



**American Hospital
Association®**

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June 24, 2015

The Honorable Jeff Miller
United States House of Representatives
336 Cannon House Office Building
Washington, DC 20515

The Honorable Corrine Brown
United States House of Representatives
2111 Rayburn House Office Building
Washington, DC 20515

Dear Chairman Miller and Ranking Member Brown:

On behalf of our nearly 5,000 member hospitals, health systems and other health care organizations, and our 43,000 individual members, the American Hospital Association (AHA) urges Congress to reject any effort by the Department of Veterans' Affairs (VA) to redirect funding away from the new Veterans Choice Program to other programs within the VA. It has been reported that the VA is requesting Congressional approval to redirect billions of dollars from the Veterans Choice Program to other programs within the VA.

The AHA has been working with our member hospitals and health systems to ensure the success of the Veterans Choice Program, and we believe that the program should be fully funded for its three-year authorization. The program has become an important access point for eligible veterans who are using it to access medically necessary care through non-VA hospitals. Hospitals and health systems providing care for veterans in their communities through the program have invested resources to execute contracts and ensure veterans have access to care. We believe that veterans using the Veterans Choice Program and those who will use it in the future should have continuity of care and should not be cut off from the program due to lack of funding.

The AHA has sent suggestions to the VA for improving the Veterans Choice Program (see attached letter), including expanding access to the program for veterans who live further than 40 miles away from the closest VA medical facility, and considering the types of services the closest VA medical facility provides when deciding if a veteran may access a non-VA provider. Utilization of the Veterans Choice Program has been lower than expected. It is unclear whether under-utilization is due to barriers to access; however, it appears that the interpretation of the 40-mile rule and the definition of the closest VA medical facility, even when medically necessary services are not provided there, are significant factors.

We urge the VA to further reconsider its interpretation of these definitions and not redirect the \$10 billion provided through the Veterans Choice Program to ensure veterans receive the care they need at the time they need it.

Sincerely,

Tom P. Nickels
Senior Vice President

