

113<sup>TH</sup> CONGRESS  
2<sup>D</sup> SESSION

# H. R. 3858

To amend title 38, United States Code, to direct the Secretary of Veterans Affairs to enter into contracts with health care providers to improve health care access and care coordination for veterans, and for other purposes.

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## IN THE HOUSE OF REPRESENTATIVES

JANUARY 13, 2014

Mr. KINZINGER of Illinois introduced the following bill; which was referred to the Committee on Veterans' Affairs

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## A BILL

To amend title 38, United States Code, to direct the Secretary of Veterans Affairs to enter into contracts with health care providers to improve health care access and care coordination for veterans, and for other purposes.

1       *Be it enacted by the Senate and House of Representa-*  
2       *tives of the United States of America in Congress assembled,*

3       **SECTION 1. SHORT TITLE; SENSE OF CONGRESS.**

4       (a) SHORT TITLE.—This Act may be cited as the  
5       “Veteran-Centered Access to Coordinated Health Care Act  
6       of 2014”.

7       (b) SENSE OF CONGRESS.—It is the sense of Con-  
8       gress that—

1           (1) veterans who are authorized by the Sec-  
2           retary of Veterans Affairs to receive health care in  
3           the community must not lose the high quality, safe-  
4           ty, care coordination, and other veteran-centric ele-  
5           ments that the health care system of the Depart-  
6           ment of Veterans Affairs provides;

7           (2) many veterans receive health care from both  
8           the Department and community providers but the  
9           lack of care coordination among the Department and  
10          community providers when veterans receive pur-  
11          chased care places veterans at risk for poor health  
12          outcomes and results in inefficient use of finite  
13          health care resources;

14          (3) veteran-centric care coordination is associ-  
15          ated with improved patient outcomes, as Department  
16          and non-Department health care teams coordinate  
17          and collaborate to provide the best care for veterans;  
18          and

19          (4) if the Secretary purchases care for veterans  
20          from the private sector, such care must be secured  
21          in a cost-effective manner, in a way that com-  
22          plements the larger health care system of the De-  
23          partment by using industry standards for care and  
24          costs.

1 **SEC. 2. COMPREHENSIVE CONTRACT CARE COORDINATION**  
2 **PROGRAM FOR VETERANS.**

3 (a) IN GENERAL.—

4 (1) TYPE OF CARE.—Subsection (a) of section  
5 1703 of title 38, United States Code, is amended to  
6 read as follows:

7 “(a)(1) The Secretary shall provide an eligible vet-  
8 eran with covered health services that are provided by a  
9 non-Department entity whom the Secretary enters into a  
10 contract with under this section if the Secretary deter-  
11 mines that facilities of the Department are not capable  
12 of—

13 “(A) economically furnishing covered health  
14 services to such veteran because of geographical in-  
15 accessibility; or

16 “(B) furnishing covered health services to such  
17 veteran because such facilities lack—

18 “(i) the required personnel who are appro-  
19 priately trained and experienced; or

20 “(ii) the ability to provide timely and rea-  
21 sonable access.

22 “(2) Except as otherwise provided by this chapter or  
23 other law, the Secretary shall ensure that health care pro-  
24 vided to a veteran under this title by a non-Department  
25 entity, including under the Patient-Centered Community

1 Care program or any other care-coordination program, is  
2 provided in accordance with this section.

3 “(3) The Secretary shall provide covered health serv-  
4 ices pursuant to this chapter at a location that is in ac-  
5 cordance with the following priority:

6 “(A) A facility of the Department.

7 “(B) A facility of a department or agency of  
8 the Federal Government, or of a university, that the  
9 Secretary has entered into a sharing agreement with  
10 respect to providing such health services.

11 “(C) A non-Department facility in accordance  
12 with this section.

13 “(D) A non-Department facility in accordance  
14 with a provision of law other than this section.

15 “(4) The Secretary shall ensure that veterans who re-  
16 ceive health care under this title from a non-Department  
17 entity are able to efficiently reenter the health care system  
18 of the Department, including by coordinating care.

19 “(5) In this subsection:

20 “(A) The term ‘covered health services’ means,  
21 with respect to an eligible veteran, any hospital care,  
22 medical service, rehabilitative service, or preventative  
23 health service that is authorized to be provided by  
24 the Secretary to the veteran under this chapter or  
25 any other provision of law.

1           “(B) The term ‘eligible veteran’ means a vet-  
2           eran enrolled in the health care system established  
3           under section 1705(a) of this title who elects to re-  
4           ceive care under this section.”.

