

115TH CONGRESS
1ST SESSION

H. R. 3874

To direct the Secretary of Veterans Affairs to carry out a pilot program on physical security at Department of Veterans Affairs medical facilities, to direct the Secretary to make certain improvements relating to inspections of Department of Veterans Affairs medical facilities and improving care for women, to direct the Secretary to evaluate the organizational structure of the Veterans Health Administration, and for other purposes.

IN THE HOUSE OF REPRESENTATIVES

SEPTEMBER 28, 2017

Mr. KILMER (for himself, Mr. RENACCI, Mr. AMODEI, Mrs. BROOKS of Indiana, Mr. CARBAJAL, Mr. JOYCE of Ohio, Mr. KELLY of Pennsylvania, Mr. KRISHNAMOORTHY, Mr. MOULTON, Mr. NORCROSS, Mr. PETERS, Miss RICE of New York, Mr. SCHNEIDER, Mr. NEWHOUSE, Mr. WEBSTER of Florida, Mrs. MURPHY of Florida, Mr. WELCH, Mr. BARLETTA, Mr. RUTHERFORD, Mr. VALADAO, and Mr. BARR) introduced the following bill; which was referred to the Committee on Veterans' Affairs

A BILL

To direct the Secretary of Veterans Affairs to carry out a pilot program on physical security at Department of Veterans Affairs medical facilities, to direct the Secretary to make certain improvements relating to inspections of Department of Veterans Affairs medical facilities and improving care for women, to direct the Secretary to evaluate the organizational structure of the Veterans Health Administration, 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.**

4 This Act may be cited as the “Accountability for
5 Quality VA Healthcare Act”.

6 **SEC. 2. PILOT PROGRAM ON PHYSICAL SECURITY AT DE-**
7 **PARTMENT OF VETERANS AFFAIRS MEDICAL**
8 **FACILITIES.**

9 (a) IN GENERAL.—Beginning not later than 90 days
10 after the date of the enactment of this Act the Secretary
11 of Veterans Affairs shall carry out a pilot program to en-
12 hance the physical security of Department of Veterans Af-
13 fairs medical facilities. At the medical facilities selected
14 for the pilot program, the Secretary shall—

15 (1) ensure that alarm systems effectively notify
16 relevant staff in the police command and control
17 centers and the unit nursing stations of the facility;
18 and

19 (2) require relevant medical center stakeholders
20 to coordinate and consult on—

21 (A) plans for new and renovated units; and

22 (B) any changes to physical security fea-
23 tures, including closed-circuit television cam-
24 eras.

1 (b) LOCATIONS.—The Secretary shall select five med-
2 ical facilities of the Department to participate in the pilot
3 program.

4 (c) TERMINATION.—The pilot program shall termi-
5 nate on the date that is two years after the date on which
6 the pilot program commences.

7 (d) REPORT.—Not later than 30 days after the termi-
8 nation of the pilot program under subsection (c), the Sec-
9 retary shall submit to Congress a report on the pilot pro-
10 gram.

11 **SEC. 3. REPORT ON DEPARTMENT OF VETERANS AFFAIRS**

12 **IMPROVEMENT OF FACILITY ALIGNMENT.**

13 (a) IN GENERAL.—Not later than 90 days after the
14 date of the enactment of this Act, the Secretary of Vet-
15 erans Affairs shall submit to Congress a report on the
16 findings and recommendations of the report of the Govern-
17 ment Accountability Office entitled “VA Real Property:
18 VA Should Improve Its Efforts to Align Facilities with
19 Veterans’ Needs”. The report submitted by the Secretary
20 shall include the plan of the Secretary, including a time
21 frame for completion, to specifically address the following
22 recommendations:

23 (1) To address identified limitations to the stra-
24 tegic capital investment planning process, including

1 limitations to scoring and approval and access to in-
2 formation.

3 (2) To assess the value of the Department of
4 Veterans Affairs Integrated Planning facility master
5 plans as a facility-planning tool, and based on con-
6 clusions contained in the Government Accountability
7 Office report, either discontinue the development of
8 such master plans or address the limitations of such
9 master plans.

