

LARSON: NEW VA STUDY OF HEART PATIENTS SHOWS NEED FOR VETERANS LEGISLATION

FOR IMMEDIATE RELEASE: April 15, 2003

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WASHINGTON, D.C.- U.S. Congressman John B. Larson today renewed his call for legislation to allow VA patients to receive treatment at non-VA medical facilities in light of a new study by the Veterans Administration that shows a higher mortality rate among heart patients treated at VA facilities versus Medicare heart patients treated elsewhere. The study also suggests that VA heart patients travel an average of 30 miles to reach the hospital, compared with 15 miles for Medicare patients, which may result in a reduction in long-term survival rates.

Larson stated: "This study shows that veterans in the VA healthcare system must travel farther than they would normally have to in order to receive heart treatment, which is likely resulting in negative health consequences. It is also apparent that the VA must work to improve its care of heart patients treated at VA facilities. The study is clear evidence that implementing legislation that would allow veterans to receive authorized VA treatment at any medical facility would reduce travel time and help ensure more adequate care. I have a tremendous amount of respect for the dedicated men and women who make up the staff at our VA facilities. However, until Congress lives up to its commitment to fund care and facilities at a level that fully meets the needs of veterans, we must work together to ensure veterans have access to the level of care that they were promised and deserve."

In February, Larson reintroduced bipartisan legislation in the House of Representatives designed to improve access to healthcare for America's veterans entitled the 21st Century Veterans Equitable Treatment Act (VET-21), H.R. 890. The bill would ensure adequate healthcare access by setting standards for appointments using the Veteran's Administration's (VA) established performance goals. If the VA is incapable of providing care within these standards, Larson's legislation would allow treatment of veterans at a non-VA medical facility for service or treatment for which they would have otherwise qualified within the VA system. To expedite reimbursements for services and reduce the need for complicated paperwork, VET-21 would recommend that the VA Secretary take advantage of tools such as "Smart Card" technology, that would allow claims, including those for emergency service, to be processed electronically. The legislation would also remove the requirement that for non-VA emergency services, a veteran must have seen a VA doctor within the last 24 months and would include a standard for assessing improvement in appointment waiting times.

The study showed that 18% of VA patients died in the first 30 days after suffering a heart attack, compared with 15% of Medicare patients. In the year after a heart attack, the mortality rate among VA patients was 35% compared to 28% for Medicare patients. Two years following a heart attack, the rate was 44% versus 35%.

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For a copy of the VA study, visit: http://www.va.gov/opp/eval/va_cardiac_care.htm