5           (2) QUALIFIED ENTITIES; CARE COORDINA-  
6           TION.—Such section is amended by adding at the  
7           end the following new subsections:

8           “(e) The Secretary shall enter into a contract with  
9           a non-Department entity under this section. The Secretary  
10          shall ensure that the resources of the Department are not  
11          used to duplicate administrative functions and information  
12          technology systems that are provided by the non-Depart-  
13          ment entity under such a contract. A non-Department en-  
14          tity shall be eligible for such a contract if the entity dem-  
15          onstrates experience with respect to—

16                 “(1) the ability to provide non-Department  
17                 health care services to veterans;

18                 “(2) meeting or exceeding internal credentialing  
19                 standards of the Department and standards of the  
20                 Utilization Review Accreditation Commission;

21                 “(3) having care coordinators who help veterans  
22                 make, confirm, and keep medical appointments;

23                 “(4) having the ability to obtain clinical infor-  
24                 mation from non-Department entities and submit  
25                 such information to the Department;

1 “(5) having—

2 “(A) experience using an information tech-  
3 nology system that—

4 “(i) has the ability to track and mon-  
5 itor veterans that is accessible by employ-  
6 ees of the Department using a portal on an  
7 Internet website; and

8 “(ii) allows veterans to file com-  
9 plaints; and

10 “(B) the ability to respond to potential  
11 quality indicators and patient safety events; and

12 “(6) having the experience and ability to—

13 “(A) process claims in the provider net-  
14 work;

15 “(B) bill a third party (as defined in sec-  
16 tion 1725(f)(2) of this title) for care provided  
17 under this section, as appropriate; and

18 “(C) transmit directly to the Secretary any  
19 amounts received pursuant to subparagraph  
20 (B).

21 “(f) In carrying out this section, the Secretary shall  
22 ensure the following:

23 “(1) With respect to each medical center of the  
24 Department, the Secretary is consistent in deter-

1 mining the eligibility of veterans under subsection  
2 (a).

3 “(2) The Secretary requires care coordinators  
4 of a non-Department entity described in subsection  
5 (e)(3) who will coordinate care of a veteran by the  
6 entity with a care coordinator of the Department.

7 “(3) The Department and a non-Department  
8 entity under this section exchange clinical informa-  
9 tion to improve both clinical decisionmaking and the  
10 care a veteran receives.

11 “(4) Both non-Department facilities under this  
12 section and Department facilities meet performance  
13 metrics regarding—

14 “(A) the quality of health care provided;

15 “(B) the satisfaction of veterans;

16 “(C) clinical information return within 30  
17 days of a health care visit of a patient;

18 “(D) a no-show rate at a rate less than the  
19 industry standard;

20 “(E) claims being paid within 30 days;

21 “(F) timely access to health care, including  
22 initial appointments occurring less than 30 days  
23 after being requested;

24 “(G) cost effectiveness; and

1                   “(H) sufficient volume and case mix to en-  
2                   sure cost-effective vendor prices.

3           “(g)(1) Not later than October 31 of each year, the  
4 Secretary shall submit to the Committee on Veterans’ Af-  
5 fairs of the Senate and the Committee on Veterans’ Af-  
6 fairs of the House of Representatives a report on care pro-  
7 vided under this section, including—

8                   “(A) the cost to the Department;

9                   “(B) the number of veterans receiving care  
10 under this section as compared to the number of vet-  
11 erans receiving care from non-Department facilities  
12 under other provisions of law;

13                   “(C) the quality of such care and the satisfac-  
14 tion of such veterans;

15                   “(D) the performance metrics under subsection  
16 (f)(4); and

17                   “(E) other matters the Secretary considers ap-  
18 propriate.

19           “(2) Not later than March 1 of each odd-numbered  
20 year, the Secretary shall submit to the Committee on Vet-  
21 erans’ Affairs of the Senate and the Committee on Vet-  
22 erans’ Affairs of the House of Representatives a report  
23 on the allocation of resources with respect to care provided  
24 by the Department and by non-Department facilities.”.



1           (3) EFFECTIVE DATE.—The amendments made  
2           by this subsection shall take effect 180 days after  
3           the date of the enactment of this Act.

4           (b) REAUTHORIZATION OF PROJECT ARCH.—Section  
5 403 of the Veterans’ Mental Health and Other Care Im-  
6 provements Act of 2008 (Public Law 110–387; 38 U.S.C.  
7 1703 note) is amended—

8           (1) in subsection (a)(3), by striking “A vet-  
9           eran” and inserting “Except as provided by sub-  
10          section (i), a veteran”; and

11          (2) by adding at the end the following new sub-  
12          section:

13          “(i) REAUTHORIZATION.—

14               “(1) RECOMMENCEMENT.—Not later than 90  
15               days after the date of the enactment of the Veteran-  
16               Centered Collaborative Health Care Act of 2014, the  
17               Secretary shall again commence the conduct of the  
18               pilot program under subsection (a)(1).

19               “(2) PROGRAM LOCATIONS.—Notwithstanding  
20               subsection (a)(4), the Secretary shall carry out the  
21               pilot program pursuant to paragraph (1) within each  
22               Veterans Integrated Service Network.

23               “(3) APPOINTMENTS.—In carrying out the pilot  
24               program pursuant to paragraph (1), the Secretary  
25               shall ensure that medical appointments for veterans

1 occur during the 30-day period beginning on the  
2 date that is 15 days after the date on which the ap-  
3 pointment is requested.

4 “(4) OUTREACH.—The Secretary shall ensure  
5 that a veteran eligible for the pilot program carried  
6 out pursuant to paragraph (1) is informed of such  
7 program.

8 “(5) TERMINATION.—The authority of the Sec-  
9 retary to carry out the pilot program pursuant to  
10 paragraph (1) shall terminate on the date that is  
11 three years after the date on which the Secretary  
12 commences such program under such paragraph.”.

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