterans’ Affairs of the House of Rep-
20 resentatives and the Senate a report outlining the feasi-
21 bility, and advisability, of implementing the recommenda-
22 tions made by the private sector entity or entities in such
23 report received, including an identification of the timeline,
24 cost, and any legislative authorities necessary for such im-
25 plementation.”.

1 (b) CLERICAL AMENDMENTS.—The table of sections
2 at the beginning of such chapter is amended by inserting
3 after the item relating to section 1704 the following new
4 item:

“1704A. Independent assessments of health care delivery systems and manage-
ment processes.”.

5 (c) DEADLINE FOR INITIAL ASSESSMENT.—The ini-
6 tial assessment under section 1704A of title 38, United
7 States Code, as added by subsection (a), shall be com-
8 pleted by not later than December 31, 2025.