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Testimony Submitted for the Record

U.S. House Committee on Oversight and Reform

Hearing: "The Trump Administration's Attack on the ACA: Reversal in Court Case Threatens Health Care for Millions of Americans"

Sgt. Edward Corcoran, Disabled Veteran and Veteran Advocate

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Chairman Cummings, Ranking Member Jordan, and the members of the House Committee on Oversight and Reform, thank you for the opportunity to submit testimony for the record on the Trump administration's attack on the ACA and the administration's decision to reverse its position in the Texas v. United States case. The ACA is critically important to my fellow veterans and I thank you for addressing this issue today. I am submitting my testimony as both a disabled veteran and an advocate for veterans. It is my intention to have the voices of veterans to be heard when it comes to matters of health care the Affordable Care Act.

On March 27th, 2000, I raised my right hand and swore to defend this country, a county that I love. I enlisted as a medic in the Army Reserves where I earned my EMT license. I worked as an EMT on an ambulance in Hartford, Connecticut until I was called to serve my country in Iraq, where I deployed in 2006. For 15 months, I was stationed at Air Base Balad. I split that time between being a field medic and working at our base aid station and hospital. I learned to heal battle wounds both visible and invisible. It was not just a job for me, it was a calling. It was my honor to serve alongside the brave men and women of our armed services; it was my duty to make sure they came home.

When I returned to Connecticut, I was lucky that my father worked at the local Veteran Affairs hospital. He guided me through the VA health care system and explained the services I was eligible for and how they would benefit me as a veteran. As we walked the halls together, we would pass generations of veterans seeking the same services; each of them proudly wearing clothing or hats displaying their former units or the branch in which they served. Some were fortunate enough to have a guide in their health care journey, but sadly, many were alone and confused with the programs and services they were eligible to receive. Many of the men and women in that hospital weren't able to fully take advantage of the services and benefits due to them simply because they didn't know to ask. Instead, their ailments and conditions worsened and they still had no one to tell them what to ask for.

I began to understand this confusion as I started making claims for my disability and compensation. It was difficult to keep track of what services were under the Department of Veteran Affairs and what would need to be covered by an alternative (or private) coverage. I was diagnosed with service connected post-traumatic stress disorder, and that enabled me to be eligible for services through the VA for that condition only. Any non-service connected issues would need to be covered by private insurance.

I was one of the many Americans that believed the common misconception that all veterans receive care for all their health care needs through the Department of Veterans Affairs. This is not the case.

I am very fortunate. I was able to secure a job that provided me with private insurance options. The fact that other veterans may not have that benefit has haunted me. What happens to those veterans who are not eligible for VA coverage and don't have a job that provides insurance? What happens to the veterans on the verge of poverty? All those faces I passed by in the hospital came back to me, what would happen to them? I needed to provide a voice to those that were fighting to merely survive.

This fight for my fellow veterans has led me to Washington five times over the past two years. The first was a desperate office to office marathon begging to protect the Affordable Care Act to anyone who would listen. Time after time, I would return to plea for the continuation of pre-existing condition protections. I would explain how the ACA has a meaningful impact on the uninsured rate among veterans. I have attended hearings, much like the one today, to hear others share their stories and experiences with veteran health. Most importantly, I share the stories of other veterans. Veterans like my father, my brother, the generation I served with, and the generation that served before me. Veterans like myself who are dealing with specific health issues unique to our service. Issues like PTSD, TBI, artificial limbs, blindness, and toxic environmental exposure.

Today I ask to share with you, the House Committee on Oversight and Reform, the importance of the Affordable Care Act on veterans. Today I want you to think about the promise our country made to protect the ones who protected us. The veterans.

Generally, a veteran can access health care coverage through the Veterans Health Administration, Medicare, Medicaid, TRICARE, and/or private insurance. Myself, like many veterans enrolled in VA health care (80.8%), have some other type of public or private insurance. We piecemeal our coverage through a mix of various private and public options. As a population, the challenge we face is when we look at two specific groups of veterans, those without a secondary insurance outside of the VA health system and those with no health care coverage at all.

