

108TH CONGRESS
1ST SESSION

H. R. 2475

To amend title 38, United States Code, to provide an enhanced funding process to ensure an adequate level of funding for veterans health care programs of the Department of Veterans Affairs, 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

JUNE 16, 2003

Mr. SMITH of New Jersey (for himself, Mr. SIMMONS, Mr. BROWN of South Carolina, Mr. BAKER, Mr. MILLER of Florida, Mr. BOOZMAN, Mr. BRADLEY of New Hampshire, Ms. GINNY BROWN-WAITE of Florida, Mr. RENZI, Mr. MURPHY, Mr. GIBBONS, Mr. TOM DAVIS of Virginia, Mr. GOSS, Mr. LAHOOD, Mr. HEFLEY, Mr. JONES of North Carolina, Mr. PICKERING, Mr. PALLONE, Mr. GILLMOR, Mr. PEARCE, Mr. LOBIONDO, Mrs. JO ANN DAVIS of Virginia, Mr. TERRY, Mrs. KELLY, Mr. ISSA, Mrs. CAPITO, Mr. VITTER, Mr. CALVERT, Mr. JENKINS, Mr. GILCHREST, Mr. PAUL, Mr. KING of New York, Mr. HOUGHTON, Mr. PLATTS, Ms. HART, Mr. WILSON of South Carolina, Mr. WHITFIELD, Mr. HAYES, and Mr. SAXTON) introduced the following bill; which was referred to the Committee on Veterans' Affairs

A BILL

To amend title 38, United States Code, to provide an enhanced funding process to ensure an adequate level of funding for veterans health care programs of the Department of Veterans Affairs, 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 Health Care
5 Full Funding Act”.

6 **SEC. 2. ENHANCED PROCESS FOR FUNDING VETERANS**
7 **HEALTH CARE PROGRAMS.**

8 (a) IN GENERAL.—(1) Chapter 3 of title 38, United
9 States Code, is amended by adding at the end the fol-
10 lowing new section:

11 **“§ 320. Enhanced funding process for veterans health**
12 **care**

13 “(a) In the President’s budget for each fiscal year
14 transmitted under section 1105 of title 31, amounts shall
15 be requested for veterans health care programs in accord-
16 ance with this section. Amounts appropriated for veterans
17 health care programs shall be available for obligation for
18 a period of two consecutive fiscal years.

19 “(b)(1) For each fiscal year (beginning with fiscal
20 year 2005), the Veterans Health Care Funding Review
21 Board shall determine the level of funding needed for vet-
22 erans health care programs for that fiscal year and the
23 next fiscal year. The Board shall make such determina-
24 tion, and shall publish such determination in the Federal
25 Register, not later than November 1 of the year preceding

1 the year in which the budget for such fiscal year is trans-
2 mitted to Congress.

3 “(2) In making any such determination under para-
4 graph (1), the Board shall take into consideration the
5 most recent information relating to economic assumptions
6 provided to the Board by the Director of the Office of
7 Management and Budget pursuant to subsection (f)(4)(b).

8 “(c) The amount determined under subsection (b) for
9 any two-fiscal-year period is the amount needed to be ap-
10 propriated to the Department for that two-fiscal-year pe-
11 riod for veterans health care programs. The President
12 shall include the full amount so determined in the budget
13 transmitted to Congress under section 1105 of title 31 for
14 the first fiscal year in such two-year period and shall in-
15 clude the amount of the second fiscal year as a budget
16 forecast year.

17 “(d)(1) The Board shall make its determination of
18 the level of funding needed for veterans health care pro-
19 grams for any two-fiscal-year period under subsection (b)
20 based upon an annual review of those programs and of
21 veterans health care needs.

