

MAINE STATE LEGISLATURE

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**STATE OF MAINE
119TH LEGISLATURE
FIRST REGULAR SESSION**

**Final Report
of the**

**COMMISSION TO EXAMINE THE ADEQUACY
OF SERVICES AT THE TOGUS VETERANS
ADMINISTRATION MEDICAL CENTER**

December 1999

Members:

**Sen. Beverly C. Daggett, Chair
Rep. John L. Tuttle, Jr., Chair
Sen. Richard J. Carey
Sen. Norman K. Ferguson, Jr.
Rep. Nancy L. Chizmar
Rep. Charles D. Fisher
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Rep. Lillian LaFontaine O'Brien
Rep. Royce W. Perkins**

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EXECUTIVE SUMMARY

Findings

The Commission to Examine the Adequacy of Services at the Togus Veterans Administration Medical Center worked to learn about the current status of healthcare for Maine's veterans and about the present challenges faced by the administration of Togus Veterans Administration Medical Center. As a result of its study the Commission makes the following findings:

- ◆ *The budgeting process which provides federal funds to Togus has changed;*
- ◆ *The State Legislature has limited options to influence funding of Togus or other federal level changes;*
- ◆ *Services provided by Togus are increasingly outpatient-based;*
- ◆ *Non-specialized, routine medical care provided by Togus is becoming decentralized;*
- ◆ *Access to Togus medical services by southern Maine residents is inadequate;*
- ◆ *Communication to Maine's veterans about health care benefits needs to be improved;*
- ◆ *Enrollment of Maine veterans in the regional VA healthcare network needs to be increased;*
- ◆ *The future of long-term care at Togus needs to be examined;*
- ◆ *The report of the 1998 Governor's Working Group on Aging Veterans is still relevant and its recommendations should be acted upon;*
- ◆ *The prescription drug program offered through Togus is a valuable benefit; and*
- ◆ *Suggestions by the VA regarding how the State of Maine can offer assistance are unclear.*

Recommendations

Increased enrollment of Maine Veterans in the New England VA health care network (VISN 1) will not only provide care to more veterans but also place VISN 1 in better standing to receive greater federal funding. This is the primary recommendation of the Commission. The findings enabled the Commission to clearly understand the issues facing Togus and what needs to be done at the state level to best address them.

After consideration of the findings the Commission recommends the following:

- ◆ *The Maine Department of Defense, Veterans and Emergency Management (DVEM) should create and administer an ongoing communications-awareness program with emphasis on targeting veterans not involved in a veterans service organization;*
- ◆ *The Governor should institute a partnership with Togus administrators to examine opportunities for sharing resources;*
- ◆ *The Joint Standing Committee on Legal and Veterans' Affairs will request to have at least one informational meeting per biennial Legislature with administrators of the Department of Veterans Affairs Medical Center at Togus;*
- ◆ *The President of the Senate and the Speaker of the House of Representatives of the Legislature should each appoint a member of the Legislature to serve on the Togus Management Advisory Committee;*
- ◆ *Enrollment of Maine veterans in VA healthcare services and veteran utilization of VA facilities should be maximized; and*
- ◆ *The Commissioner of the Department of Human Services shall be informed about the about the VA prescription drug program.*

I. INTRODUCTION

Near the end of the Civil War, President Lincoln signed an act establishing the National Home for Disabled Volunteer Soldiers. The Eastern Branch at Togus was the first of the homes to open in November of 1866. On November 10, 1866, the first veteran was admitted to Togus. By 1868, the facility grew from a capacity which accommodated less than 400 to nearly 3000 veterans. Even by late 19th century standards, medical care at Togus was limited, particularly due to the isolation of the facility. The isolation of Togus ended when a narrow gauge railroad from the Kennebec River in Randolph and an electric trolley line from Augusta were completed near the end of the century.

Following the Consolidation Act of 1930, Togus became a Veterans Administration facility. Most of the buildings on the campus today were constructed during the 1930's. Today, the Department of Veterans Affairs Medical and Regional Office Center at Togus combines three major functions under single management; a medical center, regional office and a National Cemetery (now inactive). VA health care facilities have the responsibility to provide medical, dental and mental health care to eligible veterans. A veteran, a physician, or any other representative on behalf of a veteran may apply for medical treatment using the Application for Medical Benefits (VA form 10-10T).

Togus is a federal facility and part of a network system, called Veterans Integrated Service Network (VISN). All six New England states make up Network One or VISN 1. Even though Togus serves Maine veterans and is located close to the state capital, it is solely a federal facility.

Since 1994, funding has been allocated to each network based on a formula called Veterans Equitable Resource Allocation (VERA). The amount a network receives is determined using a nationwide average cost per veteran multiplied by the number of veterans enrolled in a network. Maine has 149,000 veterans; approximately 18,000 are enrolled and receiving service. Implementation of this formula has resulted in Togus administrators searching for more efficient ways to provide care. Recent announcements regarding reorganization of Togus and job cuts have forced Togus into the spotlight and brought its management under fire.

II. DUTIES OF THE COMMISSION

The Joint Order To Examine the Adequacy of Services at Togus Veterans Administration Medical Center was passed by the Legislature during the 119th first regular session to examine the impact of the changes and reorganization of Togus by the United States Department of Veterans Affairs.

The Joint Order established a 17 member Commission to review the quality and availability of the care of Maine's Veterans. Commission membership (Appendix B) was comprised of the Joint Standing Committee on Legal and Veterans Affairs, one representative of each of Maine's four Congressional offices and a representative from the Governor's Office (Director, Bureau of Veterans Services).

The Commission was charged to examine:

1. Services provided to veterans and the adequacy of those services to meet the needs of Maine veterans;
2. Funding provided to the medical center and the adequacy of those funds in providing necessary services to veterans;
3. The possibility of the medical center being operated by partial receivership; and
4. Other issues the Commission may determine relevant to the operation of the medical center.

Though the Commission felt it was important to study the funding of Togus, it is beyond the scope of state government to impact allocation of federal funds to a federal facility. Yet, with its review, the Commission did gain a greater understanding of how VA medical centers are funded and the impact that has on Togus. When addressing the charge to examine the possibility of the medical center being operated by partial receivership, the Commission determined that no process exists at the state level to direct such a charge to a federal facility. So, the Commission did not consider it further.

As examination of the issues surrounding adequacy of services and funding of Togus was conducted by the Commission, it began to focus on ways the state could provide assistance or partner with the VA to help fill any gaps in service that might be identified. The Commission supported the notion of the state acting to support Togus during this time of adjustment regarding the new budget process and reorganization. Thus, at Commission meetings, discussion centered on the aspect of cooperation with Togus Administration. Ultimately, for the Commission, the purpose of the study is to help provide quality healthcare to Maine's veterans.

The Commission held a total of three meetings in October and November. The first two meetings were held at Togus and the third was held at the Maine Veterans' Home in Augusta. Information was gathered which described the background of Togus, explained the funding changes, identified ways which Togus and the Department of Defense, Veterans and Emergency Management communicates to veterans, and explored the current challenges faced by the facility.

It is important to note that there are a great deal of benefits available for veterans, some at the state level and some at the federal level. The charge to this Commission was to examine issues regarding Togus, which provides medical care to veterans. Another legislative study was conducted this interim which examined other benefits available to veterans.

III. FINDINGS

The Budgeting Process Which Provides Federal Funds to Togus Has Changed

Togus VA Medical Center is federally funded by using a formula called Veterans' Equitable Resource Allocation (VERA). This formula uses the average cost per veteran nationwide. This average is calculated by dividing the Federal VA Medical budget by the number of veterans served by the Veterans Administration. The share that each region (or VISN) is allocated is based on the number of veterans enrolled in that region. Thus, the more veterans enrolled in a region, the greater the amount of funds allocated. Past budgeting procedure was based on a facilities prior fiscal year expenses taking into consideration inflation, consistency of services provided and the number of veterans served.

The Commission finds that this new funding formula is a dramatic shift in how Togus is funded. The shift to the VERA funding formula puts Maine at a disadvantage. Maine is a rural state with a population of aging veterans. These are factors that contribute to the high cost of providing services to veterans. Nationwide, veterans enrolled in the VA medical benefits system are concentrated in more Southern regions of the country, which, in turn, shifts a large percentage of the funding to these regions.

