

A-Engrossed
House Joint Memorial 14

Ordered by the House April 24
Including House Amendments dated April 24

Sponsored by Representative BUEHLER, Senator KNOPP, Representative WHISNANT; Representatives BOONE, EVANS, LIVELY

SUMMARY

The following summary is not prepared by the sponsors of the measure and is not a part of the body thereof subject to consideration by the Legislative Assembly. It is an editor's brief statement of the essential features of the measure.

[Requests that Department of Veterans Affairs Portland Regional Benefit Office release data regarding Patient-Centered Community Care program.]

Urges Congress to support efforts to improve access to health care for veterans in rural areas. Requests that Secretary of Veterans Affairs make public information on Patient-Centered Community Care program and Department of Veterans Affairs Choice Program.

JOINT MEMORIAL

1
2 To the President of the United States, the Secretary of Veterans Affairs and the Senate and the
3 House of Representatives of the United States of America, in Congress assembled:

4 We, your memorialists, the Seventy-eighth Legislative Assembly of the State of Oregon, in leg-
5 islative session assembled, respectfully represent as follows:

6 Whereas the State of Oregon should ensure access to timely and quality health care for Oregon
7 veterans no matter where they live; and

8 Whereas rural veterans often have to drive several hours, sometimes in hazardous road condi-
9 tions, to receive medically necessary treatment or procedures from Department of Veterans Affairs
10 (VA) medical centers; and

11 Whereas the VA has implemented two new temporary nationwide programs, the Patient-
12 Centered Community Care (PC3) program and the VA Choice Program, funded at \$19.8 billion and
13 aimed at improving veterans' access to health care by using local non-VA providers rather than
14 distant VA treatment resources; and

15 Whereas health care providers and veterans in central Oregon had been calling for a program
16 similar to PC3 seven years ago; and

17 Whereas PC3 was initiated in September 2013 and has now been operating for around 18 months,
18 enrolling providers and patients in the program; and

19 Whereas veterans are experiencing great difficulty in utilizing PC3 and the VA Choice Program
20 because of a lack of easily accessible information, inconsistent VA interpretation of rules, VA fa-
21 cility criteria regarding VA Choice Program eligibility and confusion caused by the VA's narrow
22 definitions of driving distance; and

23 Whereas the VA is not providing veterans, health care providers and taxpayers with cost and
24 performance data on PC3 and VA Choice Program implementation that would allow evaluation of
25 the performance of the programs against their stated goals such as veteran and non-VA provider
26 enrollment, referrals to non-VA providers, waiting times, quality of care and funding; and

NOTE: Matter in **boldfaced** type in an amended section is new; matter *[italic and bracketed]* is existing law to be omitted. New sections are in **boldfaced** type.

1 Whereas PC3 and the VA Choice Program are the current major VA programs aimed at raising
2 the expectations of veterans and non-VA providers that veterans can receive timely quality care
3 near their residences; and

4 Whereas the VA and Congress have not defined the future of PC3 and the VA Choice Program
5 beyond their temporary time frames; and

6 Whereas PC3 and the VA Choice Program have the potential to achieve significant improve-
7 ments in timeliness and quality of health care provided to rural and other qualified veterans; and

8 Whereas the VA and Congress should establish a goal of consolidating PC3 and the VA Choice
9 Program into a permanent program; and

10 Whereas Congress should not allow the VA to divert funds from PC3 and the VA Choice Pro-
11 gram to in-house VA programs; and

12 Whereas there are approximately 22 million veterans living today, 5.3 million of whom live in
13 rural areas; and

14 Whereas 3.2 million veterans who live in rural areas are enrolled in the Veterans Health Ad-
15 ministration (VHA) health care system; and

16 Whereas 2.6 million patients enrolled in the VHA health care system have a service-connected
17 disability; and

18 Whereas 960,000 veterans from rural areas have a service-connected disability; and

19 Whereas a disproportionate number of all service members are from rural areas; and

20 Whereas many veterans from rural areas return to their rural communities after their service
21 period; now, therefore,

22 **Be It Resolved by the Legislative Assembly of the State of Oregon:**

23 That we, the members of the Seventy-eighth Legislative Assembly, respectfully urge the Con-
24 gress of the United States of America to support the mission of the Veterans Health Administration
25 Office of Rural Health and efforts to improve access to health care for veterans in rural areas; and
26 be it further

27 Resolved, That we urge Congress to improve, support and accelerate outreach efforts to bring
28 health care to veterans in rural areas; and be it further

29 Resolved, That we respectfully request that the Secretary of Veterans Affairs make public in-
30 formation on the Patient-Centered Community Care program and the Department of Veterans Affairs
31 Choice Program, including data on the effectiveness of the programs and the number of veterans
32 served by the programs; and be it further

33 Resolved, That a copy of this memorial shall be sent to the President of the United States, to
34 the Senate Majority Leader, to the Speaker of the House of Representatives, to the Secretary of
35 Veterans Affairs and to each member of the Oregon Congressional Delegation.

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