

TALKING POINTS TO USE WHILE LOBBYING YOUR CONGRESSPEOPLE REGARDING THE RULES FOR IMPLEMENTING THE MISSION ACT

Assembled by members of the Save Our VA Working Group



- 1) Before the MISSION Act is fully implemented in June 2019, Congress must take immediate action to mediate some critical issues that will have a significant impact on veterans' health and well-being if they are not corrected.
- 2) Right now there is no way to tell whether VA Community Care Providers deliver care that meets the rigorous standards set by the VA. Veterans deserve to know the quality of their care providers.
- 3) Veterans have unique needs because of their military service. This requires specialized training that is often lacking in the private sector. Before a care provider is added to the VCCP network, they must show they:
 - a. Use evidence-based care for treating PTSD, traumatic brain injury (TBI), and are knowledgeable about how to care for veterans who have experienced military sexual trauma (MST).
 - b. provide services that are equal or exceed quality provided by the VA.
- 4) a. Community Care Providers must always provide thorough documentation of the care delivered to the veterans to the appropriate VA facility / VA medical staff. b. Invoices must never be used a substitute for documentation of the care delivered by the Community Care Provider. If the Community Care Provider fails to meet either of these obligations, the VA must withhold payment from the Community Care Provider.
- 3) Community Care data requirement: Community Care Providers need to do patient risk adjustment. This is to demonstrate they provide the same quality level of care. Since VA patients tend to be older and have multiple complex medical issues, while Private Providers (Community Care Providers) patients tend to be younger and have fewer complex medical issues, patient risk adjust is necessary to determine that the Community Care Provider under consideration will equal the quality of care provided to the veteran by the VA.
- 4) The VA and Medicare websites must include options to search for healthcare facilities based on their proficiency in treating specific medical conditions like PTSD and TBI. Non-VA providers should only be admitted to the Community Care program and added to this website if they are qualified to care for patients with PTSD, TBI, and other veteran-related medical conditions.
- 5) The VA MISSION Act's Access Standards should work both ways -- if a Community Care provider cannot provide comparable or better care than a VA, they should not be offered as an option to veterans, regardless of the drive time or distance from a VA facility. Additionally, Community Providers should abide by the same access standards followed by the VA.
- 6) Funding for the VA MISSION Act must never come from the VA budget, VA facilities, or its programs. Many veterans with service-connected conditions and low income veterans rely on the VA for their complete care. They should not experience additional costs in the form of copays nor a decrease in service due to Trump Administration mandated across-the-board budget cuts to primary and specialty care at VA facilities.
- 7) Implementation of the Mission Act should not change the copay status of veterans eligible for VA health care. Currently there are eight categories of eligibility with some of these requiring a copayment for care.