



June 23, 2014

The Honorable Bernie Sanders  
Chairman  
Committee on Veterans' Affairs  
United States Senate  
Washington, D.C. 20510

The Honorable Richard Burr  
Ranking Member  
Committee on Veterans' Affairs  
United States Senate  
Washington, D.C. 20510

The Honorable Jeff Miller  
Chairman  
Committee on Veterans' Affairs  
U.S. House of Representatives  
Washington, D.C. 20515

The Honorable Michael Michaud  
Ranking Member  
Committee on Veterans' Affairs  
U.S. House of Representatives  
Washington, D.C. 20515

Dear Chairman Sanders, Chairman Miller, Ranking Member Burr, and Ranking Member Michaud:

On behalf of the American Academy of Family Physicians (AAFP), which represents 115,900 family physicians and medical students across the country, I write to applaud the Senate and the House of Representatives for passing the *Veterans' Access to Care through Choice, Accountability, and Transparency Act* (S. 2450) and the *Veteran Access to Care Act* (HR 4810). These bills address serious challenges that our nation's veterans face in securing access to health care services. We also commend the speed with which Congress has appointed the conference committee. The AAFP now calls on conferees to promptly produce compromise legislation that will prevent veterans from experiencing any further delays in receiving care from the Veterans Health Administration. Furthermore, we call on Congressional leaders to swiftly bring the compromise bill to the Senate and House floors for immediate passage so that these needed reforms may be signed into law and implemented as soon as practicable.

During this conference committee process, the AAFP calls on conferees to address the heightened challenges that many veterans face in accessing primary care. *The New York Times* reports that according to the VA's own data, "the number of primary care visits in the [VA] system rose by 50 percent over the past three years; the number of new nurses and other staff members increased a similar amount, *but the number of full-time primary care doctors rose by only 9 percent.*"<sup>1</sup> Other media reports confirm that the most significant challenges within the VA system are associated with accessing primary care services. This shortage of VA primary care physicians is frequently cited as the principal reason so many

<sup>1</sup> "Veterans Affairs Secretary to Face Senate Questions on Delayed Care," N.Y. Times, May 14, 2014 (emphasis added).

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veterans are facing lengthy delays—in some cases over 100 days—securing an appointment with the VA.

While the challenges associated with the capacity of the VA's employed physician workforce will take time to resolve, the conference committee should use this opportunity to ensure, at a minimum, that veterans have immediate access to a primary care physician—either VA-employed or civilian. While there may be challenges accessing other VA physician and health care services, those appear to be less pressing than those facing the primary care structure. Accordingly, the AAFP recommends that the Conference Committee include the following provisions in the final legislative package:

**1. Authority for the VA to contract with civilian family physicians to provide primary care services to eligible veterans.**

- To ensure adequate access, the VA should be required to reimburse civilian physicians in the same manner as Medicare, *i.e.* the VA would promptly pay clean claims within 30 days.
- The VA should be required to pay family physicians—and other primary-care physicians<sup>2</sup>—at Medicare fee-for-service plus 20 percent as an incentive for civilian family physicians to immediately address the VA's access to care crisis.
- To minimize administrative burden, the VA should utilize Medicare's physician credentialing information for VA contractors and not subject physicians to separate and burdensome credentialing processes; in addition the VA should exempt family physician practices (many of which are small and solo practices) from "federal contractor" obligations, as is the case in Medicare and Medicaid.<sup>3</sup>

**2. A mandate that VA facilities accept all referrals (including for specialist services, diagnostic tests, and drug prescriptions) ordered by contracting civilian physicians.**

- This would encourage veterans to continue to receive as many benefits inside the VA system as practicable, fostering continuity of care provided to veterans, and preventing fragmentation and cost-shifts which could diminish the quality of care and patient experience for many veterans.

**3. Inclusion of participating civilian family physicians providing care to eligible veterans within the protections of the *Federal Tort Claims Act (FTCA)*.**

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<sup>2</sup> The AAFP encourages the conferees to adopt the definition of "primary care physician" used in Medicare. See Social Security Act § 1833(x)(2)(A), which defines primary care physician as an individual who (1) "is a physician who has a primary specialty designation of family medicine, internal medicine, geriatric medicine, or pediatric medicine"; and (2) "for whom primary care services accounted for at least 60 percent of the allowed charges . . . for such physician . . . in a prior period as determined appropriate by the Secretary." The AAFP also encourages the conferees to adopt the definition of "primary care services" used in Medicare. See Social Security Act § 1833(x)(2)(B).

<sup>3</sup> For example affirmative action obligations under E.O. 11246, the Vietnam Era Veterans' Readjustment Assistance Act of 1974, and § 503 of the Rehabilitation Act.

While these policy recommendations are not a panacea to all the challenges facing the VA health system, they do represent an opportunity to quickly alleviate the current backlog and facilitate access to primary care services for thousands of veterans. The AAFP believes that the actions suggested above will restore access to primary care to our war heroes and other veterans. While it may not be appropriate to make these changes on a national scale or permanent basis, the AAFP supports their implementation in those areas of the country facing the most significant primary-care access challenges.

The AAFP stands ready to assist in the development of these or any other policies that will restore access to primary care for our veterans. Additionally, we are prepared to use our available resources to communicate such policy changes to our members and encourage them to assist their nation by providing care to eligible veterans.

We appreciate the opportunity to provide these comments and make ourselves available for any questions you might have. For any questions please contact Government Relations Representatives Teresa Baker ([tbaker@aafp.org](mailto:tbaker@aafp.org)) or Andrew Adair ([aadair@aafp.org](mailto:aadair@aafp.org)). The AAFP's Government Relations Department can also be reached by phone at 202-232-9033.

Sincerely,

A handwritten signature in black ink, appearing to be 'J. Cain', with a long horizontal flourish extending to the right.

Jeffrey J. Cain, MD, FAAFP  
Board Chair

cc: Members of the House-Senate Conference Committee on Veterans Legislation  
Hon. John Boehner, Speaker of the House  
Hon. Harry Reid, Majority Leader, U.S. Senate  
Hon. Nancy Pelosi, Minority Leader, U.S. House of Representatives  
Hon. Mitch McConnell, Minority Leader, U.S. Senate