

STATEMENT OF
CARL BLAKE,
ASSOCIATE LEGISLATIVE DIRECTOR,
PARALYZED VETERANS OF AMERICA
BEFORE THE HOUSE COMMITTEE ON VETERANS' AFFAIRS,
SUBCOMMITTEE ON HEALTH
CONCERNING
H.R. 2379, THE "RURAL VETERANS ACCESS TO CARE
ACT OF 2003"
AND H.R. 3094, THE "VETERANS TIMELY ACCESS TO HEALTH
CARE ACT"

SEPTEMBER 30, 2003

Chairman Simmons, Ranking Member Rodriguez, members of the Subcommittee, PVA would like to thank you for the opportunity to testify today concerning H.R. 2379, the "Rural Veterans Access to Care Act" and H.R. 3094, the "Veterans Timely Access to Health Care Act." Timely access to care is certainly something that the Department of Veterans Affairs (VA) health system is struggling with.

H.R. 2379, the “Rural Veterans Access to Care Act of 2003”

Although PVA recognizes the difficulties some veterans have in accessing health care within the VA, PVA believes that it is a viable system. With over 800 community-based outpatient clinics, the VA has established a good network for meeting the needs of a vastly spread veterans population.

PVA is opposed to H.R. 2379 that would allow the VA to contract health care services to local private facilities for veterans living in rural areas. PVA believes that contracting services to private facilities will set a dangerous precedent, encouraging those who would like to see the VA privatized. Privatization is ultimately a means for the federal government to shift its responsibility of caring for the men and women who served.

PVA is also troubled by the provision of this legislation that would require the VA to set aside no less than five percent of its health care appropriations dollars each year to be allocated to each network proportionally so that the networks can contract out health care services if necessary. Considering that VA health care is already severely underfunded, this requirement would only place a greater strain on a system that is struggling to meet the ever increasing demands of our veterans. Adequate funding must be the priority in allowing the VA to maintain its core programs which include service for spinal cord injured veterans, blinded veterans, veterans who suffer from mental illness and veterans who have other specialized needs. If a percentage of health care dollars is taken from the initial allocation, even the most severely disabled veterans will be at risk of less than quality care.

H.R. 3094, the “Veterans Timely Access to Health Care Act”

H.R. 3094 would establish standards of access to care within the VA health system. Under the provisions of this legislation, the VA will be required to provide a primary care appointment to veterans seeking health care within 30 days of a request for an appointment. If a VA facility is unable to meet the 30-day standard for a veteran, then the VA must make an appointment for that veteran with a non-VA provider, thereby contracting out the health care service. The legislation also requires the Secretary of the VA to report to Congress each quarter of a fiscal year on the efforts of the VA health system to meet this 30-day access standard.

Access is indeed a critical concern of PVA. The number of veterans seeking health care from the VA in recent years has risen dramatically. Since 1995, the number of veterans enrolled in the VA has risen from approximately 2.9 million to more than 5 million. Despite the Secretary’s decision to close enrollment of Category 8 veterans earlier this year, the numbers of enrolled veterans only continues to increase as we begin adding new veterans from the war in Iraq and Afghanistan.

Unfortunately, VA health-care resources do not meet the increased demand for services and the system is unable to absorb this significant increase. With tens of thousands of veterans on a waiting list, waiting at least six months or more for care, VA has now reached capacity at many health-care facilities and closed enrollment to new patients at many hospitals and clinics. Additionally, VA has placed a moratorium on all marketing and outreach activities to

veterans and determined there is a need to give the most severely service-connected disabled veterans a priority for care.

To ensure that all service-connected disabled veterans, and all other enrolled veterans, are able to access the system in a timely manner, it is imperative that our government provide an adequate health-care budget to enable VA to serve the needs of veterans nationwide. Access standards without sufficient funding are standards in name only. PVA is concerned that contracting health care services to private facilities when access standards are not met is not an appropriate enforcement mechanism for ensuring access to care. As we stated with regard to H.R. 2379, paying for contract care out of an already inadequate VA health care appropriation draws even more resources away from the funds needed to pay for VA's core services. Likewise, contracting out to private providers will leave the VA with the difficult task of ensuring that veterans seeking treatment at non-VA facilities are receiving quality health care. We do think that access standards are important, but we believe that the answer to providing timely care is in providing sufficient funding in the first place in order to negate the impetus driving health care rationing. For these reasons, PVA cannot support H.R. 3094.

PVA appreciates the efforts of this Committee to ensure that veterans receive timely access to care. However, we must emphasize that the VA will continue to struggle to provide timely access without adequate funding provided by this Congress. We look forward to working with this Committee to ensure that veterans not only receive timely access to care, but high quality care as well.

PVA would like to thank you for the opportunity to testify today. I would be happy to answer any questions that you might have.

Information Required by Rule XI 2(g)(4) of the House of Representatives

Pursuant to Rule XI 2(g)(4) of the House of Representatives, the following information is provided regarding federal grants and contracts.

Fiscal Year 2002

Court of Appeals for Veterans Claims, administered by the Legal Services Corporation—
National Veterans Legal Services Program—\$179,000 (estimated).

Fiscal Year 2001

Court of Appeals for Veterans Claims, administered by the Legal Services Corporation—
National Veterans Legal Services Program—\$242,000.

Fiscal Year 2000

General Services Administration—Preparation and presentation of seminars regarding
implementation of the Americans With Disabilities Act, 42 U.S.C. §12101, and requirements
of the Uniform Federal Accessibility Standards—\$30,000.

Federal Aviation Administration—Accessibility consultation--\$12,500.

Court of Appeals for Veterans Claims, administered by the Legal Services Corporation—
National Veterans Legal Services Program—\$200,000.

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Carl Blake is an Associate Legislative Director with Paralyzed Veterans of America (PVA) at PVA's National Office in Washington, D.C. He represents PVA to federal agencies including the Department of Defense, Department of Labor, Small Business Administration, and the Office of Personnel Management. In addition, he represents PVA on issues such as homeless veterans and disabled veterans' employment as well as coordinates issues with other Veterans Service Organizations.

Carl was raised in Woodford, Virginia. He attended the United States Military Academy at West Point, New York. He received a Bachelor of Science Degree from the Military Academy in May 1998. He received the National Organization of the Ladies Auxiliary to the Veterans of Foreign Wars of the United States Award for Excellence in the Environmental Engineering Sequence.

Upon graduation from the Military Academy, he was commissioned as a Second Lieutenant in the United States Army. He was assigned to the 1st Brigade of the 82nd Airborne Division at Fort Bragg, North Carolina. Carl was retired from the military in October 2000 due to a service-connected disability.

Carl is a member of the Virginia-Mid-Atlantic chapter of the Paralyzed Veterans of America.

Carl lives in Fredericksburg, Virginia with his wife Venus and son Jonathan.