

HR 271

Equitable Care for All Veterans Act

Congress: 108 (2003–2005, Ended)

Chamber: House

Policy Area: Armed Forces and National Security

Introduced: Jan 8, 2003

Current Status: Referred to the Subcommittee on Health.

Latest Action: Referred to the Subcommittee on Health. (Feb 20, 2003)

Official Text: <https://www.congress.gov/bill/108th-congress/house-bill/271>

Sponsor

Name: Rep. Frelinghuysen, Rodney P. [R-NJ-11]

Party: Republican • State: NJ • Chamber: House

Cosponsors (5 total)

Cosponsor	Party / State	Role	Date Joined
Rep. Hinchey, Maurice D. [D-NY-22]	D · NY		Jan 8, 2003
Rep. Kelly, Sue W. [R-NY-19]	R · NY		Jan 8, 2003
Rep. King, Peter T. [R-NY-3]	R · NY		Jan 8, 2003
Rep. Fossella, Vito [R-NY-13]	R · NY		Feb 11, 2003
Rep. Pascrell, Bill, Jr. [D-NJ-8]	D · NJ		Feb 11, 2003

Committee Activity

Committee	Chamber	Activity	Date
Veterans' Affairs Committee	House	Referred to	Feb 20, 2003

Subjects & Policy Tags

Policy Area:

Armed Forces and National Security

Related Bills

No related bills are listed.

Equitable Care for All Veterans Act - Requires the Secretary of Veterans Affairs to modify the funding allocation formula for the Department of Veterans Affairs medical care system known as the Veterans Resource Allocation (VERA) system to provide for the incorporation of regional differences in the cost of providing health care to veterans as part of the criteria used to determine the national means differential used. Directs the Secretary to evaluate the effects of such modifications on the regional allocation of funds available to the Department of Veterans Affairs for health care and, if the modifications do not result in a substantive shift in such allocations, to terminate VERA.

Directs the Secretary, if required to terminate VERA, to develop a new formula for the allocation of funds to the Department's national service regions, known as Veterans Integrated Service Networks (VISNs), that takes into account specified requirements, including additional costs incurred by a VISN because the age of veterans, or the number of veterans requiring complex care, in that VISN exceeds the median for all VISNs.

Authorizes additional appropriations to be allocated to VISNs that have experienced funding reductions.

Actions Timeline

- **Feb 20, 2003:** Referred to the Subcommittee on Health.
- **Jan 8, 2003:** Introduced in House
- **Jan 8, 2003:** Introduced in House
- **Jan 8, 2003:** Referred to the House Committee on Veterans' Affairs.