

VETERANS AFFAIRS MEDICAL SCRIBE PILOT ACT OF 2017

MAY 23, 2017.—Committed to the Committee of the Whole House on the State of the Union and ordered to be printed

Mr. ROE of Tennessee, from the Committee on Veterans' Affairs, submitted the following

R E P O R T

[To accompany H.R. 1848]

[Including cost estimate of the Congressional Budget Office]

The Committee on Veterans' Affairs, to whom was referred the bill (H.R. 1848) to direct the Secretary of Veterans Affairs to carry out a pilot program on the use of medical scribes in Department of Veterans Affairs medical centers, having considered the same, report favorably thereon without amendment and recommend that the bill do pass.

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PURPOSE AND SUMMARY

Representative Phil Roe of Tennessee introduced H.R. 1848, the “Veterans Affairs Medical Scribe Pilot Act of 2017,” on April 3+, 2017. H.R. 1848 would require the Department of Veterans Affairs (VA) to carry out a two-year pilot program at ten VA medical facilities to employ medical scribes in emergency department and specialty care settings.

BACKGROUND AND NEED FOR LEGISLATION

Section 2. Department of Veterans Affairs Medical Scribe Pilot Program

The use of electronic health records (EHRs) has become standard practice for the vast majority of healthcare delivery systems in United States. While evidence shows that EHRs do improve patient safety and outcomes, many clinicians find using EHRs to be burdensome and feel that taking time to enter data into a computer detracts from the quality of their interaction with patients and also limits the amount of patients they are able to see daily. To address this disconnect between providers, patients, and productivity, private practices have begun employing non-clinical staff whose sole purpose is entering dictations from the physician into a patient’s EHR and helping the physician navigate the patient’s existing record.

In particular, medical scribes have proven to be particularly useful for increasing physician productivity and satisfaction in fast-paced clinical environments such as the emergency department (ED) and specialty care settings.¹ Medical scribes are trained on privacy considerations and how to swiftly and accurately navigate and enter data into a patient’s health records before being assigned to a physician. Once appropriately trained, the scribe then follows the physician during his patient interactions, carefully documenting each encounter.

The Veterans Affairs Medical Scribe Pilot Act of 2017 would create a two-year pilot program under which VA will increase the use of medical scribes in emergency department and specialty care settings at 10 VA medical centers. To provide transparency on staffing methodology for medical scribes at the Department, this pilot would have half of the participating scribes be employed by the Department, with half employed under contract with a private-sector provider of medical scribes. Under this legislation, VA would be required to report to Congress every 180 days regarding the effects the pilot program has had on provider efficiency, patient satisfaction, average wait time, the number of patients seen per day and the amount of time required to train an employee to perform medical scribe functions under the pilot program. A report from the Comptroller General is also required not more than 90 days after the conclusion of the pilot.

HEARINGS

There were no full Committee hearings held on H.R. 1848.

¹Rajiv Arya MD, Danielle M. Salovich, Pamela Ohman-Strickland PhD, Mark A. Merlin DO. “Impact of Scribes on Performance Indicators in the Emergency Department” *Academic Emergency Medicine: Official Journal of the Society for Academic Emergency Medicine*. April 23, 2010. <http://onlinelibrary.wiley.com/doi/10.1111/j.1553-2712.2010.00718.x/full>

On March 29, 2017, the Subcommittee on Health conducted a legislative hearing on a number of bills including a draft of H.R. 1848.

The following witnesses testified:

The Honorable David. P. Roe M.D. of Tennessee; The Honorable Jackie Walorski of Indiana; The Honorable Doug Collins of Georgia; The Honorable Mike Coffman of Colorado; The Honorable Stephen Knight of California; The Honorable Ann M. Kuster of New Hampshire; Jennifer S. Lee, M.D., the Deputy Under Secretary for Health for Policy and Services for the Veterans Health Administration of the U.S. Department of Veterans Affairs who was accompanied by Susan Blauert, the Chief Counsel for the Health Care Law Group of the Office of the General Counsel for the U.S. Department of Veterans Affairs; Kayda Keleher, Legislative Associate for the National Legislative Service of the Veterans of Foreign Wars of the United States; Shurhonda Y. Love, the Assistant National Legislative Director for the Disabled American Veterans; and, Sarah S. Dean, the Associate Legislative Director for the Paralyzed Veterans of America.

Statements for the record were submitted by:

The Honorable Lee Zeldin of New York; The American Legion; the National Association of State Veteran Homes; Swords to Plowshares; and, the Wounded Warrior Project.