The Maine Legislature has Limited Options to Influence Funding of Togus or Other Federal Level Changes

Togus is part of the United States Department of Veterans Affairs. Although the Legislature has intense interest in the administration of Togus and in the care provided to Maine's veterans, its ability to influence change at the Federal level is limited to encouraging the United States Government and Congress to make the changes. This is because Togus is solely a federal facility funded with federal dollars. Commission membership includes representatives from each of Maine's Congressional delegation offices. These representatives participated in all aspects of the study and will report, at the federal level, the findings and recommendations made in this report.

The Services Provided by Togus are Increasingly Outpatient-based

As with the health care system nationwide, Togus is realizing and implementing the shift toward more outpatient-based care. Togus, was primarily an inpatient facility in years past but has become part of the nationwide trend that emphasizes more outpatient, preventative-centered care. This type of care is promoted as generally more efficient because it concentrates on prevention, decreasing the need for major medical care that may require admission to a hospital for intense inpatient care. Although, the Commission recognizes that this shift is not entirely welcome by Maine's veterans, it is not a situation unique to Togus.

Non-specialized, Routine Medical Care Provided by the Veterans Administration is Becoming Decentralized

In order to provide routine, non-specialized care to veterans who would otherwise have to travel a great distance to the Togus facility in Augusta in order to receive such services, the VA has

established Community Based Outpatient Clinics (CBOCs). The VA currently has five CBOCs strategically placed throughout Maine in Caribou, Bangor, Calais, Machias and Rumford. A clinic in Saco is scheduled to open in February 2000. The VA mobile health clinic, a 40-foot state-of-the-art bus, customized to serve as a full service clinic is also available.

Reaction from veterans, the general public and the VA to the establishment of CBOCs has been positive. They provide care to those who reside in locations remote to the Togus facility in Augusta. The CBOCs have also resulted in an increased number of Maine veterans enrolled in the VA healthcare network. However, the Commission is concerned about the extended length of time between when a veteran calls to get an appointment with a physician and when the visit actually takes place. As a standard, access to medical care should be timely and reasonably convenient for Maine's veterans. Anything less than this standard may result in Veterans' neglecting to seek the medical care they need and are entitled to.

Long-term implications of this decentralization are unknown. The Commission is concerned that increased use of CBOCs will result in the mistaken conclusion that services provided at the Togus facility in Augusta are obsolete. There is no information currently available that would substantiate such concerns. Yet, the Commission believes it is important to state that it supports the use and expansion of CBOCs but strongly opposes any recommendation that would cease services provided at Togus facility in Augusta.

Access to Services by Southern Maine Residents is Inadequate

Veterans in Southern Maine are inconvenienced when they must travel to Augusta to receive their basic, non-specialized care at Togus. Veterans residing in extreme southern portions of the state are traveling to Manchester, New Hampshire seeking services at the Veterans Administration Medical Center there because of the distance to Augusta. The Commission is concerned about the eventual impact to Togus if such a large number of Maine veterans seek care in New Hampshire. This is not as much of a concern with regard to veterans in more northern or eastern parts of the state. Veterans in these areas of the state do not have access another VA hospital that is more convenient than Togus. Also, a concerted effort has been made by the VA to locate most of the CBOCs in Maine in the northern and eastern regions of the state, providing them with improved access.

The Commission believes that Maine veterans should receive their routine, non-specialized medical care in Maine. If there is limited access to services in the southern part of the state, this problem should be remedied. By providing services in southern Maine, where the population is dense, the overall number of veterans served in Maine by will significantly increase. Furthermore, even though Maine and New Hampshire are both part of VISN 1 the Commission is concerned that if more Maine veterans seek their care outside of the state the funding formula will eventually be skewed to disadvantage Maine.

Communication to Veterans Needs to be Improved

Communication to veterans regarding what benefits they are entitled to, how to access services, and how the delivery of services is changing is inadequate. The Commission finds that both state

and federal efforts to communicate to veterans in order educate them about the benefits that they are entitled to and how services may be changing are insufficient and unsuccessful.

Members of the Commission shared complaints they have heard with regard to access to information about benefits and communication by the VA. For example, in order for a veteran to find out which benefits he or she is entitled to and how to access them, they must call numerous offices only to be answered by voice mail which assumes they know their eligibility or they are put on hold for long lengths of time only to be told they are calling the wrong office to address their inquiry. The written information that is provided to veterans is often voluminous, confusing and overly technical. The Commission received copies of literature distributed to veterans for informational purposes and found them to be poorly designed to provide useful information quickly. Press conferences and other forms of public, oral communication tend consist of too many acronyms and bureaucratic terms. The Commission believes when government officials, federal or state, communicate to their constituents, they must use lay language and avoid acronyms.

The Commission commends the VA for its program of regional health fairs. These health fairs travel to various locations throughout the state providing free medical screenings and information about the medical benefits available to veterans. Not only do these fairs provide necessary information pertaining to the health of veterans but they also create face-to-face communication to veterans about the services they are entitled to and how to access them. In addition, this effort ultimately increases enrollment in the network. The Commission supports continuation and expansion of this successful program.

Enrollment of Maine Veterans in VA Healthcare Network Needs to be Increased

According to the 1990 US Census, there are an estimated 149,000 veterans in Maine, approximately 18,000 of which are served by Togus. Even though this number is an increase over past years, the Commission finds that it is too low. Because VISN 1 is funded based on the number of veterans enrolled in the VA using the nationwide average cost per veteran, the more veterans enrolled the greater the allocation to the network. More money allocated to the network results in more veterans being served and provides protection against efforts to deem the Togus facility in Augusta obsolete. The Togus facility in Augusta is an anchor for the veteran community and a tribute to their dedicated service. The Commission opposes any efforts which would result in the reduction or cessation of services at the Togus facility in Augusta.

The Commission finds that the current number of veterans enrolled could be increased through a system of active recruitment and coordinated communication on behalf of all relevant officials. It should be a top priority at both the state and federal levels to enroll more veterans in the network in order to receive greater funding to maintain or improve the services currently provided by Togus and the community clinics. The Commission wants to see not only more funding for the network but also better care for veterans, many of whom currently do not receive needed care.

The Future of Long Term Care at Togus Needs to be Examined

The Commission discussed several issues pertaining to the future of long term care at Togus. Long-term care is one of the most costly services provided by Togus. Veterans and those who provide services to them have raised concerns about the costs of this service. These concerns center around the fear that long term care services will suffer as a result of the current funding formula and recent cutbacks at Togus, since long term care services make up almost half of Togus' budget.

If the VA reduces or eliminates long term care services it will not only impact the Togus budget but the state's budget as well. If the number of long term care patients at Togus suddenly became the state's responsibility, the need for beds for those patients and the impact on the Medicaid budget would create a crisis situation. Togus officials have told the Commission that reduction or elimination of long-term care services is not being considered in any plans for the facility. Despite this information, the Commission finds that this issue is one the state should be prepared to deal with on short notice.

The Report of The 1998 Governor's Working Group on Aging Veterans is Still Relevant and Should be Acted Upon

In May of 1998, The Working Group on Aging Veterans presented its findings and recommendations pertaining to the population of aging veterans in Maine to Governor Angus King (Appendix G). In the report submitted by Major General Earl L. Adams, Commissioner of the Department of Defense, Veterans and Emergency Management, Issues 10 through 20, which address Veterans' healthcare and awareness of benefits are still relevant today and should be acted upon by the Governor. The recommendations focus on issues regarding medical benefits for Maine Veterans; including access, awareness, enrollment in the VA healthcare network, VA funding and prescription drugs.

The Governor's working group report discusses many of the same issues and concerns pertaining to Maine Veterans' medical care as were discussed by this Commission. Veterans and those who provide their care are facing the same concerns that they did two years ago. This Commission is concerned that not enough is being done to address these concerns and that ultimately medical benefits for Maine veterans will begin to erode either in quantity or quality.

The Prescription Drug Program Offered Through Togus is a Valuable Benefit

The costs of prescription drugs are a problem not limited to veterans. Togus offers prescription drugs for a nominal co-pay of two dollars per 30-day prescription. Some veterans are eligible for an exemption from the co-pay (Appendix D). The benefit also applies to over the counter medications such as aspirin, cough syrup and vitamins. In order to be eligible for this benefit a veteran must be enrolled in the network and under the care of a primary care physician within the network. The Commission finds that this is a valuable benefit that should be utilized by Maine veterans. This benefit not only provides needed prescription medication at a reduced cost but may also result in increased enrollment in the network.

