

105TH CONGRESS
2D SESSION

S. 2009

To require the Secretary of Defense and the Secretary of Veterans Affairs to carry out joint reviews relating to interdepartmental cooperation in the delivery of medical care by the departments.

IN THE SENATE OF THE UNITED STATES

APRIL 30, 1998

Mr. CLELAND introduced the following bill; which was read twice and referred to the Committee on Armed Services

A BILL

To require the Secretary of Defense and the Secretary of Veterans Affairs to carry out joint reviews relating to interdepartmental cooperation in the delivery of medical care by the departments.

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. FINDINGS.**

4 Congress makes the following findings:

5 (1) The military health care system of the De-
6 partment of Defense and the Veterans Health Ad-
7 ministration of the Department of Veterans Affairs
8 are national institutions that collectively manage

1 more than 1,500 hospitals, clinics, and health care
2 facilities worldwide to provide services to more than
3 11,000,000 beneficiaries.

4 (2) In the post-Cold War era, these institutions
5 are in a profound transition that involves challeng-
6 ing opportunities.

7 (3) During the period from 1988 to 1998, the
8 number of military medical personnel has declined
9 by 15 percent and the number of military hospitals
10 has been reduced by one-third.

11 (4) During the two years since 1996, the De-
12 partment of Veterans Affairs has revitalized its
13 structure by decentralizing authority into 22 Veter-
14 ans Integrated Service Networks.

15 (5) In the face of increasing costs of medical
16 care, increased demands for health care services, and
17 increasing budgetary constraints, the Department of
18 Defense and the Department of Veterans Affairs
19 have embarked on a variety of dynamic and innova-
20 tive cooperative programs ranging from shared serv-
21 ices to joint venture operations of medical facilities.

22 (6) In 1984, there was a combined total of 102
23 Department of Veterans Affairs and Department of
24 Defense facilities with sharing agreements. By 1997,
25 that number had grown to 420. During the six years

1 from fiscal year 1992 through fiscal year 1997,
2 shared services increased from slightly over 3,000
3 services to more than 6,000 services ranging from
4 major medical and surgical services, laundry, blood,
5 and laboratory services to unusual speciality care
6 services.

7 (7) The Department of Defense and the De-
8 partment of Veterans Affairs are conducting four
9 health care joint ventures in New Mexico, Nevada,
10 Texas, Oklahoma, and are planning to conduct four
11 more such ventures in Alaska, Florida, Hawaii, and
12 California.

13 **SEC. 2. SENSE OF CONGRESS.**

14 It is the sense of Congress that—

15 (1) the Department of Defense and the Depart-
16 ment of Veterans Affairs are to be commended for
17 the cooperation between the two departments in the
18 delivery of medical care, of which the cooperation in-
19 volved in the establishment and operation of the De-
20 partment of Defense and the Department of Veter-
21 ans Affairs Executive Council is a praiseworthy ex-
22 ample;

23 (2) the two departments are encouraged to con-
24 tinue to explore new opportunities to enhance the
25 availability and delivery of medical care to bene-

1 ficiaries by further enhancing the cooperative efforts
2 of the departments; and

3 (3) enhanced cooperation is encouraged for—

4 (A) the general areas of access to quality
5 medical care, identification and elimination of
6 impediments to enhanced cooperation, and joint
7 research and program development; and

8 (B) the specific areas in which there is sig-
9 nificant potential to achieve progress in co-
10 operation in a short term, including comput-
11 erization of patient records systems, participa-
12 tion of the Department of Veterans Affairs in
13 the TRICARE program, pharmaceutical pro-
14 grams, and joint physical examinations.

15 **SEC. 3. JOINT SURVEY ON POPULATIONS SERVED.**

16 (a) SURVEY REQUIRED.—The Secretary of Defense
17 and the Secretary of Veterans Affairs shall jointly conduct
18 a survey of their respective medical care beneficiary popu-
19 lations to identify, by category of beneficiary (defined as
20 the Secretaries consider appropriate), the expectations of,
21 requirements for, and behavior patterns of the bene-
22 ficiaries with respect to medical care. The two Secretaries
23 shall develop the protocol for the survey jointly, but shall
24 obtain the services of an entity independent of the Depart-

1 ment of Defense and the Department of Veterans Affairs
2 for carrying out the survey.

3 (b) MATTERS TO BE SURVEYED.—The survey shall
4 include the following:

5 (1) Demographic characteristics, economic char-
6 acteristics, and geographic location of beneficiary
7 populations with regard to catchment or service
8 areas.

9 (2) The types and frequency of care required by
10 veterans, retirees, and dependents within catchment
11 or service areas of Department of Defense and Vet-
12 erans Affairs medical facilities and outside those
13 areas.

14 (3) The numbers of, characteristics of, and
15 types of medical care needed by the veterans, retir-
16 ees, and dependents who, though eligible for medical
17 care in Department of Defense or Department of
18 Veterans Affairs treatment facilities or other feder-
19 ally funded medical programs, choose not to seek
20 medical care from those facilities or under those pro-
21 grams, and the reasons for that choice.

22 (4) The obstacles or disincentives for seeking
23 medical care from such facilities or under such pro-
24 grams that veterans, retirees, and dependents per-
25 ceive.

1 (5) Any other matters that the Secretary of De-
2 fense and the Secretary of Veterans Affairs consider
3 appropriate for the survey.

