



**GOT YOUR SIX**

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**Statement for the Record**

*By*

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*of*

**Got Your 6**

*before the*

**Senate Veterans Affairs Committee**

*hearing on*

**Pending Health Care Legislation**

**July 11, 2017**

Chairman Isakson, Ranking Member Tester, and Distinguished Members of the Committee, on behalf of Got Your 6, I would like to extend our gratitude for the opportunity to share our views on the future of care in the community and appreciate this Committee's commitment to this topic and others in order to improve the health care our nation's veterans receive.

Got Your 6 -- through our 34 direct-impact, non-profit partners who collectively represent three million veterans and their families -- has a mission to empower veterans to lead a resurgence of community across the country. Got Your 6 believes, and our research confirms, veterans are leaders, team builders, and problem solvers, who have the unique potential to strengthen communities across the country. As a coalition, Got Your 6 works to integrate these perspectives into popular culture, engage veterans and civilians together to foster understanding, drive veteran empowerment policy, and empower veterans to lead in their communities.

The Got Your 6 policy framework includes advocating for legislation that:

1. Supports efforts to change the current narrative of veterans as only "broken heroes";
2. identifies common sense reform that does not detract from existing services but does increase efficiency or cost savings;
3. recognizes the entire veteran population, including the 13 million who do not use the Department of Veterans Affairs (VA) for their health care needs; and,
4. supports a strong VA that adequately meets the needs of those veterans who choose to use it.

Since passage of the Veterans Access, Choice, and Accountability Act in 2014, there have been ongoing conversations regarding the future of care in the community among the veteran community, within the VA, and in Congress. Given the impending funding shortfall of the existing Choice program there is a well-founded sense of urgency to legislate a long-term solution that respects the increased demand for community care while resolving some of the known shortfalls of current programs. Got Your 6 encourages the Committee to ensure any future care in the community program takes into account the



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ease of use for all parties, the consolidation of community care programs into a singular program, the quick resolution of provider payments, and the exploration of expanding public-private partnerships.

### **Ease of Use**

The need for any future care in the community program to be easy to use for all relevant parties to include VA employees, veterans, providers, and advocates, cannot be understated. If such a program is complicated for any end users, it will only exacerbate many of the issues related to access and accountability that have plagued veteran health care in recent years. The ease of use must take into account all facets of the program with particular attention to how determinations are made to send a veteran into the community, how a veteran schedules an appointment or resolves any concern with the program, and how a provider submits for reimbursement.

Ensuring ease of use must start with a clearly defined scope for when and by whom care in the community should be utilized. Got Your 6 is pleased to see the legislative options presented today remove arbitrary requirements for the availability of non-VA care, and we are encouraged by the idea of care in the community being based on the clinical need of a veteran, a reduction in the burden on the veteran seeking care, and a logical determination based on economics. However, we strongly caution against unfettered access to non-VA care before a detailed audit and analysis of the current Choice program demonstrates why a funding shortfall currently exists, how the continued increase in demand for non-VA care impacts the VA's ability to manage and provide such care, and how non-VA care impacts the overall VA budget and its ability to maintain a strong internal system.

Additionally, overall accountability for establishing and maintaining the easy usage of the program requires the VA to have a central role in the management of the system. Such a program should not be dependent on management by third-party contractors, which limits the ability for oversight and creates more opportunities for veterans to fall through the cracks. We should empower and strengthen the VA to manage all aspects of veteran care and provide any tools or regulatory changes necessary to ensure VA's success in this regard.

Based on the legislative options presented today, it is evident the Committee has the same goal in mind, but details matter. How the many provisions within each legislative option are implemented will be critical to the success of the program. Got Your 6 encourages Congress to work closely with the VA and private sector experts to ensure the intent of the program is successfully established and all aspects of the program aim to mitigate any issues limiting access to timely health care options or provider reimbursements. In an age of advanced technology-based solutions, developing a system that allows veterans to easily access non-VA care, empowers VA employees to easily navigate and manage such a system, and respects the need for timely reimbursements must be a reality achieved through Congress' thoughtful legislation and VA's careful implementation.



### **Consolidation of Community Care Programs**

Historically, programs to establish care in the community options at the VA have emerged in response to specific needs or significant events, such as the development of the current Choice program in response to the events in Phoenix in the spring of 2014. While the existence of multiple programs is a well intentioned response from Congress to address specific challenges facing the VA or veterans using the VA, it easily leads to confusion for veterans, community providers, and VA employees navigating a complex system of options. As this Committee considers long-term solutions to non-VA care, Got Your 6 strongly supports consolidation of all such programs into one, easy-to-use program that takes into account the need for flexibility to address future regional or issue-based concerns.

### **Quick Resolution of Payments**

Complex relationships through third-party contractors and common anecdotal evidence of significantly delayed payments to providers have proven there is a need for greater attention to how community providers are able to submit and receive reimbursements. Based on the legislation under consideration today, the quick resolution of provider payments is clearly a priority of the Committee as well and Got Your 6 supports strict requirements on how providers must submit for reimbursement and how quickly the VA must provide reimbursement. Clearly defined responsibilities for all parties will better ensure a system that is fair and respectful of better business practices. Government should serve as the example of sound business practices, such as timely and efficient payment for services, and it is imperative any future care in the community programs respect that goal.

