

(D) the clinical, research, or staff education projects for which funding applications were submitted (including the source of the funds applied for) and upon which a decision is pending or was denied.

(3) An accounting of the expenditure of funds during that period by the National Center for Preventive Health under section 7318 of this title.

(Added Pub. L. 102-585, title V, §512(a), Nov. 4, 1992, 106 Stat. 4957; amended Pub. L. 114-315, title VI, §602(b), Dec. 16, 2016, 130 Stat. 1569.)

Editorial Notes

AMENDMENTS

2016—Par. (1)(A)(iii). Pub. L. 114-315 added cl. (iii).

Statutory Notes and Related Subsidiaries

CONSTRUCTION OF 2016 AMENDMENT

Nothing in amendment by Pub. L. 114-315 to be construed to require a veteran to receive an immunization that the veteran does not want to receive, see section 602(d) of Pub. L. 114-315, set out as a note under section 1701 of this title.

§ 1704A. Independent assessments of health care delivery systems and management processes

(a) INDEPENDENT ASSESSMENTS.—(1) Not less frequently than once every 10 years, the Secretary shall enter into one or more contracts with a private sector entity or entities described in subsection (d) to conduct an independent assessment of the hospital care, medical services, and other health care furnished by the Department.

(2) Each assessment required under paragraph (1) shall address each of the following:

(A) Current and projected demographics and unique health care needs of the patient population served by the Department.

(B) The accuracy of models and forecasting methods used by the Department to project health care demand, including with respect to veteran demographics, rates of use of health care furnished by the Department, the inflation of health care costs, and such other factors as may be determined relevant by the Secretary.

(C) The reliability and accuracy of models and forecasting methods used by the Department to project the budgetary needs of the Veterans Health Administration and how such models and forecasting methods inform budgetary trends.

(D) The authorities and mechanisms under which the Secretary may furnish hospital care, medical services, and other health care at facilities of the Department and non-Department facilities, including through Federal and private sector partners and at joint medical facilities, and the effect of such authorities and mechanisms on eligibility and access to care.

(E) The organization, workflow processes, and tools used by the Department to support clinical staffing, access to care, effective length-of-stay management and care transitions, positive patient experience, accurate

documentation, and subsequent coding of inpatient services.

(F) The efforts of the Department to recruit and retain staff at levels necessary to carry out the functions of the Veterans Health Administration and the process used by the Department to determine staffing levels necessary for such functions.

(G) The staffing level at each medical facility of the Department and the productivity of each health care provider at the medical facility, compared with health care industry performance metrics, which may include the following:

(i) An assessment of the case load of, and number of patients treated by, each health care provider at such medical facility during an average week.

(ii) An assessment of the time spent by each such health care provider on matters other than the case load of the health care provider, including time spent by the health care provider as follows:

(I) At a medical facility that is affiliated with the Department.

(II) Conducting research.

(III) Training or supervising other health care professionals of the Department.

(iii) An assessment of the complexity of health care conditions per patient treated by each health care provider at such medical facility during an average week.

(H) The information technology strategies of the Department with respect to furnishing and managing health care, including an identification of any weaknesses or opportunities with respect to the technology used by the Department, especially those strategies with respect to clinical documentation of hospital care, medical services, and other health care, including any clinical images and associated textual reports, furnished by the Department in facilities of the Department or non-Department facilities.

(I) Business processes of the Veterans Health Administration, including processes relating to furnishing non-Department health care, insurance identification, third-party revenue collection, and vendor reimbursement, including an identification of mechanisms as follows:

(i) To avoid the payment of penalties to vendors.

(ii) To increase the collection of amounts owed to the Department for hospital care, medical services, or other health care provided by the Department for which reimbursement from a third party is authorized and to ensure that such amounts collected are accurate.

(iii) To increase the collection of any other amounts owed to the Department with respect to hospital care, medical services, or other health care and to ensure that such amounts collected are accurate.

(iv) To increase the accuracy and timeliness of payments by the Department to vendors and providers.

(v) To reduce expenditures while improving the quality of care furnished.

(J) The purchase, distribution, and use of pharmaceuticals, medical and surgical supplies, medical devices, and health care-related services by the Department, including the following:

(i) The prices paid for, standardization of, and use by, the Department with respect to the following:

- (I) Pharmaceuticals.
- (II) Medical and surgical supplies.
- (III) Medical devices.

(ii) The use by the Department of group purchasing arrangements to purchase pharmaceuticals, medical and surgical supplies, medical devices, and health care-related services.

(iii) The strategy and systems used by the Department to distribute pharmaceuticals, medical and surgical supplies, medical devices, and health care-related services to Veterans Integrated Service Networks and medical facilities of the Department.

(K) The competency of Department leadership with respect to culture, accountability, reform readiness, leadership development, physician alignment, employee engagement, succession planning, and performance management.

