H. R. 5524

To amend title 38, United States Code, to improve health care for veterans in rural areas, and for other purposes.

IN THE HOUSE OF REPRESENTATIVES

JUNE 6, 2006

Mr. Michaud (for himself, Mr. Evans, Mr. Filner, Mr. Gutierrez, Ms. Corrine Brown of Florida, Ms. Herseth, Mr. Strickland, Ms. Hooley, Mr. Reyes, Mr. Udall of New Mexico, and Mr. Salazar) introduced the following bill; which was referred to the Committee on Veterans' Affairs

A BILL

To amend title 38, United States Code, to improve health care for veterans in rural areas, and for other purposes.

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled,

SECTION 1. SHORT TITLE.

This Act may be cited as the “Rural Veterans Health Care Act of 2006”.

SEC. 2. OUTREACH PROGRAM TO VETERANS IN RURAL AREAS.

(a) Program.—The Secretary of Veterans Affairs shall conduct an extensive outreach program to identify
and provide information to veterans who served in the theater of operations for Operation Iraqi Freedom or Operation Enduring Freedom and who reside in rural communities in order to enroll those veterans in the health care system of the Department of Veterans Affairs during the period when they are eligible for such enrollment.

(b) Features of Program.—In carrying out the program under subsection (a), the Secretary shall seek to work at the local level with employers, State agencies, community health centers located in rural areas, rural health clinics, and critical access hospitals located in rural areas, and units of the National Guard and other reserve components based in rural areas, in order to increase the awareness of veterans and their families of the availability of health care provided by the Secretary and the means by which those veterans can achieve access to the health care services provided by the Department of Veterans Affairs.

SEC. 3. ACCESS TO VET CENTERS IN RURAL AREAS.

(a) Expansion of Access.—The Secretary of Veterans Affairs shall expand access to Vet Centers in rural areas. In carrying out this section, the Secretary shall conduct a pilot program for the operation of at least two mobile Vet Centers in rural areas for a period of five years.
(b) Vet Center Defined.—In this section, the term “Vet Center” has the meaning given the term “center” in section 1712A(i)(1) of title 38, United States Code.

SEC. 4. QUALITY CARE IN RURAL AREAS.

(a) Requirement.—The Secretary of Veterans Affairs shall develop and implement a plan for improving the access of veterans to health care in rural areas. The plan shall be developed in consultation with the Advisory Committee on Rural Veterans established under section 546 of title 38, United States Code, as added by section 6.

(b) Matters to Be Included.—The plan developed under subsection (a) shall include the following:

(1) A review of progress in implementing the proposed 156 community-based outpatient clinics, and plans for further implementation of those proposed clinics, that were included in the May 2004 Secretary’s CARES Decision Document, announcing the implementation of the Department of Veterans Affairs health care planning process called Capital Asset Realignment for Enhanced Services (CARES), plans for establishment of additional community-based outpatient clinics, and plans for health-care outreach centers.
(2) Measures for meeting the long-term care needs of rural veterans through nursing homes of the Department of Veterans Affairs and State veterans homes.

(3) Expansion for rural veterans of the adult day-care and respite care programs of the Department.

(4) Expansion for rural veterans of the use of telemedicine to enhance care coordination and access to specialized care for such veterans.

(5) Measures for meeting the needs of rural veterans for mental health care.

(c) TIMETABLE.—The plan required by subsection (a) shall be submitted to Congress not later than nine months after the date of the enactment of this Act and shall be implemented not later than two years thereafter.

SEC. 5. HEALTH INFORMATION TECHNOLOGY.

The Secretary of Veterans Affairs shall establish a health information technology pilot program to ensure a continuum of quality of care for rural veterans who receive health care provided by the Secretary both directly through facilities of the Department of Veterans Affairs and as fee-basis care through non-Department providers and facilities, including, where appropriate, community health centers, rural health clinics, and critical access hos-
hitals. The pilot program shall be conducted for a period of four years.

SEC. 6. ADVISORY COMMITTEE ON RURAL VETERANS.

(a) NEW ADVISORY COMMITTEE.—Chapter 5 of title 38, United States Code, is amended by adding at the end the following new section:

“§ 546. Advisory Committee on Rural Veterans

“(a)(1) The Secretary shall establish an advisory committee to be known as the Advisory Committee on Rural Veterans (hereinafter in this section referred to as ‘the Committee’).

