

**TESTIMONY FOR
CONGRESSMAN SANFORD D. BISHOP, JR.
HOUSE VETERANS AFFAIRS COMMITTEE MEMBER DAY HEARING
WEDNESDAY, MAY 16, 2018, 1:50 PM
334 CANNON**

Good afternoon! Thank you Chairman Roe and Ranking Member Walz and members of the House Veterans Affairs Committee for providing me the opportunity to discuss ways that we can further improve the VA to ensure it continues to provide effective and timely care to our nation's veterans.

It is of the utmost importance that we address the medical staffing shortages that continue to plague the VA Medical Centers and Community-Based Outpatient Clinics (CBOCs) charged with caring for our nation's veterans and their families.

The fact of the matter is veterans want VA health care. A recent study conducted by the nonpartisan RAND Corporation reports that VA

performed similarly or better than the non-VA facilities on most of the nationally-recognized measures of inpatient and outpatient care quality. Despite the popularity of the VA with patients, however, the system still suffers from a lack of quality care. In rural areas, like in my district, the lack of access to basic primary care, whether visiting doctors in person or utilizing the latest advances in telehealth, remains a problem. And that is what I want to spend my time talking about today. Despite all of the money and attention we have invested in the Veterans Administration over the years, in particular in response to recent scandals that have brought on nationwide attention, we are failing too large a portion of the veteran population.

In rural areas, like in my district, access to doctors and telehealth remains a problem. This is compounded by 8,997 vacancies for physicians and nurses across VA. In particular example, my hometown of Albany, Georgia in the heart of my district, there is one VA doctor responsible for the care of ten thousand Veterans. The facility can only

make two appointments per day, due to the lack of coverage. Some Veterans are forced to travel an hour and a half for appointments to distant VA Clinics or make a half days drive to the nearest VA Hospital. And this is at their own expense!

Community care rules for outside assistance only serve to cause further delays in the care of veterans. The VA currently uses six different methods to refer veteran patients to community providers. As you can imagine these six different methods often conflict with one another, creating confusion for veterans, community providers and VA employees alike. This issue is magnified for veterans living in rural areas who are often short changed on receiving medical care for medical issues incurred as a result of their service.

Community care leads me into the issue of travel pay for medical appointments. Veterans are only paid for travel from their residence to the nearest designated facility, not the place where they ultimately

receive care. If appropriate care is not available at the nearest VA facility, or not available in a timely manner, the veteran may end up traveling many miles further for their care. In such circumstances, the veteran is not compensated for the extra expense of traveling those extra miles. We should remedy that.

While I understand there is a nationwide shortage of doctors in this country, the VA still has an obligation and mission to provide access to health care for veterans residing in rural communities. Since fiscal year 2014, community care appointments have increased by 61% overall, and in FY 2016 alone, 30% of all VA appointments were held in the community rather than in VA medical facilities. As I have stated, veterans have repeatedly expressed their desire to be treated at VA Medical Facilities. We need solutions while improving the ability to find care in a timely and efficient manner, whether at a VA facility or alternative non-VA facility.