

## Sweeping Health Care Bill becomes Law

In a ceremony June 6, President Trump signed the John S. McCain III, Daniel K. Akaka and Samuel R. Johnson VA Maintaining Internal Systems and Strengthening Integrated Outside Networks Act, also called the VA MISSION Act, into law. The comprehensive legislation impacts how veterans receive their health care through the Department of Veterans Affairs (VA). U.S. Sens. Johnny Isakson, R-Ga., and Jon Tester, D-Mont., chairman and ranking member of the Senate Committee on Veterans' Affairs, along with Rep. Phil Roe, R-Tenn., chairman of the House Committee on Veterans' Affairs, were instrumental in working with The American Legion and other veterans service organizations to get the legislation passed.

It also includes provisions to consolidate community care programs into a single, streamlined service; provides sufficient funding to extend the program through 2019; expands comprehensive assistance; strengthens ability to recruit, hire and retain quality medical personnel; and reforms the VA health-care infrastructure.

The legislative package is comprised of five titles that address major areas of deficit, including increased access to private-sector care, consolidation of community care programs, expansion of the Family Caregiver Program and the recruitment of qualified medical professionals.

### **Title I: Caring for our Veterans**

#### *Establishment of Community Care Programs*

One of the largest changes the legislation will bring to VA health care is the expansion of the community care program. The VA MISSION Act gives veterans more control when it comes to their health care such as increased access to private-sector care, improvements to standards for quality, access to walk-in care, ensuring individuals can get appointments scheduled in a timely manner and continuity of care.

This section requires an individual have access to community care if the VA is unable to provide the care or services needed by an individual. Some of the considerations for access to community care include distance between the veteran and facility, type of service, timeliness of available appointments and whether the veteran seeking care faces an excessive burden.

An area addressed under the Establishment of Community Care Programs provision is the remediation of medical service lines. If a service line is determined to be non-compliant with the standards for quality, a plan of action must be submitted within 30 days that addresses the actions necessary to bring the medical service line into compliance.

The establishment of a comprehensive community care program is the subject of [American Legion Resolution No. 46](#): Department of Veterans Affairs (VA) non-VA care programs. The resolution states the VA must “develop a well-defined and consistent non-VA care coordination program, policy and procedure that includes a patient-centered care strategy which takes veterans’ unique medical injuries and illnesses as well as their travel

and distance into account.”

### *Paying Providers and Improving Collections*

Another issue under the Act is the payment of service providers. The VA MISSION Act contains a clause requiring the prompt payment of providers. It directs that service providers be paid in under 45 days for paper claims and under 30 days for electronic claims.

### *Education and Training Programs*

The Act states that the VA will develop a program to educate veterans about their health-care options within the VA medical system. An issue many veterans face is a lack of education in what benefits they are entitled to and what exactly those benefits entail. These programs will teach veterans about eligibility criteria for care under the VA, priority enrollment groups, copayments and other financial obligations that fall on the veteran, as well as how to utilize the standards for quality and access standards. Part of the education and training program will provide veterans on information on what to do when they have a complaint about health care received through the VA.

### *Other Matters Relating to Non-Department of Veterans Affairs Providers*

Additional matters relating to non-VA providers include a process to ensure safe opioid prescribing practices, improved information sharing with community providers, competency standards for non-VA health care providers, and access to and participation in national and state-level prescription drug monitoring programs.

### *Other Non-Department Health Care Matters*

Additionally, Title I includes provisions to use the remaining Veterans Choice Fund to pay for health-care services at non-VA facilities or through non-VA providers, as well as permitting VA health-care professionals to provide treatment with telemedicine. The Family Caregiver Program is also addressed in this section. The Act requires the VA to expand eligibility for VA's Program of Comprehensive Assistance for Family Caregivers to veterans of all eras, addressing [American Legion Resolution No. 259](#): Extend Caregiver Benefits to Include Veterans Before September 11, 2001.

## **Title II: VA Asset and Infrastructure Review**

This section requires the VA to assess the capacity of each Veterans Integrated Service Network (VISN) and identify deficiencies within each VISN.

## **Title III: Improvements to Recruitment of Healthcare Professionals**

Title III focuses on improving the recruitment and retainment of quality health care professionals by providing two to four-year scholarships to medical students in exchange for service to the VA. The VA MISSION Act also increases the amount of education debt reduction available from \$120,000 to \$200,000 over five years, and establishes the VA Specialty Education Loan Repayment Program. Title III also establishes a pilot program

for veterans healing veterans supporting four years of medical school education costs for two veterans at select medical schools. There's also a provision requiring the VA to ensure clinical staff are able to participate in the Education Debt Reduction Program.

#### **Title IV: Health Care in Underserved Areas**

Title IV develops a plan to address problems in underserved facilities and criteria for designating those facilities. These criteria include but are not limited to the ratio of veterans to providers, range of specialties covered, and whether or not the facility is meeting the VA's goals when it comes to wait times. In order to address the underserved facilities, the Act creates a pilot program to provide medical deployment teams to these flagged facilities. Finally, it requires the VA to establish medical residency programs at covered facilities.

#### **Title V: Other Matters**

Title V requires VA to submit an annual report on performance bonuses and awards given, including the amount of each bonus or award, the job title of the individual receiving the bonus or award, and the location where the individual works. Additionally, Title V requires VA to be transparent with vacancy information on a VA website, requires an Inspector General review of the website and requires the VA to report annually the steps the VA is taking to reach full staffing capacity.