

REVENUE: No revenue impact

FISCAL: No fiscal impact

Action: Be Adopted
Vote: 6 - 0 - 2
Yeas: Boone, Freeman, Komp, Matthews, Riley, Cowan
Nays: 0
Exc.: Esquivel, Weidner
Prepared By: David Molina, Administrator
Meeting Dates: 4/2, 4/14, 4/21

WHAT THE MEASURE DOES: Urges Congress to enact legislation increasing veterans access to health care by proportionally compensating veterans who travel from rural and remote areas more for their specialty care. Requests that the Veterans Health Administration work with national, regional and state leaders representing rural and remote areas to establish a formula that increases access and decreases transportation costs for veterans seeking health care.

ISSUES DISCUSSED:

- Challenges to rural veterans who need to travel long distance for specialty care
- Community-based outreach clinics only provide primary care and limited mental health services
- The need to revisit the federal formula-based health services in order to increase access for rural veterans
- The need to establish a formula that increases access to health care and decreases transportation costs for rural veterans
- Failure to claim more than an estimated \$4 billion in potential benefits hurts small towns and local counties
- Widespread support among veterans and their families, veterans service organizations, public officials, business and community leaders
- Senator Ron Wyden recognizes the problem and has prioritized legislation to address this issue

EFFECT OF COMMITTEE AMENDMENT: No amendment.

BACKGROUND: Currently, many Oregon veterans who live in rural and remote areas must travel to one of two locations, Portland or Roseburg, for their specialty care. The state has ten community-based outreach clinics (CBOCs) that provide primary care, but lack specialty care such as arthritis, optometry, hearing, orthopedic surgery, and heart surgery. Oregon's geographic terrain requires veterans who live in rural and remote areas of the state to travel long distance to receive their health care often through harsh weather conditions. While the federal Veterans Administration (VA) increased the travel reimbursement from \$0.285 to \$0.415 per mile for veterans who have service-connected disabilities, receive VA pensions or have low incomes, the difference was federally enacted at a time during fluctuating gas prices and an ailing economy (2008) and does not take into account the long distance commute and vehicle wear and tear. Proponents assert that an additional reimbursement for the extra travel commute and vehicle wear and tear should be integrated as a proportional differential to the formula-based health services system currently in use.

One of the Governor's Task Force on Veterans' Services Final Report (December 2008) top health care recommendation is access to quality health care regardless of geographic distance to VA hospital. The Oregon Department of Veterans Affairs asserts that only 80,000 veterans, out of a total of 350,000 veterans statewide, are enrolled with the U.S. Veterans Health Administration (VHA). The remaining 270,000 veterans who live in rural and remote areas of the state are either medically uncovered or have selected a private insurer. Proponents assert that this discrepancy foregoes more than \$4 billion in potential reimbursement benefits unclaimed to the state.

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This summary has not been adopted or officially endorsed by action of the committee.