

## HR 4841

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

**Congress:** 113 (2013–2015, Ended)

**Chamber:** House

**Policy Area:** Armed Forces and National Security

**Introduced:** Jun 11, 2014

**Current Status:** Referred to the Subcommittee on Health.

**Latest Action:** Referred to the Subcommittee on Health. (Jun 16, 2014)

**Official Text:** <https://www.congress.gov/bill/113th-congress/house-bill/4841>

### Sponsor

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**Name:** Rep. Kirkpatrick, Ann [D-AZ-1]

**Party:** Democratic • **State:** AZ • **Chamber:** House

**Cosponsors** (43 total)

<b>Cosponsor</b>	<b>Party / State</b>	<b>Role</b>	<b>Date Joined</b>
Rep. Barber, Ron [D-AZ-2]	D · AZ		Jun 11, 2014
Rep. Grijalva, Raúl M. [D-AZ-3]	D · AZ		Jun 11, 2014
Rep. Michaud, Michael H. [D-ME-2]	D · ME		Jun 11, 2014
Rep. Pastor, Ed [D-AZ-7]	D · AZ		Jun 11, 2014
Rep. Brownley, Julia [D-CA-26]	D · CA		Jun 18, 2014
Rep. Bustos, Cheri [D-IL-17]	D · IL		Jun 18, 2014
Rep. Cicilline, David N. [D-RI-1]	D · RI		Jun 18, 2014
Rep. Courtney, Joe [D-CT-2]	D · CT		Jun 18, 2014
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Rep. Eshoo, Anna G. [D-CA-18]	D · CA		Jun 18, 2014
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Rep. Gallego, Pete P. [D-TX-23]	D · TX		Jun 18, 2014
Rep. Hahn, Janice [D-CA-44]	D · CA		Jun 18, 2014
Rep. Hanabusa, Colleen W. [D-HI-1]	D · HI		Jun 18, 2014
Rep. Kuster, Ann M. [D-NH-2]	D · NH		Jun 18, 2014
Rep. Miller, George [D-CA-11]	D · CA		Jun 18, 2014
Rep. Moore, Gwen [D-WI-4]	D · WI		Jun 18, 2014
Rep. Negrete McLeod, Gloria [D-CA-35]	D · CA		Jun 18, 2014
Rep. Pallone, Frank, Jr. [D-NJ-6]	D · NJ		Jun 18, 2014
Rep. Rahall, Nick J., II [D-WV-3]	D · WV		Jun 18, 2014
Rep. Rangel, Charles B. [D-NY-13]	D · NY		Jun 18, 2014
Rep. Ruiz, Raul [D-CA-36]	D · CA		Jun 18, 2014
Rep. Schneider, Bradley Scott [D-IL-10]	D · IL		Jun 18, 2014
Rep. Schwartz, Allyson Y. [D-PA-13]	D · PA		Jun 18, 2014
Rep. Scott, David [D-GA-13]	D · GA		Jun 18, 2014
Rep. Shea-Porter, Carol [D-NH-1]	D · NH		Jun 18, 2014
Rep. Swalwell, Eric [D-CA-15]	D · CA		Jun 18, 2014
Rep. Tsongas, Niki [D-MA-3]	D · MA		Jun 18, 2014
Rep. Walz, Timothy J. [D-MN-1]	D · MN		Jun 18, 2014
Rep. Braley, Bruce L. [D-IA-1]	D · IA		Jun 24, 2014
Rep. Castor, Kathy [D-FL-14]	D · FL		Jun 24, 2014
Rep. DelBene, Suzan K. [D-WA-1]	D · WA		Jun 24, 2014
Rep. Garamendi, John [D-CA-3]	D · CA		Jun 24, 2014
Rep. Lowenthal, Alan S. [D-CA-47]	D · CA		Jun 24, 2014
Rep. Lujan, Ben Ray [D-NM-3]	D · NM		Jun 24, 2014
Rep. O'Rourke, Beto [D-TX-16]	D · TX		Jun 24, 2014
Rep. Pascrell, Bill, Jr. [D-NJ-9]	D · NJ		Jun 24, 2014
Rep. Smith, Adam [D-WA-9]	D · WA		Jun 24, 2014
Rep. Sires, Albio [D-NJ-8]	D · NJ		Jul 10, 2014
Rep. Jones, Walter B., Jr. [R-NC-3]	R · NC		Jul 15, 2014
Rep. Larsen, Rick [D-WA-2]	D · WA		Jul 15, 2014

