

Veterans Long-Term Care Security Act

Summary of S. 2762 (Akaka)

Section 1: Short Title – “Veterans Long-Term Care Security Act of 2006”

Section 2: Reporting and Consultation Requirements to Protect Per Diem Program

Provides State Homes safeguards against cuts in federal support by requiring VA to consult with States and other stakeholders, then report to Congress one year prior to implementing reductions in the per diem payments made to States.

Section 3: Equitable Access to State Homes for Service-Connected Disabled Veterans

Eliminates inequities in current law that serve as disincentives for severely disabled service-connected veterans to enter State Veterans Homes.

- 1) Authorizes VA to provide veterans who are 50% or more service-connected disabled with prescription medications while residing in State Homes. Currently these veterans receive prescribed medications free of charge in any setting other than a State Home.
- 2) Authorizes VA to pay the same rates for the care of a 70% or higher service-connected veteran residing in a State Home as they are currently authorized to pay via contract to private community nursing homes. VA’s General Counsel has opined that VA lacks specific authority to place 70% or greater service-connected veterans in State Homes and reimburse the State Homes at the same rate reimbursed to private facilities. Consequently at present, there are few 70% or greater service-connected veterans residing in State Homes.

Section 4: Expansion of State Home Bed Options in Rural or Remote Locations

Provides VA with authority to “deem” existing health care facilities as State Home beds for purposes of receiving per diem payments for the care of veterans under the State Home program. The “deemed” State Home beds would be required to meet all existing VA standards of care and could not be used by a State to exceed the limits on State Home beds allowable under current statutory regulations.

This section is designed to provide States, particularly large, rural States, with additional flexibility to develop small State Home bed units in collaboration with preexisting health care providers rather than construct new freestanding State Homes.