

**AMENDMENT IN THE NATURE OF A SUBSTITUTE
TO H.R. 3520
OFFERED BY MRS. MILLER-MEEKS OF IOWA**

Strike all after the enacting clause and insert the following:

1 SECTION 1. SHORT TITLE.

2 This Act may be cited as the “Veteran Care Improve-
3 ment Act of 2023”.

**4 SEC. 2. CODIFICATION OF ACCESS STANDARDS FOR COM-
5 MUNITY CARE FURNISHED BY THE DEPART-
6 MENT OF VETERANS AFFAIRS.**

7 (a) ACCESS STANDARDS.—Section 1703B of title 38,
8 United States Code, is amended—

9 (1) by striking subsections (a) through (e) and
10 inserting the following:

11 “(a) ACCESS STANDARDS FOR COMMUNITY CARE.—

12 (1) A covered veteran may receive hospital care, medical
13 services, or extended care services under subparagraph
14 (D) of section 1703(d)(1) of this title if the Secretary de-
15 termines the following:

16 “(A) With respect to primary care, mental
17 health care, or extended care services, the Secretary
18 cannot schedule an in-person appointment for the

1 covered veteran with a health care provider of the
2 Department for such care or services—

3 “(i) at a facility of the Department that is
4 located less than 30 minutes average driving
5 distance from the residence of the covered vet-
6 eran; and

7 “(ii) during the 20-day period after the
8 date on which the covered veteran requests such
9 appointment.

10 “(B) With respect to specialty care, the Sec-
11 retary cannot schedule an in-person appointment for
12 the covered veteran with a health care provider of
13 the Department who can provide such care—

14 “(i) at a facility of the Department that is
15 located less than 60 minutes average driving
16 distance from the residence of the covered vet-
17 eran; and

18 “(ii) during the 28-day period after the
19 date on which the covered veteran requests such
20 appointment.

21 “(C) With respect to residential treatment and
22 rehabilitative services for alcohol or drug depend-
23 ence, the Secretary cannot provide the covered vet-
24 eran such services at a facility of the Department—

1 “(i) that is located less than 60 minutes
2 average driving distance from the residence of
3 the covered veteran; and

4 “(ii) during the 10-day period after the
5 date on which the covered veteran requests such
6 services.

7 “(2)(A) The Secretary may prescribe regulations that
8 establish a shorter average driving distance or time period
9 than those established by paragraph (1).

10 “(B) A covered veteran may consent to a longer driv-
11 ing distance or time period than established by paragraph
12 (1) (or pursuant to regulations prescribed under para-
13 graph (2)). If a covered veteran so consents, the Secretary
14 shall document such consent in the electronic health
15 record of the covered veteran and provide the covered vet-
16 eran with a copy of such documentation in writing or
17 through electronic means.

18 “(3) In making any eligibility determination under
19 paragraph (1), the Secretary may not consider—

20 “(A) a telehealth appointment; or

21 “(B) the cancellation of an appointment unless
22 such cancellation was at the request of the covered
23 veteran.

24 “(4) A covered veteran, whom the Secretary deter-
25 mines under paragraph (1) may receive hospital care,

1 medical services, or extended care services under subpara-
2 graph (D) of section 1703(d)(1) of this title, may elect
3 to have a telehealth appointment with a health care pro-
4 vider of the Department instead of receiving such care or
5 services under such subparagraph.

6 “(b) APPLICABILITY.—The Secretary shall ensure
7 that the access standards established under subsection (a)
8 apply—

9 “(1) to all care and services within the medical
10 benefits package of the Department to which a cov-
11 ered veteran is eligible under section 1703 of this
12 title; and

13 “(2) to all covered veterans.