Some confusion exists about eligibility for the prescription drug benefit provided by the VA. It is not a stand-alone benefit that can be utilized by veterans without being enrolled in the network. It is the policy of the VA to dispense drugs only with a prescription written or approved by a VA physician or specialist. Thus, a veteran may not bring a prescription written by their private physician outside of the VA network and simply have it filled by the VA at the reduced cost. Though some inconvenience may exist in becoming enrolled in the VA network, such as an extended waiting period to see a physician for an initial visit, the benefit is so valuable that more veterans should be encouraged to utilize it.

Suggestions Regarding How the State of Maine Can Offer Assistance are Unclear

As part of its review the Commission sought suggestions from the VA regarding how the state could provide assistance to fill any gaps in service or improve veteran's access to benefits. Recognizing that the federal government, not the state, is responsible for the administration of Togus, the Commission believed that a federal/state partnership, no matter how limited, would be beneficial to Maine's veterans. The Commission believes the universe of possibilities in this area has hardly been tapped. It is the Department of Veterans Medical and Regional Office Center at Togus that can best pinpoint how the state could provide assistance. Yet, the suggestions have not been made to the Commission. The Commission remains open to any suggestions that Togus administration representatives may have.

IV. RECOMMENDATIONS

Create an Ongoing Communications Program to be Administered by the Department of Defense, Veterans and Emergency Management

The Commission recommends the Department of Defense, Veterans and Emergency Management create of a comprehensive communications program to increase awareness of all aspects of veterans benefits such as: what benefits exist for veterans; who is eligible for those benefits; and which office to call in order to get information about accessing available benefits. Particular focus should be made toward developing a single piece of communication that is readily accessible and quick and easy to read, such as an informational brochure. This communication piece should contain all relevant phone numbers and a brief summary of benefits available to veterans.

Another legislative study, The Commission to Study Standardized Periods of Military Service and Other Matters Related to the Award of State of Maine Veterans Benefits has considered recommending the development of outreach strategies, including use of free and paid advertising in electronic and print media, internet websites, mailings, partnering with private industry and public service organizations and others. The Commission to Examine the Adequacy of Services at Togus Veterans Administration Medical Center supports this recommendation.

These communication recommendations should be particularly targeted to those veterans not involved in a veteran's service organization. The Department of Defense Veterans and Emergency Management should present a draft of a comprehensive communication strategy and report on progress toward its outreach strategies by March 15, 2000.

Institute Partnership Between Togus and the Governor to Examine Opportunities for Sharing Resources

The Commission recommends that the Governor and Director of Department of Veterans Affairs Medical Center at Togus act in partnership to examine opportunities for sharing state resources in order to create better access to services by veterans and improve the quality of care provided at Togus. Some issues that the Commission has identified are: transportation of veterans to where they need care; the care for veterans in need of mental health services; follow-up on the recommendations made in the 1998 Governor's Working Group on Aging Veterans; state assistance with regional health fairs and screening clinics; and plans for addressing the possibility of long term care service reductions at Togus. Such an effort to share resources may fill in any gaps in services provided to Maine's veterans.

The Joint Standing Committee on Legal and Veterans' Affairs Should Request at Least One Informational Meeting Per Biennial Legislative Session with the Department of Veterans Affairs Medical Center at Togus

In order to perform their role in the Legislature, the Joint Standing Committee on Legal and Veterans' Affairs should be regularly informed about the status of services provided to veterans at Togus. The Legal and Veterans' Affairs Committee should receive all federal level reports pertaining to VA medical benefits, status reports on the Maine community based outreach clinics (CBOC's), and other relevant information regarding the medical benefits of Maine's veterans. The Commission recommends that the Director of Togus VA Medical Center meet with the Joint Standing Committee at least once per legislative biennium to respond to questions and provide information regarding the benefits provided to veterans at Togus. Members or representative of the state's Congressional delegation should also be invited to participate in these meetings.

Appoint Two Members of the Legislature to Serve on the Togus Management Advisory Committee

The Management Advisory Council (MAC) for the northern sub-region (Maine) at Togus, often referred to as "mini-mac" is a sub-committee of the VISN 1 MAC. In order to ensure that the state is informed about the services provided to Maine veterans legislative members should be appointed to this sub-committee. The Legislature should initiate a request to the administration of Togus to participate in mini-mac meetings. One appointment each should be made by the President of the Senate and the Speaker of the House, with preference given to members of the Joint Standing Committee on Legal and Veterans' Affairs. A memo summarizing the proceedings of each meeting of the "mini-mac" should be presented to the Joint Standing Committee on Legal and Veterans' Affairs within 14 days of said meeting.

Maximize Enrollment of Maine Veterans in VA Healthcare Network and Their Use of VA Facilities in Maine

Increased enrollment in the VA healthcare network will increase the federal funds received by VISN 1. The state should seek to maximize enrollment in the VA healthcare network using the recommendations outlined in this report as well as other strategies. Encouraging veterans who are in good health to schedule appointments for routine annual physicals is important to increase enrollment and provide preventative care. Efforts should focus particularly on ensuring that Maine veterans access their benefits in Maine. The Commission supports the expansion of CBOC's in southern Maine to encourage Maine veterans to access services in Maine.

The Commissioner of the Department Of Human Services Shall be informed About the VA Prescription Drug Program

In an effort to promote coordination between agencies and governments, this Commission shall inform the Commissioner of the Department of Human Services about the Prescription Drug Program available through Togus. This effort will assist in informing unenrolled veterans who are clients of DHS about this valuable benefit and in turn, provide needed prescription medication to veterans at a reduced cost. The Department of Human Services should also be aware which of their clients are veterans and share that information with the Department Defense, Veterans and Emergency Management to facilitate better dissemination of veterans benefit information.

V. APPENDICES

- A. Enabling Legislation**
- B. Commission Membership**
- C. Veteran Eligibility for Healthcare - General**
- D. VA Prescription Drug Program**
- E. VA Rural Healthcare Program**
- F. 1998 Governor's Working Group on Aging Veterans**
- G. Letter to Governor**
- H. Letter to President of the Senate and Speaker of the House**
- I. Letter to Congressional Delegation**
- J. Letter to Commissioner, Department of Human Services**

APPENDIX A
Enabling Legislation

STATE OF MAINE

In House February 23, 1999

HP 1052

WHEREAS, the Legislature finds that it is important to examine the effects of the recent United States Department of Veterans Affairs health services reorganization on the Veterans Administration Medical Center at Togus; and

WHEREAS, it is vital to review the impact of recent United States Department of Veterans Affairs decisions on the quality and availability of the care of our veterans; now, therefore, be it

ORDERED, the Senate concurring, that there is established a Commission to Examine the Adequacy of Services, referred in this order as the "commission," at the Veterans Administration Medical Center; and be it further

ORDERED, that the commission consists of the members of the Joint Standing Committee on Legal and Veterans Affairs, one representative of each of Maine's 4 congressional offices and one representative of the Governor's office. The commission shall select a chair from among its members; and be it further

ORDERED, that the commission shall examine:

1. Services provided to veterans and the adequacy of those services to meet the needs of the veterans;

2. Funding provided to the medical center and the adequacy of those funds in providing necessary services to the veterans;

3. The possibility of the medical center being operated by partial receivership; and

4. Other issues the commission may determine relevant to the operation of the medical center; and be it further

ORDERED, that the commission shall present its findings to the Second Regular Session of the 119th Legislature by December 1, 1999. If the commission requires an extension of the reporting deadline, it may apply to the Legislative Council, which may grant the extension; and be it further

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ORDERED, that the legislative members of the commission are entitled to receive the legislative per diem for their attendance at authorized meetings of the commission.

