



## Federal Update for April 16 – May 1, 2016



### **Arlington National Cemetery Update**

#### **38-acre Expansion Assessment**

The Army is beginning a yearlong environmental assessment of a proposed 38-acre expansion of Arlington National Cemetery that it hopes will extend the life of the facility by 20 years. More than 400,000 people are buried at the cemetery, with as many as 30 new burials a day. Without the proposed Southern Expansion Project, the cemetery will run out of room in the mid-2030s, even with the strict eligibility standards in place for burial there. On 27 APR, cemetery officials briefed the public on the southern expansion, which hinges on a land swap with Arlington County and the Virginia Department of Transportation.

The negotiations have been ongoing for several years and the broad outline of the swap is in place but no deal has been reached. The Army would get land adjacent to the existing cemetery to use for burials, while the county and state would get land to improve transit and traffic on its bustling Columbia Pike corridor, which serves the Pentagon and other commuter hotspots. County officials say the Army is worried that mass-transit operations adjacent to the cemetery would be aesthetically incompatible with the cemetery itself. County officials say they will design and build any new facilities in a way that addresses those concerns. At Wednesday's hearing, Army and county officials both expressed optimism about reaching a deal that will be beneficial for all involved. "To me, this is a good opportunity not only for Arlington National Cemetery but for the region as well," said Col. Doug Guttormsen, the cemetery's engineering director.

Greg Emanuel, Arlington County's director of environmental services, said the cemetery is one of the county's jewels and the county has every interest in protecting it as it seeks to redevelop the land and transportation network adjacent to it. "All parties are moving in the right direction," he said. The Army Corps of Engineers will conduct its environmental assessment of the proposed expansion over the next year and will solicit public input. In addition to permits and environmental assessments, the Army will eventually need to obtain funding from Congress for the expansion. Guttormsen said the cost is currently estimated at \$274 million. Guttormsen said that if all goes well, construction on the project could begin in 2018. [Source: The Associated Press | Matthew Barakat | April 27, 2016 ++]

### **VA Prosthetics Update**

#### **A Giant Step for Veteran Amputees | POP**

What started as scribbled ideas on posted notes all over the wall of a research lab is now a reality that could impact the lives of these two Veterans and countless others in the future. The device is called a percutaneous osseointegrated prosthesis or POP. It features a titanium rod surgically implanted into the bottom of the thigh bone. The rod allows a prosthetic leg to be securely attached without the need for a socket. This team has worked years to get to this day. Peter Beck, an attending orthopedic surgeon for VA and an adjunct professor for the University of Utah, has been invested for over a decade. He says the big barrier for years was preventing infection and perfecting the surgical procedures for inserting the rod into the femur bone. "I'm really excited. This is going to be a game changer for him," said Bart Gillespie, VA Salt Lake City physical therapist.

Researchers and physicians held their collective breath as Veteran Ed Salau above clicked his new prosthetic leg into place and stood on it for the first time. "Oh my gosh, I can't believe this day is here, it's so surreal, I have goosebumps," said Dr. Sarina Sinclair, a key researcher on the team. And then fist pumps all around as Ed jokes about the Hokey Pokey dance being a whole lot easier now. In 2004, Salau's platoon was ambushed by the enemy while out on patrol in Iraq. Two rocket

propelled grenades penetrated his patrol vehicle and his left leg was so badly damaged it later had to be amputated just above the knee. "It's so weird. I can feel the ground again. I haven't had that sensation in eleven years," said Salau. "It's perfect. I'm stoked" Ed hopes to be able to climb Kilimanjaro one day, but in the near future, a long walk on the beach with his wife is a good start.

"Bryant, you're up", said Gillespie. Veteran Bryant Jacobs was also injured in Iraq in 2004. He sees himself as a trailblazer willing to take this risk for other Veterans that may follow. He wife is right by his side as he stands on the POP for the first time. "It's perfect. That's what we want. I'm stoked" Bryant wants to be able to use the rowing machine without a prosthetic sleeve jabbing him in the groin. He also wants to snowboard again in the Utah Mountains. After voluntarily having his leg amputated two years ago, Bryant begged to be a part of the clinical study.

The pair is the first ever in the United States to receive the POP implant. Their first surgery was on December 7, 2015, to insert the metal rod. In a follow-up procedure on Feb. 8, 2016, doctors attached a docking mechanism, extending from the implanted rod and through the skin, to which the leg is attached. Both Veterans are already raving about the comfort and fit of the new device. Initial first steps have now become longer stretches of walking and stair climbing. Each day the muscle grows stronger as the rod fuses with the bone, and each day the Veterans feel a little more confident and comfortable with their new legs.

But researchers and physicians warn this is just the beginning of a long process and there may be more barriers to overcome along the way. "As researchers we are anxious to gather our results and allow for future improvements. The thing about research is we don't have all of the answers when we start," says Dr. Larry Meyer, Director of Research, VA Salt Lake City Health Care System. This is a VA-funded clinical trial, approved by the Food and Drug Administration. It will assess the feasibility and safety of the new implant in ten VA patients over the course of several years. It could be five years or more before the technology is widely available. [Source: VHA Update | Tom Cramer | April 19, 2016 ++]

## **VA Appeals Update C**

### **OA Rules in Favor of Staab | \$48K**

A three-judge panel on the U.S. Court of Appeals for Veterans Claims has ruled unanimously that the Department of Veterans Affairs ignored "plain language" of a 2010 statute meant to protect VA-enrolled veterans from out-of-pocket costs when forced to use non-VA emergency medical care. The panel ordered the Board of Veterans' Appeals to vacate its decision to deny Air Force veteran Richard W. Staab roughly \$48,000 in health care costs he was forced to pay following open-heart surgery in December 2010. The board "failed to properly apply the statute and relied on an invalid regulation" to deny Staab's claim, the court ruled.

The decision benefits only Staab, for now. But hundreds of other VA-enrolled veterans who had alternative health insurance, and so got stuck paying some of their outside emergency care costs since Feb. 1, 2010, when the ignored law took effect, have new legal ground on which to re-file claims for VA reimbursement, said Bart Stichman, one of Staab's attorneys. These vets should cite the appeals courts' April 8 **Staab v. McDonald** decision to argue "clear and unmistakable error" in deciding previous claims, said Stichman, forcing VA claim adjudicators to determine if there was error. Stichman also is joint executive director of the National Veterans Legal Services Program, a nonprofit veterans service organization that brought Staab's case to the appeals court as it often does on critical benefit issues.

