UNITED STATES SENATE

THE VETERANS COMMUNITY CARE AND ACCESS ACT OF 2017

The *Veterans Community Care and Access Act of 2017* – authored by U.S. Senators John McCain (R-AZ), Chairman of the Senate Armed Services Committee, and Jerry Moran (R-KS), Chairman of the Senate Appropriations Subcommittee on Military Construction, Veterans Affairs, and Related Agencies – would transform Department of Veterans Affairs (VA) health care into a modern, efficient and easy-to-use system that will increase veterans' access to quality care. Key components included in the legislation are below.

ESTABLISHING VETERANS COMMUNITY CARE PROGRAM

The bill would establish the Veterans Community Care Program, which would consolidate all community care authorities into a single cohesive program to deliver hospital care, medical services and extended care services to veterans in their communities. The bill would require each VA medical facility to coordinate the care of veterans participating in the community care program.

STRATEGY FOR HIGH-PERFORMING INTEGRATED HEALTH CARE NETWORK

The bill would require the VA to assess, develop and implement a reoccurring strategic plan to create a high-performing integrated health care network at the VA. This would be informed by periodic market assessments that examine the total demand for care on the VA system, identify gaps in care, and balance improvements to the VA and capacity in the community. Finally, the bill would standardize access and quality measurements to assure a consistent experience for veterans.

ADDRESSING ACCESS & QUALITY STANDARDS

The bill would implement data-driven access standards to inform veterans about their eligibility for community care. The VA Secretary would be responsible for determining standards of access for the following types of care: Primary, specialty, behavioral health, urgent, home health, dental or any others determined by the Secretary.

These standards would improve veterans' ability to compare care at the VA and other federal facilities with care at community hospitals. They would also inform the public about the state of VA healthcare.

The VA quality standards would also align with Department of Defense, Centers for Medicare and Medicaid Services and industry quality standards, and would establish a remediation protocol if the VA fails to meet those standards. Access and quality standards would not interfere with the discretion of VA clinicians, but would guarantee a common standard if the VA is unable to provide safe and timely care.

IMPROVING ACCESS TO WALK-IN CARE AND VA TELEMEDICINE
The bill would grant veterans access to care at walk-in clinics that are part of VA's community care network. It would also expand authority for VA health care professionals to practice telemedicine in other states, regardless of their location or that of the veteran. The VA would be required to submit a report to Congress within one year of enactment on the VA's telemedicine program, including information about provider and patient satisfaction, the effect of telemedicine on wait-times and utilization, and other measures.

ENSURING SAFE OPIOID PRESCRIBING PRACTICES
The bill would ensure that contracted providers review evidence-based guidelines and make certain the VA shares with community care providers the relevant medical history of veteran patients to guide the prescription of opioids through the community care program. It would also make the VA responsible for coordinating the prescription of opioids, which would be directed to VA pharmacies for dispensing, except in the case of a prior authorization or when the provider determines there is an immediate medical need for the prescription.

PROMPT PAYMENT TO PROVIDERS
The bill would establish and require publication of regulations for a prompt payment process that would obligate the VA to pay for, or deny payment for, community providers' services within a set timeframe after receipt of a claim – 30 or 45 calendar days depending on the type of claim. These provisions would include a specific requirement for prompt payment to Critical Access Hospitals at the designated Medicare cost-based rate.

PROTECTING VETERANS FROM UNSAFE & UNFIT PROVIDERS
The bill would protect veterans seeking care in the community from being treated by a provider who was fired, suspended, or had his or her license revoked by the VA or violated the requirements of his or her medical license.

GRADUATE MEDICAL EDUCATION & RESIDENCY PROGRAM
The bill would authorize the VA to increase the number of graduate medical education residency positions at covered facilities by no less than 1,500 positions in the 10-year period following enactment of the legislation.

IMPROVING COLLECTION OF HEALTH INSURANCE INFORMATION
The bill would require anyone seeking VA medical care and services to provide his or her health plan contract information to the VA. This section would also clarify that the VA could seek collections in the event the VA pays for care, rather than just delivers it.

IMPROVING INFORMATION SHARING WITH COMMUNITY PROVIDERS
The bill would clarify that the VA could share records with non-Department providers for the purpose of delivering care and enhancing the VA's ability to recover funds from other responsible third parties.

PILOT PROGRAM ESTABLISHING GRADUATE MEDICAL RESIDENCY PROGRAMS WITH INDIAN HEALTH SERVICE

The bill would direct the VA Secretary to consult with the Director of the Indian Health Service to develop a pilot program or affiliate with a graduate medical education residency training program, specific to rural or remote areas. The pilot would begin in no more than four locations and would extend eight years beyond the bill's enactment.

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