

VA SCHEDULING ACCOUNTABILITY ACT

Mr. ROE of Tennessee. Mr. Speaker, I move to suspend the rules and pass the bill (H.R. 467) to direct the Secretary of Veterans Affairs to ensure that each medical facility of the Department of Veterans Affairs complies with requirements relating to scheduling veterans for health care appointments, to improve the uniform application of directives of the Department, and for other purposes.

The Clerk read the title of the bill.

The text of the bill is as follows:

H.R. 467

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled,

SECTION 1. SHORT TITLE.

This Act may be cited as the “VA Scheduling Accountability Act”.

SEC. 2. COMPLIANCE WITH SCHEDULING REQUIREMENTS.

(a) ANNUAL CERTIFICATION.—

(1) IN GENERAL.—The Secretary of Veterans Affairs shall ensure that the director of each medical facility of the Department of Veterans Affairs annually certifies to the Secretary that the medical facility is in full compliance with all provisions of law and regulations relating to scheduling appointments for veterans to receive hospital care and medical services, including pursuant to Veterans Health Administration Directive 2010–027, or any successor directive.

(2) PROHIBITION ON WAIVER.—The Secretary may not waive any provision of the laws or regulations described in paragraph (1) for a medical facility of the Department if such provision otherwise applies to the medical facility.

(b) EXPLANATION OF NONCOMPLIANCE.—If a director of a medical facility of the Department does not make a certification under subsection (a)(1) for any year, the director shall submit to the Secretary a report containing—

(1) an explanation of why the director is unable to make such certification; and

(2) a description of the actions the director is taking to ensure full compliance with the laws and regulations described in such subsection.

(c) PROHIBITION ON BONUSES BASED ON NONCOMPLIANCE.—

(1) IN GENERAL.—If a director of a medical facility of the Department does not make a certification under subsection (a)(1) for any year, each covered official described in paragraph (2) may not receive an award or bonus under chapter 45 or 53 of title 5, United States Code, or any other award or bonus authorized under such title or title 38, United States Code, during the year following the year in which the certification was not made.

(2) COVERED OFFICIAL.—A covered official described in this paragraph is each official who serves in the following positions at a medical facility of the Department during a year, or portion thereof, for which the director does not make a certification under subsection (a)(1):

(A) The director.

(B) The chief of staff.

(C) The associate director.

(D) The associate director for patient care.

(E) The deputy chief of staff.

(d) ANNUAL REPORT.—The Secretary shall annually submit to the Committees on Veterans' Affairs of the House of Representative and the Senate a report containing, with respect to the year covered by the report—

(1) a list of each medical facility of the Department for which a certification was made under subsection (a)(1); and

(2) a list of each medical facility of the Department for which such a certification was not made, including a copy of each report submitted to the Secretary under subsection (b).

SEC. 3. STANDARDIZED APPLICATION OF DIRECTIVES AND POLICIES OF DEPARTMENT OF VETERANS AFFAIRS.

(a) IN GENERAL.—The Secretary of Veterans Affairs shall ensure that the directives and policies of the Department of Veterans Affairs apply to, and are implemented by, each office or facility of the Department in a standardized manner, including such offices and facilities at the local level.

(b) NOTIFICATION.—If the Secretary does not apply and implement the directives and policies of the Department in a standardized manner pursuant to subsection (a), including by waiving such a directive or policy with respect to an office or facility of the Department, the Secretary shall notify the Committees on Veterans' Affairs of the House of Representatives and the Senate of such non-standardized application or implementation, including an explanation for the non-standardized application or implementation, as the case may be.

The SPEAKER pro tempore. Pursuant to the rule, the gentleman from Tennessee (Mr. ROE) and the gentleman from Minnesota (Mr. WALZ) each will control 20 minutes.

The Chair recognizes the gentleman from Tennessee.

GENERAL LEAVE

Mr. ROE of Tennessee. Mr. Speaker, I ask unanimous consent that all Members may have 5 legislative days in which to revise and extend their remarks and include extraneous material.

The SPEAKER pro tempore. Is there objection to the request of the gentleman from Tennessee?

There was no objection.

Mr. ROE of Tennessee. Mr. Speaker, I yield myself such time as I may consume.

Mr. Speaker, I rise in support of H.R. 467, a bill that would codify the VA's own directives for outpatient scheduling into law.

In June of 2010, the Veterans Health Administration issued VHA Directive 2010–27, VHA Outpatient Scheduling Processes and Procedures. This directive requires VHA facility directors to annually certify that their facility is in full compliance with the scheduling procedures outlined within the directive.

It is important to note that this directive was issued 4 years before the scheduling scandal at the Phoenix VA broke, with no less than 40 veterans dying while being kept on secret lists, waiting for an appointment. I believe this directive was a responsible way for the VA to ensure that veterans were receiving the care that they came to the VA for and were not slipping through the cracks.

