

Summary of Public Law 113-146
The Veterans Access, Choice, and Accountability Act of 2014
(The Choice Act of 2014)

Title I: Improvement of Access to Care from Non-Department of Veterans Affairs Providers

Requires hospital care and medical services to be furnished to veterans through agreements with specified non-Department of Veterans Affairs (VA) facilities if eligible veterans:

- are unable to schedule an appointment at a VA medical facility within the Veterans Health Administration's (VHA's) wait-time goals for hospital care or medical services and such veterans opt for non-VA care or services;
- reside more than 40 miles from a VA medical facility;
- reside in a state without a VA medical facility that provides hospital care, emergency medical services, and surgical care and such veterans reside more than 20 miles from such a facility; or
- reside within 40 miles of a VA medical facility, but are required to travel by air, boat, or ferry to reach such facility or such veterans face an unusual or excessive geographical burden in accessing the facility.

The new public law provides for such health care through agreements with any health care provider participating in the Medicare program, any Federally-Qualified Health Center (FQHC), the Department of Defense (DOD), and the Indian Health Service (IHS).

Requires VA to establish an electronic waiting list that is accessible, via a specified VA website, to veterans who have been unable to schedule an appointment at a VA medical facility within the VHA's wait-time goals so that they can make an informed choice of whether or not to receive care and services at non-VA facilities.

Requires the Secretary of Veterans Affairs to provide those non-VA medical facilities with information as to whether or not a veteran is covered under a health care plan not administered by the VA. Makes such health care plans primarily responsible for paying for the hospital care and medical services provided to veterans for non-service-connected disabilities if such plans cover such care and services.

Directs the Secretary to issue to each veteran that is eligible for hospital care or medical services at a non-VA facility a Veterans Choice Card that the veteran may present to an eligible health care provider to facilitate the veteran's receipt of such care or services.

Directs the Secretary to provide veterans with information about the availability of care or services at non-VA facilities:

- when they enroll in the VA patient enrollment system,
- when they attempt to schedule an appointment for VA hospital care or medical services, but are unable to do so within the VHA's wait-time goals, and

- when they become eligible for hospital care or medical services at a non-VA facility under this Act.

Requires non-VA health care providers providing such care and services to veterans to:

- maintain at least the same or similar credentials and licenses that are required of VA health care providers; and
- submit, at least annually, verification of those licenses and credentials.

Terminates this Act's requirement that the Secretary furnish care and services through agreements with non-VA facilities on the earlier of the date:

- the Secretary exhausts all amounts in the Veterans Choice Fund, established under this Act; or
- that falls three years after this Act's enactment.

The new public law directs the Secretary to submit an initial and final report to Congress on the furnishing of care and services under the program.

The public law also directs the Secretary to conduct outreach to each Indian medical facility operated by an Indian tribe or tribal organization through a contract or compact with the IHS to raise awareness of the ability of such facilities, Indian tribes, and tribal organizations to enter into agreements with the VA for reimbursement for providing veterans with health care at such facilities.

The VA Secretary is required to establish performance metrics for assessing the performance of the VA and IHS under a memorandum of understanding to increase access to, and the quality and coordination of, health care services.

The new public law directs both the VA Secretary and the Director of the IHS to jointly submit to Congress a report on the feasibility and advisability of the VA entering into agreements with the IHS, urban Indian organizations, Indian tribes or tribal organizations, and Indian medical facilities to reimburse those entities for the provision of care to veterans who are not Indians.

The VA Secretary is directed to enter into agreements for the reimbursement of direct care services provided to veterans with Native Hawaiian health care systems that are in receipt of funds from grants awarded, or contracts entered into, under the Native Hawaiian Health Care Improvement Act.

Amends the Veterans' Mental Health and Other Care Improvements Act of 2008 to extend, until two years after this Act's enactment, a pilot program, commonly known as Project ARCH (Access Received Closer to Home), authorizing the Secretary to enter into contracts with non-VA medical facilities to provide health care to veterans who reside in highly rural areas.

Lists the Veterans Integrated Service Networks (VISNs) within which the Secretary must carry out the pilot program, but allows the Secretary to carry out the program in other appropriate locations.

Requires a veteran's appointment at a participating non-VA medical facility to be scheduled within 5 days after the facility accepts the veteran's referral from the VA and to occur within 30 days after the appointment is made.

The public law expresses the sense of Congress that the VA Secretary must comply with the prompt payment rule or any similar regulation or ruling in paying for health care under contracts with non-VA providers.

Directs the Secretary to establish and implement a system to process and pay claims for payment for health care furnished by non-VA health care providers that complies with the Prompt Payment Act.

The Comptroller General (GAO) is required to report to Congress, within one year after this Act's enactment, on the timeliness of such payments.

