

Expand VA Health Care for Veterans and Their Families

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The motto for the Department of Veterans Affairs (VA) greets people entering the Washington, DC building:

*"To care for him who shall have borne the battle
and for his widow, and his orphan."*

These words were originally spoken by Abraham Lincoln in his 1865 second inaugural address as the Civil War was coming to a close. The VA adopted this as its motto in 1959.

Despite these words, many veterans and their families do not receive care at VA health care facilities. This policy brief discusses the limitations and challenges of VA health care eligibility policies, and recommends expanding coverage to all veterans and extending VA health care services to their family members. This topic stems from the Center for Health Innovation & Policy Sciences' inaugural Health Policy Symposium held on March 21, 2019, "The Future of the VA: Privatization or the Model for a U.S. Single Payer System," during which panelists and the audience conveyed the importance of maintaining and strengthening the VA health care system.

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The Center for Health Innovation & Policy Science (CHIPS) is an interdisciplinary research center that works to improve health across communities and the lifespan—through innovation, evaluation, and training in health policy and health systems science.

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Care Needed by Veterans is Specialized

The Veterans Health Administration manages the VA health care system and operates facilities across the country to meet the needs of enrolled veterans. Individuals apply for health care benefits in-person, online, by mail or by phone. Veterans approved for health care benefits are eligible to access services from VA health care systems, medical centers, and outpatient clinics. Enrolled veterans receive a standard medical benefits package that includes inpatient care, outpatient care, and prescription drugs. Copayments are required for medical services and outpatient medications related to the treatment of a nonservice-connected condition. The VA bills private health insurers for care provided to veterans for their nonservice-connected conditions.

Among the highly specialized, Veterans-focused services available within the VA health care system are treatment for military exposures, traumatic brain injury, spinal cord injury, and post-traumatic stress disorder (PTSD). Due to the frequency of these conditions in their patient population, VA medical providers are experts at meeting these needs in their patients.

Only half of the estimated 18 million veterans in our country are enrolled in VA services and only two-thirds of those receive VA health care. Some veterans are enrolled but do not receive services in a given year and may be seeking care outside of the VA system under another payer, such as private insurance, Medicare, Medicaid, or TRICARE.

Eligibility Restrictions Limit Veterans' Access to Health Care

Depending on Congressional appropriations for VA health care and depending on the demand for VA health care services, the VA restricts eligibility to certain groups of veterans at a given time. Eight groupings based on disability, income, and special status (prisoner of war or post-9/11 combat veteran) make eligibility requirements complicated. VA health services are prioritized to "service-connected veterans" who were injured or became ill serving their country. Enrollee eligibility includes individuals from the following priority (P) categories:

- P1-P3: Veterans with service-connected disabilities, prisoners of war, or those awarded certain honors (4.4 million)
- P4-P6: Veterans who are housebound, have lower incomes, or are part of a special population (2.6 million)
- P7-P8: Higher-income veterans with no service-connected disabilities (2.1 million).¹

VA HEALTH CARE

ENROLLMENT AND UTILIZATION STATISTICS

18.2 million

Estimated Veterans in the USA [1]



9.1 million

Enrolled in VA Health Care [2]



6.3 million

Unique Patient Visits [3]



THE FACTS:

- Only 50% of US Veterans have VA Health Care
- Even less, ~34% total US Veteran population are patients and utilize health care services



Sources

- [1] US Census Bureau Accessed from: https://factfinder.census.gov/servlet/tables?_lang=en&_ss=1&_ds=1&_tid=1001&_cid=1001&_all_geo_types=N
- [2] VA Benefits and Health Care Utilization Accessed from <https://www.va.gov/vetdata/docs/packetcards/tu2019q2.pdf>
- [3] VA Benefits and Health Care Utilization Accessed from <https://www.va.gov/vetdata/docs/packetcards/tu2019q2.pdf>

The Veteran Population is Changing

The number of veterans was projected to decrease 19% between 2014 and 2024, assuming no major policy changes or additional large-scale conflicts, while the median age of the population increases. The demand for VA services is projected to outpace supply through this year, but is expected to level off or decline moving forward. The outlook could change as the United States continues to engage in military conflict on many continents, although increasing use of private military contractors means many who fight are not eligible for VA services.

The veteran population is becoming more geographically concentrated and is expected to shift to the South and West, reducing the number of veterans in the Northeast and upper Midwest.²

The demographic profile of veterans is also changing. Although today only 9% of veterans are women, the share of female veterans is expected to double by 2045. The veteran population is also expected to become slightly younger by 2045, with 33% of veterans younger than 50.⁴ More female veterans are receiving VA health care; from 2005 to 2015, the number of female veterans using VA health care increased 46% and has tripled since 2000.⁵ Due to this growing trend, women's health care services have been of particular focus at the VA in recent decades. Now every VA health system has a full-time Women's Veterans Program Manager to advocate for women veterans and Women's Health Primary Care Providers are available at nearly every site of care, including most community-based outpatient clinics. More work is underway to notify women veterans about the availability of VA health care services, improve access and ensure the comfort of female veterans seeking care at the VA.

