

115TH CONGRESS  
2D SESSION

# S. 2357

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.

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## IN THE SENATE OF THE UNITED STATES

JANUARY 30, 2018

Mr. TESTER (for himself, Mrs. MURRAY, Mr. BLUMENTHAL, and Mr. MANCHIN) introduced the following bill; which was read twice and referred to the Committee on Veterans' Affairs

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## 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 include 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.

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