

Comments Submitted by the Stop VA Privatization Work Group of Veterans for Peace

On the VA's Proposed Regulations to Implement the MISSION Act AQ46

Compiled by Buzz Davis, VFP, as of 3-18-19

To implement the 2018 VA MISSION Act, the VA proposed new **access regulations** outlining when veterans can seek healthcare in the private sector. These regulations are deeply troubling because they will channel millions of veterans to private sector providers where they will face long waits for healthcare that is of lower quality and at higher costs than that delivered by the VHA.

**We urge YOU to submit your comments
before the 3-25-19 midnight deadline at:**

<https://www.regulations.gov/document?D=VA-2019-VHA-0008-0001>

**Please skim the comments submitted below,
then submit YOURS and email Davis a copy!**

Cara Bissell, U.S. Army, Pres. VFP Chap. 13, Tucson, AZ, cabissell@fastmail.fm 3-17-19 COMMENT SUBMITTED:

In January of 2019 on a routine medical examination, it was suggested that I have a sleep apnea study. I was told that I may have the study done outside the SAVAHCS as an appointment would not be available at SAVHCS until May. To me, while feeling too tired sometimes, it is not a major problem. Thus, I am waiting for the SAVAHCS to be available. The point is services at SAVAHCS are wonderful, I want to keep SAVAHCS well-staffed and equipped with cutting edge technology. SAVAHCS is a good example of "Single Payer Health Care" which can and should be expanded if not to the entire population of the United States, at least for the rest of the military system! Considering wait time and distances to travel in the private sector, the VA generally needs to come up to SAVAHCS standards even though SAVAHCS can still (as any entity) improve.

Harvey Bennett, VFP Nashville, TN, bennethe2@gmail.com 3-18-19 COMMENT SUBMITTED:

As a Vietnam Veteran and a United States citizen, I urgently call for the retraction of Proposed Federal Regulation AQ46 VA on Access Standards for the new Community Care Program and for new rules to be drafted with substantive input from Congress and Veterans Service Organizations.

My objections are based on the following concerns:

I believe the proposed regulation AQ46, like the VA Mission Act itself, places the health of our veterans in jeopardy by greatly expanding use of private sector entities to make up for inadequate funding of VA services necessary to meet the needs of veterans.

Whether structured as for-profit or "non-profit", these are businesses which view healthcare as a commodity. As such, non-VA provider practices can be counted on to agree to provide care only if the terms are favorable to their bottom line.

Inherent conflicts of interest abound in private sector care as regards use of diagnostic imaging, referral decisions and up-coding to name but a few.

The proposal as written fails to require Community Care providers to meet the same standards of training, competency, or experience with regard to the unique health problems and concerns of veterans.

Although the VHA is tasked with coordinating and monitoring the availability, appropriateness and quality of care provided by innumerable private sector organizations and providers, no additional funding is provided for this daunting administrative burden.

Non-VA provider eligibility standards are vague and rely on "contracts, agreements or arrangements" but obligations under said agreements are not specified in terms of mandated reporting requirements or oversight even though the VA is ultimately responsible for determining that services are medically necessary.

Studies by the RAND corporation and other research and surveys have found that VHA care is generally superior to private sector care for the most common and most consequential health problems of veterans. In studies of mental health services, fewer than 10% of private sector providers were found to be qualified to care for veterans' unique mental health needs.

VA Secretary Wilkie has stated that veterans are highly satisfied with their VA care with 87% of those surveyed indicating they prefer to continue receiving their care from the VA.

It would make sense to expand access to this preferred source of care by funding and staffing VA health services to meet the needs of our veterans.

The ongoing crisis of veteran suicide can only be expected to worsen as more veterans seek non-VA care where mental health risk awareness is less acute and suicide prevention programs are non-existent.

As VA patient census numbers continue to decline, VA hospitals and clinics will come under the critical scrutiny of the Mission Act's Commission on External Assets. This Commission, appointed by the President with no congressional review, is empowered to close VA facilities for reasons including 'under-utilization', with no appeal process.

I fear the ultimate scenario will most likely be a VHA which is merely a funding source for veterans who will be left to navigate the labyrinthine nightmare of our dysfunctional profit-driven non-system which consistently ranks highest in cost and worst in outcomes among modern economies.

