

107TH CONGRESS
1ST SESSION

S. 456

To amend title 38, United States Code, to enhance the assurance of efficiency, quality, and patient satisfaction in the furnishing of health care to veterans by the Department of Veterans Affairs, and for other purposes.

IN THE SENATE OF THE UNITED STATES

MARCH 5, 2001

Ms. SNOWE introduced the following bill; which was read twice and referred to the Committee on Veterans' Affairs

A BILL

To amend title 38, United States Code, to enhance the assurance of efficiency, quality, and patient satisfaction in the furnishing of health care to veterans by the Department of Veterans Affairs, and for other purposes.

1 *Be it enacted by the Senate and House of Representa-*
2 *tives of the United States of America in Congress assembled,*

3 **SECTION 1. SHORT TITLE.**

4 This Act may be cited as the “Veterans Health Care
5 Quality Assurance Act of 2001”.

6 **SEC. 2. FINDINGS.**

7 Congress makes the following findings:

1 (1) The Department of Veterans Affairs admin-
2 isters the largest health care network in the United
3 States, including 172 hospitals, 73 home care pro-
4 grams, more than 800 community-based outpatient
5 clinics, and numerous other specialized care facili-
6 ties.

7 (2) There are approximately 25,000,000 vet-
8 erans in the United States, including approximately
9 19,300,000 veterans of a period of war.

10 (3) The number of veterans seeking medical
11 care in Department medical facilities is increasing
12 nationwide.

13 (4) The medical caseload of the Department in
14 fiscal year 2000 was expected to total approximately
15 3,800,000 cases, an increase of 185,000 cases from
16 fiscal year 1999. The medical caseload of the De-
17 partment is further expected to increase to
18 3,900,000 cases in fiscal year 2001. In fiscal year
19 2001, outpatient visits to Department facilities are
20 expected to increase by 2,600,000 visits to approxi-
21 mately 40,400,000 visits.

22 (5) The average age of veterans is increasing.
23 The increase in the average age of veterans is ex-
24 pected to result in additional demands for health

1 care services, including more frequent and long-term
2 health needs.

3 (6) The Department is attempting to meet in-
4 creasing demand for medical care without substan-
5 tial increases in appropriations, mainly through ef-
6 forts to increase efficiency.

7 (7) The need to treat more veterans without
8 substantial increases in available resources has re-
9 sulted in serious concerns about the potential for
10 loss of quality of care and of patient satisfaction.

11 (8) Many of the regional networks and hospitals
12 administered by the Veterans Health Administration
13 report that timely access to high quality health care
14 may be jeopardized by inadequate funding.

15 **SEC. 3. SENSE OF CONGRESS ON MAXIMIZATION AND EFFI-**
16 **CIENT USE OF HEALTH CARE RESOURCES BY**
17 **THE DEPARTMENT OF VETERANS AFFAIRS.**

18 It is the sense of Congress that the Secretary of Vet-
19 erans Affairs should—

20 (1) require the directors of the Department of
21 Veterans Affairs health care networks to systemati-
22 cally share information on means of maximizing re-
23 sources and increasing efficiency without compro-
24 mising quality of care and patient satisfaction;

1 (2) require exchange and mentoring programs
 2 among and between such networks in order to facili-
 3 tate the sharing of such information;

4 (3) provide incentives to such networks to in-
 5 crease efficiency and meet uniform quality and pa-
 6 tient satisfaction goals; and

7 (4) institute a formal oversight process to en-
 8 sure that—

9 (A) all such networks meet uniform effi-
 10 ciency goals; and

11 (B) efforts to increase efficiency are equi-
 12 table between and among such networks and
 13 their facilities.

14 **SEC. 4. QUALITY ASSURANCE AUDITS BY INSPECTOR GEN-**
 15 **ERAL OF THE DEPARTMENT OF VETERANS**
 16 **AFFAIRS.**

17 Section 312 of title 38, United States Code, is
 18 amended by adding at the end the following:

19 “(c)(1) In addition to the other responsibilities of the
 20 Inspector General under this section, the Inspector Gen-
 21 eral shall also conduct an audit of the quality of health
 22 care furnished by each health care network, and by each
 23 health care facility, of the Department.

24 “(2) Each audit under paragraph (1) shall measure
 25 the following:

1 in and among Department of Veterans Affairs health care
2 networks of information designed to ensure that all De-
3 partment medical care centers meet uniform efficiency
4 standards in the provision of health care to veterans.

5 (2) The Secretary shall meet the requirement in para-
6 graph (1) through the publication of guidance materials
7 and best practice summaries and by such other means as
8 the Secretary considers appropriate.

