

December 12, 2012

Robert C. McFetridge Director, Regulation Policy and Management Department of Veterans Affairs 810 Vermont Ave. NW. Room 1068 Washington, DC 20420

Re: Authorization for Non-VA Medical Services (RIN 2900-AO46)

Dear Director McFetridge:

On behalf of the American Academy of Family Physicians (AAFP), which represents more than 105,900 family physicians and medical students nationwide, I write in response to the Department of Veterans Affairs proposed Authorization for Non-VA Medical Services as published in the November 28, 2012 Federal Register.

The AAFP concurs with the Department of Veterans Affairs (VA) that over the past two decades, the healthcare industry has increasingly emphasized providing care in the least restrictive environment. While the VA continues to expand healthcare delivery options for veterans, the AAFP recognizes that the VA, like public and private insurers, is unable to provide all possible medical services at all VA-operated venues of care.

Through the Non-VA Care program, the VA is able to contract for certain inpatient care and outpatient care for eligible veterans when VA facilities cannot provide such services due to factors like geographical inaccessibility. Through this program, the VA may use community resources, such as private physicians or community hospitals. However, the VA currently does not permit a veteran's treatment to be provided through non-VA providers under the Non-VA Care program unless the VA treatment was begun during a period of hospitalization.

In this proposed rule, the VA amends this policy to remove this limitation. By removing the requirement that Non-VA Care is only eligible if treatment begun during a period of hospitalization, the VA further expands veterans' eligibility for non-VA care by community-based physicians. The AAFP enthusiastically supports this step since it improves healthcare access for veterans and will allow the VA to better utilize resources.

Separate from this proposed regulation, the AAFP encourages the VA to identify and remove additional barriers that inhibit the way community-based physicians are able treat their patients who also happen to be veterans. Specifically, the AAFP urges the VA to reexamine a burdensome regulatory requirement that prescriptions for veterans must be written by a VA-affiliated provider for the veteran to obtain the prescription at the VA's discounted price. Instead, the VA should recognize the validity of a community-based physician's prescription.

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We appreciate the opportunity to provide these comments and make ourselves available for any questions you might have or clarifications you might need. Please contact Robert Bennett, Federal Regulatory Manager, at 202-232-9033 or rbennett@aafp.org.

Sincerely,

Glen Stream, MD, MBI, FAAFP

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Board Chair