



**American Hospital
Association**

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June 24, 2014

The Honorable Bernard Sanders
Chairman
Committee on Veterans' Affairs
United States Senate
412 Russell Senate Office Building
Washington, DC 20510

The Honorable Richard Burr
Ranking Member
Committee on Veterans' Affairs
United States Senate
412 Russell Senate Office Building
Washington, DC 20510

Dear Chairman Sanders and Senator Burr:

As House and Senate members begin their conference to resolve differences between H. R. 4810, the "*Veteran's Access to Care Act of 2014*" and H.R. 3230, the "*Veterans' Access to Care through Choice, Accountability, and Transparency Act of 2014*," America's hospitals stand ready to offer assistance to ensure our veterans get the care that they need and deserve.

I am writing on behalf of the American Hospital Association (AHA) to share with you our views on several issues that the House and Senate must address during their conference on the bills, and to urge you to adopt language in the final agreement that will allow veterans to more easily secure care from civilian providers. The AHA represents more than 5,000 member hospitals, health systems and other health care organizations, and 40,000 individual members.

First, the AHA urges you to retain and strengthen language in both the House and Senate bill that would enable hospitals to maintain the ability to contract directly with their local Veterans Administration (VA) facilities rather than requiring hospitals to go through a managed care contractor. Many hospitals have ongoing and cooperative relationships with their local VA facilities, which can be built upon to enable our veterans to readily secure needed care.

Allowing hospitals to contract directly with the VA allows hospitals to meet the needs of their local veteran community and provides the quickest route for veterans to be seen by a primary care provider.

The AHA further encourages conferees to adequate reimbursement rates for non-VA providers. Under the Senate bill, payment for care provided by a non-VA facility could not exceed Medicare rates; the House bill would pay non-VA providers who are not under an existing VA contract at a rate set by the VA, Tricare, or Medicare, whichever is greatest. The AHA supports the House language and urges conferees to include the House language in its final conference agreement.



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Lastly, the AHA urges conferees to insert language to establish and implement a system for prompt payment of claims from non-VA providers, similar to the Medicare program. There is currently no significant prompt pay language in either bill.

For decades, the Department of Veterans Affairs has been there for our veterans in times of need, and it does extraordinary work under very challenging circumstances. The AHA applauds Congress for the speed with which it has moved to allow veterans to more easily secure care from civilian providers. We urge Congress to move expeditiously to resolve differences between the House and Senate bills and look forward to working with our VA colleagues, Congress and the Administration to ensure our veterans receive the care they need when they need it.

Sincerely,

Rick Pollack
Executive Vice President