

## **New VA Plans Announced for Health Care Appointments**

The Department of Veterans Affairs (VA) has announced time and distance guidelines for health care access and appointments.

Veterans who live more than 30 minutes from a Veterans Affairs clinic or have a wait time of more than 20 days for most health care appointments would be eligible for expanded private-sector medical options.

The new proposed standard would replace the current guidelines which are 40 miles and 30 days. It could expand the number of veterans receiving outside health care by a drastic number based on some projections.

Under the proposed plan, veterans would be able to receive urgent care outside the VA system. The community care network for this component of the plan hasn't been established yet.

Emergency appointments like that would require patients to make co-payments, but department accountants would cover the majority of the costs.

According to VA Secretary Robert Wilkie, the new standards which are intended to be in place by June, are an important part of making sure veterans get proper health care into the future.

"Most Americans can already choose the health care providers that they trust, and President Trump promised that veterans would be able to do the same," he said. "With VA's new access standards, the future of the VA health care system will lie in the hands of veterans, exactly where it should be."

The new standards for access to health care and emergency care were mandated under Congressional legislation passed last summer with bipartisan support.

Despite that, congressional Democrats are speaking out against the potential to shift too many VA resources to outside, private providers. Critics of the new plans say that it could drain resources from the VA's facilities and lead to privatizing of VA health care.

The VA and Wilkie have responded to the criticism. Wilkie issue a public rebuttal to Democrats in Congress, saying that under the current community care rules, it's a collection of seven different programs, each of which has its own eligibility requirements, billing policies and rates for reimbursement. He said the consolidated program is intended to simplify and streamline these programs.

“Strict and confusing qualification criteria like driving distances and proximity to VA facilities that don’t offer needed services will be replaced by eligibility guidelines based on what matter most: the convenience of our veteran customers,” Wilkie said in his statement.

According to VA officials, the new standards are based on best practices for government as well as the private sector.

VA officials say they expect the new standards will more than triple the number of veterans eligible for outside care. Around eight percent of veterans currently in the veterans Health Administration quality for community care programs. The new standards would take that to anywhere from 20 to 30 percent based on current projections.

Officials say they still aren’t anticipating a big rise in new outside appointments, and they cite a decrease in the usage of community care from last year. The estimates as they stand right now show the plan would cost more than \$21 billion over five years. This has been met with concern because the VA budget has continued to grow and last year spending was more than \$200 billion for the first time.

Representative from the Veterans of Foreign Wars said they wished officials in the VA had gotten more feedback from advocates before their release.

“VA is repeating previous mistakes,” said VFW Executive Director Bob Wallace. “Twenty days is just as arbitrary as 30 days, and by simply once again adopting Prime Service Area standards does not serve the best interest of veterans.”

On the other hand, officials from the Concerned Veterans for America have been pushing for a community care overhaul and they praised the move saying it was an important step for veterans’ care.

“These standards are simple and straightforward, eliminating much of the confusion created by the Veterans Choice Program and the VA’s other community care programs,” Executive Director Dan Caldwell said in a statement.

“While we would prefer the primary care wait time standard be shorter, these access standards are still a significant step forward in giving veterans more control over their health care and making the VA more veteran centric.”

The following provides an overview of specifics of the new access standards for health care, which should take effect in June and were mandated under the Mission Act signed in June 2018.

There are six different eligibility criteria for community care which are:

- Services unavailable
- Residence in a state without a full-service VA medical facility
- 40-mile legacy/grandfathered from the Choice program
- Access standards
- Best medical interest
- Needing care from a VA medical service line that VA determines in not providing care that complies with VA's standards for quality.

### **Access Standards**

The VA is proposing new access standards which become effective when the final regulations are published. The expected publication date is June 2019. Eligibility criteria were based on the VA's analysis of best practices in government and the private sector, and according to the VA were tailored to the needs of Veteran patients.

- Access standards are based on average drive time and appointment wait times
- For primary care, mental health and non-institutional extended care services, the VA is proposing a 30-minute average drive time standard
- For specialty care, the VA is proposing a 60-minute average drive time standard
- VA is proposing appointment wait-time standards of 20 days for primary care, mental health care, and non-institutional extended care services and 28 days for specialty care from the date of request with certain exceptions.

