



Chairman Hal Rogers

House Committee on Appropriations

Fiscal Year 2016 Budget Hearing – Department of Veterans Affairs
Wednesday, March 4, 2015
Opening Statement As Prepared

Mr. Chairman, thank you for yielding. I regret that I will be unable to stay for questions today, as I have to attend some other hearings this morning, but Secretary McDonald, I do very much appreciate you taking the time to be here today. I welcome you to the Military Construction and Veterans Affairs subcommittee.

The Department of Veterans Affairs is charged with carrying out an essential responsibility of the United States Government – ensuring the health and wellbeing of our nation’s veterans who have selflessly served with dignity and honor. This charge brings with it a host of challenges – providing our veterans with timely access to quality health care, ensuring that they receive appropriate compensation for disabilities, and fighting the persistent problems of veteran homelessness and substance abuse.

Just last summer, we were made aware of gross mismanagement and negligence on the part of this Department. Veterans were kept on waitlists for months, awaiting health care services and treatments that they have been guaranteed by their government – deservedly so. We can all agree that treating our veterans this way is unacceptable. I commend your willingness to face these serious issues head on, and the actions you have taken to right the ship.

Among the changes you have made to the VA care model is the implementation of the Veterans Choice Program. The Choice Program has offered thousands of veterans the opportunity to get off of lengthy waitlists and seek treatment outside of the VA health care system. We are beginning to see progress on the waitlists and veterans now have access to health care facilities closer to their homes. But even with this progress, more work remains to be done. Many veterans who should qualify for the Choice Program have been denied access by the VA. These veterans either live more than 40 miles from a VA facility or must drive distances in excess of 40 miles to reach one due to geographical impediments. This Department must take steps to ensure that the “40 mile rule” and qualifying exceptions are applied evenly and in a timely manner.

While we continue to hone and improve new programs such as Veterans Choice, it is critical that VA does not lose sight of important modernization initiatives that Congress has been promoting for years. One such initiative is digitizing VA’s medical records. Mr. Secretary, your budget includes \$141 million for scanning files and medical records into digital format – which is the same as your Fiscal Year 2015 allocation. For FY15, the Committee provided \$40 million for three specific purposes: regional office staffing, digitized scanning, and the centralized mail initiative. Yet, you have only allocated \$10 million of this for scanning and centralized mail. Eliminating the need to locate and transfer paper records will streamline the claim and benefit process tremendously. We need a strong commitment from this Department to making this a reality.

Another initiative Congress has been emphasizing for some time now is the implementation of an electronic health record system that is interoperable with DoD's system. Your budget requests \$233 million for the VA electronic health record, and sets aside \$50 million of this for achieving this interoperable capability. I appreciate your commitment to this initiative in the budget, and the work you have done to stand up a framework that will allow your record system to work with DoD's. However, I continue to be concerned that until DoD awards a contract to produce its record and VA shows demonstrable progress with the modernization of its record, we can't be sure that this goal will be achieved in the near term. I cannot emphasize enough the importance of achieving interoperability with DoD's electronic health record system. If these two systems cannot talk to each other, we continue to run the risk of service members receiving inadequate care and undergoing inadvisable procedures. We need more than words on this critical issue... we need results. In fact, we are demanding results.

Finally, I must stress to you the seriousness of the problem of prescription drug abuse among our veterans. We have all seen in the news the VA Hospital in Tomah, Wisconsin that some are referring to as "Candy Land." We now know that officials there have been overprescribing opioids, and possibly even contributing to the abuse of these drugs by our veterans. I am pleased to see that the VA Office of Inspector General is investigating this case and it is my hope that this investigation will lead to safer practices among those treating patients suffering from drug addiction. This Committee is also interested to know what other actions the Department is taking regarding these disturbing developments in Tomah, Wisconsin and I hope you touch on that today.

As a part of your Opioid Safety Initiative, it is important that the VA continue to pursue alternative remedies to prescription opioids, and consider new technologies such as abuse-deterrent drug formulations and tamper-resistant packaging. It is also critical that we continue to invest in tried and true models like Veterans Treatment Courts. These courts, which require regular court appearances, drug testing and treatment sessions are integral to helping our veterans find a way forward and out of addiction. This Committee stands ready and willing to tackle these issues head on, and we hope that your Department will remain a committed partner in the fight against prescription drug abuse.

I look forward to learning how you plan to offer more timely and accessible health care to our nation's veterans, and fulfill the promise that both Congress and the VA have made to serve them. Thank you.

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