

Testimony by Representative Roger Wicker
House Veterans Affairs Health Subcommittee
September 6, 2001

I appreciate the opportunity to testify on behalf of H.R. 1136, legislation which has bipartisan support and is cosponsored by 43 of our colleagues, including the Ranking Member of this Subcommittee, Mr. Filner. I am pleased this panel is considering this change in law because it will save tax dollars and enable the VA to be more responsive to our nation's veterans.

For veterans in Mississippi and other states, it is often difficult and expensive to drive to a VA facility for a prescription. I have discussed this issue with veterans from across my state, and they share similar experiences. The comments of one North Mississippi man are typical. He makes the point that no one knows his medical history better than his family doctor, whom he has seen for more than 40 years. He questions the need to travel 25 miles to a VA clinic or sometimes 100 miles to the VA hospital in Memphis when the same service could be provided closer to home. Veterans often see their local doctors and have prescriptions written, but the medication cannot be filled by the VA until they are examined by a VA physician.

H.R. 1136 will provide veterans the option of obtaining their prescriptions from a physician outside the VA bureaucracy. The Veterans Prescription Access Improvement Act will offer an alternative approach to thousands of veterans who would prefer to absorb the costs associated with a visit to a private physician instead of utilizing VA facilities.

Although this problem may be felt most acutely in rural areas, this bill will improve access to health care for all veterans. As the ranking member of the full Committee correctly pointed out in a recent Dear Colleague, our nation's veterans face

unreasonable delays when they seek care. If a veteran in the first district of Mississippi called today to the Memphis, Tennessee, VA hospital to get an appointment with a doctor, they would be lucky to get on the schedule by November.

There are several possible solutions to this problem. As a member of the Appropriations Committee, and a former member of the VA/HUD Subcommittee, I have supported increased funding for veterans medical care. Congress has increased funding for veterans health care by 23% in the past three years, including the \$1 billion increase in the FY 02 VA/HUD bill. But in addition to this increased funding, we should also consider new approaches to improve access and quality of care for our veterans at a reduced cost.

In a December 2000 report, the Inspector General of the Department of Veterans Affairs stated that many veterans use the VA solely for the purpose of filling prescriptions originally written by private physicians. In order to acquire the less expensive drugs provided by the VA, a veteran will undergo exams by both a VA doctor and a private physician.

The Inspector General's report stated:

“We believe that the processes VHA uses to restrict pharmacy services to only those veterans for whom it provides direct medical care is inefficient. Veterans with Medicare eligibility and/or private insurance coverage who choose to be treated by private non-VA health care providers must frequently, as a result of these processes, submit to duplicate exams, tests, and procedures by VHA simply in order to receive their prescriptions. As a result, VA medical centers frequently end up spending more on scarce clinical resources to “re-write” prescriptions than the prescriptions themselves cost.”

The Inspector General determined that the Department of Veterans Affairs could save over \$1 billion a year by allowing the VA to fill prescriptions written by private physicians -- money which could be spent on needed care for our veterans.

Not only will the enactment of this proposal save money, it will reduce the backlog at crowded VA facilities by allowing some patients to choose an alternative method of care, closer to home, while freeing up VA medical staff so that they can attend to other patients

Critics of this proposal have said that it could result in added demand for prescriptions which the Treasury could not afford. However, easier access to medication should be a goal for which we strive. Veterans should not have to go without necessary medical care because of the inefficiencies in the current system. Further, as the IG report stated, the waste in the current system significantly exceeds the added cost of prescription drugs under a system proposed by HR 1136. In addition, it is reasonable to expect that the VA's drug purchasing power will increase, thereby making the cost of drugs even less.

Other concerns have been raised that quality of care will be diminished if this legislation is enacted. I suggest that the opposite will occur. If access to prescription medication is increased, more veterans will have the benefits of affordable prescription drugs.

As the IG's report found, most "priority group 7" veterans use the VA only for prescriptions since they prefer to use their private physicians. This could be attributed to the high rate of turnover of VA medical staff, the difficulty in getting an appointment with the same doctor time after time, or the lack of coordination of care in the current system.

The veterans in the First district of Mississippi most often utilize either the VA hospital in Jackson, Mississippi, or Memphis, Tennessee. Both of these medical centers are teaching facilities which depend on relatively short-term staff, a problem which is compounded by the high turnover of full time VA medical staff. This creates a lack of continuity of care in these facilities as compared to what is offered by a hometown doctor.

This is not a new concept. The VA already has a system in place to provide prescription drugs to veterans whose prescriptions are written by a private physician. However, under current law, only veterans who are “permanently housebound or in need of regular aid and attendance” may obtain their prescriptions in this manner. Typically, this system, which currently serves approximately 3.7 million veterans, is used to treat long term conditions such as high blood pressure, asthma, or diabetes. The VA could expand the existing mail order program to serve more veterans.

A model for the implementation of this expanded service could be the Department of Defense, which has for years allowed private physicians to write prescriptions which are filled by the Military Health Services System. The Department of Defense currently fills approximately 30 million prescriptions a year which are written by civilian physicians, about one-half of the total number of prescriptions which are handled. The military does not require a second visit to a military physician.

The Department of Defense has improved its technology to improve medication safety. Its computer system has a shared patient database which screens against adverse drug reactions and potential drug stockpiling. Just like a retail pharmacy, the military pharmacy can always call the prescribing physician if there are any questions about the prescription.

As we all work together to improve access and quality of care for our nation’s

veterans, our focus should be on the veteran and not the bureaucracy. We must pursue solutions that serve the veterans who served us. Congress has correctly made veterans health care one of our highest priorities. This is reflected by substantial funding increases and the enactment of legislation to expand hospital services and outpatient care. This bill further strengthens that commitment.

I thank the Committee again for your consideration of this legislation.