

April 29, 2016

Ms. Nancy Schlichting, Chairperson  
Commission on Care  
1575 I Street, NW, Suite 240  
Washington, DC 20005

Dear Chairperson Schlichting:

We want to thank you for inviting representatives of our veterans service organizations (VSOs) to engage in a candid discussion with the Commission last week about the future of the VA health care system and veterans health care. We hope that this frank exchange of ideas with Commissioners has contributed to a better understanding of what veterans think as well as our views on how to reform, strengthen and expand access to high-quality, veteran-focused care.

We write to clarify an apparent misunderstanding by some Commissioners regarding comments made during the Commission's meetings about the current access standards used to determine veterans' eligibility under the current Choice program, specifically the 40-mile and 30-day requirements. Several VSO representatives stated their views that these fixed numerical standards are arbitrary and do not reflect the clinical needs or circumstances of veterans nor the clinical judgement of veterans' doctors. VSO representatives further stated that the decision of when and where to provide access to non-VA care would best be made by the VA primary care physician in consultation with the veteran.

However, during the Commission's deliberations last Tuesday, at least two of the Commissioners stated 'the VSOs favor removing the 40-mile and 30-day standards' and appeared to conclude that VSOs therefore supported unfettered access to the Choice program for all enrolled veterans who desire to use non-VA providers. Based on these Commissioners' comments, it appears they misinterpreted the VSO statements as supporting the elimination of any limitations on using the Choice program – such as access standards – and that the VSOs would be supportive of a Choice program that allows all veterans to "choose" non-VA providers at all times, regardless of whether they lived near a VA health care facility that could offer the medical service in a timely manner. To clarify, this is not our view of the proper role of "choice" or the role of non-VA care in an integrated veterans' health care system.

The statements made about access standards at the Commission meeting must be viewed in the overall context of our visions for a future-state veterans' health care system, such as the Independent Budget's (IB) Framework for Reform that was previously sent and presented to the Commission. The IB framework calls for the development of local integrated community networks in which VA serves as the coordinator and primary provider of health care to veterans; non-VA community care would be integrated into this network to fill gaps and expand access. Other VSOs have similarly shared with the Commission their individual views on the central role that VA must play in providing and coordinating care, and the supplemental role of non-VA private providers. As House Veterans' Affairs Committee Chairman Miller has stated, the goal is to "supplement, not supplant" VA health care.

Further, as was said by VSO representatives during the Commission meeting, allowing all veterans to take VA dollars and spend them whenever and wherever they "choose" would have serious costs, trade-offs and consequences that could endanger or harm the provision of health care to veterans, particularly for those who rely most heavily on the VA health care system. Several VSO representatives explained that such unfettered access to the Choice program could result in a decline in the number of veterans using VA programs and facilities, which could threaten the financial and

clinical viability of some VA medical programs and facilities. The impact of any resultant closures would fall particularly hard on the millions of veterans who rely on VA for all or most of their care, especially those who are severely disabled, clinically complex or paralyzed. A smaller VA health care system would require that many of them would need to travel farther or wait longer to get care from VA; or they would be forced to divide their care between VA and non-VA providers, which would result in less coordinated and veteran-focused care, and likely for some, worse health outcomes. In effect, any health care reform proposal that elevates the principle of “choice” above all other clinical considerations would have severe consequences for veterans who rely on VA, resulting in less “choice” rather than the intended desire for more health care options for many disabled veterans..

While our organizations do not share exactly the same views on all issues affecting veterans, we are united in our belief that the VA health care system must be reformed, strengthened and sustained because of the unique veteran-focused health care it provides to millions of veterans for whom there is no better alternative. At the same time, we recognize that VA cannot meet all of the health care needs of enrolled veterans in all locations at all times, and therefore, VA should integrate non-VA community care providers into coordinated networks to fill these gaps. For veterans who must travel too far or wait too long for VA care, additional options must be made available to provide them with timely access to quality care. And while we believe that the decision of when to offer veterans access to the Choice program for community care would best be made between the veteran and their doctor, as was discussed last week, we know that opening up the Choice program to all veterans with no limitations would have an enormous cost, not just dollars, but also in terms of VA’s ability to provide a full continuum of care to veterans who rely the most on VA health care. We believe that the proper use of a “choice” program can be a means of expanding access to care for some, but “choice” should never be the ultimate goal of a health care system designed to meet the unique needs of veterans.

We hope this clarifies our comments on “choice” and would welcome further opportunities to exchange information and viewpoints on the role of the VA health care system and how to expand timely access to high-quality, veteran-focused health care in the future.

Again, thank you for inviting us to meet with the Commission and we look forward to continuing to work with the Commission to reform, strengthen and sustain a VA health care system worthy of the men and women who served.

Respectfully,



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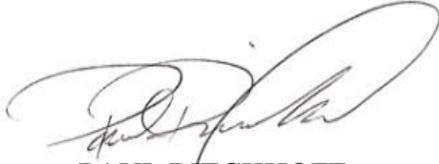
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