

Testimony of the Honorable Charles W. Boustany, Jr., M.D.  
Field Hearing of the House Veterans' Affairs Subcommittee on Health: *Access and Accountability: Examining Obstacles to High Quality Patient Care in Louisiana*

June 20, 2016

Chairman Benishek and Subcommittee Members:

Thank you for providing me the opportunity to submit written testimony today. I am especially grateful to the Subcommittee for traveling to my home State of Louisiana to conduct this critically important field hearing. As you consider legislation to reform the Veterans Choice Program and other Department of Veterans Affairs (VA) policies, I believe it is of vital importance to seek solutions to the problem of delayed payments for veterans' medical care.

In June 2015, I submitted written testimony to the House Veterans' Affairs Subcommittee on Health regarding the seriousness of the backlog of non-VA emergency medical care claims within the VA. I detailed the case of one Louisiana veteran, Mr. Al Theriot, who waited over a year for the VA to contact him regarding his emergency care claim. I also provided information from two Louisiana hospitals with a cumulative backlog of over \$5.5 million in unpaid claims from the VA. At the time of my previous testimony, the VA's own data demonstrated a nationwide backlog of more than \$878 million. Today, almost one year later, the nationwide backlog is still a staggering \$788 million.

While it is disturbing in itself that these figures have only slightly improved, it must also be noted that since the time of my first inquiry for emergency claims data from the VA, the agency has internally changed its timely processing standard from within 30 days to within 45 days. Consequently, the most recent claims reports I have received from the VA reflect that change, making it impossible to accurately measure their progress in this area.

In 2015, I recommended that, should the VA fail to improve its performance on claims processing, lawmakers should consider legislation to direct the VA to contract with a third-party entity to process claims. Therefore, due to the lack of improvement from the VA, I introduced H.R. 4689, the *Timely Payment for Veterans Emergency Care Act*, in March 2016. My legislation would direct the VA to transfer non-VA emergency care claims processing authority from the VA to a third-party contractor. Medicare and TRICARE currently employ third-party claims processors, and according to testimony of the Government Accountability Office (GAO) to this Subcommittee in February 2016, both programs have much higher success rates for timely processing than the VA.

Additionally, my bill would mandate that the entity selected for the contract must be able to accept electronic medical records. Lost records have unfortunately become a frequent problem, and providers still report to me that they are doing everything in their power to ensure the necessary medical records are received by the VA, including sending medical records via certified mail. Despite this, the VA is still denying many claims by asserting that they never received the necessary medical records, even when providers can produce proof of receipt.

Ensuring that providers have the ability to submit records electronically will greatly increase the VA's accountability to providers in this area.

America's veterans should never have to worry that an ambulance ride or a trip to the emergency room will negatively affect their personal finances – they should instead be focused on their health and recovery. As your legislative discussions continue, I urge you to give the utmost consideration to H.R. 4689. I sincerely appreciate the work done by the Subcommittee to support our nation's veterans, and thank you again for allowing my testimony.