

SUMMARY—S. XXXX

**The Veterans' Access to Care through
Choice, Accountability, and Transparency Act of 2014**

Section 1

Short title and table of contents.

**TITLE I-IMPROVEMENT OF SCHEDULING SYSTEM FOR HEALTH CARE
APPOINTMENTS**

Section 101

Section 101 would require VA to enter into a contract with an independent third party for a 180 day assessment of the scheduling, staffing, financial and other processes at each VA medical facility. The review will assess employee training, technology, provider availability, and other related matters. VA will be required to report the results to Congress within 90 days of the conclusion of the assessment.

Section 102

Section 102 would require VA to review, through the use of a technology task force, the needs of the Department with respect to the scheduling system and scheduling software. The task force would be required to propose specific actions that the Department can take to improve its scheduling software and determine whether an existing off-the-shelf system would meet the Department's needs within 45 days of enactment.

TITLE II-TRAINING AND HIRING OF HEALTH CARE STAFF

Section 201

Section 201 would require the VA Inspector General to annually identify the health provider occupations with the largest staffing shortages and allow the Department to utilize direct hire authority to fill these positions in an expedited manner and require VA to report biannually on staffing at each VA Medical Center. It would also give priority in the VA Health Professionals Educational Assistance Program to individuals pursuing a medical degree with the intent to specialize in primary care

Section 202

Section 202 would require VA to implement a clinic management training program for two-years to provide in-person, standardized education on health care management to all managers and health care providers at VA. VA would also be required to continue to update training materials on an ongoing basis and provide them to relevant officials as appropriate.

Section 203

Section 203 would make available, at the end of fiscal years 2014 and 2015, unobligated balances in VA's medical care accounts for the hiring of additional health care professionals.

TITLE III-IMPROVEMENT OF ACCESS TO CARE FROM NON-DEPARTMENT OF VETERANS AFFAIRS PROVIDERS

Section 301

Section 301 would allow veterans to seek care from outside health care providers, including those participating in the Medicare program, or at Federally Qualified Health Centers, facilities funded by the Indian Health Service, or Department of Defense for a two-year period. VA would be required to verify that all participating providers maintain the same or similar credentials and licenses as those required by VA health care providers. To be eligible for the program, a veteran must be enrolled in VA's patient enrollment system and have contacted VA seeking an initial appointment and is unable to receive an appointment within the Department's current wait-time goals or reside more than 40 miles from the nearest VA medical facility.

This section would require an eligible veteran to pay a copayment to the Department for the receipt of non-VA care and services under this section, if such veteran is required to pay a copayment for such care and services at a VA facility.

Section 301 would require the Secretary to establish an efficient nation-wide system for processing and paying non-VA provider bills. Such process would be overseen by the Veterans Health Administration's (VHA) Chief Business Office (CBO). It would require the Secretary to work with the Department's Non-VA Care Coordination Program to ensure eligible veterans receive care and services from non-VA providers within the Department's current wait-time goals.

This section would also require the Secretary to ensure non-VA providers submit to the Department any medical record information related to the care and services provided to an eligible veteran for inclusion in such veteran's electronic medical record maintained by the Department.

This section would require VA to submit to congress, not later than 90 days after the publication of interim final regulations, an interim report that includes information on number of eligible veterans and a description of the type of care and services furnished to eligible veterans under this section. A final report to Congress would be required within 540 days after the publication of the interim final regulations to address the feasibility and advisability of continuing to furnish care and services under this section after the termination date.

Section 302

Section 302 would require the Secretary to transfer the authority to pay for hospital care, medical services, and other health care through non-VA providers to CBO from VA's Veterans Integrated Service Networks (VISN) and medical centers by October 1, 2014. It would also require CBO to work with the Office of Clinical Operations and Management to ensure care and services are provided in a manner that is clinically appropriate and effective.

