To provide veterans with the choice of medical providers and to increase transparency and accountability of operations of the Veterans Health Administration of the Department of Veterans Affairs, and for other purposes.

IN THE SENATE OF THE UNITED STATES

Mr. McCain (for himself, Mr. Coburn, Mr. Burr, Mr. Flake, Mr. Isakson, Mr. Inhofe, Mr. Grassley, and Mr. Roberts) introduced the following bill; which was read twice and referred to the Committee on

A BILL

To provide veterans with the choice of medical providers and to increase transparency and accountability of operations of the Veterans Health Administration of the Department of Veterans Affairs, and for other purposes.

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled,

SECTION 1. SHORT TITLE.

This Act may be cited as the “Veterans Choice Act of 2014”.

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SEC. 2. EXPANDED AVAILABILITY OF HOSPITAL CARE AND MEDICAL SERVICES FOR VETERANS THROUGH THE USE OF CONTRACTS.

(a) Expansion of Available Care and Services.—

(1) In general.—Hospital care and medical services under chapter 17 of title 38, United States Code, shall be furnished to an eligible veteran described in subsection (b), at the election of such veteran, through contracts authorized under subsection (d), or any other law administered by the Secretary of Veterans Affairs, with health care providers that are participating in the Medicare program under title XVIII of the Social Security Act (42 U.S.C. 1395 et seq.) for the furnishing of such care and services to veterans.

(2) Choice of Provider.—An eligible veteran who elects to receive care and services under this section may select the provider of such care and services from among any source of provider of such care and services specified in paragraph (1) that is accessible to the veteran.

(b) Eligible Veterans.—A veteran is an eligible veteran for purposes of this section if—

(1)(A) the veteran is enrolled in the patient enrollment system of the Department of Veterans Af-
fairs established and operated under section 1705 of title 38, United States Code; or

(B) the veteran is enrolled in such system, has not received hospital care and medical services from the Department, and has contacted the Department seeking an initial appointment from the Department for the receipt of such care and services; and

(2) the veteran either—

(A)(i) attempts, or has attempted under paragraph (1)(B), to schedule an appointment for the receipt of such care and services but is unable to schedule an appointment within the current wait-time goals of the Veterans Health Administration for the delivery of such care and services; and

(ii) elects, and is authorized, to be furnished such care or services pursuant to subsection (c)(2); or

(B) resides more than 40 miles from the nearest medical facility of the Department, including a community-based outpatient clinic, that is closest to the residence of the veteran.

(e) Election and Authorization.—If the Secretary confirms that an appointment for an eligible veteran described in subsection (b)(2)(A) for the receipt of
hospital care or medical services under chapter 17 of title 38, United States Code, is unavailable within the current wait-time goals of the Department for the furnishing of such care or services, the Secretary shall, at the election of the eligible veteran—

(1) place such eligible veteran on an electronic waiting list for such an appointment that is maintained by the Department and accessible to the veteran via www.myhealth.va.gov or any successor website; or

(2)(A) authorize that such care and services be furnished to the eligible veteran under this section for a period of time specified by the Secretary; and

(B) send a letter to the eligible veteran describing the care and services the eligible veteran is eligible to receive under this section.

(d) Care and Services Through Contracts.—

(1) In General.—The Secretary shall enter into contracts with health care providers that are participating in the Medicare program under title XVIII of the Social Security Act (42 U.S.C. 1395 et seq.) to furnish care and services to eligible veterans under this section.

(2) Rates and Reimbursement.—
(A) **IN GENERAL.**—In entering into a contract under this subsection, the Secretary shall—

(i) negotiate rates for the furnishing of care and services under this section; and

(ii) reimburse the health care provider for such care and services at the rates negotiated pursuant to clause (i) as provided in such contract.

(B) **LIMIT ON RATES.**—Rates negotiated under subparagraph (A)(i) shall not be more than the rates paid by the United States to a provider of services (as defined in section 1861(u) of the Social Security Act (42 U.S.C. 1395x(u))) or a supplier (as defined in section 1861(d) of such Act (42 U.S.C. 1395x(d))) under the Medicare program under title XVIII of the Social Security Act (42 U.S.C. 1395 et seq.) for the same care and services.