14 “(c) PERIODIC REVIEW OF ACCESS STANDARDS.—
15 (1) Not later than three years after the date of the enact-
16 ment of the Veteran Care Improvement Act of 2023, and
17 not less frequently than once every three years thereafter,
18 the Secretary shall—

19 “(A) conduct a review of the access standards
20 under subsection (a) in consultation with—

21 “(i) Federal entities (including the Depart-
22 ment of Defense, the Department of Health and
23 Human Services, and the Centers for Medicare
24 & Medicaid Services) that the Secretary deter-
25 mines appropriate;

1 “(ii) entities and individuals in the private
2 sector, including—

3 “(I) veterans who receive hospital
4 care, medical services, and extended care
5 services furnished by the Secretary;

6 “(II) veterans service organizations;
7 and

8 “(III) health care providers partici-
9 pating in the Veterans Community Care
10 Program under section 1703 of this title;
11 and

12 “(iii) other entities that are not part of the
13 Federal Government;

14 “(B) submit to the appropriate committees of
15 Congress a report on—

16 “(i) the findings of the Secretary under
17 such review; and

18 “(ii) recommendations of the Secretary re-
19 garding such access standards; and

20 “(2) Consultation with entities and individuals pursu-
21 ant to paragraph (1) shall not be subject to chapter 10
22 of title 5.”;

23 (2) by striking subsection (g);

24 (3) by redesignating subsections (f), (h), and (i)
25 as subsections (d), (e), and (f), respectively;

1 (4) in subsection (d), as redesignated by para-
2 graph (3)—

3 (A) by striking “established” each place it
4 appears; and

5 (B) in paragraph (1), by striking “(1)
6 Subject to” and inserting “COMPLIANCE BY
7 COMMUNITY CARE PROVIDERS WITH ACCESS
8 STANDARDS.—(1) Subject to”;

9 (5) in subsection (e), as so redesignated—

10 (A) in paragraph (1)—

11 (i) by striking “(1) Consistent with”
12 and inserting “DETERMINATION REGARD-
13 ING ELIGIBILITY.—(1) Consistent with”;
14 and

15 (ii) by striking “designated access
16 standards established under this section”
17 and inserting “access standards under sub-
18 section (a)”;

19 (B) in paragraph (2)(B), by striking “des-
20 igned access standards established under this
21 section” and inserting “access standards under
22 subsection (a)”;

23 (6) in subsection (f), as redesignated by para-
24 graph (2)—

1 (A) in the matter preceding paragraph (1),
2 by striking “In this section” and inserting
3 “DEFINITIONS.—In this section”; and

4 (B) in paragraph (2)—

5 (i) by striking “covered veterans” and
6 inserting “covered veteran”; and

7 (ii) by striking “veterans described”
8 and inserting “a veteran described”.

9 (b) CONFORMING AMENDMENTS.—Subsection (d) of
10 section 1703 of such title is amended—

11 (1) in paragraph (1)(D), by striking “des-
12 ignated access standards developed by the Secretary
13 under section 1703B of this title” and inserting “ac-
14 cess standards under section 1703B(a) of this title”;
15 and

16 (2) in paragraph (3), by striking “designated
17 access standards developed by the Secretary under
18 section 1703B of this title” and inserting “access
19 standards under section 1703B(a) of this title”.

20 **SEC. 3. REQUIREMENT THAT SECRETARY NOTIFY VET-**
21 **ERANS OF ELIGIBILITY FOR CARE UNDER**
22 **VETERANS COMMUNITY CARE PROGRAM.**

23 Section 1703 of title 38, United States Code, is fur-
24 ther amended, in subsection (a), by adding at the end the
25 following new paragraph:

1 (1) by redesignating subsection (o) as sub-
2 section (p); and

3 (2) by inserting after subsection (n) the fol-
4 lowing new subsection (o):

5 “(o) NOTIFICATION OF DENIAL OF REQUEST FOR
6 CARE AND HOW TO APPEAL.—(1) If a request by a vet-
7 eran for care or services under this section is denied, the
8 Secretary shall notify the veteran as soon as possible, but
9 not later than two business days, after the denial is
10 made—

11 “(A) of the reason for the denial; and

12 “(B) with instructions on how to appeal such
13 denial using the clinical appeals process of the Vet-
14 erans Health Administration.

15 “(2) If a denial described in paragraph (1) is because
16 the Secretary determines that the Secretary can provide
17 the requested care or services through a health care pro-
18 vider of the Department within the maximum applicable
19 distance and time period under paragraph (1) or (2) of
20 section 1703B(a) of this title, the notification under this
21 subsection shall include an explanation of such determina-
22 tion.

