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Testimony

of

Richard “Rick” Jones
AMVETS National Legislative Director

before the

Committee on Veterans’ Affairs
Subcommittee on Health
U.S. House of Representatives

on

1. **H.R. 2379, a bill to improve access to health care for rural veterans; and,**
2. **H.R. 3094, a bill to establish standards of access to care for veterans seeking health care from the Department of Veterans Affairs.**

Tuesday, September 30, 2003
2:30 PM, Room 340
Cannon House Office Building



A M V E T S

NATIONAL
HEADQUARTERS
4647 Forbes Boulevard
Lanham, Maryland
20706-4380
TELEPHONE: 301-459-9600
FAX: 301-459-7924
E-MAIL: amvets@amvets.org

Chairman Simmons, Ranking Member Rodriguez, and Members of the Subcommittee:

On behalf of AMVETS National Commander S. John Sisler and the nationwide membership of AMVETS, I am pleased to offer our views to the Subcommittee on Health regarding access to care and the consideration of two health care bills, H.R. 2379, introduced by Representative Tom Osborne, and H.R. 3094, introduced by Representative Ginny Brown-Waite.

For the record, AMVETS has not received any federal grants or contracts during the current fiscal year or during the previous two years in relation to any of the subjects discussed today.

Mr. Chairman, AMVETS has been a leader since 1944 in helping to preserve the freedoms secured by America's Armed Forces. Today, our organization continues its proud tradition, providing, not only support for veterans and the active military in procuring their earned entitlements, but also an array of community services that enhance the quality of life for this nation's citizens.

Both of the bills before the panel address concerns voiced by AMVETS and other veterans service organizations in the past. Indeed, there are many strong challenges facing veterans from rural areas seeking VA health care, not the least of which is the absence of a full range of healthcare services in isolated communities. And, I think we all would agree that timely access to health care is an important part of our national priority to provide veterans the benefits earned in military service to our country.

Clearly, providing the best possible health care to our Nation's veterans is a difficult task given the current circumstances of chronic underfunding. VA already struggles with an inadequate budget and too many veterans are barred from access for reasons unrelated to the distance they reside from medical facilities.

A short year ago, over 300,000 veterans, regardless of where they lived, waited six months or more for an initial doctor's appointment. Today, we are informed that this situation has changed. VA now estimates that the waiting list is down to approximately 57,000 servicemembers.

However, the total number of veterans waiting for care still remains high because since last January more than 167,000 veterans have been totally barred from the system.

It will not be easy to resolve this access to care issue. As we watch this year's appropriations process our concerns rise knowing that too many sick and disabled veterans may have to continue their wait. It is important, nonetheless, that we do our honest best to meet our promise to provide quality health care in return for military service in defense of this country.

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

As introduced, H.R. 2379 would allow the VA to contract for care with local medical providers in instances where the veteran would otherwise have to travel at least 60 minutes or greater for VA care.

While it may be impossible to expect that every veteran living in a rural area can find every VA healthcare service close at home, specialized and otherwise, it is essential that we work together to better serve these men and women who served in military uniform.

As a way to reduce the inequities in the delivery of VA healthcare services, H.R. 2379 may have merit. Clearly, sick or disabled veterans should not be overlooked simply because they live in a sparsely populated area. However, AMVETS is concerned with the provision that earmarks 5-percent of VA medicalcare funds to local contracts outside the VA system.

AMVETS believes that the more practical way to meet the challenge is to open community-based outpatient clinics to bring primary health care closer to veterans. This type of approach would help us to meet our commitment to veterans in rural areas. The one caveat, however, is to ensure that the provision of these much needed services do not displace VA's obligation to fund quality specialized programs such as blind rehabilitation and spinal cord injury care to the veterans who need it.

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

Regarding H.R. 3094, AMVETS firmly supports the goal of requiring timely attention to the healthcare needs of veterans. Establishing a 30-day standard of access for veterans seeking health care from VA would attain a measurement of success that we have recommended numerous times over the years to this panel and other congressional forums, including the appropriations subcommittee.

Despite VA's establishment of such a goal in 1995, the Government Accounting Office reported in 2001, meeting the 30-day standard is a continuing challenge for many clinics across the system. It is clear that meeting this level of success requires more than good intentions and the setting of a national goal to get the job done.

It is yet in question as to whether success can be found in legislative dictate. In 1996, Congress required VA to ensure that veterans enrolled in its healthcare system receive timely care. As a result, VA refined its goals to the 30-30-20 principle: routine primary care appointments would be scheduled within 30 days, as would specialty care appointments, and patients would be seen within 20-minutes of their scheduled appointment.

As the President's Task Force to Improve Health Care Delivery For Our Nation's Veterans noted, to ensure the most cost-effective and timely delivery of quality care arrangements must be implemented that result in maximizing resources. Of course, the task force also concluded that "the current mismatch in VA between demand and available funding...impedes veterans' access to (timely) care."

Further on the funding mismatch, the PTF said "despite efforts to increase efficiencies and deliver health care in the most cost-effective manner... the funding provided through the current appropriations process for VA health care delivery has not [ed. repeat not] kept pace with demand."

AMVETS strongly supports the 30-day standard. Moreover, we believe that timely access to the full range of health benefits earned through military service to their country is a national obligation to our veterans – whether living in rural, urban or suburban America.

However, the improvement of health care delivery is dependent on a number of elements that may be beyond the reach of standard setting. Key among these, we believe, is funding. Without doubt, inadequacies within VA's budgets in recent years have truly challenged its ability to sustain its enviable position as a high quality healthcare provider.

The members of AMVETS have watched as overworked medical staffs attempted to carry on, but the bottom line is that vital services have been reduced or eliminated; medical care has been rationed; and in the process, the veterans' population has been woefully underserved.

We believe that VHA is currently well led. We also believe that efficiencies can be found that strengthen VA's management of clinical functions. Nevertheless, adequate funding will remain central to VA's ability to sustain timely delivery of quality health care to our veterans.

Improving the standard for being seen by a VA doctor is critical, of course, to improving general health care. However, our best analysis of this matter identifies inadequate funding as the central issue challenging the VA healthcare system.

Mr. Chairman, in closing, AMVETS looks forward to working with you and others in Congress to find the best ways to extend health care to veterans in rural areas and to ensure the earned benefits of all of America's veterans are strengthened and improved. As we find ourselves in times that threaten our very freedom, our nation must never forget those who ensure our freedom endures. AMVETS thanks the panel for the opportunity to address this matter.