(L) The effectiveness of the authorities and programs of the Department to educate and train health personnel pursuant to section 7302 of this title.

(M) The conduct of medical and prosthetic research of the Department.

(N) The provision of assistance by the Department to Federal agencies and personnel involved in responding to a disaster or emergency.

(O) Such additional matters as may be determined relevant by the Secretary.

(b) **TIMING.**—The private sector entity or entities carrying out an assessment pursuant to subsection (a) shall complete such assessment not later than 18 months after entering into the contract described in such paragraph.

(c) **LEVERAGING OF EXISTING DATA AND CONTRACTS.**—To the extent practicable, the private sector entity or entities carrying out an assessment pursuant to subsection (a) shall—

(1) make maximum use of existing data that has been compiled by the Department, compiled for the Department, or purchased by the Department, including data that has been collected for—

(A) the performance of quadrennial market assessments under section 7330C of this title;

(B) the quarterly publication of information on staffing and vacancies with respect to the Veterans Health Administration pursuant to section 505 of the VA MISSION Act of 2018 (Public Law 115–182; 38 U.S.C. 301 note); and

(C) the conduct of annual audits pursuant to section 3102 of the Johnny Isakson and David P. Roe, M.D. Veterans Health Care and Benefits Improvement Act of 2020 (Public Law 116–315; 38 U.S.C. 1701 note).

(2) maximize the use of existing contracts and other agreements of the Department for

studies, analysis, data collection, or research in order to efficiently fulfill the requirements of this section.

(d) **PRIVATE SECTOR ENTITIES DESCRIBED.**—A private sector entity described in this subsection is a private entity that—

(1) has experience and proven outcomes in optimizing the performance of national health care delivery systems, including the Veterans Health Administration, other federal health care systems, and systems in the private, non-profit, or public health care sector;

(2) specializes in implementing large-scale organizational and cultural transformations, especially with respect to health care delivery systems; and

(3) is not currently under contract with the Department to provide direct or indirect patient care or related clinical care services or supplies under the laws administered by the Secretary.

(e) **PROGRAM INTEGRATOR.**—(1) If the Secretary enters into contracts with more than one private sector entity under subsection (a) with respect to a single assessment under such subsection, the Secretary shall designate one such entity as the program integrator.

(2) The program integrator designated pursuant to paragraph (1) shall be responsible for coordinating the outcomes of the assessments conducted by the private sector entities pursuant to such contracts.

(f) **REPORTS.**—(1)(A) Not later than 60 days after completing an assessment pursuant to subsection (a), the private sector entity or entities carrying out such assessment shall submit to the Secretary and the Committee on Veterans' Affairs of the Senate and the Committee on Veterans' Affairs of the House of Representatives a report on the findings and recommendations of the private sector entity or entities with respect to such assessment.

(B) Each report under subparagraph (A) with respect to an assessment shall include an identification of the following:

(i) Any changes with respect to the matters included in such assessment since the date that is the later of the following:

(I) The date on which the independent assessment under section 201 of the Veterans Access, Choice, and Accountability Act of 2014 (Public Law 113–146; 38 U.S.C. 1701 note) was completed.

(II) The date on which the last assessment under subsection (a) was completed.

(ii) Any recommendations regarding matters to be covered by subsequent assessments under subsection (a), including any additional matters to include for assessment or previously assessed matters to exclude.

(2) Not later than 30 days after receiving a report under paragraph (1), the Secretary shall publish such report in the Federal Register and on a publicly accessible internet website of the Department.

(3) Not later than 90 days after receiving a report under paragraph (1), the Secretary shall submit to the Committee on Veterans' Affairs of the Senate and the Committee on Veterans' Af-

fairs of the House of Representatives a report outlining the feasibility and advisability of implementing the recommendations made by the private sector entity or entities in such report received, including an identification of the timeline, cost, and any legislative authorities necessary for such implementation.

(g) SUNSET.—The requirement to enter into contracts under subsection (a) shall terminate on December 31, 2055.

(Added Pub. L. 117-328, div. U, title I, §194(a), Dec. 29, 2022, 136 Stat. 5440.)

Statutory Notes and Related Subsidiaries

DEADLINE FOR INITIAL ASSESSMENT

Pub. L. 117-328, div. U, title I, §194(c), Dec. 29, 2022, 136 Stat. 5444, provided that: “The initial assessment under section 1704A of title 38, United States Code, as added by subsection (a), shall be completed by not later than December 31, 2025.”

§ 1705. Management of health care: patient enrollment system

(a) In managing the provision of hospital care and medical services under section 1710(a) of this title, the Secretary, in accordance with regulations the Secretary shall prescribe, shall establish and operate a system of annual patient enrollment. The Secretary shall manage the enrollment of veterans in accordance with the following priorities, in the order listed:

(1) Veterans with service-connected disabilities rated 50 percent or greater and veterans who were awarded the medal of honor under section 7271, 8291, or 9271 of title 10 or section 491¹ of title 14.

