



SAVE OUR VA!

Secretary of Veterans Affairs Robert Wilkie says the **VA MISSION Act** will not privatize the Veterans Health Administration (VHA). So why is he so determined to outsource the care of almost half of the nine million veterans who use the VA healthcare system and shift billions

of taxpayer dollars into the hands of private sector hospitals, doctors and other providers? When it comes to VA healthcare, actions speak louder than words.

HERE'S HOW YOU CAN PROTEST AGAINST PRIVATIZATION OF VA HEALTHCARE -- SUBMIT YOUR COMMENTS ON THE VA'S PROPOSED MISSION ACT'S ACCESS REGULATIONS

To implement the 2018 VA MISSION Act, in January the VA proposed new **access regulations** outlining when veterans can seek healthcare in the private sector. These regulations are deeply troubling (SEE DETAILS INSIDE), because they will channel millions of veterans to private sector providers where they will face long waits for healthcare that is of lower quality than that delivered by the VHA.

These proposed regulations are now in draft form and will not go into effect until June. They apply to what is known as the Veterans Community Care Program (VCCP). **From now until the closing date of midnight March 25th, anyone can submit their comments on the proposed regulations into the Federal Register. We need to rally veterans who are opposed to privatization of VA healthcare to submit their opinions ASAP.** To help you, this flyer contains analysis and criticisms of the proposed access regulations. Review them. They might help you form your own comments to submit on the Federal Register.

When you submit comments, if you are a veteran, identify yourself as a veteran and if you use VA healthcare, preface your comments with your own observations and experience concerning VA healthcare, especially what is excellent. **To submit your comments, go to the Internet and Google "Federal Register Community Care Program."**



PART 1: IMPACT OF THE NEW RULES ON THE VHA **THE GOAL OF THE VA'S PROPOSED ACCESS REGULATIONS ARE NOT TO ACHIEVE THE BEST HEALTHCARE OUTCOMES FOR VETERANS.** The proposed regulations for the VA MISSION Act do not

require that private sector providers be held to the same rigorous quality standards that make VHA healthcare superior to that delivered in the private sector. Under these proposed regulations veterans will be sent to private sector providers who may know little or nothing about veterans' special problems, and may fail to diagnose critical conditions like PTSD, Agent Orange or burnpit related conditions, or military sexual trauma (MST) to name only a few.



THE VA'S PROPOSED REGULATIONS BASED ON DRIVE TIMES/WAIT TIMES ARE ARBITRARY AND ARE NOT APPLIED TO PRIVATE SECTOR PROVIDERS.

The proposed access regulations are determined solely by – wait times for appointments and average drive times – and are arbitrary. Studies have documented that wait times and drive times in the private sector may be far longer than at the VHA. In spite of this, the number of veterans who will be eligible for private sector healthcare based on the new waits/drive times standard will increase fivefold (from 8% of enrolled veterans under the Choice 40-mile provision to 39%). These are staggering numbers and represent the clear privatization of the VHA.

“Privatization is a fancy way of saying we’re taking tax dollars out of the VA and putting it into the pockets of millionaires and billionaires.”
 - WILL FISCHER, USMC VETERAN, IRAQ

OUTSOURCING VA HEALTHCARE TO THE PRIVATE SECTOR WILL DEplete VHA BUDGETS.

Estimates of the cost of non-VA healthcare range from \$5 billion to as much as \$179 billion a year. Without specific funding to pay for this care, which the Administration says it will not seek, every dollar for non-VHA healthcare will come out of the VHA budget. Programs are already being curtailed or shut. This will accelerate as the VA MISSION Act starves the VHA of needed funding.

OUTSOURCING VA HEALTHCARE UNDER THE PROPOSED REGULATIONS WILL REDUCE PATIENT VOLUME AT THE VHA AND UNDERMINE THE SPECIAL EXPERTISE OF VHA HEALTHCARE.

The proposed regulations ignore the very real possibility of substantial net decline in VHA patient workload, both systemwide and at many of its facilities. In healthcare, whether in the VHA or private sector, maintaining expertise and clinical excellence requires patient volume. The outsourcing of healthcare will undermine the expertise VHA has built up over decades and lead to a downward spiral that could increasingly diminish the delivery capacity of a unique healthcare system on which nine million veterans depend. It is better for veterans who need cardiac surgery to travel the distance necessary to go to a surgeon who has performed 1,000 operations than have the procedure done by someone who's done 50 but is close to home. Maintaining VHA expertise and clinical excellence requires patient volume.

THE VHA WILL BECOME AN INSURANCE COMPANY. Although the VA's proposed regulations indicate that the VHA remains the authorizer of all non-VA healthcare, (e.g. on p. 45 “VA must ultimately determine that such care is clinically necessary”), there is other language allowing VCCP providers to direct what healthcare is determined to be medically

necessary and appropriate. This will hasten the conversion of VHA into an insurance company rather than a provider of healthcare.



