

115TH CONGRESS
2D SESSION

S. _____

To require the Secretary of Veterans Affairs to review the processes and requirements of the Department of Veterans Affairs for scheduling appointments for health care and conducting consultations under the laws administered by the Secretary, and for other purposes.

IN THE SENATE OF THE UNITED STATES

Mr. TESTER introduced the following bill; which was read twice and referred to the Committee on _____

A BILL

To require the Secretary of Veterans Affairs to review the processes and requirements of the Department of Veterans Affairs for scheduling appointments for health care and conducting consultations under the laws administered by the Secretary, 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 in De-
5 partment of Veterans Affairs Scheduling and Consult
6 Management Act”.

1 **SEC. 2. PROCESSES AND REQUIREMENTS FOR SCHED-**
2 **ULING APPOINTMENTS FOR HEALTH CARE**
3 **FROM DEPARTMENT OF VETERANS AFFAIRS.**

4 (a) PROCESSES AND REQUIREMENTS.—Not later
5 than 60 days after the date of the enactment of this Act,
6 the Secretary of Veterans Affairs shall submit to the Com-
7 mittee on Veterans' Affairs of the Senate and the Com-
8 mittee on Veterans' Affairs of the House of Representa-
9 tives a description of the processes and requirements for
10 scheduling appointments for health care from the Depart-
11 ment of Veterans Affairs at the medical facility level to
12 be used by the Department.

13 (b) TRAINING ON PROCESSES AND REQUIRE-
14 MENTS.—

15 (1) CERTIFICATION.—Not later than one year
16 after the date of the enactment of this Act, the Sec-
17 retary shall require individuals involved in the sched-
18 uling of appointments for health care from the De-
19 partment to certify to the Secretary that the indi-
20 vidual understands the processes and requirements
21 described in subsection (a).

22 (2) NEW EMPLOYEES.—The Secretary shall re-
23 quire all employees hired by the Department after
24 the date of the enactment of this Act who are to be
25 involved in the scheduling of appointments for health
26 care from the Department to undergo training on

1 the processes and requirements described in sub-
2 section (a) as part of the onboarding process.

3 (c) METHOD TO MONITOR COMPLIANCE.—

4 (1) IN GENERAL.—Not later than 180 days
5 after the date of the enactment of this Act, the Sec-
6 retary shall establish or maintain a method or tool
7 to monitor and ensure that each medical facility of
8 the Department complies with the processes and re-
9 quirements described in subsection (a).

10 (2) USE THROUGHOUT DEPARTMENT.—

11 (A) IN GENERAL.—The Secretary shall re-
12 quire each medical facility of the Department to
13 use the method or tool described in paragraph
14 (1).

15 (B) CERTIFICATION.—Not later than one
16 year after the date of the enactment of this Act,
17 the Secretary shall require the director of each
18 medical facility of the Department to certify to
19 the Secretary that the director is using the
20 method or tool described in paragraph (1).

21 (3) AUDITS.—

22 (A) IN GENERAL.—Not less frequently
23 than twice each year, the Secretary shall pro-
24 vide for the conduct of facility-level audits of
25 the scheduling of appointments, which shall in-

1 clude recommendations for corrective action, in-
2 cluding additional training, increased personnel,
3 and such other resources as the Secretary con-
4 siders necessary.

5 (B) TRANSMITTAL TO VHA.—Any audits
6 conducted under subparagraph (A) shall be
7 transmitted to the Under Secretary for Health
8 of the Department so that the Under Secretary
9 can—

10 (i) strengthen oversight of those au-
11 dits;

12 (ii) monitor national policy on the
13 scheduling of appointments throughout the
14 Department;

15 (iii) determine if a mobile deployment
16 team is warranted; and

17 (iv) develop a remediation plan to ad-
18 dress issues uncovered by those audits.

19 (4) REPORTING OF SCHEDULING ISSUES.—The
20 Secretary shall require each director of a medical
21 center of the Department—

22 (A) to submit to the Under Secretary for
23 Health, not less frequently than quarterly, a re-
24 port containing any scheduling issues that are
25 uncovered at that medical center;

1 (B) to identify any corrective actions to be
2 taken with respect to such issues, including in-
3 creased training or hiring; and

4 (C) to certify to the Secretary that the di-
5 rector is in compliance with requirements of
6 subparagraphs (A) and (B).

