The Rural Veterans Care Act of 2006 Senator Ken Salazar and Senator John Thune

A 2004 study of 767,000 veterans by Dr. Jonathan Perlin, Undersecretary for Veterans Health, found that veterans living in rural areas are in poorer health than their urban counterparts. Because of the distance and other difficulties associated with obtaining care, many rural veterans put off preventive as well as necessary treatment, which results in poorer health and increased health expenditures.

Despite the fact that 23 percent of the nation's veterans live in rural areas, the VA does not have a high-level office or officer responsible for coordinating care to this vital constituency. Rural areas are often afterthoughts, and VA policies are rigged against rural areas because it is more cost-effective to reach veterans in dense urban areas. It is clear that we need to better focus our veterans' healthcare policies on veterans living in rural and/or geographically remote areas.

The Rural Veterans Care Act of 2006

Assistant Secretary for Rural Veterans.

The bill would establish an Assistant Secretary of Veterans Affairs for Rural Veterans. The Assistant Secretary would oversee VA polices, procedures and personnel in relation to rural veterans. The Assistant Secretary would direct new research, coordinate intra-agency cooperation and promote best practices to improve care for rural veterans. The Assistant Secretary would be assisted by a Deputy Assistant Secretary for Rural Veterans and staff dedicated to rural veterans care in each Service Network. The VA Secretary would have wide latitude to help craft this position to ensure the most effective use of VA resources.

Healthcare Pilot Program

The bill would require the Secretary of Veterans Affairs to implement a pilot program in three of the nation's 23 Service Networks designed to explore various means of enhancing access to healthcare for veterans in highly rural and geographically remote areas.

Centers of Excellence

The bill establishes centers of excellence to research ways to improve care for rural veterans. The centers would be based at VA medical centers with strong academic connections. The new Assistant Secretary for Rural Veterans would establish between one and five centers across the country with the advice of an advisory panel.

Demonstration Projects

The bill tasks the new Assistant Secretary with developing demonstration projects to examine the efficacy of expanding existing VA practices and improving partnerships with other federal agencies to provide care for rural veterans more effectively and closer to their homes. A report to Congress on these test projects would be due in two years.

VA Policy

The bill would also codify policies on the use of fee basis care (whereby third-party providers offer veterans care that the VA cannot provide on a fee basis) to empower service networks to expand care in rural areas.

Travel Reimbursement

The bill would improve reimbursement rates for veterans for their travel expenses related to VA medical care. It would reimburse veterans at the same rate paid to federal employees.