

Joint VSO Letter to McMorris Rodgers on VA Health Care Discussion Draft Legislation

Draft legislation would have negative consequences for millions of vets

Jun 25, 2016

June 22, 2016

Congresswoman Cathy McMorris Rodgers, Chair
House Republican Conference
203 Cannon House Office Building
Washington, DC 20515

Dear Congresswoman McMorris Rodgers:

On behalf of the millions of veterans we represent, and all veterans who use the Department of Veterans Affairs (VA) health care system, we write to express our grave concerns about the discussion draft legislation publicly released by your office earlier this month. The draft legislation is predicated on several flawed premises and, if enacted, would have immediate and permanent negative consequences for millions of veterans who choose and rely on VA health care.

As you are aware, over the past two years the VA health care system has faced its most critical challenge in a generation. Media revelations of veterans waiting too long for care and flagrant scheduling manipulations led to the resignation of a VA Secretary and passage of emergency legislation to expand access to non-VA care through a new and temporary choice program. We supported that legislation and many other necessary reforms since, but what many forget is that the crisis was not over the quality of care, but rather the ability of veterans to access that care in a timely manner. With the temporary choice program nearing the end of its authorization next year, Congress and a new President will have to make critical decisions about the future of the VA health care system, the use of community care

NATIONAL HEADQUARTERS

406 W. 34th Street Office 816.756.3390
Kansas City, MO 64111 Fax 816.968.1157

WASHINGTON OFFICE

200 Maryland Ave., N.E. Office 202.543.2239
Washington, D.C. 20002 Fax 202.543.6719

info@vfw.org
www.vfw.org

and the role of choice.

Unfortunately, the draft legislation you proposed rests on three false premises: that VA provides lower quality health care than the private sector, that VA has not changed or improved over the past two years, and that most veterans prefer care in the private sector. As a result, it fails to address the root causes of the access problems, and instead proposes to radically alter and shrink the VA health care system in a way that could result in worse health care outcomes for millions of veterans.

First, there is overwhelming scientific consensus - including an authoritative Independent Assessment by Rand Corporation mandated by Congress and completed last year - confirming that the overall quality of care at VA is as good as, and often better than private care. In April, the American Psychological Association reported that as measured by objective standards of mental health care treatment, "VA performance was superior to that of the private sector by more than 30%." In another report by Rand on the readiness and cultural competency of civilian mental health providers to treat veterans, they found that, "...only 13 percent of surveyed civilian providers met all the readiness criteria." In addition, there are dozens of other peer-reviewed studies of patient health and safety that confirm what we and most veterans who use the system can tell you from personal experience: VA provides high quality care. The critical problem is and has long been that too many veterans have difficulty accessing that care due to inadequate capacity at VA facilities or inaccessible geographic location, particularly for rural and remote veterans.

Second, over the past two years VA has made significant progress to expand access and begun major reforms that could transform the entire system. For example, VA completed over 57 million appointments between March 2015 and March 2016, 1.6 million more than the prior year. VA also provided 20 million additional hours of care for veterans, a 10% increase as measured by private sector standards. During this same time period, VA and its Choice contractors created more than 3 million authorizations for private sector care, a 12-percent increase in one year. In the past two years VA has undergone wholesale leadership changes at every level and in virtually every program office. VA has also begun implementation of an agency-wide culture transformation - called MyVA - to ensure that all veterans have a positive experience that meets their needs, expectations and desires. There is still much more to be done, but VA, with aggressive oversight and input from Congress and VSO stakeholders, is on the right path.

Third, as every major veterans service organization will confirm, veterans who actually use the VA health care system overwhelmingly want to see it fixed and reformed, not downsized or dismantled. The American Legion through its System Worth Saving program, which has professionally evaluated VA medical care all across the United States for over a decade, finds that veterans on the whole prefer VA health care; that VA's hospital operations are providing world-class health care to enrolled veterans who say they are consistently satisfied

with the quality of care they receive and the relationships they develop with their care teams. The VFW has done extensive surveying of its large membership showing that veterans choose to use VA care because they like the quality of care they receive, believe it's an earned benefit and because VA is best suited to care for their veteran-specific needs. Furthermore, they found that 87 percent of veterans who receive VA care would recommend it to their fellow veterans. In April, DAV asked its members and supporters who use VA to share their experiences. In less than a week, DAV heard from over 4,000 veterans, more than 80% of whom said their overall experience was positive. A bipartisan survey released last Veterans' Day found that regardless of political party, a strong majority of veterans want to continue using the VA health care system, do not want it privatized and do not want to turn it into an insurance program. While not all veterans choose to enroll in VA, among those who do use VA care, it's clear the overwhelming majority prefer to stay in the VA system.

