

117TH CONGRESS
1ST SESSION

H. R. 4626

To amend title 38, United States Code, to require an independent assessment of health care delivery systems and management processes of the Department of Veterans Affairs be conducted once every 10 years, and for other purposes.

IN THE HOUSE OF REPRESENTATIVES

JULY 22, 2021

Mr. BERGMAN (for himself and Mr. BOST) introduced the following bill; which was referred to the Committee on Veterans' Affairs

A BILL

To amend title 38, United States Code, to require an independent assessment of health care delivery systems and management processes of the Department of Veterans Affairs be conducted once every 10 years, 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 “VA Assessment by
5 Independent Measures Act” or the “VA AIM Act”.

1 **SEC. 2. REQUIREMENT FOR ONGOING INDEPENDENT AS-**
2 **SESSMENTS OF HEALTH CARE DELIVERY SYS-**
3 **TEMS AND MANAGEMENT PROCESSES OF**
4 **THE DEPARTMENT OF VETERANS AFFAIRS.**

5 (a) ONGOING ASSESSMENTS.—Chapter 17 of title 38,
6 United States Code, is amended by inserting after section
7 1704 the following the new section:

8 **“§ 1704A. Independent assessments of health care de-**
9 **livery systems and management proc-**
10 **esses**

11 “(a) INDEPENDENT ASSESSMENTS.—Not less fre-
12 quently than once every 10 years, the Secretary of Vet-
13 erans Affairs shall enter into one or more contracts with
14 a private sector entity or entities described in subsection
15 (e) to conduct an independent assessment of the hospital
16 care, medical services, and other health care furnished by
17 the Department of Veterans Affairs. Such assessment
18 shall address each of the following:

19 “(1) Current and projected demographics and
20 unique health care needs of the patient population
21 served by the Department.

22 “(2) The accuracy of models and forecasting
23 methods used by the Department to project health
24 care demand, including with respect to veteran de-
25 mographics, rates of use of health care furnished by
26 the Department, the inflation of health care costs,

1 and such other factors as may be determined rel-
2 evant by the Secretary.

3 “(3) Budgetary trends of the Department af-
4 fecting the provision of health care to veterans, in-
5 cluding a review of current and projected health care
6 capabilities, resources, and needs of the Department
7 and of the reliability and accuracy of models and
8 forecasting methods used by the Department to
9 project the budgetary needs of the Veterans Health
10 Administration.

11 “(4) The authorities and mechanisms under
12 which the Secretary may furnish hospital care, med-
13 ical services, and other health care at non-Depart-
14 ment facilities, including through Federal and pri-
15 vate sector partners and at joint medical facilities.

16 “(5) The appropriate system-wide access appli-
17 cable to hospital care, medical services, and other
18 health care furnished by and through the Depart-
19 ment, including an identification of the appropriate
20 access for each individual specialty and post-care re-
21 habilitation with respect to veterans and eligible
22 non-veterans.

23 “(6) The workflow process at each medical fa-
24 cility of the Department for scheduling appointments

1 for veterans to receive hospital care, medical serv-
2 ices, or other health care from the Department.

3 “(7) The organization, workflow processes, and
4 tools used by the Department to support clinical
5 staffing, access to care, effective length-of-stay man-
6 agement and care transitions, positive patient expe-
7 rience, accurate documentation, and subsequent cod-
8 ing of inpatient services.

9 “(8) The efforts of the Department to recruit
10 and retain staff at levels necessary to carry out the
11 functions of the Veterans Health Administration and
12 the process used by the Department to determine
13 staffing levels necessary for such functions.

14 “(9) The staffing level at each medical facility
15 of the Department and the productivity of each
16 health care provider at the medical facility, com-
17 pared with health care industry performance
18 metrics, which may include the following:

19 “(A) An assessment of the case load of,
20 and number of patients treated by, each health
21 care provider at such medical facility during an
22 average week.

23 “(B) An assessment of the time spent by
24 each such health care provider on matters other
25 than the case load of the health care provider,

1 including time spent by the health care provider
2 as follows:

3 “(i) At a medical facility that is affili-
4 ated with the Department.

5 “(ii) Conducting research.

6 “(iii) Training or supervising other
7 health care professionals of the Depart-
8 ment.

9 “(10) The information technology strategies of
10 the Department with respect to furnishing and man-
11 aging health care, including an identification of any
12 weaknesses or opportunities with respect to the tech-
13 nology used by the Department, especially those
14 strategies with respect to clinical documentation of
15 hospital care, medical services, and other health
16 care, including any clinical images and associated
17 textual reports, furnished by the Department in De-
18 partment or non-Department facilities.

19 “(11) Business processes of the Veterans
20 Health Administration, including processes relating
21 to furnishing non-Department health care, insurance
22 identification, third-party revenue collection, and
23 vendor reimbursement, including an identification of
24 mechanisms as follows:

1 “(A) To avoid the payment of penalties to
2 vendors.

