

116TH CONGRESS
1ST SESSION

H. R. 1125

To direct the Secretary of Veterans Affairs to carry out a pilot program on physical security at Department of Veterans Affairs medical facilities, to direct the Secretary to make certain improvements relating to inspections of Department of Veterans Affairs medical facilities and improving care for women, and for other purposes.

IN THE HOUSE OF REPRESENTATIVES

FEBRUARY 8, 2019

Mr. KILMER (for himself, Mr. WEBSTER of Florida, Mr. RUTHERFORD, Mr. PETERS, Mrs. MURPHY, Mr. KELLY of Pennsylvania, Mr. MOULTON, Mrs. BROOKS of Indiana, and Ms. KUSTER of New Hampshire) introduced the following bill; which was referred to the Committee on Veterans' Affairs

A BILL

To direct the Secretary of Veterans Affairs to carry out a pilot program on physical security at Department of Veterans Affairs medical facilities, to direct the Secretary to make certain improvements relating to inspections of Department of Veterans Affairs medical facilities and improving care for women, 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,*

1 **SECTION 1. SHORT TITLE.**

2 This Act may be cited as the “Accountability for
3 Quality VA Healthcare Act”.

4 **SEC. 2. PILOT PROGRAM ON PHYSICAL SECURITY AT DE-**
5 **PARTMENT OF VETERANS AFFAIRS MEDICAL**
6 **FACILITIES.**

7 (a) IN GENERAL.—Beginning not later than 90 days
8 after the date of the enactment of this Act the Secretary
9 of Veterans Affairs shall carry out a pilot program to en-
10 hance the physical security of Department of Veterans Af-
11 fairs medical facilities. At the medical facilities selected
12 for the pilot program, the Secretary shall—

13 (1) ensure that alarm systems effectively notify
14 relevant staff in the police command and control
15 centers and the unit nursing stations of the facility;
16 and

17 (2) require relevant medical center stakeholders
18 to coordinate and consult on—

19 (A) plans for new and renovated units; and

20 (B) any changes to physical security fea-
21 tures, including closed-circuit television cam-
22 eras.

23 (b) LOCATIONS.—The Secretary shall select five med-
24 ical facilities of the Department to participate in the pilot
25 program.

1 (c) TERMINATION.—The pilot program shall termi-
2 nate on the date that is two years after the date on which
3 the pilot program commences.

4 (d) REPORT.—Not later than 30 days after the termi-
5 nation of the pilot program under subsection (c), the Sec-
6 retary shall submit to Congress a report on the pilot pro-
7 gram.

8 **SEC. 3. REPORT ON DEPARTMENT OF VETERANS AFFAIRS**
9 **IMPROVEMENT OF FACILITY ALIGNMENT.**

10 (a) IN GENERAL.—Not later than 90 days after the
11 date of the enactment of this Act, the Secretary of Vet-
12 erans Affairs shall submit to Congress a report on the
13 findings and recommendations of the report of the Govern-
14 ment Accountability Office entitled “VA Real Property:
15 VA Should Improve Its Efforts to Align Facilities with
16 Veterans’ Needs”. The report submitted by the Secretary
17 shall include the plan of the Secretary, including a time
18 frame for completion, to specifically address the following
19 recommendations:

20 (1) To address identified limitations to the stra-
21 tegic capital investment planning process, including
22 limitations to scoring and approval and access to in-
23 formation.

24 (2) To assess the value of the Department of
25 Veterans Affairs Integrated Planning facility master

1 plans as a facility-planning tool, and based on con-
2 clusions contained in the Government Accountability
3 Office report, either discontinue the development of
4 such master plans or address the limitations of such
5 master plans.

6 (3) To develop and distribute guidance for Vet-
7 erans Integrated Service Networks and facilities
8 using best practices on how to effectively commu-
9 nicate with stakeholders about alignment change.

10 (4) To develop and implement a mechanism to
11 evaluate Veterans Integrated Service Network and
12 facility communication efforts with stakeholders to
13 ensure that such communication efforts are working
14 as intended and align with guidance and best prac-
15 tices.

