STATEMENT OF
DONALD R. LANTHORN, DIRECTOR
DEPARTMENT SERVICE OFFICER OF OHIO
THE AMERICAN LEGION

BEFORE A

JOINT SESSION OF
THE VETERANS' AFFAIRS COMMITTEES
UNITED STATES CONGRESS

AT

KENT STATE UNIVERSITY CAMPUS
NEW PHILADELPHIA, OHIO

ON

RURAL VA HEALTH CARE

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Mr. Chairman, members of the Committee. My name is Donald R. Lanthorn. I am the Service Director and Legislative Agent for The Ohio American Legion.

It is my pleasure to be here today. Thank you for this opportunity to provide our organization's views on VA health care, its accessibility and needs to be considered by Congress from the point of view of Ohio veterans and members of our organization.

My first experience with VA health care was thirty years ago. At that time VA Medical Centers had long lines, inadequate waiting areas and few facilities. I was appalled by patients having to sit in hallways, on the floor, waiting for their opportunity to see a doctor, after having traveled perhaps one hundred miles within Ohio to be seen.

However, even in those trying times, medical care was comparable to the private sector, but few with the alternatives available through health care insurance would select VA as the health care provider of choice. Even veterans with service-connected conditions would often opt for private sector treatment for the convenience.

The 1980's saw some improvement in access, as VA Medical Centers in Ohio expanded the ambulatory care clinics, opened a few Outpatient Clinics and moved toward outpatient, rather than inpatient care, as the preferred method of treatment.

Beginning in 1994 Dr. Kenneth Kizer, VA Undersecretary for Health, began revamping the system to his vision of accessibility, quality, and safety. He is arguably credited with setting in motion the plan that closed underused facilities, established hundreds of new access points with clinics, and created a business model of efficiency utilizing available technology to digitize records, to common sense in informing patients about their medications.

As word spread of the quality of VA health care, veterans left their private plans and sought VA health care in droves. Without funding to handle the patient influx, VA was forced in 2003 to

again restrict access, as waiting lists grew, so now only service connected and low income veterans were eligible to enroll, slamming the door to hundreds of thousands of veterans planning on using VA health care in retirement or sooner.

A vital part of the VA transformation was the accessibility created for veterans by establishing Community Based Outpatient Clinics (CBOCs). They brought health care closer to where veterans live and provide mental health services often otherwise not available in rural communities.

Ohio has CBOCs in Athens, Cambridge, Lancaster, Marietta and Portsmouth affiliated with Chillicothe VAMC, and Clermont County near Cincinnati VAMC. Dayton VAMC has CBOCs in Lima, Middletown, and Springfield. Columbus VA Outpatient Clinic serves Grove City, Marion, Newark, and Zanesville with CBOCs. Cleveland VAMC, the most aggressive of all Ohio Medical Centers in establishing VA points of access, has CBOCs in Akron, Canton, East Liverpool, Lorain, Mansfield, McCafferty in downtown, New Philadelphia, Painesville, Ravenna, Sandusky, Warren and Youngstown.

Additionally, Ohio medical facilities have established CBOCs in Indiana and Kentucky, which serve Ohio veterans, as does the Toledo Clinic, a satellite of Ann Arbor VAMC, and other Ohio CBOCs in Ashtabula and St. Clairsville, established by VA facilities in bordering states.

The Ohio American Legion strongly supports the recommendations of the Capital Asset Realignment for Enhanced Services (CARES) for more CBOCs, and expanded services in those now operating, especially those in rural areas. However, limited VA discretionary funding has slowed the number of clinics authorized each year. Field Stations partially meet access needs, but are not sufficient in availability or services.

The current war and its estimated toll on veterans' mental health make these services vital in CBOCs for our returning troops ease of access. We urge sufficient VA funding to ensure adequate staffing.

Traumatic Brain Injury (TBI) veterans similarly find few community resources in rural areas for TBI related problems, and many cite transportation as a major obstacle. We have addressed the transportation issue in Ohio with state legislation requiring County Veterans Service Commissions to provide it. Now VA must provide the services with the patient at the doorstep.

Vet Centers are another resource VA provides, which is not readily available in rural communities. Veterans should not be penalized or denied quality health care because of where they choose to live. We urge Congress and VA to improve access to quality primary care, specialty health care and mental health services in rural areas.

As important as "access" may be, just as critical is "timeliness" of services. VA has established its own standards for access to primary care of 30 days. That is unacceptable to most Americans, and especially does not meet the obligation of VA to our veterans.

The Ohio American Legion does not point fingers at problems without offering a means of resolution. We disagree with the VA decision to deny access to any eligible veteran. Many of these veterans have third-party insurance that could reimburse VA, or are Medicare eligible, yet little has been done to improve third-party reimbursements from private insurers and nothing to allow VA to receive reimbursement from the nation's largest health care insurer, the Centers for Medicare and Medicaid Services (CMS), as both the Indian Health Services (IHS) and Department of Defense (DoD) are authorized to bill, collect, and receive.

Full funding for VA health care, full eligibility for all veterans, and Medicare reimbursement to VA is the first step needed to assure quality health care to rural Ohio veterans.

Thank you, Mr. Chairman, for providing The Ohio American Legion this opportunity to address the issues of VA health care in Ohio and the disparities that exist in access to quality health care in rural areas.