

United States Senate

WASHINGTON, DC 20510

January 28, 2019

The Honorable Robert Wilkie
Secretary of Veterans Affairs
810 Vermont Avenue, NW
Washington, DC 20420

Dear Secretary Wilkie,

In five weeks, the Department of Veterans Affairs (VA) must submit to Congress a report outlining the access standards you plan to designate for the new Veterans Community Care Program created under the VA MISSION Act of 2018. Given the magnitude of this decision and the effect it will have on the veterans who rely on VA for their care, we are concerned that the Department has not been transparent in its decision-making process. And we urge the VA to consult with Congress and key stakeholders in a much more meaningful way prior to making any final decisions.

We are deeply troubled VA has not consulted with Congress about the access standards being considered and their projected costs. We are equally concerned about the extent to which the access standards you intend to designate are consistent with congressional intent for implementation of the new Veterans Community Care Program. We have heard from senior VA leadership that you have already made a decision about the access standards you plan to designate, and that the president may announce this decision during his upcoming State of the Union Address. Given the collaboration between Congress and the Administration during the development of the law, we are disappointed that VA has chosen to move forward alone on implementation.

Given this fact, we remind you about how Congress and the Department envisioned implementation of the designated access standard provision in the law. During last year's VA MISSION Act negotiations, VA leadership relayed that the designated access standards for the new Veterans Community Care Program would be limited to three-to-five types of care. Laboratory tests, X-rays, and urgent care were often cited as examples of services or categories of care for which VA intended to designate access standards. It was with this understanding that Congress agreed to give the Secretary of Veterans Affairs the authority to designate access standards for the new Program. Importantly, the legislative history is clear, this provision was not included in the Senate or House Committees'-endorsed bills. Rather, this provision was included during final negotiations with the administration to provide VA with limited increased flexibility to make it easier to send veterans into the community for certain services. A sea-change initiative was certainly not what was contemplated when this provision was added.

However, at recent briefings, VA leadership officials have indicated the Department now intends to designate all clinical services as making a veteran nearly-automatically eligible for community care. This will significantly increase the overall cost and amount of care VA will send to the community. Given that the administration opposes increasing overall federal spending, these increased costs for community care will likely come at the expense of VA's direct system of care. And that is something we cannot support.

To this point, VA has not adequately assessed the potential costs of such an approach. For example, we have been told that you are considering the adoption of a set of wait time and driving time standards based on TRICARE Prime's access standards. VA officials reported at one briefing that VA's actuarial firm estimated this model would cost approximately \$21.4 billion over 5 years. However, in a separate briefing, a different VA official relayed that these standards would only cost \$1 billion for one year. These widely varying and potentially contradictory estimates do not give us confidence that VA is providing accurate and transparent information to Congress.

Mr. Secretary, we want to be abundantly clear that we will not support any diminishment of VA's internal capacity to provide health care only for veterans to be sent into the private sector for care that Dartmouth, RAND, and others have found is often of lower quality. And a recent Journal of the American Medical Association study shows that the Department's wait times in primary care and several specialty care services have improved since 2014 and are competitive, if not better as is the case with primary care, cardiology and dermatology, than the private sector. As such, we also will not support sending veterans into the community when they will have to face longer wait or drive times than they would otherwise face to access care at VA. Under the VA MISSION Act, the Department is required to ensure that private sector providers can also meet the access standards you establish. Congress has yet to receive any information on how or if the Department can ensure it meets this requirement. To provide veterans with a false promise of faster access to care in the community is wrong.

We are committed to working with you to ensure that veterans get the very best health care VA can provide. And we are prepared to ensure that veterans have access to community care when VA cannot provide the service the veteran needs in a timely and appropriate manner. However, in order for this to be a collaborative process, we need VA to better engage Congress in implementation of this law and to be transparent about the funding needed to carry out the Program.

Sincerely,



Jon Tester



Brian Schatz

Richard Blumenthal

Richard Blumenthal

Mazie K. Hirono

Mazie K. Hirono

Patty Murray

Patty Murray

Sherrod Brown

Sherrod Brown

Joe Manchin III

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Tina Smith

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Tammy Baldwin

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Kamala D. Harris

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Jack Reed

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Robert P. Casey, Jr.

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Debbie Stabenow

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B. Sanders

Bernard Sanders

Amy Klobuchar

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Tammy Duckworth

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