10 (3) To develop and distribute guidance for Vet-
11 erans Integrated Service Networks and facilities
12 using best practices on how to effectively commu-
13 nicate with stakeholders about alignment change.

14 (4) To develop and implement a mechanism to
15 evaluate Veterans Integrated Service Network and
16 facility communication efforts with stakeholders to
17 ensure that such communication efforts are working
18 as intended and align with guidance and best prac-
19 tices.

20 (b) PUBLIC AVAILABILITY.—Upon submittal of the
21 report under subsection (a), the Secretary shall make the
22 report publicly available on an internet website of the De-
23 partment.

1 **SEC. 4. UPDATE OF HANDBOOK TO IMPROVE LEASING**
2 **PROJECTS.**

3 Not later than 180 days after the date of the enact-
4 ment of this Act, and not less than once every five-year
5 period thereafter, the Secretary of Veterans Affairs shall
6 update the handbook of the Department of Veterans Af-
7 fairs titled “Planning and Activating Community Based
8 Outpatient Clinics”, or a successor handbook, to reflect
9 current policies, best practices, and clarify the roles and
10 responsibilities of the personnel of the Department in-
11 volved in the leasing projects of the Department.

12 **SEC. 5. IMPROVEMENT OF INSPECTIONS OF DEPARTMENT**
13 **OF VETERANS AFFAIRS MEDICAL FACILITIES**
14 **AND IMPROVEMENT OF CARE FOR WOMEN**
15 **PROVIDED BY DEPARTMENT OF VETERANS**
16 **AFFAIRS.**

17 (a) FINDINGS.—Congress makes the following find-
18 ings:

19 (1) The Department of Veterans Affairs has
20 policies in place to help ensure the privacy, safety,
21 and dignity of women veterans when they receive
22 care at its medical facilities.

23 (2) A Government Accountability Office report
24 found many instances of noncompliance with such
25 policies.

1 (3) Women veterans are the fastest growing co-
2 hort within the veteran community.

3 (4) Women serve in every branch of the Armed
4 Forces and represent nearly 15 percent of the mem-
5 bers of the Armed Forces currently serving on active
6 duty and 18 percent of members of the National
7 Guard and reserve components.

8 (5) The number of women veterans using the
9 medical care provided by the Department of Vet-
10 erans Affairs is expected to increase dramatically.

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

13 (1) female veterans are put at risk by a system
14 that is currently designed for men; and

15 (2) the Department of Veterans Affairs should
16 follow through with commitments to ensure female
17 veterans can access services tailored to their needs.

18 (c) IMPROVEMENT OF INSPECTIONS OF DEPART-
19 MENT OF VETERANS AFFAIRS MEDICAL FACILITIES AND
20 IMPROVEMENT OF CARE FOR WOMEN PROVIDED BY DE-
21 PARTMENT OF VETERANS AFFAIRS.—

22 (1) IMPROVEMENT OF INSPECTIONS PROC-
23 ESS.—The Secretary of Veterans Affairs shall
24 strengthen the environment of care inspections proc-
25 ess and oversight of such process by—

1 (A) expanding the list of requirements that
2 facility staff inspect for compliance to align
3 with the policy of the Veterans Health Adminis-
4 tration;

5 (B) ensuring that all patient care areas of
6 Department medical facilities are inspected as
7 required;

8 (C) clarifying the roles and responsibilities
9 of Department medical facility staff responsible
10 for identifying and addressing compliance; and

11 (D) establishing a process to verify that
12 noncompliance information reported by facilities
13 to the Veterans Health Administration central
14 office is accurate and complete.

15 (2) IMPROVEMENT OF CARE FOR WOMEN.—

16 (A) MONITORING OF GENDER-SPECIFIC
17 CARE SERVICES.—To improve care for women
18 veterans, the Secretary of Veterans Affairs shall
19 monitor women veterans' access to gender-spe-
20 cific care services under current and future
21 community care contracts or agreements. Such
22 monitoring shall include an examination of ap-
23 pointment scheduling and completion times,
24 driving times to appointments, and reasons ap-

1 pointments could not be scheduled with commu-
2 nity providers.

