There is no similar program concerning the construction of beds for State domiciliary care, even though this program, like the State nursing home program, provides needed care to eligible veterans who otherwise would be forced to seek their care directly from the VA.

It would definitely be to the Government's advantage to start a program of renovating the State domiciliary homes, since the VA subsidy to the States for such care is limited to one-half the veterans' maintenance cost, with a maximum of $2.50 for each member-day of care provided. In comparison, the VA is spending an average of $6.41 for each member-day of care provided within their 16 domiciliaries.

Because of the success of the existing program in helping to meet the veterans' need for domiciliary care facilities, and because of the states' interest in maintaining such homes, the Commission recommends that authorization for renovation of state domiciliary homes, including replacement of existing capacities, be granted for a five-year period, commencing with FY 1970.

RECOMMENDATION NO. 63

The Commission recommends that veterans receiving housebound benefits be provided drugs and medicines by the Veterans Administration without cost to the veterans.

Background to Recommendation:

A total of 15,118 veterans were receiving nonservice-connected pension plus housebound benefits as of June 30, 1967. Drugs and medicines are very costly to veterans who are of such age, financial condition, and physical state that they receive a housebound allowance. Providing drugs to these veterans would be of great benefit and would not be costly to the Federal Government. Therefore, the Commission recommends that veterans who are receiving pension plus the housebound allowance be entitled to receive drugs and medicines from the Veterans Administration without cost to the veterans. In addition, the Commission recommends that those who are receiving compensation plus the housebound allowance be similarly treated.