

**AMENDMENT TO MILITARY CONSTRUCTION/VA
APPROPRIATIONS BILL
OFFERED BY MR. DENT OF PENNSYLVANIA**

In the Report:

On page 44 of the report, delete the first two sentences after the header, “*Nursing full practice authority*” and insert:

The Committee understands that VHA will soon publish a proposed regulation to recognize the full practice authority of advanced practice registered nurses working at VHA. The Committee encourages VHA to seek input from appropriate external professional stakeholders and to give consideration to the policies of existing Handbooks, prior to publishing the final regulation.

On page 48, insert before the header, “MEDICAL COMMUNITY CARE”:

VA Pre-Medicine Internship Program.—Pre-medicine internships are designed to help interested individuals understand the realities of life as a doctor. One of the common pieces missing in applications is the experience of shadowing. The Committee recognizes the obstacles

young professionals face in obtaining shadowing opportunities required for entrance into many healthcare professional schools. The Committee also understands that while VA allows shadowing there is no formal shadowing program at VA. The Committee urges VA to explore the feasibility of creating a system to facilitate shadowing opportunities with VA medical professionals for individuals pursuing advanced medical training.

On page 49 of the report, insert before the heading, “MEDICAL AND PROSTHETIC RESEARCH”:

Bakersfield outpatient clinic.—The Committee is concerned with the lengthy period VA has taken to lease a new outpatient clinic in Bakersfield, CA pursuant to Public Law 111–82. Outpatient clinics greatly reduce the need for veterans to travel long distances for care by providing reliable medical services closer to a veteran’s home. The new outpatient clinic would replace the Bakersfield community-based outpatient clinic and would provide expanded primary care and mental health services while offering a range of specialty care clinics. This project would simultaneously increase veterans’ access to healthcare locally as well as reduce the caseload at other facilities in the VA Greater Los Angeles Healthcare System. While VA received congressional authorization for

the project in fiscal year 2010 and has allocated funding for it, the project has been delayed for years and is still in the acquisition phase. The Committee urges the Department to expedite the project in light of the urgent need for expanded healthcare services. The Committee directs the Secretary to report to the Committee not later than 60 days after enactment of this Act on past actions and the future plan forward, including the timeline for this project, and to provide periodic progress reports to the Committee every 120 days. These periodic progress reports shall include an explanation of any changes to: (1) the project's status; (2) the expected cost of the lease; and (3) the projected completion date.

On page 52, insert before the header, "MEDICAL CARE COLLECTIONS FUND":

Research coordination.—The Committee recognizes the critical gap between basic research and clinical implementation of effective treatments for PTSD and TBI for veterans and urges VA to share its research on neuroscience with the private sector and consider establishing a consortium to coordinate with private sector research efforts. If a consortium is feasible, VA should organize public-private partners to work together to drive collaborative and innovative research on the neurobiology of

PTSD with regard to trauma-associated genetic, epigenetic and transcriptional mechanisms and to galvanize efforts across basic research, translational science, and clinical delivery of treatments for TBI.

On page 53 of the report, insert before the header, “DEPARTMENTAL ADMINISTRATION”:

Rural burial access.—The Committee continues to be concerned that there are geographic pockets in the country that would qualify for the VA rural veterans burial grounds initiative, but which are not served because their State as a whole does not qualify for it. Since 8 percent of veterans live in areas that do not meet the VA goal of having access to a burial option within 75 miles of their home, the Committee requests a report not later than 90 days after enactment of this Act describing VA’s future plans to narrow the gap of veterans without reasonable access to burial. The Committee encourages VA to include in its plans consideration of options in which private entities would donate land to establish rural cemeteries and the establishment of satellite cemeteries.

On page 54, insert before the header, “*VA budget office communication*”:

Delays in hiring.—The Committee is concerned about whether the hiring and credentialing process may

contribute to longer wait times for veterans seeking healthcare. The Committee requests a report on the average length of time to fill a healthcare provider slot at a representative sample of medical centers, including: the time it takes the resource board to approve the hire of a new position; the time it takes to post the job announcement; how long the interview process takes; and the length of time for credentialing; as well as any internal VA goals that exist for the time each step in the process should take. The report should also describe how often a healthcare provider reaches the credentialing process phase of the process, but does not end up being hired because of another hiring opportunity outside VA. If VA does not collect this data in a systematic way, it should report this to the Committee and begin efforts to collect it in the future. This report should be provided to the Committee not later than 60 days after enactment of this Act.

On page 63 of the report, insert at the end of the paragraph with the header, “*Appointment scheduling system*”:

The Department is encouraged to consider private sector scheduling solutions that may include trained patient

care managers and strategies that have worked in other settings and develop a pilot of feasible options.

On page 66, insert before the header, “CONSTRUCTION, MINOR PROJECTS”:

Construction Oversight.—The Committee is aware that commercial off-the-shelf building information modeling systems are routinely used in the private sector to manage the design and construction of large-scale facilities. These models have been proven to facilitate the delivery of large-scale construction projects ahead of schedule with significant savings. Therefore, the Committee encourages VA to examine if a fully competitive acquisition and implementation of commercial off-the-shelf building information modeling systems could be used to improve the timeliness and cost of VA medical facilities. The Committee requests a report not later than 60 days after enactment of this Act that describes: (1) how a model project delivery system would be tailored to VA construction needs at one or more projects included in the Strategic Capital Investment Plan (SCIP); (2) the acquisition of commercial building information modeling tools necessary to produce or utilize high fidelity project information; and (3) project management, reporting, and implementation support for VA construction projects during design, construction, and operations using 3D models

to identify and mitigate cost, schedule, or technical risk
and to better manage engineering change orders.