Unfortunately, in May of 2013, then-Deputy Under Secretary for Health at the VA waived this requirement for the VA medical facility directors to adhere to the directive. As we now know, this

waiver helped cover a practice of malfeasance within scheduling departments at VA medical facilities across the Nation.

As I mentioned before, in 2014, the House Committee on Veterans' Affairs, with my friend, former Chairman Jeff Miller at the helm, discovered secret waiting lists at the Phoenix VA, as well as many other medical centers across the country. Had this directive still been in place, I honestly believe the scandal could have been prevented.

Mr. Speaker, it is incumbent upon us to ensure that these scheduling processes do not and cannot be dismissed by VA bureaucrats ever again.

I thank my good friend and former committee member, Representative JACKIE WALORSKI from Indiana, for sponsoring this legislation.

Mr. Speaker, I urge all of my colleagues to join me in supporting H.R. 467, and I reserve the balance of my time.

Mr. WALZ. Mr. Speaker, I yield myself such time as I may consume.

Mr. Speaker, I associate myself with the comments of Chairman ROE and I support H.R. 467. I also thank the gentlewoman from Indiana (Mrs. WALORSKI) for crafting this. She was, and still remains, a staunch supporter of veterans, always advocating for them. She taught me much, including, I think, the definition of Hoosier. I am still a little confused on that one, but we are working on it.

By holding the VA leadership accountable, we can ensure that the VA is accessible to all veterans. While the VA has made progress to shorten wait times, we cannot rest on our laurels. If one veteran's health is compromised because she or he was unable to receive timely care, then the VA has failed in its mission.

Mr. Speaker, for that reason, I ask my colleagues to stand in support of Mrs. WALORSKI's bill, and I reserve the balance of my time.

Mr. ROE of Tennessee. Mr. Speaker, I yield 2 minutes to the gentleman from Florida (Mr. BILIRAKIS), the vice chair and one of the most active members of the committee.

Mr. BILIRAKIS. Mr. Speaker, I appreciate Mrs. WALORSKI doing an outstanding job with this bill. The chairman and the ranking member are champions of veterans.

Again, I rise today in support of H.R. 467, the VA Scheduling Accountability Act, because all veterans deserve timely access to quality health care.

In 2014, the House Veterans' Affairs Committee uncovered the use of unauthorized waiting lists at the Phoenix VA healthcare system in Phoenix, Arizona. As a result of these waiting lists, no less than 40 veterans died while waiting for care.

This is unacceptable. It is heart-breaking and completely, as I said, unacceptable. These are true American heroes, and we cannot allow something like this to ever happen again.

Our investigations found that non-compliance with the VA's scheduling

policies was a widespread and systematic problem. This bill today requires that all VA medical center directors certify each year that their facility is in compliance with the scheduling directive. If a VA medical center is found noncompliant, H.R. 476 will hold those leaders accountable.

Our bill makes certain that those who fail in their duty to serve our veterans will not be receiving bonuses or awards anytime soon. Lack of oversight, lack of accountability, and lack of transparency led to the 2014 wait-times crisis. The VA Scheduling Accountability Act will help ensure those mistakes are not repeated, and improve access to timely care for our Nation's heroes.

Again, I thank the sponsor of the bill, Mrs. WALORSKI. It is one of the most important bills that we will pass this year, in my opinion, and I urge its passage.

Mr. WALZ. Mr. Speaker, I reserve the balance of my time.

Mr. ROE of Tennessee. Mr. Speaker, I yield 5 minutes to the gentlewoman from Indiana (Mrs. WALORSKI), the sponsor of the bill and a former member of the committee.

Mrs. WALORSKI. Mr. Speaker, I thank Chairman ROE and Ranking Member WALZ. What an honor it is to work with these two gentlemen on veterans' issues.

Mr. Speaker, I rise today in support of my bill, H.R. 467, the VA Scheduling Accountability Act.

This commonsense legislation codifies an important measure of oversight and accountability of VA facilities to prevent scheduling manipulation or, in the vernacular, "cooking the books," that has harmed veterans for so long.

Hearings held by the House VA Committee and investigations by the VA inspector general and the GAO have, unfortunately, confirmed many of the allegations of cooking books and falsified wait-time data at facilities around the country.

The VA has a procedure for scheduling veterans' medical appointments, which includes 19 different items, such as ensuring that a patient's desired appointment date is not altered and that staff are fully trained. Importantly, the directive requires each facility to certify compliance with all of these 19 items every year.

However, an August 2014 VA inspector general report uncovered that, in May 2013, a senior VA official waived the certification requirement that year, essentially putting the facility on an honor system, allowing them to self-certify.

Without this crucial accountability mechanism, bad actors were given free rein to manipulate wait-time data and ignore the VA's required scheduling practices. Meanwhile, veterans faced significant delays in getting the care they needed while, in some extreme cases, veterans died.