(C) **LIMIT ON COLLECTION.**—For the furnishing of care and services pursuant to a contract under this section, a health care provider may not collect any amount that is greater than the rate negotiated pursuant to subparagraph (A)(i).
(3) INFORMATION ON POLICIES AND PROCEDURES.—The Secretary shall provide to any health care provider with which the Secretary has entered into a contract under paragraph (1) the following:

(A) Information on applicable policies and procedures for submitting bills or claims for authorized care and services furnished to eligible veterans under this section.

(B) Access to a telephone hotline maintained by the Department that such health care provider may call for information on the following:

(i) Procedures for furnishing care and services under this section.

(ii) Procedures for submitting bills or claims for authorized care and services furnished to eligible veterans under this section and being reimbursed for furnishing such care and services.

(iii) Whether particular care or services under this section are authorized, and the procedures for authorization of such care or services.

(c) CHOICE CARD.—
(1) IN GENERAL.—For purposes of receiving care and services under this section, the Secretary shall issue to each eligible veteran a card that the eligible veteran shall present to a health care provider that is eligible to furnish care and services under this section before receiving such care and services.

(2) NAME OF CARD.—Each card issued under paragraph (1) shall be known as a “Choice Card”.

(3) DETAILS OF CARD.—Each Choice Card issued to an eligible veteran under paragraph (1) shall include the following:

   (A) The name of the eligible veteran.

   (B) An identification number for the eligible veteran that is not the social security number of the eligible veteran.

   (C) The contact information of an appropriate office of the Department for health care providers to confirm that care and services under this section is authorized for the eligible veteran.

   (D) Contact information and other relevant information for the submittal of claims or bills for the furnishing of care and services under this section.
(E) The following statement: “This card is for qualifying medical care outside the Department of Veterans Affairs. Please call the Department of Veterans Affairs phone number specified on this card to ensure that treatment has been authorized.”.

(4) INFORMATION ON USE OF CARD.—Upon issuing a Choice Card to an eligible veteran, the Secretary shall provide the eligible veteran with information clearly stating the circumstances under which the veteran may be eligible for care and services under this section.

(f) INFORMATION ON AVAILABILITY OF CARE.—The Secretary shall provide information to a veteran about the availability of care and services under this section in the following circumstances:

(1) When the veteran enrolls in the patient enrollment system of the Department under section 1705 of title 38, United States Code.

(2) When the veteran attempts to schedule an appointment for the receipt of hospital care or medical services from the Department but is unable to schedule an appointment within the current wait-time goals of the Veterans Health Administration for delivery of such care or services.
(g) PROVIDERS.—To be eligible to furnish care and services under this section, a health care provider must maintain at least the same or similar credentials and licenses as those credentials and licenses that are required of health care providers of the Department, as determined by the Secretary for purposes of this section.

(h) COST-SHARING.—The Secretary shall require an eligible veteran to pay a copayment to the Department for the receipt of care and services under this section only if the eligible veteran would be required to pay such copayment for the receipt of such care and services at a medical facility of the Department.

(i) CLAIMS PROCESSING SYSTEM.—

(1) IN GENERAL.—The Secretary shall provide for an efficient nation-wide system for processing and paying bills or claims for authorized care and services furnished to eligible veterans under this section.

(2) REGULATIONS.—Not later than 90 days after the date of the enactment of this Act, the Secretary of Veterans Affairs shall prescribe regulations for the implementation of the efficient nation-wide system required by paragraph (1).

(j) CONTINUITY OF MEDICAL RECORDS.—The Secretary shall ensure that medical records of veterans main-
tained by the Department are updated to accurately re-

tlect any care and services furnished under this section.

(k) Tracking of Missed Appointments.—The

Secretary shall implement a mechanism to track any

missed appointments for care and services under this sec-
tion by eligible veterans to ensure that the Department
does not pay for such care and services that were not fur-
nished.

(l) Implementation.—Not later than 90 days after

the date of the enactment of this Act, the Secretary shall

prescribe interim final regulations on the implementation

of this section and publish such regulations in the Federal

Register.

(m) Inspector General Audit.—Not later than

540 days after the publication of the interim final regula-
tions under subsection (l), the Inspector General of the

Department shall conduct an audit of care and services

furnished under this section to ensure the accuracy of pay-
ments by the Department for the cost of care and services

gurnished under this section.

(n) Termination.—The requirement of the Sec-

retary to furnish care and services under this section ter-

minates on the date that is two years after the date on

which the Secretary publishes the interim final regulations

under subsection (l).
(o) Reports.—Not less frequently than once every 90 days, the Secretary shall submit to Congress a report on the furnishing of care and services under this section that includes the following:

(1) The number of veterans who have received care and services under this section during the 90-day period preceding the submittal of the report.