Unfortunately, the draft legislation, which closely mirrors recommendations from a Concerned Veterans for America (CVA) report, is built on the false assumption that veterans would be better off in the private sector. A core premise of the legislation is that VA will be smaller in the future which would require thousands - if not millions - of veterans being moved into private sector systems that already face their own access problems. Further, the private sector is ill-equipped to provide the specialized care so many veterans need, such as for spinal cord injury, prosthetics, traumatic brain injury, post-traumatic stress disorder and other mental health care.

The draft legislation would divide VA's provider and payor functions by creating a new federal health insurance program for veterans - with thousands of pages of new federal regulations - resulting in less coordinated care for millions of veterans who would have no choice but to split their care between one or more health systems. The draft legislation proposes paying for expanded choice by shifting the cost onto veterans themselves through new insurance premiums and potentially higher co-payments and deductibles. If enacted, this legislation would, over time, close hundreds of VA hospitals and clinics, and reduce or eliminate many health care services in hundreds of other facilities, leaving millions of veterans - particularly those who need VA's specialized services - without access to the full continuum of care offered by VA today. Finally, the draft legislation would move VA health care out of VA and create an independent and unaccountable corporate entity to run the new system, driven by financial concerns, further weakening the coordinated delivery of benefits and services to veterans.

We believe there is a better way to expand access to high-quality, veteran-focused care by creating local high-performing health care networks that seamlessly integrate the best of community care into the VA system. Under our vision, VA would remain the coordinator and primary provider of care, but sufficient new community care options would be identified and integrated into local networks to provide veterans with real options for timely

and convenient care, whenever and wherever VA has gaps.

As you may know, Public Law 114-41 mandated that VA develop a plan to consolidate existing community care programs into a single new choice program. The VA plan presented to Congress earlier this year, which we were involved in developing, proposed creating similar high-performing networks that would integrate the best of private care into the VA system in order to prevent gaps in access. Members of both the House and Senate Veterans' Affairs Committees were very supportive of this plan and House Chairman Jeff Miller and Senate Chairman Johnny Isakson recently introduced separate legislation to move key elements of the VA plan forward. We continue to work with both Committees, as well as VA Secretary McDonald, to strengthen and improve the legislation and to enact it this year. We hope to have your support.

Congresswoman McMorris Rodgers, the future of the VA health care system is at a critical juncture, one that will have long-term consequences for America's veterans. We hope you will carefully consider our concerns about your draft legislation and be willing to work with us to find common ground so that we can keep the promise to all of the men and women who wore the uniform in defense of our freedom, particularly those who are injured and ill.

Respectfully,

Garry J. Augustine
Executive Director
Washington Headquarters
DAV (Disabled American Veterans)

Robert E. Wallace
Executive Director
Veterans of Foreign Wars of the United States

Paul Rieckhoff
Founder and CEO
Iraq and Afghanistan Veterans of America

Ernesto P. Hernandez, III
National Adjutant
Military Order of the Purple Heart

Joseph R. Chenelly
Executive Director
AMVETS

Randy Reid
Executive Director
U.S. Coast Guard Chief Petty Officers Association

Richard A. Jones
Legislative Director
National Association for Uniformed Services

Verna L. Jones
Executive Director
The American Legion

Sherman Gillums, Jr.
Executive Director
Paralyzed Veterans of America

Dana T. Atkins
Lieutenant General, U.S. Air Force (Ret.)
President
Military Officers Association of America

Rick Weidman
Executive Director for Policy and Government Affairs
Vietnam Veterans of America

John R. Davis
Director, Legislative Programs
Fleet Reserve Association

Herb Rosenbleeth
National Executive Director
Jewish War Veterans of the USA

James T. (Jim) Currie, Ph.D.
Colonel, USA (Ret.)
Executive Director
Commissioned Officers Association
of the U.S. Public Health Service

Jon Ostrowski
Senior Chief, USCGR, Retired
Director, Government Affairs

Non Commissioned Officers Association

CW4 (Ret.) Jack Du Teil
Executive Director
United States Army Warrant Officers Association

CWO3 Jared Heintz
President
Chief Warrant and Warrant Officers
Association, USCG

RADM Garry Hall
Executive Director
Association of the United States Navy

Robert L. Frank
Chief Executive Officer
Air Force Sergeants Association

Paul K. Hopper
Colonel, USMC (Ret.)
National President
Marine Corps Reserve Association
Bonnie Carroll
President and Founder
Tragedy Assistance Program for Survivors

Lyman Smith
Captain, CHC, USN, Retired
Executive Director
The Military Chaplains Association

Deirdre Park Holleman, Esq.
Washington Executive Director
The Retired Enlisted Association

Judi Van Cleave
National President
Gold Star Wives of America, Inc.

Michael Cowan MD,
VADM USN (Ret)
Executive Director

AMSUS

Ronald B. Abrams
Joint Executive Director
National Veterans Legal Services Program

c: Speaker of the House Paul D. Ryan
House Majority Leader Kevin McCarthy
House Minority Leader Nancy J. Pelosi
House Veterans' Affairs Committee Chairman Jeff Miller
House Veterans' Affairs Committee Ranking Member Corinne Brown