In 2013, prior to the ACA, almost one in ten (9.1%) nonelderly veterans were uninsured completely. Within two years the percentage was down to 5.8%. The ACA worked. That is 429,000 veterans utilizing the ACA over that time period cutting the number of uninsured veterans by 40%. In 2015 alone, it saved the VA health system 125,000 more office visits, 1,500 more inpatient surgeries, and 375,000 more prescriptions.

For enrollees in VA health, there is an opportunity to expand on the successes of the ACA. In 2018, 19.2 percent of VA health enrollees reported no public or private insurance. These numbers are real people with real families that can benefit from the ACA. These are our veterans that are one illness or injury from unimaginable debt or death.

Now I want you to envision going back to pre-ACA level uninsured rates for both. Consider the veterans going back to an already overburdened and aging VA health system looking to fill the gap the ACA once filled. Imagine them navigating a complicated marketplace without the protections they have today.

Veterans, as a population, have unique health concerns and considerations that would be considered pre-existing conditions. Pre-existing going back to our service, but not service connected. I have a pre-existing condition that is related to my service that is not recognized as service connected. I was exposed to toxic burn pits during my service in Balad, Iraq. The VA does not recognize the health related issues I'm experiencing as service connected so treatment for those issues have fallen on the shoulders of my private insurance. What would happen if I lose the pre-existing condition protections afforded to me by the ACA and then I switch insurers? Will I have my pre-existing conditions covered?

As we stand now, the number of veterans with private insurance within the VA health system is at 27.6%. Without pre-existing condition protections we can expect a decrease in this number which will further put pressure on the VA. We can expect veterans being charged exorbitant amounts for insurance if they can even get insurance at all. We must protect the care that these brave men and women deserve.

Medicaid is another program that is relieving the stress that is being placed on the Department of Veteran Affairs. Approximately 340,000 veterans receive coverage through the Affordable Care Act's (ACA) Medicaid expansion in the United States. This brings the total number of veterans covered by Medicaid to 1.75 million.

Within my home state of North Carolina, Medicaid expansion is topic of much debate. Medicaid expansion provides the best opportunity to cut uninsured rates among veterans. In 2015, uninsured rates for veterans was at 4.8% in Medicaid expansion states and 7.1% in non-expansion states. Before ACA implementation, 21.6% of veterans with family incomes up to 138% of FPL did not have coverage, but by 2015, this had dropped to 12.2%. Another testament to the success of the ACA and Medicaid expansion in the veteran population.

All of these numbers mean nothing to the veterans of my state. What matters to them is that they have access to affordable health care. Being from the home of Fort Bragg and Camp Lejeune, I speak and work the veterans of our state. Some live on the edge of poverty, struggling to make enough to just get by. They would benefit the most from Medicaid expansion based on past results in other states.

Regardless of all the amazing progress that has been made for veterans through the ACA, all of that could be lost.

Yesterday, on July 9th, 2019, the Fifth Circuit Court of Appeals in New Orleans began hearing arguments in the case Texas v. United States. This case holds the lives of our veterans in the balance.

This would impact hundreds of thousands of veterans who rely on the ACA and the protections it affords.

I strongly disagree with any ruling that strikes down the Affordable Care Act and the provisions that it encompasses.

Health care coverage is important to me because it saved my life. I suffer from PTSD and without the services that I received through the VA and private health care system, I may not have been here to share these words. I could have been one of the twenty veteran suicides that occur on average a day. I think of the veterans that won't seek help because they can't afford insurance. I think of the veteran who has cancer from exposure to toxins overseas but won't be able to get insurance. I think of the veterans that will slip through the cracks. I think of the veterans that will die.

"Thank you for your service," is a catch phrase that we hear often. You, our elected representatives have the opportunity to not only thank us, you have the opportunity to save us.

Protect our care and save the ACA.

I sincerely thank you for this opportunity and I look forward to working with the Committee on this issue in the future.

Respectfully,

Sgt. Edward Corcoran

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