John Spitzberg, U.S. Army & Air Force, VFP Alaska, jspitzb227@aol.com 3-18-19 FIRST COMMENT SUBMITTED:

My name is John Spitzberg, PO Box 471, Willow, Alaska. I am 80 years old and am considered a 60% service connected disabled veteran. Please do not remove the Federal Government from being responsible for my care. Do not privatize my health care in any way. I live in rural Alaska and am content with my care as is. That is, I have a primary care physician in Wasilla, Alaska and often must go to a specialist which does not exist in the VA facility in Anchorage, Alaska.

I am convinced that were veterans to become controlled by private enterprise where profit is God, all of us would be considered commodities and lose our identity as human beings. I do not wish to be dealt with as a product where my health is weighed by cost overheads, expenditures and profitability. Approximately 40% of the Veterans served by the Veterans Administration Healthcare Service are rural residents. The current CHOICE program works for me and although it must be tweaked from time to time, I am satisfied because the Government controls what happens. I don't want supply-demand or greed to become the voice which determines my healthcare.

What I want is that the Congress fully funds the VA. I want the government to augment their staff with people who understand the unique needs of male and female veterans. I recommend that the Government school perspective medical doctors, nurses, technologists and others and expect them to serve the VA's for four or five years. Allow those who are trained by the Government Medical School to pay off their schooling by time served in VA hospitals, clinics, and facilities which are remote. This plan is similar to how the active duty medical personnel are dealt with.

The new Act which Congress is contemplating is going to mean eventual private enterprise control of our Veterans. I do not wish to become part of a business "deal". The VA deals with issues seldom seen in private practice such as military sexual assault, PTSD, TID, Agent Orange issues, etc. Veteran Centers run by the VA and other government agencies are indispensable and would lose their charters were the new Act to become reality, I fear. WE hear that Veterans are the reason that the United States is a free country and if this is not merely lip service, then do not throw us to the private corporations who would simply consider us as products to be placed on Walmart like shelves. John Spitzberg, Major, USAF Reserve

John Spitzberg, U.S. Army & Air Force, VFP Alaska, jspitzb227@aol.com 3-18-19 SECOND COMMENT SUBMITTED:

To barrage Veterans with language which is for attorneys to interpret and think that you are doing a service for us is ludicrous. I live in Alaska in a relatively rural area.

What I wish to know in laymen's terminology is what are the differences between CHOICE and Community Care. There has been no attempt to communicate successfully with the average Veteran and I am proudly one of them.

I want to know how my healthcare will differ because of this massive change rule. I want to be assured that this is not a prelude to privatization and the destruction of the Veterans Administration Healthcare System which I have now. I am 60% service connected and if I were trying to take advantage of the system could be rated higher. I simply want to make sure that the Federal Government continues to control, administer and promote my health care!!

Do not promote the destruction of the Veterans Administration Healthcare System. I am 80 yrs. old and have seen the VA grow into a mature and patient care organization. My first experience was in a VA facility with cock roaches on the walls and no nurses in a ward for old men dying alone. That does not exist any longer and over the years I am proud to say that my problems have been seriously attended to with professionalism, supportive and in many situations loving care. Fund the VA, use creative ways to bring medical professionals into the VA.

Do not use this change as a way to make disabled and other veterans products to be manipulated by greedy businessmen and women in their quest for profit. DO NOT PRIVATIZE THE VA!! Do not whittle away the very essence of this program which is an unwritten contract between the US Government and its Veterans to care for them after they complete their military service. This is what I have to say.... Again no privatization of the healthcare services to veterans. If private services are needed in rural areas because the VA does not have specialists, the VA needs to continue to

administer the program and make sure that the private medical services adhere to strict guidelines. Living in a rural area means that I may have medical care by private doctors, but the VA must continue to be the umbrella which controls what private medicine does. This is my opinion. NO PRIVATIZATION!!!

Kay Davis, Assoc. Members VFP, Chap. 13, Tucson, dkaydavis@sbcglobal.net 3-18-19 COMMENT SUBMITTED:

My husband is a disabled veteran who receives quality care at the VA Hospital in Tucson, AZ. That occurs because it is a fully integrated health system that has quality staff who understand and treat the complex issues of veterans. Plus its impact on my health care as well as all Americans is significant - it trains 70% of health care professionals and is a research powerhouse that conducts evidence-based research that reaches beyond veterans.

I urge you to delay the June implementation of the regulations and modify those that adversely impact veterans.

