

The Veterans Choice Act of 2014

Currently, at least 42 facilities are being investigated by the Department of Veterans Affairs (VA) Office of Inspector General (IG) for allegations regarding inappropriate scheduling policies. It has been reported that at least 40 patients died waiting for care at the Phoenix VA Healthcare System, and the IG revealed in an interim report that veterans in Phoenix have been waiting an average of 115 days just to see a primary care doctor. VA Senior Leadership claim to be unaware of the systemic problems despite being warned by Congress, the Government Accountability Office, the Office of Medical Inspector, the Office of Special Counsel, and the IG. This is not due to a lack of funding. Since fiscal year 2009, funding for the VA has increased by roughly 60 percent, and VA health care spending per veteran has increased since the beginning of the Iraq and Afghanistan Wars. VA was specifically exempted from sequestration and the medical care accounts receive advanced appropriations to ensure predictability and proper planning.

The Veterans Choice Act gives veterans more choice and flexibility, while keeping the VA health care system intact. The VA will continue to be a leader in serving veterans, but there is no reason why veterans should be subjected to unacceptably long wait times or drive hundreds of miles just to see a primary doctor for the flu or to get a routine colon cancer screening.

Provides Veterans with a Choice

- If VA cannot schedule an appointment for a veteran within their wait time performance metrics or the veteran resides more than 40 miles from any VA medical center (VAMC) or Community Based Outpatient Clinic (CBOC), then the veteran can exercise their choice to receive care from the doctor or provider of their choice.
- All veterans enrolled for care at VA will receive a Choice card to allow them to receive care from a non-VA provider.
- Requires VA to abide by the Department of Treasury's Prompt Pay rule; to contract using Medicare prices; and any co-pay a veteran would pay to the VA would be paid to the non-VA provider.
- This would be authorized for two years following VA's implementation of the program.

Improves Transparency at VA

- Directs VA to report to the Department of Health and Human Services the same patient quality and outcome information as other non-VA hospitals.
- Directs VA to post on each VAMC website the current wait time for an appointment and to improve their "Our Providers" link to include where a provider completed their residency and whether the provider is in residency.
- Directs VHA to provide veterans with the credentials of a provider prior to surgery.
- Directs VA to establish disciplinary procedures should an employee knowingly falsify data pertaining to wait times and quality measures.

Provides for Change in VA's Culture

- Prohibits VA from including how well VAMC and Veterans Integrated Service Networks (VISN) Directors meet VA scheduling metrics in their performance plans.
- Directs VA to consider reviews from the Joint Commission; the Commission on Accreditation of Rehabilitation Facilities; IG Combined Assessment Program reviews, CBOC reviews, and Healthcare Inspections; and the number and outcomes of administrative investigation boards, root cause analysis, and peer reviews in assessing the performance of VAMC and VISN directors.
- Makes clear that the above changes to performance plans also apply to other senior VAMC and VISN leadership.
- Includes the VA Management Accountability Act H.R. 4031/S. 2013 which passed by 390 – 33 in the House of Representatives. Provides the Secretary the authority to demote or fire Senior Executive Service employees based on performance.