(2) A description of the type of care and services furnished to veterans under this section during such 90-day period.

SEC. 3. SENSE OF CONGRESS ON PROMPT PAYMENT BY DEPARTMENT OF VETERANS AFFAIRS.

It is the sense of Congress that the Secretary of Veterans Affairs shall comply with section 1315 of title 5, Code of Federal Regulations (commonly known as the “prompt payment rule”), or any corresponding similar regulation or ruling, in paying for health care pursuant to contracts entered into with non-Department of Veterans Affairs providers to provide health care under the laws administered by the Secretary.

SEC. 4. IMPROVED PERFORMANCE METRICS FOR HEALTH CARE PROVIDED BY DEPARTMENT OF VETERANS AFFAIRS.

(a) Prohibition on Use of Scheduling and Wait Time Metrics in Determination of Perform-
ANCE AWARDS.—The Secretary shall ensure that scheduling and wait-time metrics or goals are not used as factors in determining the performance of the following employees for purposes of determining whether to pay performance awards to such employees:

(1) Directors, associate directors, assistant directors, deputy directors, chiefs of staff, and clinical leads of medical centers of the Department.

(2) Directors, assistant directors, and quality management officers of Veterans Integrated Service Networks of the Department.

(b) MODIFICATION OF PERFORMANCE PLANS.—

(1) IN GENERAL.—Not later than 30 days after the date of the enactment of this Act, the Secretary shall modify the performance plans of the directors of the medical centers of the Department and the directors of the Veterans Integrated Service Networks to ensure that such plans are based on the quality of care received by veterans at the health care facilities under the jurisdictions of such directors.

(2) FACTORS.—In modifying performance plans under paragraph (1), the Secretary shall ensure that assessment of the quality of care provided at health care facilities under the jurisdiction of a director de-
scribed in paragraph (1) includes consideration of the following:

(A) Recent reviews by the Joint Commission (formerly known as the “Joint Commission on Accreditation of Healthcare Organizations”) of such facilities.

(B) The number and nature of recommendations concerning such facilities by the Inspector General of the Department in reviews conducted through Combined Assessment Program (CAP) reviews, in the reviews by the Inspector General of community based outpatient clinics and primary care clinics, and in reviews conducted through the Office of Healthcare Inspections during the two most recently completed fiscal years.

(C) The number of recommendations described in subparagraph (B) that the Inspector General of the Department determines have not been carried out satisfactorily with respect to such facilities.

(D) Reviews of such facilities by the Commission on Accreditation of Rehabilitation Facilities.
(E) The number and outcomes of administrative investigation boards, root cause analysis, and peer reviews conducted at such facilities during the fiscal year for which the assessment is being conducted.

(F) The effectiveness of any remedial actions or plans resulting from any Inspector General recommendations in the reviews and analyses described in subparagraphs (A) through (E).

(3) ADDITIONAL LEADERSHIP POSITIONS.—To the degree practicable, the Secretary shall assess the performance of other employees of the Department in leadership positions at Department medical centers, including associate directors, assistant directors, deputy directors, chiefs of staff, and clinical leads, and in Veterans Integrated Service Networks, including assistant directors and quality management officers, using factors and criteria similar to those used in the performance plans modified under paragraph (1).

SEC. 5. IMPROVED TRANSPARENCY CONCERNING HEALTH CARE PROVIDED BY DEPARTMENT OF VETERANS AFFAIRS.

(a) PUBLICATION OF WAIT TIMES.—
(1) GOALS.—

(A) INITIAL.—Not later than 90 days after the date of the enactment of this Act, the Secretary of Veterans Affairs shall publish in the Federal Register, and on an Internet website accessible to the public of each medical center of the Department of Veterans Affairs, the wait-time goals of the Department for the scheduling of an appointment by a veteran for the receipt of health care from the Department.

(B) SUBSEQUENT CHANGES.—

(i) IN GENERAL.—If the Secretary modifies the wait-time goals described in subparagraph (A), the Secretary shall publish the new wait-times goals—

(I) on an Internet website accessible to the public of each medical center of the Department not later than 30 days after such modification; and

(II) in the Federal Register not later than 90 days after such modification.

(ii) EFFECTIVE DATE.—Any modification under clause (i) shall take effect on
the date of publication in the Federal Register.

