



GOT YOUR SIX

Statement for the Record
Prepared By
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of
Got Your 6
before the
House Veterans Affairs Committee
hearing on
Pending Legislation

October 24, 2017

Bill Num.	Bill Name or Subject	Position
<i>Draft</i>	Draft legislation to establish permanent Veterans Choice Program	Support with recommendations
<i>Draft</i>	Draft legislation to modify VA's authority to enter into agreements with State homes to provide nursing home care to veterans, to direct the Secretary to carry out a program to increase the number of graduate medical education residency positions, and for other purposes	No position
<i>Draft</i>	Draft proposal to establish the Veteran Coordinated Access and Rewarding Experiences (CARE) Act	Support with recommendations
<i>Draft</i>	Draft legislation to require a study on the Veterans Crisis Line	No position
HR 1133	Veterans Transplant Coverage Act of 2017	Support
HR 2123	Veterans E-Health and Telemedicine Support Act of 2017	Support intent
HR 2601	Veterans Increased Choice for Transplanted Organs and Recovery Act of 2017	Support intent
HR 3642	Military Sexual Assault Victims Empowerment Act	Support intent

Chairman Roe, Ranking Member Walz, and Distinguished Members of the Committee, on behalf of Got Your 6, I would like to extend our gratitude for the opportunity to share our views regarding several of these pieces of legislation.

The mission of Got Your 6 is to empower veterans to lead a resurgence of community across the country. Got Your 6 believes, and our research confirms, veterans are leaders, team builders, and problem solvers who have the unique potential to strengthen communities across the country. As a coalition, Got Your 6 works to integrate these perspectives into popular culture, engage veterans and



civilians together to foster understanding, drive veteran empowerment policy, and empower veterans to lead in their communities.

Formed out of Hollywood as a movement to more accurately portray veterans in film and television, Got Your 6 has since gone on to lead the veteran empowerment movement by spearheading and publishing research, which proves veterans are civic assets, granting out more than \$6 million dollars to our best-in-class nonprofit coalition partners, and leading an effort to change the national narrative around veterans as “broken heroes.” Building on that success, and thanks to the direct request from our coalition partners, Got Your 6 was proud to launch a policy department in 2017 aimed at advocating on behalf of our direct-service nonprofit partners, building on the success of the veteran empowerment movement, and challenging the current messaging status quo in the halls of Congress.

The Got Your 6 policy framework includes advocating for legislation that:

1. supports efforts to change the current narrative of veterans as “broken heroes”;
2. identifies common sense reform that does not detract from existing services but does increase efficiency or cost savings;
3. recognizes the entire veteran population, including the 13 million who do not use the Department of Veterans Affairs (VA) for their health care needs; and,
4. supports a strong VA that adequately meets the needs of those veterans who choose to use it.

The two major draft proposals aimed at addressing the future of care contracted outside the VA -- referred to as non-VA care -- include many overlapping provisions Got Your 6 has asked be included in a future non-VA care program. However, both bills also include fundamental differences in how the program should be set-up and managed, particularly as it relates to the establishment of networks of providers and the expansion of telemedicine. We encourage this Committee to reconcile the two proposals based on feedback from this hearing and present one, unified plan that incorporates important provisions from each proposal that we as a community can all work towards becoming law.

On the general use of non-VA care, Got Your 6 believes veterans should receive care when and where they need it and by a provider that clinically best supports that need. Based on feedback from our coalition members, the top priorities for any non-VA care program should include: the ease of use for all parties, the consolidation of community care programs into a singular program, the quick resolution of provider payments and record sharing, and the exploration of expanding innovative public-private partnerships.

While both proposals include many provisions that meet or exceed those priorities, we found neither substantially addressed a pathway to expand the use of public-private partnerships or a call to leverage the best-in-class programs and networks that have been established to address gaps in VA care or to meet the needs of individuals currently not eligible for VA care. We believe many programs -- like the Marcus Institute for Brain Health and Wounded Warrior Project’s Warrior Care Networks -- are



complimentary of the work of VA, allow for innovative treatment options outside the current scope of VA options, and provide care to veterans with other than honorable (OTH) discharges and veterans' families, both groups of people frequently cited as underserved in the VA system. We encourage a continued conversation on and exploration of how these types of programs can be better understood and utilized to fill unmet needs at the VA.

