



Written Testimony of Dan Caldwell
Executive Director of Concerned Veterans for America
Submitted to members of the Committee on Veterans' Affairs
United States Senate

VA MISSION Act: Implementing the Veterans Community Care Program

April 10, 2019

BIOGRAPHY

Dan Caldwell is the executive director of Concerned Veterans for America (CVA). He served in the United States Marine Corps between 2005 and 2009, deploying to Iraq in support of Operation Iraqi Freedom. Prior to joining CVA in 2013, Dan worked for Congressman David Schweikert as a constituent caseworker focused on resolving constituents' issues with the Department of Veterans Affairs and Department of Defense and eventually was promoted to Deputy Chief of Staff.

ABOUT CVA

CVA is a grassroots network of veterans, family members, and patriotic citizens that advocates for and defends policies to preserve freedom and prosperity for all Americans. Our organization is driven to organize and amplify the American veteran's unique perspective to both the American people and our leaders in Washington.

TESTIMONY

Five years ago to the day, we learned that dozens of veterans died on secret wait lists waiting to receive health care appointments at the Phoenix VA Medical Center.

In the weeks that followed, the media reported alarming details about how the Phoenix VA and other VA facilities across the United States used secret wait lists to game the system and hide the number of veterans left waiting weeks and months to receive medical care.

That summer, Concerned Veterans for America along with dozens of other veterans organizations agreed an alternative option for veterans to access care in the community was necessary.

This led to the passage of the Veterans Access, Choice, and Accountability Act of 2014 which created the Veterans Choice Program. The temporary new program was intended to give veterans more choice and reduce wait times, however, it faced significant challenges and limitations.

Four years later, Congress passed the landmark VA MISSION Act of 2018 to consolidate the VA's community care programs into one permanent program.

Instead of repeating the mistakes of the Veterans Choice Program and using arbitrary eligibility criteria for non-VA care, the VA MISSION Act directs the VA to structure the new Veterans Community Care Program and eligibility standards to reflect best practices used in the private sector and other government-run health care programs with the goal of delivering the best medical outcomes.

In February, the VA released the Proposed Rule (PR) for the new Veterans Community Care Program access standards. CVA believes these access standards mark significant progress towards modernizing the VA's delivery of health care.

Proposed Designated Access Standards

The VA's interpretation of "designated access standard" to include all types of care delivered through the Veterans Health Administration rightly reflects the flexibility given to the VA in the law. The VA is clearly given discretion to determine the clinical services eligible for community care in the VA's access standards in Section 1703B(a) of the VA MISSION Act.

TRICARE Prime-type Access Standards

Last summer CVA responded to the VA's Request for Information and expressed our support for TRICARE Prime-type access standards based on drive time, wait time, and the type of care needed.¹

As a managed care option for military families, TRICARE Prime allows individuals access to military health system facilities while also offering the ability to refer patients to community providers if the established access to care standards cannot be met in-network. This style of network closely mirrors the current VA health care system and how the VA has utilized various community care authorization authorities over the years, including before the Choice Program even existed.

The TRICARE Prime-style standards CVA supports reflect how access standards are applied across other federal programs and industry practice.

According to the August 2014 Military Health System Review report, there are no national benchmarks or scientific evidence to recommend specific access standards. Based on their review of over a dozen major health care providers in Appendix 3.6² of the report, the current TRICARE Prime access to care standards closely align with industry standards for urgent, routine, and specialty care. Additionally, data collected by the Department of Health and Human Services in a 2014 report³ found over 30 states have drive time or mileage requirements for primary care under Medicaid.

From the very beginning, the Choice Program's mileage criteria for eligibility was arbitrary, poorly calculated, and difficult to fairly implement. In the PR, the VA outlines how shifting from mileage to drive time reflects standard industry practice. CVA agrees using drive time as a standard for eligibility will improve access to outside care for both rural and urban veterans.

Many of today's veterans who are entering the VA health care system are accustomed to the TRICARE Prime system and understand its access to care standards. Integrating those same standards into the Veterans Health Administration (VHA) is an opportunity to streamline care for our veterans. By utilizing standards that account for the differences between routine care, specialty, and urgent care while also using drive time as a measurement tool, much-needed clarity can be brought into VHA.