The VA Secretary is required to transfer the authority to pay for health care through non-VA facilities from the VA's Veterans Integrated Service Networks and medical centers to the VHA's Chief Business Office.

Title II: Health Care Administrative Matters

The VA Secretary is also directed to enter into one or more contracts with a private sector entity or entities for an independent assessment of the health care furnished in VA medical facilities.

Requires the assessment to address:

- the current and projected demographics and unique health care needs of the VA's patient population;
- the VA's current and projected health care capabilities and resources;
- the authorities and mechanisms under which the Secretary may furnish health care at non-VA facilities;
- the appropriate system-wide access standard applicable to health care furnished by and through the VA;
- the workflow process at each VA medical facility for scheduling appointments for veterans;
- the organization, workflow processes, and tools used by the VA to support clinical staffing, access to care, effective length-of-stay management and care transitions, positive patient experience, accurate documentation, and subsequent coding of inpatient services;
- the staffing level and productivity of each VA medical facility;
- the VA's information technology strategies for furnishing and managing health care;
- the VHA's business processes;
- the VA's purchasing, distribution, and use of pharmaceuticals, medical and surgical supplies, medical devices, and health care related services;
- the VA's process for carrying out construction and maintenance projects at VA medical facilities and for carrying out its medical facility leasing program; and

- the competency of the VA's leadership.

The public law requires the private sector entity or entities carrying out such assessment to report to the Secretary and Congress on findings and recommendations. The VA Secretary is directed to make that report publicly accessible on an internet website of the VA.

Establishes the Commission on Access to Care to examine veterans' access to VA health care and to strategically examine how best to organize the VHA, locate health care resources, and deliver health care to veterans over the next 20 years. This Commission is directed to submit an interim and final report to the President on its findings and recommendations for improving access to health care through the VHA. The public law terminates the Commission 30 days after it submits such final report.

Directs the President to:

- report to Congress on the feasibility and advisability of the Commission's recommendations, whether those recommendations require legislative action, and administrative actions that are being and will be taken to carry out such recommendations; and
- require the Secretary and the heads of other relevant Federal agencies to implement each feasible and advisable recommendation that can be implemented without further legislative action.

Directs the VA Secretary:

- through a technology task force, to review the VA's needs regarding its system and software for scheduling veterans' medical appointments; and
- to implement the task force recommendations the Secretary considers feasible, advisable, and cost-effective.

The VA Secretary is directed to improve veterans' access to telemedicine and other health care through the use of the VA's mobile vet centers and mobile medical centers by establishing standardized requirements for the operation of such centers. Includes among those requirements:

- the number of days each center is expected to travel each year,
- the number of locations each center is expected to visit each year,
- the number of appointments each center is expected to conduct each year, and
- the method and timing of notification given by each center to individuals in the area to which such center is traveling.

The public law requires each mobile vet and mobile medical center to have the capability to provide telemedicine services.

The VA Secretary is directed to submit an annual report to Congress on access to health care through the use of mobile vet and medical centers that includes statistics on the use of the centers, an analysis of their effectiveness, and recommendations for expanding or improving their services.

Requires the Secretary to ensure that scheduling and wait-time metrics or goals are not used as factors in determining the performance of:

- directors, associate directors, assistant directors, deputy directors, chiefs of staff, and clinical leads of VA medical centers; and
- directors, assistant directors, and quality management officers of the VISNs.

Directs the Secretary:

- to modify the performance plans of the directors of the VA medical centers and VISNs to ensure that such plans are based on the quality of care received by veterans at the health care facilities under their jurisdictions; and
- to the degree practicable, to assess the performance of other VA employees in leadership positions at VA medical centers and in VISNs.

Prohibits the Secretary from including in the performance goals of any VISN or VA medical center employee any goal that might disincentivize the payment of VA amounts to provide health care through a non-VA provider.

The VA Secretary is required to publish the wait-times for the scheduling of a veteran's appointment in each VA medical center for primary care, specialty care, and care that is based on the severity of the veteran's condition.

Directs the Secretary to develop and make publicly available a comprehensive database containing all applicable patient safety, quality of care, and outcome measures for VA health care that are tracked by the Secretary. Annually the VA Secretary is required to update such database.

The public law requires the Secretary to enter into an agreement with the Secretary of Health and Human Services (HHS) to provide the HHS Secretary with the information needed to make VA medical center patient quality and outcome information publicly available through the HHS's Hospital Compare website.

Directs the Comptroller General to conduct a review of the VA health care safety and quality metrics the Secretary makes publicly available under this section to assess the degree to which the Secretary is in compliance with this section's provisions.

