

109TH CONGRESS
2^D SESSION

H. R. 5524

To amend title 38, United States Code, to improve health care for veterans in rural areas, and for other purposes.

IN THE HOUSE OF REPRESENTATIVES

JUNE 6, 2006

Mr. MICHAUD (for himself, Mr. EVANS, Mr. FILNER, Mr. GUTIERREZ, Ms. CORRINE BROWN of Florida, Ms. HERSETH, Mr. STRICKLAND, Ms. HOOLEY, Mr. REYES, Mr. UDALL of New Mexico, and Mr. SALAZAR) introduced the following bill; which was referred to the Committee on Veterans' Affairs

A BILL

To amend title 38, United States Code, to improve health care for veterans in rural areas, 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 “Rural Veterans Health
5 Care Act of 2006”.

6 **SEC. 2. OUTREACH PROGRAM TO VETERANS IN RURAL**
7 **AREAS.**

8 (a) PROGRAM.—The Secretary of Veterans Affairs
9 shall conduct an extensive outreach program to identify

1 and provide information to veterans who served in the the-
2 ater of operations for Operation Iraqi Freedom or Oper-
3 ation Enduring Freedom and who reside in rural commu-
4 nities in order to enroll those veterans in the health care
5 system of the Department of Veterans Affairs during the
6 period when they are eligible for such enrollment.

7 (b) FEATURES OF PROGRAM.—In carrying out the
8 program under subsection (a), the Secretary shall seek to
9 work at the local level with employers, State agencies,
10 community health centers located in rural areas, rural
11 health clinics, and critical access hospitals located in rural
12 areas, and units of the National Guard and other reserve
13 components based in rural areas, in order to increase the
14 awareness of veterans and their families of the availability
15 of health care provided by the Secretary and the means
16 by which those veterans can achieve access to the health
17 care services provided by the Department of Veterans Af-
18 fairs.

19 **SEC. 3. ACCESS TO VET CENTERS IN RURAL AREAS.**

20 (a) EXPANSION OF ACCESS.—The Secretary of Vet-
21 erans Affairs shall expand access to Vet Centers in rural
22 areas. In carrying out this section, the Secretary shall con-
23 duct a pilot program for the operation of at least two mo-
24 bile Vet Centers in rural areas for a period of five years.

1 (b) VET CENTER DEFINED.—In this section, the
2 term “Vet Center” has the meaning given the term “cen-
3 ter” in section 1712A(i)(1) of title 38, United States
4 Code.

5 **SEC. 4. QUALITY CARE IN RURAL AREAS.**

6 (a) REQUIREMENT.—The Secretary of Veterans Af-
7 fairs shall develop and implement a plan for improving the
8 access of veterans to health care in rural areas. The plan
9 shall be developed in consultation with the Advisory Com-
10 mittee on Rural Veterans established under section 546
11 of title 38, United States Code, as added by section 6.

12 (b) MATTERS TO BE INCLUDED.—The plan devel-
13 oped under subsection (a) shall include the following:

14 (1) A review of progress in implementing the
15 proposed 156 community-based outpatient clinics,
16 and plans for further implementation of those pro-
17 posed clinics, that were included in the May 2004
18 Secretary’s CARES Decision Document, announcing
19 the implementation of the Department of Veterans
20 Affairs health care planning process called Capital
21 Asset Realignment for Enhanced Services (CARES),
22 plans for establishment of additional community-
23 based outpatient clinics, and plans for health-care
24 outreach centers.

1 (2) Measures for meeting the long-term care
2 needs of rural veterans through nursing homes of
3 the Department of Veterans Affairs and State vet-
4 erans homes.

5 (3) Expansion for rural veterans of the adult
6 day-care and respite care programs of the Depart-
7 ment.

8 (4) Expansion for rural veterans of the use of
9 telemedicine to enhance care coordination and access
10 to specialized care for such veterans.

11 (5) Measures for meeting the needs of rural
12 veterans for mental health care.

13 (c) TIMETABLE.—The plan required by subsection
14 (a) shall be submitted to Congress not later than nine
15 months after the date of the enactment of this Act and
16 shall be implemented not later than two years thereafter.

