VA | U.S. Department of Veterans Affairs | Fact Sheet
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SUMMARY

Veterans Access, Choice and Accountability Act of 2014 ("Choice Act")

The Department of Veterans Affairs (VA) was established to fulfill President Lincoln's promise "To care for him who shall have borne the battle, and for his widow, and his orphan," by serving and honoring the men and women who are America's Veterans. VA's goal continues to be to provide timely, high-quality health care for Veterans. VA applauds the passage of the Veterans Access, Choice, and Accountability Act of 2014 (Public Law 113-146) ("Choice Act"), as amended by the Department of Veterans Affairs Expiring Authorities Act of 2014 (Public Law 113-175), as a bipartisan response to the health care access issues facing VA.

The Choice Act provides new authorities, funding, and other tools to help support and reform VA. The below summary serves as an overview of the Choice Act and is not meant to serve as an exhaustive review of the legislation.

Improvement of Access to Care from Non-VA Providers

- **Veterans Choice Program**
  - As directed by the Choice Act, VA will administer the "Veterans Choice Fund" to implement the Veterans Choice Program ("the Program"). The Program will operate for 3 years or until the Fund is exhausted. The Program will provide Veterans who were enrolled as of August 1, 2014 or eligible to enroll as a recently discharged combat Veteran with a Veterans Choice Card, and allow those Veterans who are unable to schedule an appointment within 30 days of their preferred date or the clinically appropriate date, or on the basis of their place of residence to elect to receive care from eligible non-VA health care entities or providers. This is separate from VA's existing program providing Veterans care outside of the VA system. Eligible non-VA entities or providers must enter into agreements with VA to furnish care, must maintain the same or similar credentials and licenses as VA providers, and must submit to VA a copy of any medical records related to care and services provided under the Program for inclusion in the Veteran's VA electronic medical record.

- **Claims Processing**

- VA will establish and implement a system to process and pay claims for care delivered to Veterans by non-VA providers under the Program and other non-VA care authorities.

- **Project Access Received Closer to Home (ARCH)**
  - Project ARCH, is an existing pilot program intended to improve access for eligible Veterans by connecting them to health care services closer to home. Eligibility for the pilot program is based on specific criteria, including driving distance from a VHA health care facility for primary care, acute hospital care, or tertiary care. The pilot program is carried out in 5 specific Veterans Integrated Service Networks. The Choice Act extends this pilot for approximately 2 years.

- **Enhancement of Collaboration**
  - VA will work with the Indian Health Service (IHS) to ensure that certain medical facilities operated by an Indian tribe or tribal organization are aware of the opportunity to negotiate reimbursement agreements with VA.
  - VA will enter into contracts or agreements with certain Native Hawaiian Health Care Systems for reimbursement of direct care services provided to eligible Veterans.

Additional Expansion of Access to Care

- **Extension of Assisted Living Pilots**
  - Pursuant to the Choice Act, VA will extend the Assisted Living Pilot Program for Veterans with Traumatic Brain Injury for 3 years, through October 6, 2017. This program assesses the effectiveness of providing assisted living services to eligible Veterans with traumatic brain injuries to "enhance the rehabilitation, quality of life, and community integration of such Veterans."

- **Mobile Vet Centers and Mobile Medical Centers**
  - VA will improve access to telemedicine and other health care services through standardization and greater use of mobile vet centers and mobile medical centers.

Reviewing and Expanding Capacity and Processes

- **Independent Assessments**
  - To ensure high-quality care, VA will enter into one or more contracts with an independent third party or parties for assessments of the hospital care, medical services, and other health care processes in VA medical facilities. The assessments will be submitted to Congress, the newly established Commission on Care, and posted online.

- **Technology Task Force**
  - A Technology Task Force will review VA's patient scheduling processes and supporting software, and will do so at no cost to the government. The

task force will propose specific actions VA might take to improve our performance in this area and will submit their recommendations to the Secretary and to Congress. VA will implement the recommendations of the task force that the Secretary considers feasible, advisable, and cost effective.

- **Major Facility Leases**
  - The Choice Act authorizes 27 major medical facility leases in 18 states and Puerto Rico.