The court, in effect, agreed Staab had been victimized by VA's convoluted interpretation of a law regarding its obligation to cover non-VA emergency care costs when veterans have other health insurance, including Medicare. VA long has maintained it is obligated to pay emergency costs only for veterans who have no alternative health coverage. The consequence of that logic is that VA-enrolled veterans are better off having no other insurance when a health emergency arises than in having some coverage. For those without insurance, VA agrees it must cover all costs. For those with insurance, VA will cover no costs, forcing veterans to pay whatever expenses Medicare or their health insurance plans will not pay. Recognizing how unfair that is, Congress voted in 2009 to clarify the law, specifically to "allow the VA to reimburse veterans for treatment in a non-VA facility if they have a third-party insurance that would pay a portion of the emergency care."

To be sure colleagues understood the purpose of the change, Sen. Daniel Akaka, then-chairman of the Senate Veterans Affairs Committee, made a floor speech that it would “modify current law so that a veteran who has outside insurance would be eligible for reimbursement in the event that the outside insurance does not cover the full amount of the emergency care.” The clarifying statute took effect in February 2010. Yet while rewriting regulations to implement the law, VA officials opted for language that would preserve their former interpretation. Reimbursements for emergency care would be allowed under the revised rule only if the “veteran has no coverage under a health-plan contract” for payment of such care.

In a notice of final rulemaking published April 20, 2012, VA reinforced the point, stating that any entitlement to care or services under an outside health plan, “even a partial one, bars eligibility” for VA reimbursement. That was wrong, the appeals court found. The “plain language” of the revised statute, it wrote, shows Congress “intended VA to reimburse a veteran for that portion of expenses not covered by a health plan contract.” Given the clear meaning, the appeals court deemed the 2012 regulation invalid and ordered it set aside. It also remanded Staab’s case to the appeals board to be re-adjudicated by “properly” applying the law. Staab, 83, learned of the decision Monday. “I thought it was great,” he said in a phone interview

A resident of St. Cloud, Minn., Staab only enrolled in VA care a decade ago after a foot and ankle injury sustained while offloading cargo in the Pacific in 1953 worsened. The VA rated him 30-percent disabled. Staab suffered his 2010 heart attack while helping his wife, who had multiple sclerosis, out of their specially equipped van. He recalled being unable to catch his breath and agreed to get in an ambulance only if someone would tend to his wife. He had emergency heart surgery and soon also a stroke that would require a long rehabilitation. He was six months in hospital and nursing home, learning to speak again, as medical bills piled up. Because Medicare Part A covered only a portion of the rising costs, Staab went home months sooner than his doctors had advised. He forwarded unpaid bills to VA but it denied payment, explaining that because Medicare had paid some of the cost, VA couldn’t cover what remained. “I don’t think that made any sense,” Staab told me. He was forced to draw down his savings, but he did pay all his medical costs, what he estimated for the court totaled \$48,000. “That puts a lot of strain on you,” he recalled. His wife died last May.

Jacqueline M. Schuh, a former military attorney in St. Cloud, began to help Staab on a pro bono basis through three levels of administrative appeals. By the time the Board of Veterans’ Appeals rejected their case, Stichman and the NVLSP also were involved. Stichman said he has three other cases before the appeals court that, based on the precedence now set by the three-judge panel, are also likely to be decided for the veteran. “They could have taken any of them but picked Staab first. It’s not uncommon that this [faulty regulation] is used as grounds for denial. As you can imagine, a lot of people are partly covered by some other insurance.”

“Partly our job is to try to get word out to veterans who were denied in the past on this ground that there is a pathway” to reimbursement, Stichman added. “It’s not a-100-percent-certain pathway. But if they file a claim challenging the previous denial based on clear and unmistakable error, then the VA is required to take a look...[T]here’s a very good argument that the regs were clear and unmistakably wrong, given the forcefulness of the court’s decision. “I hope it will help a lot of people,” Staab said. The VA can appeal, Stichman said, but he suggested that would be an embarrassment for the department. [Source: Military.com Advantage Blog | Tom Philpott | April 14, 2016 ++]

## ***VA Commission on Care Update***

### ***VA Leadership Updates Commission***

On 18 APR Secretary of Veterans Affairs Robert A. McDonald and Deputy Secretary of Veterans Affairs Sloan D. Gibson updated the Commission on Care laying out the current state of VA and the transformation that is underway to deliver better customer service and results for America’s Veterans. In laying out the key pieces of the transformation underway Secretary McDonald said, “MyVA is our framework for modernizing our culture, processes, and capabilities – combining functions, simplifying operations, providing Veterans a world-class, customer-focused, Veteran-centered enterprise. I know transformational change is not easy but it is our commitment to the Veterans we serve in order to bring them the customer service and the care and benefits they have earned.”

Secretary McDonald outlined the five MyVA strategies focused on customer-service excellence: improve the Veteran experience, improve the employee experience, improve internal support services, establish a culture of continuous improvement, and expand strategic partnerships. He also provided updates on progress made to date of VA's 12 breakthrough priorities. "We have challenges in VA and we own them, but the transformation that Bob talked about is well underway and already delivering measurable results for improving access to care and improving the Veterans experience," said Deputy Secretary Gibson. Deputy Secretary Gibson laid out the roadmap for VA to transform from a loose federation of regional systems to a highly integrated enterprise and integrated provider and payer model and presented the following metrics showing that transformation is underway and having positive impact on Veterans care.

- In a nationwide, one-day Access Stand Down VHA staff reviewed the records of more than 80,000 Veterans to get those waiting for urgent care off of wait lists and into clinics. They identified just over 3,300 patients waiting for more than seven days on the Electronic Wait List (EWL) for an appointment in a Level One clinic. By the end of the day, 80 percent were given an appointment immediately, and 83 percent were given an appointment within two-and-a-half weeks.
- Real-time customer-satisfaction feedback collected in our medical centers through VetLink—our kiosk-based software—tells us that about 90 percent of Veterans are either "completely satisfied" or "satisfied" getting the appointment when they wanted it.
- Annual clinical work has increased among VA providers seeing Veterans by almost 18 percent in the last three years; 20 percent when VA and non-VA providers are calculated together.
- With changes already underway to leverage our scale and build a world class end-to-end supply chain, we have already redirected \$24 million back towards activities providing better Veteran outcomes.

These results build on the elements of excellence already in place in VA's health care system that must be maintained and, in many cases, expanded upon.

