

SAVE OUR VA!

TALKING POINTS

THE MISSION ACT AND PRIVATIZATION OF THE VA'S VETERANS HEALTH ADMINISTRATION (VHA)

When the MISSION Act goes into effect on June 6, it could lead to the dismantling and privatization of the VA Healthcare system that our veterans want and need!

THE SITUATION IS URGENT!

Last year Congress and President Trump adopted the VA MISSION Act to replace the Choice Program with the Veterans Community Care Program (VCCP) beginning on June 6th.

PACKAGED UNDER THE GUISE OF GIVING VETERANS MORE CHOICES, IT IS ACTUALLY A GIGANTIC SHIFT OF VETERANS OUT OF THE VETERANS HEALTHCARE SYSTEM AND INTO PRIVATE HEALTH CARE.

The VCCP's access regulations allow veterans to be referred to the private-sector if they must wait 20 days or longer or drive at least 30 minutes on average for primary care at their nearest VHA facility, and for specialty care if the wait is 28 days or longer or the average drive time is at least an hour. Although studies have documented that drive times and wait times in the private-sector may be far longer than at the VHA.

These changes will expand the percentage of veterans eligible to receive private-sector care from 8 percent today under the Choice Program to as much as 39 percent under the new VCCP-- a fivefold increase. These are staggering numbers and represent the clear privatization of the VHA.

Although the MISSION Act indicates that the VHA remains the authorizer of all non-VA healthcare, there is other language in the law allowing VCCP providers to direct what healthcare is determined to be medically necessary and appropriate. This will hasten the conversion of VHA into an insurance company rather than a provider of healthcare.

TOUTED AS COST EFFECTIVE, THE PLAN ACTUALLY CONTINUES TO STRIP THE VA OF FUNDS AND DIRECTING THEM TOWARDS PRIVATE CARE AND CORPORATIONS.

Estimates of the cost of non-VA healthcare range from \$5 billion to as much as \$179 billion a year. Without specific funding to pay for this care, which the Trump Administration says it will not seek, every dollar for non-VHA healthcare will come out of the VHA budget.

Programs are already being curtailed or shut. This will accelerate as the VCCP starves the VHA of needed funding.

Moreover, such massive outsourcing of VA healthcare will undermine the expertise that VA doctors have built up over decades and lead to a downward spiral that could increasingly diminish the capacity of a unique healthcare system on which 9 million veterans depend.



What Can We Do?



REQUIRE THAT ALL PROVIDERS SEEKING A VCCP CONTRACT HAVE TO UNDERGO THE SAME TRAINING AND NEED THE SAME CREDENTIALS AS VHA PROVIDERS.

As a nation, we have the solemn responsibility to offer veterans the highest quality care. The credentials, training, competency and performance standards that the VHA requires of its own clinicians should be the benchmark for providers in the VCCP. Yet, the MISSION Act's regulations deliberately avoid doing so.

They also fail to require that such providers are capable, qualified, and culturally competent. This is critical (as well as required by law) with respect to clinical areas where VHA has special expertise, including treating PTSD, TBI (Traumatic Brain Injury), and MST (Military Sexual Trauma).

As such, the regulations create a double standard under which VCCP healthcare is held to a lower standard, offering veterans a false choice. Without providing an equal playing field, the VA is setting up the VHA to fail and continues the push toward outright privatization.



REQUIRE THAT THE DRIVE/WAIT TIMES REGULATIONS THAT APPLY TO VHA ALSO APPLY TO NON-VA PRIVATE SECTOR HEALTHCARE.

Studies have documented that drive times and wait times in the private-sector may be far longer than at the VHA.



REQUIRE THAT THE ADDITIONAL BILLIONS OF DOLLARS EXPENSE OF VCCP CARE BE PAID FOR SEPARATELY AND NOT DRAINED FROM VHA FUNDING.

Outsourcing VA healthcare to the private-sector will cannibalize the VHA's budget. Instead of "raiding" current and future VHA healthcare funding for the additional billions of dollars yearly for private-sector care, VCCP must have a separate budget. Funding for VCCP care must never come from the VHA budget, VHA facilities, or its programs.

43,000 FILL THE VHA'S 43,000 VACANCIES.

There is a deliberate effort underway to starve the VHA of needed staff and other resources to try to discredit and dismantle the entire system. The nearly 50,000 VA vacancies include about 43,000 of these positions located in VHA. In addition to doctors and nurses, there are significant shortages of mental health clinicians and VHA police officers – critical positions that the VA needs to fill to help combat a rise in veteran suicides and to protect both patients and employees.

VA Secretary Wilkie recently announced that he has no intention of filling the 43,000 vacancies at the VHA. The VHA should be focused on hiring more full-time professionals who want to make a career out of serving veterans.

Visit the VFP website
www.veteransforpeace.org
to learn more!

