To direct the Secretary of Veterans Affairs to enter into contracts for the provision of hospital care and medical services at non-Department of Veterans Affairs facilities for Department of Veterans Affairs patients with extended waiting times for appointments at Department facilities, and for other purposes.

IN THE HOUSE OF REPRESENTATIVES

Mr. MILLER of Florida (for himself and [see ATTACHED LIST of cosponsors]) introduced the following bill; which was referred to the Committee on

A BILL

To direct the Secretary of Veterans Affairs to enter into contracts for the provision of hospital care and medical services at non-Department of Veterans Affairs facilities for Department of Veterans Affairs patients with extended waiting times for appointments at Department facilities, and for other purposes.

Be it enacted by the Senate and House of Representa-

ives of the United States of America in Congress assembled,
SECTION 1. SHORT TITLE.

This Act may be cited as the “Veteran Access to Care Act of 2014”.

SEC. 2. PROVISION OF HOSPITAL CARE AND MEDICAL SERVICES AT NON-DEPARTMENT OF VETERANS AFFAIRS FACILITIES FOR DEPARTMENT OF VETERANS AFFAIRS PATIENTS WITH EXTENDED WAITING TIMES FOR APPOINTMENTS AT DEPARTMENT FACILITIES.

(a) IN GENERAL.—As authorized by section 1710 of title 38, United States Code, the Secretary of Veterans Affairs (in this Act referred to as the “Secretary”) shall enter into contracts with such non-Department facilities as may be necessary in order to furnish hospital care and medical services to covered veterans who are eligible for such care and services under chapter 17 of title 38, United States Code. To the greatest extent possible, the Secretary shall carry out this section using contracts entered into before the date of the enactment of this Act.

(b) COVERED VETERANS.—For purposes of this section, the term “covered veteran” means a veteran—

(1) who is enrolled in the patient enrollment system under section 1705 of title 38, United States Code;

(2) who—
(A) has waited longer than the wait-time goals of the Veterans Health Administration (as of June 1, 2014) for an appointment for hospital care or medical services in a facility of the Department;

(B) has been notified by a facility of the Department that an appointment for hospital care or medical services is not available within such wait-time goals; or

(C) resides more than 40 miles from the medical facility of the Department of Veterans Affairs, including a community-based outpatient clinic, that is closest to the residence of the veteran; and

(3) who makes an election to receive such care or services in a non-Department facility.

(c) FOLLOW-UP CARE.—In carrying out this section, the Secretary shall ensure that, at the election of a covered veteran who receives hospital care or medical services at a non-Department facility in an episode of care under this section, the veteran receives such hospital care and medical services at such non-Department facility through the completion of the episode of care (but for a period not exceeding 60 days), including all specialty and ancillary services deemed necessary as part of the treatment rec-
ommended in the course of such hospital care or medical
services.

(d) REPORT.—The Secretary shall submit to Con-
gress a quarterly report on hospital care and medical serv-
ices furnished pursuant to this section. Such report shall
include information, for the quarter covered by the report,
regarding—

(1) the number of veterans who received care or
services at non-Department facilities pursuant to
this section;

(2) the number of veterans who were eligible to
receive care or services pursuant to this section but
who elected to continue waiting for an appointment
at a Department facility;

(3) the purchase methods used to provide the
care and services at non-Department facilities, in-
cluding the rate of payment for individual authoriza-
tions for such care and services; and

(4) any other matters the Secretary determines
appropriate.

(e) DEFINITIONS.—For purposes of this section, the
terms “facilities of the Department”, “non-Department
facilities”, “hospital care”, and “medical services” have
the meanings given such terms in section 1701 of title 38,
United States Code.
(f) **IMPLEMENTATION.**—The Secretary shall begin implementing this section on the date of the enactment of this Act.

(e) **CONSTRUCTION.**—Nothing in this section shall be construed to authorize payment for care or services not otherwise covered under chapter 17 of title 38, United States Code.

(g) **TERMINATION.**—The authority of the Secretary under this section shall terminate with respect to any hospital care or medical services furnished after the end of the 2-year period beginning on the date of the enactment of this Act, except that in the case of an episode of care for which hospital care or medical services is furnished in a non-Department facility pursuant to this section before the end of such period, such termination shall not apply to such care and services furnished during the remainder of such episode of care but not to exceed a period of 60 days.

**SEC. 3. EXPANDED ACCESS TO HOSPITAL CARE AND MEDICAL SERVICES.**

(a) **IN GENERAL.**—To the extent that appropriations are available for the Veterans Health Administration of the Department of Veterans Affairs for medical services, to the extent that the Secretary of Veterans Affairs is unable to provide access, within the wait-time goals of the
Veterans Health Administration (as of June 1, 2014), to hospital care or medical services to a covered veteran who is eligible for such care or services under chapter 17 of title 38, United States Code, under contracts described in section 2, the Secretary shall reimburse any non-Department facility with which the Secretary has not entered into a contract to furnish hospital care or medical services for furnishing such hospital care or medical services to such veteran, if the veteran elects to receive such care or services from the non-Department facility. The Secretary shall reimburse the facility for the care or services furnished to the veteran at the greatest of the following rates:

(1) VA PAYMENT RATE.—The rate of reimbursement for such care or services established by the Secretary of Veterans Affairs.

(2) MEDICARE PAYMENT RATE.—The payment rate for such care or services or comparable care or services under the Medicare program under title XVIII of the Social Security Act.

(3) TRICARE PAYMENT RATE.—The reimbursement rate for such care or services furnished to a member of the Armed Forces under chapter 55 of title 10, United States Code.