22 “(2) The Board shall ensure that its determination
23 of the level of funding needed for veterans health care pro-
24 grams for any period is in an amount sufficient to provide
25 for—

1 “(A) the health care needs of veterans esti-
2 mated to be enrolled in the Department health care
3 system under section 1705(a) of this title (other
4 than veterans described in paragraph (8) of such
5 section);

6 “(B) the health care needs of veterans with
7 service-connected disabilities who are not required to
8 enroll in such health care system;

9 “(C) timely access to health care under stand-
10 ards for access prescribed under section 1703(d)(1)
11 of this title;

12 “(D) maintenance of capacities of Department
13 nursing home facilities as required by section
14 1710B(b) of this title and of specialized programs as
15 required by section 1706(b)(1) of this title;

16 “(E) the health care needs of persons eligible
17 for benefits under chapter 17 of this title based
18 upon subchapter VIII of that chapter;

19 “(F) the necessary maintenance, improvement,
20 upgrading, expanding, repairing, and replacing of
21 major and minor medical facilities, capital equip-
22 ment, and systems to ensure that health care facili-
23 ties of the Department are adequate for the pur-
24 poses of programs and benefits authorized for the
25 care of veterans under chapter 17 of this title; and

1 “(G) unanticipated requirements, including—
2 “(i) changes in benefits;
3 “(ii) changes in beneficiaries;
4 “(iii) changes in economic conditions or as-
5 sumptions; and
6 “(iv) such other factors as the Board con-
7 siders appropriate.

8 “(3) Each such review under paragraph (1) shall con-
9 sider—

10 “(A) demographic information;

11 “(B) utilization and cost trends for veterans en-
12 rolled under section 1705 of this title and other De-
13 partment health-care beneficiaries;

14 “(C) requirements for support of other core
15 missions of the Department related to health care;

16 “(D) the degree of efficiency (or the lack of ef-
17 ficiency) by which the Secretary actually delivers
18 health care services to veterans; and

19 “(E) such other factors as the Board considers
20 appropriate.

21 “(4)(A) The Board shall submit to Congress an an-
22 nual report, not later than the date on which the President
23 transmits the budget to Congress under section 1105 of
24 title 31 each year, on its most recent determination under

1 subsection (b) and its most recent review under paragraph
2 (1).

3 “(B) The report shall include the following:

4 “(i) A statement of the amount determined for
5 each of the two fiscal years covered by such deter-
6 mination under subsection (b).

7 “(ii) A description of the economic assumptions
8 and other assumptions made by the Board in mak-
9 ing such determination and how that determination
10 was developed.

11 “(iii) Any recommendations to Congress or the
12 Secretary that the Board considers appropriate con-
13 cerning the means and methods for the Secretary to
14 achieve optimal efficiencies or savings in delivering
15 health care to veterans.

16 “(5) Following the submission of the report under
17 paragraph (4) each year, the Board shall review and re-
18 consider the matters contained in the report and shall,
19 during the five-day period ending on May 1 of that year,
20 submit to Congress a report updating the matters in the
21 report submitted under paragraph (4). The Board shall
22 include in that report any revision it considers appropriate
23 to its most recent determination under subsection (b), to-
24 gether with the reasons for any such revision.

1 “(e) For purposes of this section, the term ‘veterans
2 health care programs’ means programs, functions, and ac-
3 tivities of the Veterans Health Administration other
4 than—

5 “(1) medical and prosthetic research; and

6 “(2) grants under subchapter III of chapter 81
7 of this title.

8 “(f)(1) There is established in the Department of
9 Veterans Affairs a Veterans Health Care Funding Review
10 Board. The Board shall consist of three members who
11 shall be appointed by the Secretary. Persons appointed to
12 the Board shall have professional backgrounds and experi-
13 ence in health care policy analysis, health care statistics,
14 health care insurance, or health care economics or have
15 similar qualifications considered suitable by the Secretary.

16 “(2)(A) Except as provided in subparagraph (B), the
17 members of the Board shall serve for a term of 15 years,
18 except that a member of the Board appointed to fill a va-
19 cancy occurring before the end of the term for which the
20 member’s predecessor was appointed shall only serve until
21 the end of such term. A member may serve after the end
22 of the term of the member until the successor of that
23 member has taken office. A member of the Board may
24 be removed by the Secretary for misconduct or failure to

1 perform functions vested in the Board, and for no other
2 reason.

3 “(B) Of the members of the Board who are first ap-
4 pointed under this paragraph, one each shall be appointed
5 for terms ending five, ten, and 15 years, respectively, after
6 the date of appointment, as designated by the Secretary
7 at the time of appointment.