Cosponsor	Party / State	Role	Date Joined
Rep. Murphy, Patrick [D-FL-18]	D · FL		Jul 15, 2014
Rep. Polis, Jared [D-CO-2]	D · CO		Jul 15, 2014

## Committee Activity

Committee	Chamber	Activity	Date
Budget Committee	House	Referred To	Jun 11, 2014
Oversight and Government Reform Committee	House	Referred To	Jun 11, 2014
Veterans' Affairs Committee	House	Referred to	Jun 16, 2014

## Subjects & Policy Tags

### Policy Area:

Armed Forces and National Security

## Related Bills

Bill	Relationship	Last Action
113 HR 3230	Related bill	<b>Aug 7, 2014:</b> Became Public Law No: 113-146.
113 HR 4760	Related bill	<b>Jun 16, 2014:</b> Referred to the Subcommittee on Health.
113 S 2450	Identical bill	<b>Jun 11, 2014:</b> See also H.R. 3230.
113 S 2424	Related bill	<b>Jun 3, 2014:</b> Read twice and referred to the Committee on Veterans' Affairs.

Veterans' Access to Care through Choice, Accountability, and Transparency Act of 2014 - **Title I: Improvement of Scheduling System for Health Care Appointments** - Directs the Secretary of Veterans Affairs (VA) to contract for an independent assessment of:

- the process at each VA medical facility for scheduling appointments for veterans;
- the staffing level and productivity of each VA medical facility;
- the organization, processes, and tools used by the VA to support clinical documentation and the subsequent coding of inpatient services;
- the VA's purchasing, distribution, and use of pharmaceuticals, medical and surgical supplies, and medical devices; and
- the VA's performance in paying amounts owed to third parties and collecting amounts it is owed.

Directs the Secretary: (1) through a technology task force, to review the VA's needs regarding its system and software for scheduling veterans' medical appointments; and (2) to implement task force recommendations the Secretary considers feasible, advisable, and cost-effective.

**Title II: Training and Hiring of Health Care Staff** - Requires the Inspector General of the VA to annually determine the five health care occupations for which there is the largest staffing shortage throughout the VA.

Authorizes the Secretary, upon a determination by the Inspector General that there is such a staffing shortage regarding a particular health care occupation, to recruit and directly appoint highly qualified health care providers to serve in that particular occupation for the VA.

Directs the Secretary, under the VA's Health Professionals Educational Assistance program, to give scholarship priority to applicants pursuing education or training towards a career in a health care occupation that represents one of the five largest staffing shortages in the VA.

Requires the Secretary to submit a biennial report to Congress, until 2024, assessing the staffing of each VA medical facility.

Directs the Secretary to establish a clinic management training program to provide in-person, standardized education on health care management to all managers of, and health care providers at, VA medical facilities. Terminates the program after two years. Requires the Secretary, thereafter, to provide health care management training materials to specified VA employees upon the commencement of their employment.

Makes specified appropriations to the Veterans Health Administration (VHA) that remain unobligated at the end of FY2014 and FY2015 available to the Secretary to hire additional health care providers for the VHA, particularly in VA medical facilities and areas experiencing the greatest shortages.

**Title III: Improvement of Access to Care from Non-Department of Veterans Affairs Providers** - Requires hospital care and medical services to be furnished to veterans through contracts with specified non-VA facilities if the veterans:

- have been unable to schedule an appointment at a VA medical facility within the VHA's wait-time goals for hospital care or medical services and such veterans opt for non-VA care or services;
- reside more than 40 miles from a VA medical facility; or

reside in a state without a VA medical facility that provides hospital care, emergency medical services, and surgical care and such veterans reside more than 20 miles from such a facility.

Provides for such care through contracts with any health care provider participating in the Medicare program, any federally-qualified health center, the Department of Defense (DOD), and the Indian Health Service (IHS).

Directs the Secretary to provide veterans with information about the availability of care and services at non-VA facilities: (1) when they enroll in the VA patient enrollment system, and (2) when they attempt to schedule an appointment for VA hospital care or medical services but are unable to do so within the VHA's wait time goals.