- **Publicly Available Data**
  - Each VA medical facility will post on a Web site the wait-times for scheduling an appointment at VA facilities for primary care, specialty care, and hospital care and medical services based on the general severity of the condition of the Veteran. Whenever the wait-times for scheduling such appointments change, VA will publish the revised wait times.
  - VA will develop a comprehensive data set that will be made accessible to the public. This data set will include applicable patient safety, quality of care, and outcome measures for VA health care.
  - VA will ensure that Veterans have increased access to information about their doctors. The "Our Doctors" web site will be updated and made more accessible on www.va.gov. Additionally, each Veteran undergoing a surgical procedure through VA will be provided with information on the credentials of the surgeon performing the procedure.

- **Presidential Commission on Care**
  - An independent Commission on Care ("the Commission") will be established to undertake a comprehensive evaluation and assessment of access to health care at VA. The Commission will be made up of 15 voting members selected by Congress and the President and will submit a report of their findings and recommendations to the Secretary and the President. VA and other Federal agencies will be required to implement each recommendation that the President considers feasible, advisable, and able to implement without further legislation.

Health Care Staffing

- **New Residency Positions**
  - Over a five-year period, the legislation directs the VA to increase its number of Graduate Medical Education residency positions by up to 1,500. An emphasis will be placed on creating residency positions that improve Veterans' access to primary care, mental health, and other specialties the Secretary deems appropriate
- **VHA Staffing Requirements**
  - The VA Office of Inspector General will identify annually the top five occupations with the largest staffing shortages. An initial report will be

provided by February 3, 2015, and an annual report will be provided no later than September 30th of each year. The Secretary will have the authority to recruit and directly appoint qualified personnel to serve in these specific occupations.

- **Training and Education**
  - The law extends the VA's existing Health Professionals Educational Assistance Program from December 31, 2014, to December 31, 2019. The Choice Act also increases the maximum reimbursement ceiling for the Education Debt Reduction Program from $60,000 to $120,000.
  - VA is directed to implement a clinic management training program for two years, with continuously updated materials, to provide in-person, standardized education on health care management to appropriate VA employees.

- **Employee Performance Plans**
  - VA will ensure that scheduling and wait-time metrics or goals are not included as factors in employee performance evaluations or when calculating whether to pay performance awards.

Health Care Related to Sexual Trauma

- **Military Sexual Trauma**
  - A Veteran can now receive counseling and appropriate care and services required to overcome psychological trauma resulting from military sexual trauma (MST) that occurred while the Veteran was serving on inactive duty training (such as drill weekends for members of the Reserves and National Guard). Such benefits are provided at no cost to the Veteran.
  - The Choice Act also authorizes VA, in consultation with the Department of Defense (DoD), to provide MST-related care and services to members of the Armed Forces on active duty (including members of the National Guard and Reserves) without the need for a referral from a TRICARE provider or a military treatment facility. VA is working with DoD on implementation of this benefit.
  - The Choice Act requires VA to produce two reports for Congress on MST-related care and services. One report will compare the treatment and services available for male and female Veterans who experienced MST. The other report, coauthored by VA and DoD, will describe the processes involved in transitioning health care for individuals who have experienced MST from the military to VA. This report will also describe the efforts by VA and DoD to assist Veterans in filing claims for disabilities related to MST.

Veterans Benefits

- **VBA Initiatives/ Program Requirements**

- VA will expand the Marine Gunnery Sergeant John David Fry Scholarship to include the spouses of service members who died in the line of duty.
- Programs of education at public colleges and universities may not be approved for Post-9/11 GI Bill and Montgomery GI Bill (MGIB) benefits if they do not charge all recently released Veterans and their family members in-state tuition and fees.
- The Choice Act directs VA to extend the reduction in the amount of pension provided by VA for Veterans covered by Medicaid living in nursing facilities until September 30, 2024. VA will also extend the requirement to collect funding fees for housing loans until this date.

Departmental Personnel Authorities and Related Procedures

- **Employee Disciplinary Procedures**
  - VA will revise human resources policies to include penalties for employees who knowingly falsify or require another employee to falsify data regarding access to care or quality measures.
- **Employee Awards and Bonuses**
  - VA will limit the amount of awards and bonuses paid to VA employees each year for fiscal year 2015 to fiscal year 2024.

- **Removal of Senior Executives**
  - The Choice Act provides new authority for VA to seek removal or transfer Senior Executives based on poor performance or misconduct, with an abbreviated process for an expedited appeal.