



AMERICAN ACADEMY OF  
FAMILY PHYSICIANS  
STRONG MEDICINE FOR AMERICA

May 20, 2015

Kristin Cunningham, Director  
Regulation Policy and Management  
Department of Veterans Affairs  
810 Vermont Avenue NW  
Room 1068  
Washington, DC 20420

RE: Driving Distance Eligibility for the Veterans Choice Program

Dear Director Cunningham,

On behalf of the American Academy of Family Physicians (AAFP), which represents 120,900 family physicians and medical students across the country, I write in support of the [interim final rule](#) titled "Driving Distance Eligibility for the Veterans Choice Program" as published in the April 24, 2015 *Federal Register*.

The AAFP entirely supports the Department of Veterans Affairs (VA) change from using a straight-line or geodesic distance to determine veteran eligibility based on place of residence to the more elegant method that, effective as of April 24, 2015, now measures the distance from a veteran's residence to the nearest VA medical facility by considering the distance the veteran must drive to the nearest VA medical facility. We appreciate that the VA considered comments sent to previous regulations that argued in favor of the use of driving distances to determine eligibility and we respect the VA's recognition that no comments supported the use of geodesic or straight-line distance. The AAFP agrees with the VA that the use of driving distance would result in more veterans being eligible than the use of straight-line distance and that the general intent of the *Veterans Access, Choice, and Accountability Act* of 2014 is to expand access to health care for veterans.

In the spirit of expanding access, the AAFP reiterates suggestions made in a February 24, 2015 [letter](#). If followed we believe these recommendations would help expand veterans access to non-VA entities and providers as is the intent of the law.

- **Rates Must Equal Medicare:** Though the law states that VA may not pay an eligible entity or provider more than the applicable Medicare rate, many family physicians are reporting that contracts are offered at reimbursement rates that are 30 percent less than the Medicare physician payment rate. The AAFP strongly believes that payment at or above Medicare levels is necessary to promote access to primary care services for veterans.
- **Collection of Copayments:** The VA does not allow copayments and deductibles to be collected at the time of service for eligible veterans receiving care or services through the Veterans Choice program. The AAFP finds this unworkable and entirely contrary to common medical office billing practices.

[www.aafp.org](http://www.aafp.org)

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- **Veterans' Access to Rural Health Clinics:** The AAFP believes that the VA should include Rural Health Clinics in the Veterans Choice Program
- **Expanding Access to Primary Care:** To benefit veterans and the VA health care system, the AAFP strongly urges the VA to implement policies that allow civilian family physicians to:
  - Provide primary care services to eligible veterans;
  - Allow prescriptions prescribed by civilian family physicians to be filled at VA pharmacies;
  - Allow civilian family physicians to order diagnostic tests at VA facilities;
  - Allow civilian family physicians to refer patients to specialist physicians and other health care providers at VA facilities; and
  - Allow civilian family physicians to provide care to eligible veterans under the protections of the *Federal Tort Claims Act*.

The AAFP continues to support the intent of the *Veterans Access, Choice, and Accountability Act* and the subsequent Veterans Choice program it creates. However, we continue to have substantial concerns with the program's implementation and we strongly urge the VA to address these recommendations which would help attract non-VA medical practices to participate in the Veterans Choice Program and provide primary care that our veterans deserve.

We appreciate the opportunity to comment on this interim final rule. For any questions you might have please contact Robert Bennett, Federal Regulatory Manager, at 202-232-9033 or [rbennett@aafp.org](mailto:rbennett@aafp.org).

Sincerely,



Reid B. Blackwelder, MD, FAAFP  
Board Chair