SPONSORED BY: John L Tuttle Jr
(Representative TUTTLE)

TOWN: Sanford

APPENDIX B

Commission Membership

**COMMITTEE TO EXAMINE THE ADEQUACY OF SERVICES AT THE
TOGUS VETERANS ADMINISTRATION MEDICAL CENTER
J.O., HP 1052, Amended**

Membership 1999

Joint Appointment

John Cummings, Jr. Office of Senator Olympia Snow 68 Sewall Street, Suite 101C Augusta, Maine 04330 (207)-622-8292	Representing One of Maine's 4 Congressional Offices
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Daniel Demeritt Office of Senator Susan Collins 11 Lisbon Street Lewiston, Maine 04240 (207)-784-6969	Representing One of Maine's 4 Congressional Offices
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John McLaughlin Office of Congressman Thomas Allen 234 Oxford Street Portland, Maine 04101 (207)-774-5019	Representing One of Maine's 4 Congressional Offices
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John Ripley Office of Congressman John Baldacci 202 Harlow Street - Room 235 Bangor, Maine 04401 (207)-942-6935	Representing One of Maine's 4 Congressional Offices
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Frank Soares Bureau of Veterans Services 117 State House Station Augusta, Maine 04333-0117 (207)-626-4469	Representing the Governor's Office
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Members, Joint Standing Committee on Legal and Veterans Affairs

Sen. Beverly C. Daggett 16 Pine Street Augusta, ME 04330 (207)-622-9053	Chair	Member of Legal and Veterans Affairs Committee
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Rep. John L. Tuttle, Jr. 54 Cottage Street Sanford, ME 04073 (207)-324-5964	Chair	Member of Legal and Veterans Affairs Committee
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Sen. Richard J. Carey P.O. Box 474 Belgrade, ME 04917 (207)-495-3333		Member of Legal and Veterans Affairs Committee
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Sen. Norman K. Ferguson, Jr. 2025 Main Street Hanover, ME 04237 (207)-364-7641		Member of Legal and Veterans Affairs Committee
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Rep. Nancy L. Chizmar 11 School Street P.O. Box 92 Lisbon Falls, ME 04252 (207)-353-2247	Member of Legal and Veterans Affairs Committee
Rep. Charles D. Fisher 117 Silk Street Brewer, ME 04412 (207)-989-4149	Member of Legal and Veterans Affairs Committee
Rep. Rosita Gagne 70 North Hill Road Buckfield, ME 04220 (207)-336-2836`	Member of Legal and Veterans Affairs Committee
Rep. Theodore H. Heidrich 434 Main Street Oxford, ME 04270 (207)-539-4102	Member of Legal and Veterans Affairs Committee
Rep. Janice E. Labrecque 13 Hurricane Road Gorham, ME 04038 (207)-892-9532	Member of Legal and Veterans Affairs Committee
Rep. Arthur Mayo 83 Green Street Bath, ME 04530 (207)-442-8053	Member of Legal and Veterans Affairs Committee
Rep. Terrence P. McKenney 14 Crystal Lane Cumberland Center, ME 04021 (207)-829-5472	Member of Legal and Veterans Affairs Committee
Rep. Lillian LaFontaine O'Brien 68 Nichols Street Lewiston, ME 04240 (207)-782-5276	Member of Legal and Veterans Affairs Committee
Rep. Royce W. Perkins Mill Creek Road RR 1 Box 22-C Penobscot, ME 04476 (207)-326-8609	Member of Legal and Veterans Affairs Committee
Staff: Danielle Fox - OPLA 287-1670	

APPENDIX C

Veteran Eligibility for Healthcare - General



ELIGIBILITY - GENERAL

VA health care facilities have the responsibility of providing medical, dental, and mental health care to eligible veterans. Requests for treatment may be made by the veteran, a physician, or any other representative on behalf of the veteran using VA Form 10-10T (Application for Medical Benefits), by letter, telegram, or telephone.

U.S. veterans who served on active duty before September 7, 1980, and were discharged after any length of service, with a discharge which was other than dishonorable, are eligible for care at VA health care facilities. Determination of legal eligibility will be made on the basis of information contained in VA health records, claims folders, or on the basis of documents presented by the veteran or veterans's representative.

Public Law 97-66 provides that persons who enlisted in a regular component of the armed forces after September 7, 1980, or who originally entered on active duty after October 16, 1981, are not eligible for VA medical benefits unless they have completed at least 24 continuous months of active duty or the full period for which that person was called or ordered to duty. Exceptions are:

- a. Discharges for the convenience of the Government, for reasons of hardship, or for disabilities incurred or aggravated in the line of duty.
- b. Persons who have a compensable service-connected disability.
- c. Persons who do not meet the minimum active duty requirements, but have an adjudicated, noncompensable service-connected disability may be provided care for that specific disability only.
- d. Persons who were called to active duty as a result of the Persian Gulf Crisis and released prior to the expiration period indicated by their orders, are entitled to care at VA medical facilities.

FINANCIAL ASSESSMENT

Public Law 99-0272 requires that all nonservice-connected veterans complete and sign a financial assessment known as the "means test". However, Public Law 104-262 includes 0% noncompensable service-connected veterans seeking care for a nonservice-connected condition. From this worksheet, the patient will be classified into the following categories:

- a. Category A: VA is required to provide hospital care at no cost; outpatient and nursing home care may be provided at no cost on a space-available basis.
- b. Category C: Hospital, outpatient, and nursing home care may be provided on a space-available basis providing the veteran agrees to pay a copayment to VA.

Patients exempt from completing the means test are:

- a. Service-connected veterans; (this includes 0% service-connected veterans seeking treatment for their service-connected condition)
- b. Veterans receiving VA pensions;
- c. Former Prisoners of War;
- d. WWI/Mexican Border Period/Spanish-American War;

- e. Veterans with Agent Orange or Ionized Radiation Exposure for conditions related to exposure;
- f. Veterans eligible for Medicaid (not the same as Medicare);
- g. All other veterans who would automatically be billing cases, such as Humanitarian, Active Duty, Allied Veterans, etc.

For questions, please contact:

Bob Morang
Administrative Assistant for Patient Care
Medical Administration Service
VAM&ROC
One VA Center
Togus, ME 04330-6795
207-623-5722
fax: 207-623-4804
e-mail: morang.robert_c+@togus.va.gov

last updated 6/10/98

VA MAINE HEALTHCARE SYSTEM

APPENDIX D

VA Prescription Drug Program



PHARMACY SERVICES

Pharmacy Service at the VA Maine Healthcare and Benefit System fills over 30,000 outpatient prescriptions per month and dispenses all medications for hospital inpatients.

The Pharmacy Service also runs a Refill Extension Clinic, Coumadin Clinic, Lipid Clinic, Smoking Cessation Clinic, an inpatient antibiotic dosing program, an extensive patient counseling program, and has two pharmacists on primary care teams.

Pharmacy Service is now accessible through Togus VA's Automated Information System. Patients may call (207) 623-5751 to order mail-out refills on active prescriptions, 24 hours a day. They may also call this number and find out the status of their mail-out prescriptions as well as their copayment account balance. Window pick-up refills may not be requested over the phone.

The Consolidated Mail Outpatient Pharmacy (CMOP) program is the VA's version of a private insurance company's mail order pharmacy. Servicing only VA patients, the CMOP located in Bedford, MA fills most mailout prescriptions for the eleven VAs in New England and eight VAs in New York and New Jersey. Although CMOP may be filling the prescriptions, the prescription records are still maintained at the Togus pharmacy. Any questions regarding a patient's medications will still be answered by Togus pharmacists.

The Refill Extension Program prevents patients from going without important medication until the next scheduled appointment. If a prescription has expired or has no refills left, patients may come to the Urgent Care Clinic at Togus. Urgent Care will direct the patients to see a pharmacist to have their prescriptions extended until the next scheduled appointment, up to 90 days. If patients cannot come to the Urgent Care Clinic at Togus they can mail the renewal forms to Togus Pharmacy Service, and a pharmacist will extend the prescriptions until the next scheduled appointment, up to 90 days.

Pharmacy Service's patient counseling program is one of the most active in the State of Maine. All patients discharged from the hospital have an opportunity to talk to a pharmacist about their discharge medications and are provided with information sheets explaining their medications when appropriate. All patients having new prescriptions filled at the outpatient pharmacy window are given the opportunity to be counseled by a pharmacist and are provided with information sheets.

PHARMACY PRESCRIPTION COPAYMENT

Public Law 101-508 provides the Department of Veterans Affairs with several changes to the Medical Care Cost Recovery Program which may affect you. It authorizes VA to charge certain veterans a \$2.00 copayment for each prescription obtained from the VA Pharmacy.

