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## **PRESIDENT'S TASK FORCE REPORT SUPPORTS NEED FOR NEW VETERANS HEALTHCARE LEGISLATION**

WASHINGTON, D.C. - U.S. Congressman John B. Larson (CT-01) today renewed his call to allow VA patients to receive treatment at non-VA medical facilities in light of the recently released final report from the President's Task Force to Improve Health Care Delivery for Our Nation's Veterans. The Task Force was created by Executive Order 13214 on May 28, 2001. The report can be found at: <<http://www.presidentshealthcare.org>>. Under current law, the VA will not pay for a non-emergency visit or medical treatment for veterans unless the veteran goes to a VA healthcare facility or a facility with a contract with the VA.

One of the major issues addressed in the report is the mismatch between the demands faced by the Department of Veterans Affairs and resources it has been allotted. The Task Force expressed concern that this mismatch affects the delivery of timely health care to veterans and impedes efforts to improve collaboration between the VA and Department of Defense (DOD) to ensure that the health care needs of veterans are met. It found that due to the number of veterans seeking access to their healthcare system, those with service-connected disabilities and indigent veterans have been faced with diminished access to care.

Larson stated: "This report clearly makes the case for enacting legislation to

greatly improve healthcare for America's veterans. In exchange for their service to our nation in the armed forces, the U.S. government promised a lifetime of guaranteed healthcare for our veterans, and now we see this promise being eroded and veterans being left in need. This is unacceptable. Congress has the opportunity to act on the President's Task Force recommendations by passing VET-21 and by meeting its commitment to adequately fund VA care and facilities. The Bush Administration and the GOP-led Congress have endorsed and advanced plans to deny many veterans access to their own healthcare system and to institute new and increased fees for others in response to these problems. That is not the answer. The federal government has a promise to keep to all veterans, regardless of the category they are placed in, and Congress and the President cannot simply change their minds about which veterans are entitled to healthcare and which are not."

The Task Force found the problems they outlined to be unacceptable and offered three recommendations to address this particular situation:

- 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. (Recommendation 5.1)
  - VA facilities should be held accountable to meet the VA's access standards for enrolled Priority Groups 1 through 7 (new). In instances where an appointment cannot be offered within the access standard, VA should be required to arrange for care with a non-VA provider, unless the veteran elects to wait for an available appointment within VA. (Recommendation 5.2)
- The present uncertain access status and funding of Priority Group 8 veterans is unacceptable. Individual veterans have not known from year to year if they will be granted access to VA care. The President and Congress should work together to solve this problem. (Recommendation 5.3)

In February, Larson reintroduced bipartisan legislation in the House of Representatives that would address these recommendations. The 21st Century Veterans Equitable Treatment Act (VET-21), H.R. 890, is designed to improve access to healthcare for America's veterans. The bill would ensure adequate healthcare access by setting standards for appointments using the Veteran's Administration's (VA) established performance goals. If the VA is incapable of providing care within these standards, Larson's legislation would allow treatment of veterans at a non-VA medical facility for service or treatment for which they would have otherwise qualified within the VA system.

To expedite reimbursements for services and reduce the need for complicated paperwork, VET-21 would recommend that the VA Secretary take advantage of tools such as "Smart Card" technology, that would allow claims, including those for emergency service, to be processed electronically. The legislation would also remove the requirement that for non-VA emergency services, a veteran must have seen a VA doctor within the last 24 months and would include a standard for assessing improvement in appointment waiting times.

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*Congressman Larson is a Member of the House Armed Services Committee*

For a summary of H.R. 890, please visit: <http://www.house.gov/larson/vet21.htm>