VA Faces Capacity Constraints

Capacity varies within the VA health care system. Available services and wait times vary among locations. One recent analysis found overall new appointment wait times in the VA were shorter than in the private sector in FY2017, including the specialties of primary care, cardiology, and dermatology.⁶ Nearly all veterans live within 40 miles' driving distance of a VA health care facility, though far fewer (26%) live within 40 miles' driving distance of a VA medical center with full specialty care.² Veterans can seek health care from private providers ("community care") under certain conditions, including new access standards resulting from the MISSION Act of 2018.⁷

50% of veterans live in the top 10 states. Veterans are moving to the West and South.

Rank	2017	2027	2037
1	California	Texas	Texas
2	Texas	California	Florida
3	Florida	Florida	California
4	Pennsylvania	N. Carolina	N. Carolina
5	New York	Virginia	Virginia
6	Ohio	Georgia	Georgia
7	N. Carolina	Pennsylvania	Ohio
8	Virginia	Ohio	Pennsylvania
9	Georgia	New York	Washington
10	Illinois	Washington	New York

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Telehealth is part of the strategy to enhance the access, capacity, and quality of VA health care. In FY2017, 12% of veterans received care via one of three telehealth modalities: clinical video telehealth, home telehealth, or store-and-forward telehealth.⁸ Recent partnerships with a cell phone carrier, a large retail chain, and veterans' service organizations aim to extend telehealth into more communities lacking broadband access.⁹ As more veterans select these newer options and as veterans relocate to certain areas in the country, additional capacity for patient visits is expected within the VA health care system.¹⁰

Options for Family Members are Limited

Few veteran families receive health care services at the VA. Two health coverage programs for veterans and/or their families, allow enrollees to receive care at the VA if space is available:

- TRICARE is a Department of Defense health care program offered to active duty, retired, and Guard/Reserve members and their families. All VA health care facilities serve as TRICARE network providers, allowing TRICARE-covered individuals to receive care on a space available basis.
- The Civilian Health and Medical Program of Veterans Affairs (CHAMPVA), a comprehensive health care program with deductibles and cost-sharing, provides coverage to the dependents and survivors of veterans who died or became permanently and totally disabled due to service-connected injuries. Full-time students are covered until they are 23, but otherwise dependents lose coverage at 18. CHAMPVA recipients can receive care with no cost sharing from their local VA medical center, subject to availability and only if it participates in the CHAMPVA In-house Treatment Initiative (CITI). CITI provides non-Medicare eligible CHAMPVA beneficiaries' access to care in VA facilities after the facility has met the needs of its veteran population.



Key Policy Options

A declining and changing veteran population requires the VA health care system to evolve over the coming decades. The VA provides unique care for veterans, including treatment for spinal cord injury and chemical exposures – needs that are much harder to have met in the private sector. It also provides veterans with a sense of community, which can be extremely valuable for new veterans struggling with physical or mental health conditions.

One way to strengthen the VA health care system is by meeting the needs of more veterans and their families as capacity opens in various regions and facilities. A few different options could be considered:

Fully fund the VA health system to meet the needs of all eligibility groups.

Many veterans are ineligible for VA health services, due to limited Congressional appropriations and subsequent rationing criteria, minimum service requirements, or other-than-honorable discharge status. The VA is an important source of health care for veterans and should be more broadly available.

Allow veterans' family members and currently ineligible veterans to purchase VA care through their health plans in areas where VA hospitals and facilities are underutilized. Some VA facilities are underutilized, and facility closure would harm veterans' access to care. The Commission on Care proposed six possible pilot projects to keep VA facilities open by increasing patient volume.¹⁰ A bipartisan policy task force also endorsed the concept to help keep VA facilities open for veterans.¹¹ If the pilot projects are tested and show promise, replicating and expanding them would be a creative way to help sustain the VA without significant additional cost.

Expand CHAMPVA for dependents up to age 26 to comport with the Affordable Care Act's provisions. The National Defense Authorization Act for FY2011 extended coverage for TRICARE dependents up to age 26, but the legislation did not include CHAMPVA. Subsequent proposed legislation, including the CHAMPVA Children's Care Protection Act of 2019,¹² seeks to expand eligibility for dependents up to age 26, to comport with the Affordable Care Act's provisions. This proposal has been supported by many veterans' groups in recent years.

Expand select services to incorporate or meet the needs of family members.

Veterans returning from active duty have a much higher suicide risk than the general population. Over one-third of all service members returning from combat suffer traumatic brain injury, post-traumatic stress disorder, or depression, and 5% meet criteria for all three diagnoses.¹³ Veterans' families and caregivers could be better incorporated into treatment for behavioral health conditions, to be better equipped to recognize and deal with their symptoms. Research showing the psychological toll of long deployments on family members led the Commission on Care to conclude "there may be circumstances under which it might be argued that VA should afford such family members behavioral health services."¹⁰

Summary

The VA health care system uniquely meets the needs of veterans and should be preserved, but changes in the coming decades will make that more difficult unless substantial changes are made. The VA health care system does not have to limit itself to caring for veterans and already has some experience caring for veterans' families through the TRICARE and CHAMPVA programs. More should be done to explore opportunities to care for veterans' families, but a first step would be to offer care to all veterans. Our country should be honoring the motto of the VA by caring for all the men and women who have served our country and then considering the needs of their widows, orphans, and remaining family members.



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