

**AMENDMENT IN THE NATURE OF A SUBSTITUTE  
TO H.R. 4626  
OFFERED BY MR. BOST OF ILLINOIS**

Strike all after the enacting clause and insert the following:

**1 SECTION 1. SHORT TITLE.**

2 This Act may be cited as the “VA Assessment by  
3 Independent Measures Act” or the “VA AIM Act”.

**4 SEC. 2. REQUIREMENT FOR ONGOING INDEPENDENT AS-**  
**5 SESSMENTS OF HEALTH CARE DELIVERY SYS-**  
**6 TEMS AND MANAGEMENT PROCESSES OF**  
**7 THE DEPARTMENT OF VETERANS AFFAIRS.**

8 (a) ONGOING ASSESSMENTS.—Chapter 17 of title 38,  
9 United States Code, is amended by inserting after section  
10 1704 the following new section:

**11 “§ 1704A. Independent assessments of health care de-**  
**12 livery systems and management proc-**  
**13 esses**

14 “(a) INDEPENDENT ASSESSMENTS.—Not less fre-  
15 quently than once every 10 years, the Secretary of Vet-  
16 erans Affairs shall enter into one or more contracts with  
17 a private sector entity or entities described in subsection  
18 (d) to conduct an independent assessment of the hospital

1 care, medical services, and other health care furnished by  
2 the Department of Veterans Affairs. Such assessment  
3 shall address each of the following:

4           “(1) Current and projected demographics and  
5 unique health care needs of the patient population  
6 served by the Department.

7           “(2) The accuracy of models and forecasting  
8 methods used by the Department to project health  
9 care demand, including with respect to veteran de-  
10 mographics, rates of use of health care furnished by  
11 the Department, the inflation of health care costs,  
12 and such other factors as may be determined rel-  
13 evant by the Secretary.

14           “(3) The reliability and accuracy of models and  
15 forecasting methods used by the Department to  
16 project the budgetary needs of the Veterans Health  
17 Administration and how such models and forecasting  
18 methods inform budgetary trends.

19           “(4) The authorities and mechanisms under  
20 which the Secretary may furnish hospital care, med-  
21 ical services, and other health care at Department  
22 and non-Department facilities, including through  
23 Federal and private sector partners and at joint  
24 medical facilities, and the effect of such authorities  
25 and mechanisms on eligibility and access to care.

1           “(5) The organization, workflow processes, and  
2           tools used by the Department to support clinical  
3           staffing, access to care, effective length-of-stay man-  
4           agement and care transitions, positive patient expe-  
5           rience, accurate documentation, and subsequent cod-  
6           ing of inpatient services.

7           “(6) The efforts of the Department to recruit  
8           and retain staff at levels necessary to carry out the  
9           functions of the Veterans Health Administration and  
10          the process used by the Department to determine  
11          staffing levels necessary for such functions.

12          “(7) The staffing level at each medical facility  
13          of the Department and the productivity of each  
14          health care provider at the medical facility, com-  
15          pared with health care industry performance  
16          metrics, which may include the following:

17                 “(A) An assessment of the case load of,  
18                 and number of patients treated by, each health  
19                 care provider at such medical facility during an  
20                 average week.

21                 “(B) An assessment of the time spent by  
22                 each such health care provider on matters other  
23                 than the case load of the health care provider,  
24                 including time spent by the health care provider  
25                 as follows:

1                   “(i) At a medical facility that is affli-  
2                   ated with the Department.

3                   “(ii) Conducting research.

4                   “(iii) Training or supervising other  
5                   health care professionals of the Depart-  
6                   ment.

7                   “(8) The information technology strategies of  
8                   the Department with respect to furnishing and man-  
9                   aging health care, including an identification of any  
10                  weaknesses or opportunities with respect to the tech-  
11                  nology used by the Department, especially those  
12                  strategies with respect to clinical documentation of  
13                  hospital care, medical services, and other health  
14                  care, including any clinical images and associated  
15                  textual reports, furnished by the Department in De-  
16                  partment or non-Department facilities.

17                  “(9) Business processes of the Veterans Health  
18                  Administration, including processes relating to fur-  
19                  nishing non-Department health care, insurance iden-  
20                  tification, third-party revenue collection, and vendor  
21                  reimbursement, including an identification of mecha-  
22                  nisms as follows:

23                         “(A) To avoid the payment of penalties to  
24                         vendors.

1           “(B) To increase the collection of amounts  
2           owed to the Department for hospital care, med-  
3           ical services, or other health care provided by  
4           the Department, for which reimbursement from  
5           a third party is authorized and to ensure that  
6           such amounts collected are accurate.

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

12          “(D) To increase the accuracy and timeli-  
13          ness of Department payments to vendors and  
14          providers.

15          “(E) To reduce expenditures while improv-  
16          ing the quality of care furnished.

17          “(10) The purchase, distribution, and use of  
18          pharmaceuticals, medical and surgical supplies, med-  
19          ical devices, and health care-related services by the  
20          Department, including the following:

21                 “(A) The prices paid for, standardization  
22                 of, and use by, the Department with respect to  
23                 the following:

24                         “(i) Pharmaceuticals.