Eligible veterans who can't access care within those standards could choose between eligible community providers and care at a VA medical facility.

### **Urgent Care**

Eligible veterans will have access to urgent (walk-in) care that gives them the choice to receive certain services when and where they need it. To access this new benefit, veterans will select a provider in VA's community care network and may be charged a copayment.

VA Secretary Robert Wilkie said, "Our medical services must meet our veterans' needs and reinforce the trust that forms the basis for every interaction with VA. Our new access standards are a vital part of this effort.

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the future of the VA health care system will lie in the hands of veterans --exactly where it should be.”

VA encourages the public to comment on the proposed access standards and urgent care benefit during the public comment period once these proposed regulations (RIN 2900-AQ46 and RIN 2900-AQ47, respectively) published in the Federal Register.

The Mission Act is replacing the Veterans Choice Program, which was created in 2014 in response to the wait-time scandal. The VA choice Program allowed VA patients to go outside the system when lived more than 40 miles driving distance from a VA facility or it was estimated their wait time, for a VA appointment was longer than 30 days.

There was widespread consensus that the rules of the Choice Program weren't flexible enough, thus the passing of the Mission Act.

According to VA reports, they have enough money to handle the cost increases for the rest of the fiscal year and changes won't affect funding for VA medical centers.

The Wall Street Journal recently endorsed the proposed access standards in an editorial. Four former VA secretaries have also expressed their support.

In its editorial, the Journal asked, “one question is why anyone would oppose the plan,” as it helps veterans get “health care faster and closer to home.”

The Journal underscored that, “The competition will put pressure on the VA to reduce wait times, which will matter in the incentive to seek outside care.”

The paper went on to address the myth of VA privatization:

“Behind all this is a debate about ‘privatizing’ the VA...Integrating veterans into the private health system makes sense for them and everyone else...The VA is especially competent at certain types of care like trauma recovery, and that's what the VA hospitals and treatment centers could focus on... Yet if the VA is providing excellent care to veterans, competition won't matter.”

## **VA IMPLEMENTS APPEALS MODERNIZATION**

In February, the VA announced they would be implementing appeals modernization. In February, the VA said the Federal Register would publish the 18 regulations accompanying the Veterans Appeals Improve and Modernization Act of 2017, designed to help veterans experience a more transparent claims decision-review process.

After publication of the regulations, VA Secretary Robert Wilkie was set to certify the department's readiness to implement appeals modernizations. The goal of the modernization program is to transform the very complex appeals process into one that's simpler and more streamlined and provides more choice to veterans who disagree with a decision. The Modernization Act became effective February 19.

"VA has been preparing for full implementation of the Appeals Modernization Act over the past 18 months," Wilkie said. "Our staff has worked diligently, particularly in the last few weeks, to ensure the new, streamlined process is available to veterans in February.

The AMA was signed into law August 23, 2017. Under the act, veterans will now have three options for claims and appeals: (1) supplemental claim; (2) higher-level review; or (3) direct appeals to the Board of Veterans' Appeals. All decision reviews submitted after February 2019 will fall under the new system.

Once the Appeals Modernization Act is fully implemented, VA's goal is to complete supplemental claims and higher-level reviews averaging 125 days. Decisions appealed to the Board under its direct docket will average 365 days. Under the legacy process, appeal resolutions averaged three to seven years.

## **VETERANS BENEFITS ADMINISTRATION ANNOUNCES DISTRICT REALIGNMENT**

The Department of Veterans Affairs' Veterans Benefits Administration (VBA) recently announced a geographic restructuring from five districts to four. The hope in making the change is that it will align regional offices with missions more evenly, according to the official announcement.

The realignment closes the North Atlantic District Office in Philadelphia, Pennsylvania, and shifts states into more geographically similar areas. The District Office located in St. Louis, Missouri, will now be responsible for the newly realigned Northeast District.

"The VBA district realignment is part of our effort to modernize the organization and become more efficient," said VA Secretary Robert Wilkie. "This transition affects the management oversight and reporting structure for regional office directors but will not affect day-to-day operations for employees or impact beneficiaries."

The realignment does not affect the daily operation of any regional office.