(C) Goals described.—Wait-time goals published under this paragraph shall include goals for primary care appointments, specialty care appointments, and goals for such appointments based on the general severity of the condition of the veteran.

(2) wait times at medical centers of the Department.—Not later than one year after the date of the enactment of this Act, the Secretary of Veterans Affairs shall publish on an Internet website accessible to the public of each medical center of the Department the current wait time for an appointment for primary care and specialty care at the medical center.

(b) Publicly Available Database of Patient Safety, Quality of Care, and Outcome Measures.—

(1) In general.—Not later than 180 days after the date of the enactment of this Act, the Secretary shall develop and make available to the public a comprehensive database containing all applicable patient safety, quality of care, and outcome meas-
ures for health care provided by the Department
that are tracked by the Secretary.

(2) UPDATE FREQUENCY.—The Secretary shall
update the database required by paragraph (1) not
less frequently than once each year.

(3) UNAVAILABLE MEASURES.—For all meas-
ures that the Secretary would otherwise publish in
the database required by paragraph (1) but has not
done so because such measures are not available, the
Secretary shall publish notice in the database of the
reason for such unavailability and a timeline for
making such measures available in the database.

(4) ACCESSIBILITY.—The Secretary shall en-
sure that the database required by paragraph (1) is
accessible to the public through the primary Internet
website of the Department and through each pri-
mary Internet website of a Department medical cen-
ter.

(c) HOSPITAL COMPARE WEBSITE OF DEPARTMENT
OF HEALTH AND HUMAN SERVICES.—

(1) AGREEMENT REQUIRED.—Not later than
180 days after the date of the enactment of this Act,
the Secretary of Veterans Affairs shall enter into an
agreement with the Secretary of Health and Human
Services for the provision by the Secretary of Vet-
erans Affairs of such information as the Secretary of
Health and Human Services may require to report
and make publicly available patient quality and out-
come information concerning Department of Vet-
erans Affairs medical centers through the Hospital
Compare Internet website of the Department of
Health and Human Services or any successor Inter-
net website.

(2) INFORMATION PROVIDED.—The information
provided by the Secretary of Veterans Affairs to the
Secretary of Health and Human Services under
paragraph (1) shall include the following:

(A) Measures of timely and effective health
care.

(B) Measures of readmissions, complica-
tions of death, including with respect to 30-day
mortality rates and 30-day readmission rates,
surgical complication measures, and health care
related infection measures.

(C) Survey data of patient experiences, in-
cluding the Hospital Consumer Assessment of
Healthcare Providers and Systems or any simi-
lar successor survey developed by the Depart-
ment of Health and Human Services.
(D) Any other measures required of or reported with respect to hospitals participating in
the Medicare program under title XVIII of the
Social Security Act (42 U.S.C. 1395 et seq.).

(3) UNAVAILABLE INFORMATION.—For any applicable metric collected by the Department of Veterans Affairs or required to be provided under paragraph (2) and withheld from or unavailable in the Hospital Compare Internet website, the Secretary of Veterans Affairs shall publish a notice in the Federal Register stating the reason why such metric was withheld from public disclosure and a timeline for making such metric available, if applicable.

(d) COMPTROLLER GENERAL REVIEW OF PUBLICLY AVAILABLE SAFETY AND QUALITY METRICS.—Not later than three years after the date of the enactment of this Act, the Comptroller General of the United States shall conduct a review of the safety and quality metrics made publicly available by the Secretary of Veterans Affairs under this section to assess the degree to which the Secretary is complying with the provisions of this section.
SEC. 6. INFORMATION FOR VETERANS ON THE CREDENTIALS OF DEPARTMENT OF VETERANS AFFAIRS PHYSICIANS.

(a) IMPROVEMENT OF “OUR PROVIDERS” INTERNET WEBSITE LINKS.—

(1) AVAILABILITY THROUGH DEPARTMENT OF VETERANS AFFAIRS HOMEPAGE.—A link to the “Our Providers” health care providers database of the Department of Veterans Affairs, or any successor database, shall be available on and through the homepage of the Internet website of the Department that is accessible to the public.

(2) INFORMATION ON LOCATION OF RESIDENCY TRAINING.—The Internet website of the Department that is accessible to the public shall include under the link to the “Our Providers” health care providers database of the Department, or any successor database, the location of residency training of each licensed physician of the Department.

