STATEMENT

of the

PINE TREE AND SOUTHERN MAINE CHAPTERS,

MILITARY OFFICERS ASSOCIATION OF AMERICA

on

RURAL VETERANS' ACCESS to PRIMARY CARE: SUCCESSES

AND CHALLENGES

before the

HOUSE COMMITTEE ON VETERANS' AFFAIRS

SUBCOMMITTEE ON HEALTH

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Presented by

Colonel Edward L. Chase, USAF (Ret.)
Chairman, Legislative Committee
Pine Tree Chapter
Military Officers Association of America

MR. CHAIRMAN AND DISTINGUISHED MEMBERS OF THE SUBCOMMITTEE, on behalf of the nearly 700 members of the Pine Tree Chapter and the Southern Maine Chapter of the Military Officers Association of America (MOAA), I am honored to present our views on the successes and challenges associated with Rural Veterans' Access to Primary Care.

Neither chapter represented receives any grants or contracts from the federal government.

BACKGROUND:

As of 2003, there were 145,419 veterans in Maine. 30% (44,096) were enrolled with the VHA, an increase from 16% in 2000. This compares with a national enrollment average of 19%. Of those enrolled, 78% (34,352) used VHA services. The higher level of VHA enrollment in Maine may be attributed to the continuing decline in manufacturing jobs and the associated employer-sponsored insurance.

34% of the State's veterans live in the two wealthiest counties in the state with an additional 17% living in counties ranked 3rd and 4th in veterans' population. Most of the remaining 49% live in highly rural areas. 38% of all veterans are over age 65. Finally, 41% of all Maine veterans live outside the "Capital Asset Realignment for Enhance Services" (CARES) standard for primary care access.

VA estimates that while the number of veterans is on the decline, the number of veterans seeking VA health services is on the rise and estimated to remain so. Contributing to this rise will be the return of more veterans from Iraq, Afghanistan, and other deployed areas. Recent estimates project that by 2006 80% of the nation's National Guard will be added to the veterans' rolls.

The challenge to the VA and the Congress of the United States, responsible for providing the resources critical to the VA's obligations, is clear. Increased numbers of uninsured veterans, an aging veteran population, high rural concentrations, and the certain, yet unquantifiable impact of returning veterans all conspire to pose tough challenges to the VA and to the Congress. Tough, but doable.

STRENGTHS AND OPPORTUNITIES.

Quality and Safety. **By many standards, the VA health care system leads the nation in quality of care and patient safety. (Washington Monthly, Jan/Feb 2005: "The Best Care Anywhere.") Anecdotal information received from some of our members confirms this assessment. The hospital and clinic at Togus complemented by the Comprehensive Outpatient Care services through Community-Based Outpatient Clinics (Caribou, Bangor, Calais, Rumford, Saco) form a model of health care services to veterans. The FY 2006 VHA Budget sustains, and in some cases, slightly increases "key performance measures" (access standards, including primary and specialty care appointments). We applaud this development.**

Care for Enrolled Veterans. **VA has budgeted for an increase in demand of veteran system users with disabilities, special needs, Purple Heart recipients and the indigent. One matter of concern, however, is the projection of a decline in lower priority groups. We will discuss this later in the statement.**

Mental Health Care. **Some studies have predicted that 1 out of 6 servicemembers returning from Iraq and Afghanistan will need care at some point in their lives for PTSD and other mental health conditions. The VA budget has begun to address the growing need for additional capacity. As we learned from the Vietnam experience, many combat-associated disorders and illnesses do not become manifest for years, if not decades, later. Early attention to counseling and preventive care can mitigate some of these later developments.**

CARES. **In May, 2004, the Secretary of Veterans Affairs announced the plan to support CARES. A part of the plan in Maine is the opening of five part time clinics (Houlton, Lincoln, Dover-Foxcroft, Farmington and Lewiston). It is critical that these clinics be planned as <u>enhancements</u> to the existing system, and not as an opportunity to eliminate or reduce services at other locations.**

A prime example of how our service organizations "look out for our own" is the American Legion's offer of a building in Houlton to house this clinic. Now, Congress must recognize its responsibility and fund the program.

Exemption from Co-pays and Emergency Care Reimbursement. **We are appreciative of the inclusion in the Budget Request the elimination of co-payments for veterans receiving hospice care and for former Prisoners of War. It also includes a provision to allow the VA to pay for emergency room care received in non-VA facilities for enrolled veterans. This offers a real benefit to some of our veterans distantly remote from a major primary care facility.**

<u>CONCERNS AND CHALLENGES.</u>

Transportation. **41% of Maine's veterans live outside the proximity standards for access to health care facilities. Increased population age of our veterans, rising prices of gas, and unpredictable, adverse weather driving conditions over a six month period (Nov-Apr) make available transportation a key element in providing <u>accessible</u> health care to our veterans. An aversion to driving long distances in inclement weather often results in last minute appointment cancellations with the accompanied "snow-ball" perturbations to the scheduling process. It's often weeks before a rescheduled appointment can be made. Finally, lack of access to care facilities may have an unintended consequence of veterans' reluctance to enroll and, if uninsured, placing unprogrammed demands on other health systems such as MaineCare, the State's MEDICAID program.**

Currently, there are two vans operated by the Maine Disabled American Veterans (DAV) and some volunteer assistance from other service organizations dedicated to alleviating this problem. We believe strongly that a more structured, expanded transportation plan is sorely needed. To this end, we are grateful to Senators Susan Collins, R.ME and Ken Salazar, D.CO for their co-sponsorship of S-1191, The VetsRide Act. This provides rural states grants of $50,000 per year to support an intra-state veterans' transportation system focused particularly on rural areas. This is a relatively low cost initiative which will reap benefits in improved access, timely care, improved administrative efficiencies, and improved safety for our veterans. We strongly urge a member(s) of this subcommittee to sponsor a companion House bill in order to ensure timely enactment. The total cost nationwide is estimated to be $3M annually.

