

## **BILL ANALYSIS**

C.S.S.C.R. 37  
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Defense Affairs & State-Federal Relations  
Committee Report (Substituted)

### **BACKGROUND AND PURPOSE**

Military veterans who have served their country honorably and who were promised and have earned health care and benefits from the federal government through the Department of Veterans Affairs are now in need of these benefits. Federal discretionary funding is controlled by the executive branch and the United States Congress through the budget and appropriations process and direct funding provides the Department of Veterans Affairs with a reliable, predictable, and consistent source of funding to provide timely, efficient, and high-quality health care for our veterans. Currently almost 90 percent of federal health care spending is direct rather than discretionary, and only the funding for health care for active duty military, Native Americans, and veterans is subject to the discretion of the United States Congress. Discretionary funding for health care lags behind both medical inflation and the increased demand for services; for example, the enrollment for veterans' health care increased 134 percent between fiscal years 1996 and 2004 yet funding increased only 34 percent during the same period when adjusted to 1996 dollars.

The Department of Veterans Affairs is the largest integrated health care system in the United States and has four critical health care missions: to provide health care to veterans, to educate and train health care personnel, to conduct medical research, and to serve as a backup to the United States Department of Defense and support communities in times of crisis. The Department of Veterans Affairs operates 157 hospitals, with at least one in each of the contiguous states, Puerto Rico, and the District of Columbia, and more than 850 ambulatory care and community-based outpatient clinics, 132 nursing homes, 42 residential rehabilitation treatment programs, and 88 home care programs.

The Department of Veterans Affairs provides a wide range of specialized services to meet the unique needs of veterans, including spinal cord injury and dysfunction care and rehabilitation, blind rehabilitation, traumatic brain injury care, post-traumatic stress disorder treatment, amputee care and prosthetics programs, mental health and substance abuse programs, and long-term care programs. The Department of Veterans Affairs health care system is severely underfunded, and had funding for the department's medical programs been allowed to grow proportionately as the system sought to admit newly eligible veterans following the eligibility reform legislation in 1996, the current veterans' health care budget would be approximately \$10 billion more. In a spirit of bipartisan accommodation, members of the United States Congress should collectively resolve the problem of discretionary funding and jointly fashion an acceptable formula for funding the medical programs of the Department of Veterans Affairs.

### **ANALYSIS**

CSSCR 37 urges the Congress of the United States to support legislation for veterans' health care budget reform to allow assured funding.

### **COMPARISON OF ORIGINAL TO SUBSTITUTE**

The original measure refers to veterans who suffer "from medical or mental health problems". The substitute replaces that language with: "who suffer from various medical issues."