- According to the American Customer Satisfaction Index, VA has outperformed the private sector in customer service for a decade.
- According to a February article in the Journal of American Medicine, 30-day risk-standardized mortality rates are lower in VA than those of non-VA hospitals for acute myocardial infarction and heart failure.
- The American Journal of Infection Control found that in five years methicillin-resistant Staphylococcus aureus (MRSA) infections declined 69 percent in VA acute care facilities and 81 percent in spinal cord injury units thanks to VA's aggressive MRSA prevention plan.
- The Independent Assessment found that VA performed the same or significantly better than non-VA providers on 12 of 14 effectiveness measures in the inpatient setting.
- The Independent Assessment also found that VA performed significantly better on 16 outpatient HEDIS measures compared with commercial HMOs and significantly better on 15 outpatient HEDIS measures compared with Medicare HMOs.
- A 2015 study found that VA mental health care was better than private-sector care by at least 30 percent on all seven performance measures, with VA patients with depression more than twice as likely as private-sector patients to get effective long-term treatment.
- Another 2015 study found that outcomes for VA patients compared favorably to patients with non-VA health insurance, with VA patients more likely to receive recommended evidence-based treatment.

Secretary McDonald and Deputy Secretary Gibson were joined by VHA's Assistant Deputy Under Secretary for Community Care, Dr. Baligh Yehia, who outlined the history and evolution of VA's partnering with medical providers in the community to include the Department of Defense, Indian Health Service, several academic medical partner hospitals, and a growing number of private sector providers. He outlined the path forward for the Veterans Health Administration to become an integrated payer and provider, much of which depends on a legislative proposal currently working through Congress.

VA offered demonstrations of three management tools showcasing new technology to improve the way Veterans schedule appointments and how VA health care practitioners can see and interact with patient data, all of which improve outcomes for Veterans and take into account feedback from Veterans and employees. This includes a cell phone app currently in development that will allow Veterans to schedule their own appointments as well as a program that has existed in all VA medical centers for a year-and-a-half that allows VA physicians to view a patient record that integrates information from VA, the Department of Defense and community health partners in one screen. VA's presentation to the Commission on

Care follows a presentation less than a month ago from VA's Under Secretary for Health, Dr. David Shulkin who laid out actions already underway at the Veterans Health Administration and the vision to move it into the future that embraces an integrated community care model. [Source: VA News Release | April 18, 2016 ++]

## **VA Commission on Care Update**

### **MOAA | Fix, Don't Dismantle VA**

The Commission on Care is wrapping up its report to Congress on how best to organize the Veterans Health Administration (VHA) for the next generation of veterans. With roughly two months left for the Commission to write its recommendations, the Military Officers Association of America (MOAA) joined several veteran organizations at a meeting with commissioners on 18 APR to discuss the Commission's work, but more importantly to convey what type of health system veterans want, need, and deserve. The veterans panel offered stories, survey data, and viewpoints on four critical topic areas:

- The role of the VHA
- The role of non-VA (community care) health care providers
- How veterans will need to access care in the future
- How to strengthen veterans' health care programs

MOAA reiterated many of the points outlined in a letter sent earlier this month, disagreeing with some who say the VHA is "broken beyond repair." MOAA acknowledged that the system is in need of immediate attention and reform, but urged the commissioners to find a way to fix the problems and not simply migrate the system to community-based services. MOAA is concerned such a move would lose the best aspects and most critical functions of the system, such as spinal cord and polytrauma care. The group praised VA Secretary Robert McDonald's MyVA transformation efforts, asking the commissioners to keep this in mind as they formulate their recommendations. "The integration and coordination of care is critical in any health system," said MOAA Deputy Director of Government Relations Cdr. René Campos, USN (Ret). "Not just veterans, but American medicine relies on VHA work, and these linkages are important, unlike any health system in the public sector."

Campos reminded commissioners in the aftermath of the 2011 tornado in Joplin, Mo., and Hurricanes Katrina and Sandy in 2005 and 2012, the VA was able to support thousands of displaced veterans to ensure continuity of medical care and benefits because of VA's electronic health record. Panelists talked about the importance of talking and listening to other veterans, citing a recent Veterans of Foreign Wars survey. The survey also showed quality of care, availability of appointments, travel distance, and cost as the top four reasons for veterans using VA health care. "If you are going to eliminate the functionalities of the VA, you actually are reducing choice, not adding choice," said Bill Rausch, Executive Director of Got Your Six.

At [www.vfw.org/uploadedFiles/VFW.org/VFW\\_in\\_DC/IB\\_AFrameworkforVeteransHealthCareReform.pdf](http://www.vfw.org/uploadedFiles/VFW.org/VFW_in_DC/IB_AFrameworkforVeteransHealthCareReform.pdf) can be seen all the recommendations the VFW presented to the Commission for improving access to quality health care. The Top VA leaders spoke to the commission later in the day, providing a progress report on changes in the health system to date. Many of these changes have had a positive impact on veterans care, such as: a new employee and leadership training program; one-day stand downs to reduce the backlog of urgent care appointments; real-time customer satisfaction feedback; and expansion of clinical hours to see more patients-all with a focus on care that is veteran-centric. MOAA recognizes the tough job ahead for commissioners as they craft their report to the President and Congress. We greatly appreciate the significant amount of time commissioners gave to hearing our concerns and recommendations. [Source: MOAA Legislative Update | April 22, 2016 ++]

## **VA Medical Marijuana Update**

### **DEA Approves PTSD Study**

The Drug Enforcement Agency has given its blessing to a study on the effect of medical marijuana on post-traumatic stress disorder, the first randomized, controlled research in the U.S. for PTSD that will use the actual plant instead of oils or synthesized cannabis. According to the research's nonprofit sponsor, Multidisciplinary Association for Psychedelic Studies,

or MAPS, the DEA's approval gives researchers the go-ahead to buy the marijuana for the study from the National Institute of Drug Abuse. Once the marijuana has been secured, the group will begin recruiting and enrolling participants, perhaps as early as June, MAPS spokesman Brad Burge said.

"The contract with the state of Colorado was signed on April 20 — an unofficial national holiday in some circles — meaning the funds are en route to MAPS. We are now preparing to place the order for the marijuana for the study," Burge said in an email to Military Times. Colorado in 2014 awarded a \$2 million grant to MAPS for the research and at the same time gave an additional \$5.6 million to several other organizations to support medical marijuana studies. The research first received approval in March 2014 from the Health and Human Services Department and was set to get underway at the University of Arizona and other locations within a year. But the program was delayed after the Tucson, Arizona, school terminated the contract of Dr. Sue Sisley, who was then the primary researcher on the program. Marcel Bonn-Miller with the University of Pennsylvania Perelman School of Medicine is now overseeing the project, with Sisley running half the study in Arizona and Ryan Vandrey overseeing the other half at Johns Hopkins University in Baltimore, Maryland. Work also will be conducted at the University of Colorado School of Medicine. Participants will include 76 veterans who have treatment-resistant PTSD. The study will use marijuana of various strains and potency for comparison purposes.