25                         “(ii) Medical and surgical supplies.

1 “(iii) Medical devices.

2 “(B) The use by the Department of group  
3 purchasing arrangements to purchase pharma-  
4 ceuticals, medical and surgical supplies, medical  
5 devices, and health care-related services.

6 “(C) The strategy and systems used by the  
7 Department to distribute pharmaceuticals, med-  
8 ical and surgical supplies, medical devices, and  
9 health care-related services to Veterans Inte-  
10 grated Service Networks and medical facilities  
11 of the Department.

12 “(11) The process of the Department for car-  
13 rying out construction and maintenance projects at  
14 medical facilities of the Department and the medical  
15 facility leasing program of the Department.

16 “(12) The competency of Department leader-  
17 ship with respect to culture, accountability, reform  
18 readiness, leadership development, physician align-  
19 ment, employee engagement, succession planning,  
20 and performance management.

21 “(13) The effectiveness of the authorities and  
22 programs of the Department to educate and train  
23 health personnel pursuant to section 7302 of this  
24 title.

1           “(14) The conduct of medical and prosthetic re-  
2           search of the Department.

3           “(15) The provision of Department assistance  
4           to Federal agencies and personnel involved in re-  
5           sponding to a disaster or emergency.

6           “(16) Such additional matters as may be deter-  
7           mined relevant by the Secretary.

8           “(b) TIMING.—The private sector entity or entities  
9           carrying out an assessment pursuant to subsection (a)  
10          shall complete such assessment not later than one year  
11          after entering into the contract described in such para-  
12          graph.

13          “(c) DATA.—To the extent practicable, the private  
14          sector entity or entities carrying out an assessment pursu-  
15          ant to subsection (a) shall make use of existing data that  
16          has been compiled by the Department, including data that  
17          has been collected for—

18                 “(1) the performance of quadrennial market as-  
19                 sessments under section 7330C of this title;

20                 “(2) the quarterly publication of information on  
21                 staffing and vacancies with respect to the Veterans  
22                 Health Administration pursuant to section 505 of  
23                 the VA MISSION Act of 2018 (Public Law 115–  
24                 182; 38 U.S.C. 301 note); and

1           “(3) the conduct of annual audits pursuant to  
2           section 3102 of the Johnny Isakson and David P.  
3           Roe, M.D. Veterans Health Care and Benefits Im-  
4           provement Act of 2020 (Public Law 116–315; 38  
5           U.S.C. 1701 note).

6           “(d) PRIVATE SECTOR ENTITIES DESCRIBED.—A  
7           private sector entity described in this subsection is a pri-  
8           vate entity that—

9           “(1) has experience and proven outcomes in op-  
10          timizing the performance of the health care delivery  
11          systems of the Veterans Health Administration and  
12          the private sector and in health care management;  
13          and

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

17          “(e) PROGRAM INTEGRATOR.—(1) If the Secretary  
18          enters into contracts with more than one private sector  
19          entity under subsection (a) with respect to a single assess-  
20          ment under such subsection, the Secretary shall designate  
21          one such entity that is predominately a health care organi-  
22          zation as the program integrator.

23          “(2) The program integrator designated pursuant to  
24          paragraph (1) shall be responsible for coordinating the



1 outcomes of the assessments conducted by the private sec-  
2 tor entities pursuant to such contracts.

3 “(f) REPORTS.—(1) Not later than 60 days after  
4 completing an assessment pursuant to subsection (a), the  
5 private sector entity or entities carrying out such assess-  
6 ment shall submit to the Secretary of Veterans Affairs and  
7 the Committees on Veterans’ Affairs of the House of Rep-  
8 resentatives and the Senate a report on the findings and  
9 recommendations of the private sector entity or entities  
10 with respect to such assessment. Such report shall include  
11 an identification of the following:

12 “(A) Any changes with respect to the matters  
13 included in such assessment since the date that is  
14 the later of the following:

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

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

22 “(B) Any recommendations regarding matters  
23 to be covered by subsequent assessments under sub-  
24 section (a), including any additional matters to in-

1       clude for assessment or previously assessed matters  
2       to exclude.

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

7       “(3) Not later than 90 days after receiving a report  
8 under paragraph (1), the Secretary shall submit to the  
9 Committees on Veterans’ Affairs of the House of Rep-  
10 resentatives and the Senate a report outlining the feasi-  
11 bility, and advisability, of implementing the recommenda-  
12 tions made by the private sector entity or entities in such  
13 report received, including an identification of the timeline,  
14 cost, and any legislative authorities necessary for such im-  
15 plementation.”.

16       (b) CLERICAL AMENDMENTS.—The table of sections  
17 at the beginning of such chapter is amended by inserting  
18 after the item relating to section 1704 the following new  
19 item:

“1704A. Independent assessments of health care delivery systems and manage-  
ment processes.”.

20       (c) DEADLINE FOR INITIAL ASSESSMENT.—The ini-  
21 tial assessment under section 1704A of title 38, United  
22 States Code, as added by subsection (a), shall be com-  
23 pleted by not later than December 31, 2025.

