June 4, 2014

The Honorable Bernie Sanders, Chairman  
Senate Veterans’ Affairs Committee  
412 Russell Senate Office Building  
Washington, D.C. 20510

The Honorable John McCain  
241 Russell Senate Office Building  
Washington, D.C. 20510

Dear Senators Sanders and McCain:

On behalf of the nearly 1.9 million members of the Veterans of Foreign Wars of the United States (VFW) and our Auxiliaries, I want to express our concerns with provisions within the “Veterans Choice Act of 2014.”

The VFW has concerns with the method in which the legislation will authorize non-VA health care. Providing the choice card for veterans to present to a non-VA health care provider is not necessary. VA currently has the authority to provide non-VA health care with physicians in local communities, and is currently moving to the Patient Centered Community Care (PCCC) contract model that will provide greater access and quality of care measures and oversight.

The benefit of using the PCCC model of care delivery is that VA can continue to be the guarantor of care. Under PCCC, access standards must be met; treatment records must be provided to VA before payments are made; and there is a guarantee that the physicians will be paid in a timely manner. Without these guarantee, veterans may choose a physician, not knowing how long they will have to wait for an appointment, with no security that his or her treatment records will be returned to VA in a timely manner, which will cause delays in referrals for specialty care. Physicians will be more confident in entering into a contract under PCCC because there is a payment guarantee.

It is vital that VA maintain quality of care through non-VA health care and the only way to ensure access and quality measures are met is to provide that care through the non-VA care programs.

The Veterans Choice Act of 2014 also provides that any veteran who lives more than 40 miles from a VA treatment facility will have the option to have his or her care delivered through non-VA means. Project ARCH (Access Received Closer to Home) provides a managed non-VA health care delivery option for rural and remote veterans. Project ARCH must be reauthorized and expanded to ensure veterans who live in rural and remote communities will receive the same access and quality measures as other veterans.

The VFW realizes not all facilities and locations have the contracts in place today to provide non-VA care through these programs, but VA must work to quickly expand these programs and use their authority to contract with individual physicians as needed.

Any compromised legislation to provide expanded non-VA health care delivery must take these concerns into account.

Sincerely,

ROBERT E. WALLACE  
Executive Director  
VFW Washington Office

NO ONE DOES MORE FOR VETERANS.