7 **SEC. 3. ADMINISTRATION OF NON-DEPARTMENT OF VET-**
8 **ERANS AFFAIRS HEALTH CARE.**

9 (a) CERTIFICATION OF PROPER ADMINISTRATION.—

10 (1) REVIEW.—

11 (A) IN GENERAL.—The Secretary of Vet-
12 erans Affairs shall conduct a review of the
13 staffing, training, and other requirements nec-
14 essary to administer section 101 of the Vet-
15 erans Access, Choice, and Accountability Act of
16 2014 (Public Law 113–146; 38 U.S.C. 1701
17 note) and any other community care program of
18 the Department of Veterans Affairs.

19 (B) ELEMENTS.—The review conducted
20 under paragraph (1) shall include, with respect
21 to each medical facility of the Department, an
22 assessment of the type of positions required to
23 be staffed, the number of such positions at the
24 medical facility, and the number filled at the
25 medical facility.

1 (2) CERTIFICATION.—Not later than 180 days
2 after the date of the enactment of this Act, and
3 every 180 days thereafter, the Secretary of Veterans
4 Affairs shall submit to the Committee on Veterans'
5 Affairs of the Senate and the Committee on Vet-
6 erans' Affairs of the House of Representatives the
7 results of the review conducted under paragraph (1),
8 including a certification that all staffing, training,
9 and other requirements described in paragraph
10 (1)(A) are fulfilled.

11 (b) SCHEDULING OF APPOINTMENTS.—

12 (1) IN GENERAL.—The Secretary shall be re-
13 sponsible for ensuring that appointments for health
14 care from non-Department health care providers
15 under the laws administered by the Secretary are
16 scheduled.

17 (2) TIMELINESS GOALS.—Not later than 30
18 days after the date of the enactment of this Act, the
19 Secretary shall establish timeliness goals for each
20 step in scheduling an appointment for health care
21 from a non-Department health care provider.

22 (3) MEASUREMENT OF TIMELINESS FOR EACH
23 FACILITY.—Not later than 120 days after the date
24 of the enactment of this Act, the Secretary shall
25 measure, for each medical facility of the Depart-

1 ment, the time it takes from the date that a clinician
2 of the Department determines that a veteran re-
3 quires care from a non-Department health care pro-
4 vider to each of the following:

5 (A) The date that the referral for care is
6 sent to the non-Department health care pro-
7 vider.

8 (B) The date that the non-Department
9 health care provider accepts the referral.

10 (C) The date that the appointment with
11 the non-Department health care provider is
12 made.

13 (D) The date of the appointment with the
14 non-Department health care provider.

15 (E) Any other step that the Secretary de-
16 termines necessary to measure.

17 (4) PUBLICATION OF DATA.—

18 (A) IN GENERAL.—Not later than one year
19 after the date of the enactment of this Act, the
20 Secretary shall publish the data measured
21 under paragraph (3), disaggregated by medical
22 facility, on a publicly available Internet website
23 of the Department.

1 (B) UPDATE.—Not less frequently than bi-
2 weekly, the Secretary shall update the data
3 published under subparagraph (A).

4 (c) COMPTROLLER GENERAL REPORT.—

5 (1) IN GENERAL.—Beginning not later than
6 one year after the date of the enactment of this Act,
7 the Comptroller General of the United States shall
8 review compliance by the Secretary with the require-
9 ments of this section, including a review of the ve-
10 racity of data published by the Secretary under sub-
11 section (b)(4).

12 (2) COMPLETION.—Not later than three years
13 after the date of the enactment of this Act, the
14 Comptroller General shall submit to the Committee
15 on Veterans' Affairs of the Senate and the Com-
16 mittee on Veterans' Affairs of the House of Rep-
17 resentatives the results of the review conducted
18 under paragraph (1).