17 **SEC. 5. HEALTH INFORMATION TECHNOLOGY.**

18 The Secretary of Veterans Affairs shall establish a
19 health information technology pilot program to ensure a
20 continuum of quality of care for rural veterans who receive
21 health care provided by the Secretary both directly
22 through facilities of the Department of Veterans Affairs
23 and as fee-basis care through non-Department providers
24 and facilities, including, where appropriate, community
25 health centers, rural health clinics, and critical access hos-

1 pitals. The pilot program shall be conducted for a period
2 of four years.

3 **SEC. 6. ADVISORY COMMITTEE ON RURAL VETERANS.**

4 (a) NEW ADVISORY COMMITTEE.—Chapter 5 of title
5 38, United States Code, is amended by adding at the end
6 the following new section:

7 **“§ 546. Advisory Committee on Rural Veterans**

8 “(a)(1) The Secretary shall establish an advisory
9 committee to be known as the Advisory Committee on
10 Rural Veterans (hereinafter in this section referred to as
11 ‘the Committee’).

12 “(2)(A) The Committee shall consist of members ap-
13 pointed by the Secretary from the general public, includ-
14 ing—

15 “(i) representatives of rural veterans;

16 “(ii) individuals who are recognized authorities
17 in fields pertinent to the needs of rural veterans, in-
18 cluding specific or unique health-care needs of rural
19 veterans and access issues of rural veterans;

20 “(iii) individuals who have expertise in the de-
21 livery of mental health care in rural areas;

22 “(iv) individuals who have expertise in the deliv-
23 ery of long-term care in rural areas;

24 “(v) at least one veterans service organization
25 representative from a rural State; and

1 “(vi) representatives of rural veterans with
2 service-connected disabilities.

3 “(B) The Committee shall include, as ex officio mem-
4 bers—

5 “(i) the Secretary of Health and Human Serv-
6 ices (or a representative of the Secretary of Health
7 and Human Services designated by that Secretary);

8 “(ii) the Director of the Indian Health Service
9 (or a representative of that Director); and

10 “(iii) the Under Secretary for Health and the
11 Under Secretary for Benefits, or their designees.

12 “(C) The Secretary may invite representatives of
13 other departments and agencies of the United States to
14 participate in the meetings and other activities of the
15 Committee.

16 “(3) The Secretary shall determine the number,
17 terms of service, and pay and allowances of members of
18 the Committee appointed by the Secretary, except that a
19 term of service of any such member may not exceed three
20 years. The Secretary may reappoint any such member for
21 additional terms of service.

22 “(b) The Secretary shall, on a regular basis, consult
23 with and seek the advice of the Committee with respect
24 to the administration of benefits by the Department for
25 rural veterans, reports and studies pertaining to rural vet-

1 erans, and the needs of rural veterans with respect to pri-
2 mary care, mental health care, and long-term care needs
3 of rural veterans.

4 “(c)(1) Not later than September 1 of each odd-num-
5 bered year through 2013, the Committee shall submit to
6 the Secretary a report on the programs and activities of
7 the Department that pertain to rural veterans. Each such
8 report shall include—

9 “(A) an assessment of the needs of rural vet-
10 erans with respect to primary care, mental health
11 care, and long-term care needs of rural veterans and
12 other benefits and programs administered by the
13 Department;

14 “(B) a review of the programs and activities of
15 the Department designed to meet such needs; and

16 “(C) such recommendations (including rec-
17 ommendations for administrative and legislative ac-
18 tion) as the Committee considers appropriate.

19 “(2) The Secretary shall, within 60 days after receiv-
20 ing each report under paragraph (1), submit to the Con-
21 gress a copy of the report, together with any comments
22 concerning the report that the Secretary considers appro-
23 priate.

1 “(3) The Committee may also submit to the Sec-
2 retary such other reports and recommendations as the
3 Committee considers appropriate.

4 “(4) The Secretary shall submit with each annual re-
5 port submitted to the Congress pursuant to section 529
6 of this title a summary of all reports and recommendations
7 of the Committee submitted to the Secretary since the pre-
8 vious annual report of the Secretary submitted pursuant
9 to such section.”.

