

United States Senate

COMMITTEE ON VETERANS' AFFAIRS
WASHINGTON, DC 20510

April 10, 2015

The Honorable Robert McDonald
Secretary of Veterans Affairs
801 Vermont Avenue, NW
Washington, DC 20420

Dear Secretary McDonald:

We write to ask that you promptly provide clear guidance to both local VA Medical Centers (VAMC) and their patients on using medical care and services provided in the community, known as "non-VA care". As spending on non-VA care surged forty-six percent to over \$7 billion in the last fiscal year, we are concerned VA has yet to set forth a consistent and sustainable policy for this program.

As you are aware, non-VA care is used by VA to reduce and end unacceptably long wait times, to provide services when there is a lack of available VA specialists, and to decrease excessive travel distances for treatment. We believe it is vitally important veterans and providers receive accurate information on care available at the local VAMC and in the community in order to understand the care options feasible. All too often, veterans and providers are unaware of these options and local facilities offering or approving non-VA care seems to vary arbitrarily from one VAMC to the next. We have heard from veterans across the country that have tried to utilize non-VA care and were turned away with no explanation of other options that might be available. The recent hearing on March 24th before the Senate Committee on Veterans' Affairs has confirmed and dramatized these failings, which are unfortunate and unacceptable.

Therefore, we ask you to provide us with a detailed plan for improving and integrating all non-VA care options used by VA not later than May 20, 2015. The plan should include VA's proposed or planned action to:

1. Correct inconsistencies and underutilization of different care options available to veterans, particularly when a veteran may be eligible for more than one care option and costs of such options based on utilization rates of Choice, Patient Centered Community Care (PC3), Individual Agreements, and Project ARCH over the next three fiscal years.
2. Disseminate information to the third party administrators and local VAMCs to ensure that veterans and providers are aware of all options available to produce a plan for utilizing each program efficiently and effectively.
3. Utilize data about increases or decreases in spending on non-VA care options to make decisions about internal staffing needs.

4. Conduct a review of all traditional non-VA care programs (PC3, Individual Agreements, Fee-basis, etc.) and make recommendations about the program best suited to provide veterans with care in the community in the future. This review should include the rates VA pays non-VA providers, utilization of the programs, and identify a manner to communicate to VAMCs the non-VA care programs available to provide veterans care in the community.

Reforms will help improve veterans care options. We hope for a plan by May 20, 2015. We look forward to working with you to bring consistency to utilization of the various non-VA care programs authorized by Congress. If your staff has any questions about this matter, please have them contact _____ or _____. Thank you for your attention to this matter.

Sincerely,



Johnny Isakson
Chairman



Richard Blumenthal
Ranking Member