Requires:

- the VA website to include a link to the VA's health care providers database that provides the public with the location of each VA physician's residency training and identifies whether the physician is currently in residency, and
- any veteran, who is to undergo a surgical procedure by or through the VA, will be provided information on the credentials of the surgeon who is to perform the procedure.

Directs the Comptroller General to submit an assessment to Congress of:

- the manner in which contractors under the VA's Patient-Centered Community Care initiative oversee the credentials of physicians within their networks,
- VA's oversight of the contracts under the Patient-Centered Community Care initiative, and
- VA's verification of the credentials and licenses of health care providers furnishing hospital care and medical services to veterans in non-VA facilities.

Requires the Secretary to submit to Congress and implement a plan to address the Comptroller General's findings and recommendations.

Requires the annual budget that the President submits to Congress to include specified information regarding:

- the cost of providing, and the number of veterans receiving, medical care through contracts with non-VA facilities; and
- the number of VA employees on paid administrative leave during the preceding fiscal year.

Directs the Secretary to establish policies penalizing VA employees who knowingly submit, or knowingly require another VA employee to submit, false data concerning health care wait times or quality measures to another VA employee.

Title III: Health Care Staffing, Recruitment, and Training Matters

Requires the Inspector General of the VA to determine, annually, the five health care occupations for which there are the largest staffing shortages throughout the VA. Authorizes the Secretary to recruit and directly appoint qualified health care providers to serve in such occupations for the VA.

Directs the Secretary to establish graduate medical residency programs, or ensure that existing graduate medical residency programs have a sufficient number of residency positions, at any VA medical facility that is:

- experiencing a physician shortage, and
- located in a community that is designated as a health professional shortage area.

Requires the Secretary to:

- allocate the residency positions among the occupations on the list of those experiencing the largest staffing shortages throughout the VA; and
- give priority to residency positions and programs in primary care, mental health, and any other specialty the Secretary deems appropriate.

Directs the Secretary to:

- increase the number of residency positions at VA medical facilities by up to 1,500 positions over the five-year period beginning one year after this Act's enactment; and
- give priority in increasing such positions to VA medical facilities that do not have a medical residency program and that are located in communities that have a high concentration of veterans.

The VA Secretary is required to submit an annual report to Congress, until 2019, on graduate medical education residency positions at VA medical facilities.

The public law directs the VA Secretary, under the VA's Health Professionals Educational Assistance program, to give scholarship priority to applicants pursuing education or training towards a career in a health care occupation that represents one of the five largest staffing shortages in the VA.

The VA Secretary is required to submit a biennial report to Congress, until 2024, assessing the staffing of each VA medical facility.

The new public law also extends, through 2019, the VA's Health Professionals Educational Assistance Program.

Raises, from \$60,000 to \$120,000, the per-individual limit on education debt reduction payments made by the VA to health personnel who:

- are difficult to recruit or retain, and
- provide the VA with direct-patient care services or services incident thereto.

Raises the per year limit on such payments from \$12,000 to \$24,000.

The Secretary is directed to establish a role-specific clinic management training program to provide in-person, standardized education on health care practice management and scheduling to all appropriate employees, as determined by the Secretary, at VA medical facilities. The public law terminates the program after two years. Requires the Secretary, thereafter, to provide health care management training materials to all managers of, and health care providers at, VA medical facilities and such other VA employees the Secretary considers appropriate upon the commencement of their employment. The Secretary is required to regularly update the training materials.

Title IV: Health Care Related to Sexual Trauma

Expands eligibility for counseling and treatment for sexual trauma to veterans who were on inactive duty training when they experienced sexual assault or harassment.

The new public law authorizes the Secretary to provide such counseling and treatment to active-duty members of the Armed Forces who experienced sexual assault or harassment while serving on active duty or active or inactive duty training.

This new law prohibits such a member from being required to obtain a referral before receiving such services.

The VA Secretary is required to report to Congress on the treatment and services available from the VA for male veterans who experience military sexual trauma compared to the treatment and services available to female veterans who experience such trauma.

The VA-DOD Joint Executive Committee is directed to report to Congress on the transition of military sexual abuse treatment from the DOD to the VA.

Title V: Other Health Care Matters

The new public law amends the National Defense Authorization Act for Fiscal Year 2008 to extend, from September 30, 2014 to October 6, 2017, the pilot program to assess the effectiveness of providing assistance to eligible veterans with traumatic brain injury to enhance their rehabilitation, quality of life, and community integration.

Title VI: Major Medical Facility Leases

The VA Secretary is authorized to carry out certain major medical facility leases at specified locations for up to specified amounts. Directs the Secretary, in exercising such authority, to record as the full cost of the contractual obligation at the time a contract is executed either:

- the amount of total payments under the full lease term, or
- the first-year payments plus the specified cancellation costs if the lease is terminated before its full term.