(b) COVERED VETERANS.—For purposes of this section, the term “covered veteran” means a veteran—
(1) who is enrolled in the patient enrollment system under section 1705 of title 38, United States Code; and

(2) who—

(A) has waited longer than the wait-time goals of the Veterans Health Administration (as of June 1, 2014) for an appointment for hospital care or medical services in a facility of the Department;

(B) has been notified by a facility of the Department that an appointment for hospital care or medical services is not available within such wait-time goals after the date for which the veteran requests the appointment; or

(C) who resides more than 40 miles from the medical facility of the Department of Veterans Affairs, including a community-based outpatient clinic, that is closest to the residence of the veteran.

(e) DEFINITIONS.—For purposes of this section, the terms “facilities of the Department”, “non-Department facilities”, “hospital care”, and “medical services” have the meanings given such terms in section 1701 of title 38, United States Code.
(d) IMPLEMENTATION.—The Secretary shall begin implementing this section on the date of the enactment of this Act.

(e) CONSTRUCTION.—Nothing in this section shall be construed to authorize payment for care or services not otherwise covered under chapter 17 of title 38, United States Code.

(f) TERMINATION.—The authority of the Secretary under this section shall terminate with respect to care or services furnished after the date that is 2 years after the date of the enactment of this Act.

SEC. 4. INDEPENDENT ASSESSMENT OF VETERANS HEALTH ADMINISTRATION PERFORMANCE.

(a) INDEPENDENT ASSESSMENT REQUIRED.—Not later than 120 days after the date of the enactment of this Act, the Secretary of Veterans Affairs shall enter into a contract or contracts with a private sector entity or entities with experience in the delivery systems of the Veterans Health Administration and the private sector and in health care management to conduct an independent assessment of hospital care and medical services furnished in medical facilities of the Department of Veterans Affairs. Such assessment shall address each of the following:


(1) The current and projected demographics and unique care needs of the patient population served by the Department of Veterans Affairs.

(2) The current and projected health care capabilities and resources of the Department, including hospital care and medical services furnished by non-Department facilities under contract with the Department, to provide timely and accessible care to eligible veterans.

(3) The authorities and mechanisms under which the Secretary may furnish hospital care and medical services at non-Department facilities, including an assessment of whether the Secretary should have the authority to furnish such care and services at such facilities through the completion of episodes of care.

(4) The appropriate system-wide access standard applicable to hospital care and medical services furnished by and through the Department of Veterans Affairs and recommendations relating to access standards specific to individual specialties and standards for post-care rehabilitation.

(5) The current organization, processes, and tools used to support clinical staffing and documentation.
(6) The staffing levels and productivity standards, including a comparison with industry performance percentiles.

(7) Information technology strategies of the Veterans Health Administration, including an identification of technology weaknesses and opportunities, especially as they apply to clinical documentation of hospital care and medical services provided in non-Department facilities.

(8) Business processes of the Veterans Health Administration, including non-Department care, insurance identification, third-party revenue collection, and vendor reimbursement.

(b) Assessment Outcomes.—The assessment conducted pursuant to subsection (a) shall include the following:

(1) An identification of improvement areas outlined both qualitatively and quantitatively, taking into consideration Department of Veterans Affairs directives and industry benchmarks from outside the Federal Government.

(2) Recommendations for how to address the improvement areas identified under paragraph (1) relating to structure, accountability, process
changes, technology, and other relevant drivers of performance.

(3) The business case associated with making the improvements and recommendations identified in paragraphs (1) and (2).

(4) Findings and supporting analysis on how credible conclusions were established.

(c) PROGRAM INTEGRATOR.—If the Secretary enters into contracts with more than one private sector entity under subsection (a), the Secretary shall designate one such entity as the program integrator. The program integrator shall be responsible for coordinating the outcomes of the assessments conducted by the private entities pursuant to such contracts.

(d) SUBMITTAL OF REPORTS TO CONGRESS.—

(1) REPORT ON INDEPENDENT ASSESSMENT.—Not later than 10 months after entering into the contract under subsection (a), the Secretary shall submit to the Committees on Veterans’ Affairs of the Senate and House of Representatives the findings and recommendations of the independent assessment required by such subsection.

(2) REPORT ON VA ACTION PLAN TO IMPLEMENT RECOMMENDATIONS IN ASSESSMENT.—Not later than 120 days after the date of submission of
the report under paragraph (1), the Secretary shall submit to such Committees on the Secretary’s response to the findings of the assessment and shall include an action plan, including a timeline, for fully implementing the recommendations of the assessment.

SEC. 5. LIMITATION ON AWARDS AND BONUSES TO EMPLOYEES OF DEPARTMENT OF VETERANS AFFAIRS.

For each of fiscal years 2014 through 2016, the Secretary of Veterans Affairs may not pay awards or bonuses under chapter 45 or 53 of title 5, United States Code, or any other awards or bonuses authorized under such title.

SEC. 6. OMB ESTIMATE OF BUDGETARY EFFECTS AND NEEDED TRANSFER AUTHORITY.

Not later than 30 days after the date of the enactment of this Act, the Director of Office of Management and Budget shall transmit to the Committees on Appropriations, Budget, and Veterans’ Affairs of the House of Representatives and of the Senate—

(1) an estimate of the budgetary effects of sections 2 and 3;
(2) any transfer authority needed to utilize the savings from section 5 to satisfy such budgetary effects; and

(3) if necessary, a request for any additional budgetary resources, or transfers or reprogramming of existing budgetary resources, necessary to provide funding for sections 2 and 3.