

4003

AMENDMENT TO H.R. 4242

OFFERED BY MR. ROE OF TENNESSEE

At the end of title II of the bill, add the following
new section:

1 **SEC. 2** ____ . **AUTHORITY FOR DEPARTMENT OF VETERANS**
2 **AFFAIRS CENTER FOR INNOVATION FOR**
3 **CARE AND PAYMENT.**

4 (a) **IN GENERAL.**—Subchapter I of chapter 17, as
5 amended by section 122, is further amended by inserting
6 after section 1703B, as added by section 103, the fol-
7 lowing new section:

8 **“§ 1703C. Center for Innovation for Care and Pay-**
9 **ment**

10 **“(a) IN GENERAL.**—(1) There is established within
11 the Department a Center for Innovation for Care and Pay-
12 ment (in this section referred to as the ‘Center’).

13 **“(2) The Secretary, acting through the Center, may**
14 carry out such pilot programs the Secretary determines
15 to be appropriate to develop innovative approaches to test-
16 ing payment and service delivery models in order to reduce
17 expenditures while preserving or enhancing the quality of
18 care furnished by the Department.

1 “(3) The Secretary, acting through the Center, shall
2 test payment and service delivery models to determine
3 whether such models—

4 “(A) improve access to, and quality, timeliness,
5 and patient satisfaction of care and services; and

6 “(B) create cost savings for the Department.

7 “(4)(A) The Secretary shall test a model in a location
8 where the Secretary determines that the model will ad-
9 dresses deficits in care (including poor clinical outcomes
10 or potentially avoidable expenditures) for a defined popu-
11 lation.

12 “(B) The Secretary shall focus on models the Sec-
13 retary expects to reduce program costs while preserving
14 or enhancing the quality of care received by individuals
15 receiving benefits under this chapter.

16 “(C) The models selected may include those described
17 in section 1115A(b)(2)(B) of the Social Security Act (42
18 U.S.C. 1315a(b)(2)(B)).

19 “(5) In selecting a model for testing, the Secretary
20 may consider, in addition to other factors identified in this
21 subsection, the following factors:

22 “(A) Whether the model includes a regular
23 process for monitoring and updating patient care
24 plans in a manner that is consistent with the needs

1 and preferences of individuals receiving benefits
2 under this chapter.

3 “(B) Whether the model places the individual
4 receiving benefits under this chapter at the center of
5 the care team (including family members and other
6 caregivers) of such individual.

7 “(C) Whether the model uses technology or new
8 systems to coordinate care over time and across set-
9 tings.

10 “(D) Whether the model demonstrates effective
11 linkage with other public sector payers, private sec-
12 tor payers, or statewide payment models.

13 “(6)(A) Models tested under this section may not be
14 designed in such a way that would allow the United States
15 to recover or collect reasonable charges from a Federal
16 health care program for care or services furnished by the
17 Secretary to a veteran under pilot programs carried out
18 under this section.

19 “(B) In this paragraph, the term ‘Federal health care
20 program’ means—

21 “(i) an insurance program described in section
22 1811 of the Social Security Act (42 U.S.C. 1395c)
23 or established by section 1831 of such Act (42
24 U.S.C. 1395j); or

1 “(ii) a State plan for medical assistance ap-
2 proved under title XIX of such Act (42 U.S.C. 1396
3 et seq.); or

4 “(iii) a TRICARE program operated under sec-
5 tions 1075, 1075a, 1076, 1076a, 1076c, 1076d,
6 1076e, or 1076f of title 10.

7 “(b) DURATION.—Each pilot program carried out by
8 the Secretary under this section shall terminate no later
9 than five years after the date of the commencement of the
10 pilot program.

11 “(c) LOCATION.—The Secretary shall ensure that
12 each pilot program carried out under this section occurs
13 in an area or areas appropriate for the intended purposes
14 of the pilot program.

15 “(d) BUDGET.—Funding for each pilot program car-
16 ried out by the Secretary under this section shall come
17 from appropriations—

18 “(1) provided in advance in appropriations acts
19 for the Veterans Health Administration; and

20 “(2) provided for information technology sys-
21 tems.

22 “(e) NOTICE.—The Secretary shall—

23 “(1) publish information about each pilot pro-
24 gram under this section in the Federal Register; and

1 “(2) take reasonable actions to provide direct
2 notice to veterans eligible to participate in such pilot
3 programs.

4 “(f) WAIVER OF AUTHORITIES.—(1) Subject to re-
5 porting under paragraph (2) and approval under para-
6 graph (3), in implementing a pilot program under this sec-
7 tion, the Secretary may waive such requirements in sub-
8 chapters I, II, and III of this chapter as the Secretary
9 determines necessary solely for the purposes of carrying
10 out this section with respect to testing models described
11 in subsection (a).

12 “(2) Before waiving any authority under paragraph
13 (1), the Secretary shall submit a report to the Speaker
14 of the House of Representatives, the minority leader of
15 the House of Representatives, the majority leader of the
16 Senate, the minority leader of the Senate, and each stand-
17 ing committee with jurisdiction under the rules of the Sen-
18 ate and of the House of Representatives to report a bill
19 to amend the provision or provisions of law that would
20 be waived by the Department describing in detail the fol-
21 lowing:

22 “(A) The specific authorities to be waived
23 under the pilot program.

24 “(B) The standard or standards to be used in
25 the pilot program in lieu of the waived authorities.

1 “(C) The reasons for such waiver or waivers.

2 “(D) A description of the metric or metrics the
3 Secretary will use to determine the effect of the
4 waiver or waivers upon the access to and quality,
5 timeliness, or patient satisfaction of care and serv-
6 ices furnished through the pilot program.

