

109TH CONGRESS  
1ST SESSION

# H. R. 1346

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.

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## IN THE HOUSE OF REPRESENTATIVES

MARCH 16, 2005

Mr. LARSON of Connecticut (for himself, Mr. ABERCROMBIE, Mr. CASE, Mr. DELAHUNT, Ms. DELAURO, Mr. GREEN of Wisconsin, Mr. GRIJALVA, Ms. JACKSON-LEE of Texas, Mr. McCOTTER, Ms. NORTON, and Mr. PALLONE) introduced the following bill; which was referred to the Committee on Veterans' Affairs

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## 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:

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.

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 erns 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-  
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10 MENT OF VETERANS AFFAIRS CARE NOT  
AVAILABLE IN ACCORDANCE WITH STAND-  
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.

(b) REIMBURSEMENT RATE.—Whenever care or services are provided under subsection (a), the Secretary shall reimburse the provider of such care or services for the reasonable value of such care or services, as determined by 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.

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