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(Original Signature of Member)

113TH CONGRESS  
2D SESSION

**H. R.**

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.

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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

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**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.

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. SHORT TITLE.**

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

4 **SEC. 2. PROVISION OF HOSPITAL CARE AND MEDICAL**  
5 **SERVICES AT NON-DEPARTMENT OF VET-**  
6 **ERANS AFFAIRS FACILITIES FOR DEPART-**  
7 **MENT OF VETERANS AFFAIRS PATIENTS**  
8 **WITH EXTENDED WAITING TIMES FOR AP-**  
9 **POINTMENTS AT DEPARTMENT FACILITIES.**

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

20 (b) **COVERED VETERANS.**—For purposes of this sec-  
21 tion, the term “covered veteran” means a veteran—

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

25 (2) who—

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

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

10 (C) resides more than 40 miles from the  
11 medical facility of the Department of Veterans  
12 Affairs, including a community-based outpatient  
13 clinic, that is closest to the residence of the vet-  
14 eran; and

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

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

1 ommended in the course of such hospital care or medical  
2 services.

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

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

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

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

19 (4) any other matters the Secretary determines  
20 appropriate.

21 (e) DEFINITIONS.—For purposes of this section, the  
22 terms “facilities of the Department”, “non-Department  
23 facilities”, “hospital care”, and “medical services” have  
24 the meanings given such terms in section 1701 of title 38,  
25 United States Code.

1 (f) IMPLEMENTATION.—The Secretary shall begin  
2 implementing this section on the date of the enactment  
3 of this Act.

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

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

19 **SEC. 3. EXPANDED ACCESS TO HOSPITAL CARE AND MED-**  
20 **ICAL SERVICES.**

21 (a) IN GENERAL.—To the extent that appropriations  
22 are available for the Veterans Health Administration of  
23 the Department of Veterans Affairs for medical services,  
24 to the extent that the Secretary of Veterans Affairs is un-  
25 able to provide access, within the wait-time goals of the

1 Veterans Health Administration (as of June 1, 2014), to  
2 hospital care or medical services to a covered veteran who  
3 is eligible for such care or services under chapter 17 of  
4 title 38, United States Code, under contracts described in  
5 section 2, the Secretary shall reimburse any non-Depart-  
6 ment facility with which the Secretary has not entered into  
7 a contract to furnish hospital care or medical services for  
8 furnishing such hospital care or medical services to such  
9 veteran, if the veteran elects to receive such care or serv-  
10 ices from the non-Department facility. The Secretary shall  
11 reimburse the facility for the care or services furnished  
12 to the veteran at the greatest of the following rates:

13 (1) VA PAYMENT RATE.—The rate of reim-  
14 bursement for such care or services established by  
15 the Secretary of Veterans Affairs.

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

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

24 (b) COVERED VETERANS.—For purposes of this sec-  
25 tion, the term “covered veteran” means a veteran—

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

4           (2) who—

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

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

15                (C) who resides more than 40 miles from  
16                the medical facility of the Department of Vet-  
17                erans Affairs, including a community-based out-  
18                patient clinic, that is closest to the residence of  
19                the veteran.

20           (c) DEFINITIONS.—For purposes of this section, the  
21           terms “facilities of the Department”, “non-Department  
22           facilities”, “hospital care”, and “medical services” have  
23           the meanings given such terms in section 1701 of title 38,  
24           United States Code.

1 (d) IMPLEMENTATION.—The Secretary shall begin  
2 implementing this section on the date of the enactment  
3 of this Act.

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

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

12 **SEC. 4. INDEPENDENT ASSESSMENT OF VETERANS HEALTH**  
13 **ADMINISTRATION PERFORMANCE.**

14 (a) INDEPENDENT ASSESSMENT REQUIRED.—Not  
15 later than 120 days after the date of the enactment of  
16 this Act, the Secretary of Veterans Affairs shall enter into  
17 a contract or contracts with a private sector entity or enti-  
18 ties with experience in the delivery systems of the Veterans  
19 Health Administration and the private sector and in  
20 health care management to conduct an independent as-  
21 sessment of hospital care and medical services furnished  
22 in medical facilities of the Department of Veterans Af-  
23 fairs. Such assessment shall address each of the following:



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

4           (2) The current and projected health care capa-  
5           bilities and resources of the Department, including  
6           hospital care and medical services furnished by non-  
7           Department facilities under contract with the De-  
8           partment, to provide timely and accessible care to el-  
9           igible veterans.

