

**STATEMENT FOR THE RECORD  
OF  
PARALYZED VETERANS OF AMERICA**

**BEFORE THE SENATE COMMITTEE ON VETERANS' AFFAIRS**

**CONCERNING**

**“VA MISSION ACT: IMPLEMENTING THE VETERANS COMMUNITY CARE  
PROGRAM”**

**APRIL 10, 2019**

Chairman Isakson, Ranking Member Tester, and members of the Committee, Paralyzed Veterans of America (PVA) would like to thank you for this opportunity to offer our views on the Department of Veterans Affairs' (VA) proposed access standards for community care as required by the John S. McCain III, Daniel K. Akaka, and Samuel R. Johnson VA Maintaining Internal Systems and Strengthening Integrated Outside Networks (VA MISSION) Act of 2018.

On June 6, 2018, President Trump signed into law the VA MISSION Act, one of the most significant pieces of legislation in recent decades impacting veterans health care. If implemented correctly, the VA MISSION Act could drastically improve how VA delivers health care to our nation's veterans. However, if implemented poorly, it could result in veterans, community providers, and Congress, losing confidence in the VA health care system and its ability to deliver timely quality health care to veterans.

The VA MISSION Act consolidated VA's authority to provide community care, including through the Choice Program, into a new program, the Veterans Community Care Program (VCCP). As part of the process of implementing the VCCP, the law required VA to develop access standards for furnishing hospital care, medical services, or extended care services to covered veterans in the community. The law also required VA to craft these access standards in

a manner that provides relevant, comparative information that is clear, useful, and timely, so that covered veterans can make informed decisions regarding their health care.

On July 30, 2018, PVA submitted comments to VA in response to its request for information regarding the development of access standards for the VCCP. In our comments, we expressed the importance of VA avoiding the problems in implementing the VA MISSION Act that plagued the roll out of the Veterans Choice Program. In addition, we requested that VA require that a spinal cord injured veteran's primary care provider be the informed coordinator of the veteran's care.

At the end of January 2019, VA announced the proposed access standards for VCCP. The standards for accessing community care were based on average drive times and appointment wait times. For primary care, mental health, and non-institutional extended care services, VA proposed a 30-minute average drive time standard. For specialty care, VA proposed a 60-minute average drive time standard. VA's proposed appointment wait-time standard is 20 days for primary care, mental health care, and non-institutional extended care services, and 28 days for specialty care from the date of request with certain exceptions.

In PVA's comments to VA's proposed rule on implementation of the VCCP, we noted that the proposed rule's detail explaining eligibility and access standards would be useless if the new decision support tool was not ready on June 6. We also noted that the proposed access standards based on average drive times and appointment wait times are just as arbitrary as the 30 day/40 mile rule under the Choice program. In addition, VA's proposed regulations were short on specifics about how drive times would be determined. We also requested that VA resist calls to reduce proposed wait times to 14 days and instead focus on meeting its proposed 20-day standard.

At this time, we remain quite concerned that the decision support tool needed to efficiently and effectively determine eligibility will not be ready for deployment by VCCP's implementation on June 6. On March 1, the U.S. Digital Service (USDS) issued a report entitled, "Mission Act: Community Care." The report voiced serious concerns about VA's proposed access standards

and the status of VA's decision support tool for eligibility determinations. According to USDS, "Much of the data necessary to determine eligibility is currently housed across several legacy VA systems that don't interoperate, creating an inefficient and highly manual determination process."<sup>1</sup> USDS further stated that the decision support tool "could streamline the eligibility determination by connecting to these legacy VA systems to gather data on the Veteran and produce a determination."<sup>2</sup> Unfortunately, USDS found "significant risks surrounding software development timing, integration dependencies, and usability."<sup>3</sup>

We believe that there is significant potential for confusion among VA personnel and veterans regarding eligibility for community care. VA has responded to these concerns by noting that they are working on implementing the rollout process which includes training, policies, and tools that will ensure there is consistency for veterans, their families, and support teams. We concur that these requirements are essential, however, due to time constraints, there may not be sufficient time to rollout this information to all stakeholders.

PVA believes VA has failed in its mission to ensure VA's proposed access standards are clear and allow covered veterans to make informed decisions about their health care. As the final implementation of VCCP moves closer, we are very concerned about VA's reliance on modernized health care IT to successfully execute it. Considering the VA's past and current failures with IT programs, it is a very risky assumption that VA can get this right, particularly with the target implementation date less than two months away. We want to make sure that the VCCP is successful and believe that moving forward with untested IT would be unhelpful to veterans needing access to care.

As a result, we believe that VA should delay implementation of the new access standards based on drive times and wait times until VA can certify that the requisite IT solutions have been properly implemented and that VA can successfully roll out eligibility determinations based on

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<sup>1</sup> Chris Eldredge, Lauryn Fantano, Natalie Kates, Rick Lee, Sheri Trivedi, & Aaron Wiczorek, USDS Discovery Sprint Report, Mission Act: Community Care 6 (2019), *available at* <https://www.documentcloud.org/documents/5766330-USDS-Mission-Act-Report.html> (last visited March 26, 2019).

<sup>2</sup> *Id.*

<sup>3</sup> *Id.*

these standards. In the meantime, VA should maintain the access standards of the Choice program. The remainder of the VA MISSION Act's eligibility standards and requirements should move forward as laid out in the law.

Finally, VA's proposed rule also invited comments on the possibility of VA considering the development of access standards for the care provided by Centers of Excellence or foundational services for possible inclusion in the VCCP. PVA would vigorously oppose any effort to move Spinal Cord Injury/Disorder (SCI/D) care into the VCCP. VA's health care system is the world leader in the treatment of spinal cord injuries and disorders. Through regular assessment, we know this level of care is unmatched in the civilian sector; thus, opening this line of service via the VCCP would result in the provision of lesser quality care when compared to that which is received at VA's SCI/D centers.

PVA is committed to working with VA and Congress for the successful implementation of the VA MISSION Act and its many provisions like the VCCP. Congress and VA must work together to ensure the longevity of the VA health care system for our members, and all veterans with catastrophic disabilities, who depend on that system. The proper balance of access to community care, coordinated by VA, is an important part of ensuring the long-term success of VA's system of care.

**Information Required by Rule XI 2(g) of the House of Representatives**

Pursuant to Rule XI 2(g) of the House of Representatives, the following information is provided regarding federal grants and contracts.

***Fiscal Year 2019***

Department of Veterans Affairs, Office of National Veterans Sports Programs & Special Events  
— Grant to support rehabilitation sports activities — \$193,247.

***Fiscal Year 2018***

Department of Veterans Affairs, Office of National Veterans Sports Programs & Special Events  
— Grant to support rehabilitation sports activities — \$181,000.

***Fiscal Year 2017***

Department of Veterans Affairs, Office of National Veterans Sports Programs & Special Events  
— Grant to support rehabilitation sports activities — \$275,000.

**Disclosure of Foreign Payments**

Paralyzed Veterans of America is largely supported by donations from the general public. However, in some very rare cases we receive direct donations from foreign nationals. In addition, we receive funding from corporations and foundations which in some cases are U.S. subsidiaries of non-U.S. companies.