Terminates this Act's requirement that the Secretary furnish care and services through contracts with non-VA facilities two years after the Secretary publishes interim final regulations implementing the program.

Requires the Secretary to transfer the authority to pay for health care through non-VA facilities from the VA's Veterans Integrated Service Networks and medical centers to the VHA's Chief Business Office.

Directs the Secretary to conduct outreach to each Indian medical facility operated by an Indian tribe or tribal organization through a contract or compact with the IHS to raise awareness of the ability of such facilities, Indian tribes, and tribal organizations to enter into agreements with the VA for reimbursement for providing veterans with health care at such facilities.

Requires the Secretary to establish performance metrics for assessing the performance of the VA and IHS under a memorandum of understanding to increase access to, and the quality and coordination of, health care services.

Directs the Secretary to enter into agreements for the reimbursement of direct care services provided to veterans with Native Hawaiian health care systems that are in receipt of funds from grants awarded, or contracts entered into, under the Native Hawaiian Health Care Improvement Act.

Expresses the sense of Congress that the Secretary must comply with the prompt payment rule or any similar regulation or ruling in paying for health care under contracts with non-VA providers.

**Title IV: Health Care Administrative Matters** - Directs the Secretary to improve veterans' access to telemedicine and other health care through the use of VA mobile vet centers by establishing standardized requirements for the operation of such centers. Includes among those requirements: (1) the number of days each center is expected to travel each year, (2) the number of locations each center is expected to visit each year, (3) the number of appointments each center is expected to conduct each year, and (4) the method and timing of notification given by each center to individuals in the area to which such center is traveling.

Requires each mobile vet center to have the capability to provide telemedicine services.

Establishes an Independent Commission on Department of Veterans Affairs Construction Projects to review the VA's current construction and maintenance projects and medical facility leasing program to identify any problems the VA experienced in carrying out such projects and program.

Establishes the Commission on Access to Care to examine veterans' access to VA health care and strategically examine how best to organize the VHA, locate health care resources, and deliver health care to veterans over the next 10 to 20 years. Directs the President to require the Secretary and the heads of other relevant federal agencies to implement each recommendation that the President considers feasible and advisable and determines can be implemented without further

legislative action.

Requires the Secretary to ensure that scheduling and wait-time metrics or goals are not used as factors in determining the performance of: (1) directors, associate directors, assistant directors, deputy directors, chiefs of staff, and clinical leads of VA medical centers; and (2) directors, assistant directors, and quality management officers of the Veterans Integrated Service Networks (VISNs).

Directs the Secretary to modify the performance plans of the directors of the VA medical centers and VISNs to ensure that such plans are based on the quality of care received by veterans at the health care facilities under their jurisdictions.

Prohibits the Secretary from including in the performance goals of any VISN or VA medical center employee any goal that might disincentivize the payment of VA amounts to provide health care through a non-VA provider.

Requires the Secretary to publish: (1) within 90 days after this Act's enactment, the VA's wait time goals for the scheduling of a veterans' appointment for health care; and (2) within one year after this Act's enactment, the current wait times for an appointment for primary care and specialty care at each VA medical center.

Directs the Secretary to develop, update, and make publicly available a comprehensive database containing all applicable patient safety, quality of care, and outcome measures for VA health care that are tracked by the Secretary.

Requires the Secretary to enter into an agreement with the Secretary of Health and Human Services (HHS) to provide the HHS Secretary with the information needed to make VA medical center patient quality and outcome information publicly available through the HHS's Hospital Compare website.

Requires: (1) the VA website to include a link to the VA's health care providers database that provides veterans with the location of each VA physician's residency training, and (2) each veteran who is to undergo a surgical procedure by or through the VA to be provided information on the credentials of the surgeon who is to perform the procedure.

Directs the Comptroller General (GAO) to submit an assessment to Congress of: (1) the manner in which contractors under the VA's Patient-Centered Community Care initiative oversee the credentials of physicians within their networks, (2) the VA's oversight of the contracts under the Patient-Centered Community Care initiative, and (3) the VA's verification of the credentials and licenses of health care providers furnishing hospital care and medical services to veterans in non-VA facilities. Requires the Secretary to implement a plan to address the Comptroller General's findings and recommendations.

