

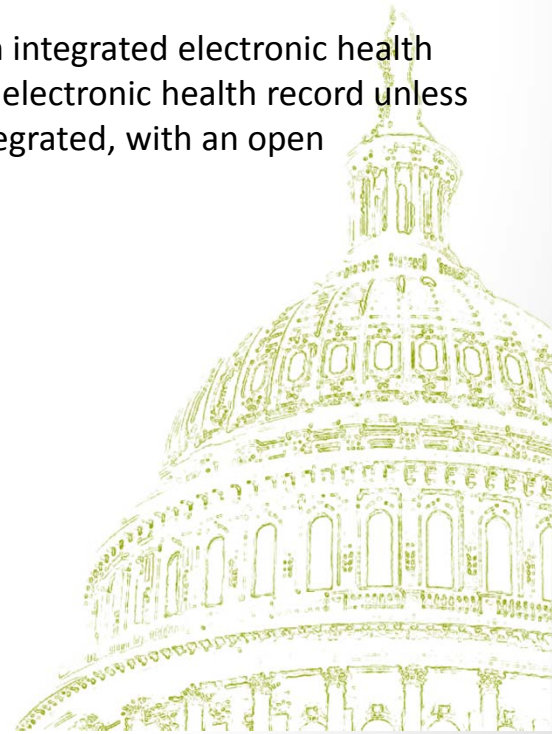
Enacted Health Care Legislation

Public Law 113–37, the Department of Veterans Affairs Expiring Authorities Act of 2013

A Department of Veterans Affairs (VA) survey found that nearly a third of veterans were interested in childcare services and more than 10 percent had to cancel or reschedule VA appointments due to lack of childcare. This law includes a provision that extends an additional year for a total of three years the pilot program for child care assistance

Public Law 113–66, Consolidated and Continuing Appropriations Act, 2013

Because of VA's and the Department of Defense's (DOD) decision against an integrated electronic health record, this law restricts the availability of funds for the development of an electronic health record unless the system meets the requirements of being single, joint, common, and integrated, with an open architecture, and is the sole system used by both DOD and VA.



Pending Health Care Legislation

H.R. 3230, the Veterans' Access to Care Act of 2014 (in Conference Committee negotiations, as of July 29, 2014)

Section 101 of this law will expand availability of non-VA health care services using contracts, intergovernmental agreements and provider agreements.

- VA is required to coordinate care under this new authority using the Non-VA Care Coordination Program.
- A veteran eligible to participate in this provision would have to be enrolled as of August 1, 2014 and:
 1. Has an appointment beyond current wait time goals; or
 2. Resides more than 40 miles from any VA medical facility, including a CBOC/is required to travel by air, boat, or ferry more than 20 miles; or
 3. Resides in a state without a VA medical facility that provides hospital care, emergency services and standard surgical services, and resides more than 20 miles from such facility.
- Follow-up care limited to 60 days per episode of care.
- Establishes a Veterans Choice Card
- Requires various reports including IG report on accuracy and timeliness of payments and VA reports on program utilization.

Veterans must disclose information on other health care plans under this section. Other health-care plans are primarily responsible for non-service-connected care. VA is secondarily responsible. In these cases, providers will be responsible for seeking reimbursement from the appropriate health care plans.



Pending Health Care Legislation

H.R. 3230, the Veterans' Access to Care Act of 2014 (in Conference Committee negotiations, as of July 29, 2014)

Section 104 – Would extend Project ARCH (Access Received Closer to Home) for two years.

Section 105 – Requires GAO report within one year on timeliness of payments by the VA to non-VA providers.

