

Key Provisions in the

Veterans Access to Care Through Choice, Accountability and Transparency Act of 2014

(H.R. 3230 signed into law as P.L. 113-146 on August 7th, 2014)

Improving Access and Quality of Care

- Allows veterans who were enrolled in VA's system as of August 1, 2014, to seek care from private, Medicare eligible providers if they're unable to receive a VA appointment within one month or they live more than 40 miles ("as the crow flies") from a VA facility.
- Provides \$10 billion to establish a "Veterans Choice Fund" to reimburse private health care providers who treat eligible vets. If or when VA exceeds the \$10 billion threshold, it will have to ask Congress for additional money.
- About \$200 million can be recovered from "enhanced" collections for treatment of non-service connected medical conditions. It is also estimated that another \$1.7 billion could be saved in Medicare payments when vets seek private care.
- A "veterans choice card" is being created to use for private care. A veteran already must be enrolled in the VA system or have served in a combat theater in the last five years to be eligible. It will be similar to an informational insurance card. VA might possibly modify existing Veterans Identification Cards to serve this purpose.
- Other offsets would come from: reducing pensions of totally disabled, non-service connected vets with no dependents who are residing in Medicaid-covered nursing homes; increasing funding fees on VA-guaranteed home loans; and reducing fraud and overpayment in VA's pension program.
- Provides \$5 billion to hire additional doctors, nurses and other medical staff.
- Extends VA's rural health care initiative (the Access Received Closer to Home program) for two years.
- Requires VA to conduct regular audits on the quality of care and staffing levels at each major medical facility.
- Extends for three years assisted living and therapy funds for vets afflicted with moderate to severe traumatic brain injuries.
- Provides VA counseling and treatment for victims of Military Sexual Trauma.

Enhanced Education Benefits

- Provides in-state tuition rates for all Post-911 GI Bill recipients.
- Expands the Fry Scholarship program, which provides GI Bill benefits to the children of troops killed in the Iraq or Afghanistan wars, by including the surviving spouses of these troops.

Expanding VA Facilities

- Provides \$1.27 billion to lease 27 clinics in 15 states and Puerto Rico.

Holding Senior Executive Service (SES) Employees Accountable

- Grants the VA Secretary the ability to immediately fire incompetent employees in a certain category, as well as hiring capable new employees.
- Freezes VA SES employee bonuses through the end of fiscal year 2016. This could recoup \$400 million over 10 years. But still protected from firing and bonus ineligibility are 99% of VA employees – Title 38 or General Schedule employees. As much as \$360 million in bonuses can be handed out annually to them.
- Eliminate wait-time and scheduling “metrics” from consideration for VA employees’ bonuses or promotions, which will now focus on the quality of care received by patients.

Limited Time to Get Things Done

(all deadlines are measured from August 7th)

- Modernizing VA’s scheduling system – a report by the technology task force is due in 45 days
- Veterans Choice Card program – a threshold must be set in 60 days and the program operating in 90 days
- Independent, Private Assessment – VA’s medical services are to be reviewed with a contract in place to do so within 90 days
- Reporting on Progress – three reports are due to Congress within six months
- Private Sector Assessment – review on non-VA care is due within about 11 months
- Commission on Care – 15 members (including at least six veterans) must be appointed within a year
- Sexual Assault – a report is due on VA care for victims in 1-3/4 years

(from the October 2014 VFW magazine)