

Frequently Asked Questions

Improving Veterans Care in the Community Act of 2016 (S. 3401)

What does this bill do?

The Improving Veterans Care in the Community Act of 2016, S. 3401, seeks to improve the Veterans Health Administration's ability to provide veterans access to health care in their communities. There are several programs that the U.S. Department of Veterans Affairs (VA) may use to send veterans in to the community for care. S. 3401 consolidates all of these programs into one program while expanding eligibility for veterans who need access to services that are not available at their local VA facilities. The consolidated program will be called the "Care in the Community Program."

Why is this Senator Crapo's approach?

Idaho veterans, many of whom face long travel distances to VA facilities or may need specialized care, want better access to local health care options when needed. Senator Crapo developed this approach after significant input from the Idaho veterans community:

- Hearing from hundreds of veterans in his two veterans' surveys;
- Hearing from veterans at many of his townhalls across the state;
- Reviewing years of experience helping veterans with the VA through casework.

Would this legislation privatize the VA?

No. As veterans have requested and in accordance with congressional intent, the legislation would better enable veterans with the assistance of the VA to have improved access to local care when needed to ensure that our country better meets the health care needs of those who have served our nation.

There are many other proposals out there that focus on making the VA act as an insurer. In these privatized scenarios, the VA develops a provider network that the veterans may use to pick providers. This is not the Senator's approach for two main reasons:

- 1) Idahoans have told the Senator that they oppose efforts to privatize the VA. Generally speaking, they want to keep the VA around and keep their providers while improving the agency. Most veterans like that the VA is veteran-centric in a way that private providers may not be.
- 2) Idaho has not had a great experience with third party administrators (TPAs) responsible for the Veterans Choice Program. Many of the proposals that would privatize the VA would rely on the TPAs to develop and administer provider networks, similar to TRICARE. Many veterans and providers in Idaho have struggled to work with the TPAs. Based on

the feedback from these Idahoans, the Senator cannot support expanding veterans' reliance on TPAs at this time.

What does S. 3401 mean for Idahoans?

S. 3401 means less red tape for the Idahoans who need non-VA care, less red tape for Idahoans working at the VA, and less confusion for community health care providers who agree to work with the VA.

S. 3401 combines all of the current non-VA care programs into one program, with one source of funding and one point of management. Senator Crapo's legislation directs the VA to administer this program at the VA medical center (VAMC) level. He does this to ensure that the VAMC's serving Idahoans (Boise, Salt Lake City, Walla Walla, and Spokane) are responsible for sending veterans into the community, building and maintaining relationships with local providers, and paying these providers. It is important that each VAMC be empowered to manage these relationships with local providers. When relationships are not going well, program management at the local level also makes it easier to resolve conflicts and hold people accountable.

Many Idahoans have been frustrated because they may live near a VA facility but require a service that the facility cannot provide. Because these vets live near a VA facility, they are not eligible for the Veterans Choice Program, even though the nearest VA facility is not able to provide that service. Senator Crapo has heard from many constituents with these concerns, especially with regard to x-ray services or audiology services. S. 3401 explicitly allows these veterans to use the Care in the Community Program to be seen within the local community.

Senator Crapo is aware of the nationwide provider shortage and how that impacts the care of veterans in Idaho. As a result, S.3401 requires a report from the Government Accountability Office (GAO) to make sure that the clinical staff at the VA are able to perform to the top of their licenses. Doctors, nurses and other providers at the VA need to be focusing on taking care of veterans, not on performing administrative tasks that could be handled by support staff.

S. 3401 also helps Idahoans by requiring a GAO report on the VA's travel benefit program. Senator Crapo has heard from many Idahoans who are frustrated with this program:

- Some are frustrated that the program is not able to more efficiently reimburse veterans.
- Others are frustrated because they feel the program is rife with abuse.
- Still others are frustrated because they feel it impossible to change the program to better serve veterans.

Ultimately, the GAO is best positioned to examine this issue and make recommendations to Congress about the future of this program.

S. 3401 requires the VA to establish the Interdisciplinary Panel on the Clinical Appeals Process as recommended by the 2016 Commission on Care report. It is important that veterans have the opportunity to appeal medical decisions at the VA.

How does S. 3401 change the Veterans Choice Program (VCP)?

Currently, the VCP is a separate program than the other non-VA care programs. This bill creates one program that veterans can use to access non-VA care. This means that everyone who is eligible for VCP today will also be eligible for the new Care in the Community program. By having one program, there will be less confusion and bureaucracy than today. Currently, we have multiple programs (non-VA care, fee-basis, VCP, et cetera) that serve the same purpose: getting the veteran treatment in the community.

S. 3401 also requires that the veteran's doctor at the VA be notified when the veteran is scheduled in the community. Today, that only happens under the VCP when the veteran is referred to VCP under the 30-day wait time rule. When a veteran uses the program based on distance eligibility, the VA provider frequently does not know that the veteran was seen in the community. This is meant to better provide continuity of care and ensure communication between a veteran's medical team to enhance care quality.

How does S. 3401 change the VHA's provision of non-VA care? What happens to the current non-VA care programs?

Presently, there are eight different programs that the VA uses to send veterans into the community for care. The eight programs have different rules, different reimbursement rates and different appropriations funding. Some of these programs are managed and administered by staff at the VA. The VCP is managed and administered by third party administrators. In practice, this causes considerable confusion and duplication of services, as well as unnecessary competition between the programs. S. 3401 tries to bring all of the current non-VA care programs into one program. By consolidating these programs, S. 3401 makes the consolidated non-VA care program, called the "Care in the Community Program," easier to use.

Does Senator Crapo's legislation get rid of the troublesome third party administrators (TPAs)?

S. 3401 does not prohibit the VA from using contractors. While Senator Crapo is concerned about the performance of the TPAs in Idaho, a blanket prohibition on

the use of contractors may have unintended consequences that negatively impact veterans.

While there is not a blanket prohibition on the use of TPAs, S. 3401 does require the GAO to examine the TPAs. Part of this examination include a review of the TPA's ability to function in a timely manner and veterans' satisfaction with its service. For non-VA programs other than the VCP, the VA is responsible for administering the programs. Given that S. 3401 consolidates these programs, S. 3401 requires the GAO to examine the overlap in work done by the TPAs and current VA employees to see if there is a more efficient and effect way to use the resources already allocated to the VA to administer these programs.

Does S. 3401 allow veterans to choose their provider?

This bill does not guarantee the veterans the ability to choose who will be their provider in the community. S. 3401 does not require local providers to accept patients through the Care in the Community Program and, consistent with the views of Idahoans, the bill does not change the VA from a provider of care to an insurance provider that would allow veterans to choose doctors from within a pre-established network.

What else does this bill do?

The health care system within the VA is large enough to impact health care services and prices outside of the VA. Accordingly, S. 3401 requires the creation of a Veterans Health Administration Payment and Access Commission (VHAPAC). Each year, the VHAPAC will submit to Congress an annual report examining all the emerging issues within VHA health care and the impact VHA services are having on the country's health care industry as a whole.