After the restructuring, the four district offices will be:

Northeast District: St. Louis

Southeast District: Nashville, Tennessee

Continental District: Denver, Colorado

Pacific District: Phoenix, Arizona.

## **COURT ISSUES RULING ON BLUE WATER VETERANS**

A federal court recently ruled the VA can't deny disability benefits to thousands of Vietnam veterans who claim exposure to chemical defoliants known to cause cancer just because they served in the waters off the coastline and not inland.

The ruling is a big victory for blue water Navy veterans who have been fighting the VA for years regarding the denials. VA officials said the existing evidence does not justify the presumption of toxic exposure for the group. As a result, the Department has opposed legislative efforts to overturn the decision.

The 9-2 decision by the U.S. Court of Appeals for the Federal Circuit overturns past court opinions backing up the VA, saying Congress never intended to exclude servicemembers in the seas around Vietnam when they award presumptive benefits for certain illnesses related to Agent Orange exposure.

Under the current rules, blue water veterans can receive health care for illnesses through the VA, but to receive VA disability benefits, they are required to prove their condition is directly connected to toxic exposure that occurred while they were on duty.

This is different from what's required of other Vietnam veterans. Other Vietnam veterans are presumed to have been exposed to Agent Orange and other defoliants that are known to cause serious health conditions and rare cancers.

Basically, what this means is that a veteran who served on the Vietnam shoreline could receive disability compensation if they were to contract prostate cancer, while a vet who served on a ship a few miles off the coast would have to provide evidence they came in direct contact with hazardous chemicals.

Critics of the current guidelines say that so much time has passed since the war, making the ability to get that kind of proof impossible. The federal judge in the new ruling agreed with this.

"These statutes cast no doubt on our conclusion that, by using the formal term 'Republic of Vietnam,' Congress unambiguously referred, consistent with uniform international law, to both its landmass and its 12-nautical-mile territorial sea," the ruling states.

If VA officials opt not to appeal the decision to the Supreme Court in the next 90 days—or if the court decides not to hear the case—the result means that up to 90,000 blue water veterans could see disability payouts as early as this year.

In a statement, VA spokesman Curt Cashour said the department is reviewing this decision and “will determine an appropriate response.”

Advocates say the ruling is a big step forward.

“This is a big win,” said John Wells, retired Navy commander and the executive director of Military-Veterans Advocacy, which helped file the lawsuit. “We want to work with VA on how to implement this as painlessly as possible but making sure these veterans get all they deserve.”

## **VA PARTNERS WITH DHS FOR VETERAN SUICIDE PREVENTION EFFORTS**

The U.S. Department of Veterans Affairs (VA) recently announced its partnership with the U.S. Department of Homeland Security (DHS) to bolster veteran suicide prevention initiatives.

VA and DHS, the third-largest federal employer of veterans in the U.S., with veterans representing approximately 28 percent of its workforce, share the goals for improving veterans' health and well-being and increasing veterans' access to mental health services and support where needed.

The two agencies will work together to spread awareness of mental health and VA suicide prevention resources among DHS veteran employees and to explore innovative ways to enroll DHS-employed veterans in VA care. These opportunities include highlighting VA programs and resources in DHS newsletters or emails or leveraging the nationwide network of VA Suicide Prevention Coordinators to encourage outreach to local and regional DHS offices.

“Under President Trump’s leadership, we are extremely proud to be working with DHS to prevent veteran suicide,” said VA Secretary Robert Wilkie. “Our two agencies are committed to ensuring that veterans receive the care they need, and this landmark partnership will allow us to leverage the strengths of both organizations to reach more veterans and save more lives.”

The partnership, which was launched in November, will allow VA to reach more veterans outside VA care – before they reach a crisis point – and form a vital part of VA’s national Strategy for Preventing Veteran Suicide.

This is not the first time VA and DHS have joined forces to prevent veteran suicide. The two agencies have been working together with the U.S. Department of Defense (DoD) through President Trump’s Executive Order to improve mental health resources for veterans transitioning from active duty to civilian life. Research has shown that service members transitioning to veteran status are at increased risk for suicide. To combat this risk, DoD, VA and DHS are working to ensure that new veterans receive access to VA mental health care and other services from the moment they transition from the military.