10 (b) CLERICAL AMENDMENT.—The table of sections
11 at the beginning of such chapter is amended by adding
12 at the end the following new item:

“546. Advisory Committee on Rural Veterans.”.

13 **SEC. 7. RURAL HEALTH RESEARCH, EDUCATION, AND CLIN-**
14 **ICAL CARE CENTERS.**

15 (a) IN GENERAL.—(1) Subchapter II of chapter 73
16 of title 38, United States Code, is amended by adding at
17 the end the following new section:

18 **“§ 7329. Rural health research, education, and clin-**
19 **ical care centers**

20 “(a) The Secretary, upon the recommendation of the
21 Under Secretary for Health and pursuant to the provi-
22 sions of this section, shall designate a minimum of four
23 Department health care facilities as the locations for cen-
24 ters of rural health research, education, and clinical activi-
25 ties and (subject to the appropriation of sufficient funds

1 for such purpose) shall establish and operate such centers
2 at such locations in accordance with this section.

3 “(b) The centers established under this section
4 shall—

5 “(1) conduct research on rural health services;

6 “(2) allow the Department to use specific mod-
7 els for furnishing services to treat rural veterans;

8 “(3) provide education and training for health
9 care professionals of the Department; and

10 “(4) develop and implement innovative clinical
11 activities and systems of care for the Department.

12 “(c) In designating locations for centers under sub-
13 section (a), the Secretary, upon the recommendation of the
14 Under Secretary for Health, shall—

15 “(1) assure appropriate geographic distribution
16 of such centers;

17 “(2) assure that one of the centers shall focus
18 on mental health, including substance abuse treat-
19 ment;

20 “(3) assure that one of the centers shall focus
21 on case management of chronic diseases;

22 “(4) assure that one of the centers shall focus
23 on telemedicine; and

24 “(5) assure that at least one of the centers
25 shall be located to collaborate with a Rural Health

1 Research Center of the Department of Health and
2 Human Services in a geographic service area of the
3 Department of Veterans Affairs that includes several
4 rural States.

5 “(d) The Secretary may not designate a health care
6 facility as a location for a center under subsection (a) un-
7 less the peer review panel established under subsection (e)
8 has determined under that subsection that the proposal
9 submitted by such facility as a location for a new center
10 under subsection (a) is among those proposals that have
11 met the highest competitive standards of scientific and
12 clinical merit and the Secretary (upon the recommenda-
13 tion of the Under Secretary for Health) determines that
14 the facility has (or may reasonably be anticipated to de-
15 velop) each of the following:

16 “(1) An arrangement under which medical,
17 nursing, or allied health personnel receive training
18 and education in the unique aspects of rural care
19 through regular rotation through rurally located fa-
20 cilities and community based outpatient clinics.

21 “(2) The ability to attract the participation of
22 scientists and clinicians who are capable of ingenuity
23 and creativity in health care research efforts.

24 “(3) A policymaking advisory committee com-
25 posed of appropriate health care and research rep-

1 representatives of the facility and of the affiliated
2 school or schools to advise the directors of such fa-
3 cility and such center on policy matters pertaining to
4 the activities of such center during the period of the
5 operation of such center.

6 “(4) The capability to coordinate, as part of an
7 integrated national system, education, clinical, and
8 research activities within all facilities with such cen-
9 ters.

10 “(5) The capability to jointly develop a consor-
11 tium of providers with interest in improving quality
12 care in rural areas.

13 “(6) The capability to develop a national reposi-
14 tory for the collection of best practices and evidenced
15 based care to rural veterans.

16 “(7) The capability to effectively conduct eval-
17 uations of the activities of such center.

18 “(e)(1) In order to provide advice to assist the Sec-
19 retary and the Under Secretary for Health in carrying out
20 their responsibilities under this section, the Assistant
21 Under Secretary for Health shall establish a panel to as-
22 sess the scientific and clinical merit of proposals that are
23 submitted to the Secretary for the establishment of new
24 centers under this section.

1 “(2) The membership of the panel shall consist of ex-
2 perts in the fields pertinent to the needs of rural veterans,
3 including mental health care and long-term care. Members
4 of the panel shall serve as consultants to the Department
5 for a period of no longer than six months.