8 “(3) A member of the Board who is not otherwise
9 an employee of the United States is entitled to receive pay
10 at the daily equivalent of the annual rate of basic pay of
11 the highest rate of basic pay under the General Schedule
12 of subchapter III of chapter 53 of title 5, for each day
13 the member is engaged in the performance of duties vested
14 in the Board, and is entitled to travel expenses, including
15 a per diem allowance, in accordance with section 5703 of
16 title 5.

17 “(4)(A) The Secretary shall furnish the Board all pa-
18 pers, records, information, and other materials it requires
19 in order to carry out its functions under this section.

20 “(B) The Director of the Office of Management and
21 Budget shall furnish to the Board complete information
22 on the economic assumptions (including assumptions as
23 to inflation, unemployment, revenues and expenses, and
24 energy costs) that inform or guide the President’s overall
25 budgetary presentation to Congress, including those as-

1 sumptions that would be expected to particularly affect
2 health care costs in the Department, or the cost of care
3 to veterans.

4 “(5) Funds for the expenses of the Board for any
5 fiscal year shall be provided from amounts available for
6 that fiscal year for veterans health care programs. The
7 Board shall include consideration of its own budget re-
8 quirements in determinations under subsection (b).”.

9 (2) The table of sections at the beginning of such
10 chapter is amended by adding at the end the following
11 new item:

“320. Enhanced funding process for veterans health care.”.

12 (b) EFFECTIVE DATE.—Sections 320 of title 38,
13 United States Code, as added by subsection (a), shall take
14 effect on January 1, 2004.

15 (c) REPEAL OF CONSTRUCTION AUTHORIZATION RE-
16 QUIREMENT.—Effective October 1, 2004, subsections (a),
17 (b), (c), and (d) of section 8104 of title 38, United States
18 Code, are repealed.

19 (d) APPOINTMENT OF INITIAL MEMBERS OF
20 BOARD.—The initial appointment of the members of the
21 Board established under subsection (f) of section 320 of
22 title 38, United States Code, as added by subsection (a),
23 shall be completed not later than 90 days after the date
24 of the enactment of this Act.

1 (e) INITIAL FUNDING FOR BOARD.—For fiscal year
2 2004, the Secretary of Veterans Affairs shall provide
3 amounts needed for the operation of the Board established
4 under subsection (f) of section 320 of title 38, United
5 States Code, as added by subsection (a), in a total amount
6 not to exceed \$2,000,000, from amounts appropriated to
7 the Department of Veterans Affairs for that fiscal year
8 for Medical Care.

9 **SEC. 3. ACCESS TO CARE STANDARDS.**

10 (a) REQUIRED STANDARD FOR ACCESS TO CARE.—
11 Section 1703 of title 38, United States Code, is amended
12 by adding at the end the following new subsection:

13 “(d)(1) The following are the standards for access to
14 care for the Department:

15 “(A) For a veteran seeking primary care, the
16 standard for access is 30 days, determined from the
17 date on which the veteran contacts the Department
18 seeking an appointment until the date on which a
19 visit with a primary care provider is completed.

20 “(B) For a veteran seeking specialized care, the
21 standard for access is 30 days, determined from the
22 date on which the veteran is referred for specialty
23 care by a primary care provider until the date on
24 which a visit with an appropriate specialty primary
25 care provider is completed.

1 “(2) The Secretary shall develop and disseminate an
2 appropriate standard of waiting time, determined from the
3 time at which the veteran’s visit is scheduled until the vet-
4 eran is seen by the provider. The Secretary shall periodi-
5 cally review performance of Department facilities com-
6 pared to that standard. The Secretary shall annually re-
7 port to the Committees on Veterans’ Affairs of the Senate
8 and House of Representatives an assessment of the De-
9 partment’s performance against that standard.

10 “(3) In a case in which the Secretary is unable to
11 meet the standard for access to care, the Secretary shall
12 use the authority of subsection (a) to furnish health care
13 and services for that veteran in a non-Department facil-
14 ity.”.

15 (b) EFFECTIVE DATE.—The amendment made by
16 subsection (a) shall take effect on the first day of the first
17 month beginning more than six months after the date of
18 the enactment of this Act.

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