

September 11, 2003

Mr. Richard E. Larson
Executive Director
CARES Commission

Dear Mr. Larson:

Thank you for the opportunity to address the CARES review of the national plan to improve healthcare services for Montana's veterans. With approx. 107,000 veterans, Montana is second in the nation with its per capita veteran population; and with the state's enormous size and rural orientation, medical service availability is of significant interest to both the Montana Legislature and me.

The VA Montana Healthcare System CARES (VISN 19) "preferred alternative" proposals are, overall, very positive for Montana's veterans. Listed are those proposals I wholeheartedly support.

- The acute and specialty care medical services provided at the Fort Harrison VA hospital are absolutely critical to Montana's veterans - I must note that it is the only VA hospital in Montana. The proposal to convert existing space, construct additional space, and lease additional space at the hospital facility for more comprehensive outpatient care is very positive, as is the intent to invest in more outpatient specialty care services at the Missoula and Billings community-based outpatient clinics.
- The proposed establishment of two additional community-based outpatient clinics in Lewistown and Cut Bank will remedy medical access issues in two large geographic areas.
- The VA's program of contracting qualified outpatient mental health services to communities, statewide, has been very successful. The proposal to continue that program is good for Montana veterans.

I am very concerned, however, that the two proposed community-based outpatient clinics (CBOC) in Lewistown and Cut Bank have been delegated to “priority 2” in the national VA CARES plan. The 48 CBOCs listed in priority 1 are planned to open during the next 7 years. Realistically, the priority 2 CBOCs will never be funded and that is very detrimental to Montana’s veteran services. The fact that no CBOCs in VISN 19 are listed as priority 1 speaks very negatively as to the national VA’s commitment to serving veterans living in rural states.

The one “preferred alternative” proposal which I request further consideration and study relates to accomplishing veterans’ access to acute hospital care, in accordance with “travel guideline” criteria. The standard of 65% of veterans being within 120 minutes of acute medical care is not currently met in Montana (46%), and never will be according to the projected statistics. Given the immense size of this state, that is no surprise. The preferred alternative is to essentially keep the status quo, with the 46% moving towards 65% in subsequent decades. I cannot support this proposal. Further, with the ever-increasing population movement in Montana to Billings and the Kalispell region, I question the demographic study that calculates that more veterans will be within 120 minutes of Fort Harrison in 2012 and 2022. This state is over 147,000 square miles in size, and so our veterans are spread out all over.

I support the listed alternative that would award community contracts to hospitals in Billings and Kalispell. This approach would satisfy the travel guideline criteria, but more importantly, provide vital access to acute medical services access to Montana’s largest veteran population concentration (Billings) and Montana’s fastest growing region (Kalispell). The distances a veteran must travel to attain acute medical services at Fort Harrison can be as far as 230 miles from the west and 500 miles from the east. Given the veterans’ typical age, and physical and mental conditions, this kind of distance is truly unacceptable - and dangerous. With acute care services in Billings and Kalispell, the eastern and western regions of the state (respectively) would be well served and be immensely beneficial to Montana veterans.

I understand that awarding community contracts to hospitals in Billings and Kalispell is more expensive than maintaining the status quo, and to this end, the VA Montana Healthcare System would need additional funding. I further understand that, relatively speaking, Montana doesn’t have a large veteran population compared to most other states; and this is considered when the VA is investing into a state’s healthcare services. However, it is indisputable that we are a very large state with an unacceptably high percentage of our veterans outside reasonable access to acute medical services. The hospitals in Billings and Kalispell are first-rate, and any assessment by your agency would yield very impressive conclusions. I would greatly appreciate your positive consideration to fund the community contracts to fulfill our promises to our veterans for health care.

In conclusion, I want you to know how proud and appreciative I am of the VA Montana Healthcare System. Fort Harrison has distinguished itself as a national leader among VA hospitals in both its quality and cost-effectiveness. It has received full accreditation at each three-year survey cycle, and received a score of 94 on its 2001 accreditation assessment. Further, it routinely is in the top five, nationally, in its cost-effectiveness. This speaks well of the staff and administration, and I congratulate Mr. Joe Underkofler - the director - for service and leadership.

Again, thank you for the opportunity to provide my input to the CARES review and proposed improvements to Montana veteran services.

Sincerely,

/s/

JUDY MARTZ
Governor



— State of —
North Dakota

Office of the Governor

John Hoeven
Governor

242108

August 8, 2003

The Honorable Everett Alvarez, Jr.
Chairman
CARES Commission
Department of Veterans Affairs
810 Vermont Avenue
Washington, D.C. 20421

Dear Chairman Alvarez:

Thank you for the invitation to participate in the Capital Asset Realignment for Enhanced Services (CARES) Commission process. The effort to improve health care services for veterans is extremely important, and the CARES Commission will study issues and make recommendations that will have significant impact.

I am concerned that the Commission does not currently plan to visit our state. I urge you to schedule a field hearing in North Dakota to obtain public input on the Commission's draft national plan. The closest scheduled CARES hearings are in Billings, Montana and Minneapolis, Minnesota, 850 miles apart and with over 100,000 veterans in the area between. Many North Dakota veterans already drive two to three hours or more one-way just to get to a community-based outpatient clinic (CBOC) and four to five hours to get to a VA hospital. Billings is more than a 400 mile, eight hour drive from Bismarck and Minot in the center of North Dakota, and Minneapolis is more than 450 miles and nine hours away. It is unreasonable to expect veterans, many of whom are disabled or senior citizens, to make that kind of trek. They are eager to express their concerns about access to the CARES Commission, but many of our veterans will not be able to make this trip. North Dakota's veterans deserve to have the opportunity to be heard in-person at a hearing within their own state.

I am extremely delighted of plans for the Fargo Center to expand the community outreach program and strongly support that initiative.

My point of contact is Brad Maasjo, Chairman of the North Dakota Administrative Committee on Veterans Affairs. You may reach him at (701) 298-6563 or maasjos@cablone.net. We are ready to assist you in setting up a public field hearing in North Dakota and we look forward to hearing from you.

Sincerely,

A handwritten signature in black ink that reads "John Hoeven".

John Hoeven
Governor

38:28:49

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