The use of medical marijuana to treat PTSD remains controversial because while some veterans say the plant eases their symptoms and has allowed them to stop using prescription medications, very little scientific research supports these claims. Advocates say the research will fill a much-needed gap in medical literature. "This is a critical step in moving our botanical drug development program forward at the federal level to gather information on the dosing, risks, and benefits of smoked marijuana for PTSD symptoms," said Amy Emerson, director of clinical research for the MAPS Public Benefit Corporation. [Source: Military Times | Patricia Kime | April 21, 2016 ++]

## **VA Pain Management Update**

### ***Patient Marijuana Use Impact***

Vietnam veteran Gary Dixon was denied prescription medication by the Department of Veterans Affairs. The reason: they found marijuana in his bloodstream. "I went in to get a refill on my pain medication and they refused to let me have it because I have marijuana in my blood," he told KSNT news station. Dixon is suffering from terminal lung cancer, stage four. As a result, his wife Debbie takes him to the Topeka, Kansas VA for stroke treatment and medication refills. On Sept. 8, 2015, instead refilling his prescriptions however, the VA had him fill out an opiate consent form and take a urine test, which showed he had marijuana in his bloodstream.

Exposed to Agent Orange during his time in the service, Dixon admits to smoking marijuana to combat the physical pain and emotional trauma of the Vietnam War. The 65-year old added that he has been using marijuana since 1972. "I have always had marijuana in my blood and will continue to have it in my blood," Dixon said. Dixon's case highlights a larger issue with VA guidelines. Under these provisions, veterans can fill out an opiate consent form, which tells them the negative effects of mixing painkillers and marijuana. Though marijuana isn't federally legal, in 21 states it can be used for medicinal purposes. As a result veterans, have started turning to their states for medicinal marijuana. But for many it comes at the cost of their VA prescriptions for painkillers.

USA Today reported that "veterans who have admitted to participating in a state marijuana program say the VA has forced them to choose between their prescription narcotic painkillers — such as Vicodin, Oxycontin and Percocet — or marijuana," according to Michael Krawitz, president of Veterans for Medical Marijuana Access. While the VA can't actually take away benefits for marijuana use, it will oftentimes alter medical treatment for veterans by eliminating their access to painkillers until they test negative for it. Krawitz added that when forced to choose, veterans usually pick marijuana. Dixon, like many veterans, said he will continue to smoke marijuana and try instead to find \$400 for his monthly painkiller prescription. [Source: Task & Purpose | Sarah Sicard | April 20, 2016 ++]

# VA Privatization Update

## **Not What Veterans Want**

When it comes to how to strengthen the Department of Veterans Affairs, candidates, Congressmen and pundits need to stop talking and start listening—specifically, listening to veterans. Privatized health care is not what veterans want, yet just last week a congressionally-authorized Commission was discussing whether to shut down the entire VA health care system over the next twenty years.

In a recent survey of America's 22 million veterans conducted by global research firm GfK for the DAV (Disabled American Veterans), 87 percent of veterans said the federal government should provide a health system dedicated to the needs of ill and injured veterans. The same message came from veterans surveyed by the well-respected and bipartisan survey team of Lake Research and Chesapeake Beach Consulting. Their survey found that regardless of political party, branch of service or geography, America's veterans strongly oppose privatizing VA health care. Eighty percent oppose turning VA health care into a system of private sector vouchers, and more than half of the veterans surveyed said that they would be less likely to vote for a candidate who supported privatization, including 53% of veterans who identified as Republicans, 57% of independents and 67% of Democrats.

Looking at how privatization proposals would radically change veterans health care shows why so many strongly oppose this idea. For example, moving all veterans out of the federally-run VA health care system and into private sector hospitals or insurance programs would result in a shift from veteran-centric health care to financially-driven medical care. In all likelihood, the same economic pressures forcing private doctors to see more patients per hour by shortening appointment times will negatively affect veterans health care. Corporate imperatives to increase profit margins could become as important as clinical considerations about how to treat PTSD, TBI and other complex medical conditions. And millions of veterans might have to choose whether they can afford to get all the care they require if they have to pay more out-of-pocket in copayments and deductibles for private care.

Even proposals that call for only privatizing the leadership of the VA health care system, by converting it from a public system to a private nonprofit corporation similar to Amtrak or the U.S. Postal Service, would make it run more like a for-profit business. Such a change would put management of the VA in the hands of an unaccountable entity driven by corporate considerations, with little oversight by Congress or veterans themselves. This would allow the Board to close VA hospitals, determine which veterans are eligible for care and how much care they can get.

There's no question that the VA health care system needs to change—dramatically—to meet the needs of today's and tomorrow's veterans. But that can't be accomplished by ripping apart the VA and forcing veterans to navigate health care on their own in the private sector. Instead, the way to improve veterans health care is by building upon the strengths of VA, which includes unparalleled expertise treating the unique conditions of ill and injured veterans, while working to fix systemic problems hindering the delivery of care. As the RAND Corporation has recently confirmed, when veterans get access to VA care, the quality is high. In fact, RAND found that on 12 of 14 objective measures, VA health care performed the same or significantly better than non-VA health care systems.

In order to create the health care system veterans have earned and deserve, VA needs to remain focused on providing high-quality, accessible, comprehensive and veteran-centric medical care. That will require the creation of local veterans health care networks that seamlessly integrate community care into an improved VA system to ensure veterans get the best health care, when and where they need it. At the same time, VA should take advantage of private sector expertise in nonmedical support services like construction, maintenance and development of IT infrastructure. VA must continue to push forward with its MyVA initiative designed to improve veterans' experience and satisfaction with VA health care based on the best practices in the private sector. And Congress must ensure that VA has the resources needed to hire sufficient medical personnel, expand treatment space, and update technology and systems.

The federal government has a responsibility to make sure veterans have access to quality health care. America's 22 million veterans need—and have every right to expect—the government to live up to this responsibility. That certainly won't happen if Uncle Sam hands some unqualified, private entity the keys to every VA medical facility and clinic. [Source: Military Advantage Blog | Garry J. Augustine (DAV) | April 12, 2016 ++]

## VA Health Care Enrollment Update

### **Disciplinary Action Pending**

Seven Veterans Affairs employees, including two senior executives, face disciplinary action for their involvement in a scandal surrounding the department's health care enrollment system, which last year was found to contain the names of 300,000 deceased veterans. VA Deputy Secretary Sloan Gibson said 15 APR the employees, from the VA's Health Eligibility Center in Atlanta, Georgia, and VA Member Services, and two Veterans Health Administration senior executives with "responsibility for enrollment and eligibility programs," have received disciplinary notices. They have 30 days to respond and remain at work while the process unfolds, Gibson added. "This is a process that has not served veterans well. It's been broken for a long time," Gibson said. "I have not seen the evidence, but my presumption is the charges are associated with management negligence and failure to take appropriate action."

