Reforming the Veterans Health Care System

In 2014, Congress passed the Veterans Access Choice and Accountability Act (VACAA) in response to waiting list scandals and an access crisis. The law created a temporary “choice” program for some veterans to access non-VA community care if they live more than 40 miles from a VA facility or there was more than a 30-day wait for an appointment. The “choice” program temporarily increases access for some veterans, but numerous problems arose with its design, implementation and operation. DAV believes the current choice program is not a long-term solution.

An Independent Assessment of VA health care mandated by Congress found that VA is not being given sufficient funding to meet the demand for care, a problem DAV has pointed out for years, and that to increase access more resources would be needed. However, the Independent Assessment did find that the quality of care provided was high, concluding that the VA health care system, “…performed the same or significantly better on average than the non-VA provider organizations…” Therefore, the challenge is how best to preserve VA’s expertise and capabilities while supplementing the system with other public and private health care.

Over the past couple of years, a number of simplistic VA reform ideas have been floated that could actually weaken, downsize or dismantle the VA health care system entirely. For example, converting VA from a robust full-service health system into a smaller number of “centers of excellence” would close hundreds of medical centers and outpatient clinics and force disabled veterans to travel farther for care. Similarly, treating only the combat or service-related injuries of veterans and forcing them into the private sector for other medical needs would fracture their care, leading to less coordinated, holistic and preventative care, and worse health care outcomes.

Turning the VA health care system into an insurance function that no longer provides direct health care services to veterans would disregard all of the experience and expertise that VA doctors and researchers have amassed and require new government regulations setting premiums, copayments, deductibles, lifetime limits and the actual medical services to be provided. Finally, privatizing VA by creating a new government-chartered corporation, similar to Amtrak or the Post Office, would shift management of VA to an unaccountable, independent entity driven by corporate considerations, with no oversight by Congress or veterans themselves.

The better solution is to create local community health care networks that optimize the strengths of both VA and the private sector. VA would be the coordinator and principal provider of care, especially for primary and specialty care related to military exposure. To expand access, VA must also increase its capacity to deliver urgent care at existing VA medical facilities and develop additional capacity by establishing urgent care clinics. Rather than be limited by arbitrary federal access standards, such as VA’s current 40-mile and 30-day standards, decisions about when and where veterans can receive medical treatment are clinical decisions that should be made between veterans and their doctors, not by legislators, regulators or bureaucrats.

- Congress must reject dangerous, simplistic reforms and work together with key stakeholders to reform and strengthen the VA health care system.