



CONCERNED
VETERANS
FOR AMERICA

Statement of

Concerned Veterans for America

before the

Senate Committee on Veterans Affairs

concerning

Pending Health Legislation

S. 207: the Veterans Access to Community Care Act of 2015

To require the Secretary of Veterans Affairs to use existing authorities to furnish health care at non-Department of Veterans Affairs facilities to veterans who live more than 40 miles driving distance from the closest medical facility of the Department that furnishes the care sought by the veteran, and for other purposes.

In August of last year, President Obama signed the Veterans Access, Choice and Accountability Act that established a temporary “choice card” program, which was intended to address an access problem at VA, by extending the possibility of private care to veterans who wait more than 30 days for an appointment and/or reside more than 40 miles from a VA facility—including a Community Based Outpatient Clinic (CBOC). However, rather than access and appointments getting easier, we have seen a process that is confusing, frustrating, and still unacceptably long. However, the primary implementation impediment has been VA’s interpretation of the law; specifically their decision to restrict the use of the Choice program to those within 40 miles of a VA facility, even if that facility does not offer the care needed. The law states that veterans are eligible if they reside “more than 40 miles from the medical facility of the Department, including a community-based outpatient clinic [CBOC], that is closest to their residence.” VA has taken this quite literally—drawing 40 mile, “as-the-crow-flies” circles around every single VA facility, regardless of whether that facility provides the services needed by the veteran seeking care.

This legislation would clarify that language, requiring that determination of eligibility take into account whether the facility actually offers the needed care. This is a common-sense clarification, and one that is essential to choice card functioning as intended to improve the choices and access to care that veterans have earned by their service.

Concerned Veterans for America SUPPORTS this legislation

S. 297: the Frontlines to Lifelines Act of 2015

To revive and expand the Intermediate Care Technician Pilot Program of the Department of Veterans Affairs, and for other purposes.

Concerned Veterans for American has no position on this legislation.

S. 425: the Homeless Veterans Reintegration Programs Reauthorization Act of 2015

To amend title 38, United States Code, to provide for a five-year extension to the homeless veterans reintegration programs and to provide clarification regarding eligibility for services under such programs.

Concerned Veterans for American has no position on this legislation.

S. 471: the Women Veterans Access to Quality Care Act of 2015

To improve the provision of health care for women veterans by the Department of Veterans Affairs, and for other purposes.

Concerned Veterans for American has no position on this legislation.

S. 684: the Homeless Veterans Prevention Act of 2015

To amend title 38, United States Code, to improve the provision of services for homeless veterans, and for other purposes.

Concerned Veterans for American has no position on this legislation.

Discussion Draft to include provision from S. 114 (Heller); S. 172 (Tester); S. 398 (Moran); and S. 603 (Tester)

To amend title 38, United States Code, to improve the access of veterans to health care and related services from the Department of Veterans Affairs, and for other purposes.

Concerned Veterans for American has no position on this legislation.

Discussion draft on provider agreements language

To amend title 38, United States Code, to allow the Secretary of Veterans Affairs to enter into certain agreements with non-Department of Veterans Affairs health care providers if the Secretary is not feasibly able to provide health care in facilities of the Department or through contracts or sharing agreements, and for other purposes.

Concerned Veterans for American has no position on this legislation.

Joint VA-DOD formulary for pain and psychiatric medications

To require the Secretary of Defense and the Secretary of Veterans Affairs to establish a joint uniform formulary with respect to systemic pain and psychiatric drugs that are critical for the transition of an individual from receiving health care services furnished by the Secretary of

Defense to health care services furnished by the Secretary of Veterans Affairs, and for other purposes.

Concerned Veterans for America has no position on this legislation.