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Subject: DAV resolution in support of a strong VA healthcare system

DAV Resolution In Support Of A Robust Veterans Health Administration

DAV expresses support for policies that maintain a robust Veterans Health Administration of the Department of Veterans Affairs, that do not jeopardize care for veterans by moving essential resources to the private sector, that fix, fund and fully staff the VA and that do not privatize the VA. No privatization means, no further expansion of the Choice Program, uncontrolled by the VA Practitioners in conjunction with their veteran patients;

Whereas, Congress has promoted policies to improve the health care capabilities of the Department of Veterans Affairs by providing significant increases in funds to hire staff, build more facilities, and improve training. This has not kept pace with the needs of older veterans and the complex specialty care demands of today's returning veterans. Current estimates of VA staff shortages, of 35,000, lead to less care and longer wait times;

Whereas, over 9,000,000 veterans are enrolled in and over 7,000,000 of these veterans depend on the VA health care system for all or part of their care. It is estimated another 7 million veterans are eligible for VA healthcare;

Whereas, in FY14 the Department completed 70,800,000 outpatient appointments with 22% of these appointments completed in the private sector under Community Care and 78% completed at VA facilities and in FY17 the Department completed nearly 104,000,000 appointments with over 40% of these appointments now being completed in the private sector under Community Care and Choice programs and only 60% completed in VA facilities;

Whereas, the CBO estimated in 2014 that for the next two Federal fiscal years, FY2015 and FY2016, and part of FY2017 that the cost of care for the private care is estimated at \$30 billion verses about \$4.8 billion the VA would spend providing similar care, thus causing greater expense for America's taxpayers;

Whereas, the CBO estimated the VA cost for private care would be 10% higher than the payment rates for Medicare and the Physicians for a National Health Program states the medical costs at the VA are 20% lower than Medicare rates thus the actual costs for private care might be 30% higher than the same care provided by the VA; Whereas, the approximately 21,000,000 veterans of the United States are a diverse group of individuals including older veterans with diseases associated with aging and disabilities associated with past wars and the younger veterans with complex conditions related to improved battlefield medical care, who as a group contain a the highest percentage of seriously wounded veterans America has ever seen,

many needing complex lifelong physical and mental health care, which differs greatly from the patient mix cared for by most community providers; Whereas, the Rand Corporation surveyed 784 New York state private care providers and found that only 2% of providers were ready, willing and able to care for their 800,000 veterans in the state.

Whereas, the RAND Corporation examined a decade of research and found that VA provided care is equal to or better quality than private sector care in all forty-seven quality-of-care measurements it conducted as part of an independent assessment comparing VA outpatient care with comparable civilian facilities;

Whereas, the Department of Veterans Affairs is better equipped than most community providers to coordinate complex physical and mental health veteran care and provide continuity of resources for veterans;

Whereas 55% of US counties have no mental healthcare available;

Whereas, according to a bipartisan survey by Lake Research and Chesapeake Beach Consulting 80 percent of veterans polled oppose turning VA health care into a system of private sector vouchers that may not adequately cover costs:

Whereas, since 2014 significantly more funds have been allocated to the Choice and Community Care programs to pay for the costs of providing veterans private healthcare than has been allocated to the VA healthcare system for hiring additional staff and at this time the VA has over 35,000 vacant positions mostly in healthcare;

Now, therefore, be it *Resolved, that DAV, Chapter 1*

(1) supports policies that provide necessary resources to serve veterans by maintaining a robust Veterans Health Administration;

(2) opposes policies that would jeopardize care for veterans by moving essential resources away from the Veterans Health Administration and into the private sector; and

(3) supports policies that would create integrated health care networks for veterans with the Veterans Health Administration, serving as the coordinator and primary provider of care, and selected high quality community partners providing care when and where needed as determined by the VA medical staff to ensure timely and convenient access for all enrolled veterans.