

June 15, 2015

The Honorable Johnny Isakson  
Chairman  
U.S. Senate Veteran Affairs Committee  
Washington, D.C. 20510

The Honorable Richard Blumenthal  
Ranking Member  
U.S. Senate Veteran Affairs Committee  
Washington, D.C. 20510

Mr. Chairman Isakson and Ranking Member Blumenthal,

Over the past few months, I have been pleased to work with both of you and our colleagues on the U.S. Senate Veteran Affairs Committee as we continue to work on behalf of our nation's veterans. It truly is an honor to work on the Committee that – under your joint, bipartisan leadership – puts our nation's veterans first. As a current Marine Corps reservist, I understand the importance of our work to ensure no veteran is forgotten and that each veteran receives the care they have earned. As the Committee is well aware, Alaska has the highest per capita population of veterans of any state and I am proud of my home state's commitment to serving our veterans. Unfortunately, I have become aware of serious issues surrounding the implementation of the Veterans Access, Choice, and Accountability Act of 2014 (“the Choice Act”) in Alaska. I am compelled to write you to request an oversight hearing of the U.S. Veterans Administration (VA) to help identify the breakdown in implementation of the Choice Act in Alaska and identify a solution to this matter.

As I know you are aware, Alaska is a one-of-a-kind state and my state's unique needs are not often met with national one-size-fits-all policies. Yet over the past few years, the leadership of the VA in Alaska – in concert with the members of the Alaska Congressional Delegation (CODEL) and key Alaskan stake holders – has successfully worked to create a VA care model that has actually addressed many of Alaska's unique issues. This care model consists of a patient care construct that capitalizes on our large network of special Indian Health Services (IHS) facilities, Department of Defense (DOD) hospitals, and our DOD/VA Joint Venture Hospital. The synergy created by the partnership of these agencies provides incredible efficiencies and cost savings to the U.S. government and gives Alaska's non-Native veterans, who live in the most remote regions of our state, access to important healthcare services that they need.

As the Committee may be aware, Alaska's VA system was, in many ways, the inspiration for the Choice Program. While I understand the Committee's desire to see this program work in each and every state, the Choice Program is, at this time, clearly not working in Alaska. Due to my state's large size, small population, and a lack of major statewide infrastructure, the VA, prior to the Choice Program, rightfully saw and took advantage of opportunities to partner with IHS and local providers. The partnerships, formed over the past few years, turned into my state's “Care Closer to Home” program. These commonsense partnerships have allowed veterans who reside in rural Alaska to obtain the medical services (including behavioral and dental) that they need from medical facilities supported by the IHS or tribal organizations.

Without these partnerships, Alaska's most rural veterans could not get the care they deserve and the care they have earned.

Regrettably, this successful system is now in jeopardy due to a new national one-size-fits-all policy. Signed into law in 2014 in response to the long wait time scandals at the Phoenix Veteran Affairs (VA) facility, the Choice Act was a Congressional attempt to fix the VA's systemic problem of delivering adequate and timely care to our veterans. Over the past several months this national policy has been slowly implemented across the country with varying degrees of success and failure. Like most national policies, the model created by the Choice Act has, thus far, been unsuccessful in Alaska. In fact, the new Choice Program has severely impacted Alaska's previously successful VA programs and has created far more problems than it has solved. Put succinctly: The VA Choice Program in Alaska has created chaos and has resulted in a rapidly emerging crisis of care for Alaska's veterans.

For the past few months, my staff has worked closely with the Alaska VA's leadership to address this crisis, a crisis which I also believe that national VA's leadership has failed to address or simply ignored. Though I recognize that there are several valuable aspects to the Choice Act, Alaska's shortage of medical providers, low reimbursement rates, and arduous processing protocols have severely limited Choice Program participation by Alaska's community health care facilities. Meanwhile, the VA in Alaska now has a reduced budget to continue paying for services by the DOD, IHS, and my state's community providers. This reduced budget is the direct result of funds being returned to the VA headquarters in anticipation of the cost burden shifting to the Choice Program.

Despite warning from the Alaska VA and the Alaska CODEL staff, the VA has done little to nothing to try and stave off an oncoming crisis of care in Alaska. Instead, under a new "Hierarchy for Purchase Care" directive from the VA to Alaska's VA, I am being told that only veterans with urgent and emergency cases are receiving appointments and having their care reimbursed. To that end, all "routine" referrals to the local community, Native health care and DOD, and DOD/VA hospitals have stopped. As a result, my offices in Alaska have been inundated with calls by patients who have been told they must work through the Choice Program to reschedule appointments. In fact, I have veteran constituents being told on the very day they were to receive surgery that their surgery has been canceled until they can obtain approval by the Choice Program. When called, the Choice Program call centers are placing my state's veterans on hold until their call is dropped or they are given a message that informs them that they will receive a return call in 72 hours. However, the return calls are not coming and our veterans are becoming increasingly discouraged and increasingly irate. Overall, I fear that this developing issue in Alaska could result in access to care issues not unlike those we saw in Phoenix, Arizona.

In one of several attempts to solve this issue administratively, my staff participated in a meeting on June 10, 2015, with VA personnel from Washington D.C. and several Chief Executive Officers from Indian Health Service facilities in my state. During these meetings, the VA leadership present suggested that the crisis in Alaska was Congress' fault because Congress passed the Choice Act and the Choice Act's provisions do not adequately address Alaska's unique needs. While I played no role in the passage of the Choice Act, I do take exception to the characterization and implication that Alaska's problems are Congress' fault. I believe this

blame-shifting is part of a larger cultural problem at the VA and is one that the Senate Veteran Affairs Committee must continue to work to address. Along these lines, I firmly believe the Alaska VA staff did their due diligence in up-channeling this problem to warn the VA in Washington, D.C. As recently as last week, and at my staff's request, staffers from the Senate Veteran Affairs Committee queried the VA regarding a proposed solution to problems in Alaska. At that time, the VA replied that they did not believe there was a problem. I find this disconnect disturbing.

I believe these issues, among several others that exist in my state, warrant a hearing at the Committee's very earliest possibility. In addition to this hearing, I would like to explore the possibility of conducting a field hearing in Alaska as well. For many years, Alaska's VA system had been an example of ingenuity to all of the VAs in the Lower 48. I am confident that with the Committee's special attention, we can put Alaska's VA system back on track and ensure that it will continue to be an example for VAs across the country.

Sincerely,

A handwritten signature in blue ink that reads "Dan Sullivan". The signature is fluid and cursive, with a long horizontal flourish extending to the right.

Dan Sullivan  
U.S. Senator