The VA Office of Inspector General last year found that the VA's health enrollment system contained 847,882 pending applications, some dating back 20 years, and more than 300,000 from veterans who had since died. The investigation also found that roughly 10,000 applications may have been deleted from the system and veterans not notified of the error. VA has been under fire for the past year over its handling of holding employees accountable for mistakes and misconduct. Congress in 2014 passed legislation that allowed VA to accelerate the disciplinary process but said VA officials have been slow to react or to terminate employees when appropriate.

In December, Gibson said VA was making its own changes to the process, no longer waiting for outside investigations to be completed before moving ahead with punishment and stopping placing employees on paid leave during disciplinary investigations. Regarding the actions proposed against employees overseeing the health enrollment system, Gibson said he would not "get into specifics," but would announce any "conclusive actions," when they are done. Since December, VA has been chipping away at the health applications backlog, starting with 34,000 combat veterans who should have automatically qualified for health care but wound up in the application system accidentally. According to Gibson, VA has since enrolled 6,500 of those veterans and continues to work to contact the remaining.

VA also has started to reach out to the remaining 500,000 veterans in the system, having enrolled 11,000 veterans in the past two weeks and reaching a decision on care for another 10,000 former service members. VA in March announced that post 9/11 combat veterans who have applied for health care but have not heard from the department could enroll by phone. On 15 APR, Gibson said starting on Memorial Day, veterans will be able to apply for health care online, through a new portal, [www.vets.gov](http://www.vets.gov). VA will abolish a requirement that all veterans provide a signed application for health care on 5 JUL, he added. [Source: Military Times | Patricia Kime | April 15, 2016 ++]

## VA Health Care Access Update

### **GAO | Wait time Problem Not Fixed**

The Department of Veterans Affairs has not done enough to prevent schedulers from manipulating appointment wait times, and wait-time data remains misleading and underestimates how long veterans wait for care, according to a nonpartisan watchdog report released 18 APR. "Ongoing scheduling problems continue to affect the reliability of wait-time data," the Government Accountability Office found. The GAO said the VA has taken a "piecemeal approach" to addressing the problems since the wait-time scandal broke in 2014 in Phoenix, where schedulers falsified wait times and at least 40 veterans died awaiting care. But the agency needs to take comprehensive action, the GAO concluded in its audit, which stretched from January 2015 through last month.

Auditors found schedulers at three of the six medical centers they reviewed had improperly changed dates so the VA system falsely showed shorter or zero wait times. In a review of scheduling records for 60 individual veterans at those three centers, they found improper scheduling in 15 — or 25% — of the appointments. While the system showed average wait times of between four and 28 days in the cases reviewed, the actual averages were between 11 and 48 days. The audit characterized the schedulers' actions as mistakes rather than deliberate falsification. "Until a comprehensive

scheduling policy is finalized, disseminated, and consistently followed by schedulers, the likelihood for scheduling errors will persist," the GAO said in its draft report.

The findings bolster recent claims by VA whistle-blowers that schedulers across the country are still falsifying wait times. And they cast doubt on the effectiveness of corrective actions VA officials touted as recently as 10 days ago. USA TODAY reported April 7 that the VA inspector general found schedulers at 40 VA medical facilities in 19 states and Puerto Rico regularly "zeroed out" veteran wait times and supervisors at seven of those facilities instructed them to do so. VA officials at the time said many of those probes had been finished more than a year ago and they had already imposed discipline in some cases and instituted refresher training for all schedulers. White House Press Secretary Josh Earnest acknowledged Monday the pace of reform has been slow, but that President Obama has made the issue a priority and the administration is making progress. "There is no denying that the problems that the VA has encountered for more than a decade now have been deeply entrenched," he said. "We have made important progress in ensuring that veterans are getting the benefits that they have so richly earned. That said, work remains to be done."

In response to the new GAO report, VA spokeswoman Walinda West issued a statement saying the agency "agreed with its conclusions" but adding that it has "built a strong system of checks and balances to detect scheduling errors and potential manipulation since the GAO findings." The VA said it also is working on a new national scheduling directive and is in the process of testing and deploying a new scheduling program to make it easier to book appointments. That's not good enough for Rep. Jeff Miller (R-FL), chairman of the House Veterans' Affairs Committee, who has been pushing the VA to do more to hold employees accountable. "This report proves what we've long known: wait-time manipulation continues at VA and the department's wait-time rhetoric doesn't match up with the reality of veterans' experiences," Miller said. "But given the fact that VA has successfully fired just four people for wait-time manipulation while letting the bulk of those behind its nationwide delays-in-care scandal off with no discipline or weak slaps on the wrist, I am not at all surprised these problems persist."

The GAO audit focused on primary care for newly enrolled veterans and said its findings should not be generalized, but it did not limit its conclusions to those patients. Auditors selected six centers with varying sizes and geographic locations for their sample. They are in Leeds, Mass.; Nashville, Tenn.; Fayetteville, N.C.; Charleston, S.C.; Leavenworth, Kan.; and San Diego, Calif. The GAO did not identify which three locations showed false wait times. Local VA officials overseeing five of the six centers told the GAO their own internal audits also found schedulers continuing to enter dates improperly. At one of the medical centers — the GAO didn't say which one — an audit of 1,200 appointments between January and June 2015 found scheduling problems with 205 of them. The local VA officials blamed national VA officials for confusing directions about changes to scheduling policies that had been "ineffective and may be contributing to continued scheduling errors," the GAO report states.

The VA, in its response to the report, said it will review the situation and make improvements where necessary by the end of the year. "While we know we can do more to improve our access to care, we are aggressively implementing changes in our systems, training and processes to improve access," the statement said. "We are doing everything we can to rebuild the trust of our veterans who depend on VA for care." [Source: USA TODAY | Donovan Slack | April 18, 2016 ++]

## ***Vet Fertility Treatments Update***

### ***VA Appropriations Bill Amendment***

An amendment added to the Veterans Affairs appropriations bill 14 APR would allocate \$88 million to VA to cover fertility treatments and counseling for veterans who can't have children as a result of wartime injuries. Sen. Patty Murray, a Washington Democrat who has introduced similar legislative language four times since 2012, said the amendment was needed to ensure that VA isn't "denying veterans their dream of starting a family." "Here's the reality, thousands of men and women in uniform — many in their early 20s — have suffered injuries on the battlefield that left them unable to have children naturally," Murray said during a Senate markup of the Military Construction, Veterans Affairs, and Related Agencies Appropriations bill. "They have testified here in the Senate about the sacrifices they made, and the extreme cost barriers they face to do the one thing they want most — start a family," she said.

