

109TH CONGRESS
1ST SESSION

S. 1189

To require the Secretary of Veterans Affairs to publish a strategic plan for long-term care, and for other purposes.

IN THE SENATE OF THE UNITED STATES

JUNE 7, 2005

Mr. SALAZAR introduced the following bill; which was read twice and referred to the Committee on Veterans' Affairs

A BILL

To require the Secretary of Veterans Affairs to publish a strategic plan for long-term care, 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,*

3 **SECTION 1. FINDINGS.**

4 Congress makes the following findings:

5 (1) The number of aging veterans in the United
6 States is increasing rapidly, with the number of vet-
7 erans 85 years old and older expected to increase
8 from approximately 870,000 to 1,300,000 during
9 the next 10 years.

1 (2) This group of veterans will have a signifi-
2 cant need for nursing home care and will require a
3 variety of noninstitutional long-term care services.

4 (3) The Department of Veterans Affairs is
5 struggling to meet its current obligations and is ill
6 prepared to meet the long-term care needs of Amer-
7 ica's aging veteran population.

8 (4) Long-term care was not included in the
9 Capital Asset Realignment for Enhanced Services
10 (CARES) process because of a lack of forecasts and
11 policies needed to project and plan to meet future
12 demands for long-term care.

13 (5) The Department of Veterans Affairs has
14 failed to comply with the CARES Commission's
15 2003 recommendation to develop a long-term care
16 strategic plan, which failure has had a detrimental
17 effect on the welfare of veterans in need of such
18 care.

19 **SEC. 2. STRATEGIC PLAN FOR LONG-TERM CARE.**

20 (a) PUBLICATION.—Not later than 180 days after the
21 date of enactment of this Act, the Secretary of Veterans
22 Affairs shall publish a strategic plan for long-term care.

23 (b) CONTENTS.—The plan published under sub-
24 section (a) shall—

1 (1) comply with the recommendations of the
2 CARES Commission;

3 (2) contain policies and strategies for—

4 (A) the delivery of care in domiciliaries,
5 residential treatment facilities, and nursing
6 homes, and for seriously mentally ill veterans;

7 (B) maximizing the use of State veterans
8 homes;

9 (C) locating domiciliary units as close to
10 patient populations as feasible; and

11 (D) identifying freestanding nursing homes
12 as an acceptable care model;

13 (3) include data on—

14 (A) the care of catastrophically disabled
15 veterans; and

16 (B) the geographic distribution of cata-
17 strophically disabled veterans;

18 (4) address the spectrum of noninstitutional
19 long-term care options, including—

20 (A) respite care;

21 (B) home based primary care;

22 (C) geriatric evaluation;

23 (D) adult day health care;

24 (E) skilled home health care; and

25 (F) community residential care; and

1 (5) provide—

2 (A) cost and quality comparison analyses
3 of all the different levels of care;

4 (B) detailed information about geographic
5 distribution of services and gaps in care; and

6 (C) specific plans for working with Medi-
7 care, Medicaid, and private insurance compa-
8 nies to expand care.

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