

## VISN Reorganization Act of 2012

### Background

- Prior to 1995, the Veterans Health Administration (VHA) was loosely structured into 4 regions, and individual VA medical centers reported directly to VHA for budgeting and program management purposes.
- In March 1995, Dr. Kenneth Kizer, former Undersecretary of Health for the Department of Veterans Affairs (VA), submitted a plan to Congress titled the *Vision for Change - A Plan to Restructure the Veterans Health Administration*. This new structure intended to decentralize decision making authority regarding how to provide care and integrate the facilities to develop an interdependent system of care through a new structure – the Veterans Integrated Service Network (VISN). The VISN's primary function was to be the basic budgetary and planning unit of the veterans' health care system.
- Dr. Kizer's plan suggested that the number of staff needed to manage a VISN would range between seven and ten full-time employees, for a total of 220 staff.
- The geographical boundaries for each new VISN were defined on the basis of natural patient referral patterns at VA medical centers and outpatient clinics, the number of enrolled veterans in the system, and the type of facilities needed to provide care.
- VISNs' staff and functions have expanded beyond the original intent of *Vision for Change*. In fiscal year 2011, there was a total of 1,340 staff for all of VISN headquarters. Since the creation of VISNs in 1995, there has been a significant shift in veterans' demographics and geographically where they access care; however, VA has not reassessed the VISN structure.

### Legislation

- Defines the duties of VISNs to align their staff, services, and programs with the mission of VA, implements the national goals of VA, provides efficient, effective and safe healthcare delivery, and ensures high quality clinical programs and services through VA and non-VA clinical or care delivery settings. VISN offices would work in collaboration with other VA and non-VA offices, such as the Veterans Benefits Administration, National Cemetery Administration, medical schools, and state and local veterans' affairs offices.
- The current 21 VISNs would be combined into 12 VISNs. Each VISN would have no more than 65 full-time employees, one headquarters office, and should be located on a VA medical center campus.
- For VA employees whose positions would be eliminated as a result of the consolidation, VA would transfer that staff to other positions within VA.
- VA would conduct a review and assessment of the current VISN structure and operations every three years and report any recommendations for revisions to the Senate and House Committees on Veterans' Affairs.
- Functions currently performed at the VISNs that assess the effectiveness and efficiency of the VISNs would be transferred to 4 regional support centers (RSC). The functions that would be transferred to the RSC are: financial quality assurance, Operation Enduring Freedom/Operation Iraqi Freedom/Operation New Dawn Programs, Women Veterans Programs, Homeless Veterans Programs, and Energy Management. The staff that currently perform these functions in VISN headquarters would be transferred to the RSC offices. The RSC would report to VHA central office and VA would be directed to locate, if feasible, RSC offices on VA grounds.
- Nothing in this Act shall be construed as requiring any changes in the locations or types of medical care and services being provided by the medical centers, community based outpatient clinics, Vet Centers, or other facilities that provides direct care or services.