“(2)(A) The Committee shall consist of members appointed by the Secretary from the general public, including—

“(i) representatives of rural veterans;

“(ii) individuals who are recognized authorities in fields pertinent to the needs of rural veterans, including specific or unique health-care needs of rural veterans and access issues of rural veterans;

“(iii) individuals who have expertise in the delivery of mental health care in rural areas;

“(iv) individuals who have expertise in the delivery of long-term care in rural areas;

“(v) at least one veterans service organization representative from a rural State; and
“(vi) representatives of rural veterans with service-connected disabilities.

“(B) The Committee shall include, as ex officio members—

“(i) the Secretary of Health and Human Services (or a representative of the Secretary of Health and Human Services designated by that Secretary);

“(ii) the Director of the Indian Health Service (or a representative of that Director); and

“(iii) the Under Secretary for Health and the Under Secretary for Benefits, or their designees.

“(C) The Secretary may invite representatives of other departments and agencies of the United States to participate in the meetings and other activities of the Committee.

“(3) The Secretary shall determine the number, terms of service, and pay and allowances of members of the Committee appointed by the Secretary, except that a term of service of any such member may not exceed three years. The Secretary may reappoint any such member for additional terms of service.

“(b) The Secretary shall, on a regular basis, consult with and seek the advice of the Committee with respect to the administration of benefits by the Department for rural veterans, reports and studies pertaining to rural vet-
erans, and the needs of rural veterans with respect to pri-
mary care, mental health care, and long-term care needs
of rural veterans.

“(c)(1) Not later than September 1 of each odd-num-
bered year through 2013, the Committee shall submit to
the Secretary a report on the programs and activities of
the Department that pertain to rural veterans. Each such
report shall include—

“(A) an assessment of the needs of rural vet-
erans with respect to primary care, mental health
care, and long-term care needs of rural veterans and
other benefits and programs administered by the
Department;

“(B) a review of the programs and activities of
the Department designed to meet such needs; and

“(C) such recommendations (including rec-
ommendations for administrative and legislative ac-
tion) as the Committee considers appropriate.

“(2) The Secretary shall, within 60 days after receiv-
ing each report under paragraph (1), submit to the Con-
gress a copy of the report, together with any comments
concerning the report that the Secretary considers appro-
priate.
“(3) The Committee may also submit to the Secretary such other reports and recommendations as the Committee considers appropriate.

“(4) The Secretary shall submit with each annual report submitted to the Congress pursuant to section 529 of this title a summary of all reports and recommendations of the Committee submitted to the Secretary since the previous annual report of the Secretary submitted pursuant to such section.”.

(b) Clerical Amendment.—The table of sections at the beginning of such chapter is amended by adding at the end the following new item:

“546. Advisory Committee on Rural Veterans.”.

SEC. 7. RURAL HEALTH RESEARCH, EDUCATION, AND CLINICAL CARE CENTERS.

(a) In General.—(1) Subchapter II of chapter 73 of title 38, United States Code, is amended by adding at the end the following new section:

“§ 7329. Rural health research, education, and clinical care centers

“(a) The Secretary, upon the recommendation of the Under Secretary for Health and pursuant to the provisions of this section, shall designate a minimum of four Department health care facilities as the locations for centers of rural health research, education, and clinical activities and (subject to the appropriation of sufficient funds
for such purpose) shall establish and operate such centers at such locations in accordance with this section.

“(b) The centers established under this section shall—

“(1) conduct research on rural health services;

“(2) allow the Department to use specific models for furnishing services to treat rural veterans;

“(3) provide education and training for health care professionals of the Department; and

“(4) develop and implement innovative clinical activities and systems of care for the Department.

“(c) In designating locations for centers under subsection (a), the Secretary, upon the recommendation of the Under Secretary for Health, shall—

“(1) assure appropriate geographic distribution of such centers;

“(2) assure that one of the centers shall focus on mental health, including substance abuse treatment;

“(3) assure that one of the centers shall focus on case management of chronic diseases;

“(4) assure that one of the centers shall focus on telemedicine; and

“(5) assure that at least one of the centers shall be located to collaborate with a Rural Health
Research Center of the Department of Health and Human Services in a geographic service area of the Department of Veterans Affairs that includes several rural States.

“(d) The Secretary may not designate a health care facility as a location for a center under subsection (a) unless the peer review panel established under subsection (e) has determined under that subsection that the proposal submitted by such facility as a location for a new center under subsection (a) is among those proposals that have met the highest competitive standards of scientific and clinical merit and the Secretary (upon the recommendation of the Under Secretary for Health) determines that the facility has (or may reasonably be anticipated to develop) each of the following:

“(1) An arrangement under which medical, nursing, or allied health personnel receive training and education in the unique aspects of rural care through regular rotation through rurally located facilities and community based outpatient clinics.