(2) Veterans with service-connected disabilities rated 30 percent or 40 percent.

(3) Veterans who are former prisoners of war or who were awarded the Purple Heart, veterans with service-connected disabilities rated 10 percent or 20 percent, and veterans described in subparagraphs (B) and (C) of section 1710(a)(2) of this title.

(4) Veterans who are in receipt of increased pension based on a need of regular aid and attendance or by reason of being permanently housebound and other veterans who are catastrophically disabled.

(5) Veterans not covered by paragraphs (1) through (4) who are unable to defray the expenses of necessary care as determined under section 1722(a) of this title.

(6) All other veterans eligible for hospital care, medical services, and nursing home care under section 1710(a)(2) of this title.

(7) Veterans described in section 1710(a)(3) of this title who are eligible for treatment as a low-income family under section 3(b) of the United States Housing Act of 1937 (42 U.S.C. 1437a(b)) for the area in which such veterans reside, regardless of whether such veterans are treated as single person families under paragraph (3)(A) of such section 3(b) or as families under paragraph (3)(B) of such section 3(b).

(8) Veterans described in section 1710(a)(3) of this title who are not covered by paragraph (7).

(b) In the design of an enrollment system under subsection (a), the Secretary—

(1) shall ensure that the system will be managed in a manner to ensure that the provision of care to enrollees is timely and acceptable in quality;

(2) may establish additional priorities within each priority group specified in subsection (a), as the Secretary determines necessary; and

(3) may provide for exceptions to the specified priorities where dictated by compelling medical reasons.

(c)(1) The Secretary may not provide hospital care or medical services to a veteran under paragraph (2) or (3) of section 1710(a) of this title unless the veteran enrolls in the system of patient enrollment established by the Secretary under subsection (a).

(2) The Secretary shall provide hospital care and medical services under section 1710(a)(1) of this title, and under subparagraph (B) of section 1710(a)(2) of this title, for the 12-month period following such veteran's discharge or release from service, to any veteran referred to in such sections for a disability specified in the applicable subparagraph of such section, notwithstanding the failure of the veteran to enroll in the system of patient enrollment referred to in subsection (a) of this section.

(Added Pub. L. 104-262, title I, §104(a)(1), Oct. 9, 1996, 110 Stat. 3182; amended Pub. L. 106-117, title I, §112(2), Nov. 30, 1999, 113 Stat. 1556; Pub. L. 107-135, title II, §202(a), Jan. 23, 2002, 115 Stat. 2457; Pub. L. 107-330, title III, §308(g)(4), Dec. 6, 2002, 116 Stat. 2828; Pub. L. 111-163, title V, §512, May 5, 2010, 124 Stat. 1164; Pub. L. 114-315, title VI, §603(a)(1), Dec. 16, 2016, 130 Stat. 1570; Pub. L. 115-232, div. A, title VIII, §809(n)(1)(A), Aug. 13, 2018, 132 Stat. 1843.)

Editorial Notes

REFERENCES IN TEXT

Section 491 of title 14, referred to in subsec. (a)(1), was redesignated section 2732 of title 14 by Pub. L. 115-282, title I, §116(b), Dec. 4, 2018, 132 Stat. 4226, and references to section 491 of title 14 deemed to refer to such redesignated section, see section 123(b)(1) of Pub. L. 115-282, set out as a References to Redesignated Sections of Title 14 note preceding section 101 of Title 14, Coast Guard.

AMENDMENTS

2018—Subsec. (a)(1). Pub. L. 115-232 substituted “section 7271, 8291, or 9271 of title 10” for “section 3741, 6241, or 8741 of title 10”.

2016—Subsec. (a)(1). Pub. L. 114-315, §603(a)(1)(A), inserted “and veterans who were awarded the medal of honor under section 3741, 6241, or 8741 of title 10 or section 491 of title 14” before period at end.

Subsec. (a)(3). Pub. L. 114-315, §603(a)(1)(B), struck out “veterans who were awarded the medal of honor under section 3741, 6241, or 8741 of title 10 or section 491 of title 14,” after “awarded the Purple Heart.”

2010—Subsec. (a)(3). Pub. L. 111-163 inserted “veterans who were awarded the medal of honor under section 3741, 6241, or 8741 of title 10 or section 491 of title 14,” after “the Purple Heart.”

2002—Subsec. (a)(7), (8). Pub. L. 107-135 added pars. (7) and (8) and struck out former par. (7) which read as follows: “Veterans described in section 1710(a)(3) of this title.”

Subsec. (c)(1). Pub. L. 107-330 substituted “The Secretary” for “Effective on October 1, 1998, the Secretary”.

¹ See References in Text note below.