

HR 3723

Enhanced Veteran Healthcare Experience Act of 2011

Congress: 112 (2011–2013, Ended)

Chamber: House

Policy Area: Armed Forces and National Security

Introduced: Dec 16, 2011

Current Status: Subcommittee Hearings Held.

Latest Action: Subcommittee Hearings Held. (Apr 16, 2012)

Official Text: <https://www.congress.gov/bill/112th-congress/house-bill/3723>

Sponsor

Name: Rep. Schilling, Robert T. [R-IL-17]

Party: Republican • **State:** IL • **Chamber:** House

Cosponsors (7 total)

Cosponsor	Party / State	Role	Date Joined
Rep. Hultgren, Randy [R-IL-14]	R · IL		Dec 16, 2011
Rep. McKinley, David B. [R-WV-1]	R · WV		Dec 16, 2011
Rep. Schock, Aaron [R-IL-18]	R · IL		Dec 16, 2011
Rep. Walsh, Joe [R-IL-8]	R · IL		Dec 16, 2011
Rep. Kinzinger, Adam [R-IL-11]	R · IL		Jan 24, 2012
Rep. Landry, Jeffrey M. [R-LA-3]	R · LA		Jan 24, 2012
Rep. Manzullo, Donald A. [R-IL-16]	R · IL		Feb 27, 2012

Committee Activity

Committee	Chamber	Activity	Date
Veterans' Affairs Committee	House	Hearings By (subcommittee)	Apr 16, 2012

Subjects & Policy Tags

Policy Area:

Armed Forces and National Security

Related Bills

No related bills are listed.

Enhanced Veteran Healthcare Experience Act of 2011 - Expresses the sense of Congress that better health care can be provided to veterans at little-to-no increased cost by revising the Department of Veterans Affairs (VA) fee-based system for hospital care and medical services in non-VA facilities.

Directs the Secretary of Veterans Affairs to provide certain enrolled veterans with health services (authorized hospital care or medical, rehabilitative, or preventative health services) that are provided by a non-VA provider with whom the Secretary enters into a contract pursuant to this Act if the Secretary determines that VA facilities are incapable of furnishing such services because of: (1) geographical inaccessibility; or (2) a lack of required personnel, resources, or ability at VA facilities.

Authorizes the Secretary to enter a contract with a non-VA provider that: (1) demonstrates the ability to provide non-VA health care services to veterans; (2) meets or exceeds credentialing standards of the VA and the Utilization Review Accreditation Commission; (3) has coordinators who help veterans make, confirm, and keep medical appointments, a system that allows veterans to file complaints, and a demonstrated ability to respond to potential quality indicators and patient safety events; and (4) has the ability to process claims from other providers in its network, bill third parties, and transmit received amounts to the Secretary.

Sets forth requirements concerning the VA's coordination with non-VA providers, performance metrics, and bonus payments for exceeding such metrics.

Actions Timeline

- **Apr 16, 2012:** Subcommittee Hearings Held.
- **Jan 3, 2012:** Referred to the Subcommittee on Health.
- **Dec 16, 2011:** Introduced in House
- **Dec 16, 2011:** Referred to the House Committee on Veterans' Affairs.