Finally, in each fiscal year after the date of enactment, the Secretary would be required to include in the CBO budget funds to pay for hospital care, medical services, and other health care provided through non-VA providers.

Section 303

Section 303 would require VA, in consultation with IHS, to conduct more outreach to IHS tribal health programs to ensure they are aware of the opportunity to negotiate a reimbursement agreement. It would also require VA, in collaboration with IHS, to define metrics for implementing and overseeing existing partnership efforts under the current VA-IHS Memorandum of Understanding. Finally, it would require VA, in collaboration with IHS, to report to Congress, within 180 days of enactment, on the feasibility of entering into reimbursement agreements with Urban IHS clinics. Such report would also include the feasibility of including treatment of non-native veterans as a reimbursable expense under existing reimbursement structures.

Section 304

Section 304 would require VA to enter into contracts or agreements with the Native Hawaiian Health Care Systems for reimbursement of direct care services provided to eligible veterans.

Section 305

Section 305 would establish that it is the Sense of Congress that VA comply with section 1315 of title 5, United States Code of Federal Regulations, (commonly known as the "prompt payment rule") in paying for health care pursuant to contracts with non-VA providers.

TITLE IV-HEALTH CARE ADMINISTRATIVE MATTERS

Section 401

Section 401 would require VA to improve access to health care services, including telemedicine, by standardizing requirements for the operation of mobile vet centers. It would also require the Secretary to submit an annual report to Congress to outline recommended improvements for access to telemedicine and health care via mobile vet centers.

Section 402

Section 402 would establish an independent Commission of Department of Veterans Affairs Construction Projects to review current construction and maintenance projects and facility leasing programs in order to identify any problems they may be experiencing. The Commission would be required to report to the Secretary and Congress not later than 120 days after enactment any recommendations for improving how VA carries out its construction and maintenance projects. Following submission of the Commission's report, the Secretary would have 60 days to submit to Congress a report on the feasibility and advisability of implementing the recommendations of the Commission, including a timeline for the implementation of such recommendations.

Section 403

Section 403 would establish a Commission on Access to Care to examine the access of veterans to health care and strategically examine how best to organize the Veterans Health Administration, locate health care resources, and deliver health care to veterans. The Commission would be required to report initial findings and recommendations within 90 days of its first meeting, and would be required to provide a final report within 180 days of such meeting.

Section 404

Section 404 would require the Secretary to ensure that scheduling and wait-time metrics are not used as factors in determining the performance of certain employees for purposes of determining whether to pay performance awards to such employees. It would also require the Secretary to remove from the performance goals of any VISN or VA medical center employee, any performance goal that might disincentivize the payment of Department amounts to provide health care through non-VA providers.

This section would also require the Secretary to modify the performance plans of the directors of VISNs and VA medical centers to ensure that such plans are based on the quality of care received by veterans at VA medical facilities, including reviews and recommendations concerning such facilities by the VA Inspector General and the Joint Commission.

Section 405

Section 405 would require the Secretary to publish wait-time goals for scheduling an appointment at VA facilities in the Federal Register and on a public website of each medical center within 90 days of the date of enactment of this Act. This section would also require VA to publish on the Internet current wait times for appointments in primary and specialty care at each VA medical center.

Section 406

Section 406 would require VA to improve the information available to veterans regarding the location of residency training in the ‘Our Provider’ database and make the database more visible on VA’s website. This section would also require VA to provide information on the credentials of the surgeon performing such procedure prior to such veteran receiving such surgery to each veteran – or an individual acting on behalf of the veteran – undergoing a surgical procedure by or through VA.

Section 407

Section 407 would require the Secretary to include information in the Department’s budget submission regarding hospital care and medical services furnished through expanded use of contracts.

Section 408

Section 408 would require VA to establish disciplinary procedures within 60 days of enactment of this Act for employees who knowingly falsify data pertaining to wait times and quality measures.

