Legislative Task Force on Veterans' Transportation

March 22, 2010

Participants

Michael Ward – Chair
Jim Booker – Employment
Frank Van Cleave – Congressman DeFazio
Mike Ward – DAV
David Fairclo – DAV
Ed Mazza – DAV
Cindy Howe – Phone
Kimberly Stanchfield – Phone
Alina Aaron – Phone

Chair Ward opened the meeting at 4:05 p.m. with introductions. He explained that he hoped to have a robust discussion regarding issues and challenges facing veterans and their medical transportation needs. Some Task Force members and participants provided written responses to the question of issues and challenges.

Angie Gilley (Crook County CVSO) said one of the issues is limited accessibility to VA health care. If there were more care given locally there would not be a transportation issue.

David Fairclo agreed, noting they would like to see mobile VA health care buses travel to rural and remote Oregon to provide care.

Ed Mazza said that the VA Fee Basis system is supposed to allow veterans to get care in their own communities, but his own experience is having to drive a long distance to the Portland VA Medical Center for eye cancer appointments instead of being allowed to have care locally.

David Fairclo noted that the VA does not coordinate appointments, resulting in veterans having to take several trips to the VA instead of having all the appointments scheduled on one day. He would like to see improvements in communication and scheduling at the VA.

Frank Van Cleave noted that there would be a need to coordinate more closely between Fee Basis and Contract care with the VA hospitals.

Alina Aaron made several points:

1. There is a lack of coordination between VA medical facilities and transportation providers. When reimbursed 41.5 cents a mile when the actual cost is 71 cents a mile, transportation providers lose money.
2. There is a lack of transportation funding and lack of DAV van access. The rules need to be manipulated to meet the needs of rural veterans.
3. CVSO often serve more than one county and cannot serve as transportation coordinators.
4. There is limited pool of volunteers – DAV trips have had to be cancelled due to lack of driver.
5. Lack of funding for health care in rural areas.

Ed Mazza noted that the VA is very strict on who can be a volunteer driver, including ensuring the volunteer's health.

Alina Aaron explained another problem is that if a public transport delivers a veteran to a DAV pick up site and then the veteran completes his/her trip on DAV, the veteran cannot be reimbursed for the part of the trip on which he/she took public transportation.

Cindy Howe agreed and said it would be nice to be able to let a veteran take Greyhound or Amtrak to Portland and then take a bus or get picked up by a DAV van.

Discussion began about using grants to help fund veterans' transportation; however, David Fairclo noted that some grants will not allow single-demographic use such as just being used for veterans.

Chair Ward noted that many of these veterans would be considered senior and disabled and thus would be eligible for services provided by these grants.

Discussion began about if the DAV system could take non-veterans if they used grants that required them to have senior and disabled non-veterans. Mike Ward remembered that DAV at one time was going to allow disenfranchised people to ride the vans and their was an outcry by the veterans community.

A question was asked about how the new Obama health care plan would affect veterans who may be able to use the new insurance instead of VA to get their health care. Nobody knew the details to the plan.

Discussion began about the existing medical brokerage system. It was noted that Title 19 eligible veterans are using the DAV system. The idea was mentioned to have the Title 19 veterans use the medical brokerage system and then have the broker receive reimbursement for the veteran's travel.

Mike Ward talked about the DAV system and said that DAV needs help replacing vans. David Fairclo said the real issue is sustaining DAV and that the organization needs public support. This could include a partnership with the Oregon National Guard.

Staff briefed a bill creating a fund to pay for wheelchair-bound veterans to use the brokerage system.

More discussion about the brokerage system ensued and Cindy Howe suggested that DAV become part of the medical brokerage provider system.

Cindy Howe said she is interested on working on pilot projects and is doing a veterans pilot in her area.

David Fairclo asked if there was a way to use FEMA or Emergency Management trailers for veterans' health care.

During the meeting, Chair Ward drafted six columns on the white board and made categories of veterans' transportation issues. That information is a separate attachment.

The Chair said that the next meeting would likely be the first or second Monday in May and that information would be put out. The meeting ended at 4 p.m.