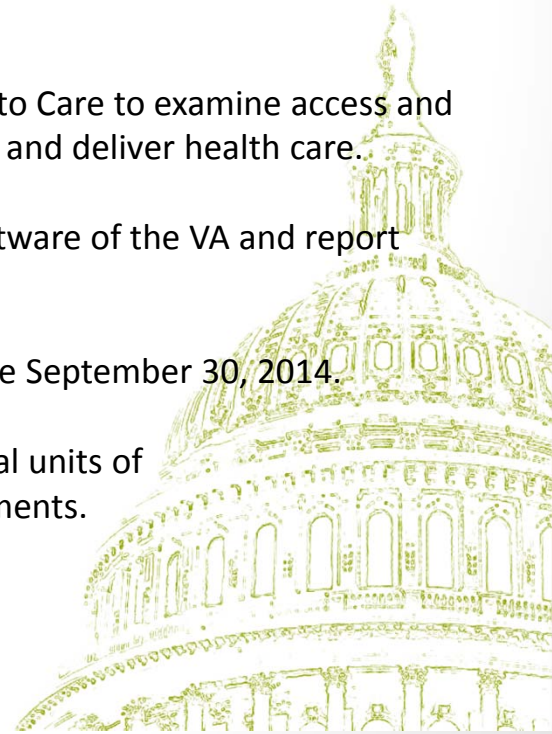
Section 201 – Requires an independent assessment of the health care delivery systems and management processes of VA.

Section 202 - Establishes a presidentially appointed Commission on Access to Care to examine access and strategically assess how best to organize VHA, locate health care resources, and deliver health care.

Section 203 - Technology task force on review of scheduling system and software of the VA and report with proposed actions for improvement.

Section 204 – Extends copayment collection authority currently set to expire September 30, 2014.

Section 205 – Improves access of veterans to mobile vet centers and medical units of the VA including through telemedicine, by standardizing operation requirements.



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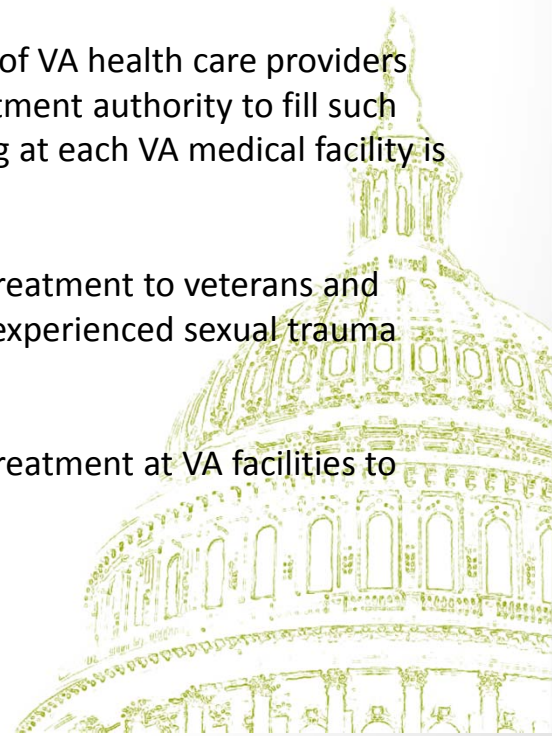
Section 207 - Would require publishing in the Federal Register wait-time goals for scheduling VA appointments, and require VA to publish on the Internet current wait times for appointments in primary and specialty care at each VA medical center.

Section 210 - Mandates that the Secretary carry out human resource policies establishing penalties for falsifying wait times and quality measures data.

Section 301 - Requires the VA OIG to annually identify the five occupations of VA health care providers with the largest staffing shortages and authorize VA to utilize direct appointment authority to fill such openings, in an expedited manner. A biennial report to Congress on staffing at each VA medical facility is also required.

Section 401 - Expands eligibility for military sexual trauma counseling and treatment to veterans and certain other service members who may not have veteran status, but who experienced sexual trauma while serving on inactive duty for training.

Section 402 - Expands eligibility for military sexual trauma counseling and treatment at VA facilities to active duty service members.