4 (c) REPORT.—The Secretary of Defense and the Sec-
5 retary of Veterans Affairs shall submit a report on the
6 results of the survey to the appropriate committees of
7 Congress. The report shall contain the matters described
8 in subsection (b) and any proposals for legislation that the
9 Secretaries recommend for enhancing Department of De-
10 fense and Department of Veterans Affairs cooperative ef-
11 forts with respect to the delivery of medical care.

12 **SEC. 4. REVIEW OF IMPEDIMENTS TO COOPERATION.**

13 (a) REVIEW REQUIRED.—The Secretary of Defense
14 and the Secretary of Veterans Affairs shall jointly conduct
15 a review to identify impediments to cooperation between
16 the Department of Defense and the Department of Veter-
17 ans Affairs regarding the delivery of medical care. The
18 matters reviewed shall include the following:

19 (1) All laws, policies, and regulations, and any
20 attitudes of beneficiaries of the health care systems
21 of the two departments, that have the effect of pre-
22 venting the establishment, or limiting the effective-
23 ness, of cooperative health care programs of the de-
24 partments.

1 (2) The requirements and practices involved in
 2 the credentialing and licensure of health care pro-
 3 viders.

4 (3) The perceptions of beneficiaries in a variety
 5 of categories (defined as the Secretaries consider ap-
 6 propriate) regarding the various Federal health care
 7 systems available for their use.

8 (b) REPORT.—The Secretaries shall jointly submit a
 9 report on the results of the review to the appropriate com-
 10 mittees of Congress. The report shall include any propos-
 11 als for legislation that the Secretaries recommend for
 12 eliminating or reducing impediments to interdepartmental
 13 cooperation that are identified during the review.

14 **SEC. 5. PARTICIPATION OF DEPARTMENT OF VETERANS**
 15 **AFFAIRS IN TRICARE.**

16 (a) REVIEW REQUIRED.—The Secretary of Defense
 17 shall review the TRICARE program to identify opportuni-
 18 ties for increased participation by the Department of Vet-
 19 erans Affairs in that program. The ongoing collaboration
 20 between Department of Defense officials and Department
 21 of Veterans Affairs officials regarding increasing the par-
 22 ticipation shall be included among the matters reviewed.

23 (b) SEMIANNUAL REPORT.—The Secretary of De-
 24 fense and the Secretary of Veterans Affairs shall jointly
 25 submit to the appropriate committees of Congress a semi-

1 annual report on the status of the review and on efforts
2 to increase the participation of the Department of Veter-
3 ans Affairs in the TRICARE program. No report is re-
4 quired under this subsection after the submission of a
5 semiannual report in which the Secretaries declare that
6 the Department of Veterans Affairs is participating in the
7 TRICARE program to the extent that can reasonably be
8 expected to be attained.

9 **SEC. 6. PHARMACEUTICAL BENEFITS AND PROGRAMS.**

10 (a) EXAMINATION REQUIRED.—(1) The Federal
11 Pharmaceutical Steering Committee shall—

12 (A) undertake a comprehensive examination of
13 existing pharmaceutical benefits and programs for
14 beneficiaries of Federal medical care programs, in-
15 cluding matters relating to the purchasing, distribu-
16 tion, and dispensing of pharmaceuticals and the
17 management of mail order pharmaceuticals pro-
18 grams; and

19 (B) review the existing methods for contracting
20 for and distributing medical supplies and services.

21 (2) The committee shall submit a report on the re-
22 sults of the examination to the appropriate committees of
23 Congress.

1 (b) REPORT.—The committee shall submit a report
2 on the results of the examination to the appropriate com-
3 mittees of Congress.

4 **SEC. 7. STANDARDIZATION OF PHYSICAL EXAMINATIONS**
5 **FOR DISABILITIES.**

6 The Secretary of Defense and the Secretary of Veter-
7 ans Affairs shall submit to the appropriate committees of
8 Congress a report on the status of the efforts of the De-
9 partment of Defense and the Department of Veterans Af-
10 fairs to standardize physical examinations administered by
11 the two departments for the purpose of determining or
12 rating disabilities.

13 **SEC. 8. APPROPRIATE COMMITTEES OF CONGRESS DE-**
14 **FINED.**

15 For the purposes of this Act, the appropriate commit-
16 tees of Congress are as follows:

17 (1) The Committee on Armed Services and the
18 Committee on Veterans' Affairs of the Senate.

19 (2) The Committee on National Security and
20 the Committee on Veterans' Affairs of the House of
21 Representatives.

22 **SEC. 9. DEADLINES FOR SUBMISSION OF REPORTS.**

23 (a) REPORT ON JOINT SURVEY OF POPULATIONS
24 SERVED.—The report required by section 3(c) shall be
25 submitted not later than January 1, 2000.

1 (b) REPORT ON REVIEW OF IMPEDIMENTS TO CO-
2 OPERATION.—The report required by section 4(b) shall be
3 submitted not later than May 1, 1999.

4 (c) SEMIANNUAL REPORT ON PARTICIPATION OF DE-
5 PARTMENT OF VETERANS AFFAIRS IN TRICARE.—The
6 semiannual report required by section 5(b) shall be sub-
7 mitted not later than January 1 and June 1 of each year.

8 (d) REPORT ON EXAMINATION OF PHARMACEUTICAL
9 BENEFITS AND PROGRAMS.—The report on the examina-
10 tion required under section 6 shall be submitted not later
11 than 60 days after the completion of the examination.

12 (e) REPORT ON STANDARDIZATION OF PHYSICAL EX-
13 AMINATIONS FOR DISABILITIES.—The report required by
14 section 7 shall be submitted not later than June 1, 1999.