Enrollment Policy During Wartime. **The Veterans Eligibility Reform Act of 1996 distinguished between veterans who "shall" be provided care and those for whom the VA "may" provide care if Congress agrees to fund their care. Under the new enrollment system, two different administrations between 1998 and 2002 invited all honorably discharged veterans to enroll. This policy doubled enrollment and sharply increased demand for care.**

The open enrollment permitted the VA health system to transform from a hospital-based model to an out-patient oriented system with hundreds of new VA community-based clinics. With the exception of severely disabled veterans, all enrollees had to agree to pay drug co-payments for non-service connected prescriptions. Enrollees were not required to pay usage or enrollment fees.

During and after the open enrollment period, funds were insufficient to meet the new demands. Enrollment in a newly created Priority Group 8 category was closed. We further perceive that the VA intends to reduce demand on the system by imposing a $250 usage fee on the lowest priority veterans. The same veterans who earlier had been invited to enroll to help VA meet its transformation goals are now being told, "Not so fast." The VA and, indeed, the Congress should never make a promise to veterans that they are unwilling to commit to for the long term, irrespective of political administrations.

We believe that an imposition of a $250 annual usage fee on some of our enrolled veterans sends a bad signal during a time of war to our nation's warriors, past, present, and future.

We recommend the exemption of annual usage fees and higher drug co pays for all currently enrolled veterans. Finally, this fee may well apply to some of our returning National Guard and Reserve combat veterans which are sorry honor for their extraordinary sacrifice.

Seamless Transition: The Planning, Care and Support for Separating Servicemembers and their Families. **The President's Task Force (PTF) to Improve Health Care**

Delivery for Our Nation's Veterans (May 2003) and efforts of former VA Secretary Tony Principe have resulted in improved coordination of care and services to separating Active Duty, National Guard, and Reserve servicemembers and their families. A Dodd-VA planning and coordination structure is in place, but more needs to be done.

At the State level, we commend Operation "I served" which is an outreach to all Maine's veterans to provide them information on what federal and State benefits they may have earned during their service.

We remain concerned, however, that adequate attention and resources be provided to our returning servicemembers and their families as well, particularly the severely wounded. Navigation through the complicated health care, benefits, employment and transition systems and programs is extremely burdensome for affected families unless they have a functional care management system. Establishment of such a system in a dispersed, rural environment is a real challenge, though no less compelling.

CONCLUSION.

The two chapters of the Military Officers' Association of America greatly appreciate the opportunity to present our views on the unique challenges to the provision of quality health care to our veterans in rural areas. We are appreciative of the support provided to servicemembers and veterans in the past and pledge our full support to this Subcommittee and its distinguished members as you go forward. As we meet the challenges of the future, we must all be mindful of George Washington's observation, "The willingness with which our young people are likely to serve in any war, no matter how justified, shall be directly proportional to how they perceived the veterans of earlier wars were treated and appreciated by their nation."

Biography of Edward L. Chase, COL, USAF (Ret.)
Chairman, Legislative Committee, Pine Tree Chapter, Military Officers Association of America (MOAA)

A native of Massachusetts, Ed Chase was born in Hyannis and raised on Cape Cod until leaving in 1954 to attend Phillips Exeter Academy. After graduation in 1958, he attended Kenyon College where he earned a B.A. in political science in 1962. After graduation from college, he was commissioned a second lieutenant in the U.S. Air Force through the ROTC program.

Colonel Chase entered active duty in March, 1963, serving as a Combat Targets Officer before attending pilot training in June, 1964. After earning his wings, he served an abbreviated tour of duty in France before being reassigned to the Republic of Vietnam where he flew 172 combat sorties. After his combat tour, he served in a number of operational assignments in the United States and overseas as an instructor pilot, flight examiner, flight commander, operations officer and squadron commander. He was a command pilot logging over 5,000 flight hours in a variety of fighter aircraft.

Colonel Chase served a tour of duty on the Air Staff at the Pentagon from June, 1982 to June, 1985 where he was responsible for the utilization and training policies for all USAF pilots, navigators, and enlisted aircrew members. In addition, he oversaw procurement programs for some 512 aircrew training devices which was a $3B package. Colonel Chase completed his career as Vice Commander, Third Air Force, which comprised all Air Force personnel in the United Kingdom. He retired in 1991.

In 1993, Colonel Chase joined American Express Financial Advisors as a financial planner. He retired in 2003.

Colonel Chase's military awards include the Distinguished Flying Cross, Meritorious Service Medal with 4 oak leaf clusters, Air Medal with 11 oak leaf clusters, and the Vietnam Service Medal with 2 battle stars.

Colonel Chase is married to the former Eben Burnside of Chevy Chase, Maryland. They have three grown children, two grandchildren and reside in Pittsfield, Maine.