(3) INFORMATION ON PHYSICIANS AT PARTICULAR FACILITIES.—The “Our Providers” health care providers database of the Department, or any successor database, shall identify whether each licensed physician of the Department is a physician in residency.
(b) INFORMATION ON CREDENTIALS OF PHYSICIANS FOR VETERANS UNDERGOING SURGICAL PROCEDURES.—

Each veteran who is undergoing a surgical procedure by or through the Department shall be provided, at such time in advance of the procedure as is appropriate to permit such veteran to evaluate such information, information on the credentials of the surgeon to be performing such procedure.

(e) GAO REPORT.—Not later than two years after the date of the enactment of this Act, the Comptroller General of the United States shall submit to the Committees on Veterans' Affairs of the Senate and the House of Representatives a report setting forth an assessment by the Comptroller General of the following:

(1) The manner in which contractors under the Patient-Centered Community Care initiative of the Department perform oversight of the credentials of physicians within the networks of such contractors under the initiative.

(2) The oversight by the Department of the contracts under the Patient-Centered Community Care initiative.
SEC. 7. INFORMATION IN ANNUAL BUDGET OF THE PRESIDENT ON HOSPITAL CARE AND MEDICAL SERVICES PROVIDED UNDER SECTION 2.

The materials on the Department of Veterans Affairs in the budget of the President for a fiscal year, as submitted to Congress pursuant to section 1105(a) of title 31, United States Code, shall set forth the following:

(1) The number of veterans who received hospital care and medical services under section 2 of this Act during the fiscal year preceding the fiscal year in which such budget is submitted.

(2) The amount expended by the Department on furnishing care and services under such section during the fiscal year preceding the fiscal year in which such budget is submitted.

(3) The amount requested in such budget for the costs of furnishing care and services under such section during the fiscal year covered by such budget, set forth in aggregate and by amounts for each account for which amounts are so requested.

(4) The number of veterans that the Department estimates will receive hospital care and medical services under such section during the fiscal years covered by the budget submission.

(5) The number of employees of the Department on paid administrative leave at any point dur-
ing the fiscal year preceding the fiscal year in which
such budget is submitted.

SEC. 8. PROHIBITION ON FALSIFICATION OF DATA CON-
CERNING WAIT TIMES AND QUALITY MEAS-
URES AT DEPARTMENT OF VETERANS AF-
FAIRS.

Not later than 60 days after the date of the enact-
ment of this Act, and in accordance with title 5, United
States Code, the Secretary of Veterans Affairs shall estab-
lish policies whereby any employee of the Department of
Veterans Affairs who knowingly submits false data con-
cerning wait times for health care or quality measures
with respect to health care to another employee of the De-
partment or knowingly requires another employee of the
Department to submit false data concerning such wait
times or quality measures to another employee of the De-
partment is subject to a penalty the Secretary considers
appropriate after notice and an opportunity for a hearing,
including civil penalties, unpaid suspensions, or termi-
nation.
SEC. 9. REMOVAL OF SENIOR EXECUTIVE SERVICE EMPLOYEES OF THE DEPARTMENT OF VETERANS AFFAIRS FOR PERFORMANCE.

(a) In general.—Chapter 7 of title 38, United States Code, is amended by adding at the end the following new section:

“§ 713. Senior Executive Service: removal based on performance

“(a) In general.—(1) Notwithstanding subchapter V of chapter 35 of title 5, subchapter V of chapter 75 of title 5, or any other provision of law, the Secretary may remove any individual who is an employee of the Department from a Senior Executive Service position (as defined in section 3132(a) of title 5) if the Secretary determines the performance of the individual warrants such removal.

“(2) If the Secretary so removes such an individual, the Secretary may—

“(A) remove the individual from the civil service (as defined in section 2101 of title 5); or

“(B) appoint the individual to a General Schedule position at any grade of the General Schedule the Secretary determines appropriate.

“(b) Notice to Congress.—Not later than 30 days after removing an individual from the Senior Executive Service under subsection (a), the Secretary shall submit to the Committee on Veterans’ Affairs of the Senate and
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1 the Committee on Veterans’ Affairs of the House of Rep-
2 resentatives notice in writing of such removal and the rea-
3 son for such removal.
4 “(c) MANNER OF REMOVAL.—A removal under this
5 section shall be done in the same manner as the removal
6 of a professional staff member employed by a Member of
7 Congress.”.
8 (b) CLERICAL AMENDMENT.—The table of sections
9 at the beginning of such chapter is amended by adding
10 at the end the following new item:
11 “713. Senior Executive Service: removal based on performance.”.