VA has authority to collect a \$2.00 copayment for each 30-day or less supply of medication provided on an outpatient basis for the treatment of a nonservice-connected condition. This copayment applies to all nonservice-connected veterans and to veterans rated less than 50% service-connected for prescriptions for a nonservice-connected condition. The copayment applies to each prescription obtained from the Pharmacy and will be applied every time you receive a prescription. This charge will also be applied to medications that are referred to as "over-the-counter medications", like aspirin, cough syrup, vitamins, etc. The

copayment applies only to medications and does not include medical supplies like syringes, etc. Veterans receiving medications for treatment of a service-connected condition, veterans rated 50% or more service-connected, and veterans receiving VA pensions or whose income is at or below the maximum VA pension rate (pension with Aid & Attendance) are exempt from the copayment requirement for medications.

For further information concerning pharmacy services, please contact:

*Ron Goodheart, Outpatient Supervisor
Pharmacy Service (119)
VAM&ROC
One VA Center
Togus, ME 04330-6795
207-623-5770
fax: 207-621-4843
e-mail: goodheart.ronald.1+@togus.va.gov*

last updated 6/9/98

VA MAINE HEALTHCARE SYSTEM

APPENDIX E

VA Rural Healthcare Program



RURAL HEALTHCARE FOR MAINE VETERANS

The Department of Veterans Affairs currently has community based clinics in five locations strategically placed throughout Maine to care for eligible veterans in areas remote from the main facility at Togus.

The Aroostook County VA Clinic opened in May 1987. It is located at the Cary Medical Center in Caribou, 250 miles from Togus. Current staffing consists of a physician, a nurse practitioner, a registered nurse, and two administrative persons. In addition, the social worker assigned to that area has an office in the clinic.

A van was purchased and assigned to Aroostook County by the Disabled American Veterans Service Organization. It transports veterans for their scheduled appointments in Caribou as well as at Togus, utilizing volunteer drivers. Veterans are assisted by clinic staff in making these arrangements.

A Mobile Health Clinic was assigned to Maine to serve veterans in rural areas. It was dedicated on November 13, 1992 at Calais, Maine. For six years it was based in Washington County where it traveled between Machias and Calais, both of which are 180 -200 miles from Togus. With the opening of a permanent site in Calais in March 1998, the VA Mobile Health Clinic extended services to veterans in western Maine. It continues to provide primary care two days a week in Machias and two days a week in Rumford. It is staffed by a physician or a nurse practitioner, a registered nurse, and an administrative person.

The VA Mobile Health Clinic is a 40-foot bus, which was customized to accommodate a medical clinic. It has two exam rooms, a rest room, a reception area, and a work area for the clinicians. The clinic is handicapped-accessible. The VA Mobile Health Clinic has state of the art computer access with Togus. It is equipped with an ECG machine, and equipment for screening lab work. More extensive tests and lab work are done at the local hospitals. It has also been used as a screening clinic in western Maine and has provided support for the Maine Army National Guard in preparation for deployment to Bosnia. The VA Mobile Clinic is part of the national disaster plan.

In March of 1996, a community based clinic was established in Bangor. In addition to primary care, this clinic also provides mental health services as well as counseling for substance abuse. This clinic is staffed by a physician, a psychiatrist, a physician assistant, a registered nurse, a psychologist, a social worker, a rehabilitation technician for chemical dependency, and two administrative personnel. There is also a field social worker who has an office in the clinic.

Services provided in all five of the clinics include acute illness care, post-hospital care, and chronic illness care. The emphasis is on preventive medicine strategies and promotion of wellness. There are nursing clinics for diabetic counseling, nutritional counseling, hypertension counseling, wellness and fitness, and smoking cessation. All full-time administrative staff have also been trained as Veterans Benefits Counselors.

For further information, please contact:

Sherryl A. Kempton, MS, RN, CS-FNP
Community Clinic Coordinator

VAM&ROC
One VA Center
Togus, ME 04330-6795
(207) 621-4848
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last updated 7/22/98

VA MAINE HEALTHCARE SYSTEM

APPENDIX F

1998 Governor's Working Group on Aging Veterans

Angus S. King, Jr.
Governor
State of Maine
(207) 287-3531

Earl L. Adams
Major General
Commissioner
(207) 626-4205



CAMP KEYES, AUGUSTA, MAINE 04333-0033

May 30, 1998

Office of the Commissioner

The Honorable Angus S. King, Jr.
Governor
State House Station 1
Augusta, Maine 04333

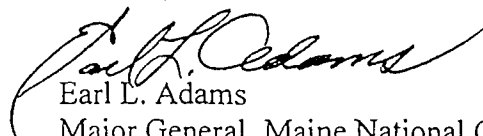
Dear Governor King:

We are pleased to submit the completed report from the Maine Working Group on Aging Veterans. You charged our group on December 12, 1997, to accomplish specific tasks as stated in the instructions of your attached letter. Due to a number of reasons, not the least of which was the Ice Storm of '98, you extended the completion date of the report to May 30, 1998.

The Working Group has interpreted your charge in a broad manner and looked at all of the issues presented by veterans and their families at the public hearings held throughout the State on March 4, 1998. Details concerning the hearings can be found in the attached narrative. My Department is prepared to implement the State-related recommendations contained within the report once you have given your approval.

I would like to extend the appreciation of the members of the Working Group for this opportunity to serve you and the veterans of Maine.

Sincerely,



Earl L. Adams
Major General, Maine National Guard
Commissioner and Adjutant General

MAINE EMERGENCY MANAGEMENT
72 State House Station
Augusta, Maine 04333-0072
(207) 287-4080
Fax: 287-4079

MAINE VETERANS' SERVICES
117 State House Station
Augusta, Maine 04333-0117
(207) 626-4464
Fax: 626-4471

MILITARY BUREAU
33 State House Station
Augusta, Maine 04333-0033
(207) 626-4271
Fax: 626-4509

ADMIN SERVICES DIVISION
104 State House Station
Augusta, Maine 04333-0104
(207) 624-7047
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Enclosure 1 – ISSUES AND RECOMMENDATIONS

ISSUE 1: Hospitalized veterans who require a nursing home for rehabilitation or for long term care are not being routinely informed of Maine Veterans Homes services.

BACKGROUND: Veterans do not know how to access long term care. They often do not pursue admittance to the Maine Veterans Homes due to the lack of information. Many hospitals have their own preferred short and long-term care programs. They seek to refer hospitalized patients to their own facilities. A concerted effort in public relations to promote the services available at the Veterans Homes could eliminate this confusion. A permanent group who can address intertwined issues could allow veterans to better understand the services available to them and to permit ready access to the Homes.

RECOMMENDATION: Incorporate the following changes into the existing system:

- A. Designate an ongoing working group to develop, discuss and solve issues hampering access to Maine Veterans Home for short-term rehabilitation and long-term nursing care.
- B. Develop an annual benefits and services booklet that should be co-authored by the Maine Veterans Homes and the Maine Department of Human Services. This booklet should be distributed through the DHS agencies and other ancillary groups.
- C. Propose State legislation that would allow patients entering health care facilities the ability to indicate that they are veterans or eligible spouses on their entrance applications.

ISSUE 2: Adequate housing for veterans should be made more accessible.

BACKGROUND: VA Home Loan Guaranties involve excessive inspections and paperwork that delay the loan processing, increase the loan cost, reducing the number of banks willing to enter the VA Home Loan program and reducing the number of new construction builders willing to build housing for veterans. Since veterans who apply for VA Home Loan Guaranties do so to eliminate the down payment, additional funding fees require the seller to pay points, which in effect, causes a down payment. This point system further complicates the loan process and can eliminate potential sellers. Various (VA, FHA, etc.) government home financing programs require different inspections; consequently overlapping results.

RECOMMENDATION: Propose changes to federal statute that-

- A. Develops and requires a universal application form for any subsidized and guaranteed housing application.

- B. Lets local code enforcement officers perform all veterans housing inspections and submit that relevant paperwork to the U. S. Department of Veterans' Affairs.
- C. Delegate to the Maine State Housing Authority the ability to create an arbitration or mediation board to handle tenant or landlord complaints concerning veterans.
- D. Clarify exactly the problems with the foreclosure procedure and recommend changes.
- E. Provides pamphlets and booklets to raise the awareness of veterans housing programs statewide.

ISSUE 3: Maine's homeless veterans are not aware of the assistance and resources available to them.