16 (b) PUBLIC AVAILABILITY.—Upon submittal of the
17 report under subsection (a), the Secretary shall make the
18 report publicly available on an internet website of the De-
19 partment.

20 **SEC. 4. UPDATE OF HANDBOOK TO IMPROVE LEASING**
21 **PROJECTS.**

22 Not later than 180 days after the date of the enact-
23 ment of this Act, and not less than once every five-year
24 period thereafter, the Secretary of Veterans Affairs shall
25 update the handbook of the Department of Veterans Af-

1 fairs titled “Planning and Activating Community Based
2 Outpatient Clinics”, or a successor handbook, to reflect
3 current policies, best practices, and clarify the roles and
4 responsibilities of the personnel of the Department in-
5 volved in the leasing projects of the Department.

6 **SEC. 5. IMPROVEMENT OF INSPECTIONS OF DEPARTMENT**
7 **OF VETERANS AFFAIRS MEDICAL FACILITIES**
8 **AND IMPROVEMENT OF CARE FOR WOMEN**
9 **PROVIDED BY DEPARTMENT OF VETERANS**
10 **AFFAIRS.**

11 (a) FINDINGS.—Congress makes the following find-
12 ings:

13 (1) The Department of Veterans Affairs has
14 policies in place to help ensure the privacy, safety,
15 and dignity of women veterans when they receive
16 care at its medical facilities.

17 (2) A Government Accountability Office report
18 found many instances of noncompliance with such
19 policies.

20 (3) Women veterans are the fastest growing co-
21 hort within the veteran community.

22 (4) Women serve in every branch of the Armed
23 Forces and represent nearly 15 percent of the mem-
24 bers of the Armed Forces currently serving on active

1 duty and 18 percent of members of the National
2 Guard and reserve components.

3 (5) The number of women veterans using the
4 medical care provided by the Department of Vet-
5 erans Affairs is expected to increase dramatically.

6 (b) SENSE OF CONGRESS.—It is the sense of Con-
7 gress that—

8 (1) female veterans are put at risk by a system
9 that is currently designed for men; and

10 (2) the Department of Veterans Affairs should
11 follow through with commitments to ensure female
12 veterans can access services tailored to their needs.

13 (c) IMPROVEMENT OF INSPECTIONS OF DEPART-
14 MENT OF VETERANS AFFAIRS MEDICAL FACILITIES AND
15 IMPROVEMENT OF CARE FOR WOMEN PROVIDED BY DE-
16 PARTMENT OF VETERANS AFFAIRS.—

17 (1) IMPROVEMENT OF INSPECTIONS PROC-
18 ESS.—The Secretary of Veterans Affairs shall
19 strengthen the environment of care inspections proc-
20 ess and oversight of such process by—

21 (A) expanding the list of requirements that
22 facility staff inspect for compliance to align
23 with the policy of the Veterans Health Adminis-
24 tration;

1 (B) ensuring that all patient care areas of
2 Department medical facilities are inspected as
3 required;

4 (C) clarifying the roles and responsibilities
5 of Department medical facility staff responsible
6 for identifying and addressing compliance; and

7 (D) establishing a process to verify that
8 noncompliance information reported by facilities
9 to the Veterans Health Administration central
10 office is accurate and complete.

11 (2) IMPROVEMENT OF CARE FOR WOMEN.—

12 (A) MONITORING OF GENDER-SPECIFIC
13 CARE SERVICES.—To improve care for women
14 veterans, the Secretary of Veterans Affairs shall
15 monitor women veterans' access to gender-spe-
16 cific care services under current and future
17 community care contracts or agreements. Such
18 monitoring shall include an examination of ap-
19 pointment scheduling and completion times,
20 driving times to appointments, and reasons ap-
21 pointments could not be scheduled with commu-
22 nity providers.

23 (B) DEFINITIONS.—In this subparagraph:

1 (i) The term “gender-specific care
2 services” means mammography, maternity
3 care, and gynecology.