23 “(3) Any notification under this subsection shall be
24 provided to a veteran in accordance with subsection
25 (a)(5)(B) of this section.”.

1 **SEC. 5. PROVISION OF INFORMATION REGARDING OPTION**
2 **FOR TELEHEALTH UNDER VETERANS COM-**
3 **MUNITY CARE PROGRAM.**

4 Section 1703 of title 38, United States Code, is fur-
5 ther amended—

6 (1) by redesignating subsection (p) as sub-
7 section (q); and

8 (2) by inserting after subsection (o) the fol-
9 lowing new subsection (p):

10 “(p) PROVISION OF INFORMATION REGARDING OP-
11 TION FOR TELEHEALTH.—The Secretary shall ensure
12 that a covered veteran is informed that the covered vet-
13 eran may elect to seek care or services via telehealth from
14 a health care provider specified under subsection (c) if—

15 “(1) such health care provider provides such
16 care or services via telehealth; and

17 “(2) the Secretary determines telehealth is ap-
18 appropriate for the type of care or services the covered
19 veteran seeks.”.

20 **SEC. 6. FINALITY OF DECISION BY VETERAN AND VET-**
21 **ERAN’S REFERRING PROVIDER.**

22 (a) IN GENERAL.—Section 1703 of title 38, United
23 States Code, is further amended—

24 (1) by redesignating subsection (q) as sub-
25 section (r); and

1 (2) by inserting after subsection (p) the fol-
2 lowing new subsection (q):

3 “(q) **FINALITY OF AGREEMENT BETWEEN COVERED**
4 **VETERAN AND REFERRING PROVIDER.**—The Secretary
5 may not override an agreement under subsection (d)(1)(E)
6 unless the Secretary notifies the covered veteran and refer-
7 ring provider in writing that the Secretary may not pro-
8 vide the care or services described in such agreement.”.

9 (b) **CONFORMING AMENDMENT.**—Subsection
10 (d)(1)(E) such section is amended by striking “referring
11 clinician” and inserting “referring provider”.

12 **SEC. 7. OUTREACH REGARDING CARE AND SERVICES**
13 **UNDER VETERANS COMMUNITY CARE PRO-**
14 **GRAM.**

15 (a) **REQUIREMENT.**—Section 1703 of title 38, United
16 States Code, is further amended—

17 (1) by redesignating subsection (r) as sub-
18 section (s); and

19 (2) by inserting after subsection (q) the fol-
20 lowing new subsection (r):

21 “(r) **OUTREACH REGARDING AVAILABILITY OF CARE**
22 **AND SERVICES.**—(1) The Secretary shall conduct out-
23 reach to inform veterans of the following:

24 “(A) The conditions for care or services under
25 subsections (d) and (e).

1 “(B) How to request such care or services.

2 “(C) How to appeal a denial of a request for
3 such care or services using the clinical appeals proc-
4 ess of the Veterans Health Administration.

5 “(2) Upon enrollment of a veteran in the system of
6 annual patient enrollment established and operated under
7 section 1705 of this title, and not less frequently than
8 every two years thereafter, the Secretary shall inform the
9 veteran of information described in paragraph (1).

10 “(3) The Secretary shall ensure that information de-
11 scribed in paragraph (1) is—

12 “(A) publicly displayed in each medical facility
13 of the Department;

14 “(B) prominently displayed on a website of the
15 Department; and

16 “(C) included in other outreach campaigns and
17 activities conducted by the Secretary.”.

18 (b) SOLID START PROGRAM.—Section 6320(a)(2)(A)
19 of title 38, United States Code, is amended by inserting
20 “, including how to enroll in the system of annual patient
21 enrollment established and operated under section 1705
22 of this title and the ability to seek care and services under
23 sections 1703 and 1710 of this title” before the semicolon.

1 **SEC. 8. USE OF VALUE-BASED REIMBURSEMENT MODELS**
2 **UNDER VETERANS COMMUNITY CARE PRO-**
3 **GRAM.**

4 (a) MANDATORY USE.—Section 1703 of title 38,
5 United States Code, is further amended, in paragraph (5)
6 of subsection (i), by striking “may” and inserting “shall”.

