

107TH CONGRESS
2D SESSION

H. R. 5675

To amend title 38, United States Code, to provide for a more equitable geographic allocation of funds appropriated to the Department of Veterans Affairs for medical care.

IN THE HOUSE OF REPRESENTATIVES

OCTOBER 16, 2002

Mr. LARSON of Connecticut introduced the following bill; which was referred to the Committee on Veterans' Affairs

A BILL

To amend title 38, United States Code, to provide for a more equitable geographic allocation of funds appropriated to the Department of Veterans Affairs for medical care.

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 “21st Century Veterans
5 Equitable Treatment Act”.

6 **SEC. 2. FINDINGS.**

7 Congress makes the following findings:

1 (1) Veterans were promised by the Federal
2 Government that for their service to the country
3 they would be provided a lifetime of health care serv-
4 ices, as well as their own health care service net-
5 work.

6 (2) The current allocation system for appropria-
7 tions made to the Department of Veterans Affairs
8 for medical care, known as the Veterans Equitable
9 Resource Allocation (VERA) formula and estab-
10 lished by the Secretary of Veterans Affairs pursuant
11 to section 429 of the Departments of Veterans Af-
12 fairs and Housing and Urban Development, and
13 Independent Agencies Appropriations Act, 1997
14 (Public Law 104–204; 110 Stat. 2929), has proved
15 to be an ineffective means of allocating such funds
16 fairly across the 22 national service regions, known
17 as Veterans Integrated Service Networks (VISNs),
18 of the Department of Veterans Affairs.

19 (3) The VERA formula has resulted in a sys-
20 tem in which veterans in some regions of the country
21 are forced to compete with veterans in other regions
22 for critical medical care funds, whereas the system
23 should be providing the funding necessary to meet
24 the health care needs of all veterans, regardless of
25 where they live, to ensure that all veterans have ac-

1 cess to the level and quality of care that they have
2 all earned and deserve.

3 (4) The Secretary of Veterans Affairs estab-
4 lished a set of performance goals in fiscal year 2000,
5 which are referred to as “30–30–20”, representing
6 the Secretary’s goal to schedule nonurgent primary
7 care visits within 30 days, specialty care visits within
8 30 days, and the maximum amount of time veterans
9 must wait once they arrive to be seen by a doctor
10 as 20 minutes.

11 (5) According to the Department’s Performance
12 Report for Fiscal Year 2001, nationally 87 percent
13 of primary care appointments were scheduled within
14 30 days of the desired date and 84 percent of spe-
15 cialty care appointments were scheduled within 30
16 days of the desired date, while in VISN 1, only 82
17 percent of primary care appointments were sched-
18 uled within 30 days of the desired date and only 80
19 percent of specialty care appointments were sched-
20 uled within 30 days of the desired date.

21 (6) Until the VERA formula is changed to en-
22 sure a more equitable and adequate distribution of
23 medical care funding within the Department of Vet-
24 erans Affairs system, providing appropriate access to
25 medical care for the Nation’s veterans must remain

1 a national priority with a method found to provide
2 a safety net that will ensure that veterans have ac-
3 cess to the health care they need without under-
4 mining the existing health care network of the De-
5 partment of Veterans Affairs.

6 **SEC. 3. STANDARD FOR TIME FOR REFERRAL FOR SPE-**
7 **CIALIST CARE.**

8 (a) TIME FOR SPECIALIST APPOINTMENTS.—(1) The
9 Secretary of Veterans Affairs shall establish by regulation
10 a maximum specialist referral period, subject to such ex-
11 ceptions as the Secretary considers necessary.

12 (2) For purposes of paragraph (1), the term “spe-
13 cialist referral period” means the period of time between
14 (A) the date on which a veteran is referred to a specialty
15 clinic of the Department by the veteran’s primary care
16 physician within the Department of Veterans Affairs
17 health care system, and (B) the date for which the veteran
18 is scheduled for an appointment with a Department spe-
19 cialist pursuant to such referral.

20 (3) In establishing a maximum specialist referral pe-
21 riod under paragraph (1), the Secretary shall act in a
22 manner consistent with the current treatment policies of
23 the Department based on clinical need and with the estab-
24 lished 30–30–20 performance goal of the Department for
25 such a referral period.

1 (b) STANDARD FOR TRANSPORTATION.—The Sec-
2 retary shall take such steps as necessary to ensure that
3 the Department of Veterans Affairs is able to provide ap-
4 propriate transportation services for qualified veterans
5 within a reasonable time period of a scheduled appoint-
6 ment.

7 **SEC. 4. CONTRACT CARE TO BE PROVIDED WHEN DEPART-**
8 **MENT OF VETERANS AFFAIRS CARE NOT**
9 **AVAILABLE IN ACCORDANCE WITH STAND-**
10 **ARDS.**

11 (a) CONTRACT CARE.—In any case in which the Sec-
12 retary of Veterans Affairs is not able to provide hospital
13 care or medical services in accordance with the standard
14 prescribed under section 3(a) or to provide transportation
15 services in accordance with section 3(b), the Secretary
16 shall promptly provide for such care or transportation
17 from a private source. Hospital care or medical services
18 so provided shall be those for which the veteran is other-
19 wise eligible within the Department of Veterans Affairs
20 medical care system.

21 (b) REIMBURSEMENT RATE.—Whenever care or serv-
22 ices are provided under subsection (a), the Secretary shall
23 reimburse the provider of such care or services for the rea-
24 sonable value of such care or services, as determined by
25 the Secretary. Such reimbursement shall be provided in

1 the same manner as applies to reimbursement for emer-
2 gency treatment under section 1725 of title 38, United
3 States Code, subject to such of the terms and conditions
4 otherwise applicable to such reimbursements under such
5 section as the Secretary determines to be appropriate for
6 purposes of this section.

7 (c) EXPEDITED REIMBURSEMENT PROCEDURES.—
8 The Secretary shall take appropriate steps to expedite the
9 reimbursement required by subsection (b). Such steps may
10 include steps to take advantage of modern technology, in-
11 cluding so-called “smart card” technology that would
12 allow claims for such reimbursement to be processed elec-
13 tronically. The Secretary shall, to the extent possible, also
14 apply such steps for expediting reimbursement to claims
15 for emergency services provided to veterans for which the
16 Secretary provides reimbursement under provisions of law
17 in effect before the date of the enactment of this Act.

18 **SEC. 5. TERMINATION OF 24-MONTH RULE FOR REIM-**
19 **BURSEMENT FOR EMERGENCY SERVICES.**

20 The provisions of subparagraph (B) of section
21 1725(b)(2) of title 38, United States Code, shall not apply
22 with respect to emergency treatment furnished on or after
23 the date of the enactment of this Act.

1 **SEC. 6. MEDICAL ADMINISTRATOR PERFORMANCE RAT-**
2 **INGS.**

3 The Secretary of Veterans Affairs shall include in the
4 standards of performance used for measuring performance
5 of administrators in the Department of Veterans Affairs
6 medical care system a standard of assessing improvements
7 in appointment waiting times.

8 **SEC. 7. REPORTS.**

9 The Secretary of Veterans Affairs shall submit to the
10 Committees on Veterans' Affairs of the Senate and House
11 of Representatives a report at the end of each fiscal-year
12 quarter on the waiting times for appointments in the De-
13 partment of Veterans Affairs medical care system. The re-
14 port shall describe any reductions in such waiting times
15 and any experience with appointment delays.

