

STATEMENT OF
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BEFORE THE
UNITED STATES SENATE
COMMITTEE ON VETERANS' AFFAIRS

WITH RESPECT TO

“The Veterans Choice Act – Exploring the Distance Criteria”

WASHINGTON, D.C.

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Chairman Isakson, Ranking Member Blumenthal and members of the Committee, on behalf of the men and women of the Veterans of Foreign Wars of the United States (VFW) and our Auxiliaries, I thank you for the opportunity to present the VFW's thoughts on the current state of the Veterans Choice Program.

Last year, whistleblowers exposed rampant wrong-doing at Department of Veterans Affairs (VA) medical facilities throughout the country, through which veterans were alleged to have died waiting for care, while VA employees manipulated waiting lists and hid the truth. The ensuing crisis forced the then-Secretary of Veterans Affairs and many of his top health deputies to resign. As the crisis unfolded, the VFW intervened by offering direct assistance to veterans seeking VA health care, working with Congress to pass significant VA health care reforms, publishing a detailed report on ways to improve VA care, and working directly with VA to implement reforms.

In August 2014, Congress passed and the President signed into law the *Veterans Access, Choice, and Accountability Act of 2014* (VACAA) with the support and insight of the VFW. This critical law commissioned the new Veterans Choice Program, which now offers much needed non-VA care options to veterans who cannot be seen within VA's wait-time standard (30-dayers) or live more than 40 miles from the nearest VA medical facility (40-milers).

To facilitate implementation of the Veterans Choice Program, VA is working with two health care contractors, Health Net and TriWest, which have established community networks of doctors willing to accept non-VA care patients and operate 24-hour call centers to help veterans verify eligibility and schedule appointments.

VACAA required VA to implement the Veterans Choice Program by November 5, 2014 – 90 days after its enactment. Meaning VA and its partners had a limited timeline to stand up a new veterans' health infrastructure – a timeline that most health experts recognized as implausible. As a result, the VFW knew there would be implementation issues that would need to be addressed. Regardless, VA and its partners were able to deploy the program on time, and have candidly acknowledged the issues that accompanied the roll-out.

In an effort to mitigate problems and to gauge veteran experiences, the VFW has continued to publicize its national veterans' help line, 1-800-VFW-1899, and its web page where veterans can learn about the Veterans Choice Program, www.vfw.org/VAMatch. The VFW has also commissioned direct surveys, to evaluate veteran experiences and determine if veterans are being offered the choice to receive non-VA care when VA care is not accessible.

Based on more than 2,500 survey responses and anecdotal feedback from VFW members, the VFW compiled a report analyzing the Veterans Choice Program, during the first three months of its implementation. The report includes six specific recommendations to improve the delivery of health care options for veterans, as well as a detailed analysis of participation, wait-time standard, geographic eligibility, and non-VA care issues that must be addressed to ensure this important program succeeds in increasing access to health care for America's veterans. The VFW has sent a copy of the full report to the Committee and I kindly request it be included in the record for this hearing. It can also be found on the VFW's VA Watch website, www.vfw.org/VAMatch.

The VFW acknowledges that VA and the program's contractors have made progress in addressing many of the challenges highlighted in our initial report. Responses to our second Veterans Choice Program survey, which went live on February 6, 2015, reflect those efforts. The initial report found that only 19 percent of survey participants, who believed they were eligible for the program, were offered the opportunity to participate. Initial results from the current survey show that more than a third of survey participants, who believe they are eligible, are being offered non-VA care options. However, there is still more work to be done to ensure every veteran who is eligible for the program is afforded the opportunity to participate.

Given the focus of today's hearing, I will limit my testimony to what VFW members believe is the Veterans Choice Program's biggest flaw, geographic eligibility. Under VACAA, geographic eligibility is defined in several ways, including residing 40 miles from the closest VA medical facility, which includes a community-based outpatient clinic (CBOC). In VACAA's Joint Explanatory Statement, the Conferees asked VA to use the geodesic distance, or straight line distance, to calculate the distance between a veteran's residence and the nearest VA medical facility.

