

**AMENDMENT TO H.R. 8469, AS REPORTED
OFFERED BY MR. OGLES OF TENNESSEE**

At the end of the bill (before the short title), insert the following:

1 SEC. _____. (a) IN GENERAL.—Notwithstanding sec-
2 tions 1703 and 1703A of title 38, United States Code,
3 the Secretary of Veterans Affairs shall ensure that spe-
4 cialty care services for eligible veterans diagnosed with
5 covered conditions are furnished through non-Department
6 health care providers.

7 (b) LIMITED DEPARTMENT EXCEPTION.—The Sec-
8 retary may furnish such care within Department facilities
9 only if the Secretary certifies that—

10 (1) the Department facility demonstrates equal
11 or superior clinical outcomes;

12 (2) the care can be delivered within applicable
13 access standards; and

14 (3) the provision of such care within Depart-
15 ment facilities does not increase total costs to the
16 United States.

17 (c) TIMELY REFERRAL REQUIREMENT.—The Sec-
18 retary shall ensure that eligible veterans are referred to
19 a non-Department provider not later than 14 days after

1 diagnosis or determination of need for specialty care. The
2 Secretary may not require, as a condition for receiving
3 speciality care, any additional internal approval beyond
4 eligibility verification.

5 (d) NETWORK ADEQUACY AND PAYMENT.—The Sec-
6 retary shall ensure that—

7 (1) reimbursement rates for community pro-
8 viders are not materially below comparable Medicare
9 rates; and

10 (2) payments are made to community providers
11 within 30 days of clean claim submission.

12 (e) BUDGET NEUTRALITY .—The Secretary—

13 (1) shall carry out this section using amounts
14 otherwise made available to the Secretary by this
15 Act; and

16 (2) shall not increase total budget authority.

17 (f) REPORTING.—Not later than 180 days after the
18 date of the enactment of this Act, and on an annual basis
19 thereafter, the Secretary shall submit to the Committees
20 on Appropriations of the House of Representatives and the
21 Senate a report that includes a description of—

22 (1) the number of veterans receiving specialty
23 care through community provides;

24 (2) comparative cost per episode of care;

1 (3) clinical outcomes, including survival rates;

2 and

3 (4) the average time to treatment initiation for

4 a veteran eligible for specialty care.

5 (g) SUNSET.—This section shall terminate on the

6 date that is 5 years after the date of the enactment of

7 this Act, unless reauthorized by an Act of Congress.

8 (h) COVERED CONDITION DEFINED.—In this section,

9 the term “covered condition” includes—

10 (1) a condition requiring oncology or cancer-re-

11 lated care;

12 (2) an advanced gastrointestinal disorder;

13 (3) a complex neurological disorder;

14 (4) organ failure, or a condition requiring organ

15 transplant-related care; and

16 (5) such other conditions that the Secretary de-

17 termines requires highly specialized, multidisci-

18 plinary treatment.

