

108TH CONGRESS
1ST SESSION

H. R. 890

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

FEBRUARY 25, 2003

Mr. LARSON of Connecticut (for himself, Mr. PALLONE, Mr. HEFLEY, Ms. NORTON, Mrs. JONES of Ohio, Mr. LATOURETTE, Mr. GRIJALVA, Mr. CARSON of Oklahoma, Mrs. MUSGRAVE, Mr. RYAN of Ohio, Ms. GINNY BROWN-WAITE of Florida, Mr. ABERCROMBIE, Mr. BROWN of Ohio, Mr. RAHALL, Ms. KILPATRICK, Ms. DELAURO, and Mr. FRANK of Massachusetts) 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”.

1 **SEC. 2. FINDINGS.**

2 Congress makes the following findings:

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

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

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

1 where they live, to ensure that all veterans have ac-
2 cess to the level and quality of care that they have
3 all earned and deserve.

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

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

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

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

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

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

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

21 (3) In establishing a maximum specialist referral pe-
22 riod under paragraph (1), the Secretary shall act in a
23 manner consistent with the current treatment policies of
24 the Department based on clinical need and with the estab-

1 lished 30–30–20 performance goal of the Department for
2 such a referral period.

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

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

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

23 (b) REIMBURSEMENT RATE.—Whenever care or serv-
24 ices are provided under subsection (a), the Secretary shall
25 reimburse the provider of such care or services for the rea-

1 sonable value of such care or services, as determined by
2 the Secretary. Such reimbursement shall be provided in
3 the same manner as applies to reimbursement for emer-
4 gency treatment under section 1725 of title 38, United
5 States Code, subject to such of the terms and conditions
6 otherwise applicable to such reimbursements under such
7 section as the Secretary determines to be appropriate for
8 purposes of this section.

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

20 **SEC. 5. TERMINATION OF 24-MONTH RULE FOR REIM-**
21 **BURSEMENT FOR EMERGENCY SERVICES.**

22 The provisions of subparagraph (B) of section
23 1725(b)(2) of title 38, United States Code, shall not apply
24 with respect to emergency treatment furnished on or after
25 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.

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