

A BILL

To guarantee timely, high-quality, dementia-specific care for veterans, with enforceable access standards, dedicated funding, public transparency, and direct accountability to veterans and their families.

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled,

SECTION 1. SHORT TITLE.

This Act may be cited as the “**Veterans’ Dementia & Memory Care Access and Accountability Act.**”

SECTION 2. FINDINGS AND PURPOSE.

(a) Findings. Congress finds that:

1. Veterans with dementia and other memory-related conditions face significant barriers to timely, local, and specialized care.
2. Existing VA authorities, including the MISSION Act and Veterans Care Agreements, have not eliminated excessive wait times, long travel distances, or shortages of dementia-capable providers.
3. Rural veterans are disproportionately affected by provider shortages and inadequate reimbursement rates.
4. Families and caregivers bear substantial, uncompensated burdens in providing dementia care.
5. Transparency and enforceable standards are necessary to ensure that legislative intent translates into measurable results.

(b) Purpose. The purpose of this Act is to:

1. Establish enforceable access standards for veterans’ dementia and memory care.
2. Provide dedicated, protected funding for such care.
3. Expand the network of dementia-capable providers, especially in rural areas.
4. Support family caregivers with respite and stipends.
5. Require public reporting of performance metrics and outcomes.
6. Ensure accountability through penalties, clawbacks, and independent review.

SECTION 3. DEFINITIONS.

For purposes of this Act:

1. **“Dementia-capable facility”** means a facility meeting VA-approved standards for dementia care, including staff training, safety protocols, and behavioral health integration.
2. **“Memory care”** means specialized care for veterans diagnosed with Alzheimer’s disease, other dementias, or related cognitive impairments.
3. **“Rural area”** has the meaning given in section 1395ww(d)(2)(D) of title 42, United States Code.
4. **“Public dashboard”** means an online, publicly accessible reporting tool maintained by the VA that displays real-time performance metrics required under this Act.

SECTION 4. ACCESS STANDARDS.

(a) Maximum Wait Time. The Secretary of Veterans Affairs shall ensure that no veteran diagnosed with dementia or a related memory-impairing condition waits more than **30 calendar days** from the date of diagnosis or referral to placement in a dementia-capable facility.

(b) Maximum Travel Distance. The Secretary shall ensure that no veteran is required to travel more than **40 miles** or **60 minutes** from their primary residence to receive dementia or memory care services, unless the veteran voluntarily elects otherwise.

(c) Dementia-Capable Certification. All facilities participating in the program shall meet VA-approved dementia care standards, including but not limited to:

1. Staff training in dementia-specific care protocols;
2. Environmental safety modifications;
3. Behavioral health integration; and
4. Medication management protocols specific to cognitive impairment.

(d) Enforcement. Failure to meet the standards in subsections (a) through (c) for two consecutive reporting periods shall result in:

1. Suspension of new referrals to the facility; and
2. Public listing of the facility’s non-compliance on the VA’s public dashboard.

SECTION 5. FUNDING AND RATE ADJUSTMENTS.

(a) Dedicated Funding Line. There is established in the Department of Veterans Affairs budget a separate, protected line item entitled **“Veterans’ Dementia and Memory Care Services”**. Funds appropriated to this line shall not be reprogrammed or transferred without express statutory authorization.

(b) Rural Rate Enhancement. The Secretary shall provide an enhanced reimbursement rate of not less than **15 percent** above the standard rate for dementia-capable facilities located in rural or high-shortage areas.

(c) Capital Improvement Grants. The Secretary shall establish a grant program to assist facilities in upgrading to dementia-capable status, with priority given to rural and underserved areas.

SECTION 6. PROVIDER NETWORK EXPANSION.

(a) Fast-Track Credentialing. The Secretary shall approve or deny applications from qualified community providers seeking to participate in the dementia-capable network within **60 calendar days** of receipt.

(b) Interoperable Records Requirement. All participating non-VA providers shall utilize electronic health record systems that are interoperable with VA systems, ensuring continuity of care, medication reconciliation, and incident reporting.

(c) Provider Directory. The VA shall maintain and publish an up-to-date directory of all dementia-capable facilities, including location, capacity, wait times, and compliance status.

SECTION 7. CAREGIVER SUPPORT.

(a) Respite Care Guarantee. The Secretary shall ensure that family caregivers of veterans with dementia receive a minimum of **30 days per year** of respite care services, either in-home or in a qualified facility, at no cost to the veteran or caregiver.

(b) Caregiver Stipend Alignment. The monthly stipend for caregivers of veterans with dementia shall be set at a level commensurate with the intensity of care required, and shall be adjusted annually for inflation based on the Consumer Price Index.

(c) Care Navigation Assistance. The VA shall provide each veteran with dementia, and their primary caregiver, access to a trained care navigator to coordinate services, benefits, and provider transitions.

SECTION 8. TRANSPARENCY AND PUBLIC DASHBOARD.

(a) Establishment. The Secretary shall maintain a publicly accessible online dashboard that displays, in real time:

1. Average wait times for placement in dementia-capable facilities;
2. Average travel distances for veterans receiving memory care;
3. Facility capacity and occupancy rates;
4. Staffing ratios and dementia-specific training compliance;
5. Number of veterans served under this Act;
6. Complaint volumes, resolution times, and outcomes;
7. Program expenditures and funding sources.

(b) Data Integrity. All data published on the dashboard shall be updated at least **monthly** and shall be subject to independent audit by the Government Accountability Office (GAO).

(c) Accessibility. The dashboard shall be designed for public use without login requirements, and shall comply with Section 508 of the Rehabilitation Act to ensure accessibility for individuals with disabilities.

SECTION 9. ENFORCEMENT AND CLAWBACKS.

(a) Non-Compliance Penalties. Any facility or VA office failing to meet the access standards in Section 4 for two consecutive reporting periods shall:

1. Be subject to funding clawbacks equal to not less than **10 percent** of reimbursements received under this Act during the non-compliance period; and
2. Be publicly listed as non-compliant on the dashboard until corrective action is verified.

(b) Independent Appeals Board. Veterans denied timely or local dementia care under this Act may appeal to an independent review board, which shall have the authority to order corrective action, mandate placement, and award reimbursement for out-of-pocket costs incurred due to VA failure.

(c) Fraud and Waste Controls. The VA shall implement pre-authorization standards, post-payment reviews, and conflict-of-interest checks for all non-VA providers participating in the program.

SECTION 10. SUNSET AND REVIEW.

(a) GAO Review. Not later than **5 years** after the date of enactment of this Act, the Comptroller General of the United States shall conduct a comprehensive review of the program established under this Act, including:

1. Compliance with access standards;
2. Impact on wait times and travel distances;
3. Quality of care outcomes;
4. Cost effectiveness; and
5. Veteran and caregiver satisfaction.

(b) Congressional Action. The Comptroller General shall submit a report to Congress containing findings and recommendations for continuation, modification, or termination of the program.

(c) Sunset. Unless reauthorized by Congress, the authority provided under this Act shall terminate **6 years** after the date of enactment.

SECTION 11. SEVERABILITY.

If any provision of this Act, or the application of such provision to any person or circumstance, is held to be unconstitutional or otherwise invalid, the remainder of this Act, and the application of the remaining provisions to any person or circumstance, shall not be affected.

SECTION 12. EFFECTIVE DATE.

This Act shall take effect **180 days** after the date of enactment, except that the Secretary of Veterans Affairs may take such actions as are necessary to implement this Act prior to such date.