

110TH CONGRESS  
1ST SESSION

# H. R. 3455

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

AUGUST 4, 2007

Mr. LARSON of Connecticut (for himself and Mr. MURPHY of Connecticut) 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 23 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 deserved.

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 Fiscal Year  
12 2006 Performance and Accountability Report, 89  
13 percent of primary care appointments were sched-  
14 uled within 30 days of the desired date and only 86  
15 percent of specialty care appointments were sched-  
16 uled within 30 days of the desired date in 2002.

17 (6) By 2006, the Department’s Fiscal Year  
18 2006 Performance and Accountability Report states  
19 that 96 percent of primary care appointments were  
20 scheduled within 30 days of the desired date and 93  
21 percent of specialty care appointments were sched-  
22 uled within 30 days of the desired date.

23 (7) Although appointment performance has im-  
24 proved, the increase primarily reflects the January

1 2003 ban on enrollment of new Priority 8 veterans  
2 in the VA health care system.

3 (8) According to the Veterans Health Adminis-  
4 tration (VHA) Directive 2007-010, the VHA policy  
5 for national timeliness standards for the processing  
6 of claims from non-Department of Veterans Affairs  
7 providers is that 95 percent of all non-Department  
8 provider claims are processed within 30 days of re-  
9 ceipt.

21 SEC. 3. STANDARD FOR TIME FOR REFERRAL FOR SPE-  
22 CIALIST CARE.

23 (a) TIME FOR SPECIALIST APPOINTMENTS.—

24 (1) REQUIREMENT.—The Secretary of Veterans  
25 Affairs shall establish by regulation a maximum spe-

1 cialist referral period, subject to such exceptions as  
2 the Secretary considers necessary.

3 (2) SPECIALIST REFERRAL PERIOD DEFINED.—  
4 For purposes of paragraph (1), the term “specialist  
5 referral period” means the period of time between  
6 (A) the date on which a veteran is referred to a spe-  
7 cialty clinic of the Department by the veteran’s pri-  
8 mary care physician within the Department of Vet-  
9 erns Affairs health care system, and (B) the date  
10 for which the veteran is scheduled for an appoint-  
11 ment with a Department specialist pursuant to such  
12 referral.

13 (3) DEPARTMENT POLICIES.—In establishing a  
14 maximum specialist referral period under paragraph  
15 (1), the Secretary shall act in a manner consistent  
16 with the current treatment policies of the Depart-  
17 ment based on clinical need and with the established  
18 30–30–20 performance goal of the Department for  
19 such a referral period.

20 (b) STANDARD FOR TRANSPORTATION.—The Sec-  
21 retary shall take such steps as necessary to ensure that  
22 the Department of Veterans Affairs is able to provide ap-  
23 propriate transportation services for qualified veterans  
24 within a reasonable time period of a scheduled appoint-  
25 ment.

1     **SEC. 4. CONTRACT CARE TO BE PROVIDED WHEN DEPART-**  
2                   **MENT OF VETERANS AFFAIRS CARE NOT**  
3                   **AVAILABLE IN ACCORDANCE WITH STAND-**  
4                   **ARDS.**

5         (a) CONTRACT CARE.—In any case in which the Sec-  
6     retary of Veterans Affairs is not able to provide hospital  
7     care or medical services in accordance with the standard  
8     prescribed under section 3(a) or to provide transportation  
9     services in accordance with section 3(b), the Secretary  
10    shall promptly provide for such care or transportation  
11    from a private source. Hospital care or medical services  
12    so provided shall be those for which the veteran is other-  
13    wise eligible within the Department of Veterans Affairs  
14    medical care system.

15         (b) REIMBURSEMENT RATE.—Whenever care or serv-  
16    ices are provided under subsection (a), the Secretary shall  
17    reimburse the provider of such care or services for the rea-  
18    sonable value of such care or services, as determined by  
19    the Secretary. Such reimbursement shall be provided in  
20    the same manner as applies to reimbursement for emer-  
21    gency treatment under section 1725 of title 38, United  
22    States Code, subject to such of the terms and conditions  
23    otherwise applicable to such reimbursements under such  
24    section as the Secretary determines to be appropriate for  
25    purposes of this section.

1 (c) EXPEDITED REIMBURSEMENT PROCEDURES.—  
2 The Secretary shall take appropriate steps to expedite the  
3 reimbursement required by subsection (b) and consistent  
4 with the Veterans Health Administration policy that 95  
5 percent of all non-VA Contract Care claims are processed  
6 within 30 days of receipt. Such steps may include steps  
7 to take advantage of modern technology, including so-  
8 called “smart card” technology that would allow claims  
9 for such reimbursement to be processed electronically. The  
10 Secretary shall, to the extent possible, also apply such  
11 steps for expediting reimbursement to claims for emer-  
12 gency services provided to veterans for which the Sec-  
13 retary provides reimbursement under provisions of law in  
14 effect before the date of the enactment of this Act.

15 SEC. 5. TERMINATION OF 24-MONTH RULE FOR REIM-  
16 BURSEMENT FOR EMERGENCY SERVICES.

17 The provisions of subparagraph (B) of section  
18 1725(b)(2) of title 38, United States Code, shall not apply  
19 with respect to emergency treatment furnished on or after  
20 the date of the enactment of this Act.

## 21 SEC. 6. MEDICAL ADMINISTRATOR PERFORMANCE RAT- 22 INGS.

23 The Secretary of Veterans Affairs shall include in the  
24 standards of performance used for measuring performance  
25 of administrators in the Department of Veterans Affairs

1 medical care system a standard of assessing improvements  
2 in appointment waiting times.

3 **SEC. 7. REPORTS.**

4 The Secretary of Veterans Affairs shall submit to the  
5 Committees on Veterans' Affairs of the Senate and House  
6 of Representatives a report at the end of each fiscal-year  
7 quarter on the waiting times for appointments in the De-  
8 partment of Veterans Affairs medical care system. The re-  
9 port shall describe any reductions in such waiting times  
10 and any experience with appointment delays.

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