

Congress Wants to Double Down on VA Failures

Bipartisanship doesn't mean good legislation; it often means overspending.

By: Michael Tanner
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Bipartisanship has broken out in Washington. This isn't usually a good sign.

Faced with the ongoing scandal in the VA health-care system, Democrats and Republicans have joined together to rush through legislation in near-record time.

The Senate passed legislation, sponsored by Bernie Sanders and John McCain, in early June — just two months (or a blink in D.C. terms) — and the House has followed suit. The margins in both chambers were overwhelming: 93–3 in the Senate, and 421–0 in the House. A conference committee will now work out the differences between the two bills.

The legislation sounds great: bipartisan, about veterans, reacting to a scandal that Americans are demanding be addressed. It's overwhelmingly popular. What could possibly go wrong?

Pretty much everything.

First, neither the House nor the Senate bill would fundamentally change the way that government provides health care to our veterans. The VA would continue to operate one of the world's largest health-care systems, building and owning hospitals, hiring doctors, and providing care directly to millions of veterans — regardless, in many cases, of whether or not their ailments are service-related.

Of course, it may well be that some traumatic combat injuries require specialized treatment that is not widely available outside the VA system. If so, the VA may have to continue providing such care. But the vast majority of injuries and illnesses, even combat-connected ones, can be treated elsewhere.

Both the House and the Senate bills appear to recognize this, allowing veterans to seek outside health care at VA expense if they experience long wait times for appointments or if they live more than 40 miles from a VA hospital or clinic. But both bills leave the ultimate decision about which veterans can go outside the VA system to VA administrators. Thus, the same bureaucrats

responsible for the current waiting lists and other problems will be in charge of deciding when and if veterans should be given a choice. Isn't that a bit like letting the fox guard the henhouse?

What the bill will do is spend lots of money. The initial three-year pilot program allowing veterans to seek care in non-VA facilities in the Senate bill would cost \$35 billion, according to the CBO. Among other things, the bill would open 26 new clinics in 18 states, as well as hire additional VA doctors and nurses. The outpatient-treatment option is also expected to increase costs. And, in the great tradition of never letting a crisis go to waste, the legislation would include spending for things that have nothing to do with health care, such as guaranteeing in-state tuition at public colleges and universities to all veterans. The House bill is even more expensive, the CBO thinks, costing \$44 billion through 2016.

Beyond 2016, costs really escalate. If the legislation is renewed, CBO estimates that the Senate version would cost as much as \$385 billion over ten years, while the House bill would spend \$477 billion by 2024.

No one wants to skimp when it comes to veterans' health care. But the VA's problem has never been a lack of money. In fact, the VA spent \$57 billion on health care last year, up 76 percent since 2007, while the number of unique patients increased by just 9 percent. If spending is increasing more than eight times as fast as the number of patients, but you still have delays and shortages, throwing still more money at the program might not be the solution.

Why are we spending so much and getting so little? In part, it's the general corruption, inefficiency, and waste to be expected from government. And if Obamacare, Medicare, and Medicaid should have taught us anything by now, it's that our government isn't very good at running health-care programs.

But a more fundamental problem is that the VA has long since left behind its core mission of providing care to our wounded warriors and become something of a quasi-national-health-care system. Out of 5.6 million veterans who received VA care last year, fully 3.1 million were being treated, at taxpayer expense, for illnesses or disabilities that have nothing to do with their time in service.

It's past time to recognize that not all veterans are the same. I served for a couple of years in the 1970s, shuffling papers outside of Boston. Why should I be entitled to the same lifetime care as someone who lost his leg to an IED in Afghanistan?

If we truly want to fix veterans' health care, we need to approach the issue very differently.

First, every veteran with a service-connected injury should be given the opportunity to seek care from the doctor or facility of his or her choice, whether that is his home-town doctor or a world-renowned specialist, with the VA directly reimbursing the provider. The decision should be made by the veterans themselves, not VA bureaucrats.

And even more fundamentally, VA benefits should be limited to injuries or illnesses contracted in the service of our country. The VA should not be Obamacare for veterans.

Our wounded warriors deserve better than what they are getting today. So do taxpayers.

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