7 (b) NEGOTIATION OF TERMS.—The Secretary of Vet-
8 erans Affairs shall negotiate with third party administra-
9 tors to establish the use of value-based reimbursement
10 models under the Veterans Community Care Program
11 under such paragraph, as amended by this section.

12 (c) REPORT ON VALUE-BASED REIMBURSEMENT
13 MODELS.—Not later than one year after negotiating
14 under subsection (b) terms to establish the use of value-
15 based reimbursement models under the Veterans Commu-
16 nity Care Program under such section, the Secretary, in
17 consultation with the Center for Innovation for Care and
18 Payment of the Department of Veterans Affairs under sec-
19 tion 1703E of title 38, United States Code, and the Office
20 of Integrated Veteran Care of the Department, or suc-
21 cessor office, shall submit to the Committee on Veterans’
22 Affairs of the Senate and the Committee on Veterans’ Af-
23 fairs of the House of Representatives a report con-
24 taining—

25 (1) an assessment of the efforts of the Depart-
26 ment pursuant to section 1703(i)(5) of such title, as

1 amended by subsection (a), to incorporate value-
2 based reimbursement models to promote the provi-
3 sion of high-quality care to veterans; and

4 (2) such recommendations for legislative or ad-
5 ministrative action as the Secretary considers appro-
6 priate to increase the use of value-based reimburse-
7 ment models throughout the Veterans Community
8 Care Program under section 1703 of such title.

9 (d) **RULE OF CONSTRUCTION.**—This section shall not
10 be construed to be a pilot program subject to the require-
11 ments of section 1703E of title 38, United States Code.

12 (e) **THIRD PARTY ADMINISTRATOR DEFINED.**—In
13 this section, the term “third party administrator” means
14 an entity that manages a provider network and performs
15 administrative services related to such network under sec-
16 tion 1703 of title 38, United States Code.

17 **SEC. 9. EXTENSION OF DEADLINE FOR SUBMISSION OF**
18 **CLAIMS BY HEALTH CARE ENTITIES AND**
19 **PROVIDERS UNDER PROMPT PAYMENT**
20 **STANDARD.**

21 Subsection (b) of section 1703D of title 38, United
22 States Code, is amended—

23 (1) by striking “180 days” and inserting “one
24 year”; and

1 (2) in the heading, by striking “SUBMITTAL”
2 and inserting “SUBMISSION”.

3 **SEC. 10. TREATMENT AND REHABILITATIVE SERVICES FOR**
4 **VETERANS WITH DRUG OR ALCOHOL DE-**
5 **PENDENCY.**

6 Section 1720A of title 38, United States Code, is
7 amended by adding at the end the following new sub-
8 section:

9 “(e) The Secretary shall screen a veteran who re-
10 quests residential treatment and rehabilitative services for
11 alcohol or drug dependence under this section, in order
12 to determine whether such veteran requires such services,
13 not later than 72 hours after receipt of such request.”.

14 **SEC. 11. PILOT PROGRAM TO IMPROVE ADMINISTRATION**
15 **OF CARE UNDER VETERANS COMMUNITY**
16 **CARE PROGRAM.**

17 (a) ESTABLISHMENT.—Pursuant to section 1703E of
18 title 38, United States Code, the Secretary of Veterans
19 Affairs, acting through the Center for Innovation for Care
20 and Payment of the Department of Veterans Affairs, shall
21 seek to develop and implement a plan with a third party
22 administrator—

23 (1) to provide incentives to a covered health
24 care provider, pursuant to an agreement with such
25 third party administrator—

1 (A) to allow the Secretary and the third
2 party administrator to see the scheduling sys-
3 tem of the provider, to assess the availability of,
4 and to assist in scheduling appointments for,
5 veterans under the Veterans Community Care
6 Program under section 1703 of such title, in-
7 cluding through synchronous, asynchronous,
8 and asynchronous assisted digital scheduling;

9 (B) to complete continuing professional
10 educational training regarding veteran cultural
11 competency and other subjects determined ap-
12 propriate by the Secretary;

13 (C) to improve the rate of the timely re-
14 turn to the Secretary of medical record docu-
15 mentation for care or services provided under
16 such program;

17 (D) to improve the timeliness and quality
18 of the delivery of care and services to veterans
19 under such program; and

20 (E) to achieve other objectives determined
21 appropriate by the Secretary in consultation
22 with third party administrators;

23 (2) to decrease the rate of no-show appoint-
24 ments under such program and consider the feasi-
25 bility and advisability of appropriately compensating

1 such health care providers for no-show appointments
2 under such program; and

3 (3) within each region in which such program
4 is carried out, to assess needed specialties and to
5 provide incentives to community providers in such
6 specialties to participate in such program.

