

110TH CONGRESS
1ST SESSION

H. R. 92

To amend title 38, United States Code, to establish standards of access to care for veterans seeking health care from the Department of Veterans Affairs, and for other purposes.

IN THE HOUSE OF REPRESENTATIVES

JANUARY 4, 2007

Ms. GINNY BROWN-WAITE of Florida introduced the following bill; which was referred to the Committee on Veterans' Affairs

A BILL

To amend title 38, United States Code, to establish standards of access to care for veterans seeking health care from the Department of Veterans Affairs, 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. SHORT TITLE.**

4 This Act may be cited as the “Veterans Timely Ac-
5 cess to Health Care Act”.

1 **SEC. 2. STANDARDS FOR ACCESS TO CARE.**

2 (a) **REQUIRED STANDARDS FOR ACCESS TO CARE.**—

3 Section 1703 of title 38, United States Code, is amended
4 by adding at the end the following new subsection:

5 “(e)(1) For a veteran seeking primary care from the
6 Department, the standard for access to care, determined
7 from the date on which the veteran contacts the Depart-
8 ment seeking an appointment until the date on which a
9 visit with a primary-care provider is completed, is 30 days.

10 “(2)(A) The Secretary shall prescribe an appropriate
11 standard for access to care applicable to waiting times at
12 Department health-care facilities, determined from the
13 time at which a veteran’s visit is scheduled until the time
14 at which the veteran is seen by the provider with whom
15 the visit is scheduled.

16 “(B) The Secretary shall periodically review the per-
17 formance of Department health-care facilities compared to
18 the standard prescribed under subparagraph (A). The Sec-
19 retary shall submit to the Committees on Veterans’ Affairs
20 of the Senate and House of Representatives an annual re-
21 port providing an assessment of the Department’s per-
22 formance in meeting that standard.

23 “(3) Effective on the first day of the first fiscal year
24 beginning after the date of the enactment of this section,
25 but subject to paragraph (4), in a case in which the Sec-
26 retary is unable to meet the standard for access to care

1 applicable under paragraph (1) or (2), the Secretary shall,
2 or with respect to a veteran described in section
3 1705(a)(8) of this title may, use the authority of sub-
4 section (a) to furnish health care and services for that vet-
5 eran in a non-Department facility. In any such case—

6 “(A) payments by the Secretary may not exceed
7 the reimbursement rate for similar outpatient serv-
8 ices paid by the Secretary of Health and Human
9 Services under part B of the medicare program (as
10 defined in section 1781(d)(4)(A) of this title); and

11 “(B) the non-Department facility may not bill
12 the veteran for any difference between the facility’s
13 billed charges and the amount paid by the Secretary
14 under subparagraph (A).

15 “(4) Paragraph (3) shall not apply to a veteran en-
16 rolled or seeking care at a Department facility within a
17 Department geographic service area that has a compliance
18 rate, determined over the first quarter of the first cal-
19 endar-year beginning after the date of the enactment of
20 this Act, for the standards for access to care under para-
21 graphs (1) and (2) of 90 percent or more. The Secretary
22 shall make the determination of the compliance rate for
23 each Department geographic service area for purposes of
24 the preceding sentence not later than July 1 of the first

1 calendar-year beginning after the date of the enactment
2 of this Act.

3 “(5)(A) The Secretary shall submit to the Commit-
4 tees on Veterans’ Affairs of the Senate and House of Rep-
5 resentatives for each calendar-year quarter, not later than
6 60 days after the end of the quarter, a comprehensive re-
7 port on the experience of the Department during the quar-
8 ter covered by the report with respect to waiting times
9 for veterans seeking appointments with a Department
10 health-care provider.

11 “(B) Each report under subparagraph (A) shall in-
12 clude the total number of veterans waiting, shown for each
13 geographic service area by the following categories:

14 “(i) Those waiting under 30 days for scheduled
15 appointments.

16 “(ii) Those waiting over 30 days but less than
17 60 days.

18 “(iii) Those waiting over 60 days but less than
19 4 months.

20 “(iv) Those waiting over 4 months but who can-
21 not be scheduled within 6 months.

22 “(v) Those waiting over 6 months but who can-
23 not be scheduled within 9 months of seeking care.

24 “(vi) Those who cannot be scheduled within one
25 year of seeking care.

1 “(vii) Any remaining veterans who cannot be
2 scheduled, with the reasons therefor.

3 “(C) For each category set forth in subparagraph
4 (B), the report shall distinguish between—

5 “(i) waiting times for primary care and spe-
6 cialty care; and

7 “(ii) waiting times for veterans who are newly
8 enrolled versus those who were enrolled before Octo-
9 ber 1, 2001.

10 “(D) Each such report shall also set forth the number
11 of veterans who have enrolled in the Department’s health
12 care system but have not since such enrollment sought
13 care at a Department health care facility.

14 “(E) The final report under this paragraph shall be
15 for the quarter ending on December 31, 2010.”.

16 (b) EFFECTIVE DATE.—Subsection (e) of section
17 1703 of title 38, United States Code, as added by sub-
18 section (a), shall take effect on the first day of the first
19 month beginning more than six months after the date of
20 the enactment of this Act. The first report under para-
21 graph (5) of that subsection shall be submitted for the
22 quarter ending on December 31 of the first calendar year
23 beginning after the date of the enactment of this Act.

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