

113TH CONGRESS  
1ST SESSION

# H. R. 2661

To direct the Secretary of Veterans Affairs to establish a standardized scheduling policy for veterans enrolled in the health care system of the Department of Veterans Affairs, and for other purposes.

---

## IN THE HOUSE OF REPRESENTATIVES

JULY 11, 2013

Mr. MCCARTHY of California (for himself, Mr. COFFMAN, Mr. McKEON, Mr. HUNTER, Mr. CAMPBELL, Mrs. DAVIS of California, Mr. CALVERT, and Mr. ISSA) introduced the following bill; which was referred to the Committee on Veterans' Affairs

---

## A BILL

To direct the Secretary of Veterans Affairs to establish a standardized scheduling policy for veterans enrolled in the health care system of the Department of Veterans Affairs, 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 “Veterans Access to  
5       Timely Medical Appointments Act”.

6       **SEC. 2. FINDINGS.**

7       Congress finds the following:

1           (1) The Secretary of Veterans Affairs is statu-  
2           torily obligated to provide eligible individuals who  
3           served in the Armed Forces with access to health  
4           care and benefits provided by the Department of  
5           Veterans Affairs related to such service.

6           (2) The Secretary has given the Department  
7           the goal of scheduling a primary care medical ap-  
8           pointment within seven days of the date requested  
9           by the patient and or the provider and scheduling a  
10          specialty care medical appointment within fourteen  
11          days of the date requested by the patient and or the  
12          provider.

13          (3) The ability of the Secretary to accurately  
14          schedule and provide timely access to medical ap-  
15          pointments is critical to ensure the health care needs  
16          of veterans are met and medical conditions do not  
17          worsen because of delays in receiving medical treat-  
18          ment.

19          (4) An audit by the Comptroller General of the  
20          United States found that medical appointment wait  
21          times reported by the Veterans Health Administra-  
22          tion of the Department are unreliable.

23          (5) The Comptroller General found that without  
24          reliable measurement of how long patients are wait-  
25          ing for medical appointments, the Secretary is not

1       able to identify areas that need improvement and  
2       therefore cannot mitigate problems that contribute  
3       to wait times.

4           (6) The Comptroller General found that the un-  
5       reliable data and measures for wait times create a  
6       discrepancy between the positive results the Depart-  
7       ment publishes and what veterans actually experi-  
8       ence.

9           (7) The Comptroller General found that the  
10      Veterans Health Administration inconsistently im-  
11      plements its scheduling policy across medical centers  
12      of the Department, which impedes scheduling timely  
13      medical appointments.

14          (8) The Comptroller General found that over-  
15      sight of compliance with such scheduling policy, such  
16      as ensuring the completion of required scheduler  
17      training, was inconsistent across facilities.

18          (9) The Comptroller General found that the  
19      management by the Secretary of telephone service,  
20      including lack of staff dedicated to answering phones  
21      and unreturned phone calls, impede veterans' access  
22      to timely medical appointments.

23          (10) Among the four medical centers of the De-  
24      partment reviewed by the Comptroller General, pa-  
25      tient complaints regarding unreturned phone calls

1 ranked among the top two categories of complaints  
2 during fiscal year 2012.

3 (11) The Comptroller General found that in  
4 January 2012, the Veterans Health Administration  
5 distributed best practices for telephone access that,  
6 if implemented, could help improve telephone access  
7 to clinical care.

8 (12) The Secretary is not meeting the statutory  
9 obligations of the Secretary to provide veterans with  
10 timely access to medical appointments so that such  
11 veterans can receive benefits and health care by the  
12 Department in a timely manner.

13 **SEC. 3. IMPROVEMENT OF MEDICAL APPOINTMENT SCHED-**  
14 **ULING POLICY FOR VETERANS.**

15 (a) STANDARDIZED SCHEDULING POLICY.—

16 (1) IN GENERAL.—Not later than 180 days  
17 after the date of the enactment of this Act, the Sec-  
18 retary of Veterans Affairs shall implement a stand-  
19 ardized policy to ensure that a veteran enrolled in  
20 the health care system established under section  
21 1705(a) of title 38, United States Code, is able to  
22 schedule—

23 (A) primary care medical appointments  
24 within seven days of the date requested by the

1           veteran or the health care provider on behalf of  
2           the veteran; and

3           (B) specialty care medical appointments  
4           within 14 days of the date requested by the vet-  
5           eran or the health care provider on behalf of  
6           the veteran.

