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Part 2

VETERANS ACCOUNTABILITY ACT OF 2013

OCTOBER 7, 2013.—Committed to the Committee of the Whole House on the State of the Union and ordered to be printed

Mr. MILLER of Florida, from the Committee on Veterans' Affairs, submitted the following

SUPPLEMENTAL REPORT

[To accompany H.R. 1804]

This supplemental report includes a correction to the prose under the heading relating to Background and Need for Legislation describing sections 3 and 4 of the bill (H.R. 1804), as reported. This supplemental report also includes the required Statement of Duplication of Federal Programs and the required Disclosure of Directed Rulemaking, which was not included in the report submitted on September 25, 2013 (H. Rept. 113–227, pt.1).

BACKGROUND AND NEED FOR LEGISLATION

Section 3—Reporting of Infectious Diseases at Department of Veterans Affairs Medical Facilities

Currently, VA is not required by law to report the incidence of infectious disease at VA facilities to State and local health officials. Section 3 of H.R. 1804, as amended, as derived from H.R. 1792, as amended, would require VA to report infectious diseases diagnosed at VA medical facilities in accordance with the laws of the state the facility is located. This section was advanced in response to a number of infectious disease issues at VA facilities nationwide, including the deadly outbreak of Legionnaires' Disease at the Pittsburgh VA Healthcare System from February, 2011 to November, 2012 that killed at least five veterans and sickened as many as 22.

According to expert witnesses who testified before the Committee, timely disease surveillance is critical to disease control. Delayed, incomplete, or inconsistent reporting can compromise an effective response and result in the spread of infection. As one of the Nation's largest health care providers, VA must participate in infectious disease reporting along with all other medical facilities within each State they are located.

Section 4—Prohibition of Visual Recording without Informed Consent

Section 4 of H.R. 1804, as amended, directs the Secretary of Veterans Affairs to prescribe regulations to ensure that any visual recording made of a patient during the course of furnishing care through the Department of Veterans Affairs (VA) is carried out only with the full and informed consent of that patient or, in appropriate cases, a representative thereof.

Section 4 of H.R. 1804, as amended, would allow the Secretary to waive such requirement if the recording is made: (1) upon a determination by a physician or psychologist that the recording is medically necessary, (2) pursuant to a warrant or order of a court of competent jurisdiction, or (3) in a public setting where a person would not have a reasonable expectation to privacy (such as a waiting room or hallway) and the recording is for general security purposes not particularized to the patient.

This bill was introduced in response to a specific incident at a VA medical facility where a covert camera was discovered in a patient's treatment room. Upon inquiry, the VA indicated that it had not yet implemented a national policy on video surveillance. Section 4 of H.R. 1804, as amended, would ensure the basic privacy rights of the men and women who have served our country when they seek treatment at VA medical facilities.

STATEMENT ON DUPLICATION OF FEDERAL PROGRAMS

Pursuant to section 3(j) of H. Res. 5, 113th Cong. (2013), the Committee finds that no provision of H.R. 1804, as amended, establishes or reauthorizes a program of the Federal Government known to be duplicative of another Federal program, a program that was included in any report from the Government Accountability Office to Congress pursuant to section 21 of Public Law 111–139, or a program related to a program identified in the most recent Catalog of Federal Domestic Assistance.

DISCLOSURE OF DIRECTED RULEMAKING

Pursuant to section 3(k) of H. Res. 5, 113th Cong. (2013), the Committee estimates that H.R. 1804, as amended, contains one directed rule making at section 4 requiring the Secretary to prescribe regulations regarding the visual recording of patients in Department of Veterans Affairs medical facilities.

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