

Proposal to Bill Veterans' Insurance for Service Connected Medical Care Dropped

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WASHINGTON, DC – Today, Congressman Mike Michaud, Chairman of the House Veterans' Affairs Subcommittee on Health, praised the decision by the Obama Administration to drop a plan to bill veterans' insurance for service connected medical care. Michaud joined with veteran service organizations in strongly opposing the administration's proposal.

"I am pleased that the administration has dropped this terrible plan," said Michaud. "I look forward to working with them to increase access to quality care for all our veterans. We must now move forward on a more constructive plan for the VA, like supporting advanced appropriations so that VA can plan ahead and avoid budget shortfalls."

Michaud helped introduce H.R. 1016, the Veterans Health Care Budget Reform and Transparency Act of 2009 earlier this year. The bill would secure timely funding for veterans' health care through the "advance appropriations" process.

"Too often in recent years, VA has been funded after the beginning of the fiscal year. In one case it was so underfunded that they required supplemental funding," said Michaud. "As a result, maintenance of facilities, cost saving investments in technology, and ultimately care for veterans was delayed or put in jeopardy. This cannot be allowed to occur when we are dealing with the health care of our veterans. There must be a timely, sufficient, and predictable funding stream."

H.R. 1016 would authorize Congress to approve VA medical care appropriations one year in advance of the start of each fiscal year. An advance appropriation would provide VA with up to a year to plan how to deliver the most efficient and effective care to an increasing number of veterans with increasingly complex medical conditions. Michaud has been pushing this idea for years now because uneven budgets cycles and funding shortfalls have contributed to the rationing of VA health care and the inability of the VA to properly plan from year to year.

H.R. 1016 would also task the Governmental Accountability Office (GAO) with studying and reporting to Congress for the next three years on VA's budget forecasting model and estimates. By shedding sunlight on VA's internal budget process, Congress will have a much greater ability and incentive to develop appropriation bills that provide sufficient funding to meet the best estimate of anticipated demand for VA health care services in future years.

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