7 “(E) The anticipated cost savings, if any, of the
8 pilot program.

9 “(F) The schedule for interim reports on the
10 pilot program describing the results of the pilot pro-
11 gram so far and the feasibility and advisability of
12 continuing the pilot program.

13 “(G) The schedule for the termination of the
14 pilot program and the submission of a final report
15 on the pilot program describing the result of the
16 pilot program and the feasibility and advisability of
17 making the pilot program permanent.

18 “(H) The estimated budget of the pilot pro-
19 gram.

20 “(3)(A) Upon receipt of a report submitted under
21 paragraph (2), each House of Congress shall provide cop-
22 ies of the report to the chairman and ranking member of
23 each standing committee with jurisdiction under the rules
24 of the House of Representatives or the Senate to report

1 a bill to amend the provision or provisions of law that
2 would be waived by the Department under this subsection.

3 “(B)(i) The waiver requested by the Secretary under
4 paragraph (2) shall be considered approved under this
5 paragraph if there is enacted into law a bill or joint resolu-
6 tion approving such request in its entirety. Such bill or
7 joint resolution shall be passed by recorded vote to reflect
8 the vote of each member of Congress thereon.

9 “(ii) The provisions of this paragraph are enacted by
10 Congress—

11 “(I) as an exercise of the rulemaking power of
12 the Senate and the House of Representatives and as
13 such shall be considered as part of the rules of each
14 House of Congress, and shall supersede other rules
15 only to the extent that they are inconsistent there-
16 with; and

17 “(II) with full recognition of the constitutional
18 right of either House of Congress to change the
19 rules (so far as they relate to the procedures of that
20 House) at any time, in the same manner, and to the
21 same extent as in the case of any other rule of that
22 House.

23 “(C) During the 60-calendar-day period beginning on
24 the date on which the Secretary submits the report de-
25 scribed in paragraph (2) to Congress, it shall be in order

1 as a matter of highest privilege in each House of Congress
2 to consider a bill or joint resolution, if offered by the ma-
3 jority leader of such House (or a designee), approving
4 such request in its entirety.

5 “(g) LIMITATIONS.—(1) The waiver provisions in
6 subsection (f) shall not apply unless the Secretary, in ac-
7 cordance with the requirements in subsection (f), submits
8 the first proposal for a pilot program not later than 18
9 months after the date of the enactment of the VA Care
10 in the Community Act.

11 “(2) Notwithstanding section 502 of this title, deci-
12 sions by the Secretary under this section shall, consistent
13 with section 511 of this title, be final and conclusive and
14 may not be reviewed by any other official or by any court,
15 whether by an action in the nature of mandamus or other-
16 wise.

17 “(3)(A) If the Secretary determines that the pilot
18 program is not improving the quality of care or producing
19 cost savings, the Secretary shall—

20 “(i) propose a modification to the pilot program
21 in the interim report that shall also be considered a
22 report under subsection (f)(2)(A) and shall be sub-
23 ject to the terms and conditions of subsection (f)(2);
24 or

1 “(ii) terminate such pilot program not later
2 than 30 days after submitting the interim report to
3 Congress.

4 “(B) If the Secretary terminates the pilot program
5 under subparagraph (A)(ii), for purposes of clauses (vi)
6 and (vii) of subsection (f)(2)(A), such interim report will
7 also serve as the final report for that pilot program.

8 “(h) EVALUATION AND REPORTING REQUIRE-
9 MENTS.—(1) The Secretary shall conduct an evaluation
10 of each model tested, which shall include, at a minimum,
11 an analysis of—

12 “(A) the quality of care furnished under the
13 model, including the measurement of patient-level
14 outcomes and patient-centeredness criteria deter-
15 mined appropriate by the Secretary; and

16 “(B) the changes in spending by reason of that
17 model.

18 “(2) The Secretary shall make the results of each
19 evaluation under this subsection available to the public in
20 a timely fashion and may establish requirements for other
21 entities participating in the testing of models under this
22 section to collect and report information that the Sec-
23 retary determines is necessary to monitor and evaluate
24 such models.

1 “(i) COORDINATION AND CONSULTATION.—(1) The
2 Secretary shall consult with the Under Secretary for
3 Health and the Special Medical Advisory Group estab-
4 lished pursuant to section 7312 of this title in the develop-
5 ment and implementation of any pilot program operated
6 under this section.

7 “(2) In carrying out the duties under this section,
8 the Secretary shall consult representatives of relevant
9 Federal agencies, and clinical and analytical experts with
10 expertise in medicine and health care management. The
11 Secretary shall use appropriate mechanisms to seek input
12 from interested parties.

13 “(j) EXPANSION OF SUCCESSFUL PILOT PRO-
14 GRAMS.—Taking into account the evaluation under sub-
15 section (f), the Secretary may, through rulemaking, ex-
16 pand (including implementation on a nationwide basis) the
17 duration and the scope of a model that is being tested
18 under subsection (a) to the extent determined appropriate
19 by the Secretary, if—

20 “(1) the Secretary determines that such expan-
21 sion is expected to—

22 “(A) reduce spending without reducing the
23 quality of care; or

24 “(B) improve the quality of patient care
25 without increasing spending; and

1 “(2) the Secretary determines that such expansion
2 sion would not deny or limit the coverage or provision
3 of benefits for individuals receiving benefits
4 under this chapter.”.

5 (b) CONFORMING AMENDMENT.—The table of sections
6 at the beginning of such chapter, as amended by section
7 122, is further amended by inserting after the item
8 relating to section 1703B the following new item:

“1703C. Center for Innovation for Care and Payment.”.