7           (2) IMPLEMENTATION.—In implementing the  
8           policy under paragraph (1), the Secretary shall—

9           (A) ensure that such policy—

10           (i) will not be subject to interpretation  
11           or prone to scheduler error; and

12           (ii) provides the Secretary with reli-  
13           able data regarding the length of time that  
14           veterans are waiting for appointments de-  
15           scribed in paragraph (1) that the Secretary  
16           can use to accurately report the perform-  
17           ance of the policy as compared to the goals  
18           of the policy;

19           (B) ensure that the Veterans Health Ad-  
20           ministration carries out uniform procedures  
21           with respect to such policy;

22           (C) issue detailed guidance to the directors  
23           of the Veterans Integrated Service Networks to  
24           ensure the consistent implementation of such

1 policy at each medical center and other related  
2 facilities of the Department;

3 (D) ensure that only employees of the De-  
4 partment who have completed required training  
5 are allowed to schedule medical appointments;  
6 and

7 (E) make public annual performance re-  
8 ports for each Veterans Integrated Service Net-  
9 work with respect to such policy.

10 (b) RESOURCE ALLOCATION.—

11 (1) ASSESSMENT.—Not later than 180 days  
12 after the date of the enactment of this Act, and each  
13 180-day period thereafter, the Secretary shall assess  
14 the resources of each Veterans Integrated Service  
15 Network to determine the ability of the Network to  
16 meet the scheduling requirements described in sub-  
17 section (a)(1).

18 (2) ALLOCATION.—The Secretary may repro-  
19 gram funds and allocate or transfer staff and other  
20 resources within the Veterans Health Administration  
21 and the Veterans Integrated Service Network to en-  
22 sure that each Network meets the scheduling re-  
23 quirements described in subsection (a)(1).

1           (3) NOTIFICATION.—The Secretary shall notify  
2       Congress of any reprogramming made pursuant to  
3       paragraph (2).

4           (c) PHONE ACCESS.—The Secretary shall direct each  
5       medical center of the Department to provide oversight of  
6       telephone access and implement the best practices outlined  
7       in the telephone systems improvement guide of the Vet-  
8       erans Health Administration, including, at a minimum,  
9       practices to ensure that—

10           (1) calls are answered in a timely manner and  
11       the messages of patients will have a return call not  
12       later than 24 hours after the patient leaves the mes-  
13       sage; and

14           (2) a call center at each such medical center is  
15       properly staffed to meet the needs of the veteran  
16       population served by the medical center.

17           (d) INSPECTOR GENERAL REPORT.—The Inspector  
18       General of the Department of Veterans Affairs, in con-  
19       sultation with veterans service organizations, shall submit  
20       to Congress an annual report on the progress of the Sec-  
21       retary of Veterans Affairs in implementing this Act. Each  
22       such report shall include, for the time period covered by  
23       the report, each of the following:

24           (1) An assessment of the reliability of data re-  
25       garding the wait times for appointments described in

1 paragraph (1) of subsection (a) as required by para-  
2 graph (2)(A)(ii) of such subsection.

3 (2) An assessment of the extent to which the  
4 Secretary met the telephone call timeframes as re-  
5 quired by subsection (c).

6 (3) An assessment of the extent to which med-  
7 ical appointments scheduled at Department medical  
8 facilities reflect the date that the veteran (or health  
9 care provider on behalf of the veteran) requests for  
10 such appoint.

11 (4) As assessment of the extent to which med-  
12 ical appointments scheduled at Department medical  
13 facilities were not changed within the scheduling sys-  
14 tem of the Veterans Health Administration unless  
15 such changes were requested by the veteran (or  
16 health care provider on behalf of the veteran).

○