

108TH CONGRESS
2D SESSION

H. R. 3777

To amend title 38, United States Code, to require the Secretary of Veterans Affairs to enter into contracts with community health care providers to improve access to health care for veterans in highly rural areas, and for other purposes.

IN THE HOUSE OF REPRESENTATIVES

FEBRUARY 4, 2004

Mr. MCINNIS (for himself, Mr. WALDEN of Oregon, Mr. PETERSON of Pennsylvania, Mr. PICKERING, Mr. ISTOOK, Mr. ISAKSON, Mr. FROST, Mr. CASE, Mr. GOODE, Mr. SIMPSON, Mr. SANDLIN, Mr. HASTINGS of Washington, Mr. GREEN of Wisconsin, Mr. PETERSON of Minnesota, Mrs. CAPITO, Mr. KING of Iowa, Mr. PEARCE, Mr. FILNER, Mrs. MUSGRAVE, Mr. BOUCHER, Mr. PAUL, and Mr. MARSHALL) introduced the following bill; which was referred to the Committee on Veterans' Affairs

A BILL

To amend title 38, United States Code, to require the Secretary of Veterans Affairs to enter into contracts with community health care providers to improve access to health care for veterans in highly rural areas, and for other purposes.

1 *Be it enacted by the Senate and House of Representa-*
2 *tives of the United States of America in Congress assembled,*

1 **SECTION 1. SHORT TITLE.**

2 This Act may be cited as the “Help Establish Access
3 to Local Timely Healthcare for Your Vets (HEALTHY
4 Vets) Act of 2004”.

5 **SEC. 2. ENHANCED CONTRACT CARE AUTHORITY FOR**
6 **HEALTH CARE NEEDS OF VETERANS IN HIGH-**
7 **LY RURAL AREAS.**

8 (a) RURAL VETERANS.—Section 1703 of title 38,
9 United States Code, is amended by adding at the end the
10 following new subsection:

11 “(d)(1) In the case of a veteran for whom Depart-
12 ment facilities are geographically inaccessible (as provided
13 in paragraph (2)), the Secretary shall use the contract au-
14 thority provided in subsection (a) for the following care:

15 “(A) Primary care.

16 “(B) Acute or chronic symptom management.

17 “(C) Nontherapeutic medical services.

18 “(D) Other medical services as determined ap-
19 propriate by the director of the appropriate geo-
20 graphic service region of the Department, after con-
21 sultation with the Department physician responsible
22 for primary care of the veteran.

23 “(2) Department facilities shall be deemed to be geo-
24 graphically inaccessible for purposes of paragraph (1) in
25 the case of a veteran whose residence meets any of the
26 following criteria:

1 “(A) The residence is in a county with a popu-
2 lation density of less than 7.0 people per square mile
3 and is more than 75 miles from the nearest Depart-
4 ment health care facility.

5 “(B) The residence is in a county with a popu-
6 lation density of more than 7.0 and less than 8.0
7 people per square mile and is more than 100 miles
8 from the nearest Department health care facility.

9 “(C) The residence is in a county with a popu-
10 lation density of more than 8.0 and less than 9.0
11 people per square mile and is more than 125 miles
12 from the nearest Department health care facility.

13 “(D) The residence is more than 150 miles
14 from the nearest Department health care facility.

15 “(3) The Secretary may waive the requirement in
16 paragraph (1) in the case of a particular veteran if the
17 Secretary demonstrates on an individual basis through a
18 cost-benefit analysis that the costs to the Department of
19 providing care to that veteran pursuant to paragraph (1)
20 significantly outweigh the benefits of localized health care
21 for the individual veteran.

22 “(4) For purposes of paragraph (2), a distance in
23 miles shall be determined on the basis of the most conven-
24 ient highway route that is available to the veteran, as de-
25 termined by the Secretary.”.

1 (b) EFFECTIVE DATE.—Subsection (d) of section
2 1703 of title 38, United States Code, as added by sub-
3 section (a), shall take effect at the end of the 120-day
4 period beginning on the date of the enactment of this Act.

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