WITHOUT ADDITIONAL NEW STAFF THE VA'S PROPOSED REGULATIONS WILL DIVERT VHA CLINICAL STAFF

TO SERVE VCCP HEALTH CARE AND COMPROMISE THE VHA MODEL OF HEALTHCARE. VHA staff who currently provide clinical care and services will be asked to monitor and manage veterans who seek healthcare in the private sector. Rather than taking care of veterans in-house, they will spend their time scheduling appointments with private sector providers, coordinating fragmented private sector healthcare, obtaining documentation from private sector providers, and collecting veteran copayments, or complaints about private sector healthcare. There is no assessment of or accommodation made for extra staff needed to perform this huge expansion of workload. In fact, Secretary Wilkie recently announced that he has no intention of filling the 40,000 vacancies at the VHA.

THE VA SECRETARY MUST NOT DECREE REGULATIONS FOR VCCP THAT WILL UNDERMINE OR ERODE THE CAPACITY OF VHA CARE FOR VETERANS WHO SEEK TO CONTINUE TO RELY ON IT. The VA MISSION Act requires the Secretary to operate, staff, and maintain the general and specialized treatment capacities of VA's medical facilities. The Secretary may not decree regulations for the operation for VCCP that disregards those other fundamental responsibilities required in law. The Secretary must not proclaim regulations in a manner that has irreversible

consequences, including eroding the capacity of VHA facilities to provide needed care to veterans who continue to rely on it.



PART 2: HOW THE REGULATIONS CAN BE FIXED

THREE WAYS TO FIX THE VA'S NEW PROPOSED REGULATIONS

Three fixes, via new legislation or modified VA regulations, would go a long way toward preventing the dismantling of the veterans' healthcare system.

1. DEMAND THAT THE DRIVE/WAIT TIMES REGULATIONS THAT APPLY TO VHA ALSO APPLY TO NON-VA PRIVATE SECTOR HEALTHCARE.

2. DEMAND THAT THE EQUIVALENT CREDENTIALS, TRAINING, COMPETENCE AND QUALITY THAT ARE ESTABLISHED FOR VHA PROVIDERS ARE REQUIRED FOR PROVIDERS SEEKING A VCCP CONTRACT.

As a nation, we have the solemn responsibility to offer veterans the highest quality care. The credentials, training, competency and performance standards that the VHA requires of its own clinicians should be the benchmark for providers in the VCCP. Yet, the proposed regulations deliberately avoid doing so. They also fail to require that such providers are capable, qualified, and culturally competent. This is critical (as well as required by law) with respect to clinical areas where VHA has

special expertise, including treating PTSD, TBI (Traumatic Brain Injury), and MST (Military Sexual Trauma). As such, the proposed regulations create a double standard under which VCCP healthcare is held to a lower standard, offering veterans a false choice.

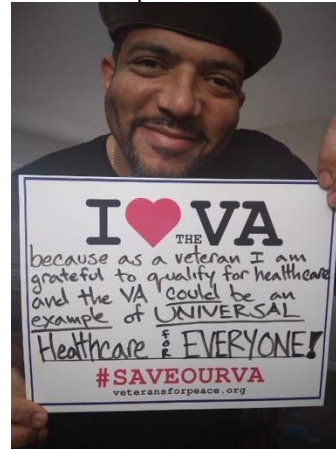
3. DEMAND THAT THE ADDITIONAL BILLIONS OF DOLLARS EXPENSE OF VCCP CARE BE PAID FOR SEPARATELY AND NOT DRAINED FROM VHA FUNDING. The VA's proposed regulations fail to recognize that the additional \$4-\$5 billion yearly for VCCP expense will come from cannibalizing VHA's budget, if Congress does not automatically increase VHA allocations. Funding for VCCP care must never come from the VHA budget, VHA facilities, or its programs.

VETERANS ARE BEST SERVED IF VA PERMANENTLY DELAYS ACCESS REGULATIONS IMPLEMENTATION. Veterans would be best served if the VA permanently delays the planned June 2019 implementation and modified these regulations that are detrimental to veterans' healthcare not just tomorrow but in perpetuity.



PART 3: SOME POSITIVE FACTS ABOUT VA HEALTHCARE THE VHA IS THE LARGEST, FULLY-INTEGRATED HEALTHCARE SYSTEM IN THE U.S. AND A WORLD-LEADER in providing veterans safe, high-quality and innovative healthcare. Study after study

documents that the quality of VA healthcare is equal, and often superior, to care provided by private sector doctors and hospitals.



THE VHA PROVIDES THE BEST HEALTHCARE ANYWHERE FOR VETERANS. When surveyed veterans overwhelmingly give positive consumer satisfaction with VA healthcare. More than 86% of

veterans say they want continued, uninterrupted care from their VHA. All the major veterans organizations support the excellent services provided by the VHA and oppose privatization. Studies also show that the VHA provides care that is often superior to that in the private sector.

THE VHA TRAINS MOST OF AMERICA'S HEALTHCARE PROFESSIONALS AND IS A HEALTHCARE RESEARCH POWERHOUSE. The VHA works with the nation's medical schools to train 70% of all physicians in the United States, as well as other healthcare professionals. It is a research powerhouse that conducts cutting-edge, evidence-based research to improve the health of veterans and all Americans. Two of its doctors have won the Nobel Prize for medicine.

FIX, FUND & FULLY STAFF VA HEALTHCARE

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