

March 25, 2019

SUBMITTED ELECTRONICALLY VIA  
<http://www.regulations.gov>

Director, Regulation Policy and Management (OOREG)  
Department of Veterans Affairs  
810 Vermont Avenue, NW, Room 1063B  
Washington, DC 20420

**Re: RIN 2900—AQ46 Veterans Community Care Program**

Dear Sir or Madam,

The American Geriatrics Society (“AGS”) appreciates the opportunity to comment on the U.S. Department of Veterans Affairs (“VA”) proposed rule implementing access standards for the new Community Care Program created under the VA MISSION Act of 2018. The AGS is a national non-profit organization comprised of nearly 6,000 geriatrics healthcare professionals and basic and clinical researchers specializing in aging. Many of our members work within the VA healthcare system where their focus is on addressing the unique needs of older, medically complex Veterans and providing the highest standard of care for older Veterans and their families. The VA has and continues to be an important leader in advancing geriatrics care through innovative new care models and cutting-edge research.

The AGS greatly appreciates the VA’s continued efforts to increase healthcare access for the millions of older Veterans enrolled in the Veterans Health Administration (“VHA”). However, we would like to echo comments that we submitted on March 1, 2019 in response to “RIN 2900 – AQ47 Urgent Care” which noted that more information is needed to evaluate whether these new access standards will improve Veterans’ healthcare outcomes or whether they will inadvertently harm Veterans, particularly those who are older and with disability.<sup>1</sup> **The AGS continues to urge the VA to share the data used to inform its decision on the access standards, including evidence that private-sector healthcare providers have the capacity as well as the specialized knowledge and training to treat older Veterans’ complex needs.** A recent study that looked at New York providers did not find this to be the case.<sup>2</sup> **Until these data can be evaluated, we strongly recommend that the VA delay implementing these changes.**

**In addition, we seek data that supports the need for such standards that would significantly increase the amount of care that the VA will send to the community given the VA’s recent progress in improving access to quality care.** We also know that older adults with multimorbidity are better served

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<sup>1</sup> American Geriatrics Society. AGS Comments on VA Proposed Rule for Urgent Care Benefit. March 1, 2019.

[https://www.americangeriatrics.org/sites/default/files/inline-files/AGS%20Comments%20on%20VA%20Urgent%20Care%20Benefit\\_3%201%2019\\_FINAL.pdf](https://www.americangeriatrics.org/sites/default/files/inline-files/AGS%20Comments%20on%20VA%20Urgent%20Care%20Benefit_3%201%2019_FINAL.pdf)

<sup>2</sup> Irving D. RAND Corporation. How Private Health Care Providers Could Better Serve Veterans. November 7, 2018.

<https://www.rand.org/blog/rand-review/2018/11/how-private-health-care-providers-could-better-serve-veterans.html>

in a continuity system and continue to be concerned about the lack of integration and potential problems with coordinating care that would result from sending more Veterans into the community.

Furthermore, the VA provides a broad spectrum of long-term services and supports (“LTSS”) through their Geriatrics and Extended Care Services (“GEC”) program, which are unique to the VA and not available to those seeking care in the community. Examples of unique LTSS programs that VA led the way in developing and continues to offer include home-based primary care, medical foster home, palliative care, and hospice level services integrated with medical care. These programs have shown to provide exemplary care to Veterans facing the challenges of aging, disability, or serious illness.<sup>3</sup> Additional information about GEC is available here: <https://www.va.gov/GERIATRICS/index.asp>. While improving access is a laudable goal, in many instances, these programs do not have a community counterpart. **Ensuring access to these programs external to the VA is a necessary first step and should include data to address the impact of including extended care services in the new Community Care Program.**

**Lastly, we continue to urge the VA to explain whether the criteria will affect the VA’s ability to provide care to Veterans, and whether sufficient new funding will be made available without diverting resources from existing VA programs.** We are concerned that any redirecting of funds within the VA may negatively impact the older Veterans who benefit from the LTSS programs that the VA currently provides.

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The AGS looks forward to working with the VA to ensure that together we can properly care for all Veterans as they age and ensure they receive the extended care services long after their service to our country. Thank you for your attention to these comments. Please contact Anna Mikhailovich at 212-308-1414 or [amikhailovich@americangeriatrics.org](mailto:amikhailovich@americangeriatrics.org) if you have any questions.

Sincerely,



**Laurie Jacobs, MD, AGSF**  
President



**Nancy E. Lundebjerg, MPA**  
Chief Executive Officer

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<sup>3</sup> Shay K, Hyduke B, Burris JF. Strategic plan for geriatrics and extended care in the veterans health administration: Background, plan, and progress to date. J Am Geriatr Soc 2013;61:632–638.