

# DAV spearheads veterans community's response to Commission on Care

At the most recent congressionally mandated VA Commission on Care meeting, representatives of leading veterans service organizations (VSOs) were invited to engage in a candid discussion about the future of the VA health care system and veterans health care. There were some commissioners who misunderstood comments regarding access standards used to determine veterans' eligibility under the current Choice program—specifically the 40-mile and 30-day requirements.

Once learning of commissioners' comments that "VSOs favor removing the 40-mile and 30-day standards," DAV spearheaded a joint VSO letter to the commission to clarify that this is not the view of the role of choice for the vast majority of established veterans groups, or the proper role of non-VA care in an integrated veterans health care system.

The letter referenced the *Independent Budget* framework, which calls for the development of local integrated community networks where the VA serves as the coordinator and primary provider of health care to veterans, and non-VA community care is integrated into this network to fill gaps and expand access.

"Allowing all veterans to take VA dollars and spend them whenever and wherever they choose would have serious costs, trade-offs and consequences that could endanger or harm the provision of health care to veterans," said DAV Executive Director Garry Augustine, "particularly for those who rely most heavily on the current VA health care system."

The VSOs remain united in the belief that the VA health care system must be reformed, strengthened and sustained because of

the unique, specialized veteran-focused health care it provides to millions of veterans. They recognize that the VA cannot meet every health care need of enrolled veterans in all locations at all times, and it should integrate non-VA community care providers into coordinated networks to fill these gaps. For veterans who must travel too far or wait too long for VA care, additional options must be made available to provide them with timely access to quality care. As House Veterans' Affairs Committee Chairman Jeff Miller regularly says, the goal is to "supplement, not supplant" VA health care.

"The proper use of a choice program can be a means of expanding access to care for some veterans, but dismantling a system designed to meet the unique needs of veterans would create the ironic result that many disabled veterans would lose their choice to use VA health care," said Augustine.