The amendment would provide \$18 million in fiscal 2017 for fertility treatments provided by VA and \$70 million in fiscal 2018. "The fact is assisted reproductive technology like in vitro fertilization is medically sound and widely used. ... The Defense Department has been providing this care to service members for some time now," Murray said. Nearly 1,400 troops in the Iraq and Afghanistan wars experienced injuries to their pelvises, groins or spinal cords that make it difficult or nearly impossible to have children without medical assistance. Others have been injured in accidents that have rendered them infertile as a result of paralysis or traumatic brain injury. The Defense Department covers the cost of in vitro fertilization and other fertility services for some wounded troops on active duty and also covers the cost of medications, such as erectile dysfunction medicines, for troops with head injuries that affect fertility. VA provides fertility assessments, counseling and some treatment, such as surgeries, medications and intrauterine insemination, but does not cover in vitro fertilization or fertility services for the spouses of the injured. [Source: Military Times | Patricia Kime | April 14, 2016 ++]

## ***Vet Toxic Exposure | Lejeune Update***

### ***VA Claim Documents Lawsuit***

Two veterans groups are suing the VA in the case of illnesses caused by exposure to contaminated drinking water at Camp Lejeune, North Carolina. The organizations — The Few, The Proud, The Forgotten and Vietnam Veterans of America — filed suit 26 APR for documents related to disability claims and the Veterans Affairs Department's use of subject-matter experts to weigh in on them. The water was tainted by organic solvents and other cancer-causing chemicals from 1953 through 1987. The groups filed a Freedom of Information Act request for the documents in December but say the VA has not responded. "Our FOIA, which has gone unanswered, is to find out who the subject-matter experts are, what kind of credentials they have ... the VA doesn't want us to know that," said Jerry Ensminger, a founder of The Few, The Proud, The Forgotten and a retired Marine master sergeant whose 9-year-old daughter died of leukemia in 1987.

Under the Camp Lejeune subject-matter expert program, all documents related to a claim, including medical records and physician recommendations, are reviewed by a designated expert who recommends whether to accept or reject it. Since the subject-matter program was introduced in 2012, Camp Lejeune claim approvals have dropped from 25 percent to 8 percent, according to the groups. The Camp Lejeune subject-matter expert program is the only disability claims process within the VA that requires the third-party review. "All of the pronouncements about this being the most open and transparent administration in history don't reflect what is happening at VA, in this instance and many others," said Rick Weidman, director of government relations for Vietnam Veterans of America. "It's time for the White House to make VA clean it up."

Nearly a million people, including troops, family members and civilian employees, may have been exposed to volatile organic compounds and other chemicals such as benzene and vinyl chloride in the drinking water at the coastal Marine Corps base, from 1953 until at least 1987, when the water treatment facilities supplying the contaminated water were closed. Roughly 10,000 disability claims have been filed to the VA related to Camp Lejeune water toxicity. Democrat Richard Blumenthal, who sits on the Senate Veterans Affairs Committee and represents the state of Connecticut, where the lawsuit was filed on behalf of the groups by the Yale Law School Veterans Legal Services Clinic, said Tuesday that the VA should expedite its response to the groups' FOIA. "The VA's lack of response to these brave men and women is utterly and completely unacceptable ... The subject-matter expert program deserves real searching, penetrating scrutiny. The lawsuit makes this point very, very well," Blumenthal said. [Source: Military Times | Patricia Kime | April 27, 2016 ++]

## ***Veterans in Government Update***

### ***Where We Stand***

A veteran will likely be on your election ballot this fall, but maybe not in the race you expected. The study is the first comprehensive look at veterans' political involvement on a state level and indicates that despite years of declining veteran representation in Congress, the pipeline of potential candidates for national office may be refilling. New research from the American Enterprise Institute found that roughly one in seven lawmakers serving in state legislatures is a veteran, totaling more than 1,000 former military members nationwide. "I think it's fair to think that we'll see an increase in the

number of veteran candidates at the federal level in coming years,” said Rebecca Burgess, manager of AEI’s Program on American Citizenship and the report’s author. “For some, state offices are like getting their feet wet.”

With 23 percent, New Hampshire has the strongest veteran representation in a state legislature, followed closely by Nevada, Alabama, North Dakota and Tennessee. Utah, where only 5 percent of the state’s elected leaders have military experience, ranks last. California, Minnesota, Massachusetts and Illinois round out the report’s “Bottom Five,” each with single-digit veteran representation in their state legislatures. Numerous groups have raised concerns in recent years about the declining numbers of veterans seeking and winning congressional seats, especially as Congress deals with ever-more complex issues surrounding national security and military policy. In 1971, veterans made up 72 percent of House seats and 78 percent of the Senate. In the latest Congress, only 20 percent of senators had served in the military, and only 18 percent of House members claimed military service. Much of that decline is due to the all-volunteer force and the shrinking number of veterans in the country as a whole.

The state legislature survey found about 14 percent of the nearly 7,400 elected individuals nationwide have served, an even smaller percentage than in Congress. Veterans make up about 9 percent of the American population. But Burgess said she sees the new numbers as a positive development, since they show steady involvement by veterans in politics across in a variety of positions. In some cases, individuals can be more effective at passing policy at state and local levels. “Often [advocates] are so focused on the federal level that they don’t think about the importance and impact of work at the state and local offices,” she said.

AEI’s research found the majority of veterans in state legislatures are Republican, at more than a two-to-one ratio. That mirrors Congress, where 70 percent of veterans in the Senate are Republican and 75 percent of veterans in the House hail from the GOP. Burgess said she hopes to build on the findings with more historical data, to track connections between veterans in state office and federal elections. The most important takeaway, she said, is that many veterans are continuing their service in elected office. Many of them just don’t have the national platform or attention, at least for now. [Source: NCOA Advocate | Leo Shane | April 18, 2016 ++]

## ***Veterans' Preference Update***

### ***Many Do Not Really Understand It***

Many veterans still do not understand how vets’ preference works in federal hiring – and it’s a factor in complaints filed over application of the benefit designed to help former service members find jobs and increase diversity in government. “There is a myth [among veterans] that vets’ preference is a guarantee for any job that you apply for in the federal government,” said Aleks Morosky, deputy director of the Veterans of Foreign Wars’ national legislative service, during a Wednesday House Veterans’ Affairs subcommittee hearing. “People are upset that they didn’t get hired, but they also don’t really understand the system.” The myth persists despite the Labor Department’s effort to educate service members leaving the military about vets’ preference during the transition assistance program.

