

**NINETY-NINTH NATIONAL CONVENTION
OF
THE AMERICAN LEGION
Reno, Nevada
August 22, 23, 24, 2017**

Resolution No. 75: Department of Veterans Affairs Rural Health Care Program

Origin: Convention Committee on Veterans Affairs & Rehabilitation

Submitted by: Convention Committee on Veterans Affairs & Rehabilitation

WHEREAS, One out of every three veterans treated by the Department of Veterans Affairs (VA) lives in rural communities; and

WHEREAS, Rural veterans have been underserved due to a lack of access to health care, which can be attributed to greater travel barriers and a lack of public transportation; and

WHEREAS, Under current law, VA physicians can only provide telehealth treatment across state lines if the veteran and the physician are located in federal facilities; and

WHEREAS, This limits the Veterans Health Administration (VHA) from contracting with non-VA health care providers for telemedicine in states outside of where the veteran lives; and

WHEREAS, Although VA has established access standards, the standards and definition of rural and highly rural veterans do not take into account the distance and driving time it takes for veterans to be provided with VA care; and

WHEREAS, Rural Health Consultants (RHCs) are located and fall under the Veteran Integrated Service Networks (VISNs), which leads to additional collateral duties, inconsistent with the schedules, ultimately distracting RHCs from needed outreach to facilities within their VISN; and

WHEREAS, The Rural Health Resource Center is advisory in nature and primarily conducts research without providing direct resources to rural veterans or outreach; and

WHEREAS, VA Medical Centers in rural areas have concerns in recruiting and retaining qualified medical and clinical providers, in many cases rural areas do not have attractive resources for medical providers; and

WHEREAS, While the development of Community-Based Outpatient Clinics (CBOCs) have increased access to health care for veterans in rural areas, communication between the CBOCs and medical centers has decreased, creating communication and managerial difficulties; and

WHEREAS, Telehealth services have more than doubled in the last four years, creating more access to health care for rural veterans, however, space and bandwidth limit the level of service and number of veterans the VA can serve; now, therefore, be it

RESOLVED, By The American Legion in National Convention assembled in Reno, Nevada, August 22, 23, 24, 2017, That The American Legion urge Congress to allow Department of Veterans Affairs health professionals to practice telemedicine across state lines if they are qualified and practice within the scope of their authorized federal duties regardless of where the covered health-care professional or patient is located; and, be it further

RESOLVED, That The American Legion urge Office of Rural Health (ORH) to centralize and consolidate the Rural Health Consultants (RHC) under the ORH; and, be it further

RESOLVED, That The American Legion urge ORH to ensure Rural Health Resource Centers provide service to rural veterans from surveys, national hotline and connecting veterans living in rural communities with providers; and, be it further

RESOLVED, That The American Legion urge Congress to develop a recruitment and retention strategy to incentivize medical providers to practice in rural communities; and, be it further

RESOLVED, That The American Legion urge Congress to ensure each Community-Based Outpatient Clinic (CBOC) has adequate staff and direct communication between the CBOC's and medical center's RHC; and, be it finally

RESOLVED, That The American Legion urge the ORH to search for opportunities to expand telehealth services by collaborating with local offices in rural areas that can share space.