BACKGROUND: Homeless veterans do not know how to find homeless shelters when they need them. Maine's homeless shelters are scattered throughout the state and it is not known exactly how many veterans contact them. A service/agency list exists to refer homeless but these homes do not specifically address or target the homeless veteran as a primary client on an ongoing basis. Federal legislation was recently enacted that directs the Secretary of Veterans Affairs to operate a program to expand and improve the provision of veterans' benefits to homeless veterans. It requires the establishment of at least eight sites as centers for the provision of comprehensive services to homeless veterans and directs the Secretary to coordinate such services with other Federal departments and agencies, State and local governments, and nongovernmental organizations. It requires assessments of the needs of homeless veterans living in each area served by the Department of Veterans Affairs.

RECOMMENDATION:

- A. In those cases where the shelters use State or federal funds, require them to determine the homeless person's veterans eligibility. If they are a veteran, brief them on the availability of veteran's resources in the area.
- B. Propose, through Federal Legislation, a U.S. Department of Veterans Affairs assistance and benefits clearing house for contacts made through homeless shelters. It appears that the recent legislation mentioned in Background, may fill this need. Encourage cooperation between shelters and state agencies.

ISSUE 4: The Bureau of Maine Veterans' Services Offices are not located so that they are easily accessible to veterans, there are not enough offices across the State and the existing offices are not adequately staffed.

BACKGROUND: In 1947, the legislature authorized seven State Maine Veterans' Services offices. The same seven offices exist today. These offices are the ONLY offices outside of Togus that veterans have to apply for benefits thru the U.S. Department of Veterans' Affairs. U. S. Department of Veterans' Affairs does not have any benefits

or claims offices outside of Togus. There is only one office south of Portland and this office serves one-third of the veterans in Maine. In 1990, the State Legislature reduced the total number of state Veteran Service Officers (VSO) by three and slashed the support staff. Most of the offices have only part-time support staff. However, in the last three years, these same offices have tripled the amount of money they obtain for veterans and doubled the amount of veterans receiving awards.

RECOMMENDATION: Introduce legislation to return the Bureau personnel manning back to 1990 levels. This would add two VSO, bring all the support staff to full time and return the VSO supervisor.

ISSUE 5: There are not enough veterans' cemeteries within the State.

BACKGROUND: The Maine Veterans Memorial Cemetery (MVMC) is located in Augusta. Currently there are no plans to expand into other locations. Families have to travel up to five hours to visit the graves of their love ones in the MVMC.

RECOMMENDATION: LD 2212 was recently passed by the Legislature requiring a feasibility study to open a MVMC in Aroostook County. Although this study was directed at Aroostook County, the Working Group recommends that discussion on this issue wait until this study is complete.

ISSUE 6: Maine does not have an "old soldiers and sailors home". There is no boarding facility for veterans who do not require hospitalization or nursing care yet desire or need a facility to live in.

BACKGROUND: Presently, there are no "veterans only" facilities in Maine where an older veteran can live when they outlive their family, are divorced or desire to live out their last years with other veterans. Also, there are not any MEDICARE or MEDICAID monies for such an enterprise.

RECOMMENDATION: On May 20, 1998, the leadership of and the concerned citizens for the Maine Veterans Homes met in Bangor to conduct their first Strategic Planning Session. As an outgrowth of that meeting was a recommendation of the attendees there that the Homes put the subject of a "soldiers home" on their agenda and study it for feasibility. The Chairman of the Board of Trustees will be asked to update the Commissioner of Defense, Veterans and Emergency Management on December 1, 1998 on the feasibility of such a home.

ISSUE 7: Veterans can not find a copy of their discharge so they can not apply for veteran's benefits.

BACKGROUND: The Bureau of Maine Veterans' Services has a repository of 400,000 records; however, veterans are often unable to locate copies of their records there or in the St. Louis Depository. The fire in St. Louis in 1973 destroyed hundreds of thousands of records.

RECOMMENDATIONS: Have the Director of Maine Veterans' Services send a letter to all service members leaving the military recommending that they file a copy of their discharge with MVS. There is no feasible solution to the records lost in the fire at St. Louis.

ISSUE 8: Most Maine veterans can not afford to attend institutes of higher education without working full-time.

BACKGROUND: Veterans often return home with families (60%) and financial commitments. Since the current Montgomery GI Bill provides very little money to the veteran they have to work instead of attend school. Costs of education have increased 94.5% since 1985 while the MGIB has increased 42.6%.

RECOMMENDATIONS: Create a **Maine Veterans' Educational Loan Program**. This program would be open to veterans and select reservists who are also eligible for the Montgomery GI Bill. The criteria for the loan must follow the same guidelines as the Montgomery GI Bill. Participants must maintain satisfactory academic progress. The loan is for two years. Repayment begins six months after graduation or upon the veteran stopping attending school. This program, to be called the Veterans Higher Education Loan Program Fund, would be used by the Department of Defense, Veterans and Emergency Management, Bureau of Veterans Services, as a non-lapsing revolving fund to provide direct or secure loans to veterans who have insufficient access to other sources of financial assistance.

ISSUE 9: Currently, there is no financial safety net available to veterans or their widows while waiting for their VA claim to be acted on. Often this delay period can result in the veteran or his widow suffering undue hardship and financial loss.

BACKGROUND: Under MRSA 37B, Section 505, the State has authority to provide such a program, however, it has not been funded since 1990. The personnel who administered this program were eliminated in 1990.

RECOMMENDATION: The Department should request funding in the next Department's budget for \$120,000 for the Veteran's Financial Aid Program. A request should also be submitted at that time for the 2 support persons that will be needed to administer that program

ISSUE 10: Access to medical care for rural Maine Veterans is limited due to physical distances.

BACKGROUND: Maine is a very large rural state with fewer numbers of Veterans than large urban areas. VA is currently emphasizing community-based services. Additional CBOCs are planned for the future to improve access still further. Since the VA New England Healthcare System was established, Togus has maintained the same mix of clinical programs. The only exception to this has been vascular surgery. This program

was eliminated when the vascular surgeon retired because there is insufficient workload to provide this service in a high-quality, cost-effective manner. The vascular surgeon from Boston does come to Togus on a regular basis to do pre-operative evaluations of patients and most post-operative follow-up is provided at Togus. Togus has recently contracted with private healthcare providers to obtain Magnetic Resonance Imaging (MRI) services in Maine. They are now purchasing Radiation Therapy services in Maine as well. These actions will significantly reduce the number of patients that are referred to Boston.

RECOMMENDATION: Continue to increase CBOC's. Increase contracted service. Continue to create local creative links with Maine hospitals to access their capabilities.

ISSUE 11: There is a need to increase the number of veterans utilizing VA Medical care.

BACKGROUND: Historically most care has been provided to veterans with service-connected disabilities and non-service connected, lower income veterans. In recent years approximately 60% of patients have a service-connected condition while 40% are lower income, non-service connected veterans. Recently a determination has been made that medical care services will be provided to higher-income non-service connected veterans subject to a co-payment. This will mean that virtually all honorably discharged veterans will be able to use VA healthcare services. Veterans have the opportunity to enroll for VA healthcare services.

RECOMMENDATION: Aggressively enroll all veterans by a cooperative effort between Togus and the Department of Defense, Veterans and Emergency Management.

ISSUE 12: As changes are made in the delivery of healthcare services and benefits VA should continue its efforts to insure that quality and patient satisfaction remain high.

BACKGROUND: Quality of care remains excellent at Togus as evidenced by recent accreditation by the Joint Commission on Accreditation of Healthcare Organizations with higher scores than the previous survey and by other statistics. Patient satisfaction remains high as evidenced by patient satisfaction scores that are higher than VA national averages and higher than most other VA national averages and higher than most other VA New England Network facilities. Nevertheless, many veterans remain concerned that changes may result in reduced quality of care and service delivery.

RECOMMENDATION: Continue to improve quality of patient care and delivery of veterans' benefits. Work with veterans' organizations to insure that their confidence in Togus medical care services remains high.

ISSUE 13: Access to medical Care for Retirees is limited.

BACKGROUND: VA provides little care for military retirees; however The VA New England Healthcare Network has recently signed a contract to become a TRICARE

provider. However, TRICARE is only part of the answer. The VISN#1 contract will open the door for Togus to consider participation in TRICARE.

RECOMMENDATION: Togus compete for local area TRICARE contract. Continue efforts to provide care for all military retirees.