However, the use of straight line distance to calculate geographic burden is not aligned with the realities of traveling to a VA medical facility. VFW members have vehemently opposed this practice and believe it needs to change. Veterans are accustomed to reporting their driving distance in terms of miles traveled when applying for beneficiary travel benefits – one of VA health care's most popular benefits. Thus, it is illogical to veterans that they can qualify for beneficiary travel of 40 miles, but cannot qualify for the Veterans Choice Program as a 40-miler.

The VFW urges this Committee to amend VACAA by changing the Veterans Choice Program's geographic eligibility from geodesic distance to driving distance. In so doing, Congress would truly ensure veterans are not burdened with excessive travel to VA medical facilities.

Another common concern we hear from VFW members is that their local CBOCs are unable to provide them the care they need so VA requires them to travel more than 40 miles to other VA medical facilities for such care. One veteran, who receives his care at the Jackson, TN, CBOC tells us he can no longer make the more than 80 mile – one way – trip to the Memphis VA Medical Center for his neurology appointments and would prefer to visit a non-VA neurologist closer to home. Unfortunately, he is not eligible for the Veterans Choice Program. However, VA has the authority to provide this veteran, and others who live within 40 miles of a VA medical facility, non-VA care options.

VA must properly utilize all its non-VA care authorities and programs to ensure veterans are afforded the opportunity to obtain care closer to home if VA care is not readily available, especially when veterans have an urgent medical need that can be addressed more quickly through non-VA care.

If the intent of establishing geographic eligibility for the Veterans Choice Program was to ensure veterans are not required to travel unreasonable distances to receive the health care they need, changes must be made to accurately capture their travel burden. Such changes will also increase patient satisfaction, which was one of the goals of the Veterans Choice Program. In fact, our first Veterans Choice Program survey found that survey participants, who were offered the opportunity to obtain non-VA care, were 24 percent more likely to be satisfied with the care they received from VA and 23 percent more likely to recommend VA care to their fellow veterans than survey participants who were not given the option to receive non-VA care. This indicates that veterans want the ability to make health care decisions that are best suited to their particular circumstances.

The VFW's report also found that nearly all of the survey participants, who believed they were eligible for the Veterans Choice Program, but were not given the option to receive non-VA care, indicated they were interested in non-VA care options. Yet, half of them elected to stay with VA care when given the option to receive care from private sector doctors. This indicates that non-VA care is not always the optimal option for veterans. Many of them acknowledge that the care they receive at VA cannot be easily replicated in the private sector. Especially when veteran are receiving veteran-specific services that are not readily available in the private sector, such as spinal cord injury and disorder care, polytrauma treatment and services, and specialized mental health care.

One of the biggest accomplishments of the Veterans Choice Program has been the establishment of standard – system-wide – non-VA care eligibility requirements, which give veterans the choice to receive non-VA care when VA care is not accessible. Now, Congress and VA must ensure such standards are veteran centric and clinically based. As a veterans service organization the VFW will continue to work with VA, the program's contractors, and other stakeholders to ensure that goal is accomplished.

As this Committee considers changes to the distance requirements for non-VA care eligibility, I urge you to consider the long-term sustainability of the VA health care system and its purchased care model. The VFW has found that veterans are generally satisfied with the care they receive from VA and believe the VA health care system must be preserved. However, they would like non-VA care options when VA care is not accessible due to lack of available specialists, long wait times, or geographic inaccessibility. It is vital that the VA health care system of the future be able to expand capacity when needed, share space and services with its community partners when it can, and purchase care and services when it must, to effectively provide high-quality health care for generations to come.

For more than a century, the VFW has been VA's greatest champion and sometimes harshest critic, especially when its lack of leadership, management, or accountability fails veterans. Still, we are committed to working together with our many partner organizations to ensure VA does not fail to meet its obligations to the brave men and women who have worn our nation's uniform.

Mr. Chairman, this concludes my testimony, I am prepared to take any questions you or the Committee members may have.