Draft legislation to establish a permanent Veterans Choice Program

The draft legislation would establish a permanent Veterans Choice Program directing the establishment and management of the non-VA care options available to veterans utilizing the VA healthcare system.

Got Your 6 applauds the Committee for developing a comprehensive proposal that incorporates many of the stakeholder requests and report findings expressed since the creation of the existing Veterans Choice program. Generally, the language allows for significant flexibility in how the VA will implement specifics of a non-VA care program, which we support as the best way to empower the VA to create a program that will work better for veterans, VA employees, and the American taxpayer. The language also clearly supports the idea that veterans should receive care when and where they need it and by a provider that clinically best supports that need. Got Your 6 is particularly supportive of the following provisions:

Program eligibility - The language makes clear the clinical needs of the veteran and the capabilities of the VA will be the key determining factors when deciding where a veteran can receive primary and specialty care. The language still maintains the VA's central role as the coordinator of such care, which we believe will allow for continued accountability and oversight of the VA while easing confusing and contradictory restrictions related to non-VA care.

Network creation - The well-articulated network creation provisions allow for sufficient latitude to develop networks of non-VA providers that best align with market realities at a local level. We believe the creation of networks will help the VA better manage the overall system of non-VA care as opposed to a nation-wide system of individual provider agreements.

Prompt payment standard - A lack of standardization for payment schedules and common anecdotal evidence of significantly delayed payments to providers have proven there is a need for greater attention to how community providers are able to submit and receive reimbursements. Got Your 6 strongly supports the strict requirements on how providers must submit claims and how soon after submission the VA must pay the claims, with accrued interest where applicable. These clearly defined responsibilities for all parties will better ensure a system that is fair and respectful of better business practices.



Consolidation of non-VA care programs - While the existence of multiple programs is a well intentioned response from Congress to address specific challenges facing the VA or veterans using the VA, it easily leads to confusion for veterans, community providers, and VA employees navigating a complex system of options. Got Your 6 strongly supports the language in this legislation that intends to consolidate all existing non-VA care programs into one, easy-to-use program that takes into account the need for flexibility to address future regional or issue-based concerns.

Emphasis on electronic transfer of information - The emphasis on the electronic transfer of information for health records and claims is encouraging and strongly supported as we continue to advocate for a 21st century VA. Got Your 6 encourages the VA to prioritize innovative technology and connected electronic platforms as a way to increase efficiency and decrease delays and errors in processing. Community partners and veterans are increasingly expecting such capabilities and the VA should strive to exceed that expectation.

While the legislation is still in draft form, Got Your 6 encourages the consideration of the following:

Expansion of telemedicine authority - The expanded use of telemedicine is widely held as a needed part of the solution to many of the VA's access constraints. We encourage the Committee to consider including the language presented in the draft proposal on the *Veteran Coordinated Access and Rewarding Experiences Act*, and the federal supremacy in particular, in the legislation as a part of the whole in addressing growth to VA's capacity and capability.

Protections from previously fired VA employees - The language specific to what constitutes an eligible non-VA provider does not include restrictions on contracting with individual providers previously fired from the VA for poor performance, misconduct, or criminal charges. In the spirit of the recent efforts to establish greater accountability at the VA, we believe that once an individual is deemed an unacceptable provider for VA care they should not be eligible to provide contracted care either.

Consideration of appeals process - It is imperative for oversight and accountability purposes there be a clearly defined, standard process to review any concerns related to the use and eligibility of non-VA care.

Annual market assessments - The only concern we raise on this provision is the realistic ability to conduct such market assessments on an annual basis based on outcomes of similar assessments conducted by the VA.

Underscoring all of the thoughts on this draft legislation is a need for Congress, leadership across the VA enterprise, and engaged stakeholders to closely monitor the development and implementation of the



program to ensure it is one the community stands behind. Successes and failures during early development and implementation will only compound if not resolved while the problem is in infancy. We know today's hearing is only one step in a long path to full implementation of a new non-VA care program and hope to see continued engagement with external partners.

Draft legislation to modify VA's authority to enter into agreements with State homes to provide nursing home care to veterans, to direct the Secretary to carry out a program to increase the number of graduate medical education residency positions, and for other purposes

This draft legislation would modify VA's authority to enter into agreements with State homes, change the recording obligations for non-VA care, expand telemedicine authority, and establish a program to increase the number of graduate medical education residency positions within the VA.