Section 409

Section 409 would authorize the Secretary of Veterans Affairs to remove or demote any individual from the Senior Executive Service if the Secretary determines the performance of the individual warrants such removal and to notify Congress within 30 days of removing or demoting an individual. The Senior Executive would be allowed an expedited review by the Merit Systems Protection Board. Under such expedited appeal, the Senior Executive would have seven days to appeal a removal or demotion, and the Merit Systems Protection Board would be required to adjudicate the appeal within 21 days.

The Merit System Protection Board would be required to establish and implement a process to conduct expedited reviews and submit to Congress a report on their established process within 30 days of enactment of this Act.

It would also provide authority for VA’s Acting Secretary to remove senior executives notwithstanding the 120-day moratorium in current law.

TITLE V-HEALTH CARE RELATED TO SEXUAL TRAUMA

Section 501

Section 501 would extend counseling and treatment to servicemembers who suffered sexual trauma while serving on inactive duty training.

Section 502

Section 502 would expand eligibility for care and services for Military Sexual Trauma (MST) at a VA facility to active duty servicemembers. Active duty servicemembers would not be required to initially be seen by the Department of Defense (DOD) and receive a referral before seeking treatment at a VA facility for MST. This section would take effect on the date that is one year after the date of the enactment of this Act.

Section 503

Section 503 would require VA to report on the prevalence of domestic abuse in the veteran population, the types of treatments and care offered to this group of veterans, the effectiveness of these approaches, and on any correlation between MST or other sexual trauma and experiencing domestic abuse. It would also require the VA-DOD Joint Executive Committee to conduct an annual assessment for the next five years of the processes and procedures regarding the transition and continuum of care from the DOD to VA for individuals who have experienced MST or domestic abuse. The assessment would also include the processes and collaboration by the agencies to assist individuals filing a claim for MST or domestic abuse related disability. This section would take effect on the date that is 270 days after the date of the enactment of this Act.

TITLE VI-MAJOR MEDICAL FACILITY LEASES

Section 601

Section 601 would authorize VA to enter into 26 major medical facility leases in 17 states and Puerto Rico.

Section 602

Section 602 would require the funding prospectus of a proposed lease to include a detailed analysis of how the lease is expected to comply with Office of Management and Budget (OMB) Circular A-11 and the Anti-Deficiency Act. It also directs VA, at least 30 days before entering into a lease, to submit to the Committees on Veterans' Affairs of the Senate and House of Representatives: (1) notice of the intention to enter into, and a detailed summary of, such lease; (2) a description and analysis of any differences between the lease prospectus submitted and the proposed lease; and (3) a scoring analysis demonstrating that the proposed lease fully complies with OMB Circular A-11. VA must also to report any material differences between the proposed lease and the lease entered, no later than 30 days after entering into a lease.

TITLE VII-VETERANS BENEFITS MATTERS

Section 701

Section 701 would expand the Marine Gunnery Sergeant John David Fry Scholarship to include surviving spouses of members of the Armed Forces who die in the line of duty.

Section 702

Section 702 would require VA to disapprove a course of education provided by a public institution of higher learning for purposes of Post-9/11 GI Bill and Montgomery GI Bill (MGIB) education benefits, if the institution charges tuition and fees for that course for the covered individual at a rate that is higher than the rate the institution charges for tuition and fees for that course for residents of the State in which the institution is located. The public institution would be required to charge the in-state tuition rate for Post-9/11 GI Bill and MGIB beneficiaries while the individual is living in the State and enrolls in a course of education within three years from discharge or release from military service.

TITLE VIII-APPROPRIATION AND EMERGENCY DESIGNATIONS

Section 801

Section 801 would authorize and appropriate for fiscal years 2014, 2015, and 2016, such sums as may be necessary to carry out this Act.

Section 802

Section 801 would designate this Act as an emergency requirement under the Statutory Pay-As-You-Go Act of 2010 and the Concurrent Resolution on the budget for fiscal year 2010.