

**REMARKS OF
STEVE ROBERTSON, DIRECTOR
NATIONAL LEGISLATIVE COMMISSION
THE AMERICAN LEGION
FOR
THE ROUNDTABLE ON RURAL VETERANS' HEALTH CARE
BEFORE THE
COMMITTEE ON VETERANS' AFFAIRS
U.S. HOUSE OF REPRESENTATIVES
ON
JANUARY 27, 2010**

Mr. Chairman, Members of the Committee and invited guests, thank you for the opportunity to participate in this Roundtable discussion on Rural Veterans' Health Care. The American Legion fully recognizes the challenges the Department of Veterans Affairs (VA) faces in providing timely access to quality health care services in both rural and highly rural communities. With over 14,000 local Posts across the country, The American Legion is well aware of the hardships and sacrifices of veterans, their families and neighbors in assisting veterans in need of medical service in isolated regions.

In 2008, the Veterans Rural Health Advisory Committee (VRHAC) held its inaugural meeting to establish the newly-created Office of Rural Health (ORH) and discuss the state of veterans living in rural areas. Some of the issues identified included unsustainability of rising health care spending, priority group enrollment, Operation Enduring Freedom/Operation Iraqi Freedom (OEF/OIF), Traumatic Brain Injury (TBI) issues, and possible coordination of Federal health care benefits, as many veterans are eligible for both VA and TRICARE health care services.

In addition to the aforementioned issues, VA has acknowledged the lack of medical providers in rural and highly rural areas. In accordance with Public Law 109-461, VA's legislative requirements within ORH include undertaking a broader approach to providing quality and adequate health care within these respective areas. Other areas of focus include technology (telemedicine and telehealth program), collaboration (community), workforce development and retention (providers), education and training, best practices, and access.

In March 2009, the VRHAC convened its second meeting in Phoenix, Arizona. Some main actions discussed included:

- Examining community collaboration and determining whether it is being properly promoted or stifled as well as examining continuity of care in rural areas.
- Address the needs of all classes of rural veterans (i.e., older and younger veterans utilize different services).
- Consider whether it is necessary to subdivide rural and highly rural veterans into more specific groupings and whether such groupings require specific attention with different priorities.

Since the inaugural meeting, four primary functions of VRHAC's have been established. They include:

- Conduct policy oriented studies and analyses.
- Function as field-based clinical laboratories for policy relevant pilot projects and concomitant evaluations.
- Serve as regional rural health experts organizing and sharing information within and across Veterans Integrated Service Networks (VISNs) boundaries.
- Serve as an educational repository and clinical information clearing house.

The American Legion has learned that the rural areas are divided and classified by the VRHAC based on definitions from the U.S. Census Bureau. The VRHAC has been working to develop a crosswalk between geocoded VA data and Zip Codes, so research can be better disseminated and understood. They have also established three regions to maintain and track information.

Below are the following regions:

- **Central Region** – the key partners in this region include four VA Medical Centers (Iowa City, Minneapolis, Fargo, and Omaha), the University of North Dakota, Center for Rural Health (University of Nebraska), RUPRI Center for Rural Health Policy Analysis, and University of Minnesota (Rural Health Research Center).
- **Eastern Region** – the key partners in this region include two VA Medical Centers (Togus and White River Junction), North Florida/South Georgia Veterans Health System, Upstate New York Healthcare System, Dartmouth Medical School, University of Southern Maine Muskie School of Government
- **Western Region** – the key partners in this region include two VA Medical Centers (Salt Lake City and Eastern Colorado VA Health Care System), University of Utah, and Brigham Young University

It was concluded that sustained community collaboration must be in place to improve patient care within all three regions.

The American Legion will monitor progress of ORH's new programs, as well as review veteran cases to ascertain the effectiveness of such. However, due to the novelty of the ORH, it is important to monitor the distribution of the two-year \$250 million appropriation for rural health initiatives within VISNs and program offices to determine the adequacy. The funding will be used to improve access and quality of health care for rural veterans. The following are congressionally mandated:

- Increasing mobile clinics (currently 50, but not in every state).
- Establishing new outpatient clinics.
- Expanding fee-based care in areas not served by VA facilities.
- Exploring collaboration with other Federal/community providers.
- Accelerating deployment of telemedicine.
- Funding innovative pilot and demonstration programs.

Clearly, The American Legion believes every veterans enrolled in the VA health care delivery system should have timely access to quality health care, but we also recognize the challenges faced in meeting that obligation with veterans in rural areas. When young men and women report for military service, they come from both rural and urban communities. Through that very service, they earn the same benefits from a grateful nation. The American Legion believes timely access to those benefits should not be driven or restricted by where veterans choose to reside. America has a national obligation to provide services to veterans in rural areas just as services are provided to veterans in urban areas. After all, VA is the nation's premiere integrated health delivery system. The American Legion remains optimistic in VA's ability to aggressively meet these challenges.

The American Legion welcomes the opportunity to work with this Committee, VA and rural health care providers to improve timely access to quality primary and specialty health care services for veterans living in rural and highly rural areas.

Thank you again Mr. Chairman for inviting The American Legion to participate in this Roundtable on Veterans' Rural Health Care.