### **Greater Use of Public-Private Partnerships**

Secretary David Shulkin made clear in his testimony to this Committee on February 1, and has since repeated, the VA must explore expansion of the use of public-private partnerships to both address the increase in demand for access to healthcare and its limited ability to continuously build new infrastructure. Got Your 6 strongly agrees that more can be done to foster public-private partnerships to best meet the needs of veterans and encourages the Committee to consider innovative ways to utilize public-private partnerships as it relates to the future of care in the community.

Specifically, Got Your 6 is impressed by the depth and ingenuity of care and research currently being provided by the philanthropic community through networks such as the Cohen Veterans Network and the Marcus Institute for Brain Health. These philanthropic foundations discovered a need for evidence-based services specific to the signature wounds of the current conflicts, such as traumatic brain injury (TBI) and psychological health concerns. Located across the country, these networks have established extensive mental health care options for veterans and their families that recognize the importance of military competencies, evidence-based research, and reliable service.

These networks have also committed themselves to providing products highly sought after in both the



veteran and larger health care communities: data and knowledge. In addition to providing comprehensive care, these networks have included the exportation of knowledge as part of their mission. Leveraging more data, knowledge, and evidence will only strengthen the treatment options available and will foster more innovative treatment options as we all better understand the complexities of specialized care, particularly as it relates to the ever-evolving understanding of psychological health.

The work of such networks illustrates the need to explore the expansion of public-private partnerships as a way to best meet the needs of veterans. We encourage the Committee to better understand what the larger community is doing independent of VA to address the needs of veterans, explore ways to expand the use of public-private partnerships, and integrate the potential care provided by public-private partnerships into the future of care in the community.

### **Current Choice Funding Crisis**

We applaud the Committee's determination to substantively discuss and legislate the future of non-VA care, but we also urge a quick resolution to the impending shortfall of funding for the Choice program.

As many leaders from the VA have made clear, failure to address the immediate funding shortfall could result in longer wait times, disruption in care, and layoffs at call centers - the exact issues Choice was created to address. To prevent these issues from coming to fruition, the VA has begun to shift carryover funds for Medical Services to the Choice account. However, this is not a sustainable solution and it grievously threatens the future stability of VA Medical Services at-large. Because of this, it is critical Congress find a means to sufficiently fund the Choice program at its increased demand load as soon as possible; and if a reasonable and responsible payfor can be found, Got Your 6 encourages the Committee to consider such offsets.

In addition to quickly securing necessary funding to ensure seamless access to adequate health care options for veterans, we also urge you to consider an in-depth audit of the management of the current Choice program. This audit should not be used or seen as a tool to diminish the work of the VA, but should aim to determine what practices or mechanisms led to this funding shortfall and what information the VA could be better equipped with to prevent funding shortfalls in the future.

In conclusion, Got Your 6 -- through our 34 direct-impact, non-profit partners who collectively represent three million veterans and their families, as well as through our efforts to empower and challenge veterans when they return home -- is a new voice which represents all veterans, of all generations, of all backgrounds. We put veterans first and challenge them not to think of themselves as broken, but as the leaders our country is desperately searching for. The veteran empowerment movement is young, but it is already the voice of millions of veterans looking to challenge the status quo.

The veteran empowerment movement also strives to remember and advocate for the majority of veterans who do not use the VA. To that end, Got Your 6 continues to encourage this Committee to



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consider holding a topical hearing on community programs and veteran organizations currently meeting the needs of and empowering veterans outside the walls of VA facilities.

We would like to thank this Committee for its leadership on veterans' issues and look forward to working together to empower all veterans.



### **Biography of Lauren Augustine**

Lauren Augustine is the Director of Government Relations at Got Your 6. After graduating from Virginia Tech, Ms. Augustine enlisted in the U.S. Army, quickly rising to the rank of sergeant, and served 12 months in Iraq with the First Infantry Division. Prior to joining Got Your 6, she was a Senior Legislative Associate for Iraq and Afghanistan Veterans of America and a Legislative Representative for the American Federation of Government Employees. In both positions she advocated on behalf of veterans, their families, and the services and benefits provided by the VA.

In recognition of her advocacy work, Ms. Augustine was named to the HillVets Top 100 in 2015 and awarded the Excellence by An Up and Coming Practitioner award from the Women in Professional Advocacy in 2016. She was also appointed to the Joint Leadership Council of Veteran Service Organizations for the Commonwealth of Virginia by Governor McAuliffe in 2016. In addition to her advocacy work, she proudly owns and operates a CrossFit gym in Northern Virginia alongside her husband.

### **Statement on Receipt of Grants or Contract Funds**

Neither Ms. Augustine, nor the organization she represents, Got Your 6, has received federal grant or contract funds relevant to the subject matter of this testimony during the current or past two fiscal years.