“(2) The ability to attract the participation of scientists and clinicians who are capable of ingenuity and creativity in health care research efforts.

“(3) A policymaking advisory committee composed of appropriate health care and research rep-
resentatives of the facility and of the affiliated school or schools to advise the directors of such facility and such center on policy matters pertaining to the activities of such center during the period of the operation of such center.

“(4) The capability to coordinate, as part of an integrated national system, education, clinical, and research activities within all facilities with such centers.

“(5) The capability to jointly develop a consortium of providers with interest in improving quality care in rural areas.

“(6) The capability to develop a national repository for the collection of best practices and evidenced based care to rural veterans.

“(7) The capability to effectively conduct evaluations of the activities of such center.

“(e)(1) In order to provide advice to assist the Secretary and the Under Secretary for Health in carrying out their responsibilities under this section, the Assistant Under Secretary for Health shall establish a panel to assess the scientific and clinical merit of proposals that are submitted to the Secretary for the establishment of new centers under this section.
“(2) The membership of the panel shall consist of experts in the fields pertinent to the needs of rural veterans, including mental health care and long-term care. Members of the panel shall serve as consultants to the Department for a period of no longer than six months.

“(3) The panel shall review each proposal submitted to the panel by the Assistant Under Secretary and shall submit its views on the relative scientific and clinical merit of each such proposal to the Assistant Under Secretary.

“(4) The panel shall not be subject to the Federal Advisory Committee Act.

“(f) Before providing funds for the operation of any such center at a health care facility other than a health care facility designated under subsection (e)(1), the Secretary shall assure that the center at each facility designated under such subsection is receiving adequate funding to enable such center to function effectively in the areas of rural health care research, education, and clinical activities.

“(g) There are authorized to be appropriated such sums as may be necessary for the support of the research and education activities of the centers established pursuant to subsection (a). The Under Secretary for Health shall allocate to such centers from other funds appropriated generally for the Department medical care account
and medical and prosthetics research account, as appropriate, such amounts as the Under Secretary for Health determines appropriate.

“(h) Activities of clinical and scientific investigation at each center established under subsection (a) shall be eligible to compete for the award of funding from funds appropriated for the Department medical and prosthetics research account and shall receive priority in the award of funding from such account insofar as funds are awarded to projects for research in rural health care.”.

(2) The table of sections at the beginning of such chapter is amended by inserting after the item relating to section 7328 the following new item:

“7329. Rural health research, education, and clinical care centers.”.

(b) Designation of Centers.—The Secretary of Veterans Affairs shall designate the centers for rural health research, education, and clinical activities required by section 7329 of title 38, United States Code (as added by subsection (a)), not later than one year after the date of the enactment of this Act.

(c) Annual Reports.—

(1) Annual report.—Not later than 18 months after the date of the designation of centers for rural health research, education, and clinical activities required by section 7329 of title 38, United States Code (as so added), and annually thereafter
for the next three years, the Secretary shall submit
to the Committees on Veterans’ Affairs of the Sen-
ate and House of Representatives a report on the
status and activities of such centers during the one-
year period beginning on the date of such designa-
tion, for the first such report, and for successive
one-year periods, for subsequent reports.

(2) MATTER TO BE INCLUDED.—Each such re-
port shall include, for the period covered by the re-
port, the following:

(A) A description of the activities carried
out at each center and the funding provided for
such activities.

(B) A description of any advances made in
the participating programs of each center in re-
search, education, training, and clinical activi-
ties related to rural health.

SEC. 8. HOMELESS RURAL VETERANS.

Section 2061(b) of title 38, United States Code, is
amended—

(1) by striking “or” at the end of paragraph
(3);

(2) by striking the period at the end of para-
graph (4) and inserting “; and”; and
(3) by adding at the end the following new paragraph:

“(5) rural.”.

SEC. 9. RURAL EDUCATION AND TRAINING OF HEALTH PROFESSIONALS.

The Secretary of Veterans Affairs shall carry out activities to enhance the education, training, retention, and recruitment of health professionals in rural areas. As part of such activities, the Secretary shall—

(1) establish additional rotations for medical residents in rural areas;

(2) establish programs to enhance the education, training, recruitment, and retention of nurses in rural areas; and

(3) establish programs to enhance the education, training, recruitment, and retention of allied health professionals in rural areas.

SEC. 10. NATIVE AMERICANS.

The Secretary of Veterans Affairs shall expand the health care presence of the Department of Veterans Affairs in Native American, Native Hawaiian, and Native Alaskan rural communities in order to improve access to Department of Veterans Affairs health care services for veterans in those communities.