And veterans aren’t the only ones who don’t understand the complicated patchwork of laws and hiring authorities governing the practice, which has been around in some form since the 19th century. It continues to confuse many hiring managers and human resources specialists, which can lead to misapplication. Those errors persist despite the Office of Personnel Management’s extensive training materials and agencies’ own internal guidance on how to correctly apply vets’ preference.

The statutes governing vets’ preference should be consolidated so it’s easier for people on both sides of the federal hiring process – agency staff and the veteran – to understand the process, according to Michael Michaud, assistant secretary of Labor’s Veterans’ Employment and Training Service, and a former Democratic congressman from Maine. Michaud on Wednesday said that of the 590 cases related to complaints over vets’ preference that his office closed in fiscal 2015, just 5.4 percent, or 32 cases, were found to have merit. So, that means there is a lot of confusion on both sides when it comes to vets’ preference. “Just because a case was filed does not mean the hiring manager violated the law,” Michaud told his former colleagues, some of whom wanted specifics on who was at fault in these interactions, and whether it was intentional or not. Michaud said he thinks the complexity of understanding how vets’ preference works “is driving the unmeritorious cases.”

There are several ways veterans can be hired into the federal government. The competitive service requires that eligible vets receive an extra 5 to 10 points under the “category rating” system that allocates points to job candidates, resulting in a list of the most qualified applicants that HR specialists send to hiring managers. So, if a veteran and a non-veteran are equally qualified for the job, the veteran will prevail because of the extra points allocated as a result of vets’ preference. But not all applicants have the necessary basic qualifications for a job, and sometimes you might have two qualified vets competing against one another for a job that only one of them will get. There’s also the Veterans’ Recruitment Appointment, which allows agencies to hire eligible vets for certain jobs without competition. That falls under the umbrella of “veterans’ preference” but is actually separate from the veterans’ preference scoring system used in competitive hiring.

The Pathways program includes three tracks: current students, recent graduates and Presidential Management Fellows. Participants are classified under Schedule D within the excepted service, and each Pathways program honors veterans’ preference. Disabled vets also can be hired under Schedule A, the authority used to hire people with disabilities. “There are so many factors about the person applying, the position for which he or she is applying, the authorities being used, and the agency in which the positions exist, that the system is beyond unwieldy,” the Merit Systems Protection Board wrote in an August 2014 report on veterans’ preference laws. That study surveyed federal employees, finding that 4.5 percent of workers said an official in their agency knowingly violated veterans’ preference laws, and 6.5 percent “inappropriately favored a veteran.” Those were perceptions, not actual findings of misconduct. *“If Congress chooses to examine hiring laws in the future,” MSPB wrote in that report, “we recommend that it consider the benefits of creating a simpler system that would be easier to manage, apply, and explain to those who will be affected by the decisions made under that system.”*

The federal government overall has increased the number of veterans it has hired from 25.8 percent of the total workforce in fiscal 2009 to 30.8 percent in fiscal 2015. President Obama in 2009 issued an executive order directing agencies to do a better job recruiting and retaining veterans as part of his multi-pronged effort to make the federal government a model employer. OPM has provided training to hiring managers and HR staff on vets’ preference through its HR University, and the site fedshirevets.gov tries to help vets and federal managers navigate the government’s hiring process, among other federal efforts to educate people on the topic. “Not only is hiring veterans the right thing to do, it makes good business sense,” said Mark Reinhold, OPM’s associate director for employee services.

But the frustration over how vets’ preference is applied, and speculation over whether it sometimes results in poor hires or favoritism remain problems. Something more nefarious also could be afoot, though proving it could be very difficult. “I have heard the anecdotal comment that they keep them there to say they hired them, and then let them go during the probationary period,” Michaud said in response to a lawmaker’s question over whether some agencies were hiring veterans simply to satisfy vets’ preference and administration hiring goals – and then firing them before the end of the probationary period for new federal employees. [Source: GovExec.com | Kellie Lunney | April 20, 2016 ++]

## **Vet Deportations Update**

### **Bill Introduced to Waive Action on Vets**

A bill to protect immigrant veterans of the U.S. military from deportation was introduced in the House 20 APR. “If we’re [deporting] one veteran, that’s one too many,” Rep. Ruben Gallego (D-AZ), who introduced the legislation, told The Hill. The bill would allow authorities to waive action against veterans who are documented immigrants. To be eligible, veterans must have served at least 180 days in the armed forces and have no convictions for felonies, significant misdemeanors or more than three non-significant misdemeanors. Gallego explained the veterans’ combat experience, combined with the limitations of permanent residence, can lead to unjust deportations. “They’re committing deportable offenses — largely because of PTSD — and being thrown out of this country, sometimes the only country they know. And the only VA benefit they get to retain is to be buried in the veterans’ cemetery, but they cannot cross into the United States unless they’re dead.”

Rep. Ted Lieu (D-CA), a co-sponsor of the bill and a foreign-born veteran, said “it is incomprehensible” to treat service members like criminals. “Any immigrant, documented or otherwise, who puts their life on the line to serve the United States in uniform should be entitled to their VA benefits and a peaceful life in our great nation,” Lieu said. Immigration

authorities currently have leeway to readmit deported aliens based on humanitarian, health or similar grounds. The proposed law would specifically add military service as an exception for removal procedures. Rep. Charles Rangel (D-NY), another of the bill's co-sponsors, said, "As a veteran, I know that one's skin color or immigration status is the last thing that matters on the battlefield. We cannot turn our backs against our immigrant service members who fought to defend our freedoms."