Veterans who are in crisis or having thoughts of suicide, and those who know a veteran in crisis, can call the Veteran and Military Crisis Line for confidential support 24 hours a day at 800-273-8255, and press 1; send a text message to 838255; or chat online at [VeteransCrisisLine.net/Chat](https://VeteransCrisisLine.net/Chat).

## **THE NATIONAL DISABLED VETERANS WINTER SPORTS CLINIC SET TO TAKE PLACE AT THE END OF MARCH IN SNOWMASS, CO**

The Department of Veterans Affairs (VA) announced that the National Disabled Veterans Winter Sports Clinic will take place March 31 to April 5 in Snowmass, Colorado.

The annual clinic, hosted by the Department of Veterans Affairs (VA) and DAV (Disabled American Veterans), serves as a world leader in adaptive winter sports instruction for injured veterans, and promotes sports therapy and rehabilitation through adaptive Alpine and Nordic skiing, rock climbing, sled hockey, scuba diving and other adaptive sports and activities.

“Adaptive sports therapy gives freedom to those heroes who have fought for our freedom,” VA Secretary Robert Wilkie said. “This clinic empowers veterans to move past perceived limitations, reach their own personal victories and prove the impossible is possible.”

For many of the hundreds of veterans who participate in the clinic, the adaptive sports journey is just beginning. For others, it becomes a way of life in Snowmass and is a passion they take back home. The hope is veterans will build upon this experience and continue to lead active, healthy lives. Nearly 390 veterans participated in the event in 2018.

“For those of us who were seriously injured in military service and have spent years being told our abilities are now limited, there is nothing more empowering than coming to this clinic and being able to prove how much we really can do,” said DAV National Commander Dennis Nixon, a Vietnam Veteran and amputee. “It’s a dose of confidence and self-reliance that can – and does – truly change lives.”

Hundreds of volunteers, strategic corporate partnerships, nonprofit organizations and individual donors help bring the event to life.

Interviews, b-roll, photos and other media opportunities are available leading up to and including the week of the event. For more information, contact: VA’s Jill Atwood at 801-330-1198, [jill.atwood@va.gov](mailto:jill.atwood@va.gov); and DAV’s Todd Hunter at 321-217-8255, [thunter@dav.org](mailto:thunter@dav.org).

## **LAWMAKERS PUSH FOR RESEARCH INTO MEDICAL MARIJUANA**

Lawmakers have been working on ideas for expanding VA research into the benefits of medical marijuana for veterans, but they're having a difficult time agreeing on the specific path to get that done.

Recently, members of Congress presented two separate bills that would require VA officials to test cannabis for different veterans' ailments including chronic pain and PTSD. To this point, VA officials have pushed back against calls for more medical marijuana research.

VA officials have said that one reason for their reluctance to do more research with medical marijuana is because of federal law, which limits formalized research on the drug. Marijuana at the federal level is still considered a dangerous controlled substance.

Advocates say that there's more to it than federal regulations to explain why the VA is not researching.

The congressional legislation being introduced aims to change that by removing restrictions for VA scientists to begin gathering data on the benefits of medical marijuana. There was a bipartisan bill introduced by Rep. Lou Correa, D-Calif. and Rep. Clay Higgins, R-La. directing a clinical trial to look at the effects of cannabis on certain health conditions of adults with chronic pain and PTSD, as well as for other purposes.

"With the opioid crisis raging across America, it is imperative to the health and safety of our veterans that we find alternative treatments for chronic pain and service-related injuries," Correa said in a statement. "It's time the VA did a formal study."

Also introduced was legislation in the Senate sponsored by Jon Tester, D. Mont. and Sen. Dan Sullivan, R-Alaska.

"The department has had the authority to do this research for a long time, and has continually avoided it," Correa said.

"Our legislation denies them the opportunity to push the buck any longer."

Officials at the Iraq and Afghanistan Veterans of America organization are already publicly backing Correa's bill. "Our members have spoken loud and clear on this issue," IAVA Legislative Director Tom Porter said in a statement. "In our latest member survey, 63 percent supported and only 15 percent opposed legalization for the medical use of cannabis. This bill takes a giant and necessary step forward to determine the safety and efficacy of medicinal cannabis."

Members of the House Veterans' Affairs Committee are expected to debate the measure later this year.