

# **H.R. 3230, Veteran's Access, Choice and Accountability Act**

## **Executive Summary**

The Veteran's Access, Choice and Accountability Act (H.R.3230) is the most comprehensive reform legislation of the Veterans Health Administration in over twenty years. The rare bipartisan agreement was created in the wake of the scandal surrounding the Department of Veterans Affairs' (VA) mismanagement and manipulation of waiting lists at VA health facilities.

The \$17 billion legislation is comprised of a number of provisions that will increase access to medical care for our U.S. military veterans and improve VA health facilities. The measure includes \$10 billion in emergency funds to pay for care at non-VA facilities for veterans living more than 40 miles from a VA facility or those who can't get an appointment at a VA facility within 30 days. An additional \$5 billion will be dedicated to hiring more health care professionals and the creation of 27 new VA health facilities to increase internal capacity. The Congressional Budget Office estimated the legislation, on net, would increase the federal deficit by about \$10 billion through FY 2024.

The following summary details major provisions of H.R. 3230

### **Section I: Improvement of Access to Care**

- Requires the VA to contract out with private medical providers, community health centers, Department of Defense (DoD) health care facilities and Indian Health Service (IHS) clinics as a means to provide timely, quality care.
- Veterans who live more than 40 miles from a VA medical facility or cannot secure an appointment at a VA medical facility within 30 days may receive health care at non-VA medical facilities.
- Expands the VA's authority to contract with non-VA providers – Medicare providers, federally qualified health centers, DoD health facilities and the IHS – for three years. Payment rates for non-VA care generally would be limited to Medicare rates and care would be coordinated through the VA.
- To receive medical services at a non-VA health care facility, eligible veterans would select an accessible provider from the Medicare system, federally qualified health centers, DoD or IHS and notify the VA. The VA would be required to ensure that an eligible veteran receives a timely appointment.

### **Section II: Health Care Administrative and Transparency**

- The agreement requires an independent, comprehensive assessment of VA's health care system including its leadership, the hospital care and medical services provided by the VA and its current and projected health care capabilities and resources, veterans' access to care and their projected demographics and unique needs, VA staffing and productivity standards and information technology strategies, and medical construction and maintenance.
- The agreement establishes a presidentially appointed 15-member Commission on Care, which would examine veterans' access to health care and assess how best to organize the

VHA, locate health care resources and deliver health care to veterans. Commission members are named by the House and Senate VA Committee leadership.

- Requires improvements to the “Our Doctors” health care providers database to include credentials of VA physicians including location of residency training and whether each licensed physician of the Department is a physician in residency.
- The agreement includes penalties for falsifying data. To prevent the types of improper management practices that have occurred at VA health care facilities, VA must implement a clinic management training program to provide in-person, standardized education on health care management to all VA managers and health care providers.
- The agreement requires the Secretary of Veterans Affairs to improve transparency concerning health care provided, including the wait-times for the scheduling of an appointment in each Department facility by a veteran for the receipt of primary care, specialty care, and hospital care and medical services based on the general severity of the condition of the veteran.

### **Section III: VA Personnel Management**

- The legislation provides \$5 billion for the VA to hire additional primary and specialty health care professionals and to improve its health care facilities. It would provide enhanced incentives to attract more physicians, nurses and other medical providers.
- The measure requires the VA's inspector general to annually identify the five occupations of health care providers with the largest staffing shortages in VA's health system. It also authorizes VA to utilize direct, expedited appointment authority to fill those openings. The VA must report to Congress on staffing levels at each VA medical facility no later than December 31, 2014 and the produce biennial reports.
- It requires the VA to establish medical residency programs, or to ensure that sufficient residency positions exist at facilities with programs in specialties facing a shortage of physicians or located in a community that is designated as a health professional shortage area.
- It increases by up to 1,500 the number of graduate medical education residents over a five-year period, with a priority for primary care, mental health and other specialties as VA determines is appropriate.
- The agreement extends VA's authority to operate the Health Professionals Educational Assistance Program (HPEAP) through December 31, 2019. HPEAP provides student loan debt reduction payments to VA health care professionals serves as a VA personnel recruitment and retention tool. The measure requires VA to give HPEAP participation priority to medical students who are pursuing a specialty that has been identified by VA's IG as a shortage area
- It doubles the cap on debt reduction payments that the VA may extend to individual participants from \$60,000 to \$120,000 overall, and from \$12,000 to \$24,000 on a per-year basis. The increases would bring VA's program in line with similar federal programs and ensure that VA has the authority to provide appropriate incentives to attract health care professionals.

**Section IV: Health Care Related to Sexual Trauma**

- The agreement expands the VA's authority to provide sexual trauma counseling and treatment to active-duty service members and certain reservists assaulted when not on active duty. Under the measure, the VA would be authorized to provide counseling, care and services to individuals who do not have veterans' status but who experienced sexual trauma while serving on inactive duty for training. The VA also would be required to submit a report to Congress on treatment available to male veterans who experience male sexual trauma.

**Section V: Miscellaneous Health Care**

- The Assisted Living Pilot Program for Veterans with Traumatic Brain Injury is funded through October, 2017. The program provides 24-hour assisted living help to veterans with TBI to enhance their quality of life and promote community integration.

**Section VI: Major Medical Facility Leases**

- Authorizes funds for 27 additional VA medical facility leases across 18 states and Puerto Rico.

**Section VII: Other Provisions**

- Limits awards and bonuses paid to employees of the Department of Veterans Affairs from FY 2015 through FY 2024.
- The VA secretary has been granted the authority to fire or demote senior VA employees based on performance or misconduct.
- Requires the VA to establish disciplinary procedures for employees involved with knowingly submitting false data regarding wait times or health care quality

*Sources: CQ, Conference Report, Summary materials from Chairman Miller and Chairman Sanders.*