I am concerned about two issues or threats to the current high quality VA healthcare system that are included in the proposed regulations. I recommend a remedy for each.

(a) Issue: In the Veterans Community Choice Program (VCCP) private sector providers are not held to the same rigorous quality standards that make veterans healthcare superior to that in the private sector. Under these regulations veterans will be sent to private sector providers who may know little about veterans' complex issues including PTSD, sexual trauma, Agent Orange or burn pit related conditions.

Remedy: The credentials, training, competency and performance standards that the VHA requires of its own clinicians should be the benchmark for private providers seeking a contract.

(b) Issue: Outsourcing VA healthcare to the private sector will deplete the VHA budgets. Without specific funding to pay for this care (which the Administration says it will not seek), every dollar for private contractors will come out of the existing VHA budget which will negatively impact the quality care that my husband is now receiving. It will starve the current quality VA health care system.

Remedy: Funding for VCCP must be paid for separately and not from the VHA's budget, facilities or programs.

Sharon Jenika VFP Chap. 72, Portland, OR, jenika5525@comcast.net 3-10-19 COMMENT SUBMITTED:

Veterans have had the option of receiving care outside of the VA if their VA was outside of a radius of certain miles so why is the Community Care Program different? To me, this proposal is nothing new unless the devil is in the many details, some of which are not accessible via this document.

What IS new is not funding the VA properly so that veterans HAVE to be referred out - more and more. My last four surgeries were outside the VA. The last reason was that "We have no sterilizers and only emergency operations are being performed."

I guess my cataract surgeries were not "emergencies." but I would like to safely see.

They are not addressing the main problem here which is the government (TRUMP) not properly funding the VA. What's going on with this sidestepping? Just fund the VA and let the veterans be treated by doctors familiar with the system and the history of the patient. We have a good track record.

Do not ruin a good thing! Corporate entities be damned! WE are the veterans who gave to their country and earned a right to be treated at a Veteran's Hospital - not an outside hospital. They already have enough patients. Why bloat the already bloated?

Thomas Bauch, VFP Chap 27 Mpls., MN tfbauchmw@yahoo.com 3-13-19 COMMENT SUBMITTED:

The Mission Act is simply a way to gradually dismantle the VA medical system and privatize it to allow corporations to profit off the backs of veterans. Track No. 1k3-98re-ceqk

Diane Reppun, Retired U.S. Army LTC, Iraq, __, ID, dianereppun@gmail.com 3-9-19 COMMENT SUBMITTED:

I contracted asthma in Iraq. If I have to go to a local clinic more than the number of free times, why should I have to pay for treatment, ever! You are also going to take all this money from my VHA, which I love, and force me to use private care

more. As a reservist for 20 years I had private healthcare. You are mistaken if you think they provide better or faster care. Obviously you have never had to wait for months just to get into a private clinic. I had to be sent out to private care via the choice program and the first appointment was OK but then it was 90 days for the follow after another 90 day wait for the tests. I want the VHA to be strengthened, not cut up and outsourced.

Jeff Roy, VFP, Vietnam Combat Veteran, St. Louis Park, MN royjeff48@gmail.com 2-27-19 COMMENT SUBMITTED:

On January 28th, Democratic Senator Jon Tester, Minority Leader of the Senate Committee on Veteran Affairs and 28 other Democrats sent a letter to VA Secretary Wilkie stating their disappointment with his lack of consultation with Congress.

It questioned his lack of transparency in creating the recently proposed rules for veterans to access for-profit Non-VA health care, and whether the rules will be truly compatible with the intent of the new Veterans Community Care program passed by Congress. The letter also stated: "Given that the administration opposes increasing overall federal spending [*including for the VA... emphasis added*], these increased costs for community care will likely come at the expense of VA's direct system of care. And that is something we cannot support."

Then, on January 30th, VA Secretary Wilkie announced the proposed rules, that will determine how veterans gain access to this private-providers network. His plan is to base access on both "wait times" for appointments and on "drive times" to VA facilities. According to Suzanne Gordon of the Veterans Health Policy Institute (VHPI): "*... According to internal VA estimates, the rule change could channel up to 63 percent of [VA] patients into the private sector. What's worse, every dollar spent on outsourcing would come out of the [VA] medical care budget. This could quickly drain resources from [VA] facilities and programs, which are already understaffed and over-stretched.*"

In my opinion, the 2018 MISSION Act was sold to the public, and most veterans groups, as a better way to give greater health care access to veterans who don't live close to VA hospitals or clinics ...*but at the expense of VA-based care.* Theoretically, greater access should be good for veterans! But access to "for-profit" health care networks does not automatically mean veterans will receive the same high quality care that the VA provides. Multiple studies (e.g. William B. Weeks, Dec. 2018, *Annals of Internal Medicine*) show that "for-profit" care is **at best** only equal to VA care, but often of lesser quality.

