Help Establish Access to Local Timely Healthcare for Your Vets (Health Vets) Act of 2007
H.R. 315
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Introduction

Providing quality, cost effective care is the goal of the Veterans Administration's health care system, but health care is not available to all veterans due to a myriad of factors, primarily barriers to access. Accessibility to VA health care benefits varies depending on locale. Many veterans reside in rural locations, often hours from the nearest VA hospital or Community-based Outpatient Clinic (CBOC). We are currently in a major overseas conflict, and wounded soldiers are returning with injuries so severe that they require months if not years of rehabilitation. Unfortunately, when many veterans are released from the hospital, they return to their home communities only to continue to be plagued with health problems that require regular visits to a VA health system clinic that is neither near nor convenient to the veteran.

Intent of the Bill

Although the Veterans Administration can contract with community-based physicians to provide care to veterans, it rarely does so. The Help Establish Access to Local Timely Healthcare for Your Vets (Health Vets) Act of 2007 (H.R. 315) would force the VA to contract with individual physicians, hospitals, and durable medical goods suppliers, should the veteran fit a specific set of criteria based on distance to the nearest VA hospital or CBOC.¹

Need for Health Care Increases

With improvements in military uniforms, specifically body armor, troops are dying at a dramatically decreased rate from their wounds in Iraq (9%) as compared to World War II (30%) and the Vietnam War (24%).² Because the military death rate has decreased dramatically, the number of returning injured military troops has surged.

In addition, the injured troops returning from Iraq are often more seriously injured than in previous military conflicts. Traumatic Brain Injury (TBI) will most likely become the signature wound of the Afghanistan and Iraqi wars.³

In addition to Traumatic Brain Injury, Post Traumatic Stress Disorder (PTSD), the signature wound of the Vietnam War, and other mental illnesses, are reemerging as leading diagnoses in returning troops. One in three soldiers returning from war will develop PTSD or comparable mental health issues such as depression or anxiety.⁴ Currently, no rural outreach programs exist to assist the 30% of rural veterans who have PTSD.

To further illustrate the mental health problems of returning war veterans, soldiers who have served in Iraq are committing suicide at a rate of 17.3/100,000 as compared to the US civilian rate of 10.7/100,000.⁵ Mental health issues will continue to be a major concern of the VA health care system as the troops return home to their rural communities.

Stakeholders

American Legion “it is in the best interest of veterans residing in highly rural areas that local care be made available to them.”⁶ Veterans of Foreign Wars (VFW) has concern about contracting but concerns are outweighed by the potential benefits to rural veterans.⁷

US Department of Veterans Affairs believes the bill would create obstacles to further expansion of VA strategic plans.

Paralyzed Veterans of America (PVA) is concerned the bill would threaten the long-term viability of the VA health care system.

Vietnam Veterans of America states the bill would add “bureaucratic clutter.”

Disabled American Veterans do not support mandatory funding for private providers to care for veterans.

Conclusions

H.R. 315 addresses the issue of accessibility; however, unintended consequences are probable if this legislation is passed. Several veterans’ rights groups insist that H.R. 315 would further endanger the quality of care veterans receive, as funding priorities will have to be reorganized to accommodate the influx of new veterans into the VA healthcare system. In addition to the cost burden H.R. 315 will place on the VA healthcare system, the administrative task of negotiating contracts with individual physicians and hospitals throughout the United States is significant. This will add another layer to the bureaucracy of the VA, which is already overwhelmed with controversy over efficiency and quality, as highlighted by the recent scandalous headlines about conditions at Walter Reed Army hospital.

Unless new revenue streams for funding this dramatic increase in accessibility to US veterans occurs, there will be a significant budget deficit in veterans’ healthcare and quality indicators will decrease.

Until H.R. 315 can be revised to include a dedicated funding stream, the future is bleak for H.R. 315 and the bill should be voted down.

References