Got Your 6 takes no position on this legislation. The draft includes many provisions Got Your 6 has spoken to under other proposals before the Committee today, including expansion of telemedicine and a change to the accounting procedures used by the VA when tracking non-VA care. Got Your 6 has no position on the agreements related to State homes and nursing care.

Draft legislation on the Veteran Coordinated Access and Rewarding Experiences (CARE) Act

The draft proposal would direct the establishment and management of non-VA care options available to veterans utilizing the VA healthcare system.

Got Your 6 appreciates the VA's proposal and is encouraged to see many similarities to the draft legislation making the Veterans Choice Program permanent, such as prompt payment standards and ending arbitrary eligibility requirements. However, we find the fundamental program development provisions vague and without clear enough guidelines to allow for sufficient oversight. Specifically, we have concerns with the following provisions:

Provider agreements - The language establishing provider agreements is confusing with no clear indication there will be networks or a localized system to help reasonably manage provider agreements. As it reads, these provider agreements would be handled en masse, which seems difficult to maintain with any substantial accountability and oversight.

Enhanced-use leases - While the language expanding enhanced-use lease authorities is a positive step towards increasing public-private partnerships, we find the scope presented extremely limited. It does not encourage or facilitate cooperation with organizations providing excellent services that do not meet the traditional parameters of enhanced-use leases and we would encourage a more innovative, open pathway for public-private partnerships.



Got Your 6 is supportive of the following provisions:

Expansion of telemedicine authority - As stated in response to the draft legislation making the Veterans Choice Program permanent, we strongly support the language within this proposal that expands the VA's authority to provide telemedicine.

Recording obligations change - Got Your 6 supports the provision requiring the cost of non-VA care be accounted for when a claim for payment is approved. We believe this change will allow the VA to have a better understanding of the real cost of non-VA care.

Walk-in care options - Utilizing urgent care facilities is a commonsense solution to increasing access to care while simultaneously reducing expensive and sometimes unnecessary emergency room visits. Got Your 6 supports the intent behind this provision and hopes to see access to urgent care options available for veterans under the new non-VA care program, but we find the specific language in this draft proposal too vague and encourage incorporating some additional parameters to better articulate the provision.

Enhancing federal agency partnerships - Got Your 6 believes reducing bureaucratic barriers between VA and the Department of Defense (DoD) will result in quicker access to care with potential cost saving benefits. We hope to see more innovative and resource sharing opportunities, like the pilot program presented, identified to facilitate a more efficient government.

As previously stated, Got Your 6 encourages the VA and the House and Senate Veterans Affairs Committees to consider the best of both proposals and integrate stakeholder feedback to present one, unified plan we as a community can all support.

Draft legislation to require a study on the Veterans Crisis Line

The draft legislation would require a study on the efficacy of the Veterans Crisis Line.

Got Your 6 has no position on this draft legislation. While data on the efficacy of the Veterans Crisis Line (VCL) could be valuable information that would better inform how the VA is responding to the mental health care needs of veterans, we are concerned the information required in the study may not be feasible or ethical to collect. We are researching the matter further and welcome additional conversations on the subject.

H.R. 1133, Veterans Transplant Coverage Act of 2017

The *Veterans Transplant Coverage Act* would allow the VA to provide for an operation on a live organ



donor, regardless of that individual's eligibility for VA care, including care necessary before and after the organ donation surgery.

Got Your 6 supports this legislation as it better empowers the VA to make decisions that best meet the clinical needs of veterans and reduces limitations to commonsense, and potentially lifesaving, use of eligible organ donors. However, we would encourage articulating more specific parameters around the VA's responsibility to provide care before and after the operation to non-veteran patients.

That support stated, Got Your 6 is concerned this legislation is short-term solution to providing necessary care for non-veterans. This legislation amends the current Choice program, which will be replaced in the near future with a new non-VA care program. As the future of non-VA care is debated and finalized, this bill should serve as a reminder to include sufficient flexibility to provide care to non-veterans when necessary to meet VA's responsibility, like treatments for live donor transplants or intro-fertilization.