Even Secretary Wilkie, citing several academic studies, has stated that: "*Since 2014, the number of annual appointments for VA care is up by 3.4 million, with over 58 million appointments in fiscal year 2018. Simply put, more veterans are choosing to receive their health care at VA. Patients' trust in VA care has skyrocketed – currently at 87.7 percent– and VA wait times are shorter than those in the private sector in primary care and two of three specialty care areas.*"

Now, given this stellar characterization of VA health care, you *would think* Secretary Wilkie would call for expanding the VA and for greater funding and staffing of the VA nationally to resolve issues of both veteran travel and wait times. But, in contradiction to his cited studies, he calls for more private-sector health care for veterans.

I have many concerns about these rules, including: *Will the VA establish standards of credentials, training and competence for private-sector Veteran Community Health Care equal to that required of VA doctors, nurses and staff?*

I call for amending the 2018 MISSION Act as follows:

- Fund the VA MISSION Act so that Veteran Community Health Care - provider funding does not 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 to primary and specialty care at VA facilities.
- Ensure that the proposed rules require these private sector providers deliver the same high level of care and staff credentialing as the VA.
- Require that these private sector providers must 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).
- Require that these private sector providers *always* submit thorough documentation (not just invoices) to the appropriate VA facility / VA medical staff regarding the care delivered to the veterans. And, if these providers fail to meet this obligation, the VA must withhold payment from them.
- That if these private sector providers cannot provide comparable or better care than the VA, they should not be offered as an option to veterans, regardless of the drive time or distance from a VA facility.
- That VA and Medicare websites must include options to search for healthcare providers based on their proficiency in treating specific medical conditions like PTSD and TBI. Private sector providers would only be added to this website if they are qualified to care for patients with PTSD, TBI, and other veteran-related medical conditions.

Robert Anderson, Ph. D., VFP, Albuquerque, NM, citizen@comcast.net 3-8-19 COMMENT SUBMITTED:

I am a Vietnam War combat veteran and have used the VA medical care system for nearly 30 years now and know many other Vietnam veterans who have live in rural areas, like my brother for instance who have used the VA medical care system. I have had the best of care from the VAMC locally and in other locations and have had no real serious problems that could not be cleared up with feedback. My rural friends have also never expressed any problems with the previous system. When it was necessary they were sent to private sector medical services.

In fact the doctors at the VA who have had a lot of experience with veteran's problems spotted right off my prostate cancer and later cardiac problems. These good doctors and staff saved my life several times. They are all gone now due to the cuts in the budget and what they considered unnecessary oversight in authorizing care as the cuts in funding caused problems. These docs in my opinion were more like artists in finding solutions and are hard to find.

The recent x years of cut backs have created problems now with wait times and some lack of clinics. This problem is tied to cuts in the budget of the VA by Congress and creating more outside medical services for the veterans health care is not only unnecessary but will further destroy the ability of the VA to meet our needs. It is clear these outside services are to be funded by depleting the main VA budget.

I live within walking distance of my VAMC and in 2014 was immediately issued a Choice card when they came out although there was no problem with access for me. This told me right off that something larger was going on. I now see what is happening is a larger, rapid plan to make the VA dysfunctional to the point it has to be closed and veterans sent into the private sector for health care under what will become an insurance like plan. I totally oppose this direction and find these new rules unproductive to our veterans' needs.

Jay Jay Ferrari, VFP NY, ruralrenscy@gmail.com 3-7-19 COMMENT SUBMITTED:

The Veterans Community Care Program is being pushed ahead by the Veterans Administration without any concerns for the veteran. The VHA has set high standards that it tries to adhere to and for the most part successfully. With the implementation of this program, those standards are non-existent. The VCCP isn't required to apply the same standards that the VHA has. Then there is the issue of credentials - are the private providers have the same training, competence, and quality that the VHA has? The VA projects that it will cost \$17 billion over 5 years to implement this program, where is the money coming from, the VHA?