SUBCOMMITTEE CONSIDERATION

On April 6, 2017, the Subcommittee on Health met in an open markup session, a quorum being present, and ordered H.R. 1848 to be reported favorably to the Full Committee by voice vote.

COMMITTEE CONSIDERATION

On May 17, 2017, the Full Committee met in open markup session, a quorum being present, and ordered H.R. 1848 to be reported favorably to the House of Representatives by voice vote. A motion by Representative Tim Walz of Minnesota, Ranking Member of the Committee on Veterans Affairs, to report H.R. 1848 favorably to the House of Representatives was agreed to by voice vote.

COMMITTEE VOTES

In compliance with clause 3(b) of rule XIII of the Rules of the House of Representatives, there were no recorded votes taken on amendments or in connection with ordering H.R. 1848 reported to the House.

COMMITTEE OVERSIGHT FINDINGS

In compliance with clause 3(c)(1) of rule XIII and clause (2)(b)(1) of rule X of the Rules of the House of Representatives, the Committee's oversight findings and recommendations are reflected in the descriptive portions of this report.

STATEMENT OF GENERAL PERFORMANCE GOALS AND OBJECTIVES

In accordance with clause 3(c)(4) of rule XIII of the Rules of the House of Representatives, the Committee's performance goals and

objectives are to create a pilot program to increase the use of medical scribes in Department medical centers.

NEW BUDGET AUTHORITY, ENTITLEMENT AUTHORITY, AND TAX
EXPENDITURES

In compliance with clause 3(c)(2) of rule XIII of the Rules of the House of Representatives, the Committee adopts as its own the estimate of new budget authority, entitlement authority, or tax expenditures or revenues contained in the cost estimate prepared by the Director of the Congressional Budget Office pursuant to section 402 of the Congressional Budget Act of 1974.

EARMARKS AND TAX AND TARIFF BENEFITS

H.R. 1848 does not contain any Congressional earmarks, limited tax benefits, or limited tariff benefits as defined in clause 9 of rule XXI of the Rules of the House of Representatives.

COMMITTEE COST ESTIMATE

The Committee adopts as its own the cost estimate on H.R. 1848 prepared by the Director of the Congressional Budget Office pursuant to section 402 of the Congressional Budget Act of 1974.

CONGRESSIONAL BUDGET OFFICE COST ESTIMATE

Pursuant to clause 3(c)(3) of rule XIII of the Rules of the House of Representatives, the following is the cost estimate for H.R. 1848 provided by the Congressional Budget Office pursuant to section 402 of the Congressional Budget Act of 1974:

U.S. CONGRESS,
CONGRESSIONAL BUDGET OFFICE,
Washington, DC, May 19, 2017.

Hon. PHIL ROE, M.D.,
*Chairman, Committee on Veterans' Affairs,
House of Representatives, Washington, DC.*

DEAR MR. CHAIRMAN: The Congressional Budget Office has prepared the enclosed cost estimate for H.R. 1848, the Veterans Affairs Medical Scribe Pilot Act of 2017.

If you wish further details on this estimate, we will be pleased to provide them. The CBO staff contact is Ann E. Futrell.

Sincerely,

KEITH HALL.

Enclosure.

H.R. 1848—Veterans Affairs Medical Scribe Pilot Act of 2017

H.R. 1848 would require the Department of Veterans Affairs (VA) to establish a two-year pilot program to increase the number of medical scribes (or personal assistants to physicians) employed at the department. The bill also would require VA to report to the Congress every six months and would require the Government Accountability Office (GAO) to report, within 90 days of the program's termination, the results of the pilot program compared to similar programs in the private sector.

Under the bill, CBO estimates that VA would need to hire 40 medical scribes (20 term employees and 20 contractors) in 10 med-

ical centers. CBO expects that the pilot would run from the middle of fiscal year 2018 through the middle of fiscal year 2020 and that the GAO report would be completed in 2020. On the basis of information from VA on the average salary for medical support assistants, CBO estimates that pay and benefits for a medical scribe would be roughly \$48,000 in 2018. After incorporating the effects of inflation, CBO estimates that implementing the two-year pilot program and preparing the required reports would cost \$5 million over the 2018–2022 period; that spending would be subject to the availability of appropriated funds.

Enacting the bill would not affect direct spending or revenues; therefore, pay-as-you-go procedures do not apply. CBO estimates that enacting H.R. 1848 would not increase net direct spending or on-budget deficits in any of the four consecutive 10-year periods beginning in 2028.

H.R. 1848 contains no intergovernmental or private-sector mandates as defined in the Unfunded Mandates Reform Act, and would not affect the budgets of state, local, or tribal governments.