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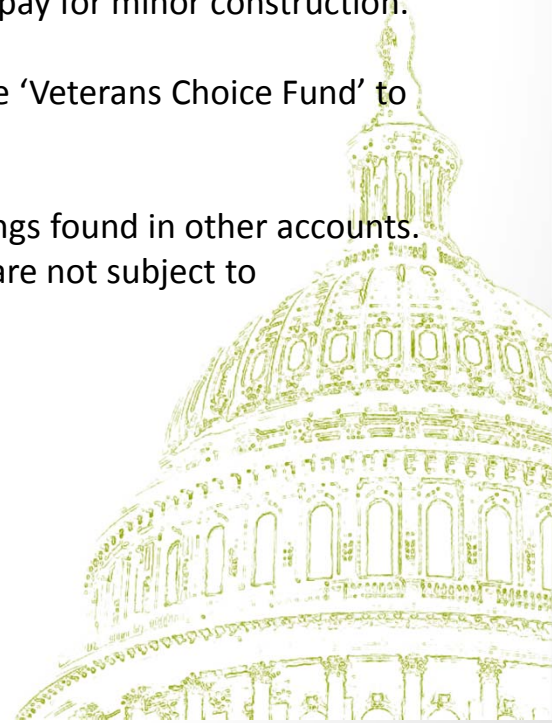
Section 501 –Extends the statutory authority for VA to operate an assisted living pilot program for TBI from September 30, 2014, to March 1, 2015.

Section 601 - Authorizes VA to enter into 27 major medical facility leases.

Section 801 – Provides \$5 billion in mandatory emergency funding to pay for hiring staff and to fund sections 301 and 302, maintain and operate VHA facilities, fund leases and pay for minor construction.

Section 802 – Provides \$10 billion in mandatory emergency funding into the 'Veterans Choice Fund' to carry out section 101, to remain available until expended.

The bill will cost \$17 billion, including \$5 billion that will be offset with savings found in other accounts. The other funds are to be classified under the “emergency” category, thus are not subject to appropriations or other budgetary controls under the Budget Act.



Pending Health Care Legislation

THESE BILLS EXPIRE AT THE END OF THE 113TH CONGRESS

Caregiver Support Legislation

H.R. 3383/S. 851, the Caregivers Expansion and Improvement Act of 2013, would extend to all veterans with a serious service-connected injury the eligibility to participate in the family caregiver services program.

H.R. 3672, the Support our Services to Veterans' Caregivers Act, would expand the current eligibility criteria to include "serious illness."

S. 1583, the Mental Health Support for Veteran Families and Caregivers Act of 2013, would require the Secretary of Veterans Affairs to conduct an education program and peer support program for the education and training of family members and caregivers of veterans with mental health disorders.



Pending Health Care Legislation

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H.R. 42, the Military Health Care Affordability Act, would prohibit certain increases in fees for military health care before fiscal year 2016.

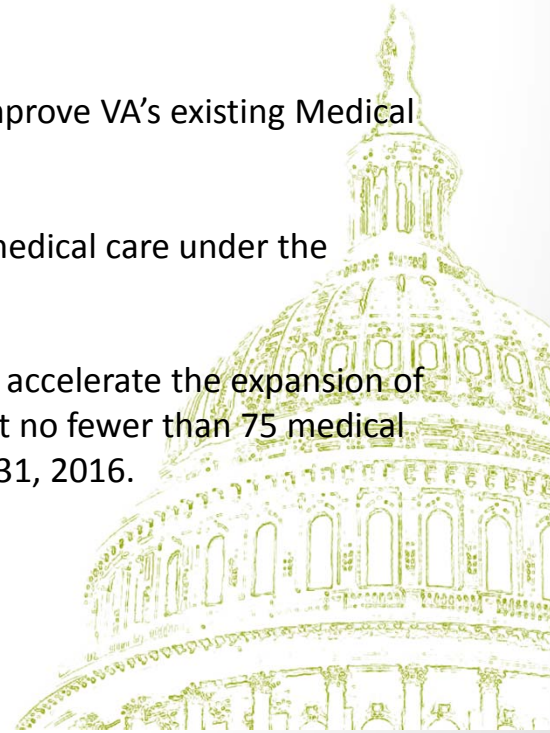
H.R. 958, the Women Veterans and Other Health Care Improvement Act of 2013, would improve the reproductive assistance provided by the VA to severely wounded, ill, or injured veterans and their spouses.