It's easy to see thru this thin veneer what is transpiring, Privatization. There is nothing in this program that helps the veteran. This should be discarded immediately before it throws veterans into a hodgepodge of ill-informed health care providers, as done in studies performed by the Rand and MITRE corporations.

Sharon Jenika, VFP Chap. 72, Portland, OR, jenika5525@comcast.net 3-7-19 Letter to Editor

Oregonian: Letters to the Editor/ AN OPEN LETTER TO CONGRESS."

Dear Sir:

I have written to both my senators, Wyden and Merkley and, in a follow up letter to both, asked that my letter be read as an "open letter" to Congress in hopes they will realize that myself and millions of veterans and their families just want the VA to be properly funded and not privatized.

Dear Senator Merkley,

I am a veteran and my last four surgeries were outsourced to the private sector. In 2012, a TKR, (total knee replacement) was botched by an elderly surgeon at a reputable hospital, who should have retired years ago. It left me in chronic pain with both knees. So outsourcing is not about quality of care nor speed of delivery.

The reason given for outsourcing my recent cataract procedure was that the VA did not receive the FUNDING for do my surgeries at the VA, saying, "We have no sterilizers and only emergency surgeries are being done."

The issue is not only about "timely care." The VA is not receiving proper funding to do it's job for her veterans and are forced to outsource. It already is a "slippery slope" that has been going on for many, many years. This is by design in order for corporations to get their hands on the VA money pool. The VA is already diminished by this so-called "get timely care" by not being adequately funded in order to GIVE timely care and thereby forcing the veterans to be outsourced to private care at a much higher cost to taxpayers, and with mixed results.

JUST PROPERLY FUND THE VA - that is the only answer. Trump is doing the opposite in shifting taxpayer's monies to large corporations and using veterans as movable bait.

Sincerely, S. Jenika, Past president, Veterans for Peace,

Victor Madeja, VFP, PA, victormadeja@yahoo.com 3-6-19 COMMENT SUBMITTED:

The Mission Act regulations appear to undermine the current VA Health System because VA appropriated funding would be paid to the private care sector. This would require existing VA services to be underfunded. Insurance companies, the pharmaceutical industry, and profit-based hospitals naturally seek to take money from the government so they will lobby to get the VA's "business" but are likely to treat veterans more like \$ customers rather than as patients. Keep in mind risk in terms of the suicide rate! Co-pays and inadequate staffing are likely to drive veterans away from the VA medical centers, which is part of the self-fulfilling prophecy for the privatization hoax. That kind of shift will send the VA into a downward spiral because private sector medical services are generally more expensive and often take longer to deliver. That's because the needs of veterans differ from those of the general population, so there would likely be a learning curve in terms of those needs and creating the necessary records system. If VA medical services are not be ideally located to be easily accessible, that could be addressed by relocating VA clinics to keep up with population shifts (maybe assure at least one hospital per Congressional District). The VA works well if it is fully staffed.

If anything there needs to be more urgent care walk-in clinics and staff. For example, only about 8 out of existing 20 million veterans use the current VHA system. Given an average family size of 2.5 members that means about 50 million, most of whom are eligible voters. Rather than cutting funds it would be politically smarter to expand care to all those 50 million who currently lack medical insurance. Over 70% of Americans want single-payer coverage, this could be a good start.

Harvey Bennett, VFP, Nashville, TN bennethe2@gmail.com 3-3-19 COMMENT SUBMITTED:

I strongly oppose Proposed Rule AQ-47 requiring co-payments from service-connected veterans utilizing urgent care facilities.

This is a betrayal of our nation's sacred trust to care for those who have fought our wars.

We have failed to adequately fund VA health care to meet the needs of our veterans and now you want to punish them further.

In my state of Tennessee there are over 25,000 uninsured veterans, many of whom live in rural areas. Due to Tennessee's failure to expand Medicaid, twelve rural hospitals have closed in the past three years and more will soon follow.

The loss of VA funding to support increased use of private sector services and administer the VA Mission Act will only exacerbate the burden of co-pays for urgent care.

Andy Berman, VFP, terryandy87@gmail.com 2-28-19 COMMENT SUBMITTED:

Implementing the VA MISSION ACT primarily as a means to provide medical care to veterans who reside beyond an arbitrary threshold distance from an existing medical facility or who are unable to schedule an appointment there within a threshold period of time are not valid justifications for undermining the explicit capabilities of the existing Veterans Administration to provide its unique specialized care to the American veteran population. Travel and wait time are important considerations and criteria, but problems in these areas care be resolved without denying to many veterans the excellence and unique holistic care that the VA alone provides.