7 (b) VALUE-BASED REIMBURSEMENT MODELS.—In
8 developing a plan under subsection (a), the Secretary and
9 third party administrators shall consider value-based reim-
10 bursement models under section 1703(i)(5) of such title,
11 as amended by section 9, to achieve the goals under such
12 subsection.

13 (c) REPORTING.—

14 (1) PROGRESS REPORT.—Not later than 180
15 days after the date of the enactment of this Act, the
16 Secretary shall submit to the Committees on Vet-
17 erans' Affairs of the Senate and House of Rep-
18 resentatives a report on progress in developing the
19 plan under subsection (a).

20 (2) SUBMISSION.—Not later than 90 days after
21 completing development of a plan under subsection
22 (a), the Secretary shall submit to the Committees on
23 Veterans' Affairs of the Senate and House of Rep-
24 resentatives a copy of such plan.

1 (3) QUARTERLY UPDATE.—Not less frequently
2 than quarterly during the term of the pilot program,
3 the Secretary shall submit to the Committees on
4 Veterans' Affairs of the Senate and House of Rep-
5 resentatives a report containing any updates on the
6 implementation of such plan.

7 (4) USE OF VALUE-BASED REIMBURSEMENT
8 MODELS.—The Secretary shall include with a plan
9 submitted under paragraph (2) and any report sub-
10 mitted under paragraph (3)—

11 (A) a complete list of the value-based reim-
12 bursement models considered under the plan;

13 (B) an indication of whether any such
14 model has been implemented; and

15 (C) with respect to any such model that
16 was considered but not implemented, a descrip-
17 tion of the reasons such model was not imple-
18 mented.

19 (d) NO PENALTY FOR NOT MEETING OBJECTIVES.—
20 No health care provider or third party administrator may
21 be penalized for not carrying out any part of a plan under
22 subsection (a).

23 (e) TERMINATION.—The pilot program under this
24 section shall terminate five years after the date of the en-
25 actment of this Act.

1 (f) DEFINITIONS.—In this section:

2 (1) The term “covered health care provider”
3 means a health care provider—

4 (A) described in subsection (c) of section
5 1703 of such title;

6 (B) that furnishes care or services under
7 the Veterans Community Care Program under
8 such section; and

9 (C) that is served by third party adminis-
10 trator.

11 (2) The term “third party administrator”
12 means an entity that manages a network of health
13 care providers and performs administrative services
14 related to such network under section 1703 of such
15 title.

16 **SEC. 12. INSPECTOR GENERAL ASSESSMENT OF IMPLEMEN-**
17 **TATION OF VETERANS COMMUNITY CARE**
18 **PROGRAM.**

19 (a) IN GENERAL.—Not later than three years after
20 the date of the enactment of this Act, and periodically
21 thereafter as the Inspector General of the Department of
22 Veterans Affairs determines appropriate, the Inspector
23 General shall assess the performance of each medical cen-
24 ter of the Department of Veterans Affairs in—

1 (1) appropriately identifying veterans eligible
2 for care and services under section 1703 of title 38,
3 United States Code;

4 (2) informing veterans of their eligibility for
5 such care and services, including, if appropriate and
6 applicable, the availability of such care and services
7 via telehealth;

8 (3) delivering such care and services in a timely
9 manner; and

10 (4) appropriately coordinating such care and
11 services.

12 (b) COMMENCEMENT OF ASSESSMENT.—Not later
13 than one year after the date of the enactment of this Act,
14 the Inspector General shall commence the initial assess-
15 ment required by subsection (a).

