

TRIBUTE TO THE BRONX COUNCIL  
ON THE ARTS

**HON. JOSÉ E. SERRANO**

OF NEW YORK

IN THE HOUSE OF REPRESENTATIVES

*Monday, June 16, 2003*

Mr. SERRANO. Mr. Speaker, it is with great joy that I rise today to pay tribute to the Bronx Council on the Arts, which is currently celebrating its 40th anniversary. Recognized nationally as a leading arts service organization, providing cultural services and arts programs, BCA serves a multicultural constituency in excess of 1.2 million residents.

The Bronx Council on the Arts was founded in 1962 with the mission of encouraging and increasing the public's awareness and participation in the arts, and to nurture the development of artists, arts and cultural organizations. Indeed, throughout its 40 years of service BCA has accomplished its stated mission.

In April of 2000, The Bronx Council on the Arts received the Governor's Arts Award for its contributions to the burgeoning artistic panorama of the Bronx. They joined the ranks of Peter Martins of the New York City Ballet, filmmakers Ismail Merchant and James Ivory, photographer Cindy Sherman and many other celebrated artists and art institutions.

The Bronx Council on the Arts serves more than 250 arts and community organizations and 5,000 artists. Through its various grant programs and services, BCA has given over \$1 million to individual artists and arts organizations in order to support literary, media, performing and visual arts projects. In addition, BCA coordinates arts and education services in public schools throughout the Bronx.

Mr. Speaker, the Bronx Council on the Arts is truly a Miracle in the Bronx. Bill Aguado, the Executive Director, put it best when he stated: "This isn't supposed to be happening in the Bronx or anywhere else for that matter. Poverty, crime, drugs—those are expected, but to pick up a paint brush, raise a voice in song, fill a page with words or lift a foot to dance and say, 'I am a Bronx artist,' seemed absurd. Things have changed a lot."

For the rich contributions this organization has made not only to the Bronx but also to the world of art, I ask my colleagues to join me in celebrating the Bronx Council on the Arts' 40th birthday.

H.R. 2475—THE VETERANS HEALTH  
CARE FULL FUNDING ACT

**HON. CHRISTOPHER H. SMITH**

OF NEW JERSEY

IN THE HOUSE OF REPRESENTATIVES

*Monday, June 16, 2003*

Mr. SMITH of New Jersey. Mr. Speaker, today, along with Representative ROB SIMMONS of Connecticut, Chairman of the Veterans' Affairs Subcommittee on Health, and three dozen other cosponsors, I am introducing H.R. 2475, the Veterans Health Care Full Funding Act, legislation to ensure full funding for the Department of Veterans Affairs' health care system.

This bill would fulfill the central recommendation of the President's Task Force To Improve Delivery of Health Care for Our Nation's Veterans, which reported an alarming

mismatch between demand for services and available resources that threatened the quality of VA health care. The Task Force recommended that the veterans' health care funding process should be overhauled in order to achieve full funding.

As early as 1993, national veterans organizations were calling for guaranteed funding for VA health care. Last year I introduced H.R. 5250, legislation to achieve that goal by funding VA health care through a permanently fixed formula, one possible approach recommended by the President's Task Force.

The legislation we are introducing today takes the other major approach identified by the Task Force, establishing an independent board of experts on health care economics, with an independent budget and staff, to determine the annual funding levels necessary for veterans' medical care and to be included in the Administration's budget.

Under our legislation, a three-member Funding Review Board would be appointed by the Secretary of Veterans Affairs for staggered 15-year terms. The Board would have full access to VA's economic, actuarial and other data relevant to determining health care funding, as well as the Office of Management and Budget's (OMB) economic and forecasting analysis, but would be independent of both.

The Board would produce an annual budget request and a budget forecast for funding necessary to provide full health care benefits in a timely and cost-efficient fashion to all enrolled veterans in Priority Groups 1-7, primarily those injured or disabled while serving their nation, or with low income levels. The amount calculated by the Board for the next fiscal year would become the President's budget request submitted to Congress. From that point forward, the congressional budget and appropriations process would remain unchanged.

To ensure that veterans are receiving timely care, the legislation would require VA to provide care in a timely manner; if VA is unable to furnish care to veterans who need it within reasonable timeframes, it would be obligated to contract for that care with private sector health care providers.

In order to promote fiscal discipline within VA health care, the Board would be required to identify areas where VA program efficiencies and savings can be achieved, as well as be required to consider recommendations from OMB.

Mr. Speaker, for at least the past five years, veterans' usage of VA health care services has surpassed every Administration estimate—Republican and Democrat. The continuing rise in demand for VA health care services has been driven by many factors, including VA's establishment of over 650 new and more convenient VA community-based outpatient clinics for primary care, improved safety and quality of care, and the availability of VA prescription drug benefits. VA has become an increasingly important supplier of prescription drugs to veterans, particularly senior veterans who lack a drug benefit from the Medicare program.

Further evidence of the urgent funding needs of VA health care comes from a report issued last year measuring the amount of time veterans are waiting for medical services. According to VA's report, there were nearly 300,000 veterans waiting for initial medical appointments, half of whom were waiting 6 months or more; and the other half having no

appointment at all. While the VA has indicated progress is being made to reduce this waiting list, the Secretary's decision to halt enrollment of Priority 8 veterans for the remainder of this year is another clear indicator that VA is not properly equipped to handle the current demand for medical services because it lacks the funding to do so.

The President's Task Force (PTF) was established in May, 2001 to improve collaboration and resource sharing between the Departments of Defense and Veterans Affairs health care systems. Within months of the start of its deliberations, the Task Force discovered that a mismatch between demand for VA health care services and available resources prevented VA and DOD from achieving the full advantages of sharing and threatened the quality of VA health care. The PTF recommended in its report that the current budget and appropriations process be reformed. Let me quote from the report:

The Federal Government should provide full funding to ensure that enrolled veterans in Priority Groups 1 through 7 (new) are provided the current comprehensive benefit in accordance with VA's established access standards. Full funding should occur through modifications to the current budget and appropriations process, by using a mandatory funding mechanism, or by some other changes in the process that achieve the desired goal.

The PTF identified two possible approaches to addressing current problems with the funding process: make veterans health care funding a mandatory budgetary item, or create an independent Board of experts, actuaries, or other outside officials to dispassionately review needs and determine funding levels. Both approaches would have the same goal: to achieve full funding to meet demand in a timely manner.

Mr. Speaker, the Veterans Health Care Full Funding Act would accomplish this goal by establishing a funding process similar to one already used by the Department of Defense. Our legislation is modeled on a provision in the 2001 Floyd Spence Defense Authorization Act, Public Law 106-398, popularly known as "TRICARE for Life." Under this legislation, an outside panel of experts and actuaries was established to determine future funding levels to meet health care needs of military retirees and their families in the TRICARE program. Our legislation is modeled on this successful program.

In addition, our legislation would codify standards for veterans' access to health care. Without a requirement that VA meet reasonable access standards, veterans could continue to be denied access to care regardless of any funding. I would like to recognize and thank my colleague on the Veterans' Affairs Committee, Representative GINNY BROWN-WAITE, who has introduced separate legislation, H.R. 2357, to achieve this very goal. The standards established in the Brown-Waite bill are incorporated in the legislation we are introducing today.

The VA budget for fiscal year 2003 contained a record \$2.6 billion increase in the funding of medical care for our Nation's veterans and this year, based upon our Committee's recommendations, the House approved another record veterans budget, increasing overall veterans spending by \$6.2 billion, including about a \$3 billion increase for medical care. But even with these historic increases,