Easier geographic access considerations in the medical world alone are hardly justification for accepting a lower standard of care. Royalty literally from around the world come to the Mayo Clinic in rural Minnesota because they know that there they will receive absolutely top-notch medical care.

Our veteran population deserves the high quality of care that the VA provides with outcomes that are measurably superior to much of the private sector medical care in our nation. Improved access must never entail a degradation in quality of care. By this measure the VA has a solid proven record of superior performance.

No private sector medical facility should receive government funding for the care of American veterans until it demonstrates evidence that it can provide the comparable level of successful outcomes that VA medical facilities have achieved. No private sector medical facility should receive government funding for the care of American veterans unless it can demonstrate expertise in the illnesses that are more common and pronounced in the American veteran population than the population at large. These include post-traumatic stress disorder, traumatic brain injury and military sexual trauma.

The financial payments made by to veterans who receive care at private sector facilities with government funding must not exceed the cost in co-pays that VA facilities charge. The VA makes admirable effort to provide the same level of care to veterans without regard to their financial circumstances. This fundamental ethic must be upheld in any private sector facility serving American veterans who would otherwise be served at the VA.

Ultimately it is absolutely imperative that the VA set and enforce the professional standards in all aspects for private-sector facilities and personnel that seek to serve veterans who would otherwise be served at VA facilities. These professional standards must match those enforced at VA facilities.

Any program that sends veterans to the private sector must not compromise the care that is provided at VA facilities nor degrade the funding of them.

On a personal level, I can attest to the very high quality of care that I have received at the VA for a variety of ailments requiring the care of medical specialists in several different fields over a number of years. The treatment outcomes have been excellent. On the one occasion that I was outsourced to a private facility, the outcome was less than satisfactory. The holistic approach, the veteran-centric approach that I know so well at the VA simply wasn't there.

Michael Orange, VFP, St. Paul, MN, USMC, Vietnam 1969-1970, 2-23-19 orange_michael@msn.com COMMENT SUBMITTED:

I have serious concerns about the proposed Mission Act both as a combat veteran who uses the VA Medical Center in Minneapolis, and as a citizen apprehensive about the Act's effects on all veterans and the national deficit.

While the spin behind the Mission Act is about improving health care access for eligible veterans who live far from VA services or have long wait times, I believe the true motivation is a power grab, or a better term is a patient grab. I believe the regulations respond to the greed of the private medical and pharmaceutical industries, funded by the likes of the Koch Brothers and rationalized by their AstroTurf group, the Concerned Veterans for America. I fear this is a zero-sum situation where the more expensive and less qualified private medical industry and Big Pharma will drain the already underfunded VA medical system even further. The result will be reduced care for veterans and an even larger federal deficit, which is dangerously bloated due to the Republican's 2018 tax giveaway to their wealthy donors.

Rather than comment on the numerous problems I see with the Act, I will focus on one specific concern: drive-time standards. The Act sets a 30-minute average drive time standard for primary care, mental health, and non-institutional extended care services. We have an outstanding VA Medical Facility right here in Minneapolis. But, as is common in most metropolitan areas, it can take a lot more than 30 minutes for people living in the Twin Cities to get there. This very short standard could steer thousands of vets to go to private facilities here in the Twin Cities, and many times that number nationally. The Act should keep the standard at the current Veterans Choice limit of 40 miles.

Similarly, the Act sets a 60-minute average drive time for specialty care. Even though the world famous Mayo Clinic is 90-120 minutes away for residents of the Twin Cities, and even longer during rush hour, people regularly seek specialty care there without undue travel-time hardship. Again, the current Veterans Choice limit of 40 miles is appropriate.

I'm not the only one concerned about this patient grab. Disabled American Veterans, Veterans of Foreign Wars, and Paralyzed Veterans of America warned that the Act's obsession with drive and wait times threatens the individual needs of veterans and the VA medical system.

Comment from George Meyer 3-3-19 geowmeyer@icloud.com COMMENT SUBMITTED:

The govt has already destroyed the wonderful military healthcare system when they shifted most healthcare for retirees away from the medical centers and shot down the Air Evac system in the US.