Application of Access Standards to Community Care

In our comment to the PR in the Federal Register,⁴ CVA noted the application of access standards in the private sector is inherently different from how federal and state agencies utilize access standards.

For the VHA, access standards are the mechanism to provide the option of choice in the community if the VA cannot meet those standards. In the private sector, patients already have full choice and access standards are a mechanism to measure

¹ Concerned Veterans for America, "Comment on Requests for Information: Health Care Access Standards," July 27, 2018, <https://www.regulations.gov/document?D=VA-2018-VACO-0001-1183>

² Military Health System Review Report, August 2014. Appendix 3.6 http://archive.defense.gov/pubs/140930_MHS_Review_Final_Report_Appendices.pdf#page=198

³ Office of the Inspector General, Department of Health and Human Services, "State Standards for Access to Care in Medicaid Managed Care," September 25, 2014. <https://oig.hhs.gov/oei/reports/oei-02-11-00320.pdf>

⁴ Concerned Veterans for America, "Comment on Proposed Rule: Veterans Community Care Program," March 25, 2019, <https://www.regulations.gov/document?D=VA-2019-VHA-0008-22815>

performance and network capacity, not eligibility. We agree with the VA's assessment in their PR and in the Economic Regulatory Impact Analysis that measuring access standards used by federal and state agencies is a better comparison tool.

Additionally, recognizing private health care providers are not comparable to federal entities, a broad application of the proposed access standards onto all community care providers would lead to unintended consequences. Under the VA MISSION Act, non-VA providers are required to comply with the established access standards, however, CVA believes the strict disqualification of community care providers based on access standards would be unwise.

For example, in areas where there is a shortage of medical providers, a primary care provider that is a 45-minute drive is still a more attractive option for a veteran who might otherwise face a 60-minute drive to a VA clinic.

The VA should make every effort to apply the access standards in a reasonable manner that provides flexibility to non-VA providers and ultimately puts the needs of veterans first.

Misinformation Regarding Implementation

Significant incorrect claims have been circulated about the VA MISSION Act that do not accurately reflect the actual text of the law or the PR.

Neither the PR nor the VA MISSION Act dismantle the VHA. The VA will continue to serve as the primary location where eligible veterans receive health care services. However, in the 21st Century with an increasingly diverse and geographically scattered veteran population, the VA is not always the best option for every veteran. Providing a permanent program to coordinate non-VA care will ensure the VA continues to provide the best medical care to our veterans.

The PR will not divert funding from VA facilities to community care needs. The VA MISSION Act does require the VA to conduct market assessments and examine the VA's current infrastructure and adjust and realign as necessary, however, the VA does not have the authority to reprogram federal dollars without the explicit authorization of Congress.

Delaying Implementation

Concerns have arisen from members of Congress regarding the VA's readiness for implementing the necessary IT systems to manage the new VA Community Care Program.

Since passage of the VA MISSION Act, CVA has tirelessly advocated for robust congressional oversight to ensure the VA is meeting internal deadlines to develop and test systems prior to implementation. The VA should be held to the deadlines established by Congress in the VA MISSION Act, however, if modifications to the rollout need to be made, that is a conversation for Congress and the VA to engage in and come to a mutually agreed upon decision.

One thing is clear, the rollout should not be delayed as a political ploy to undermine the VA MISSION Act. Congress should act in good faith to assist the VA and support the successful implementation of the VA MISSION Act.

Conclusion

The VA's proposed access standards mark significant progress towards modernizing the VA's delivery of health care.

If a veteran is eligible under the VA MISSION Act for community care, the final decision will always be left up to the veteran. Nothing in the VA MISSION Act mandates a veteran receive care in the community. Protecting the VA bureaucracy and VA bureaucrats is nowhere in the VA's mission statement and the chief responsibility of the VA health care system is to deliver quality care to our nation's veterans.

Veterans who choose to serve their country in uniform should be able to choose their doctor when they take off their uniform, especially if their local VA facility cannot deliver quality care in a timely or accessible manner. When veterans do not have choice, you get the Phoenix VA in 2014.

What happened at the Phoenix VA hospital is inexcusable and five years later, Congress and the VA must get implementation of the VA MISSION Act right.

Respectfully submitted,

A handwritten signature in dark ink that reads "Dan Caldwell". The signature is written in a cursive, flowing style.

Dan Caldwell
Executive Director
Concerned Veterans for America