3 (B) DEFINITIONS.—In this subparagraph:

4 (i) The term “gender-specific care
5 services” means mammography, maternity
6 care, and gynecology.

7 (ii) The term “community care con-
8 tract or agreement” means an agreement
9 described in section 101(d) of the Veterans
10 Access, Choice, and Accountability Act of
11 2014 (Public Law 113–146), or other con-
12 tract or agreement under which the Sec-
13 retary furnishes hospital care and medical
14 treatment to veterans at non-Department
15 of Veterans Affairs health care facilities.

16 **SEC. 6. IMPROVEMENT OF DELIVERY OF CARE AT DEPART-**
17 **MENT OF VETERANS AFFAIRS MEDICAL FA-**
18 **CILITIES.**

19 (a) WAIT TIMES.—The Secretary of Veterans Affairs
20 shall clearly identify measures for wait times for medical
21 appointments in Department of Veterans Affairs medical
22 facilities in a manner that reduces the likelihood of an in-
23 dividual misinterpreting such measures.

24 (b) SCHEDULING.—The Secretary shall ensure that
25 the term “patient indicated date” is clearly defined for

1 purposes of the scheduling policy of the Veterans Health
2 Administration and in related training documents. The
3 Secretary shall take such steps as may be necessary to
4 ensure such term is correctly implemented by employees
5 who perform scheduling functions.

6 (c) STAFF AVAILABILITY.—

7 (1) ALLOCATION; SCHEDULING.—The Secretary
8 shall develop a policy requiring Department of Vet-
9 erans Affairs medical facilities to routinely assess
10 the scheduling needs and resources required to en-
11 sure that employees of such facilities are allocated in
12 such a manner as to adequately respond to the de-
13 mand for scheduling medical appointments.

14 (2) RECRUITMENT AND RETENTION.—The Sec-
15 retary shall develop a strategy to improve recruit-
16 ment and retention of Department of Veterans Af-
17 fairs medical providers and employees who perform
18 scheduling functions for Department medical facili-
19 ties. Such strategy shall be designed to ensure ade-
20 quate staffing of Department medical facilities and
21 shall emphasize recruitment and retention in facili-
22 ties located in rural areas.

23 (d) TELEPHONE ACCESS.—The Secretary shall—

24 (1) ensure that all Department medical facili-
25 ties provide oversight of telephone access and imple-

1 ment the best practices outlined in the Department
2 2015 Telephone Access and Contact Management
3 Improvement Guide, or a successor guide; and

4 (2) identify medical facilities that are using out-
5 dated telephone technology and replace such tech-
6 nology with new systems designed to improve tele-
7 phone service and access to health care.

8 **SEC. 7. EVALUATIONS OF ORGANIZATIONAL STRUCTURE**
9 **OF VETERANS HEALTH ADMINISTRATION**
10 **AND REALIGNMENT OF VETERANS INTE-**
11 **GRATED SERVICE NETWORKS.**

12 (a) ORGANIZATIONAL STRUCTURE.—

13 (1) PROCESS.—The Secretary of Veterans Af-
14 fairs, acting through the Under Secretary for
15 Health, shall implement a process to consistently
16 evaluate reviews described in paragraph (3).

17 (2) MATTERS INCLUDED.—The process under
18 paragraph (1) shall include the following:

19 (A) Identification of the officials and the
20 offices of the Department of Veterans Affairs
21 responsible for evaluating and approving, and
22 ensuring the implementation of, recommenda-
23 tions made by reviews described in paragraph
24 (3), including—

1 (i) the roles of each such official and
2 office; and

3 (ii) a description of how decisions are
4 made and documented to approve such im-
5 plementation.

6 (B) A description of how recommendations
7 made by reviews described in paragraph (3)
8 should be evaluated.

9 (C) A description of how timelines should
10 be established to ensure recommendations are
11 evaluated and implemented in a timely manner
12 and metrics to assess the progress made with
13 respect to such implementation.

