



**Association of
American Medical Colleges**
655 K Street, NW, Suite 100, Washington, DC 20001-2399
T 202 828 0400
aamc.org

Via electronic submission (www.regulations.gov)

April 2, 2019

Robert Wilkie, Secretary
Department of Veterans Affairs
810 Vermont Ave NW
Washington, DC 20420

Re: Proposed Rule RIN 2900-AQ21 VA Acquisition Regulation: Competition Requirements

Dear Secretary Wilkie:

The Association of American Medical Colleges (AAMC or Association) welcomes this opportunity to comment on the Department of Veterans Affairs' (VA's) Proposed Rule RIN 2900-AQ47, 84 *Fed. Reg.* 1041 (February 1, 2019) regarding changes to the VA Acquisition Competition Requirements. The AAMC is a not-for-profit association dedicated to transforming health care through innovative medical education, cutting-edge patient care, and groundbreaking medical research. Its members are all 154 accredited U.S. and 17 accredited Canadian medical schools; nearly 400 major teaching hospitals and health systems, including 51 Department of Veterans Affairs medical centers; and more than 80 academic societies. Through these institutions and organizations, the AAMC serves the leaders of America's medical schools and teaching hospitals, and their more than 173,000 full-time faculty members, 89,000 medical students, 129,000 resident physicians, and more than 60,000 graduate students and postdoctoral researchers in the biomedical sciences.

The AAMC strongly supports the VA in their efforts to create more flexibility in the contracting process as well as efforts to reorganize the community care programs through the MISSION Act of 2018, as we feel this will increase access for veterans and decrease administrative burden on VA, academic, and community-based physicians. Through the changes legislated in the MISSION Act and future regulations, we encourage the VA to continue to foster the partnership with academic medical centers (AMCs) and their physicians. The AAMC encourages the VA to maintain and improve contractual relationships and enhance effective communications between VA and academic affiliates, in order to reduce unnecessary administrative burden and enhance veteran care.

Many AMCs have long-standing relationships with the VA, shared clinical, teaching, and research staff, and extensive experience treating veterans. AMCs have evolved from the traditional model of a medical school partnered with its teaching hospital. Today they function as integrated health care delivery systems, with robust clinical care networks, community hospitals and strong networks of community-based providers. They also have expertise in providing highly specialized care such as treatment for severe burns, strokes, highly complex cardiac care or neuro-ophthalmology services, and treat some of the most complex and

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vulnerable patients. AMCs are hubs of health care innovation, education, and integration, resulting in expanded services and more coordinated care across the continuum. They have partnered with the VA not only for clinical care but also these research and education missions.

We appreciate the opportunity to comment on the VA Acquisition Regulation: Competition Requirements proposed rule, and the related updates to Directive 1663-Health Care Resources Contracting. As long-standing partners with the VA, the AAMC is extremely pleased that the competition requirements for VA acquisition regulations have been simplified and streamlined, allowing for more expedited contracts and less cumbersome communications between VA and its academic affiliates.

Historically, sole source contracts took extensive amounts of time to award, causing delays in implementation. We appreciate VA's efforts to address this by updating the procurement acquisition lead time to reduce the overall timeline, and focusing on aligning the sole source and competitive contract award timelines. The AAMC acknowledges that along with VA's efforts to expedite and streamline the award process, academic affiliates will also need to adhere to shorter response times. The AAMC is confident that AMCs will be willing partners in this more effective process.

The AAMC also applauds VA for increasing the threshold for contract dollar amounts that would trigger an OIG review. The AAMC believes that contracts under \$400,000 for one year are best handled within the VA Medical Sharing Office, and that this change will significantly condense the acquisition process without compromising the integrity of the process. We urge the VA to monitor the impact of the change and determine whether in the future the contract amount handled within the VA Medical Sharing Office should be increased.

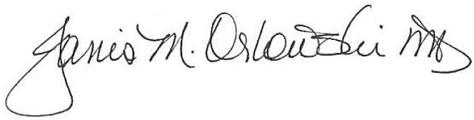
The AAMC also appreciates the VA's efforts to change the process for obtaining space from affiliates through the use of licensing agreements instead of lease agreements in the future. Because the licensing agreements can be implemented in a shorter time frame the AAMC feels that this process will greatly increase the ability for academic affiliates to partner effectively and efficiently with VA, ensuring that veterans have access to appropriate and high-quality care.

The AAMC appreciates the changes to Directive 1663 that were finalized in May 2018 and looks forward to additional subregulatory guidance on the issues that have yet to be finalized. These changes signal the VA's continued commitment to the sole source contracting relationships with academic affiliates. The AAMC believes that these relationships greatly benefit not only AMCs and VA, but most importantly veterans and their care.

We appreciate the opportunity to comment and look forward to continuing work with the VA on these important issues. If you have any questions, please contact Kate Ogden at 202-540-5413 or kogden@aamc.org.

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Sincerely,

A handwritten signature in cursive script that reads "Janis M. Orlowski MD". The signature is written in black ink and is positioned below the word "Sincerely,".

Janis Orlowski, MD, MACP
Chief Health Care Officer, AAMC

Cc: Ivy Baer, JD, MPH, AAMC
Gayle Lee, JD, AAMC
Kate Ogden, MPH, AAMC
Matthew Shick, JD, AAMC
Ron Espiritu, AAMC