H.R. 1702, the Veterans Transportation Service Act, would make permanent the authority of the Secretary of Veterans Affairs to transport individuals to and from facilities of the VA in connection with rehabilitation, counseling, examination, treatment, and care.

H.R. 2726, the Long-Term Care Veterans Choice Act, would enhance and improve VA's existing Medical Foster Home program.

H.R. 288/S. 325 would increase the maximum age for children eligible for medical care under the CHAMPVA program.

H.R. 921/S. 422, the Chiropractic Care Available to All Veterans Act, would accelerate the expansion of chiropractic care by requiring VA to provide chiropractic care and services at no fewer than 75 medical centers by December 31, 2014, and at all VA medical centers by December 31, 2016.



Pending Health Care Legislation

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S. 852, Veterans Health Promotion Act of 2013, would establish a new complementary and alternative medicine (CAM) program in the VA; 21 new CAM research, education and clinical centers.

S. 1411, the Rural Veterans Health Care Improvement Act of 2013, would require the Office of Rural Health to update its “Strategic Plan Refresh,” a document VA issued in 2012 that reviewed VA’s rural health expenditures, and laid out VA’s plans for rural health developments over the near term.

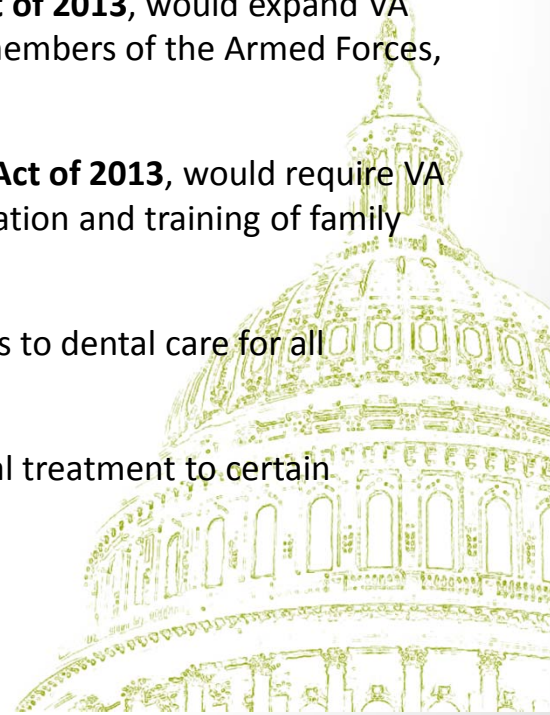
S. 1578 would authorize the Secretary of Veterans Affairs to cover the costs associated with the care of veterans at medical foster homes.

S. 1581, the Survivors of Military Sexual Assault and Domestic Abuse Act of 2013, would expand VA authorization to provide counseling and treatment for sexual trauma to members of the Armed Forces, and require the Secretary to screen veterans for domestic abuse.

S. 1583, the Mental Health Support for Veteran Families and Caregivers Act of 2013, would require VA to conduct an education program and peer support program for the education and training of family members and caregivers of veterans with mental health disorders.

S. 1586, the Enhanced Dental Care for Veterans Act of 2013, would access to dental care for all enrolled veterans via pilot program.