ISSUE 14: Oral screening for cancer should be provided as a routine preventative service to all veterans receiving VA healthcare services.

BACKGROUND: Although oral screening was formerly provided to all Togus inpatients, this service provided screening to a limited number of veterans.

RECOMMENDATION: Primary care outpatient teams provide routine screening for oral cancer to all outpatients at Togus and at Community-Based Clinics. Togus dental staff will assist primary care teams with this effort.

ISSUE 15: There is currently no VA program to provide prescription medications to veterans who are not receiving care from VA providers (staff or fee). Believe that this recommendation needs to address the mechanism that would be established to provide prescription services to veterans. It would require legislative action to enable VA to provide such services and costs would be high.

BACKGROUND: Many veterans cannot afford their prescription drugs. They choose between food and medical needs. They do not have insurance allowing access to reasonable cost prescription drugs. Many veterans do not understand the prescription benefits available to them.

RECOMMENDATION: Increase access to all necessary prescription drugs in an affordable manner. Educate our veterans on prescription benefits.

ISSUE 16: In order to better serve Maine veterans, Togus could utilize increased funding and resources.

BACKGROUND: Maine's Veterans are growing old and sickly. Most of the World War II generation is aging into its most vulnerable period. More care is needed. Care is being limited and funds are being cut when care needs to be expanded and funds need to be increased. However, funding for medical care at Togus is commensurate with workloads. There is no data to support the contention that budget and staffing are below acceptable limits. Togus must continue with positive changes in the delivery of healthcare services such as increased use of out-patient care, improved primary and preventive services, and additional community-based clinics. These changes will enable the facility to treat more veterans and make better use of available healthcare resources.

RECOMMENDATION: Work for increased staffing and increased dollars for medical care for Maine Veterans. The increased dollars for Togus must be accomplished at the

congressional delegation level. Increased staffing levels must be accomplished by the Administration at Togus using the increased dollars for that purpose.

ISSUE 17: Patient waiting times are too long for appointments in some specialty clinics.

BACKGROUND: Increased workloads, staff requirements, and recruitment difficulties have adversely affected waiting times for appointments in some specialty clinics. Togus has recently hired a second cardiologist who will begin work in July. This should improve waiting times in this clinic. We have begun recruiting for a second pulmonologist (lung specialist) and continue recruiting for a neurologist.

RECOMMENDATION: Continue recruitment efforts to maintain necessary staffing levels in specialty clinics.

ISSUE 18: Reduce the number of patients being sent to Boston for care.

BACKGROUND: Togus has never provided all medical services within Maine. Highly specialized services such as heart surgery are best provided at major urban facilities such as the VA hospitals in Boston. These facilities have the workload and the skilled teams to best provide these services. Togus is now purchasing Magnetic Resonance Imaging Services and Radiation Therapy from local providers in Maine. This will greatly reduce the number of trips to Boston. Trips will be reduced still further when the services of a neurologist are obtained locally.

RECOMMENDATION: Continue to establish additional links with Maine hospitals to provide more care within the state as is now being done for some services.

ISSUE 19: Ensure Togus medical care continues to approximate the care available in Maine Hospital Systems.

BACKGROUND: Because of its statewide service area and the distance to referral services in Boston, Togus must continue to maintain a very broad range of clinical services. Only the most complex care should be referred to VA facilities in Boston. Recently Togus established contracts with providers in Maine for Magnetic Resonance Imaging (MRI) services. It has also begun purchasing most Radiation Therapy in Maine.

RECOMMENDATION: Expand medical care services available in Maine by establishing beneficial liaisons with local teaching hospitals and private medical facilities. Continue to provide as much care as possible in Maine while utilizing specialized medical care resources available in other facilities in the VA New England Healthcare Network when appropriate. Maintain the current range of services provided by Togus.

ISSUE 20: Maine Veterans need to be better informed about the services available to them.

BACKGROUND: There are a number of federal, state, private, organizational and other entities who are available to offer services to our veterans, however, there is no single source that a veteran can turn to in order to become informed of these services.

RECOMMENDATION: That a team be formed with representatives from Department of Veterans Affairs (Togus), Maine Department of Defense, Veterans and Emergency Management, veterans organizations, Maine Department of Education, Maine Department of Labor, Maine Veterans Homes. This team will produce a document that directs veterans to the many services that are available to them.

APPENDIX G

Letter to Governor

**COMMISSION TO EXAMINE THE ADEQUACY OF SERVICES AT THE TOGUS
VETERANS ADMINISTRATION MEDICAL CENTER**

Members

Sen. Beverly C. Daggett, Co-Chair
Rep. John L. Tuttle, Jr., Co-Chair
Sen. Richard J. Carey
Sen. Norman K. Ferguson, Jr.
Rep. Lillian LaFontaine
Rep. Nancy L. Chizmar
Rep. Charles D. Fisher
Rep. Rosita Gagne
Rep. Janice E. Labrecque
Rep. Arthur F. Mayo, III
Rep. Royce W. Perkins
Rep. Theodore H. Heidrich
Rep. Terrence P. McKenney

John Cummings, Jr.
Ofc. of Sen. Olympia Snowe

Daniel Demeritt
Ofc. of Sen. Susn Collins

John McLaughlin
Ofc. of Congressman Thomas Allen

Frank Soares
Maine Veterans Services

John Ripley
Ofc. of Congressman John Baldacci

December 31, 1999

The Honorable Angus S. King, Jr.
1 State House Station, Room 236
Augusta, ME 04333-0001

Dear Governor King:

The Commission to Examine the Adequacy of Services at Togus VA Medical Center is pleased to present its report to you.

During the course of this study, the Commission discovered that our findings and recommendations are similar to those outlined in the 1998 Governor's Working Group on Aging Veterans. In particular, issues 10 through 20 in that report reflect many of the concerns addressed in our report.

This Commission is concerned with the access to and quality of healthcare for Maine's veterans. Despite VA pronouncements to the contrary, we fear that services provided by Togus will suffer because of recent cuts, reorganization and the current budgeting formula which funds Togus. In light of this, we recommend that you revisit the 1998 report and institute a partnership with the administration of Togus to look at ways to share resources and help fill any gap in service to Maine's veterans.

Sincerely,

Sen. Beverly C. Daggett

Sincerely,

Rep. John L. Tuttle, Jr.

APPENDIX H

Letter to President of the Senate and Speaker of the House

**COMMISSION TO EXAMINE THE ADEQUACY OF SERVICES AT THE TOGUS
VETERANS ADMINISTRATION MEDICAL CENTER**

Members

Sen. Beverly C. Daggett, Co-Chair
Rep. John L. Tuttle, Jr., Co-Chair
Sen. Richard J. Carey
Sen. Norman K. Ferguson, Jr.
Rep. Lillian LaFontaine
Rep. Nancy L. Chizmar
Rep. Charles D. Fisher
Rep. Rosita Gagne
Rep. Janice E. Labrecque
Rep. Arthur F. Mayo, III
Rep. Royce W. Perkins
Rep. Theodore H. Heidrich
Rep. Terrence P. McKenney

John Cummings, Jr.
Ofc. of Sen. Olympia Snowe

Daniel Demeritt
Ofc. of Sen. Susan Collins

John McLaughlin
Ofc. of Congressman Thomas Allen

Frank Soares
Maine Veterans Services

John Ripley
Ofc. of Congressman John Baldacci

December 31, 1999

The Honorable Sen. Mark Lawrence, Chair
The Honorable Rep. G. Steven Rowe, Vice-Chair
Legislative Council
115 State House Station
Augusta, ME 04333-0115

Dear Sen. Lawrence and Rep. Rowe:

The Commission to Examine the Adequacy of Services at Togus Veteran's Administration Medical Center is pleased to present its report to you.

During this study we found that communication needs to be improved so that the Legislature is regularly informed about developments regarding healthcare for Maine's veterans. We suggest that a request to Jack Sims, Director of Togus, be initiated to allow legislative participation in the Togus Management Advisory Council. We recommend that a House and Senate member of the Legislature be appointed to serve on the Togus Management Advisory Council. When making these appointments, which have been encouraged by representatives of Maine's Congressional Delegation, we recommend preference be given to members of the Committee on Legal and Veterans' Affairs.

The Commission is concerned about the quality and accessibility of healthcare for Maine's veteran population and feels strongly that the Legislature should do what it can at the state level to maintain a high level of health care services at Togus.