4 (ii) The term “community care con-
5 tract or agreement” means an agreement
6 described in section 101(d) of the Veterans
7 Access, Choice, and Accountability Act of
8 2014 (Public Law 113–146), or other con-
9 tract or agreement under which the Sec-
10 retary furnishes hospital care and medical
11 treatment to veterans at non-Department
12 of Veterans Affairs health care facilities.

13 **SEC. 6. IMPROVEMENT OF DELIVERY OF CARE AT DEPART-**
14 **MENT OF VETERANS AFFAIRS MEDICAL FA-**
15 **CILITIES.**

16 (a) WAIT TIMES.—The Secretary of Veterans Affairs
17 shall clearly identify measures for wait times for medical
18 appointments in Department of Veterans Affairs medical
19 facilities in a manner that reduces the likelihood of an in-
20 dividual misinterpreting such measures.

21 (b) SCHEDULING.—The Secretary shall ensure that
22 the term “patient indicated date” is clearly defined for
23 purposes of the scheduling policy of the Veterans Health
24 Administration and in related training documents. The
25 Secretary shall take such steps as may be necessary to

1 ensure such term is correctly implemented by employees
2 who perform scheduling functions.

3 (c) STAFF AVAILABILITY.—

4 (1) ALLOCATION; SCHEDULING.—The Secretary
5 shall develop a policy requiring Department of Vet-
6 erans Affairs medical facilities to routinely assess
7 the scheduling needs and resources required to en-
8 sure that employees of such facilities are allocated in
9 such a manner as to adequately respond to the de-
10 mand for scheduling medical appointments.

11 (2) RECRUITMENT AND RETENTION.—The Sec-
12 retary shall develop a strategy to improve recruit-
13 ment and retention of Department of Veterans Af-
14 fairs medical providers and employees who perform
15 scheduling functions for Department medical facili-
16 ties. Such strategy shall be designed to ensure ade-
17 quate staffing of Department medical facilities and
18 shall emphasize recruitment and retention in facili-
19 ties located in rural areas.

20 (d) TELEPHONE ACCESS.—The Secretary shall—

21 (1) ensure that all Department medical facili-
22 ties provide oversight of telephone access and imple-
23 ment the best practices outlined in the Department
24 2015 Telephone Access and Contact Management
25 Improvement Guide, or a successor guide; and

1 (2) identify medical facilities that are using out-
2 dated telephone technology and replace such tech-
3 nology with new systems designed to improve tele-
4 phone service and access to health care.

5 **SEC. 7. ANNUAL REPORT REGARDING THE RECRUITMENT,**
6 **HIRING, AND RETENTION OF NURSES FOR**
7 **THE VETERANS HEALTH ADMINISTRATION.**

8 (a) **REPORT REQUIRED.**—Not later than one year
9 after the date of the enactment of this Act and annually
10 thereafter, the Secretary of Veterans Affairs shall publish
11 and submit to the Committees on Veterans’ Affairs of the
12 Senate and the House of Representatives a report regard-
13 ing efforts to recruit, hire, and retain nurses for the Vet-
14 erans Health Administration.

15 (b) **ELEMENTS.**—The report under subsection (a)
16 shall include details relating to—

17 (1) efforts to recruit, hire, and retain nurses at
18 each medical facility of the Department;

19 (2) resources provided by the Secretary to re-
20 cruit, hire, and retain nurses for the Veterans
21 Health Administration; and

22 (3) recommendations for legislation the Sec-
23 retary considers appropriate.

1 **SEC. 8. REINSTATEMENT OF REPORTING REQUIREMENT**
2 **REGARDING THE DEPARTMENT OF VET-**
3 **ERANS AFFAIRS HEALTH PROFESSIONALS**
4 **EDUCATIONAL ASSISTANCE PROGRAM.**

5 Section 3003(a)(1) of the Federal Reports Elimination and Sunset Act of 1995 (Public Law 104–66; 31
6 U.S.C. 1113 note) shall not apply to the report required
7 under section 7632 of title 38, United States Code.

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