S. 1588 would expand eligibility for reimbursement for emergency medical treatment to certain veterans.



Pending Health Care Legislation

THESE BILLS EXPIRE AT THE END OF THE 113TH CONGRESS

S. 1982, incorporates bills from S. 422, S. 851, S. 852, S. 944, S. 1578, S. 1581, S. 1583, S. 1586, S. 1588, S. 1604, etc.). In addition to benefits, employment, education and other matters, this omnibus bill would create, expand, advance, and extend a number of VA health care and related benefits from expanding the comprehensive caregiver support program to severely disabled veterans of all eras, care related to military sexual trauma, rehabilitative care for veterans with traumatic brain injury, complementary and alternative medicine, chiropractic care, dental care, and long-term services and supports for service-connected disabled veterans listed here by sections:

Sec. 302 - Further extends the health care eligibility period for veterans with combat service during certain periods of hostilities and war.

Sec. 303 - Extends to all veterans with a serious service-connected disability of eligibility for participation in VA's comprehensive family caregiver support program.

Sec. 305 – Increases the provision of chiropractic care to veterans.

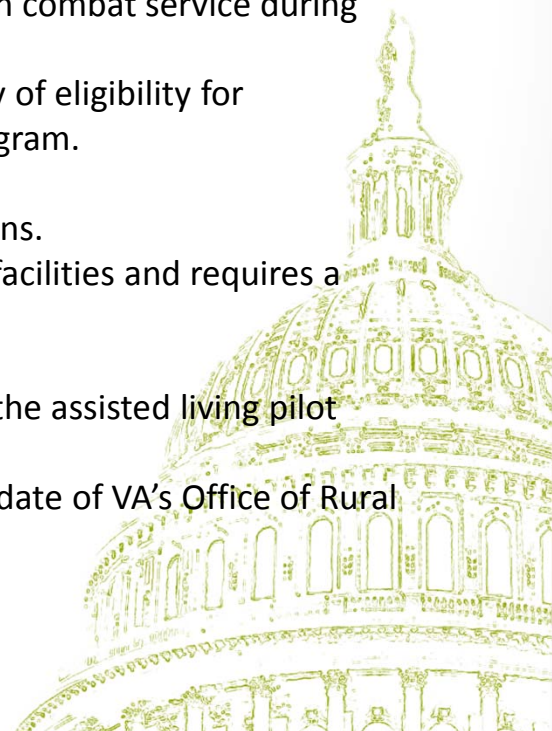
Sec. 307 – Expands emergency treatment reimbursement for certain veterans.

Sec. 309 – Extends sunset date for transporting individuals to and from VA facilities and requires a report.

Sec. 310 - Covers associated costs for veterans at medical foster homes.

Sec. 311 - Extends and modifies the location and reporting requirement of the assisted living pilot program for veterans with traumatic brain injury.

Sec. 327 – Includes additional requirements in connection with the next update of VA's Office of Rural Health current strategic plan.



Pending Health Care Legislation

THESE BILLS EXPIRE AT THE END OF THE 113TH CONGRESS

S. 1982 (Continued):

- Sec. 331 – Expands research and education for complementary and alternative medicine (CAM).
- Sec. 332 – Requires a program to integrate CAM within VA medical centers.
- Sec. 333 – Require studies of barriers encountered by veterans in receiving, and administrators and clinicians in providing, complementary and alternative medicine services furnished by VA.
- Sec. 334 – Authorizes a program on use of wellness programs as complementary approach to mental health care for veterans and family members of veterans.
- Sec. 351 – Provides for restorative dental services for veterans.
- Sec. 352 – Expands pilot program furnishing of dental care to all enrolled veterans.
- Sec. 353 – Establishes education program to promote dental health in veterans.
- Sec. 354 – Information on dental services to be included in electronic medical records under the dental insurance pilot program.
- Sec. 361 – Expands eligibility for sexual trauma counseling and treatment to veterans on inactive duty training.
- Sec. 362 – Expands eligibility for counseling, care and services to active duty service members including members of the National Guard and Reserves to overcome military sexual trauma.
- Sec. 364 – Requires a VA report on prevalence of military sexual trauma and domestic abuse.
- Sec. 379 – Makes permanent a program providing counseling in retreat settings for newly separated women veterans.

