

June 28, 2017

Honorable Johnny Isakson, Chairman  
Senate Veterans' Affairs Committee  
418 Dirksen Senate Office Building  
Washington, DC 20510

Honorable Phil Roe, M.D., Chairman  
House Veterans' Affairs Committee  
335 Cannon House Office Building  
Washington, DC 20515

Honorable Jon Tester, Ranking Member  
Senate Veterans' Affairs Committee  
825A Hart Senate Office Building  
Washington, DC 20510

Honorable Tim Walz, Ranking Member  
House Veterans' Affairs Committee  
333 Cannon House Office Building  
Washington, DC 20515

Dear Chairmen Isakson and Roe, Ranking Members Tester and Walz:

As leaders of the nation's largest veterans service organizations, and on behalf of our combined five million members and auxiliaries, we write to urge you to expeditiously reach agreement on and advance legislation to ensure continuous access to health care for millions veterans enrolled in the Department of Veterans Affairs (VA) health care system, including care provided through the Choice program. Specifically, we call on you to reach agreement on an emergency appropriation and authorization bill that would address urgent resource shortfalls endangering VA's medical care programs—including Choice, community care and medical services. Further, in order to prevent these problems from recurring in the future, we call on you to equally invest in modernizing and expanding VA's capacity to meet rising demand for care, as well as finally address the glaring inequity in law that prevents thousands of family caregivers from getting the support they need to care for their veterans severely disabled before September 11, 2001.

In recent weeks, VA Secretary David Shulkin has repeatedly made clear in his public statements and congressional testimony that current funding is no longer projected to be adequate to meet the needs of an increasing number of veterans seeking medical treatment directly through the VA system as well as through community care programs, particularly the Choice program. Secretary Shulkin has made clear that rising demand for care by veterans has consumed more VA resources than previously anticipated, threatening the ability of VA to meet all of its obligations to ill and injured veterans both this year and next. Although Public Law 115-26 extended the Choice program beyond its prior sunset date of August 7, 2017, VA now projects it will likely run out of funding prior to the end of fiscal year (FY) 2017 unless additional funding is made available. Further, based on recent utilization trends, VA projects a higher demand for both community care and Choice next year (FY 2018), and anticipates additional funding requirements above the budget request made just weeks earlier. In order to ensure continuation of the Choice program—and absent an infusion of new funding—VA has stated its intention to take extraordinary budget actions, including pulling back unobligated funding from VA medical facilities and utilizing funding in FY 2017 that had been designated as carryover funding for its FY 2018 budget request, thereby further reducing available medical care resources for next year.

Messrs. Chairmen and Ranking Members, our nation has a sacred obligation to ensure the men and women who served and sacrificed to defend our way of life receive timely, high-quality health care through a fully-funded VA health care system, which includes community care or Choice options whenever and wherever necessary. With the Choice program rapidly running out of funds and its successor community care program still many months away, it is imperative that Congress not allow veterans to go without needed care before this transition is completed.

We note that VA's FY 2018 budget submission included a request for \$3.5 billion in mandatory funds to continue the Choice program. In order to meet Congressional PAYGO requirements, VA also included two legislative proposals we vehemently oppose which would cut billions of dollars from veterans disability compensation through changes to Individual Unemployability eligibility and rounding down cost-of-living adjustment (COLA) increases to "pay" for the new Choice funding. We find it absolutely unconscionable to cut benefits for disabled veterans to "pay" for their medical care. Congress imposed these PAYGO rules on itself and Congress has the authority to waive them by designating new funding for the existing Choice program as emergency spending, just as it did when the Choice program was created in 2014 through Public Law 113-146, the Veterans Access, Choice and Accountability Act (VACAA). It is our understanding that the actual need to continue the Choice program for the balance of this year and through the end of FY 2018 is approximately \$4.3 billion.

We remind you that the primary reason the Choice program was created was to address gaps in access due to the lack of clinicians and clinical space necessary to provide timely access to health care for all enrolled veterans. As such, VACAA not only included emergency funding to allow additional access to community care outside VA, it also contained funding to rebuild and expand capacity inside VA. Therefore, we call on you to continue this commitment to strengthen and modernize the VA by providing equal emergency funding to address VA's infrastructure and personnel gaps. There are at least 27 VA health care facility leases awaiting funding in order to be activated. In addition, there are dozens of minor and major construction projects that require billions of dollars in funding to sustain and expand VA's capacity to provide timely care to enrolled veterans. Furthermore, VA has tens of thousands of vacant positions which will require not just funding, but innovative new programs to recruit and retain hard-to-fill clinical positions in many areas of the country. Therefore, we call on you to include an equivalent level of funding—\$4.3 billion—to support VA's internal capacity to deliver care.

Finally, since enactment of the Public Law 111-163 in 2010, which created the Program of Comprehensive Assistance for Family Caregivers (PCAFC), eligibility has been restricted to caregivers of severely disabled veterans injured or made ill on or after September 11, 2001. The clear intention of the law was to initiate this program rapidly for post-9/11 veterans to address their urgent needs, thereafter working to expand the program to meet the critical needs of family caregivers of seriously disabled veterans of all generations as soon as feasible. However seven years later, Congress has yet to begin addressing the blatant unfairness facing caregivers of severely disabled veterans injured prior to September 11, 2001. As Secretary Shulkin and other experts agree, supporting caregivers who allow veterans to remain in their homes will save VA money that would otherwise need to be spent for long term institutional care. Therefore, we call on you to include both authorization and funding to eliminate this indefensible inequity based on existing bipartisan legislation in the Senate (S. 591) and the House (H.R. 1472, H.R. 1802).

While the current funding crisis must be addressed in the short term through emergency funding and authorization, we remain focused on moving beyond the flawed Choice program as soon as practicable. We continue to urge you to work with us, Secretary Shulkin and other critical stakeholders to design and implement a new paradigm for veterans health care built around an integrated network, with a modernized VA serving as the coordinator and primary provider of care, and community providers addressing remaining gaps in access and services. We further urge you to consolidate all community care programs through a single unified discretionary funding source that includes the necessary flexibility and accountability to ensure that VA can deliver the highest quality of care in the most appropriate clinical settings within the network.

Messrs. Chairmen and Ranking Members, we recognize the continuing attention and commitment you have all shown to providing timely and accessible care to our nation's injured and ill veterans, and we hope you will work with us and Secretary Shulkin to address this urgent funding shortfall. America's veterans have earned the right to high-quality, timely and accessible health care. We believe that the comprehensive plan outlined above will ensure our nation continues to meet that sacred obligation and call on you to support it.

Respectfully,



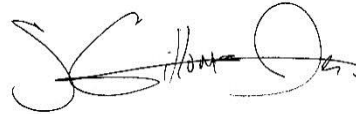
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Washington Headquarters  
DAV (Disabled American Veterans)



Verna L. Jones  
Executive Director  
The American Legion



Robert E. Wallace  
Adjutant General  
Veterans of Foreign Wars  
of the United States



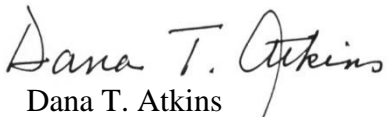
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