

October 23, 2017

The Honorable Phil Roe, MD
Chairman
House Committee on Veterans' Affairs
335 Cannon House Office Building
Washington, DC 20515

The Honorable Tim Walz
Ranking Member
House Committee on Veterans Affairs
333 Cannon House Office Building
Washington, DC 20515

Dear Chairman Roe and Ranking Member Walz:

On behalf of the University of California, Riverside (UCR) School of Medicine, I want to thank you both for your strong support of Graduate Medical Education (GME) at the U.S. Department of Veterans Affairs (VA). The 1500 new GME slots that were created in the *Veterans Access, Choice and Accountability Act of 2014* ("Choice Act") have been a boon to Inland Southern California, which is a medically-underserved region with a high population of low-income and minority veterans. The Choice Act has allowed the UCR to have an academic affiliation with the VA Loma Linda Healthcare System ("Loma Linda") and to apply for new GME slots to treat veterans in Community Based Outpatient Clinics (CBOCs).

You may know UCR has a new School of Medicine, which graduated its first class of medical students this spring. Our School is the first public medical school on the West Coast in over 40 years and it is desperately needed to address the physician shortage we face. But the new medical school is not enough—we must also have local GME opportunities for our graduates if we are to retain them in Inland Southern California. As you work to craft a Choice Act 2.0, and in response to recent draft legislation, UCR would like to offer the following comments for the record:

Sec. 3 Program to Fill Graduate Medical Education Residency Position of Department of Veterans Affairs

- The draft legislation proposes the VA would cover the cost of a medical resident in exchange for a post-residency service contract that is to-be-determined. However, this offers no incentive to the resident whose bottom line would be no different if that resident accepted any other position. VA academic affiliates could benefit from this proposal, but residents would not. As a result, medical students from poorly-performing for-profit medical schools overseas may be more inclined to accept residency positions under the proposed program. In order to maximize benefit to the residents and the VA, **UCR strongly encourages the Committee consider a student loan forgiveness program instead in exchange for VA service obligation.** The Indian Health Service runs a similar program.
- It is unclear, as the draft legislation is written, if this new program would apply to all of the unfilled GME slots from the Choice Act. If so, UCR asks you to revisit this proposal. New medical schools, like UCR's, are still in the process of building our clinical faculty and GME programs. The Choice Act initially allowed for five years for academic affiliates to fill all of the 1500 GME slots and, last year, Congress passed legislation that extended that time period to ten years. The additional five years will be critical for new medical schools like UCR and we hope to continue to apply for new slots.

Sec. 4 Practice of Health Care Professional of the Department of Veterans Affairs Providing Treatment, Including Treatment Via Telemedicine

- The draft legislation proposes that VA healthcare professional may provide healthcare to veterans, including telemedicine, "at any location in any State regardless of where in a State the covered health care professional or the patient is located." It is unclear if medical residents are included in the definition of "covered health care professional" and UCR encourages they be so included. As you

know, medical residents play a critical role in veterans' health care. Furthermore, this new program would benefit veterans in rural communities where private facilities exist, but VA facilities do not, such as the communities surrounding Joshua Tree and Twentynine Palms in San Bernardino County, and it would have tremendous impact on rural telemedicine.

- UCR supports efforts that would allow VA health care providers to give care to veterans across state lines through, especially through telemedicine. This would greatly ease the burden on disabled veterans who could be treated from the comfort of their own home.
- UCR also supports streamlining the process for adding non-VA facilities to the approved mix of clinical locations through “sole source leasing authority.” This would allow clinics like UCR’s new medical clinic in downtown Riverside to host pop-up clinics for veterans. UCR believes this is necessary as the City of Riverside has a high homeless and low-income veterans population and the nearest VA CBOC in Riverside County is a one-hour commute by public transportation followed by a 1.5 mile walk—very difficult for a disabled veteran.
- UCR encourages the Committee to consider including indirect cost or overhead payments in addition to clinical treatment costs. New medical schools like UCR’s that do not have a longstanding academic affiliation with a VA healthcare system and that do not have joint faculty appointments struggle to make these new GME programs financially viable due to the lack of overhead reimbursement from the VA. This disadvantages new medical schools, many of which are being set up to serve rural communities and areas with physician shortages.
- UCR also supports the proposed report on the effectiveness of the use of telemedicine.

Not Included

- UCR strongly encourages the Committee to support housing reimbursement for residents in VA GME programs in rural areas. This would allow the VA and its residents to better serve rural communities. For example, UCR’s residents would like to serve the CBOC in Blythe, California, which is located 165 miles or 2.5 hours from campus and is 98 miles or 1.5 hours from Indio, California, which is the nearest major city on the I-10 freeway. For residency accreditation purposes and personal health reasons, residents cannot drive back and forth to Blythe—they must be housed locally.

Again, I want to thank you for your support of VA GME programs and for the opportunity to comment. I am grateful for the Choice Act programs and am excited about positive changes that we can make through Choice 2.0. The spirit of the draft legislation is positive and it provides a strong starting point. I hope you find my comments to be constructive and helpful as you make positive changes to the Choice GME program to more effectively benefit residents and veterans.

Sincerely,

Deborah Deas, MD, MPH
Mark and Pam Rubin Dean of the School of Medicine
CEO for Clinical Affairs
University of California, Riverside

CC: The Honorable Mark Takano