

The Veterans Healthcare Action Campaign

Association of VA Psychologist Leaders*

Association of VA Social Workers*

Nurses Organization of Veterans Affairs*

(*An independent organization, not representing the Department of Veterans Affairs)

Request for Public Comment

On The

Access to Walk In Care Provision of the VA MISSION Act 2018

February 25, 2019

On behalf of our organizations, we thank you for allowing us the opportunity to submit our comments to the Federal Register on Section 105 Public Law 115-182 the VA MISSION Act of 2018, new section 1725A, Access to Walk In Care. As providers who care for millions of Veterans throughout the Veterans Health Administration (VHA) system, as well as consumers of that care, we believe we have a unique voice and ground level view of how that care should look and perform into the future.

We have previously voiced our concern about vague language in the original MISSION Act Access to Walk In Care provision that could have led to extreme financial repercussions and unnecessary outsourcing of care. However, we are extremely pleased with the rules that are explicitly specified in the proposed implementation regulations. We endorse:

1. This benefit will use the term “urgent care” instead of simply “walk in care.”
2. This benefit is for conditions that will be addressed in a single visit.
3. No urgent care follow-up visit is intended for that condition.
4. Follow up care, if needed, should be provided by the veteran’s Primary Care Physician, not the urgent care clinic.
5. The VA will publish a list of clinics for this type of service.
6. There will be \$30 co-payment after the 3rd visit each year to encourage on-going care to be delivered at the VHA and Community Care Network sites.

We have several concerns that we hope will lead the VA to consider adjustments to the proposed implementation regulations:

1. The benefit prohibits urgent care for “an extended period of time.” Since the benefit is intended for single use for each condition, there should be explicit language that expresses follow up visits are not covered.

2. The regulations indicate that eligible veterans will be liable for the cost of care that is beyond the scope of urgent care or rendered by a non-qualifying entity. We suggest that when veterans are notified of this new benefit, they should be explicitly informed of that liability, as well as the \$30 copayment.
3. There is no mention of assessing quality metrics for the non-VA clinics/ providers who enter into agreement to furnish these services. Every provider for this benefit should be pre-screened for equivalent credentials, training and expertise that is required of VHA internal providers.
4. Likewise, every provider for this benefit should track and report quality processes and outcomes on their veteran patients in order to adequately assess the quality of care, as mandated in other sections of the VA MISSION Act.

We thank you again for this opportunity to offer input of the impact of MISSION Act Access to Walk In Care provision.

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