The CBO staff contact for this estimate is Ann E. Futrell. The estimate was approved by H. Samuel Papenfuss, Deputy Assistant Director for Budget Analysis.

FEDERAL MANDATES STATEMENT

The Committee adopts as its own the estimate of Federal mandates regarding H.R. 1848 prepared by the Director of the Congressional Budget Office pursuant to section 423 of the Unfunded Mandates Reform Act.

ADVISORY COMMITTEE STATEMENT

No advisory committees within the meaning of section 5(b) of the Federal Advisory Committee Act would be created by H.R. 1848.

STATEMENT OF CONSTITUTIONAL AUTHORITY

Pursuant to Article I, section 8 of the United States Constitution, H.R. 1848 is authorized by Congress' power to "provide for the common Defense and general Welfare of the United States."

APPLICABILITY TO LEGISLATIVE BRANCH

The Committee finds that H.R. 1848 does not relate to the terms and conditions of employment or access to public services or accommodations within the meaning of section 102(b)(3) of the Congressional Accountability Act.

STATEMENT ON DUPLICATION OF FEDERAL PROGRAMS

Pursuant to section 3(g) of H. Res. 5, 114th Cong. (2015), the Committee finds that no provision of H.R. 1848 establishes or reauthorizes a program of the Federal Government known to be duplicative of another Federal program, a program that was included in any report from the Government Accountability Office to Congress pursuant to section 21 of Public Law 111–139, or a program related to a program identified in the most recent Catalog of Federal Domestic Assistance.

DISCLOSURE OF DIRECTED RULEMAKING

Pursuant to section 3(i) of H. Res. 5, 114th Cong. (2015), the Committee estimates that H.R. 1848 contains no directed rule-making that would require the Secretary to prescribe regulations.

SECTION-BY-SECTION ANALYSIS OF THE LEGISLATION

Section 1. Short title

Section 1 of the bill would provide the short title for H.R. 1848, as the “Veterans Affairs Medical Scribe Pilot Act of 2017”.

Section 2. Department of Veterans Affairs Medical Scribe Pilot Program

Section 2(a) of the bill would require the Secretary to carry out a pilot program to increase the use of medical scribes at Department of Veterans Affairs medical centers.

Section 2(b) of the bill would require the pilot program established by Section 2(a) of the bill be carried out at ten medical centers of the Department

Section 2(b)(1) would require four medical centers established by Section 2(b) to be located in rural areas.

Section 2(b)(2) would require four medical centers established by Section 2(b) to be located in urban areas.

Section 2(b)(3) would require two medical centers established by Section 2(b) to be located in areas with need for increased access or increased efficiency, as determined by the Secretary.

Section 2(c)(1) of the bill would require the Secretary to hire 20 medical scribes as Department employees and enter into contracts with appropriate entities to employ 20 medical scribes, with four medical scribes assigned to each of the medical centers identified by Section 2(b) of the bill.

Section 2(c)(2) of the bill would require the Secretary to assign four medical scribes to each pilot site established by Section 2(b).

Section 2(c)(2)(A) of the bill would assign two scribes to each of two physicians participating in the pilot established under Section 2(a).

Section 2(c)(2)(B) of the bill would require thirty percent of the scribes participating in the pilot established by Section 2(a) to be employed in an emergency care setting.

Section 2(c)(2)(C) of the bill would require seventy percent of the scribes participating in the pilot established under Section 2(a) to be employed in specialty care setting, prioritized by longest wait times or lowest efficiency ratings, as determined by the Secretary.

Section 2(d)(1) of the bill would require the Secretary to submit a report to the House and Senate Committees on Veterans’ Affairs on the pilot program established by Section 2(a) of the bill by not later than 180 days after the date of the commencement of the pilot, and every 180 days thereafter for the duration of the pilot, including a separate analysis with respect to medical scribes employed by the Department and those performing Department functions under contract, and stipulates which metrics are to be included in the report.

Section 2(d)(2) of the bill would require the Comptroller General to submit a report to Congress no more than 90 days after the termination of the pilot established under Section 2(a), to include a

comparison of the pilot program with similar programs carried out in the private sector.

Section 2(e)(1) of the bill defines the term “medical scribe.”

Section 2(e)(2) of the bill defines the terms “urban” and “rural.”

Section 2(f) of the bill would stipulate that no additional funds are authorized to be appropriated to carry out the requirements of Section 2 of the bill, and the requirements of Section 2 of the bill are required to be carried out using amounts otherwise authorized.

CHANGES IN EXISTING LAW MADE BY THE BILL, AS REPORTED

If enacted, this bill would make no changes in existing law.