The number of deported veterans is uncertain, as is the number of veterans subject to removal. Gallego said inspiration for the bill came from his experiences with Deported Veterans Support House, an institution in Tijuana, Mexico that provides temporary lodging to veterans after deportation. There are no official statistics on the number of veterans who have been deported. The Department of Homeland Security doesn't specifically track that data, according to Immigration and Customs Enforcement officials. But Hector Barajas believes at least a thousand veterans, and perhaps several thousand, have been deported since 1996. He runs the Deported Veterans Support House in Tijuana. There are about 50 deported veterans living in Tijuana, south of San Diego, he said. He has been contacted by veterans who have been deported to at least 25 countries. The majority have been deported to Mexico, Canada, Jamaica and the Dominican Republic, he said. Most of the deported veterans were legal residents, but a few were undocumented immigrants who used fake documents to join the military. [Source: The Hill | April 20, 2016 ++]

## Vet Legislative Issues 2016

### ***AL Testifies in Support of Pending Bills***

The American Legion recently presented written and oral testimony addressing positions on pending legislation before the House Committee on Veterans' Affairs Subcommittee on Disability and Memorial Affairs. Legislation highlighted in the Legion's statements included pending legislation to distinguish Medal of Honor (MoH) recipients buried in private cemeteries (H.R.4757), the Medal of Honor Legacy Act (Draft), the Veterans Engagement Teams Act (H.R.3936) and the Compensation Cost of Living Adjustment Act of 2016 (H.R.4782). Edward Lilley, the Legion's assistant director of health, amplified the Legion's position on these key pieces of pending legislation, placing emphasis on the bills regarding recipients of the Medal of Honor – the highest military honor awarded for valor in action against an enemy force.

**H.R. 4757** directs the Department of Veterans Affairs to furnish at private cemeteries, and upon request, a headstone, marker or medallion that signifies the status of an eligible veteran who served in the armed forces on or after April 6, 1917, as a MoH recipient. If VA previously furnished a headstone, marker or medallion for a deceased veteran that does not signify his or her status as a MoH recipient, the VA shall upon request replace that headstone, marker or medallion with one that signifies the status of the deceased as a MoH recipient. If enacted, another piece of draft legislation – the Medal of Honor Legacy Act – would direct the Secretary of the Army to reserve 1,000 of the remaining 60,000 burial plots at Arlington National Cemetery for individuals who have been awarded the Medal of Honor. "The American Legion fully appreciates the service of those awarded the Medal of Honor and by resolution supports any legislation that would expand the benefits to Medal of Honor recipients," Lilley expressed to committee members.

Also aimed at helping veterans receive the benefits they are fully entitled to, **H.R.3936** would give the Secretary of Veterans Affairs the authority to create a pilot program addressing the barriers between the VA and the veterans they serve by sending VA employees into the field to assist with their claims processing. Similar to The American Legion's Veterans Benefits Centers (VBCs) established as a result of the VA health care crisis in Phoenix, the program would allow VA to provide one-on-one assistance to veterans and their families at community events. "During these VBCs, we were able to assist more than 3,000 veterans and their families with scheduling outpatient appointments, enrolling in the VA health-care system and applying for compensation, pension, disability indemnity compensation benefits, and other services veterans and their families needed assistance with," said Lilley. Lilley also shared specific examples with the members of Congress on how Legion VBCs impacted veterans' lives.

For nearly 100 years, The American Legion has advocated on behalf of our nation's veterans, to include the awarding of disability benefits associated with chronic medical conditions that manifest related to selfless service to this nation. Current pending legislation has the potential to affect the compensation amounts veterans receive in conjunction with their VA disability benefits. Annually, veterans and their family members are subjects in the debate regarding the annual cost of living adjustment (COLA) for disability benefits. For these veterans and their family members, COLA is not simply

an acronym or a minor adjustment in benefits; instead, it is a tangible benefit that meets the needs of the increasing costs of living in a nation that they bravely defended, Lilley stated. **H.R.4782** will increase the rates of compensation for veterans with service-connected disabilities, and the rates of dependency and indemnity compensation for the survivors of certain disabled veterans effective Dec. 1, 2016.

During The American Legion's 2014 national convention in Charlotte, N.C., Resolution No. 18 was adopted to support legislation "to provide a periodic cost-of-living adjustment increase and to increase the monthly rates of disability compensation." Section 2 of the proposed bill notes that "each dollar amount increased under paragraph (1), if not a whole dollar amount, shall be rounded to the next lower whole dollar amount." The American Legion does not support the rounding down of any benefit; its position is to allow veterans to receive the full benefits they were awarded due to their service.

During his closing remarks, Lilley thanked the committee for the opportunity to speak on behalf of the Legion and urged lawmakers to consider revising sections of H.R. 4782 to prevent any negative impact the legislation may have upon the veteran community. Refer to <http://www.legion.org/legislative/testimony/232408/pending-veterans-affairs-legislation> to read the Legion's written statement in its entirety. [Source: American Legion | Online | April 21, 2016 ++]

## **TRICARE Urgent Care Update**

### ***Non-referral Visits Could Increase***

The U.S. Defense Department's Tricare program may increase over time the number of urgent care visits some beneficiaries can access without a referral, officials said. Starting 23 MAY, users of the health care program under the active-duty and retiree Prime plans, as well as Tricare Prime Remote and Tricare Young Adult users, will be able to access two urgent care visits per person every year without first receiving authorization from a provider or Tricare nurse advice line. The change is part of a three year pilot program ordered last year by Congress. Those who use urgent care more than twice per year must get pre-approval or pay for the visit out of pocket.

Some potential users have criticized the plan, saying that two non-approved visits per year won't be enough to truly ease the stress seeking a referral can cause. But Tricare officials said they will constantly reevaluate their visit cap, and can expand the program if they see a need. "For the three-year pilot, we do plan to make adjustments on at least an annual basis," Navy Capt. Edward Simmer, a Tricare deputy director, told Military.com in an interview on 20 APR. "So if we see a lot of people are using up their two visits early in the year, we're going to adjust that." Simmer said the cap was based off a pilot program run for the Coast Guard in the south region that ended last May. Users in that trial were permitted four non-referral urgent care visits a year, but less than 5 percent of patients used more than two visits, he said. As that test was wrapping-up, Congress worked to include the new pilot program in legislation for 2016.

Absent of that order, Simmer said, the system would still likely have run the upcoming test. "I think it does make sense now to test this on a much larger scale," he said. "Let's learn how it's going to work best." Patients are still encouraged to call the Tricare nurse advice line to seek authorization when they can in an effort to help them understand whether or not they actually need urgent care. If they receive pre-approval to visit and urgent care, their visit will not be counted against their allotment. Officials said the regional contractors, which will manage each person's urgent care use, have been instructed to develop a system that can match urgent care use to a database tracking who has received referrals and who has not. To receive a urgent care referral, users who are seen in military treatment facilities must call the Tricare nurse advice line. Those seen by civilian providers must receive a referral from their primary care provider. Urgent cares used under both the referral and non-referral program must be Tricare authorized.

At <http://www.tricare.mil/ContactUs/CallUs/NAL.aspx> you can obtain more information about the Nurse Advice Lin. To access the NAL dial 1-800-TRICARE (874-2273) and select option 1. [Source: Military.com | Amy Bushatz | April 20, 2016 ++]