3 “(B) To increase the collection of amounts
4 owed to the Department for hospital care, med-
5 ical services, or other health care provided by
6 the Department, for which reimbursement from
7 a third party is authorized and to ensure that
8 such amounts collected are accurate.

9 “(C) To increase the collection of any
10 other amounts owed to the Department with re-
11 spect to hospital care, medical services, or other
12 health care and to ensure that such amounts
13 collected are accurate.

14 “(D) To increase the accuracy and timeli-
15 ness of Department payments to vendors and
16 providers.

17 “(E) To reduce expenditures while improv-
18 ing the quality of care furnished.

19 “(12) The purchase, distribution, and use of
20 pharmaceuticals, medical and surgical supplies, med-
21 ical devices, and health care related services by the
22 Department, including the following:

23 “(A) The prices paid for, standardization
24 of, and use by, the Department with respect to
25 the following:

1 “(i) Pharmaceuticals.

2 “(ii) Medical and surgical supplies.

3 “(iii) Medical devices.

4 “(B) The use by the Department of group
5 purchasing arrangements to purchase pharma-
6 ceuticals, medical and surgical supplies, medical
7 devices, and health care related services.

8 “(C) The strategy and systems used by the
9 Department to distribute pharmaceuticals, med-
10 ical and surgical supplies, medical devices, and
11 health care related services to Veterans Inte-
12 grated Service Networks and medical facilities
13 of the Department.

14 “(13) The process of the Department for car-
15 rying out construction and maintenance projects at
16 medical facilities of the Department and the medical
17 facility leasing program of the Department.

18 “(14) The competency of Department leader-
19 ship with respect to culture, accountability, reform
20 readiness, leadership development, physician align-
21 ment, employee engagement, succession planning,
22 and performance management.

23 “(15) The training of health care personnel of
24 the Department.

1 “(16) The conduct of medical and prosthetic re-
2 search of the Department.

3 “(17) The provision of Department assistance
4 to Federal agencies and personnel involved in re-
5 sponding to a disaster or emergency.

6 “(18) Such additional matters as may be deter-
7 mined relevant by the Secretary.

8 “(b) TIMING.—The private sector entity or entities
9 carrying out an assessment pursuant to subsection (a)
10 shall complete such assessment not later than one year
11 after entering into the contract described in such para-
12 graph.

13 “(c) PRIVATE SECTOR ENTITIES DESCRIBED.—A
14 private entity described in this subsection is a private enti-
15 ty that—

16 “(1) has experience and proven outcomes in op-
17 timizing the performance of the health care delivery
18 systems of the Veterans Health Administration and
19 the private sector and in health care management;
20 and

21 “(2) specializes in implementing large-scale or-
22 ganizational and cultural transformations, especially
23 with respect to health care delivery systems.

24 “(d) PROGRAM INTEGRATOR.—(1) If the Secretary
25 enters into contracts with more than one private sector

1 entity under subsection (a) with respect to a single assess-
2 ment under such subsection, the Secretary shall designate
3 one such entity that is predominately a health care organi-
4 zation as the program integrator.

5 “(2) The program integrator designated pursuant to
6 paragraph (1) shall be responsible for coordinating the
7 outcomes of the assessments conducted by the private en-
8 tities pursuant to such contracts.

9 “(e) REPORTS.—(1) Not later than 60 days after
10 completing an assessment pursuant to subsection (a), the
11 private sector entity or entities carrying out such assess-
12 ment shall submit to the Secretary of Veterans Affairs and
13 the Committees on Veterans’ Affairs of the House of Rep-
14 resentatives and the Senate a report on the findings and
15 recommendations of the private sector entity or entities
16 with respect to such assessment. Such report shall include
17 an identification of the following:

18 “(A) Any changes with respect to the matters
19 included in such assessment since the date that is
20 the later of the following:

21 “(i) The date on which the independent as-
22 sessment under section 201 of the Veterans Ac-
23 cess, Choice, and Accountability Act of 2014
24 (Public Law 113–146; 38 U.S.C. 1701 note)
25 was completed.

1 “(ii) The date on which the last assess-
2 ment under subsection (a) was completed.

3 “(B) Any recommendations regarding matters
4 to be covered by subsequent assessments under sub-
5 section (a), including any additional matters to in-
6 clude for assessment or previously assessed matters
7 to exclude.

8 “(2) Not later than 30 days after receiving a report
9 under paragraph (1), the Secretary shall publish such re-
10 port in the Federal Register and on a publicly accessible
11 internet website of the Department.”.

12 (b) CLERICAL AMENDMENTS.—The table of sections
13 at the beginning of such chapter is amended by inserting
14 after the item relating to section 1704 the following new
15 item:

 “1704A. Independent assessments of health care delivery systems and manage-
 ment processes.”.

16 (c) DEADLINE FOR INITIAL ASSESSMENT.—The ini-
17 tial assessment under section 1704A of title 38, United
18 States Code, as added by subsection (a), shall be com-
19 pleted by not later than December 31, 2025.

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