Requires the annual budget that the President submits to Congress to include specified information regarding: (1) the cost of providing, and the number of veterans receiving, medical care through contracts with non-VA facilities; and (2) the number of VA employees on paid administrative leave during the preceding fiscal year.

Directs the Secretary to establish policies penalizing VA employees who knowingly submit, or knowingly require another VA employee to submit, false data concerning health care wait times or quality measures to another VA employee.

Authorizes the Secretary to: (1) remove any individual from the VA Senior Executive Service if the Secretary determines that the individual's performance warrants such removal, and (2) remove such individual from the civil service or transfer the individual to a General Schedule position at any appropriate grade for which the individual is qualified. Gives an individual seven days to appeal such a removal or transfer to the Merit Systems Protection Board (Board). Requires the Board to conduct an expedited review process that results in a final decision on such an appeal within 21 days after it was submitted.

**Title V: Health Care Related to Sexual Trauma** - Expands eligibility for counseling and treatment for sexual trauma to veterans who were on inactive duty training when they experienced sexual assault or harassment.

Authorizes the Secretary to provide such counseling and treatment to active-duty members of the Armed Forces who experienced sexual assault or harassment while serving on active duty or active or inactive duty training. (Under current law, such services are provided only to veterans.) Prohibits such a member from being required to obtain a referral before receiving such services.

Requires the Secretary to report to Congress on the treatment and services available from the VA for male veterans who experience military sexual trauma compared to such treatment and services available to female veterans who experience such trauma.

Directs the Department of Veterans Affairs-Department of Defense Joint Executive Committee to submit reports to Congress on the transition of military sexual abuse treatment from the DOD to the VA.

**Title VI: Major Medical Facility Leases** - Authorizes the Secretary to carry out certain major medical facility leases at specified locations for up to specified amounts.

Directs the Secretary, in exercising the authority to enter into such leases, to record as the full cost of the contractual obligation at the time a contract is executed either: (1) the amount of total payments under the full lease term, or (2) the first-year payments plus the specified cancellation costs if the lease is terminated before its full term.

Requires 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, including an analysis of: (1) the classification of the lease as a lease-purchase, capital lease, or operating lease; (2) the obligation of budgetary resources associated with the lease; and (3) the methodology used in determining the asset cost, fair market value, and cancellation costs of the lease.

Directs the Secretary, at least 30 days before entering into a lease, to submit to Congress: (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. Requires the Secretary, no more than 30 days after entering into a lease, to report any material differences between the proposed lease and the lease entered.

**Title VII: Veterans Benefits Matters** - Expands the Marine Gunnery Sergeant John David Fry Scholarship to include surviving spouses (currently, children) of service members who die in the line of duty on or after September 11, 2001. Requires a surviving spouse entitled to such assistance and also to veterans' educational assistance under the Montgomery GI Bill to elect a single coverage.

Directs the Secretary to disapprove, for purposes of the All-Volunteer Force and the Post-9/11 Educational Assistance programs, courses of education provided by a public educational institution of higher education (IHE) that charges veterans living in the state higher tuition and fees than it charges in-state residents, regardless of the veteran's state of residence. Makes this provision applicable to: (1) veterans who were discharged or released from at least 90 days of active service less than three years before their date of enrollment in the applicable course, (2) family members eligible for such assistance due to their relationship to such veterans, and (3) courses that commence on or after July 1, 2015.

Prohibits the Secretary from disapproving a public IHE's course on the grounds that the IHE conditions a veteran's receipt

of in-state tuition rates on such veteran: (1) demonstrating an intent, by means other than physical presence, to establish residency in the state; or (2) satisfying other requirements not related to the establishment of residency.

**Title VIII: Appropriation and Emergency Designations** - Authorizes and appropriates such sums as may be necessary to carry out this Act for FY2014-FY2016. Treats such funding as emergency funding that is not subject to pay-as-you-go spending constraints.

### **Actions Timeline**

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- **Jun 16, 2014:** Referred to the Subcommittee on Health.
- **Jun 11, 2014:** Introduced in House
- **Jun 11, 2014:** Referred to the Committee on Veterans' Affairs, and in addition to the Committees on Oversight and Government Reform, and the Budget, for a period to be subsequently determined by the Speaker, in each case for consideration of such provisions as fall within the jurisdiction of the committee concerned.