H.R. 2123, Veterans E-Health and Telemedicine Support Act of 2017

The *Veterans E-Health and Telemedicine Support Act* would expand existing authorities for VA providers to practice telemedicine.

Got Your 6 supports the intent of the legislation and firmly supports the expansion of telemedicine capabilities at the VA as a innovative, commonsense solution to access and capacity issues for veterans seeking care at the VA. However, we would instead encourage the use of the proposed telemedicine expansion language presented in the draft proposal on the *Veteran Coordinated Access and Rewarding Experiences (CARE) Act* and its use of federal supremacy.

We also encourage the VA, and this Committee, to use an expansion of telemedicine as an opportunity to validate the need for and efficacy of expanded telemedicine capabilities for the medical field nationwide. Historically, the VA has been a driver of medical innovation for the country as a whole, we believe telemedicine is an opportunity for the VA to show how innovation and technology can be used to solve national medical concerns.

H.R. 2601, Veterans Increased Choice for Transplanted Organs and Recovery Act of 2017

The *Veterans Increased Choice for Transplanted Organs and Recovery Act* would amend the current Choice program to allow veterans to use non-VA care for organ transplantation if the veteran resides more than 100 miles from a VA transplant center.

Got Your 6 supports the intent of the legislation based on the belief veterans should receive care that best clinically meets their needs when and where they need it, including care related to organ



transplants. However, we do not support the continuation of arbitrary eligibility standards, like distance from a facility. Additionally, given the implementation date presented, October 1, 2018, being closely aligned with the potential implementation of a future non-VA care program we believe the intent of this legislation would be better served by being included in overall conversations around the future of non-VA care.

H.R. 3642, Military Sexual Assault Victims Empowerment Act

The *Military Sexual Assault Victims Empowerment Act* would establish a pilot program for survivors of military sexual trauma (MST) to receive care at non-VA facilities.

Got Your 6 supports the intent of this legislation -- veterans should receive the care that best clinically meets their needs -- but have concerns with specifics of the language. First, the extreme geographic limitations this legislation creates severely limits the VA's ability to clinically meet the needs of all MST survivors and is not reflective of the intent of the language presented on the future of non-VA care. Second, the legislation also prohibits the VA from limiting the choice of non-VA providers, which does not account for legitimate limitations on available providers due to any number of issues including providers choosing not to participate with VA contracted care or current reimbursement eligibility for programs and providers. Instead, Got Your 6 would encourage the Committee and VA to include potential needs of all MST survivors in the framework and implementation of the future non-VA care program.

In conclusion, Got Your 6 -- through our 42 direct-impact, non-profit partners who collectively represent three million veterans and their families, as well as through our efforts to empower and challenge veterans to lead when they return home -- are a new voice which represents all veterans, of all generations, of all backgrounds. We put veterans first and challenge them not to think of themselves as broken, but as the leaders our country is desperately searching for. The veteran empowerment movement is young, but it is already the voice of millions of veterans looking to challenge the dominating narrative of veterans in America.

We would like to thank this Committee for its leadership on veterans' issues and look forward to working together to empower all veterans.



Biography of Lauren Augustine

Lauren Augustine is the Director of Government Relations at Got Your 6. After graduating from Virginia Tech, Ms. Augustine enlisted in the U.S. Army, quickly rising to the rank of sergeant, and served 12 months in Iraq with the First Infantry Division. Prior to joining Got Your 6, she was a Senior Legislative Associate for Iraq and Afghanistan Veterans of America and a Legislative Representative for the American Federation of Government Employees. In both positions she advocated on behalf of veterans, their families, and the services and benefits provided by the VA.

In recognition of her advocacy work, Ms. Augustine was named to the HillVets Top 100 in 2015 and awarded the Excellence by An Up and Coming Practitioner award from the Women in Professional Advocacy in 2016. She was also appointed to the Joint Leadership Council of Veteran Service Organizations for the Commonwealth of Virginia by Governor McAuliffe in 2016. In addition to her advocacy work, she proudly owns and operates a CrossFit gym in Northern Virginia alongside her husband.

Statement on Receipt of Grants or Contract Funds

Neither Ms. Augustine, nor the organization she represents, Got Your 6, has received federal grant or contract funds relevant to the subject matter of this testimony during the current or past two fiscal years.