19 **SEC. 4. ADMINISTRATION OF CONSULTATIONS FOR**
20 **HEALTH CARE FROM DEPARTMENT OF VET-**
21 **ERANS AFFAIRS.**

22 (a) ADMINISTRATION OF OUTPATIENT CONSULTA-
23 TION REQUESTS.—

24 (1) NATIONAL PROCESS.—Not later than 180
25 days after the date of the enactment of this Act, the

1 Secretary of Veterans Affairs shall establish a na-
2 tional process to track and process outpatient clin-
3 ical consultation requests.

4 (2) TRAINING.—Not later than one year after
5 the date of the enactment of this Act, the Secretary
6 shall ensure that all individuals involved in the pro-
7 cess of scheduling outpatient clinical consultations
8 are properly trained.

9 (3) CERTIFICATION.—

10 (A) IN GENERAL.—The Secretary shall en-
11 sure that directors of medical centers and Vet-
12 erans Integrated Service Networks of the De-
13 partment of Veterans Affairs certify compli-
14 ance, on a quarterly basis, with the national
15 process established under paragraph (1).

16 (B) ELEMENTS.—The certification under
17 subparagraph (A) shall include the following:

18 (i) An assessment of whether con-
19 sultations were appropriately processed.

20 (ii) Data with respect to consultations
21 as follows:

22 (I) Consultations that were
23 scheduled within the request window.

24 (II) Duplicate consultation re-
25 quests.

1 (III) Consultations that were dis-
2 continued.

3 (IV) Delays in consultations.

4 (V) Consultations that were not
5 properly closed.

6 (iii) For consultations that were im-
7 properly discontinued, a description of re-
8 mediation attempts.

9 (4) REQUESTS FOR MOBILE DEPLOYMENT
10 TEAMS.—

11 (A) IN GENERAL.—A director of a medical
12 center of the Department shall request from the
13 Secretary a mobile deployment team under the
14 program established under section 6 if the re-
15 quirements of the national process established
16 under paragraph (1) have not been met with re-
17 spect to a facility under the jurisdiction of the
18 director.

19 (B) REPORT.—Not less frequently than
20 once every 180 days, the Secretary shall submit
21 to the appropriate committees of Congress a re-
22 port setting forth each request under subpara-
23 graph (A) during the period covered by the re-
24 port, including an explanation of why a mobile

1 deployment team was or was not provided, as
2 the case may be.

3 (b) INITIAL REVIEW.—

4 (1) IN GENERAL.—The Secretary shall review
5 the processes and requirements of the Department
6 with respect to consultations for health care under
7 the laws administered by the Secretary.

8 (2) REPORT.—Not later than 180 days after
9 the date of the enactment of this Act, the Secretary
10 shall submit to the appropriate committees of Con-
11 gress a report on the results of the review conducted
12 under paragraph (1).

13 (c) BIENNIAL REVIEW.—Not later than 180 days
14 after the date of the enactment of this Act, and every 180
15 days thereafter, the Secretary shall conduct a review of
16 consultations conducted at each medical facility of the De-
17 partment that includes the following:

18 (1) A review of the accuracy of the type of serv-
19 ice, either administrative or clinical, that is inputted
20 in the electronic health record.

21 (2) A review of the accuracy of the type of con-
22 sultation setting, either inpatient or outpatient, that
23 is inputted in the electronic health record.

1 (3) A review of the appropriateness of the level
2 of urgency of the consultation that is inputted in the
3 electronic health record.

4 (4) A review of any delayed or unresolved con-
5 sultations.

6 (5) A determination of the timeliness of con-
7 sultations based on guidance set forth by the Under
8 Secretary for Health of the Department.

9 (d) APPROPRIATE COMMITTEES OF CONGRESS DE-
10 FINED.—In this section, the term “appropriate commit-
11 tees of Congress” means—

12 (1) the Committee on Veterans’ Affairs and the
13 Committee on Appropriations of the Senate; and

14 (2) the Committee on Veterans’ Affairs and the
15 Committee on Appropriations of the House of Rep-
16 resentatives.