6 “(3) The panel shall review each proposal submitted
7 to the panel by the Assistant Under Secretary and shall
8 submit its views on the relative scientific and clinical merit
9 of each such proposal to the Assistant Under Secretary.

10 “(4) The panel shall not be subject to the Federal
11 Advisory Committee Act.

12 “(f) Before providing funds for the operation of any
13 such center at a health care facility other than a health
14 care facility designated under subsection (c)(1), the Sec-
15 retary shall assure that the center at each facility des-
16 ignated under such subsection is receiving adequate fund-
17 ing to enable such center to function effectively in the
18 areas of rural health care research, education, and clinical
19 activities.

20 “(g) There are authorized to be appropriated such
21 sums as may be necessary for the support of the research
22 and education activities of the centers established pursu-
23 ant to subsection (a). The Under Secretary for Health
24 shall allocate to such centers from other funds appro-
25 priated generally for the Department medical care account

1 and medical and prosthetics research account, as appro-
2 priate, such amounts as the Under Secretary for Health
3 determines appropriate.

4 “(h) Activities of clinical and scientific investigation
5 at each center established under subsection (a) shall be
6 eligible to compete for the award of funding from funds
7 appropriated for the Department medical and prosthetics
8 research account and shall receive priority in the award
9 of funding from such account insofar as funds are award-
10 ed to projects for research in rural health care.”.

11 (2) The table of sections at the beginning of such
12 chapter is amended by inserting after the item relating
13 to section 7328 the following new item:

“7329. Rural health research, education, and clinical care centers.”.

14 (b) DESIGNATION OF CENTERS.—The Secretary of
15 Veterans Affairs shall designate the centers for rural
16 health research, education, and clinical activities required
17 by section 7329 of title 38, United States Code (as added
18 by subsection (a)), not later than one year after the date
19 of the enactment of this Act.

20 (c) ANNUAL REPORTS.—

21 (1) ANNUAL REPORT.—Not later than 18
22 months after the date of the designation of centers
23 for rural health research, education, and clinical ac-
24 tivities required by section 7329 of title 38, United
25 States Code (as so added), and annually thereafter

1 for the next three years, the Secretary shall submit
2 to the Committees on Veterans' Affairs of the Sen-
3 ate and House of Representatives a report on the
4 status and activities of such centers during the one-
5 year period beginning on the date of such designa-
6 tion, for the first such report, and for successive
7 one-year periods, for subsequent reports.

8 (2) MATTER TO BE INCLUDED.—Each such re-
9 port shall include, for the period covered by the re-
10 port, the following:

11 (A) A description of the activities carried
12 out at each center and the funding provided for
13 such activities.

14 (B) A description of any advances made in
15 the participating programs of each center in re-
16 search, education, training, and clinical activi-
17 ties related to rural health.

18 **SEC. 8. HOMELESS RURAL VETERANS.**

19 Section 2061(b) of title 38, United States Code, is
20 amended—

21 (1) by striking “or” at the end of paragraph

22 (3);

23 (2) by striking the period at the end of para-

24 graph (4) and inserting “; and”; and

1 (3) by adding at the end the following new
2 paragraph:

3 “(5) rural.”.

4 **SEC. 9. RURAL EDUCATION AND TRAINING OF HEALTH**
5 **PROFESSIONALS.**

6 The Secretary of Veterans Affairs shall carry out ac-
7 tivities to enhance the education, training, retention, and
8 recruitment of health professionals in rural areas. As part
9 of such activities, the Secretary shall—

10 (1) establish additional rotations for medical
11 residents in rural areas;

12 (2) establish programs to enhance the edu-
13 cation, training, recruitment, and retention of nurses
14 in rural areas; and

15 (3) establish programs to enhance the edu-
16 cation, training, recruitment, and retention of allied
17 health professionals in rural areas.

18 **SEC. 10. NATIVE AMERICANS.**

19 The Secretary of Veterans Affairs shall expand the
20 health care presence of the Department of Veterans Af-
21 fairs in Native American, Native Hawaiian, and Native
22 Alaskan rural communities in order to improve access to
23 Department of Veterans Affairs health care services for
24 veterans in those communities.

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