Requires the funding prospectus of a proposed lease to include a detailed analysis of how the lease is expected to comply with Office of Management and Budget (OMB) Circular A-11 and the Anti-Deficiency Act, including an analysis of:

- the classification of the lease as a lease-purchase, capital lease, or operating lease;
- the obligation of budgetary resources associated with the lease; and
- the methodology used in determining the asset cost, fair market value, and cancellation costs of the lease.

Directs the Secretary, at least 30 days before entering into a lease, to submit to Congress:

- notice of the intention to enter into, and a detailed summary of, such lease;
- a description and analysis of any differences between the lease prospectus submitted and the proposed lease; and
- a scoring analysis demonstrating that the proposed lease fully complies with OMB Circular A-11.

Requires the Secretary, no more than 30 days after entering into a lease, to report any material differences between the proposed lease and the lease entered.

Title VII: Other Veterans Matters

The new public law expands the Marine Gunnery Sergeant John David Fry Scholarship to include surviving spouses of service members who die in the line of duty on or after September 11, 2001.

Terminates a surviving spouse's entitlement to such assistance on the earlier of:

- the date that is 15 years after the date on which the surviving spouse's military spouse died, or
- the date on which the surviving spouse remarries.

Requires a surviving spouse entitled to such assistance and to veterans' educational assistance under the Montgomery GI Bill to elect a single coverage.

The Secretary is directed to disapprove, for purposes of the All-Volunteer Force and the Post-9/11 Educational Assistance programs, courses of education provided by a public educational institution of higher education (IHE) that charges veterans living in the state higher tuition and fees than it charges in-state residents, regardless of the veteran's state of residence. Makes this provision applicable to:

- veterans who were discharged or released from at least 90 days of active service less than three years before their date of enrollment in the applicable course,
- family members eligible for such assistance due to their relationship to such veterans, and
- courses that commence on or after July 1, 2015.

Prohibits the Secretary from disapproving a public IHE's course on the grounds that the IHE conditions a veteran's receipt of in-state tuition rates on such veteran:

- demonstrating an intent, by means other than physical presence, to establish residency in the state; or
- satisfying other requirements not related to the establishment of residency.

The public law extends through FY2024, the current \$90 per month limit on a VA pension paid to veterans residing in nursing homes, when their nursing costs are paid through title XIX (Medicaid) of the Social Security Act.

The public law also extends, through FY2024, the Secretary's authority to collect fees for certain housing loans made, insured, or guaranteed by VA.

Limits the aggregate amount of awards and bonuses payable to VA employees in each of FY2015-FY2024.

The public law extends, through FY2024, VA's authority to obtain veterans' income verification information from the Commissioner of Social Security or the Secretary of the Treasury.

Authorizes the Secretary to:

- remove any individual from the VA Senior Executive Service if the Secretary determines that the individual's performance or misconduct warrants such removal, and
- remove such individual from the civil service or transfer the individual to a General Schedule position at any appropriate grade for which the individual is qualified.

Makes the transfer option applicable to individuals who:

- previously occupied a permanent position within the competitive service or excepted service, or
- did not occupy any position within the Federal government prior to their employment in a senior executive position at the VA.

Requires the Secretary to provide Congress with written notice of each such removal or transfer, and the reason for making it, within 30 days after the removal or transfer.

Gives an individual seven days to appeal such a removal or transfer to the Merit Systems Protection Board (Board). The Board is required to refer the appeal to an administrative law judge, who is to conduct an expedited review that results in a final decision on such an appeal, within 21 days. If the administrative law judge cannot issue a decision in accordance with the 21-day requirement, the removal or transfer is final.

Directs the Board to report to Congress on the actions it plans to take to conduct such expedited reviews.

The public law waives, for 120 days after this Act's enactment, limitations on the initiation of an action to remove an individual from the VA Senior Executive Service.

Title VIII: Other Matters

Federal appropriations are authorized for use by the Secretary to improve veterans' access to care and the VA's physical infrastructure. Requires the Secretary to report to Congress, within one year after this Act's enactment, on how the Secretary has obligated such funds.

Directs the Secretary to submit a funding plan to Congress describing how the Secretary intends to use such funds.

The public law establishes the Veterans Choice Fund in the Treasury, which the Secretary shall use to carry out section 101 of this Act. Limits the amount that may be used for administrative purposes, but establishes a congressional notification process through which the Secretary may raise such limit. Federal appropriations are authorized.

Expresses the sense of Congress that it expects the VA will maintain at least its existing obligations for non-VA care programs in addition to but distinct from the Veterans Choice Fund for each of FY2015-FY2017.

Treats such funding as emergency funding that is not subject to pay-as-you-go spending constraints.