

**[DISCUSSION DRAFT]**

117TH CONGRESS  
1ST SESSION

**H. R.** \_\_\_\_\_

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.

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IN THE HOUSE OF REPRESENTATIVES

Mr. BERGMAN introduced the following bill; which was referred to the Committee on \_\_\_\_\_

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**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,*

1 **SECTION 1. REQUIREMENT FOR ONGOING INDEPENDENT**  
2 **ASSESSMENTS OF HEALTH CARE DELIVERY**  
3 **SYSTEMS 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 the 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 (e) 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) Budgetary trends of the Department af-  
23 fecting the provision of health care to veterans, in-  
24 cluding a review of current and projected health care  
25 capabilities, resources, and needs of the Department  
26 and of the reliability and accuracy of models used to

1 project the budget for the Veterans Health Adminis-  
2 tration.

3 “(3) The authorities and mechanisms under  
4 which the Secretary may furnish hospital care, med-  
5 ical services, and other health care at non-Depart-  
6 ment facilities, including through Federal and pri-  
7 vate sector partners, and at joint medical facilities.

8 “(4) The appropriate system-wide access stand-  
9 ard applicable to hospital care, medical services, and  
10 other health care furnished by and through the De-  
11 partment, including an identification of appropriate  
12 access standards for each individual specialty and  
13 post-care rehabilitation.

14 “(5) The workflow process at each medical fa-  
15 cility of the Department for scheduling appointments  
16 for veterans to receive hospital care, medical serv-  
17 ices, or other health care from the Department.

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

24 “(7) The efforts of the Department to recruit  
25 and retain staff at levels necessary to carry out the

1 functions of the Veterans Health Administration  
2 **[specified in section 7302 of this title?]** and the  
3 process used by the Department to determine staff-  
4 ing levels necessary for such functions.

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

10 “(A) An assessment of the case load of,  
11 and number of patients treated by, each health  
12 care provider at such medical facility during an  
13 average week.

14 “(B) An assessment of the time spent by  
15 such health care provider on matters other than  
16 the case load of such health care provider, in-  
17 cluding time spent by such health care provider  
18 as follows:

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

21 “(ii) Conducting research.

22 “(iii) Training or supervising other  
23 health care professionals of the Depart-  
24 ment.

1           “(9) The information technology strategies of  
2           the Department with respect to furnishing and man-  
3           aging health care, including an identification of any  
4           weaknesses or opportunities with respect to the tech-  
5           nology used by the Department, especially those  
6           strategies with respect to clinical documentation of  
7           【episodes of hospital care / *should we modify to get*  
8           *rid of the ‘episodes’ of care concept here, as we did*  
9           *in paragraph (3)?*】, medical services, and other  
10          health care, including any clinical images and associ-  
11          ated textual reports, furnished by the Department in  
12          Department or non-Department facilities.

13          “(10) Business processes of the Veterans  
14          Health Administration, including processes relating  
15          to furnishing non-Department health care, insurance  
16          identification, third-party revenue collection, and  
17          vendor reimbursement, including an identification of  
18          mechanisms as follows:

19                  “(A) To avoid the payment of penalties to  
20                  vendors.

21                  “(B) To increase the collection of amounts  
22                  owed to the Department for hospital care, med-  
23                  ical services, or other health care provided by  
24                  the Department for which reimbursement from

1 a third party is authorized and to ensure that  
2 such amounts collected are accurate.

3 “(C) To increase the collection of any  
4 other amounts owed to the Department with re-  
5 spect to hospital care, medical services, or other  
6 health care and to ensure that such amounts  
7 collected are accurate.

8 “(D) To increase the accuracy and timeli-  
9 ness of Department payments to vendors and  
10 providers.

11 “(11) The purchase, distribution, and use of  
12 pharmaceuticals, medical and surgical supplies, med-  
13 ical devices, and health care related services by the  
14 Department, including the following:

15 “(A) The prices paid for, standardization  
16 of, and use by the Department of the following:

17 “(i) Pharmaceuticals.

18 “(ii) Medical and surgical supplies.

19 “(iii) Medical devices.

20 “(B) The use by the Department of group  
21 purchasing arrangements to purchase pharma-  
22 ceuticals, medical and surgical supplies, medical  
23 devices, and health care related services.

24 “(C) The strategy and systems used by the  
25 Department to distribute pharmaceuticals, med-

1           ical and surgical supplies, medical devices, and  
2           health care related services to Veterans Inte-  
3           grated Service Networks and medical facilities  
4           of the Department.

5           “(12) The process of the Department for car-  
6           rying out construction and maintenance projects at  
7           medical facilities of the Department and the medical  
8           facility leasing program of the Department.

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

14          “(14) The performance of the **【**other functions  
15          of the Veterans Health Administration specified in  
16          chapter 73 of this title / *does this reflect the statutory*  
17          *mission concept correctly?***】**, including the conduct of  
18          medical and prosthetic research and the provision of  
19          assistance to Federal agencies and personnel in-  
20          volved in responding to a disaster or emergency.

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) PRIVATE SECTOR ENTITIES DESCRIBED.—A  
2 private entity described in this subsection is a private enti-  
3 ty that—

4               “(1) has experience and proven outcomes in op-  
5 timizing the performance of the health care delivery  
6 systems of the Veterans Health Administration and  
7 the private sector and in health care management;  
8 and

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

12       “(d) PROGRAM INTEGRATOR.—(1) If the Secretary  
13 enters into contracts with more than one private sector  
14 entity under subsection (a) with respect to a single assess-  
15 ment under such subsection, the Secretary shall designate  
16 one such entity that is predominately a health care organi-  
17 zation as the program integrator.

18               “(2) The program integrator designated pursuant to  
19 paragraph (1) shall be responsible for coordinating the  
20 outcomes of the assessments conducted by the private en-  
21 tities pursuant to such contracts.

22       “(e) REPORTS.—(1) Not later than 60 days after  
23 completing an assessment pursuant to subsection (a), the  
24 private sector entity or entities carrying out such assess-  
25 ment shall submit to the Secretary of Veterans Affairs and



1 the Committees on Veterans' Affairs of the House of Rep-  
2 resentatives and the Senate a report on the findings and  
3 recommendations of the private sector entity or entities  
4 with respect to such assessment. Such report shall include  
5 an identification of the following:

6           “(A) Any changes with respect to the matters  
7 included in such assessment since the date that is  
8 the later of the following:

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

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

16           “(B) Any recommendations regarding matters  
17 to be covered by subsequent assessments under sub-  
18 section (a), including any additional matters to in-  
19 clude for assessment or previously assessed matters  
20 to exclude.

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

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 items:

“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, 2024]**.