Since that time, the VA has reinstated the certification requirements.

However, serious problems remain, as evidenced by a recent VA investigation of a clinic in my own district that I requested after some brave individuals came forward with allegations of wrongdoing.

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The VA found that the clinic scheduled appointments for veterans without the veterans' knowledge and canceled them on the day of the appointment in order to fill their schedule for that day. If the VA had conducted proper audits of that facility's scheduling practices last year, this misconduct could have been prevented. The VA's report recommended a review of scheduling compliance for all medical facilities in the region.

The VA's continued inability to reform itself from within is the reason we need to pass this bill. This bill will require each facility director to annually certify compliance with the current scheduling directive or any successive directive that replaces it, and, most importantly, it will prohibit any future waivers. The bill also provides accountability by making a director ineligible for salary bonuses if their facility fails to certify compliance, and it requires the VA to report to Congress a list of these facilities that are not in compliance. This will provide more oversight of the VA, ensure that Congress is aware of noncompliant facilities, and end the reckless practice of self-certification.

Mr. Speaker, our veterans risked life and limb for our freedom, but too often the VA has let them down. It is time to put an end to this scheduling manipulation—the cooking of the books—and the false wait-time data.

Holding every VA facility accountable for following scheduling rules is an important, commonsense step as we work to fix the VA so it works for the veterans in our country.

Mr. Speaker, I urge my colleagues to support H.R. 467, the VA Scheduling Accountability Act.

Mr. WALZ. Mr. Speaker, again, I thank the gentlewoman from Indiana for her passion and for the chairman to bring this commonsense accountability piece to the floor.

I encourage my colleagues to support it, and I yield back the balance of my time.

Mr. ROE of Tennessee. Mr. Speaker, once again, I encourage all Members to support this legislation, and I yield back the balance of my time.

The SPEAKER pro tempore. The question is on the motion offered by the gentleman from Tennessee (Mr. ROE) that the House suspend the rules and pass the bill, H.R. 467.

The question was taken.

The SPEAKER pro tempore. In the opinion of the Chair, two-thirds being in the affirmative, the ayes have it.

Mr. ROE of Tennessee. Mr. Speaker, on that I demand the yeas and nays.

The yeas and nays were ordered.

The SPEAKER pro tempore. Pursuant to clause 8 of rule XX, further pro-

ceedings on this motion will be postponed.

IMPROVING THE PROVISION OF ADULT DAY HEALTH CARE SERVICES FOR VETERANS

Mr. ROE of Tennessee. Mr. Speaker, I move to suspend the rules and pass the bill (H.R. 1005) to amend title 38, United States Code, to improve the provision of adult day health care services for veterans.

The Clerk read the title of the bill.

The text of the bill is as follows:

H.R. 1005

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled,

SECTION 1. PROVISION OF ADULT DAY HEALTH CARE SERVICES FOR VETERANS.

(a) IN GENERAL.—Section 1745 of title 38, United States Code, is amended—

(1) by adding at the end the following new subsection:

“(d)(1) The Secretary shall enter into an agreement under section 1720(c)(1) of this title or a contract with each State home for payment by the Secretary for adult day health care provided to a veteran who is eligible for, but does not receive, nursing home care pursuant to subsection (a).”

“(2) Payment under each agreement or contract between the Secretary and a State home under paragraph (1) for each veteran who receives care under such paragraph shall be made at a rate that is equal to 65 percent of the payment that the Secretary would pay to the State home pursuant to subsection (a)(2) if the veteran received nursing home care under subsection (a) rather than under paragraph (1) of this subsection.

“(3) Payment by the Secretary under paragraph (1) to a State home for adult day health care provided to a veteran described in that paragraph constitutes payment in full to the State home for such care furnished to that veteran.”; and

(2) in the heading, by inserting “, adult day health care,” after “home care”.

(b) CLERICAL AMENDMENT.—The table of sections at the beginning of chapter 17 of such title is amended by striking the item relating to section 1745 and inserting the following new item:

“1745. Nursing home care, adult day health care, and medications for veterans with service-connected disabilities.”.

The SPEAKER pro tempore. Pursuant to the rule, the gentleman from Tennessee (Mr. ROE) and the gentleman from Minnesota (Mr. WALZ) each will control 20 minutes.

The Chair recognizes the gentleman from Tennessee.

Mr. ROE of Tennessee. Mr. Speaker, I yield myself such time as I may consume.

Mr. Speaker, today I rise in support of H.R. 1005, a bill to improve the provision of adult day healthcare services for veterans.

Last year, the Department of Veterans Affairs testified that 9.8 million veterans, or 46 percent of the veteran population, will be 65 years of age or older in 2017. Given that, the need to ensure that veterans have ready access to a variety of geriatric and long-term care services and supports is an increasingly important component of the VA's mission.