14 (3) **REVIEWS DESCRIBED.**—The reviews de-
15 scribed in this paragraph are reviews of the organi-
16 zational structure of the Veterans Health Adminis-
17 tration conducted by the Secretary, the Inspector
18 General of the Department of Veterans Affairs, the
19 Comptroller General of the United States, the Com-
20 mission on Care established by section 202 of the
21 Veterans Access, Choice, and Accountability Act of
22 2014 (Public Law 113–146; 128 Stat. 1773), or by
23 an independent entity, as determined appropriate by
24 the Secretary.

1 (4) FIRST USE.—The Under Secretary shall use
2 the process under paragraph (1) to evaluate the re-
3 sults of the evaluation conducted under subsection
4 (b)(1). The Under Secretary shall make any re-
5 quired improvements to such process based on the
6 lessons learned by the Under Secretary resulting
7 from such use.

8 (b) VETERANS INTEGRATED SERVICE NETWORKS.—

9 (1) EVALUATION.—Consistent with the report
10 of the Comptroller General of the United States ti-
11 tled “VA Health Care: Processes to Evaluate, Imple-
12 ment, and Monitor Organizational Structure
13 Changes Needed” (GAO–16–803), the Secretary,
14 acting through the Under Secretary for Health, shall
15 conduct an evaluation of all the Veterans Integrated
16 Service Networks, including with respect to—

17 (A) the implementation by the Secretary of
18 realignments to such Networks; and

19 (B) identifying deficiencies to such Net-
20 works that require corrective action.

21 (2) ASSESSMENT AND IMPLEMENTATION.—In
22 accordance with subsection (a)(4), the Under Sec-
23 retary shall use the process implemented under sub-
24 section (a) to assess the results of the evaluation
25 conducted under paragraph (1) and to implement

1 changes and other actions to improve the Veterans
2 Integrated Service Networks.

3 (c) REPORT.—Not later than 90 days after the date
4 of the enactment of this Act, the Under Secretary shall
5 submit to Congress a report that includes a description
6 of—

7 (1) the process implemented under subsection
8 (a)(1);

9 (2) the deficiencies identified under paragraph
10 (1) of subsection (b); and

11 (3) how the Under Secretary will carry out
12 paragraph (2) of such subsection.

13 (d) PROHIBITION ON NEW APPROPRIATIONS.—No
14 additional funds are authorized to be appropriated to
15 carry out this section, and this section shall be carried
16 out using amounts otherwise made available for such pur-
17 poses.

18 **SEC. 8. ANNUAL REPORT REGARDING THE RECRUITMENT,**
19 **HIRING, AND RETENTION OF NURSES FOR**
20 **THE VETERANS HEALTH ADMINISTRATION.**

21 (a) REPORT REQUIRED.—Not later than one year
22 after the date of the enactment of this Act and annually
23 thereafter, the Secretary of Veterans Affairs shall publish
24 and submit to the Committees on Veterans' Affairs of the
25 Senate and the House of Representatives a report regard-

1 ing efforts to recruit, hire, and retain nurses for the Vet-
2 erans Health Administration.

3 (b) ELEMENTS.—The report under subsection (a)
4 shall include details relating to—

5 (1) efforts to recruit, hire, and retain nurses at
6 each medical facility of the Department;

7 (2) resources provided by the Secretary to re-
8 cruit, hire, and retain nurses for the Veterans
9 Health Administration; and

10 (3) recommendations for legislation the Sec-
11 retary considers appropriate.

12 **SEC. 9. REINSTATEMENT OF REPORTING REQUIREMENT**
13 **REGARDING THE DEPARTMENT OF VET-**
14 **ERANS AFFAIRS HEALTH PROFESSIONALS**
15 **EDUCATIONAL ASSISTANCE PROGRAM.**

16 Section 3003(a)(1) of the Federal Reports Elimini-
17 nation and Sunset Act of 1995 (Public Law 104–66; 31
18 U.S.C. 1113 note) shall not apply to the report required
19 under section 7632 of title 38, United States Code.

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