10          (3) The authorities and mechanisms under  
11          which the Secretary may furnish hospital care and  
12          medical services at non-Department facilities, includ-  
13          ing an assessment of whether the Secretary should  
14          have the authority to furnish such care and services  
15          at such facilities through the completion of episodes  
16          of care.

17          (4) The appropriate system-wide access stand-  
18          ard applicable to hospital care and medical services  
19          furnished by and through the Department of Vet-  
20          erans Affairs and recommendations relating to ac-  
21          cess standards specific to individual specialties and  
22          standards for post-care rehabilitation.

23          (5) The current organization, processes, and  
24          tools used to support clinical staffing and docu-  
25          mentation.

1           (6) The staffing levels and productivity stand-  
2           ards, including a comparison with industry perform-  
3           ance percentiles.

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

10          (8) Business processes of the Veterans Health  
11          Administration, including non-Department care, in-  
12          surance identification, third-party revenue collection,  
13          and vendor reimbursement.

14          (b) ASSESSMENT OUTCOMES.—The assessment con-  
15          ducted pursuant to subsection (a) shall include the fol-  
16          lowing:

17               (1) An identification of improvement areas out-  
18               lined both qualitatively and quantitatively, taking  
19               into consideration Department of Veterans Affairs  
20               directives and industry benchmarks from outside the  
21               Federal Government.

22               (2) Recommendations for how to address the  
23               improvement areas identified under paragraph (1)  
24               relating to structure, accountability, process

1 changes, technology, and other relevant drivers of  
2 performance.

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

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

8 (c) PROGRAM INTEGRATOR.—If the Secretary enters  
9 into contracts with more than one private sector entity  
10 under subsection (a), the Secretary shall designate one  
11 such entity as the program integrator. The program inte-  
12 grator shall be responsible for coordinating the outcomes  
13 of the assessments conducted by the private entities pur-  
14 suant to such contracts.

15 (d) SUBMITTAL OF REPORTS TO CONGRESS.—

16 (1) REPORT ON INDEPENDENT ASSESSMENT.—

17 Not later than 10 months after entering into the  
18 contract under subsection (a), the Secretary shall  
19 submit to the Committees on Veterans' Affairs of  
20 the Senate and House of Representatives the find-  
21 ings and recommendations of the independent as-  
22 sessment required by such subsection.

23 (2) REPORT ON VA ACTION PLAN TO IMPLE-  
24 MENT RECOMMENDATIONS IN ASSESSMENT.—Not  
25 later than 120 days after the date of submission of

1 the report under paragraph (1), the Secretary shall  
2 submit to such Committees on the Secretary's re-  
3 sponse to the findings of the assessment and shall  
4 include an action plan, including a timeline, for fully  
5 implementing the recommendations of the assess-  
6 ment.

7 **SEC. 5. LIMITATION ON AWARDS AND BONUSES TO EM-**  
8 **PLOEYES OF DEPARTMENT OF VETERANS AF-**  
9 **FAIRS.**

10 For each of fiscal years 2014 through 2016, the Sec-  
11 retary of Veterans Affairs may not pay awards or bonuses  
12 under chapter 45 or 53 of title 5, United States Code,  
13 or any other awards or bonuses authorized under such  
14 title.

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

17 Not later than 30 days after the date of the enact-  
18 ment of this Act, the Director of Office of Management  
19 and Budget shall transmit to the Committees on Appro-  
20 priations, Budget, and Veterans' Affairs of the House of  
21 Representative and of the Senate—

22 (1) an estimate of the budgetary effects of sec-  
23 tions 2 and 3;

1           (2) any transfer authority needed to utilize the  
2           savings from section 5 to satisfy such budgetary ef-  
3           fects; and

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