



January 9, 2022

The Honorable Denis McDonough  
U.S. Department of Veterans Affairs  
810 Vermont Avenue, NW  
Washington, DC 20420

Dear Secretary McDonough:

The Military Coalition (TMC), representing more than 5.5 million current and former service members, veterans and their families and survivors writes to share our concerns on the Department of Veterans Affairs (VA) proposed rule (*RIN 2900-AP89 Change in Rates VA Pays for Special Modes of Transportation*). We know that VA is currently drafting the final rule and expects to publish it shortly. Prior to publishing the final rule, we ask you to consider the following facts.

We have serious concerns about the proposed rule as its provisions would dramatically cut VA's reimbursement rate for emergency air ambulance services. Approximately 4.8 million Veterans live in rural areas, which is 25 percent of our nation's Veterans, including 2.7 million Veterans enrolled in the Veterans Health Administration (VHA), and many of those Veterans will lose access to life-saving emergency transportation should VA proceed with its stated intention to put the new reimbursement rates in place in early 2023. We ask you to take immediate action to delay the effective date of the proposed VA rule. The VSO/MSO community and the emergency air transportation industry stands ready to engage and meet with VA/VHA officials to discuss the reimbursement rates and their effective date.

We acknowledge that VA did not create the problem of a flawed reimbursement structure for the emergency air ambulance service industry. However, should VA act now to reduce VA reimbursement rates to the Medicare rates, our nation's rural Veterans will pay a steep price in loss of quick access to care in cases of strokes, heart attacks and serious accidents when emergency care during the "Golden Hour" often means the difference between life and death.

In the *No Surprises Act*, Congress mandated the Centers for Medicare and Medicaid Services (CMS) to study for two years cost data for air and ground emergency transportation services. We know that CMS is prohibited by law from changing the Medicare and Medicaid reimbursement rates, which pay for less than 50 percent of the cost of air transportation services. Medicaid reimbursement rates are even lower than Medicare, meaning that emergency air ambulance services are only viable based on the reimbursement paid by commercial insurance companies and VA.

Provisions of the No Surprises Act has caused a significant reduction in rates paid by insurance companies, leading to dozens of emergency air bases already being closed with many more

projected to close, should the VA rate reductions go into effect. It is imperative that the CMS report on cost be included in VA's decision to reduce reimbursement rates. Moving forward without the CMS data means VA is not considering the complete structure of the reimbursement system. The result will be that many rural Veterans will no longer have access to life-saving emergency ambulance services. Given rural Veterans tend to be older and have more co-morbidities than most Americans, the consequences for rural Veterans not getting timely access to emergency care in cases of strokes, heart attacks and serious accidents will be devastating to Veterans and their families.

Mr. Secretary, we are well aware that VA is working on many important and high-profile issues and we commend you and VA officials for working with VSO/MSOs. The reimbursement issue for emergency air services is a major concern of the 2.7 million rural Veterans enrolled in the VHA, whose lives will be put at risk if they face a life-threatening medical emergency and don't have access to emergency air ambulance services. Another 2 million plus rural Veterans who depend on Medicare, Medicaid or commercial insurance will also face the loss of access to emergency air ambulance services. The fact that numerous rural air bases have already closed underscores that our concerns are real, and a VA's eminent decision to reduce reimbursement will result in even more air base closings in 2023. Furthermore, in H.R. 2617 (Division J, Title II) Congress included language urging VA to ensure any changes made to the reimbursement rate will not limit veterans access to emergency air ambulance services that may pose life-threatening risk.

We urge you to consider the following solution to this serious challenge to Veterans' access to emergency health care. VA could either wait until CMS develops its congressionally mandated cost numbers, or VA leaders could engage and meet with VSO/MSOs and the air ambulance industry, analyze the impact of VA decisions, and consider if there is a temporary win-win resolution possible.

In closing, we share and urge you and your staff to view the attached testimonial of Robert Vanbrocklin, a veteran from North Carolina. His story is powerful and tells how air ambulance service provided him the chance to see his two grandsons born and to walk his daughter down the aisle at her wedding. Mr. Vanbrocklin adds a face to the issue and underscores that we should always do right for our Veterans. This is not an issue about process or profits—it is about saving the lives of at-risk veterans during emergency situations across the country.

The TMC looks forward to working with you and VA on this time sensitive issue. Thank you for your continued commitment to listening to VSOs and for your dedicated service to our nation's Veterans.

Sincerely,



President,  
The Military Coalition

See attached list of organizations

Attachment: Video

## **TMC Organizations:**

Air Force Sergeants Association (AFSA)

Association of Military Surgeons of the United States (AMSUS)

Blinded Veterans Association (BVA)

Chief Warrant Officers Association of the US Coast Guard (CWOA)

Commissioned Officers Association of the U.S. Public Health Service, Inc. (COA)

Fleet Reserve Association (FRA)

Gold Star Wives of America (GSW)

Jewish War Veterans of the United States of America (JWV)

Marine Corps League (MCL)

Marine Corps Reserve Association (MCRA)

Military Chaplains Association of the United States of America (MCA)

Military Order of the Purple Heart (MOPH)

National Military Family Association (NMFA)

Naval Enlisted Reserve Association (NERA)

Non-Commissioned Officers Association (NCOA)

Reserve Organization of America (ROA)

Service Women's Action Network (SWAN)

The Retired Enlisted Association (TREA)

United States Army Warrant Officers Association (USAWOA)

USCG Chief Petty Officers Association (CPOA)

Vets First, United Spinal Association

Vietnam Veterans of America (VVA)

Wounded Warrior Project (WWP)