17 **SEC. 5. MEASUREMENT OF TIMELINESS FOR REFERRALS**
18 **FOR HEALTH CARE AMONG HEALTH CARE**
19 **PROVIDERS OR FACILITIES OF DEPARTMENT**
20 **OF VETERANS AFFAIRS.**

21 (a) IN GENERAL.—With respect to referrals for
22 health care between health care providers or facilities of
23 the Department of Veterans Affairs, not later than 120
24 days after the date of the enactment of this Act, the Sec-
25 retary of Veterans Affairs shall measure, for each medical

1 facility of the Department, the time it takes from the date
2 that a clinician of the Department determines that a vet-
3 eran requires care from another health care provider or
4 facility to each of the following:

5 (1) The date that the referral for care is sent
6 to the other health care provider or facility.

7 (2) The date that the other health care provider
8 or facility accepts the referral.

9 (3) The date that the appointment with the
10 other health care provider or at the other facility is
11 made.

12 (4) The date of the appointment with the other
13 health care provider or at the other facility.

14 (5) Any other step that the Secretary deter-
15 mines necessary to measure.

16 (b) PUBLICATION OF DATA.—Not later than one year
17 after the date of the enactment of this Act, the Secretary
18 shall publish the data measured under subsection (a),
19 disaggregated by medical facility, on a publicly available
20 Internet website of the Department.

21 **SEC. 6. EXAMINATION OF HEALTH CARE CONSULTATION**
22 **AND SCHEDULING POSITIONS OF DEPART-**
23 **MENT OF VETERANS AFFAIRS.**

24 (a) PROPER GRADING OF CONSULTATION AND
25 SCHEDULING POSITIONS.—

1 (1) IN GENERAL.—The Secretary of Veterans
2 Affairs shall conduct an examination of health care
3 positions of the Department of Veterans Affairs to
4 determine whether health care positions involved in
5 the consultation and scheduling processes are appro-
6 priately graded.

7 (2) SUBMITTAL TO CONGRESS.—Not later than
8 120 days after the date of the enactment of this Act,
9 the Secretary shall submit to the appropriate com-
10 mittees of Congress the results of the examination
11 conducted under paragraph (1).

12 (b) REVIEW OF ONBOARDING PROCESS.—Not later
13 than 180 days after the date of the enactment of this Act,
14 the Secretary shall submit to the appropriate committees
15 of Congress—

16 (1) a review of the onboarding process of indi-
17 viduals in health care positions described in sub-
18 section (a), including how long it takes to hire those
19 individuals; and

20 (2) a description of any changes that the Sec-
21 retary has made or plans to make to improve that
22 process.

23 (c) APPROPRIATE COMMITTEES OF CONGRESS DE-
24 FINED.—In this section, the term “appropriate commit-
25 tees of Congress” means—

1 (1) the Committee on Veterans' Affairs and the
2 Committee on Appropriations of the Senate; and

3 (2) the Committee on Veterans' Affairs and the
4 Committee on Appropriations of the House of Rep-
5 resentatives.

6 **SEC. 7. PROGRAM TO FURNISH MOBILE DEPLOYMENT**
7 **TEAMS TO MEDICAL FACILITIES THAT RE-**
8 **QUIRE ASSISTANCE.**

9 (a) IN GENERAL.—The Secretary of Veterans Affairs
10 shall establish a program to furnish mobile deployment
11 teams of scheduling and medical personnel to medical fa-
12 cilities of the Department that require assistance.

13 (b) ELEMENTS.—In furnishing a mobile deployment
14 team to a medical facility under subsection (a), including
15 the particular personnel to be included, the Secretary shall
16 consider the following elements:

17 (1) The scheduling needs of the facility.

18 (2) The unfilled medical positions at the facil-
19 ity.

20 (3) The number of open consultations at the fa-
21 cility.

22 (4) The results of scheduler audits conducted
23 under section 2(d)(3).

1 (5) Requests under section 4(a)(4) for mobile
2 deployment teams due to a failure of the facility to
3 meet consultation requirements.

4 (6) Such other elements as the Secretary con-
5 siders necessary for effective oversight of the pro-
6 gram established under subsection (a).

7 (c) COMPLETION OF DUTY.—In carrying out the pro-
8 gram under this section, the Secretary shall require each
9 mobile deployment team furnished to a medical facility
10 under subsection (a) to develop a remediation plan that,
11 upon completion, terminates the deployment of the team
12 to that facility.