Sincerely,

Sincerely,

Sen. Beverly C. Daggett

Rep. John L. Tuttle, Jr.

APPENDIX I

Letter to Congressional Delegation



**COMMISSION TO EXAMINE THE ADEQUACY OF SERVICES AT THE TOGUS
VETERANS ADMINISTRATION MEDICAL CENTER**

Members

Sen. Beverly C. Daggett, Co-Chair
Rep. John L. Tuttle, Jr., Co-Chair
Sen. Richard J. Carey
Sen. Norman K. Ferguson, Jr.
Rep. Lillian LaFontaine
Rep. Nancy L. Chizmar
Rep. Charles D. Fisher
Rep. Rosita Gagne
Rep. Janice E. Labrecque
Rep. Arthur F. Mayo, III
Rep. Royce W. Perkins
Rep. Theodore H. Heidrich
Rep. Terrence P. McKenney

John Cummings, Jr.
Ofc. of Sen. Olympia Snowe

Daniel Demeritt
Ofc. of Sen. Susan Collins

John McLaughlin
Ofc. of Congressman Thomas Allen

Frank Soares
Maine Veterans Services

John Ripley
Ofc. of Congressman John Baldacci

December 31, 1999

Sen. Susan M. Collins
202 Harlow Street, Rm. 204
P.O. Box 655
Bangor, ME 04402

Dear Sen. Collins:

The Commission to Examine the Adequacy of Services at Togus Veterans Administration Medical Center is pleased to present its report to the State of Maine Congressional delegation. We want to express our appreciation of your efforts to ensure quality health care for Maine's veterans. Quality and availability of healthcare for Maine veterans is a serious concern of the Maine State Legislature.

It is our intention to take steps at the state level to encourage enrollment in VISN 1 in order to provide healthcare to more of Maine's veterans and increase funds allocated to the network. The Commission has found that the current funding formula for VA hospitals places Maine at a distinct disadvantage considering the rural nature of our state and our population of aging veterans. We support efforts to change this formula.

Recent announcement regarding cuts at Togus have raised even more concerns about the quality and availability of care. The Commission is skeptical about claims by VA administration that Togus will be able to do more with less. As a Commission, we are recommending the state do what it can to assist in providing care to our veterans.

Again, we support your efforts to maintain access to quality healthcare by Maine's veterans and your opposition of further cuts at Togus. We hope you will contact us if we can be of service.

Sincerely,

Sincerely,

Sen. Beverly C. Daggett

Rep. John L. Tuttle, Jr.

**COMMISSION TO EXAMINE THE ADEQUACY OF SERVICES AT THE TOGUS
VETERANS ADMINISTRATION MEDICAL CENTER**

Members

Sen. Beverly C. Daggett, Co-Chair
Rep. John L. Tuttle, Jr., Co-Chair
Sen. Richard J. Carey
Sen. Norman K. Ferguson, Jr.
Rep. Lillian LaFontaine
Rep. Nancy L. Chizmar
Rep. Charles D. Fisher
Rep. Rosita Gagne
Rep. Janice E. Labrecque
Rep. Arthur F. Mayo, III
Rep. Royce W. Perkins
Rep. Theodore H. Heidrich
Rep. Terrence P. McKenney

John Cummings, Jr.

December 31, 1999

Sen. Olympia J. Snowe
3 Canal Plaza
P.O. Box 188 DTS
Portland, ME 04112

Dear Sen. Snowe:

The Commission to Examine the Adequacy of Services at Togus Veterans Administration Medical Center is pleased to present its report to the State of Maine Congressional delegation. We want to express our appreciation of your efforts to ensure quality health care for Maine's veterans. Quality and availability of healthcare for Maine veterans is a serious concern of the Maine State Legislature.

It is our intention to take steps at the state level to encourage enrollment in VISN 1 in order to provide healthcare to more of Maine's veterans and increase funds allocated to the network. The Commission has found that the current funding formula for VA hospitals places Maine at a distinct disadvantage considering the rural nature of our state and our population of aging veterans. We support efforts to change this formula.

Recent announcement regarding cuts at Togus have raised even more concerns about the quality and availability of care. The Commission is skeptical about claims by VA administration that Togus will be able to do more with less. As a Commission, we are recommending the state do what it can to assist in providing care to our veterans.

Again, we support your efforts to maintain access to quality healthcare by Maine's veterans and your opposition of further cuts at Togus. We hope you will contact us if we can be of service.

Sincerely,

Sincerely,

Sen. Beverly C. Daggett

Rep. John L. Tuttle, Jr.

**COMMISSION TO EXAMINE THE ADEQUACY OF SERVICES AT THE TOGUS
VETERANS ADMINISTRATION MEDICAL CENTER**

Members

Sen. Beverly C. Daggett, Co-Chair
Rep. John L. Tuttle, Jr., Co-Chair
Sen. Richard J. Carey
Sen. Norman K. Ferguson, Jr.
Rep. Lillian LaFontaine
Rep. Nancy L. Chizmar
Rep. Charles D. Fisher
Rep. Rosita Gagne
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John Cummings, Jr.
Ofc. of Sen. Olympia Snowe

Daniel Demeritt
Ofc. of Sen. Susan Collins

John McLaughlin
Ofc. of Congressman Thomas Allen

Frank Soares
Maine Veterans Services

John Ripley
Ofc. of Congressman John Baldacci

December 31, 1999

Rep. Thoms H. Allen
234 Oxford Street
Portland, Me 04101

Dear Rep. Allen:

The Commission to Examine the Adequacy of Services at Togus Veterans Administration Medical Center is pleased to present its report to the State of Maine Congressional delegation. We want to express our appreciation of your efforts to ensure quality health care for Maine's veterans. Quality and availability of healthcare for Maine veterans is a serious concern of the Maine State Legislature.

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Frank Soares
Maine Veterans Services

John Ripley
Ofc. of Congressman John Baldacci

December 31, 1999

Rep. John E. Baldacci
202 Harlow Street, Rm. 235
Bangor, ME 04401-1237

Dear Rep. Baldacci:

The Commission to Examine the Adequacy of Services at Togus Veterans Administration Medical Center is pleased to present its report to the State of Maine Congressional delegation. We want to express our appreciation of your efforts to ensure quality health care for Maine's veterans. Quality and availability of healthcare for Maine veterans is a serious concern of the Maine State Legislature.

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Rep. John L. Tuttle, Jr.

APPENDIX J

Letter to Commissioner, Department of Human Services

**COMMISSION TO EXAMINE THE ADEQUACY OF SERVICES AT THE TOGUS
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Ofc. of Congressman John Baldacci

December 31, 1999

Kevin Concannon, Commissioner
Department of Human Services
11 State House Station
Augusta, ME 04333

Dear Commissioner Concannon:

The Commission to Examine the Adequacy of Services is pleased to present its report to you.

During the course of the study, the Commission identified issues relating to long-term care, prescription drugs and communication to veterans that are DHS clients.

Recent cuts and reorganization at Togus coupled with VA funding changes have raised concerns about the future of long-term care services at Togus (see page 8 of report). Though the VA has informed us that they have no plans to change the level of long-term care services at Togus, the commission feels that the state should be prepared in case those receiving long-term care at Togus are displaced. It is our hope that communication between the state and the VA will improve so we will be aware when and if long-term care services provided by Togus change.

Prescription drug costs are an on-going problem for many in Maine. The VA has a prescription drug program with a minimal co-pay for veterans enrolled in the VA health care network (see page 8 of report). This is a valuable program that should be utilized.

One of the primary recommendations of the Commission to Examine the Adequacy of Services at Togus Veterans Administration Medical Center, is to increase enrollment of veterans in the VA healthcare network. Increasing enrollment will serve two purposes:

1. Provide more Maine veterans with needed health care; and
2. Increase VA funding provided to Togus.

The Commission recommends that the Department of Human Services assist with efforts to enroll more eligible veterans in the VA health care network (see page 11). We suggest that DHS take steps to identify which of their clients are veterans, pinpoint which are not enrolled in the VA and direct them to the Department of Defense, Veterans and Emergency Management, Bureau of Veterans Services.

The Commission is concerned about the availability and quality of health care for Maine's veterans. We appreciate your cooperation in addressing these concerns.

Sincerely,

Sen. Beverly C. Daggett

Sincerely,

Rep. John L. Tuttle, Jr.