9 (b) EFFICIENCY GOALS AND QUALITY AND PATIENT
10 SATISFACTION STANDARDS.—(1) The Secretary, acting
11 through the Under Secretary for Health, shall issue on
12 an annual basis efficiency goals and quality and patient
13 satisfaction standards in the provision of health care to
14 veterans for each Department health care facility. The ef-
15 ficiency goals and quality and patient satisfaction stand-
16 ards for each facility shall be consistent with such goals
17 and standards as the Secretary shall establish for the De-
18 partment as a whole.

19 (2)(A) The Secretary shall, on an annual basis, sub-
20 mit to Congress a report on the extent to which each De-
21 partment health care facility met the efficiency goals and
22 quality and patient satisfaction standards for such facility
23 under paragraph (1) during the preceding year.

24 (B) Each report under subparagraph (A) shall set
25 forth a comparison between the performance of each De-

1 department health care facility with respect to the efficiency
2 goals and quality and satisfaction standards for such facil-
3 ity for the year involved and the average performance of
4 all Department health care facilities with respect to such
5 goals and standards for such year. The comparison shall
6 be stated in a manner which permits a clear and under-
7 standable comparison of the performance of each facility
8 with the average performance of all such facilities.

9 **SEC. 6. OFFICE OF HEALTH CARE QUALITY ASSURANCE.**

10 (a) ESTABLISHMENT.—(1) Subchapter II of chapter
11 73 of title 38, United States Code, is amended by adding
12 at the end the following:

13 **“§ 7324. Office of Health Care Quality Assurance**

14 “(a) IN GENERAL.—There shall be within the De-
15 partment an office to be known as the ‘Office of Health
16 Care Quality Assurance’ (in this section referred to as the
17 ‘Office’). The Office shall be located for administrative
18 purposes within the Office of the Under Secretary for
19 Health.

20 “(b) DIRECTOR.—The head of the Office is the Direc-
21 tor of Health Care Quality Assurance.

22 “(c) STAFF AND SUPPORT.—The Under Secretary
23 for Health shall provide the Office with such staff and
24 other support as may be necessary for the Office to carry
25 out effectively its functions under this section.

1 “(d) FUNCTIONS.—The functions of the Office are as
2 follows:

3 “(1) To ensure the implementation of any rec-
4 ommendations of the Inspector General of the De-
5 partment as a result of audits conducted by the In-
6 spector General under section 312(c) of this title.

7 “(2) To collect and ensure the dissemination of
8 information on initiatives, programs, policies, proce-
9 dures, strategies, and best practices that have been
10 proven to increase efficiency and resource utilization
11 without undermining quality or patient satisfaction
12 in the furnishing of health care to veterans.

13 “(3) To take such other actions relating to the
14 assurance of quality in the furnishing of health care
15 by the Veterans Health Administration as the Under
16 Secretary for Health considers appropriate.”.

17 (2) The table of sections at the beginning of chapter
18 73 of such title is amended by inserting after the item
19 relating to section 7323 the following new item:

“7324. Office of Health Care Quality Assurance.”.

20 (b) PLACEMENT IN OFFICE OF UNDER SECRETARY
21 FOR HEALTH.—Section 7306(a) of title 38, United States
22 Code, is amended—

23 (1) by redesignating paragraph (9) as para-
24 graph (10); and

1 (2) by inserting after paragraph (8) the fol-
2 lowing new paragraph (9):

3 “(9) The Director of Health Care Quality As-
4 surance, who shall be responsible to the Under Sec-
5 retary for Health for the operation of the Office of
6 Health Care Quality Assurance.”.

7 (c) SENSE OF CONGRESS ON DIRECTOR AS ADVO-
8 CATE FOR VETERANS.—It is the sense of Congress that
9 the Director of the Office of Health Care Quality Assur-
10 ance should act as an advocate for veterans in carrying
11 out activities under section 7324 of title 38, United States
12 Code, as added by subsection (a).

13 **SEC. 7. REPORT ON EFFICIENCIES IN PROVISION OF**
14 **HEALTH CARE BY THE DEPARTMENT OF VET-**
15 **ERANS AFFAIRS.**

16 (a) REQUIREMENT.—Not later than six months after
17 the date of the enactment of this Act, the Secretary of
18 Veterans Affairs shall submit to Congress a report on effi-
19 ciencies in the furnishing of health care to veterans in the
20 health care networks and facilities of the Department of
21 Veterans Affairs.

22 (b) ELEMENTS.—The report shall include the fol-
23 lowing:

24 (1) A survey of each health care network of the
25 Department, including a summary of the efforts of

1 each network to increase efficiency in the furnishing
2 of health care to veterans.

3 (2) An assessment of the extent to which such
4 networks, and the facilities within such networks,
5 are or are not implementing uniform, Department-
6 wide policies to increase efficiency in the furnishing
7 of health care to veterans.

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