CONCERNED VETERANS FOR AMERICA

Statement of
Concerned Veterans for America
before the
House Veterans Affairs Committee
regarding
Pending and Draft Legislation

October 24, 2017

Draft Legislation – House Veterans Affairs Community Care and Choice Reform Bill

A bill to reform the Department of Veterans Affairs (VA) community care programs and the Veteran Choice Program.

In 2014, in response to the VA wait list scandal, Congress created the Veterans Choice Program (VCP) as a temporary program to offer veterans the option to access private sector health care with their VA benefits if they live long distances from VA facilities or face long waits for care. The creation of the VCP was an important first step towards giving veterans who use the Veterans Health Administration (VHA) the ability to choose to access private sector providers through the VA if they felt that the VHA wasn't the best option for them at that time.

Unfortunately, the VCP was poorly implemented and, as currently structured, offers veterans at the VA limited health care choice. Additionally, the program recently faced a budget shortfall that had to be backfilled by Congress and is likely facing another budget shortfall before the end of the year. Accordingly, Congress needs to act to ensure that veterans who use the VCP do not experience a lapse in their care.

Concerned Veterans for America (CVA) has consistently advocated for increasing health care choice for veterans in the VA health care system and for better integrating the VHA with the private health care system. While the draft House Veterans Affairs Committee legislation contains positive reforms, Concerned Veterans for America encourages the committee to make the following modifications to improve the draft legislation:

1. **Modify Section 101 to allow an eligible veteran to choose any primary care physician within their VA integrated care network – regardless of whether they are at the VHA or a contracted community provider.** Currently as written, under the proposed legislation a veteran can only choose a primary care provider (PCP) outside of the VHA if there is not one currently available at the VHA's facilities within their respective integrated care network. In CVA's opinion, this model does not properly empower veterans with more control over their health care and could potentially lead to some of the same problems we currently see with the VCP – mainly that the VA would still have too much control as a gatekeeper to care outside of the VA. CVA strongly recommends modifying this section to conform with recommendation one from the 2016 Commission on Care that would allow eligible veterans to choose any PCP within the integrated network with available capacity. This would give

veterans more health care options and flexibility. Coordination of care would also not be an issue since a PCP outside of the VHA would already be part of the integrated care network. In order to control costs and provide some incentive to stay within the VHA, CVA also supports implementing higher co-pays for non-service connected care for PCPs outside of the VHA if a veteran elects to go a community provider. This is similar to how TRICARE Prime operates in the Department of Defense.

2. **Create an appeals process for veterans who feel they were wrongly denied referrals to specialty care outside of the VHA.** This was proposed as part of Secretary Shulkin's initial Coordinated Access and Rewarding Experiences (CARE) plan. CVA believes this is essential to ensuring that veterans have the ability to have a third party settle a disagreement regarding referrals with their PCP.
3. **Return the VA to a secondary payor status for veterans with other health insurance for non-service connected care in the community.** Changing the VA permanently to a primary payor for non-service connected care will potentially increase up-front costs by billions of dollars and likely lead to future budgetary problems which will limit veterans use of choice. There are legitimate reimbursement issues that are causing veterans to receive unnecessary bills from community providers, but switching to primary payor is not the way to solve this problem. Other programs - like TRICARE – have demonstrated that there are better ways of reimbursing providers without switching to primary payor.
4. **Authorize the pilot programs that were originally proposed as part of Secretary Shulkin's CARE plan to be implemented.** The veteran population will be rapidly changing over the next decade. By 2030, there will be between 4 to 5 million fewer veterans and the VA's patient population will be more dispersed and have much different health care needs. With that considered, the VA should be continually testing new ways of delivering health care to our veterans and should also be testing new governance and reimbursement structures for the VHA that would better enable the VA to respond to changes in the veteran population.

Finally, CVA would encourage the House committee to consider and mark up this legislation in conjunction with the draft Asset and Infrastructure Review Act. The VA's infrastructure needs and its use of community care are inextricably linked and should be address concurrently with each other.

CVA applauds the House Veterans Affairs Committee for prioritizing this important piece of legislation and looks forward to continuing to work with the committee to ensure that our veterans are empowered with more control over their health care at the VA.

Department of Veterans Affairs Coordinated Access and Rewarding Experiences (CARE) Plan

A proposal from the VA to consolidate and streamline the VA's community care and choice programs.

CVA believes that the CARE plan contains positive reforms that should be implemented. CVA supports establishing contracted urgent care clinics for veterans and believes that will increase access to certain types of medical care for veterans while also reducing demand at many VA medical centers. Additionally, CVA supports the proposal to improve the reimbursement process and the appeals process for veterans who feel that they were wrongly denied access to community care. However, as with the draft House Veterans Affairs Committee legislation, CVA supports adding to the CARE plan the ability for a veteran to choose a primary care physician outside of the VHA in the proposed integrated care networks. This is a commonsense measure that was proposed by the Commission on Care in 2016 and has been supported by members of the House committee in the past.

Draft Legislation – Conducting a Study of the Veterans Crisis Line

A bill to direct the Secretary of Veterans Affairs to conduct a study of the effectiveness of the Veteran Crisis Line.

CVA supports efforts to ensure that the Veteran Crisis Line is operating as effectively as possible and is maximizing its ability to best serve veterans in crisis. Accordingly, CVA believes that it is appropriate to undertake this study and we applaud Rep. Banks for proposing this bill.

Concerned Veterans for America has no position on HR 1133, HR 2123, HR 2601, and HR 3642 at this time.