

113TH CONGRESS
2^D SESSION

H. R. 4810

AN ACT

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,*

3 **SECTION 1. SHORT TITLE.**

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

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

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

22 (b) COVERED VETERANS.—For purposes of this sec-
23 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;

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; or

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

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

21 (c) FOLLOW-UP CARE.—In carrying out this section,
22 the Secretary shall ensure that, at the election of a covered
23 veteran who receives hospital care or medical services at
24 a non-Department facility in an episode of care under this
25 section, the veteran receives such hospital care and med-

1 ical services at such non-Department facility through the
2 completion of the episode of care (but for a period not
3 exceeding 60 days), including all specialty and ancillary
4 services deemed necessary as part of the treatment rec-
5 ommended in the course of such hospital care or medical
6 services.

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

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

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

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

23 (4) any other matters the Secretary determines
24 appropriate.

1 (e) DEFINITIONS.—For purposes of this section, the
2 terms “facilities of the Department”, “non-Department
3 facilities”, “hospital care”, and “medical services” have
4 the meanings given such terms in section 1701 of title 38,
5 United States Code.

6 (f) IMPLEMENTATION.—The Secretary shall begin
7 implementing this section on the date of the enactment
8 of this Act.

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

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

1 **SEC. 3. EXPANDED ACCESS TO HOSPITAL CARE AND MED-**
2 **ICAL SERVICES.**

3 (a) IN GENERAL.—To the extent that appropriations
4 are available for the Veterans Health Administration of
5 the Department of Veterans Affairs for medical services,
6 to the extent that the Secretary of Veterans Affairs is un-
7 able to provide access, within the wait-time goals of the
8 Veterans Health Administration (as of June 1, 2014), to
9 hospital care or medical services to a covered veteran who
10 is eligible for such care or services under chapter 17 of
11 title 38, United States Code, under contracts described in
12 section 2, the Secretary shall reimburse any non-Depart-
13 ment facility with which the Secretary has not entered into
14 a contract to furnish hospital care or medical services for
15 furnishing such hospital care or medical services to such
16 veteran, if the veteran elects to receive such care or serv-
17 ices from the non-Department facility. The Secretary shall
18 reimburse the facility for the care or services furnished
19 to the veteran at the greatest of the following rates:

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

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

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

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

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

10 (2) who—

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

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

21 (C) who resides more than 40 miles from
22 the medical facility of the Department of Vet-
23 erans Affairs, including a community-based out-
24 patient clinic, that is closest to the residence of
25 the veteran.

1 (c) DEFINITIONS.—For purposes of this section, the
2 terms “facilities of the Department”, “non-Department
3 facilities”, “hospital care”, and “medical services” have
4 the meanings given such terms in section 1701 of title 38,
5 United States Code.

6 (d) IMPLEMENTATION.—The Secretary shall begin
7 implementing this section on the date of the enactment
8 of this Act.

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

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

17 **SEC. 4. INDEPENDENT ASSESSMENT OF VETERANS HEALTH**
18 **ADMINISTRATION PERFORMANCE.**

19 (a) INDEPENDENT ASSESSMENT REQUIRED.—Not
20 later than 120 days after the date of the enactment of
21 this Act, the Secretary of Veterans Affairs shall enter into
22 a contract or contracts with a private sector entity or enti-
23 ties with experience in the delivery systems of the Veterans
24 Health Administration and the private sector and in
25 health care management to conduct an independent as-

1 assessment of hospital care and medical services furnished
2 in medical facilities of the Department of Veterans Af-
3 fairs. Such assessment shall address each of the following:

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

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

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

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

1 (5) The current organization, processes, and
2 tools used to support clinical staffing and docu-
3 mentation.

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

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

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

17 (b) ASSESSMENT OUTCOMES.—The assessment con-
18 ducted pursuant to subsection (a) shall include the fol-
19 lowing:

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

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

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

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

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

18 (d) SUBMITTAL OF REPORTS TO CONGRESS.—

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

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

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

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

Passed the House of Representatives June 10, 2014.

Attest:

Clerk.

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