

Testimony by Representative John L. Mica
House Veterans Affairs Health Subcommittee
March 19, 2003

I appreciate the opportunity to testify on behalf of H.R. 240, the Veterans Prescription Drug Equity Act, legislation which has received bipartisan support. I am pleased that your committee is considering this change in law because it will help clear up the veterans backlog and redirect VA physicians to treating sick patients.

The current backlog of veterans seeking medical attention has mushroomed to more than 30,000 in my State of Florida, and more than 200,000 nationwide – most of whom have been waiting over six months for their first primary care appointment. In my view, eligible United States veterans should not be on any waiting list nor be forced to wait more than a year for medical services which they are entitled to receive.

Last year, after meeting with a number of my local veterans organizations, leaders and health care providers, I found that two-thirds of veterans now on waiting lists are seeking access to the VA's pharmaceutical program. I believe that the VA's policy of filling only prescriptions written by VA doctors is contributing to this backlog.

The VA's Inspector General stated its support of permitting the filling of private prescriptions written for enrolled veterans in a December 2000 report. The Inspector General also determined that the VA could save over \$1 billion a year by allowing prescriptions written by outside physicians or health practitioners.

By allowing veterans currently on waiting lists to obtain their prescriptions through private health care physicians, the VA would better fulfill its mandate of providing veterans with medical services on a timely-manner. My proposal would also relieve the demand on infrastructure and personnel.

To provide immediate assistance to our deserving veterans, I introduced the Veterans Prescription Drug Equity Act. My legislation permits veterans currently on waiting lists for their first primary VA exam for 30 days or longer to obtain medication through the VA's pharmacy program with prescriptions written by private physicians. The cost of filling these prescriptions would eventually be borne by the VA anyway, so this legislation should not result in significant additional costs.

This is not a new concept. The Department of Defense currently allows private physicians to write prescriptions which are filled by the Military Health Services System – more than 30 million prescriptions a year. The VA could use this as a model for the implementation of an expanded prescription drug program.

This is the time for some innovative thinking and solutions to ensure our veterans complete access to quality health care. My goal and intent of this legislation is to improve medical services and prescription drug benefits. This could be done in several

ways such as a cost-share program, higher co-payments or on a provisional basis until the veteran is able to meet with a VA physician.

I urge you to consider my proposal as a way to eliminate the unduly long waiting lists around the country. Our action will give us all an opportunity to continue assisting those who have faithfully served our nation.

I thank the committee again for your consideration of H.R. 240, the Veterans Prescription Drug Equity Act